

The American Institute of Stress

COMBAT STRESS

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

Volume 10 Number 1

Spring 2021

Navigating the Way Home



Inside: **Mother of An American Hero** By Beverly Kay Peyton • **Mass Victim Attacks: Are You Prepared?** By Gary M. Jackson
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The mission of AIS is to improve the health of the community and the world by setting the standard of excellence of stress management in education, research, clinical care and the workplace. Diverse and inclusive, The American Institute of Stress educates medical practitioners, scientists, health care professionals and the public; conducts research; and provides information, training and techniques to prevent human illness related to stress.

AIS provides a diverse and inclusive environment that fosters intellectual discovery, creates and transmits innovative knowledge, improves human health, and provides leadership to the world on stress related topics.

COMBAT STRESS

We value opinions of our readers.

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Combat Stress magazine is written with our military Service Members, Veterans, first responders, and their families in mind. We want all of our members and guests to find contentment in their lives by learning about stress management and finding what works best for each of them. Stress is unavoidable and comes in many shapes and sizes. It can even be considered a part of who we are. Being in a state of peaceful happiness may seem like a lofty goal but harnessing your stress in a positive way makes it obtainable. Serving in the military or being a police officer, firefighter or paramedic brings unique challenges and some extraordinarily bad days. The American Institute of Stress is dedicated to helping you, our Heroes and their families, cope with and heal your mind and body from the stress associated with your careers and sacrifices.

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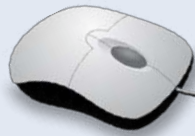
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Our spring issue intends to delight, to educate, and to inspire in unexpected ways.

Chaplain "Mom Bev" Peyton takes the lead in this issue and so very deservedly so. Though I am older than Mom Bev, she really is everyone's mom in both the military and Veteran communities. In fact, she is my personal salvation. Together with my husband, LtCol (RET) John Hutchinson, Operation

Runtbo was created in 2010 by both parties, which saw the arrival of more than 500 care packages at FOB Wilson in the Zhari District of Afghanistan (60 clicks or so from Kandahar Airfield). Thanks to their unstoppable efforts and with complete funding for all postage by the wonderful and generous folks at Irongate Realtors (for whom John has been a realtor since his USAF retirement), we had edible food, toilet paper, books, magazines, personal hygiene supplies, and anything and everything not provided by the U.S. Army. She and John saw to it that we did not go without during times that the food was so revolting, latrines were overflowing, and a salmonella outbreak raged across our forward operating base. They sent enough care packages to supply the 1-12th Infantry Regiment, 3rd Brigade Combat Team, 4th Infantry Division, with whom I was embedded. These were the days where we were lucky enough to shower every 6 weeks. Everyone smelled like a goat. Who knew who smelled worse? Thanks to Mom Bev and John, we survived horrific neglect and for many of us, starvation at times when MRE's were unavailable and food was poisonous in the chow hall. It doesn't end there. Without exaggeration, Mom Bev is the quintessential and the bona fide American hero. What she offers up to the banquet table of service to humanity is truly, unsurpassed. It is thanks

exclusively to her, that I had a retirement ceremony. The U.S. Army did absolutely nothing to retire me after 34 years of military service and 4 deployments. She assured that I had presidential letters of gratitude for both John and me, not to mention all the certificates and retirement documents the Army completely failed to provide. My retirement ceremony, 300 strong, saw guests from all my years of military service, including Dr. Dan and Tracey Kirsch. She arranged for a three-star U.S. Air Force general to retire me. She wrote my Legion of Merit award, pushing it through for approval at the highest levels of the Army. What this incredible individual has done for the masses cannot be sufficiently celebrated by mere words. This is why her article is the first of its kind from the perspective of an Army mom, deserving center stage.

Dr. Gary Jackson's riveting article on surviving mass attacks will serve as a wakeup call for any reader wise enough to take his recommendations to heart. (Interestingly enough, Dr. Jackson was my boss, the very best of many, 46 years ago at Sunland Training Center in Opa Locka, Florida. While writing his seminal book, *Surviving Mass Victim Attacks: What to Do When the Unthinkable Happens*, he came across my name as a survivor of the Fort Hood Massacre. More than 4 decades later, we have resumed our friendship as if no

time has passed.) There have been more than 147 mass shootings since the first of this year, meaning that there is currently more than one occurrence of mass shootings per day. This stunning piece will increase the likelihood of your survival in a world with the threat of involvement in deadly encounters has become the order of the day.

Our very own **Officer Tom McMurtry, U.S. Army (RET)**, has returned once again, to educate us about the powerful lessons to be gathered from life on the police force. His philosophical bent has given this former Special Forces officer and war Veteran entrée into arenas where others may never tread, with astonishing insights involving the terrible stressors and dilemmas that police officers are forced to face in the course of performing their duties. Our hope is that the law enforcement community will be celebrated instead of maligned, as truly, they are the **Peacekeepers**.

Our readers are about to receive quite the special treat in this issue, an article written by our very own **Editor-in-Chief, Dr. Dan Kirsch**. To date, no scientifically proven treatments exist for resistant forms of clinical depression, that often give rise to increasing numbers of completed suicides. The results of this study, demonstrating the exceedingly positive effects of the use of **Cranial Electrotherapy Stimulation**, have very wide implications for those living with terrible despair, potentially leading to lifesaving interventions for the masses of Service Members and Veterans living in their own private forms of hell.

We welcome to our compliment of distinguished authors, **Chris Zaglifa, MSW, LCSW, SAC**, who will lead our readers,

step-by-step, to the tenets of **Sensorimotor Psychotherapy**. Those of us privileged to serve the military, Veteran, and first responder communities would do well to develop a clear understanding of this form of psychological intervention and to seek the training necessary to levy this powerful form of treatment. It is too often, alternative forms of non-evidenced based psychotherapeutic interventions, tailored to the individual and not the place of employment, that make the difference in carving the pathway home from trauma and from war.

This issue will end with another of **Dr. Ron Rubenezer's** treatises from his seminal book, *How the Best Handle Stress*. This time our readers will have the opportunity to engage in an entirely new understanding of right versus left brain functions and learn how to "see eye-to-eye," despite differing genders and planetary existences for both men and women. His unique perspective will not only enchant our readers but teach them how to conduct their own 5 minute "brain scans" to more effectively combine worlds and overcome brain-based gaps in communication.

May spring descend upon each of you in full bloom!

Your Editor,

Kathy Platoni, PsyD, DAIPM, FAIS
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Mother of An American Hero

By Beverly Kay Peyton - Chaplain "Mom Bev" Peyton

In July of 1981, I gave birth to my son. He was my only child. Twenty-one years later, he joined the military. It was then that I realized that I had actually given birth to a Soldier.

The day he was sworn into the Army was the day I "officially" became the Mother of an American Hero. I wore that title with a great deal of pride, but I had no clue about the degree of anguish that title would bring into my life.

In March of 2003, the news stations were reporting that the Iraqi War had begun and that my son's unit was heading to Baghdad. As I watched my only child cross over into Iraq with the 3rd Infantry Division, I was overwhelmed with emotion. It is so very hard to put into words the stress and agony that I, as a military mother, felt the day I was watching the news and saw history unfold live on TV. I watched as tanks and other military vehicles rolled through the Iraqi desert, knowing that my son was in one of them. The thought of my only child entering a combat zone was more than I could bear. Fear filled my entire soul. I remember crying so hard that I soaked the shirt I was wearing. I remember praying and praying and praying like I had never prayed before. I remember having to concentrate on my breathing, because I knew that if I was unable to get it under control, I would ultimately pass out. I remember coming to the realization that I was in a place where I could no longer keep him safe. As a mother, my heart ached.

I had been glued to the television for several hours, when my husband reminded me that our son was well trained, athletic and was doing what he wanted to do. His words brought me some comfort. Over the next few days, I decided that I had to figure out a way to deal with the strain of my son's deployment in time of war so that this degree of worry and distress wouldn't kill me. I had to find ways to

keep my mind busy and myself occupied with something else other than watching 24/7 news coverage. Finding a way to ease my stress and to stay connected to my son was the path I was determined to follow.

The following are a few ideas of what worked for me and, hopefully, will work for other military mothers, as well:

- 1. Look for military support groups in your area.** Shortly after the war began, my local newspaper ran an article about a few military mothers who were starting a support group in a neighboring town. I immediately contacted them. The emotional support received from these groups will be immeasurable. I can guarantee that although you first meet as strangers, you will later become friends and those friends will become family.
- 2. Look for online groups specific to your child's specific branch of service and other mothers who wish to connect.** When I searched for "Army Moms", I found all kinds of groups that I could join for online support. I found prayer groups, moms that had an assortment of ideas on how to pack a care package and bake goodies to send, mothers that liked to sew military-related items and groups that would exchange addresses of their children so all of us could write to them. Every military mother needs another military mother to communicate with on a daily basis.



3. Go shopping for things you can wear or display on your vehicle and windows at home to show your pride in your child being an American Hero. One of the things I realized very early on was that when I wore Army Mom clothing, put a Proud Army Mom decal on my car window or hung a Blue Star Banner in the front window of my home, I was honoring my son's service to this great

Nation. Showing your pride in your child will bring honor to her or him and the many others that wear the uniform.

4. Write your child a letter! When you put pen to paper, you will find yourself writing from the heart. Talk to your child through your handwriting. You both will feel the connection. Not only will they enjoy getting a letter from home, but they will be thrilled at

hearing their name called at Mail Call.

- 5. Pack a care package for your child!** Taking a box and filling it up with your child's favorite food items, candy, magazines, underwear (yes, I said underwear ... it's a mom thing) and letters from family members will make

you feel closer to your child. And, while you're at it, pack another box for one of their battle buddies.

- 6. Allow your family members, friends and neighbors to comfort you.** I know, firsthand, how hard it is to tell people what you're going through as a military mother. You have to remember that people who love you really do care about your emotional and physical well-being, so give them that opportunity. Allowing them to comfort you brings comfort back to them.

- 7. Get a hobby!** I started scrapbooking and put a serious dent in our local craft store's inventory. I made my son a scrapbook of newspaper clippings of the war, pictures he sent home, cut-outs of comments he made in his letters, all kinds of military stickers and anything else I could think of to go into his scrapbook. He loved his scrapbook and appreciated the time I put into making it for him.

- 8. And, last but not least, find your "happy place" and go there to relax.** Mine was sitting in my backyard while looking into the woods, watching the wildlife and reading my



devotionals. Others found comfort in going to church and having the entire congregation pray for their child. Several mothers I knew went to the spa to be pampered for a day. Do whatever you feel is needed to calm your nerves and lower your stress levels.

Please remember that our military mothers of yesterday had children who fought for the freedoms we celebrate today. Our military mothers of today have children that are serving so that we may continue to enjoy our freedoms for generations to come. The most precious of all military mothers are those whose children made the ultimate sacrifice and died for our freedom. They have experienced the pain of burying their own child; a degree of sorrow I hope never to feel.

In closing, I would like to thank the generations of military mothers that came before me and those that will follow. When we are given the title, "Mother of an American Hero", we should hold our heads up high and remind ourselves that we, too, have served this country. This title is one that deserves tremendous love, respect and honor. May God bless the Mothers of American Heroes.

- Chaplain "Mom Bev" Peyton Beverly Kay (Bo-Kay) Peyton -

- Daughter of a WWII Army/Air Corp Veteran
- Sister of an Army Veteran
- Mother of an OIF Army Veteran
- Mother-in-Law of an Army Veteran
- Wife of 45 years
- Grandmother of five
- Mom Bev to thousands of troops and Veterans
- Founder of Operation: Card Angels
- Past President of Blue Star Mothers of America, Miami Valley Chapter #3
- Past Chaplain of Operation Thank You
- Former Member of the Board of Directors for the Thank You Foundation (Ohio)

ABOUT THE AUTHOR

Chaplain "Mom Bev" Peyton has been supporting our American troops since 1975: sending cards, writing letters and sending care packages for over 46 years! One of the letters she wrote to a Soldier was shared and read to thousands of troops on Palm Sunday at the Embassy in Baghdad.



In 2002, my son enlisted in the Army and I then became the mother of an American Hero.

I am the founder of Operation: Card Angels in Kettering, Ohio. This is a card ministry group that sends words of encouragement to the troops, wounded heroes and Veterans. In addition, we support the USO's around the world and Honor Flights across the country. We also make cards for the troops to send back home to their loved ones (i.e., happy birthday, miss you and holiday cards). I have volunteers all over America.

I am also one of the founding members and Past President of the Blue Star Mothers of America, Miami Valley Chapter #3, in Kettering, Ohio. Under my leadership, the local BSM chapter became the largest chapter in the Nation. While in this organization, I oversaw and presented Gold Star Banners to the mothers and families of fallen Heroes in my area.

Over the years, I have worked with top officials at the White House, the U.S. Senate and all ranks within the military. When President Bush was in office, he had a top advisor that would always take my phone calls. I have also worked with a Senator and filing four congressional investigations against one military base.

Other nonprofits often contact me to learn how to educate, motivate and delegate people to become involved in growing their businesses. I have hosted hundreds of care packing parties for the troops at corporations, churches, schools, scout groups, the Dayton VA and senior citizen centers. I have spent my life volunteering with Operation: Card Angels, Operation: Show Our Love, Operation Spirit 4 Troops, Operation Gratitude, Operation Write Home, Operation Thank You, Chaplain's Wings, Pink Camo, Heads at Ease, Soldiers' Angels, The Yellow Ribbon Support Center, Cards for Soldiers, Honor Flights across the country, Letters to Soldiers Club, Tell Them Thanks, Blue Star Mothers of America, the Thank You Foundation (Ohio) and Marine Comfort Quilts. I have also been an advocate for children with disabilities throughout the State of Ohio.

I was awarded the National Citation of Exceptional Service Award from the AUSA and the Army National Guard Team Total Victory medallion and pin for my volunteerism and service.

Mass Victim Attacks: Are You Prepared?

By Gary M. Jackson, PhD

Usually referred to as a Mass Casualty Attack, I use the term, Mass Victim Attack. Why? Although there are different definitions of the term casualty, most refer to deaths or physical injuries. A mass attack results in different types of victims – ranging from those who were killed, physically injured, and those who suffer severe emotional grief and distress. If we add emotional distress, often severe enough to be diagnosed as PTSD, it is clear that mass victim attacks result in devastating effects, far outnumbering deaths and physical injuries.

A mass victim attack is one in which a person or persons attack a group of people at one time resulting in three or more fatalities. Are you, family members, and friends prepared for a mass victim attack? There are two primary reasons why the answer could be no. First, we do not want to focus on the unthinkable. That is normal. It is called denial; but denial is not proactive and certainly not preventative. Second, we tend to believe that mass attacks are a low probability event and we are not likely to be affected. If, however, you are unfortunate enough to be caught in such an attack, the probability is 100 percent.

Mass victim attacks are usually directed against random targets – targets based on race, religion, co-workers, and public gatherings of all kinds, including schools, stores, malls, sports events, concerts, churches, mosques, synagogues, streets, walkways, bars, restaurants, and government and military groupings, to mention a few. There is the potential for any group of any kind in any location of being the target of a mass victim attack.

Some events, even if low probability statistically, are so disastrous that we have imposed preventative measures to reduce the risk of fatalities or devastating injuries. This is the reason why there are mandated seat belt requirements and safety instructions on airliners,

although it is the safest form of travel by far statistically speaking. We have seat belts and air bags in motor vehicles to reduce the probability of death and injuries – yet over 40,000 died in auto accidents in 2020. Even if a low or moderate probability event, statistics do not apply if you are caught in such an attack.

From the infamous 9/11 attack to the Fort Hood Massacre, to the Pulse Nightclub Attack, to the Sandy Hook Elementary School Massacre and to the many hundreds of other mass attacks, innocent victims of all ages lost their lives to attackers motivated for a variety of reasons. However, regardless of the underlying motivations, the results were the same – innocent victims in a group lost their lives or were maimed in the most horrific attacks imaginable.

As I was preparing this article, on March 22nd of this year, a single gunman dressed in tactical gear and armed with two semi-automatic handguns approached the Kings Supermarket in Boulder, Colorado. He began firing in the parking lot and continued inside the store. Before he was apprehended, he had killed 10 people, ranging in age from 20 to 65, including a responding law enforcement officer. Six days earlier on March 16th a single gunman killed eight innocent victims across three spas in Atlanta, Georgia. Although I have researched this topic for a decade, written a book on the topic, and have written articles and

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conducted interviews on this subject matter, mass attacks appear to occur as fast as I can write. Mass attacks have been with us for decades, continue to be with us, and will persist into the future. If they are difficult to predict or prevent, we can at least be prepared to increase our chances of survival.

What can we expect during a mass attack? There is total chaos -- screaming, running, weapons being used to basically slaughter and maim, crying, begging, first responders entering a confusing scene, and death and destruction accompanied by much blood and immediate suffering. Such attacks leave a wake of family and friends suffering from grief lasting a lifetime. Although we tend to think of the numbers - the number killed and physically wounded - we do not see the numbers of those who suffer otherwise.

The long-term post-traumatic stress disorder

(PTSD) effects of being a survivor, or one who witnesses the atrocity but not physically injured, can be devastating and last from months to decades, if not a lifetime. There can be frequent distressing thoughts, disturbing dreams, flashbacks in which the affected person feels and acts like he or she was there, and fear and avoidance of situations that are similar, as well as other symptoms. Basically, the effects of mass attacks are far more widespread than what is reported or even assumed. The reported number of those killed and wounded in an attack is devastating, but this is not the end of the suffering. This is just the beginning.

Dissecting Mass Attacks

To prepare and be ready, we need to know more about mass attacks; we must know more about attackers, the methods of attack, target locations, and underlying



motivators driving such attacks. What type of person would plan to needlessly slaughter multiple innocent people at one time - often at random? There is no real type. However, we do know that there are five primary categories of attackers: International Terrorists, Domestic Terrorists, Self-Radicalized Terrorists, those fueled by immeasurable hate, and those suffering from mental health disorders. These may be defined in the following manner:

- **International Terrorist.** A non-U.S. citizen who attacks multiple, innocent and often random victims with the objective of making a political, religious, ideological, or anti-U.S. statement.
- **Domestic Terrorist.** A U.S. citizen who attacks multiple, innocent, and often random victims within his/her own country. Often there is an objective of making a statement about “getting back” or revenge for a perceived injustice.
- **Self-Radicalized Terrorist.** A U.S. citizen who attacks multiple, innocent and often random victims, and who is typically not recruited, but embraces the ideology, tactics, and messaging of a radical Islamic international terrorist organization.
- **Hate.** A U.S. citizen who attacks a group of innocent victims because of significant prejudice or bias and inordinately strong anger against that specific religious, racial, ethnic, or other despised group.
- **Mental Health Disorders.** An attacker suffering from severe, mental health disorders in the form of paranoia, delusions, or fantasy driven to kill multiple people in one event - it is often difficult to clearly understand the internally-generated motives.

We also see crossovers, or hybrids (e.g., an attacker who attacks on the basis of hate and also

has a mental health disorder).

To add to the complexity, mass attackers use a variety of weapons:

- Sharps (knives, machetes, hatchets),
- Semi-automatic high-powered pistols and rifles,
- Improvised explosive devices (IEDs) both large and small scale (Large Scale - the April 19, 1995 Oklahoma City bombing involving high explosives in a truck, and Small Scale - Boston Marathon bombing with explosives packed in two pressure cookers), and,
- Vehicles used for rundowns.



Are guns the cause of mass attacks? To look for the causes, we must look to the attackers and underlying motivations and not just to weapon type. The above-mentioned weapons have all been the weapon of choice in multiple mass attacks. The terrorist group, Al Qaida, responsible for the 911 attack, has stated in their massively distributed online documents (Inspire magazine, Al-Qaida Manual, messages, etc.) that if typical weapons are not available (e.g., guns), then use rented vehicles to run over and kill victims. The terrorist group ISIS has repeated this message. If there are no guns, mass attackers will still have sharps. IED's and



vehicles to engage in mass attacks.

The 911 attack weapons first consisted of box cutters to threaten flight crews in order to hijack the four loaded-fuel airliners. They then used the airliners in suicide missions to kill 2,977 innocent people. We cannot underestimate the creativity of mass attackers in methods to achieve their goal and objectives. Time, the element of surprise, and willing acceptance of death as a consequence of their actions contribute greatly to the too often long list of casualties. No, guns are not the cause; they are a weapon of choice to carry out a mass attack just like sharps, IEDs, and vehicles. Obviously, all weapons of choice cannot be banned - if so, we would just witness the surfacing of other types of weapons such as chemical, biological, radiological, or nuclear (CBRN) weapons.

Commonalities

Although categories of attackers have major differences across motivations, targets, locations, methods of attack, and weapons used, there are some commonalities across all mass attackers. Any form of terrorism (i.e., international, domestic, or self-radicalized) involved in a mass attack results in leaving a form of anti-U.S. message, be it focused on actions of the U.S. government, military, perceived global reach, economic power, or simply revenge for some perceived injustice. The message may not be written. The selection of a U.S. target may be the message. Perhaps the most single important commonality of all mass attackers is that, regardless of who the attacker is and what type of attacker, they all have the same objective - kill and maim as many innocent victims as possible in a group in the shortest amount of time.

Have Mass Attacks Been Prevented?

Can mass attacks be prevented? The answer is absolutely yes. There are many scores of examples of likely attacks that were prevented. How? There are two major reasons as to how intervention prevented likely or imminent mass attacks: (1) astute observations of suspicious behavior by law enforcement who investigated and found weapons, planning and intent to harm, and (2) tips provided to law enforcement by observers who noticed something suspicious or an event in preparation.

There have been many examples of alert law enforcement officers noticing something unusual and suspicious, investigating, and upon investigation, finding intent, weapons, and oftentimes, a plan in progress. Tips to law enforcement have also resulted in numerous apprehensions. Friends, family, or just perceptive and wise observers notice something highly suspicious and report this to officials. Law enforcement investigates, and discovers weapons, planning, and the intent to cause harm. The list of attacks in planning or in progress stopped by these two methods would comprise the length of this document. However, as effective as law enforcement and investigation of tips have been, we cannot rely on all attacks being prevented in this manner. Unfortunately, we continue to witness mass attacks, even if some have been prevented. We must be better prepared.

We have all heard the mantra, "See Something, Say Something." This is an important slogan and needs clarification. See what? Say something to whom? It does not typically mean to report someone because they look different or dress differently, unless in a suspicious manner. If

we see suspicious behavior or actions of a friend, family member, neighbor, or simply a passer-by that could lead to harm, then we should report. Unfortunately, after mass attack damage has been done, multiple reports often surface describing the attacker as threatening and exhibiting suspicious behavior prior to the acts. People are simply reluctant to inform. However, this is necessary if prevention is going to occur.

Suspicious behavior might consist of a person surveilling a specific location, suddenly acquiring multiple weapons and an inordinate amount of ammunition, purchasing materials that could be used for an IED (e.g., ammonium nitrate fertilizer), etc. It is important to stay alert. How do you say something? There are two basic ways. First, if you observe something suspicious and potentially harmful, call local law enforcement. However, if something looks imminent and an event could be

in the making, immediately call 911 and report all of the details you have noticed.

How to Survive

So, how do you prepare yourself, family, and friends to survive an attack, should you have the misfortune of being in the midst of an attacker? Remember, no group in any type of location is exempt from a mass attack. Just as an example of many hundreds, you would believe that you would be safe within a military base. Unfortunately, except for a small number of authorized individuals, such as Military or Security Police, a military installation is basically a gun-free zone. We need only to look at the Fort Hood Massacre of November 5, 2009, when domestic terrorist, U.S. Army Major Nidal Hasan, a psychiatrist with clear anti-U.S. military intent, entered the Soldier



*The Fort Hood Massacre, 5 November 2009
– inside the room where the shooting began,
13 lost their lives and 33 were wounded.*



Readiness Processing Center, yelled “Allahu Akbar!” and fatally shot 13 and wounded more than 30 others within the Center, as victims valiantly tried to intervene and fight back with no weapons. Then, again at Fort Hood, on April 2, 2014, U.S. Army Specialist Ivan Lopez, shot and killed three Soldiers before killing himself. No group location is safe, whether the attacker is a foreign terrorist, a domestic terrorist, one espousing hate/prejudice, or one who clearly is suffering from a mental health disorder. We cannot take safety at any location for granted.

Knowing that no group is exempt, then we must begin preparation with the need for situational awareness anytime we are in a group setting. Like the term terrorism, there are many definitions of situational awareness, ranging from the academic to common sense. Boiling these numerous definitions down to the key elements as they relate to mass attacks, situational awareness means to be alert to your environment, the activities, and persons within that environment, and using your unimpeded senses to detect any form of threat that is present or likely to surface.

If you are with friends or family, it may fall to you to be the responsible person practicing situational awareness when in any group setting. Your small group might consist of children, a disabled individual, or elderly parents/grandparents not fully capable of situational awareness and knowing how to survive. You must be their eyes and ears and know what to do, should the unthinkable happen.

What if an attack is clearly imminent or has started? At least for active shooter cases, the City of Houston developed a video describing how to respond. Their slogan with video, Run, Hide, or

Fight® is copyrighted (Ready Houston, 2014).¹ The slogan is also endorsed by the FBI and the Department of Homeland Security. The slogan, Run, Hide, or Fight, is in order of priority if caught in an attack. The better response is to run. If running is not possible, then hide. Lastly, if there is no other option, then fight.

I choose to elaborate on the Run, Hide, Fight slogan, based upon experience and much study of mass attacks. This includes extending the approach from active shootings to mass victim attacks. I use Escape, Hide, Stay-In-Place, and Attack Back in place of Run, Hide, and Fight for a number of reasons. First, to run is not specific. You could clearly be running into more danger or threats. Second, to hide is not a guarantee. There have been numerous attacks where a large number of victims were found in restrooms in public places - with no exits - only to be fatally shot by the attacker.

Third, fight is not specific enough. How do you fight an armed assailant with one or two semi-automatic weapons and with extended magazines who is charging you, or an attacker with a swinging machete, or an attacker driving a truck over innocent victims? In response, I provide the following suggestions and definitions.

- **Escape.** Escape is the act of leaving a threatening situation to a location of safety. This should always be the number one objective. Escape as quickly as possible to a place of safety. Know where you are running to.



- **Hide.** To hide is to place an obstacle or obstacles between you and an attacker, preventing line-of-sight or likely location. This is a second option in terms of priority; but it should be a temporary option as you continually seek a way to escape.
- **Stay-In-Place.** This is never to be used, except on very rare occasions. One example of an exception when staying-in-place is warranted is the aftermath of a small-scale explosion and only if one is not severely injured. If one runs, they could be running into the attacker or a second bomb (e.g., Boston Marathon bombing had two bombs a block apart, exploding less than 20 seconds apart).
- **Attack Back.** Know yourself! You will be facing a heartless attacker who is not phased by victims of any age, disability, fear, or gender and is well-armed. Attack back means that escape, hiding, and stay-in-place are not options. There simply is no other choice. There is no nice way to say this. Your objective is not to fight. If you are

trapped by an attacker with no chance of escape and you are clearly targeted with a gun, knife, etc. and you must attack the attacker, your goal is to kill before you are killed - it is not to just fight. The attacker is armed, and the intent is to kill you. Go for highly vulnerable body locations such as the eyes, ears, throat, and groin.

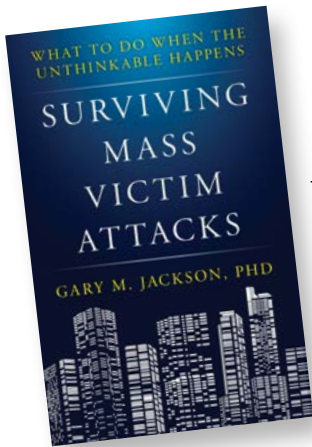
Life-Saving Tips

Although there is much detail involved in surviving mass attacks and this article is limited in space, I refer you to much more detail (Jackson, 2018).² However, I will provide some of the more essential life-saving tips here.

1. Know First Aid! It can save lives in any situation and may even save your own. Take a course and have family members take it with you.
2. Most public places have exits as a means to escape - know them and how to use them. Almost all stores (even in malls), restaurants, bars, grills, etc. have multiple exits, including back exits/entrances used for deliveries. For

example, if in a mall, do not escape to main entrances but escape through the nearest store. There are also obstacles to use for hiding as you make your way to an exit door.

3. The purpose of hiding should only be temporary. Keeping out of line of sight is the objective but do it as you escape away from a threatening situation. Grab whatever you can on the way that could be used as a lethal weapon to defend yourself and others, should attacking back become the only option.
4. When in a public place, keep your senses clearly open so that situational awareness can work. This means not wearing ear buds while listening to smart phone attractions and no texting or watching smart phone displays of any kind. You need full attention to your surroundings. This is especially true in such public gathering places as restaurants, bar, malls, and stores.
5. Know that gunshots can sound very different than what we see on TV or in the movies. After numerous multiple mass victim attacks, survivors state that at first, they thought the sounds of a gun were firecrackers. This delayed their escape response. If loud "popping" sounds in public occur, escape. Waiting can result in the loss of valuable lifesaving seconds.
6. Carry a portable personal protection device such as pepper spray or a pocketknife. Portable pepper sprayers are available in many stores and online - our local car wash even sells them. They are legal and can fit in a pocket or purse, can reach 15 feet, and can debilitate an attacker allowing time to escape.
7. Know that mass attackers are prepared to die, either by suicide or by responders. They don't care about crying, praying, or begging. They will not be deterred from their objective of massive death unless stopped.
8. Vehicle run downs are, unfortunately, more commonplace now. Always walk facing traffic and be aware with no distractions (cell phones, etc.). Know that vehicle rundown attacks often end with attackers exiting vehicles and continuing the attack with sharps or guns.
9. Be aware in public settings if someone enters who appears inappropriate as compared to the group. As an example, he or she could be wearing a long coat to hide weapons when the temperature is warm, and no others are dressed in this manner. Remember, an attacker is determined to kill many and even die in the process. Although others may be happy or having a good time, the attacker's expression will be somber, at best. Begging, pleading, or trying to reason with an attacker simply does not work. The attacker will not be deterred from his mission of killing.
10. If you are hiding, turn off the ringer on your cell phone. It can give away your location.
11. If you fear being known for reporting a person or you have fear of retribution, report anonymously. Take time to check local law enforcement to determine how anonymous reporting can occur. Anonymous reporting is better than no reporting. You can always use a throwaway phone. They are prepaid, cost around \$10, and can be discarded.
12. Do not stand behind a door when an active shooter is approaching or shooting - bullets can easily penetrate most doors.
13. If your post attack distress is severe, seek help. Confide in your doctor or a mental health professional to seek assistance.



The bottom line is that being aware in public places simply means taking precautions. Know where the exits are. Look for suspicious, out-of-place behavior. You do not have to live your

life in fear, but you should live your life prepared when in public. This is especially true if you are with friends or family. They are in your care.

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ABOUT THE AUTHOR

Dr. Gary M. Jackson is the CEO and President of ANBECO, LLC. Trained as a behavioral psychologist with specialties in artificial intelligence and automated assessment, Dr. Jackson has designed and developed scores of advanced applications across both corporate and U.S. Government settings. Dr. Jackson's career has spanned academia as a professor, director of Research and Development, and treatment development in various clinical settings, research psychologist within the U.S. Secret Service Intelligence Division, Intelligence Officer and Chief of three advanced technology branches within the Central Intelligence Agency, vice president and director of research and development for a major psychological test development company, Director of the Center for the Advancement of Intelligent Systems (CAIS) for the American Institutes for Research and, the founding President and CEO of Psynapse Technologies in Washington DC. Dr. Jackson has extensive R&D and operational field experience in counterterrorism, counterintelligence, counter-narcotics, and asymmetric warfare prediction, tracking, and locating. He holds BA and PhD degrees from Southern Illinois University-Carbondale and an MA degree from University of Illinois-Springfield. He has completed additional postdoctoral training in neurophysiology at the University of South Florida Medical School. Dr. Jackson is the inventor of the patented automated behavior assessment Checkmate Network Intrusion Protection System, Inmate Network Misuse Detection System for insider threat assessment, and Automated Behavior Analysis (AuBA) technology and tools. His latest books: *Predicting Malicious Behavior: Tools and Techniques for Ensuring Global Security* (Wiley & Sons, 2012), describes the developed and patented automated behavior analysis (AuBA) and applications. *Surviving Mass Victim Attacks: What to Do When the Unthinkable Happens* (Rowman & Littlefield, 2018) describes mass victim attacks and strategies for surviving and prevention.

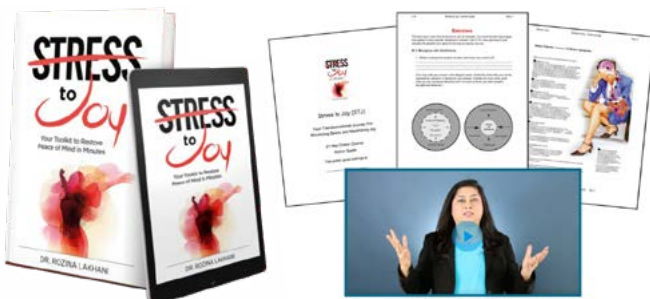


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The Traffic Stop

The Stress of Causing Stress

By Officer Tom McMurtry

In the opening scene of this movie, the camera follows our hero. He is a handsome, well-dressed, young black man, who is driving a nice car alone in an inner city at night. He suddenly notices that he is being followed. His mind goes into alert mode as he constantly glances backward. When he passes under a streetlight, the illumination allows him to see that the vehicle behind him is a police cruiser. His mind now races to think of what could possibly be wrong

with the car he is driving or what he might have done wrong while driving it. His quick conclusion is nothing and nothing. He is in a perfectly performing vehicle that he is driving in a perfectly legal manner. So, it must be him. But he hasn't done anything wrong. So, he must look like someone else. He must resemble some other young black man who is suspected of doing something criminal. Or maybe he is just "driving while black." It is hard to tell in his city.

Then the flashing red and blue lights come on. He looks in the rear-view mirror, just as two hard white lights come from the cruiser's light bar and nearly blind him. Our hero instinctively moves his head quickly down and to the left to remove his eyes from the harsh light and then realizes that this movement will probably be understood to be furtive and suspicious. Now frightened, he tries to remember all the things his parents told him to do when (not if) he is pulled over.

Slow down and signal a right turn to alert the law enforcement official that you have seen and understood their overhead lights. Move the car to the right and find a safe place to stop. If possible, make it a safe place large enough for both vehicles. Come to a complete stop. Shift the car's transmission into park. Take your foot off the brake pedal. Roll down the driver's window. Turn off the engine. Place your hands on the steering wheel at the 10 o'clock and 2 o'clock positions and wait.

Our brave young man follows this sequence of tasks calmly and purposefully, then looks into his side view mirror. The spotlight on the driver's side of the police cruiser has been lit and turned to point directly into his side view mirror. He squints but keeps looking so he can still see what's coming. The cruiser door opens and stays open for a long moment, then closes. There in the darkness, with his face obscured, is a middle aged, overweight, white cop. The cop stops by the rear of the car. He has a flashlight in his left-hand, shining it into the back seat. His right-hand rests on the handle of his holstered handgun. This could turn ugly fast.

The actors in this scene are nearly perfect stereotypes. The time and place could be almost any city in America at almost any time in living memory. The movie could be a high budget, emotional drama with big name stars, or a low budget video made to be used as a training scenario in driver's education or in a police academy. Yet, it was all very real, and I was the cop.

It was a slow evening. I was on routine vehicle patrol, when I spotted a car exiting a well illuminated parking lot without its headlights on. This is typically just a check and a warning. I pulled in behind the subject vehicle and followed to see if the driver would realize the situation and click on his lights. That didn't happen and I started into my standard traffic stop procedure. I advised my dispatcher of my location and the



vehicle description, including its plate number. The car was not stolen, so I was good to make the stop alone. I moved in close and turned on my overhead lights. The car signaled and pulled over. I had almost never seen anyone signal before stopping. I gave my dispatcher the stop location and received information on the vehicle's registered owner, who was a 47-year-old female with no warrants. I approached and noticed that the car wasn't running.

The driver, who was clearly not the registered owner, had his hands where I could see them and wasn't moving. I started with my standard opening. "Good evening, sir. I'm Officer McMurtry and I stopped you tonight because

your vehicle is not showing working headlights. And may I see your driver's license." I then paused and waited for the driver of the vehicle to speak. The young black man didn't look scared; just under stress. He took a moment to think through what I had said. Finally, he called me 'Sir' and asked if he had my permission to get his license from his wallet and turn his headlights on. I was impressed by his politeness and said he could do both. His license was valid, and his headlights worked. We were done--except that I felt the urge to say something. He was a teenager driving his mother's car. He had behaved perfectly. I stated, "Sir, this will be just a warning tonight and you are free to go. But, may I

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As a police officer, I have been trained to be suspicious, distrustful, emotionally distant to people I don't know. While on duty, these qualities in a police officer are both necessary and troublesome.

ask you a question?" He said I could. "Is this your first traffic stop?" He said it was. I told him that he had done well, and he should thank

whoever had taught him how to behave during a traffic stop. Then I asked. "How did I do?" After a surprised pause, the driver looked into my face for the first time and said that I had done okay. I smiled. He smiled. I thanked him. He thanked me. I told him to drive safely and returned to my cruiser. He had signaled a left turn and pulled out before I buckled up.

I sat there for a moment and thought about the assumptions we all make about other people. As a police officer, I have been trained to be suspicious, distrustful, emotionally distant to people I don't know. While on duty,

these qualities in a police officer are both necessary and troublesome. They are important in keeping me from getting hurt

by alerting me to possible dangers, but also may cause me to treat a perfectly innocent person as a dangerous criminal suspect. It is a delicate balance between safety and oppression that can be fraught with human error and missteps - and which can cause high levels of stress on both sides of even the most routine of traffic stops. Yet, if all parties involved recognize these stressors, understand their roles and play their parts well, everyone involved will almost always get to go home safely. This is always my first goal in any traffic stop.

ABOUT THE AUTHOR

Tom McMurtry, DAIS, Police Officer (RET), CPT, U.S. Army, Special Forces (RET) has spent most of his adult life serving others. He joined the US Army at the age of nineteen, volunteered for and completed Infantry, Airborne, and Special Forces training. After three years serving on a Special Forces HALO Team Tom became a Reservist. He remained in the Special Operations Reserve for twenty more years. He was recalled to active duty for the invasion of Iraq as a Psychological Operations Specialist, during which he was awarded the Bronze Star Medal. After his combat tour Tom returned home and entered the police academy at age 49. He served as a patrol officer for 15 years and received the Distinguished Action Award for his response on the night of the Dayton mass shooting in the Oregon District. Tom retired at the age of 65 but was recalled to part time duty by his department at the height of the pandemic to help cover for fellow officers who were sick. All of that aside, Tom will tell you that he takes greatest pride in his 45-year marriage to my wife, Holly, along with our five children and ten grandchildren.



American Alpha-Stim Cranial Electrotherapy Stimulation Technology Proven to Treat Depression and Significantly Reduce Suicidal Thoughts According to New Chinese Army Study

By Daniel L. Kirsch, PhD, FAIS

America is no longer the international leader in medical research. Ninety percent of new therapies approved in 2017 had testing outside the U.S. and Canada.¹ In the case of the subject matter of this article, the research and researchers came as a surprise, even to the author of this review who is the inventor of Alpha-Stim brain technology and to its manufacturer. But what a surprise this was! An FDA-cleared medical technology invented in the

USA and on the Federal Supply Schedule (FSS) for the DOD and VA currently in use by more than 100 Veteran Affairs Medical Centers as well as the U.S. Army, Marines, SEALS and U.S. Navy at selected facilities,² is also being used and studied by the People's Liberation Army of China. We did not know that until we found the study that this article reviews.

The study was titled, "Effects of Cranial Electrotherapy Stimulation on Suicidal Ideation and Event Related Potentials in Patients with Treatment Resistant 'Depression,'" published in the *China Journal of Health Psychology* in 2021.³ It was conducted at the Jiading District Mental Health Center, Shanghai, China, and the Mental Disease Prevention and Treatment Institute of the Chinese People's Liberation Army. The purpose of the study was to investigate the effects of Alpha-Stim CES (Electromedical Products International, Inc., Mineral Wells, Texas, www.alpha-stim.com) upon suicidal ideation (thoughts) and its electrophysiological mechanism in patients with severe major depressive disorder (MDD).

This level of depression is characterized by high morbidity and high disability rates, and 40-70 percent of these patients report suicidal ideation. About one-third of these patients are treatment resistant; meaning they failed 2 or more anti-depressant drug treatment trials at full-dosage and duration.

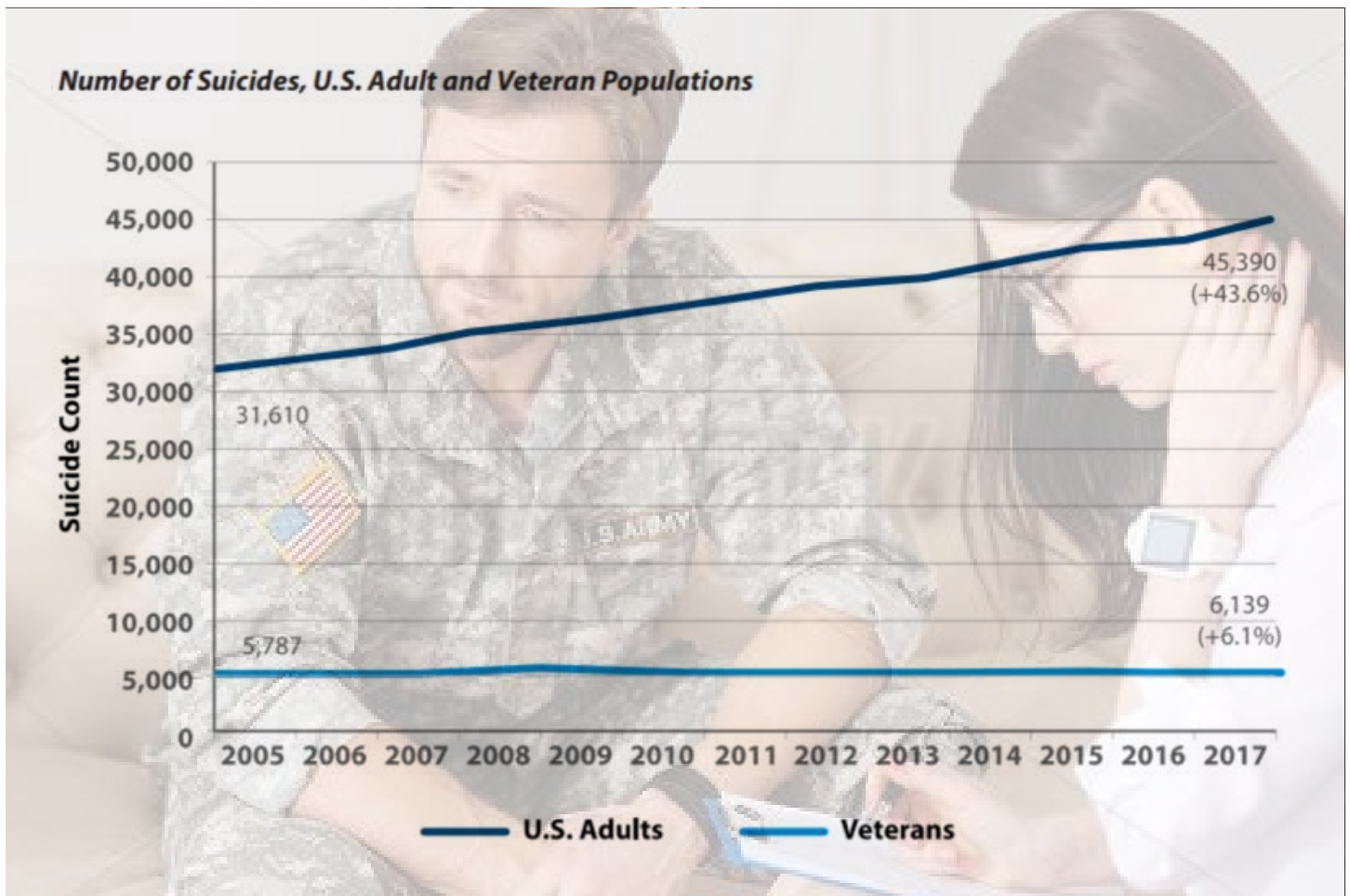
The 2019 National Veteran Suicide Prevention Annual Report, published by the Office of Mental Health and Suicide Prevention of the U.S. Department of Veterans Affairs stated:

*"45,390 American adults died from suicide in 2017, including 6,139 U.S. Veterans. Our nation is understandably grieving with each suicide, prompting our collective and tireless pursuit of evidence-based clinical interventions and expansion of community prevention strategies to reach each Veteran. VA offers through this report a renewed and determined call to unrelentingly address suicide in our Veteran population and our society, as suicide has no single cause and the tragedy of suicide affects all Americans."*⁴

Regardless of the government's reported efforts, the suicide rate is increasing, as shown in the chart on right.⁴ Something more must be done.

Prior Research of Alpha-Stim CES for Depression

This article is about one research study, but it is far from the only study on Alpha-Stim CES for the treatment of depression. Alpha-Stim has been on the market since 1981 and cleared by the Food and Drug Administration (FDA) to treat depression with a doctor's prescription (e.g., physician or clinical



psychologist) since 1992. On December 20, 2019, the FDA published an Order in the Federal Register requiring CES manufacturers to submit a Premarket Approval (PMA) application, the device equivalent of a new drug application, to maintain the depression indication for use.⁵ In response, Electromedical Products International, Inc. submitted a premarket application for its 40 year old technology on March 12, 2021, just two weeks after locating this study by the PLA. The science section of the PMA contains extensive discussions of the history of CES and Alpha-Stim technology in particular, the putative and researched mechanisms by which it works,

including EEG (showing more soothing alpha brain waves) and fMRI studies (showing cortical deactivation), a comprehensive discussion of depression spectral disorders, and 30 studies using Alpha-Stim CES for depression, half of which were randomized comparator-controlled clinical trials (RCTs or double blind studies), with the balance being non-randomized studies of interventions (NRSI). This consisted of open label, retrospective and case series studies. All of the studies met the FDA's definition of valid scientific evidence (VSE), and all were conducted at universities or government institutions around the world, including the VA, U.S. Army, and now,



the Chinese Army. All had significant results in reducing depression, meeting the gold standard of science - replication. The PMA even included a meta-analysis of the studies that show a medium effect (which is better than reported in drug studies of depression) in favor of the active treatment group for the RCTs. There can be no doubt that Alpha-Stim CES is effective in treating depression. However, this is the first study showing Alpha-Stim CES can also significantly impact suicidal thoughts.

In the PLA study a total of 67 participants, aged 18 to 60 years of age, all diagnosed with treatment resistant depression (TRD), were randomly divided into two groups. The Alpha-Stim CES group received active CES treatment for 20 minutes, 3 times a week for 8 weeks. The placebo (sham-treated) condition used an identical, but non-powered device in the same manner as a control. Both before and subsequent to treatment, suicidal ideation, depression, and physiological measures of patients in both groups were assessed using standard measures. The Beck Scale

for Suicide (BSS) was used to assess suicidal ideation, the Hamilton Depression Rating Scale (HAM-D) to assess depression, and event-related potentials were measured using the Contingent Negative Variation (CNV) measures before and after treatment.

Of the total group of 67, 33 participated in the active treatment CES group, including 18 males and 15 females, with a mean age of 32.1 ± 8.9 years and with 12.9 ± 3.9 years of education. The control group had 34 subjects, including 18 males and 16 females, with a mean age of 31.7 ± 9.3 years and 12.6 ± 3.7 years of education. The difference in gender, age, and years of education was not statistically significant.

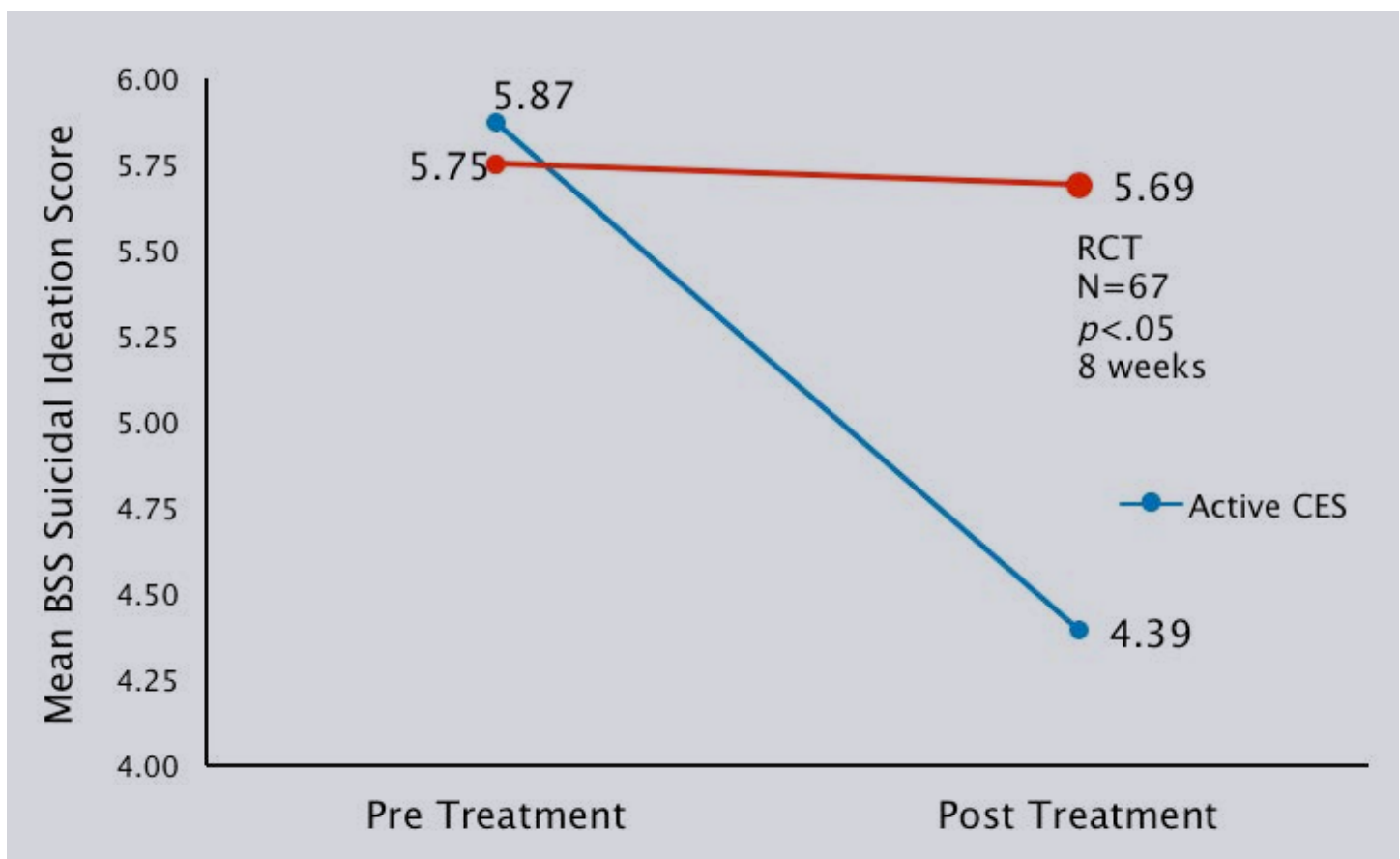
Prior to treatment, the baseline suicidal ideation, suicidal risk, and depression scores between the two groups were not statistically different. However, after CES treatment, the scores of HAM-D ($t=-2.0865, -2.1518; p<.05$), and the scores of suicide ideation on the BSS ($t= 2.0315, p<.05$) in the CES group were significantly lower than that of the control group.

Results

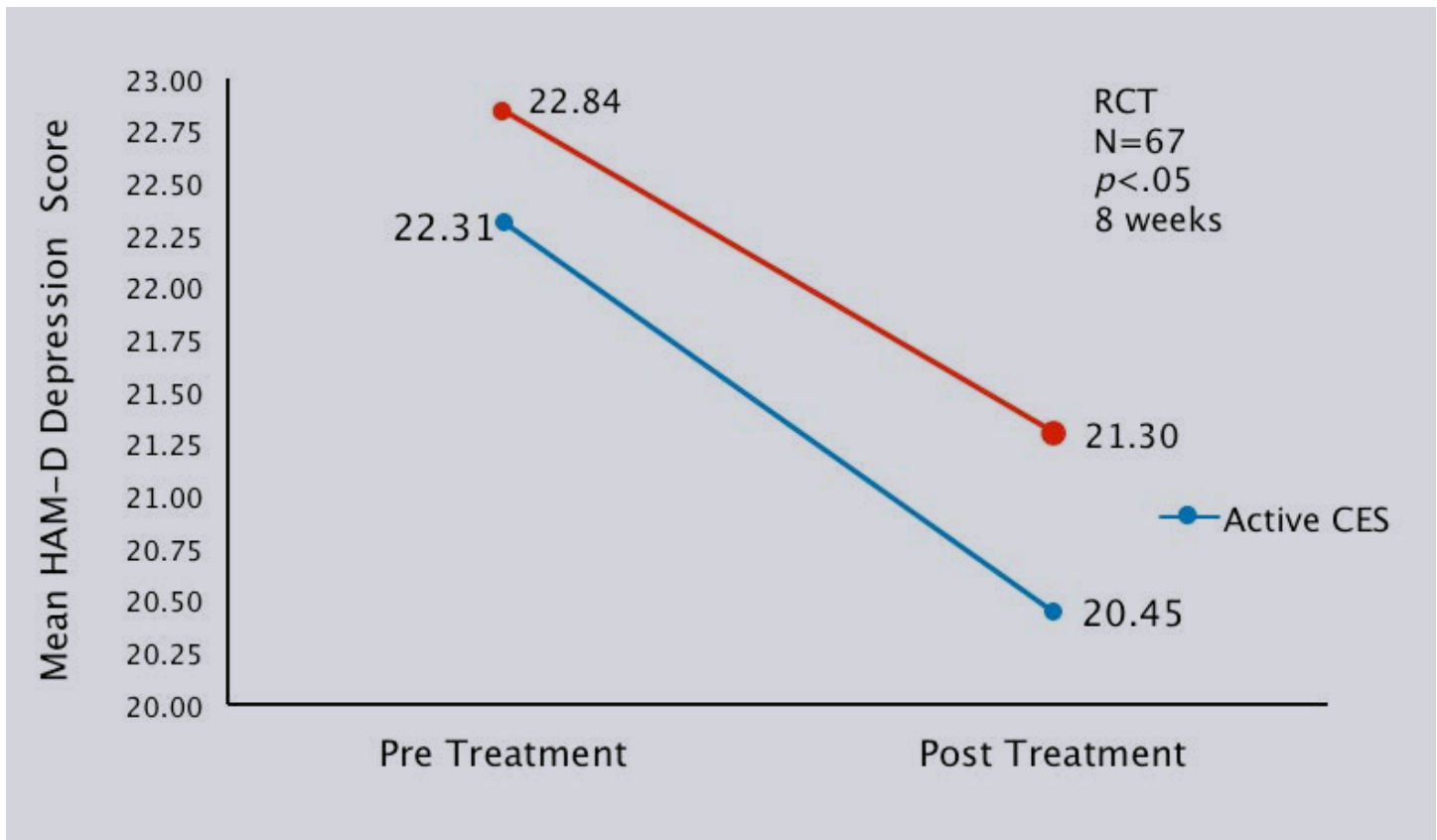
Items	CES group (n=33)		Control group (n=34)	
	Before treatment	After treatment	Before treatment	After treatment
Suicidal ideation	5.87±3.21	4.39±2.51* ^Δ	5.75±3.11	5.69±2.72
Suicidal risk	11.98±6.85	9.53±5.36	11.67±6.54	11.78±6.97
HAM-D	22.31±3.22	20.45±3.78*	22.84±3.62	21.30±3.14

Note: Through comparison with that before treatment, * $p < .05$; Through comparison with control group, $\Delta p < .05$

Change of clinical symptoms before and after treatment ($\bar{x} \pm s$)



Mean change in BSS suicidal ideation score pre-and post- CES treatment.



Mean change in HAM-D depression scores pre-and post- CES treatment.

Baseline CNV incubation period and amplitude, PINV occurrence rate, and other indexes between the two groups were not significantly different prior to treatment, but after treatment, M2 amplitude increased and the incidence of PINV decreased in the CES group ($t= 2.3513, p<.05; \chi^2= 5.0708, p<.05$). This represented a statistically significant difference compared to the control group ($t =-2.0252. p<.05; \chi^2=4.7308, p<.05$).

Items	CES group (n=33)		Control group (n=34)		
	Before treatment	After treatment	Before treatment	After treatment	
Incubation period (ms)	M1	452.3±143.5	424.8±138.9	443.7±151.9	451.8±142.6
	M2	1215.2±327.4	1168.8±309.7	1243.7±336.5	1195.4±317.5
Amplitude (µV)	M1	11.8±5.2	12.1±4.9	12.3±5.1	11.9±4.2
	M2	10.5±5.6	13.8±5.8*Δ	10.8±5.5	11.1±5.1
PINV occurrence rate%(n)		39.4(13)	12.1(4)*Δ	41.2(14)	38.2(12)

Note: Through comparison with that before treatment, * $p<.05$; Through comparison with control group, Δ $p<.05$

Change of key indexes of CNV before and after treatment

Conclusions

The authors concluded that Alpha-Stim CES treatment effectively reduced suicidal ideation in patients with treatment-resistant Major Depressive Disorder. They proposed that the observable electrophysiological changes induced by CES results in improvement in cognitive processing speed that mediates suicidal ideation and that CES treatment stimulates the production of certain neurotransmitters, such as 5-hydroxytryptamine, which also affects the chemical activity of a neuron's peripheral region, further regulating activation. These

electrophysiological changes may represent the mechanisms of action of CES at relieving suicidal ideation.

The observable change in Event-Related Potentials (ERP) before and after CES treatment suggests that ERP may have clinical application as a potential warning or indicator of suicidal ideation that may encourage early diagnosis and appropriate treatment, such as CES. Since there is no other proven safe and effective treatment for suicidal ideation in treatment-resistant Major Depressive Disorder patients and the data published by the VA demonstrates that the incidence of suicide is increasing, presumably because the interventions being used now are

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ineffective. The evidence-based Alpha-Stim CES technology should be prescribed immediately to anyone having suicidal thoughts as a preventive treatment in these patients to potentially save their lives.

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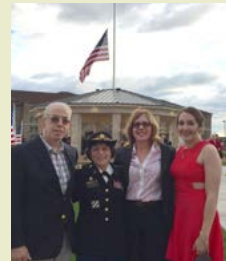
ABOUT THE AUTHOR

Daniel L. Kirsch, PhD, DAAPM, FAIS is a neurobiologist who invented Alpha-Stim technology in 1981 when he founded Electromedical Products International, Inc. He retired from EPI in 2020 after 40 years as Chairman of the Board. He also retired as a U.S. Navy contractor, pain and stress specialist in 2019. He currently serves as President of The American Institute of Stress and Editor-in-Chief of this publication, *Combat Stress*, and *Contentment* magazine.

Dr. Kirsch has designed medical devices and their applications and developed clinical systems for implementing pain and stress normalization technologies; primarily Alpha-Stim, biofeedback and neurofeedback. He practiced and taught his original techniques throughout the world, from the USA through North and South America, Europe, The Middle East, China and Japan over four decades.

He is a pain specialist board certified by the American Academy of Pain Management (DAAPM) and was the recipient of their Richard Weiner Pain Educator annual award that is given to an individual who has contributed to the advancement of the field of interdisciplinary pain management through the training of pain management professionals. He had been working extensively with the United States military (Army, Navy, SEALs, Marines and Veterans) from 2005 through his retirement in 2019. Although he spent a lot of time in China over an 8-year period teaching electromedicine, pain and stress management, he only met with the PLA in China once.

Dr. Kirsch was a co-editor of *Psychiatric Clinics of North America: Stress in Health and Disease*, (Elsevier 2014), and book chapters including contributing to *Healing War Trauma: A Handbook of Creative Approaches* (Routledge, 2013), and *Cranial Electrotherapy Stimulation for Anxiety, Depression, Insomnia, Cognitive Dysfunction, and Pain* in the textbook, *Bioelectromagnetic and Subtle Energy Medicine* (CRC Press, 2015). He contributed to the book, *Complementary and Integrative Treatments in Psychiatric Practice* (American Psychiatric Association, 2017), and was featured in Justin Smith's 2017 documentary movie, *Body Electric: Electroceuticals and the Future of Medicine* and its 2019 sequel, *The Brain Electric: Healing Wave of the Future*, and co-authored a chapter on CES in the book *Using Technology in Mental Health Practice* published by the American Psychological Association (2018). Dr. Kirsch was also featured in Justin Smith's latest documentary series, *Mismatched: Your Brain Under Stress*, produced by The American Institute of Stress and released in March 2021.



Dr. Daniel L. Kirsch, Dr. (COL) Kathy Platoni, Tracey B. Kirsch and their daughter Gabrielle E. Kirsch at the Ft Hood November 5th Memorial in Killeen, Texas on March 17, 2016.

Sensorimotor Psychotherapy: An Alternative for Veterans

By Chris Zaglifa, MSW, LCSW, SAC

As a dual diagnosis clinical social worker primarily trained in Cognitive Behavioral Therapy (CBT) and exposure therapy, it became evident that a percentage of Veterans chose not to engage in these therapies, were unable to tolerate the therapy, or chose to drop out.¹ Also evident was a pattern among these Veterans of having multiple co-morbid diagnoses of addiction, insomnia, depression, suicidal behaviors, attention deficit disorder, and a pattern of high Adverse Childhood Experience (ACE) scores.² Even after completing both residential and outpatient programs, some Veterans, while habituating to a specific trauma, still struggled with very similar complaints: “I just snap and put my fist through a wall; I verbally go off on my wife and children and then try to grab the words back before they hit their target; When it happens, I am beyond exploring the interaction between my thoughts, emotions and behaviors, or using a Cognitive Behavioral Worksheet; I do not go out, have people over, do fun things with my kids; I think about suicide a lot.” These Veterans’ reports were frequent, and more the rule than the exception.

The purpose of this paper is to share the journey over the past five years to find what we therapists were missing; a model that could be incorporated into treatment to better prepare Veterans to engage in cognitive therapies that would be less overwhelming, and that would help to recognize, understand, and intervene in both physical and emotional dysregulation. My goal is to address the co-morbidities, the pattern of suffering from developmental trauma, and the poor attachment experiences these Veterans had as children; the time when self-regulation is developed.^{3,4} The model would need to be easily articulated to explain how the brain and body protect themselves. It must also be non-pathological, non-judgmental, and

acceptance of a person wherever that person is, in whatever state they present, while ensuring safety, and demonstrating awareness and sensitivity to the military culture.

Sensorimotor Psychotherapy

My search led to familiarizing myself with somatic-oriented therapies that included Somatic Experiencing (SE) and Sensorimotor Psychotherapy (SP).^{5,6,7,8} It appeared that SP met the desired criteria. Moreover, the Polyvagal Theory was found to be part of SP.⁹ The concept of the role the body plays in psychological health is not new but was lost when Western philosophy made cognition supreme in understanding human behavior. Leonardo Da Vinci revolutionized art by exploring “...how psychological emotions led to physical motions.”¹⁰ He wanted to display emotions in his art and did so through capturing motion in his paintings. Pierre Janet, a French psychiatrist, when writing on traumatized people in 1919 stated, “Such patients as the one who was perpetually trying to guard herself from being struck... are continuing the action, or rather the attempt at action, which began when the thing happened. They exhaust themselves in these everlasting recommencements.”¹¹

The question was how to lower psychological and physiological reactivity and also provide a structure and interventions to help better



understand the effects that developmental issues can have upon one's ability to tolerate extreme stressors such as those traumatic events typically experienced in the military, such as combat responses to catastrophic devastation with major loss of life through war, earthquake, and the many recent hurricanes. Some Veterans who served both in the Middle East and in Haiti found Haiti to be even more traumatic. This article will describe SP and concentrate on its principles, philosophy, orientation, and focus. How Veterans and this therapist experienced the use of SP will be discussed and the feedback Veterans in individual and group treatment shared during the termination phase will be provided.

SP is... "A body-oriented talking psychotherapy that specifically addresses trauma and attachment wounds, emphasizing the body as an avenue for exploration and vehicle for change."¹² Although SP also uses cognitive and psychodynamic-based treatments, it is a more bottom-up rather than top-down approach that also is neuro-biologically informed, incorporating mindful awareness of the present moment. SP can be used in conjunction with other therapies or as a stand-alone treatment. SP expands upon exploration of thoughts and emotions to include physical sensations, five-sense perceptions, and movements. These are referred to as the core organizers. Porges refers to this gut instinct as "neuroception" which is "... the process through which the nervous system evaluates risk, without requiring awareness."¹³ It distinguishes what is safe from what is not safe; that is, unresolved traumatic events during which a person was not able to act or to defend oneself or engage in a fight or flight response. When reminded or triggered by an element of the original trauma,

such as an image, sound, smell, taste, or tactile contact, the thinking part of the brain may be unable to function, reverting to animal defenses of either a sympathetic nervous system (fight or flight) or parasympathetic response (shut down or play dead.) "One's thinking or behavior can become disrupted if arousal moves beyond the boundaries of the 'window of tolerance.'"¹⁴ A person can respond to a situation over and over again when no actual danger is present. The trauma becomes a procedural or implicit memory, sometimes referred to as a muscle memory, which is physically and emotionally expressed and acted upon bypassing a thought or cognitive process. "Thus, when memories of the traumatic experience are activated by an internal cue (e.g., a feeling state) or an external cue (e.g., a look on someone's face or a certain sound), the survivor feels as though the traumatic experience is occurring in the present moment and utilizes the same defensive reactions that were used at the time of the original event, such as freezing or fighting."¹⁵

The "Window of Tolerance" (WOT) is an exceptional tool for psychoeducation regarding normal, animal defenses. "In order to put the past in the past, clients must process traumatic experiences in an 'optimal zone.'"¹⁶ Falling between the two extremes of hyper- and hypo-arousal, this zone is described as the WOT. Porges describes this zone as a parasympathetic state called the ventral vagal or social engagement system, where a person can think and feel at the same time. It is bidirectional and can read whether or not another person is safe and able to communicate safety through facial expression and voice. Again, these are normal defense responses that protect the individual.

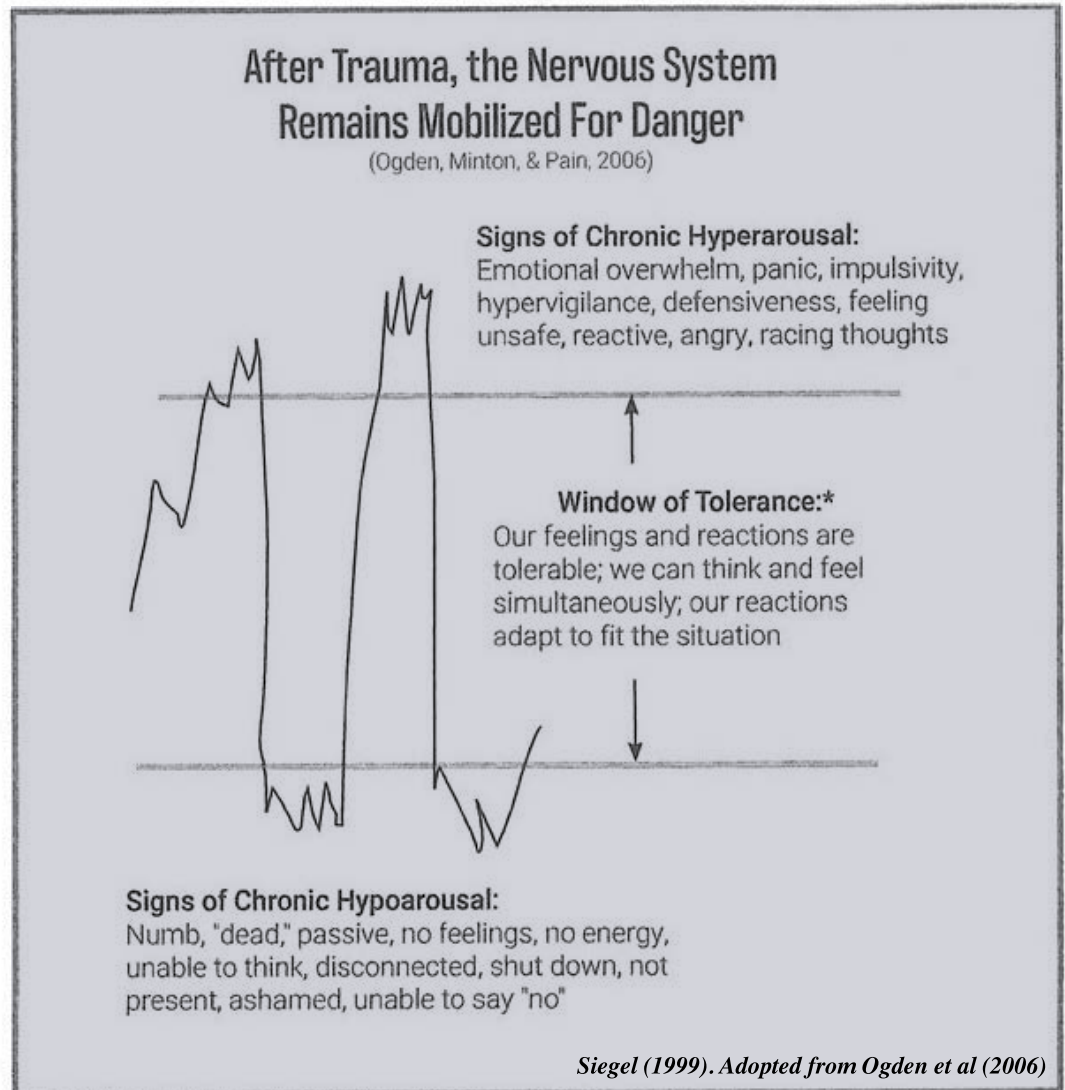
When experiencing a reminder of a traumatic event that was not processed or when trying to put the trauma into words, when the thinking brain is not "online," these defensive responses can be activated. The thinking brain is not available, and the person remains "stuck" in a perpetual and patterned response as described by Janet.¹¹

The advantage of providing psychoeducation in this manner is non-pathological, non-judgmental, and makes sense out of reactions to stimuli that fall well under the actual presence of a threat. At this point, using a cognitive approach might be counter-productive for those who become easily overwhelmed and again, are unable to put the experience into words. This is not avoidance. "Once these triggers and signs of even slight dysregulation are identified, these clients will benefit from the neural exercises that bring arousal into the window of tolerance and thus, enable prosocial behavior. No matter if triggers are trauma or attachment-related or both, understanding the automaticity of faulty neuroception challenges cognitive schemas of defectiveness, inadequacy and unworthiness."¹⁷

There is a structure to SP, but there is no "typical session," as the therapy is not manualized

nor directed by the therapist. The therapist is not there to direct the therapy, but rather to facilitate clients finding what needs to be accomplished from within themselves. Interventions and resourcing are considered "experiments" and there is no right or wrong, but a curious and mindful approach that will assist as an individual develops a sense of what issues needs to be addressed.

The client is always reminded that if something does not feel right, to stop. The session is then structured for the client to remain in the present. Signs and symptoms of dysregulated behavior are tracked and contacted by being present, connected, attuned and resonating in a non-judgmental manner through contact statements, not questions, that



A Nervous System Adapted to a Dangerous and Threatening World



bring a person's attention to present moment experience. Non-verbal communication, tone of voice and body language that reflect a felt sense of understanding, resulting in engaging the social engagement system. A piece or a sliver of what arises is framed and through mindful questions and directions, brought into awareness and studied, slowly at a tolerable level. The individual can then process them and while being mindfully aware of them, begin to transform these reactions, to think and feel while working the edges of the WOT. The therapist will assist by preventing the patient from completely leaving the WOT. Resources are implemented to assist the patient from becoming hyper- or hypo-aroused. An example would involve changing a person's posture from being slumped, leaning forward, with feet tucked under the chair, to sitting upright, elongating the spine, and feeling the back of the chair seat. The client can be asked to feel the floor with one's feet to become grounded and to place one hand on the abdomen and the other on the chest to feel more centered. The client is asked to notice any changes in their breathing, heart rate, muscle tension, etc. When there is a truncated, unexpressed action that occurred during the trauma, the client is given the opportunity to complete that action. For example, the patient or client may do so by reaching out or pushing back or away from an object being held by the therapist, while applying just the right amount of resistance requested by the client to complete the action that was not possible at the time of the trauma. This is called the "Act of Triumph."¹⁸ These are examples of the "experiments" that can be used to allow for the integration of the experience and the transformations achieved

brought into one's daily life.

There are three phases of treatment that are implemented throughout the body.¹⁹ In Phase 1, the person is kept within their WOT as they become aware of their body and identify any hyper- or hypo-arousal. In Phase 2, the unintegrated memory fragments and core organizers are processed. "Through awareness of the physical impulses that emerge when the memory is evoked, clients find and complete the innate 'acts of triumph,' the mobilizing defenses that were ineffective at the time of the original trauma."²⁰ In Phase 3, resources are used to develop the skills needed to keep the activation of the sympathetic nervous system, mobilization (fight or flight) and parasympathetic immobilization (submit or shut down) within the WOT. Once the client has arrived at this point, cognitive approaches can be implemented as the he or she is able to think and feel at the same time.

Summary of the Foundation and Six Principles of SP.²¹

The most profound effect the Veterans I treated and upon me were the Foundations and the Six Principles of SP. The Foundations and Principles provided both the philosophical and spiritual ground for clinical practice, laid out the orientation for the therapist, and demonstrated a paradigm for healing, a way of being in relationships, of being with ourselves and others, and seeing the body as a resource.

The Foundations explore the organization of experience, and the need for an Experimental Attitude in lieu of talking or conversing.

1. Unity recognizes how we are interrelated and is experienced through communication. It

recognizes individual and group differences. A central goal is to facilitate communication between parts of the whole. It is a non-hierarchical approach.

2. Organicity refers to the inherent intelligence within every living system to evolve. The power to heal resides in the person, not the therapist. The therapist is alert to this natural process and helps a person explore within themselves and to find their own path. The clients are to change for themselves. Culture and social location are also recognized.
3. Mind/Body/Spirit Holism recognizes that in all significant bodily experiences, in addition to a cultural component, there are mental, emotional and spiritual components. SP values

the body as a source of primary intelligence, information, and change. The main perspective is the whole person.

4. Non-violence refers to the assumption of a non-judgmental attitude. The therapist is the compassionate person and refrains from efforts to manage, direct, or change a person's behavior or experience.
5. Mindfulness/Presence encompasses dual awareness of being both observer and observed without judgment. It pays attention to "what is." Presence is seen as being with the client, engaged, responsive to the moment, and open in a unified state. It is conducive to intuition and inspiration instead of logic and analysis. This also applies to the therapist, as he or she becomes aware of how the session affects the therapist, while never losing focus on the client.
6. Relational Alchemy emerges from the relationship and how the implicit selves interact. This can be challenging, as well as positive. Enactments are viewed as a time when both therapist and client process an interaction, which leads to a higher degree of organization and growth for both parties.

At first, these principles were not well understood, as they were perceived at a cognitive level. However, as I adopted them in practice, I noticed changes within myself at many different levels, as well as change in the Veterans with whom I worked. They began to feel safer and became more open, able to stay in the moment—their WOT—and thus, were able to process more of their trauma-related reactions. The psychoeducation portion brought about a normal defensive response to trauma, a greater self-acceptance, and comfort within themselves.

STRESSED?

Stress is an emotional habit, an indicator there's a puppy upstairs [your brain], chewing up your house, your shoes and your underwear. Learn how to train the puppy and begin your path to stress elimination.

BEGIN TRAINING



nuuaria



One Veteran, having a bad day and using the language of the WOT, reported, “I lost my WOT. Someone accidentally covered it with a pencil so I could not see it.”

During the termination process, the Veterans offered feedback about their treatment, describing these same principles as they unfolded during the course of treatment. Unity was seen in the groups as they could act as one and accept and honor their differences. They shared the commonly held belief that they knew best what was needed, the therapist helping them to find that innate wisdom of the body. The non-violence was seen as the absence of therapist-directed treatment. Most, if not all, made reference to the fact that they were not judged, were accepted, and were never told what to do or that they “have a problem.” In terms of mind, body, and spirit holism, they commented about being acknowledged as a whole person.

Summary

The question is not which treatment model works the best, but which treatment models, working in unison with the

wisdom of other treatment models, will work with each individual. The more inclusive the treatment model, the more success will be realized.

Moreover, the whole person must be taken into consideration. This includes not only the mind, but body, spirit, culture, and lifelong experiences that shape an individual. It also includes an awareness of how each person organizes the self around these experiences to defend oneself and to develop a more balanced and nuanced world view, and the ability to better distinguish present experience from past traumas and threats. Sensorimotor Psychotherapy, along with other somatic-based, body-oriented psychotherapies, adds the component of working with and through the body. Additionally, it facilitates working with slices of the traumatic experience to both complete unresolved and unprocessed actions during a traumatic event through an Act of Triumph and to help the individual find the missing attachment experiences. The Principles of SP can guide treatment providers to safely and successfully work with traumatized patients, allowing them to become aware of their physical reactions and attachment wounds, integrate both body and

mind, and reach a transformation that can be practiced and lived in daily life.

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ABOUT THE AUTHOR

Chris Zaglifa is a Licensed Clinical Social Work and Substance Abuse Counselor. He has worked as a child, adolescent, and family therapist in inpatient, outpatient, residential and hospital settings. His background includes work in a Victim Assistance Program, assistance in the development of a domestic violence shelter, and group work with children from violent homes. He later worked in the Crisis Intervention Services Program of the City of Chicago Department of Human Services. After moving to Wausau, WI, he worked as a clinical social worker at North Central Health Care Facilities on the inpatient unit, and on both the Behavioral Health unit and Emergency Department of Wausau Hospital. He was a member of the North Central Wisconsin Critical Incident Stress Management Team. He joined the staff at Family Counseling Services where mental health services were provided to families and to Veterans. Chris joined the Department of Veterans Affairs and worked full time with individuals and groups of Veterans for 11 years through November 2020. He completed Sensorimotor Psychotherapy Levels I, II, and III through the Sensorimotor Psychotherapy Institute.





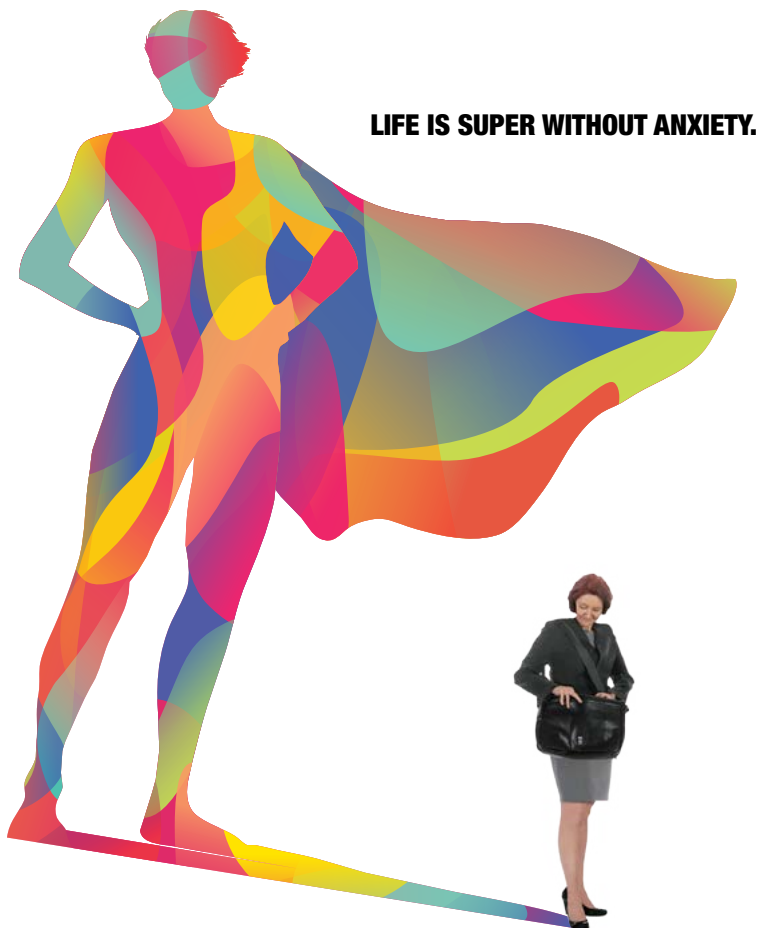
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How the Best Handle Stress - A First Aid Kit

The "Rules"

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

***"At home it is better to be happy than right;
At work it is better to be right than happy."***

Take the five-minute Brain Scan.

Since about every other person you meet on earth will be of the opposite sex, it would be good to be aware of the real anatomical and functional gender differences in our brains. Each person's brain is as different as his or her individual facial features. "Can the brain understand itself?" is an age-old question. In order not to create too much stress in "thinking about thinking," we will take a lighthearted look at some possible thinking-style differences. Since it is hard to get volunteers for an anatomical study of brain differences between males and females, a five-minute paper and pencil Brain Scan has been provided in this chapter. Take a Brain Scan yourself, then give it to your significant other. The gap between your thinking styles may be as wide as the Grand Canyon, which could be stressful when you're trying to see eye-to-eye.

Your thoughts imprint your brain.

A major brain research discovery is that maintaining anxious/depressed thoughts for as little as two weeks depresses the production of our major natural antidepressant, serotonin. The use of antidepressant medication merely "jump starts" the brain's production of

serotonin again. As stated earlier, always see your doctor first when experiencing unusual emotional discomfort. It could be another gland that's not working correctly (e.g., thyroid). A 2002, *Scientific American* special publication on how the mind makes the brain examines how your thoughts form your physical brain, and how your physical brain shapes your meta-physical (beyond the physical) mind.

Some research suggests that females use both right- and left-brain hemispheres when

thinking because they allegedly have a thicker neural bridge (corpus collasum) between the left and right brain. They are more adept at talking to several people at once and are more sensitive to subtle emotional cues. This supposed ability to

switch between left and right brains may result in better intuitive thinking. It is believed that males are more single-minded, making it easier to make decisions (which may or may not be wrong, we just make them faster). Hormone differences, jokingly referred to by many women as "testosterone poisoning," may also affect the force with which we deal with things and ideas. It is also held that the brain doesn't totally integrate until about 40 years old. Therefore, it may be that the other person can't see things your way, rather than refusing to see things your way.

*Men and Women aren't from
Different Planets, but from Different
Hemispheres (of the Brain)
The sole purpose of the body is to
support the life of the brain.*

Thomas Edison



The “so what” bottom line of all this brain/hormone research is that there may be unchangeable brain-based or gender-linked differences in how we view and interact with the world. Differences often create sparks and tension. Just knowing that the other person’s view may actually be valid, even though it is not the way we look at things, may provide some understanding in becoming stress- intelligent. It should be noted that you can reroute your brain’s physical operation in as little as two weeks by being negative and depressed.

The “Rules for the sexes.” Thanks to Bill Flynn, prominent radio personality, hundreds of thousands of listeners know about the survival manual, Rules for husbands. Written by comedian Jim Dale, this manual takes some of the mystery out of trying to figure out what women want. Mr. Dale, also wrote a companion book, Rules for wives.

- The related topics that may help you learn your brain-base of operation and how to cope with others’ styles follow:
- Brain Scan (Five-minute).
- Change your mind to change your life.
- Male Aggression-Female Expression: Possibly different brain styles.
- Brain-based communication gaps. Won’t versus can’t remember.
- Seeing eye-to-eye: Making it work. A woman’s work is never done.
- Correctivitis (over-correcting compulsion), or anything you can do, I can do better.
- Unplanned, unexpected but “on-target” gifts to show good intent, including in-home “room service,” with a smile, and “I owe you a favor” coupons. Surprise her with a gift of manners.
- Rules for husbands and Rules for wives. The unwritten laws are now written.

BRAIN SCAN: A FIVE-MINUTE EXERCISE

I have half a mind to . . .

This is a no-brainer . . .

He is so scatter-brained . . .

If I only had a brain . . .

1 Brain Scan.

Some of the characteristics that correspond to left-right brain thinking styles are listed in the table below. Of course, we always use more than “half a brain” when thinking, just as we actually use more than one hand [even back muscles] when we pick up a soda to drink. For the overly left brained, a set of serious resources is provided in the text for follow-up.

One-Minute

BRAIN SCAN

How to see “Eye to Eye”?

Dr. Ron Rubenzer

From the How the Best Handle Stress by Using your Head and Heart

www.drrubenzer.com

All brains are created equal (on average) - with the inborn capacity to learn any one of 6909 languages on earth. After a quarter century, your brain is so individually matured and sculpted, it is as unique as your facial features, or your fingerprints. This can be a Good-Thing-Bad Thing. Your personalized 25-year-old Brain is delicately fine-tuned to help you navigate life’s many challenges. The downside is that the 25-year-old level of brain maturity is THE ceiling for some (who stop cultivating their)

Your brain is the most important organ in your body. Thomas Edison is credited with saying

the only purpose of your body is- to support the life of your brain. You have a hardwired 'Brain-bias'. Everyone thinks that "the way they think "MUST BE THE CORRECT way- because the thought came from their very-own brain. But "Don't believe everything you THINK."

Not seeing eye to eye? Sometimes when we don't see "eye to eye" it may that the other person CAN'T Think like you. Why - because of possible brain wiring differences related to gender, age and sometimes handedness. Remember it's not that

the other person WON'T think like you, perhaps they CAN'T. It has also been suggested the brain doesn't even finish its wiring until a person is about twenty-five years! So, give the benefit of the doubt to others -if they- just "don't get it."

Seek Balance to avoid "lopsided" mental development. Imagine if you will a champion bowler, with his bowling arm twice as muscular as his non-bowling arm. Likewise, "lopsided brain" development results from over-use of one brain style, to the neglect of the opposite -brain style- (Left Brain [unfeeling knowledge] or all Right Brain- [mindless arousal]).

How to do your own Brain Scan - (For amusement only.) The only intent of this quick

LEFT BRAIN	RIGHT BRAIN
1. Emotionally positive (Hope)	1. Emotionally Negative (Despair)
2. Early Bird	2. Night Owl
3. Consistent	3. Creative
4. Demands "Response Correctness"	4. Pushes for "Speed" of responses/ideas
5. Doer	5. Dreamer
6. "Bottom-Liner" (summarizes)	6. "Whatever" comes to mind
7. Forced	7. Fluid
8. Intellectual	8. Artistic
9. Logical	9. Intuitive "feeling"
10. Single-Tasker ("Rush-hour" driving)	10. Multi-tasker (Children's Field Trip- chaperone)
11. Motivated by grades, income, security	11. Motivated by satisfaction, recognition, fame
12. Evidence seeking-- factual questions --(what, when, who, how, where?)	12. Open-ended-speculative questions --(What if, why not, what's my life's purpose?)
For Your Left Brain score Please add this LB Column Total = ____/12 WHAT DOES YOUR SCORE SUGGEST?	For Your Right-Brain score Please add this RB Column Total= ____/12 WHAT DOES YOUR SCORE SUGGEST?
----- If this LB is MUCH higher (8L/4R) than RB column-- Be Alert to below:	----- If this RB is MUCH higher (8R/4L) than LB column-- Be Alert to below:
Over-correct-ness (always trying to provide more precise details) Interrupts/corrects. Impatiently saying - And the POINT IS? While person is talking this person is thinking- what clever thing - he'll say next.	<i>Drifting into Senseless Chatter (Stream of consciousness-stories with no "bottom line"). Engages in Parallel talk when several talking at once, but no one listening.</i>
- To Improve try to Remember-	To improve- Keep in mind-
It's better to be HAPPY than right (at home)	The faintest ink is better than the best memory
Watch for Rigidity (my way or highway)	Watch for Chaos . "Why be normal?"
Watch for HARDENING OF THE ATTITUDES	WATCH FOR -It's ALL Relative- (i.e. nothing is good or bad, but the mind makes it so!?)

brain scan- is to provide a launching point for discussion about everyone's uniqueness and the need accept other's differences.

- Casually read each left brain/right brain style choice column: (They are not prioritized).
- Circle the one that seems more like you.
- It is all right to circle corresponding opposites if both describe you.
- Add the column totals (Write L= [for left brain column total]; R = [right brain]).
- The column (left or right) with more items circled suggests your thinking/feeling bias (left or right brain).

Of course, we think with our whole brain, just like picking up a glass of water involves a

complex coordination of hundreds of actions, far beyond your hand wrapping around and picking up the cup.

- For Lopsided bias (nearly all LB or RB) - tips are provided in each column to counterbalance underdeveloped talents.

2 Change your mind to change your life.

“At home it is better to be happy than right; At work it is better to be right than happy.”

The only adult’s mind you can really change is your own. If you are constantly in a state of agitation because everyone else seems scatterbrained, you might consider consciously

trying to change your mind. Using the Brain Scan below, you may wish to take a couple of the items that you feel you can’t give up (which you are “urgently addicted” to) and try to change them.

An excellent way to start to change your mind is to read pages 58 to 65 in Chapter 3, “Getting Back to the Moment,” of the excellent book, Living at the Speed of Life. Solid reasons and methods are provided to help you shift your thinking into a more balanced, productive, satisfying and sociable gear.

Two different worlds; like oil and water. Brain styles separate eventually.

Brain styles differ. In real life, brain style differences can cause real problems.

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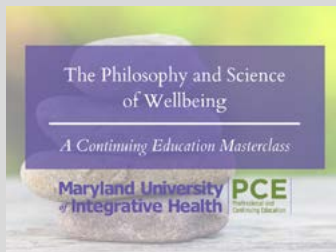
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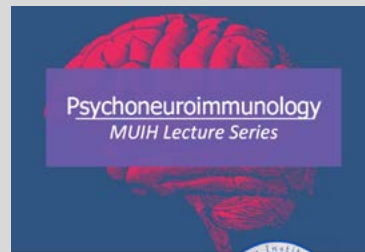
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A person who plays house, will never understand a person who plays at writing.

Opposite brain styles are like trying to mix lightweight oil and water. No matter how you stir them up, they always separate.

If you are really interested in an educational analysis of four basic thinking styles, please see the book and materials in the 4Mat series. (Just ask your local media specialist).

Also see the 2000 edition of an Annotated Bibliography: Brain Research by Marny Sorgen. It is an excellent review of over forty books and articles on the brain.

3 Male Aggression – Female Expression: possibly different brain styles.

Here's another example of the different styles

Seeing eye-to-eye is difficult

There is some research that suggests that the male brain is more designed for aggression. The female brain may be better designed for expression.

One brain style wants to aggressively get to the bottom line, the other wants to talk in a free-flowing stream of words.

An excellent guide to helping us navigate through the opposite sex's thinking style is a book by Dr. Deborah Tannen, a communications expert. Her book, *You Just Don't Understand* (Ballentine Books, 1990), will not only smooth the way across the gender gap, but also helps in bridging the age gap between parents and their children.

It may be biological: brain-based communication gaps

Men may only be "half-listening" when women are trying to communicate. A November 2000, brain study conducted at Indiana University School of Medicine by Dr. Joseph T. Lurito, shows that

men may only be half-brained listeners. When listening to a story, men used only the left side of their brain, whereas women used the left side and the right side of the brain (associated with more abstract reasoning). There seems to be a biological brain-based difference between the sexes in information processing. Other related studies suggest that women are better at listening to two conversations at once, which may be overwhelming for men. In phone conversations, it would probably be annoying to most males if you try to talk to them while they're talking on the phone, since they devote one brain to one conversation at a time. Also, don't try to talk to a male while expecting him to navigate onto complex highway exits. He will have to make a choice of either listening to you and missing the exit or getting the exit and giving the speaker surface attention (what, huh, oh yes). Since listening differences are probably hard-wired in the brain, don't get stressed out over communication glitches. It is not a matter that the opposite sex won't think like you do, it's that they can't think like you do.

To narrow the communication gap and reduce the stress between the sexes when communicating, simplify the amount and details of the message, and have the receiver rephrase the message to make sure it just didn't go in only one brain, and out the other.

Since the right side of the brain, which women also use to communicate, is more sensitive to the tone of voice, make sure your tone of voice matches the intent of your message. The right brain is also responsible for reading facial expressions, so once again, try to make your facial expression match your verbal expression. In other words, if you are communicating with someone who uses both

sides of their brain, then you have to speak to both sides of the brain through words, tone and gesture.

4 Seeing eye-to-eye: making it work. A woman's work is never done.

On the home front, remember it is better to be happy than right.

Don't fight battles you won't win. It is not "stress-smart."

Seeing eye-to-eye may require holding back on what seems natural. Of course, until we know better, we think everyone thinks as we do. Nothing could be further from the truth. Trusting the value of the other person's thinking style and realizing that he or she did make it this far using that style, it may be necessary to show a little respect, back off and listen to the other person. This may reduce a lot of stress from unchangeable brain-based communication gaps.

A woman's work is never done. You better believe it.

In some cultures, there is the belief, "A woman's work is never done." This is the "mantra" that some grow up with. If you are going to help someone who has this belief, then understand that "your work will never be done." It's not a good or bad belief, it's just if you expect closure on helping out, you probably need help yourself (which this book aims to do). So get ready for "work without end," and get a grip.

5 ORDER-COLLIES-Overly correctness (correctivitis) or anything you can do I can do better.

"And always is heard a discouraging word and the skies are cloudy all day." (The theme song of victims of correctivitis, sung to "Home on the Range."). Some adults are natural-born

ORDERCOLLIES. Although well-meaning, the Order-obsessed people are always nipping at the heels of those around them.

Correctivitis is the obsession with being right, having the last word and dominating. This common malady is highly stressful to surrounding people. Every single time you try to make a point they always counterpoint, to the point that you don't even try to talk around them. Get the point? In our parents' day, there was a song, "Anything you can do I can do better," which is a good example of two people dueling it out through one-upmanship. People with correctivitis just have to be a little more "righteous." Those who need to be correct are left brained to a fault. Being a target of someone with correctivitis is like jarring over unnecessary speed bumps when you are trying to talk.

People with correctivitis are always interrupting and correcting you, whether they know what they're talking about or not. They look for any loophole to unravel your thread of thought until you completely lose your train of thought. These are the people you hear say, "I don't need to read –just ask me." They are the first to say, "I don't need stress-control coaching, more education, etc." In the old days these people were the bossy "know-it-alls." Since we can practically access the Library of Congress with our computers, it is unlikely that anyone will "know-it-all" and get away with it. But that has never dawned on those afflicted with correctivitis.

If you feel you can't even open your mouth without being criticized, you should try the book, *I Only Say This Because I Love You*, by Deborah Tannen, who was mentioned previously as an expert in communication.



I was looking for “Mr. Right.” Once we hooked up, he turned into “Mr. Always- Right”

Annoying “know-it-alls” somehow remember minute details of events that often didn’t even happen, confident in their enlightened knowledge. If you try to talk with someone afflicted with correctivitis, they’ll always punctuate what you say with “Yes, but did you know” or “No, it really wasn’t that way or “That’s not what I heard.” They even say, “What she means to say is.” These people don’t waste time gathering facts. They are planning ahead as you speak, just waiting for you to inhale so they can talk again. As if we are completely lacking direction without their guidance, they fill our day with often pointless and endless lists of tasks. On top of everything else, these people are often loud and annoying. If you ask how these people are, they’ll always answer with an IT (It’s too . . .) It’s too hot, cold, slow, expensive here, etc. You usually don’t want to take these people out to dinner (service is too slow), a movie (it’s too cold in here), or on a picnic (it’s too sunny out here).

Sometimes, people with chronic correctivitis are well-meaning, hoping to save you from yourself by protecting you with valuable (and endless) lessons from their lives. However, they may “cry wolf” so much that when they do hit the nail on the head with an important suggestion or warning, no one listens to them. Sometimes, however, people with correctivitis are the human relations equivalent of “fingernails being scratched across a chalkboard.” They never feel good and are always negative. You say, “It’s going to be a great day,” They’ll say, “What makes you think that? You obviously have not heard about the latest.”

You will never please these people. So often, people start avoiding the “overly correct.” It is draining being around these “emotional vampires” who suck all the joy out of your life because you know what’s coming next, some criticism or unpleasantness.

An excellent book for those afflicted with correctivitis is *Living at the Speed of Life*, by Richard Carlson, author of the best-selling series,

Don't Sweat the Small Stuff In Living at the Speed of Life, he and his co-author, Joseph Bailey, talk about shifting from the analytical (critical) thinking mode to the free-flowing processing mode to actually reduce your stress and get along better. This book would make a great anonymous contribution to your work library.

Try tolerance for a change. When you are tempted to correct someone's life (overeating, overindulgence, sloppiness, poor grammar, senseless chatter, driving, the list could go on forever), say this to yourself:

My love for them is not affected by their self-abuse.

William Joyce, 2001.

If you are courageous enough to look at yourself under the "Miss Martha S. Manners" microscope, just change this saying to:

My love for myself is not affected by my self-abuse.

After forgiving yourself, concentrate on improving that behavior (e.g., being overly critical, overspending, looking for faults, not listening).

6 Unplanned, but "on target" gifts. "Room service," and "I owe you a favor" coupons.

"On target" gifts.

Folks who use their right brains actually like pleasant surprises more than a left brained person would ever imagine. Right brainers love surprises; left brainers loathe surprises (even good ones). It never dawns on a Mr. Datum type "left brainer" that a person who has access to both sides of thinking (left and right brain) may really enjoy a surprise. Providing unplanned

gifts will actually force the overly left brained person to pay attention to his or her significant other. The flip side of the coin is if you forget to give a gift to this person when they expect it (e.g., birthday) this person will be very upset. It's a great idea to have a "gift/card drawer for any occasion," which you can use to pull gifts and cards from if you should ever accidentally forget that special occasion. If this idea has never occurred to you, you are probably a strong left brainer, which is good for running the world's military campaigns but not your family.

"Room service" – at home, with a smile.

Provide your partner with "room service" for a predetermined time. This includes the amenities you'd find at a nice hotel (breakfast in bed, massages, baths, getting the newspaper, slippers, good movies, flowers, pleasing conversation). People consider these amenities so important they are willing to pay a lot for them. Hotels have spent millions on research about what makes people happy. Take advantage of the research they have already done for you.

"I owe you a favor" coupons.

For the person who has everything, you could give her a "I owe you a favor" coupon. A "favor coupon" is a coupon that can be redeemed anytime, anywhere, for you to do her a favor (without whining or questioning).

7 Rules for men, and Rules for women – "Rules for the sexes."

The unwritten laws are now written. Top radio personality, Mr. Bill Flynn, brought these survival manuals to light for hundreds of thousands of listeners on December 5, 2001, in the North Carolina area. This author had to pull his car over (safely) to the side of the

road to fully enjoy Mr. Flynn’s revelations from the books, Rules for husbands, and Rules for wives. These companion books, written by comedian Jim Dale, are the true relationship-survival manuals, which should be part of every pre-nuptial, pre-house sharing agreement.

The abbreviated list below paraphrases Mr. Bill Flynn’s “read” on Mr. Dale’s books.

Rules for Men:

- Apologize – even though you don’t know what you’ve done wrong.
- Don’t count her shoes. Pointy toes, square toes, round toes, no toes. It will never make sense to you.

- Don’t burp and then laugh about it. Only men and their sons think that burping is funny.
- Don’t make fun of Oprah.

Rules for Women:

- No trick, “Am I fat?” questions.
- Beer is to men what flowers are to women.

Thank you, Mr. Bill Flynn. Sometimes it takes

more than a lifetime of trial and error, especially for men, to learn these tried and true rules for pleasing the opposite sex. And men, if you think you

know the rules, think again. Even Einstein did not know the “Rules for the sexes” as testified to by his far less than ideal marriage.

“Folks are usually about as happy as they make their minds up to be.”
Abraham Lincoln

ABOUT THE AUTHOR

Ron Rubenzer, EdD, MA, MPH, MSE, FAIS is a Contributing Editor with The American Institute of Stress. He 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 facility 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.

His latest book is *How the Best Handle Stress – Your First Aid Kit*

<https://www.amazon.com/How-Best-Handle-Stress-First/dp/1731056508>

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