The American Institute *of* Stress

COMBAT STRESS

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

Volume 12 Number 1 **Spring 2023**

America's Top Cop

★

The Most Humble of All Heroes

The mission of the nonprofit American Institute of Stress is to improve the health of our community and the world by setting the standard of excellence of stress management in education, research, clinical care and the workplace. AIS educates healthcare practitioners, scientists, and the public. AIS is the only Institute in America solely dedicated to providing information, training and techniques to prevent and reverse human disorders related to stress, and to improve the quality of life and increase longevity through building resilience to stress. Credentialed AIS members provide leadership to the world on stress related topics.

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

COMBAT STRESS

We value opinions of our readers.
Please feel free to contact us with any comments, suggestions or inquiries. Email: editor@stress.org

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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The American Institute of Stress

Stress Management Experts Wanted!

Obtaining credentials from The American Institute of Stress is a designation that sets members apart as stress experts and reflects their commitment to the advancement of innovative and scientifically based stress management protocols. The AIS Seal and credentials inform the public that the certificate holder commands advanced knowledge of the latest stress research and stress management techniques. For physicians and other healthcare practitioners, it designates your practice as an advanced treatment center for stress-related illnesses.


The American Institute of Stress

This is to certify that

Heather Smith, MD

Having satisfied the requirements for education, training and experience,

is duly qualified and has been elected to the status of

Fellow of the American Institute of Stress

and is entitled to all of the benefits deriving therefrom

AIS

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Access to AIS research archives		✓	✓
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FREE: Hans Selye and the Origin of AIS ebook	✓	✓	✓
FREE: The Body Electric, a documentary movie produced by AIS	✓	✓	✓

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Enjoy exclusive AIS features and articles online, or on your smartphone or tablet.

Subscribe today and begin receiving your copy of Contentment and Combat Stress in your inbox each quarter.

The American Institute of Stress is a 501c3 non-profit organization, headquartered in Weatherford, Texas. We serve the global community through both online and in-person programs and classes. The Institute is dedicated to advancing understanding of the role of stress in health and illness, the nature and importance of mind/body relationships and how to use our vast innate potential for self-healing. Our paramount goal at the AIS is to provide a clearinghouse of stress related information to the general public, physicians, health professionals and lay individuals interested in exploring the multitudinous and varied effects of stress on our health and quality of life.

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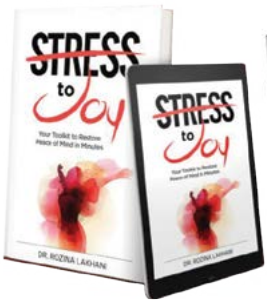
REDUCE YOUR STRESS.

Grow your happiness.

Is stress dragging you down physically and emotionally? The comprehensive, online "Stress to Joy" program, taught by bestselling author and board-certified psychiatrist Rozina Lakhani, MD, MPH, FAIS, gives you the tools you need for a return to joyful living. Dr. Rozina shares her proven stress management techniques in a way that's both practical and inspirational. The program includes a workbook with step-by-step guidance, and it takes just 15 minutes per day for about three weeks. Make this powerful investment in your health and happiness – and turn the corner from stress to joy.

CLICK TO GET STARTED



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Editor's Message

While hanging on for dear life after being shot in the head in the line of duty, **Dayton Police Officer Thadeu Holloway** demonstrated incomparable heroism in protecting the public from being shot by the same madman in one of Dayton, Ohio's most dangerous and notorious neighborhoods. That he had the presence of mind to do so with arterial blood spurting from his head, sets him far apart from almost all planetary beings and in the very same class as those who have been the recipient of the Medal of Honor. On the police side of the house, he has been so necessarily honored as this nation's Top Cop, as well as the police officer selected for America's Citizen's Choice Award, to name only a very few of the major honors bestowed. Unfortunately, the toll of his injuries has cost him both his law enforcement and military careers. This first-person account of an officer involved shooting is as gripping as it is both horrifying and stunning. I was among the hordes of police officers standing vigil in the ER of Miami Valley Hospital's Level One Trauma Center that night, watching the miracle of his survival of a near-fatal shooting take place. I will take this experience to my grave. Blessed are those who lay down their lives for their friends without hesitation.

Former **Army SGT Jerrod Osborne, now a Springfield (Ohio) Police Officer** is also one of my personal heroes. Little did I realize, when I was first introduced to him, that we were likely together in Yusifiyah, Iraq (in the Sunni Triangle of Death) in the spring of 2005, where even psychologists had their own sectors of fire, one slept with one weapon attached to each leg, and body bags were plentiful. His uniquely powerful piece is a tribute to the young life of a dear friend and fellow Soldier so unnecessarily lost in time of war and to the devastating loss of self and who we once were. The losses in time of war remain incalculable.

Dr. Louise Gaston's formidable letter to the American Psychological Association was a must-include in this issue. Both of us have treated countless victims of trauma, with supposed evidence-based practices being misappropriated on the masses without regard for the safety and well-being of the patient/client. I have witnessed this failure to tailor the intervention to the patients' needs, psychological stability, mental status, among many other factors, before determining the very best course of action for each individual patient. Therapeutic choices for PTSD have become a popularity contest, resulting in serious psychological damage on a widespread basis and, even worse, innumerable suicides.

In his brilliant article regarding the **unsung heroes of the chaplaincy, Dr. Jeff Jernigan** takes the reader on a journey through the moral crises faced by chaplains on the world's stage and through human disasters largely unknown to the population at large. He introduces us to the exceedingly difficult experience of trudging through compassion fatigue and moral injury, chaplains all too often being thrust into the role of first responders themselves, and all while being faced with complete physical and psychological collapse. In the face of profound loss, we must not overlook the fact that

untreated and ignored, the consequences may have a devastating impact on those called to do this work. Dr. Jernigan oversees worldwide missions involving interventions for those impacted by mass violence and both manmade and natural disasters on a global scale. These are ordinarily at the invitation of Ministries of Health, Education, or Defense internationally, or our own State Department or DOD.

The *Left of Bang* concept has become a topic of enormous importance in the law enforcement community in terms of confronting both the demands and emotional devastation of policework. Following the Left of Bang principles created originally as the basis for the United States Marine Corp's Combat Hunter Program, **nationally renowned police psychologist Dr. Marla Friedman, a** leading expert in all things police-related, has applied these same principles to law enforcement, providing our readers a critical plan of action to promote mental well-being and resiliency at entirely new levels that can be no less than life-altering.

Back once again to remind us of the vital role of Post-Traumatic Growth in healing, **Dr. Ron Rubenezer** reminds our readers that recovery from trauma and tragedy and from terrible struggles and suffering can readily lead to renewed strength, wisdom, and rather massive personal growth. Brokenness need never be a permanent state of mind or functioning. His simple, yet profound principles and wisdom for adapting and overcoming have tremendously wide applicability to military, Veteran, and first responder populations.

We are most fortunate to welcome to our library of exceptional and accomplished authors, **Brandon LaGreca, licensed acupuncturist and prominent, nationally certified expert in Oriental medicine.** His own survival from stage 4 non-Hodgkin's lymphoma is testament to his credibility and extensive knowledge base. This is a not-to-be-missed read. His conceptualization of stress responsivity and stress resilience at measurable levels far exceeds all things notable. Pay close attention!

In the interest of maximizing health, another of our new and much-sought-after authors, **US Air Force Veteran and COL (RET) Rabbi Schwartzman**, leads us through his pathway to grace through his deeply reflective awareness for living simply with antidotes to stressful living that we, as humans on the run, so readily overlook.

We are so immensely grateful to each of our authors for their magnificent contributions, each of whom have lead to our current 11,000 subscribers to this publication, and many more online readers. Thank you, one and all.

With all the blessings and gratitude that can be mustered for our community of authors, readers, Veterans, Service Members, clinicians, and all brands of first responders,

Your Editor,
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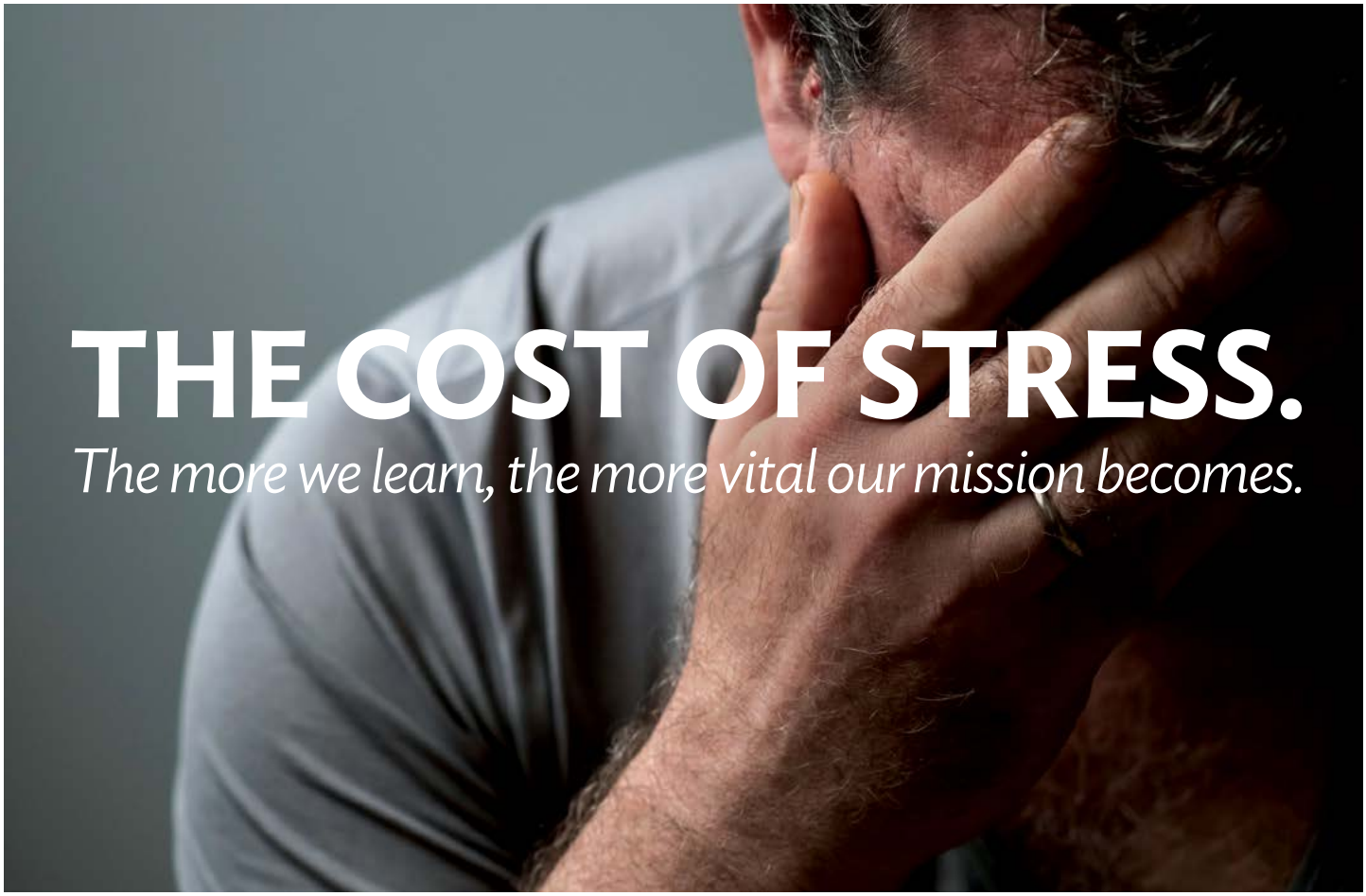

THE COST OF STRESS.

The more we learn, the more vital our mission becomes.

The American Institute of Stress is the only organization in the world solely created and dedicated to study the science of stress and the advancement of innovative and scientifically based stress management techniques. AIS provides the latest evidence-based knowledge, research and management techniques for stress and stress-related disorders.

Groundbreaking insights and approaches. World-changing mission.

Hans Selye, MD, PhD (1907-1982), is known as the father of stress research. In the 1920s, Selye coined the term "stress" in the context of explaining his pioneering research into the signs and symptoms of disease curiously common in the majority of people who were ill, regardless of the diagnoses. Selye's concept of stress was revolutionary then, and it has only grown in significance in the century since he began his work. Founded in 1978 at Dr. Selye's request, the American Institute of Stress (AIS) continues his legacy of advancing the understanding of stress and its enormous impacts on health and well-being worldwide, both on an individual and societal level.

A forthcoming AIS initiative – called **Engage. Empower. Educate.** – will leverage the latest research, tools and best practices for managing stress to make a difference in a world increasingly impacted by the effects of stress out of control. We hope you will consider supporting this critical outreach campaign.

Click to view The American Institute of Stress Case Statement

A campaign to Engage. Empower. Educate.

The AIS campaign will support three key initiatives:

Engage *communities through public outreach*

Improve the health and well-being of our communities and the world by serving as a nonprofit clearinghouse for information on all stress-related subjects.

The American Institute of Stress produces and disseminates a significant amount of evidence-based information, but there is a need to share this material with a wider audience in the U.S. and around the world.

Support for this initiative will provide funding to expand the organization's public outreach for its website and social media, documentary films, magazines, podcasts, blogs and courses.

Empower *professionals through best practices*

Establish credentials, best practices, and standards of excellence for stress management and fostering intellectual discovery among scientists, healthcare professionals, medical practitioners and others in related fields.

AIS provides DAIS (Diplomate, AIS) and FAIS (Fellow, AIS) credentials for qualified healthcare professionals.

The AIS seal means a practitioner has training and experience in stress management and access to the latest stress research and techniques. It designates their practices as advanced treatment centers for stress-related illnesses.

Support for this initiative will provide funding to continually update best practices in the field.

Educate *all through the development and dissemination of evidence-based information*

Develop and provide information, training and techniques for use in education, research, clinical care and the workplace. Some of the research-based information AIS develops and disseminates includes:

- Productions – Mismatched: Your Brain Under Stress, a six-part documentary featuring some of the world's leading experts on stress. Released in March 2021.
- Publications – *Contentment* magazine and *Combat Stress* magazine for service members, veterans and first responders.
- Podcasts, webinars and website resources – The free podcast series Finding Contentment

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Click to make a donation now!

GRAZED

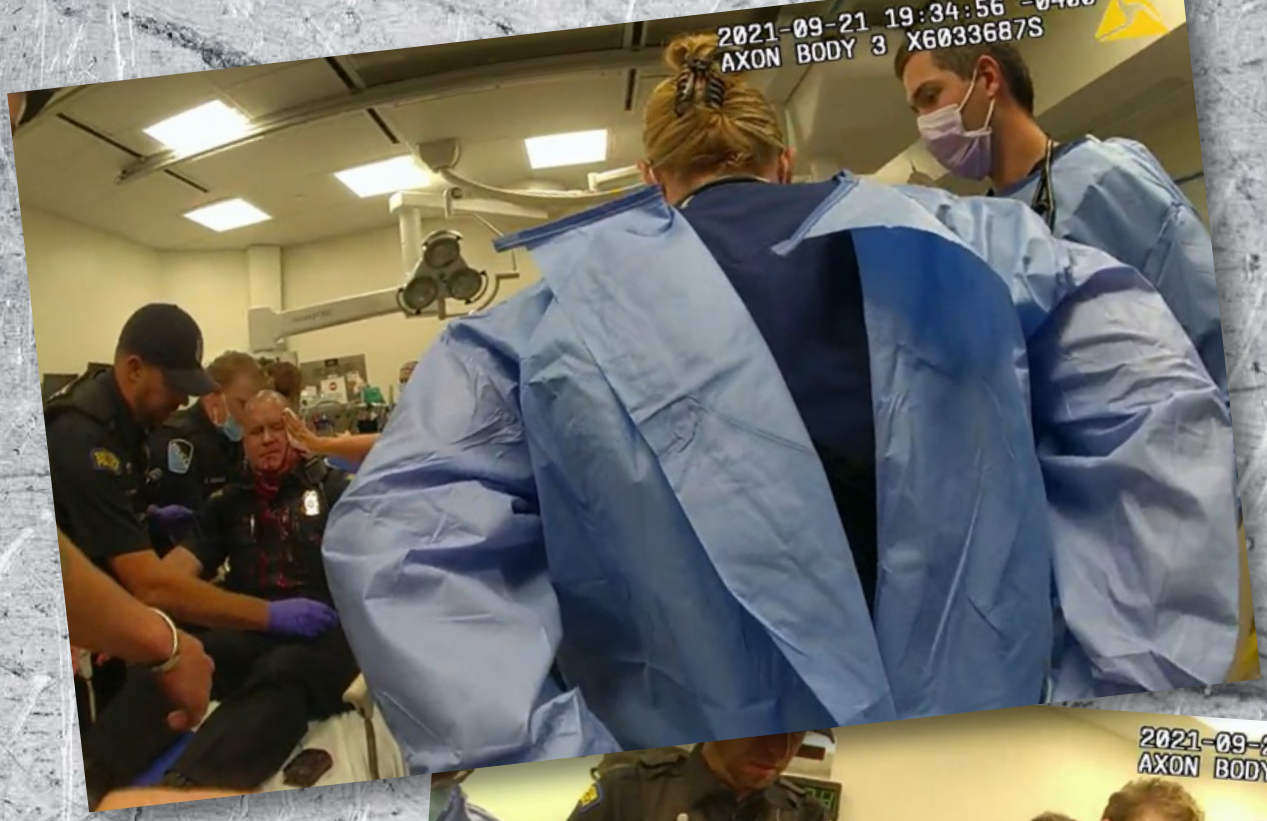
By Officer (RET) Thadeu Holloway

According to the dictionary, "grazed means to scrape the skin from; abrade." The bullet just grazed his shoulder. As a verb (used without object), grazed or grazing means to touch or rub something lightly, or so as to produce slight abrasion, in passing.

A lot of people think that on September 21st, 2021, I was "grazed" by a bullet. That couldn't be farther from the truth. The truth is, I was shot in the head and by the grace of God, the bullet did not penetrate my skull. I will hate the word "grazed" until the day I die.

September 21, 2021, was my first day back to work after a rough battle with Covid. It was nice being back at work. I had been off for just over a month, between military training, my wife contracting Covid, and then getting Covid myself. It was nice being back and being with my co-workers, many of whom are good friends of mine. In addition, we had Sergeant Tom Cope covering our shift, since our normally scheduled sergeants were off that day. Sergeant Cope was a very down-to-earth kind of supervisor, who loved doing police work alongside his officers. There had been several shifts during which I was taking calls by myself, and Sergeant Cope would step up and take calls with me, just as if he was another regular street officer.

Roll call that day was very relaxed and with lots of laughs. We told a few stories about recent incidents, some of which resulted in uses of force. I brought up the fact that I had never had a successful deployment with my new Taser, the X26P. We had just received this taser within the last few years. I had been deployed overseas with the Ohio Army National Guard for part of that time. We joked about how I had almost tased one of our sergeants after returning from my deployment. This was because during our testing cycle of our taser, I had forgotten to remove the taser cartridge. I know…. rookie mistake.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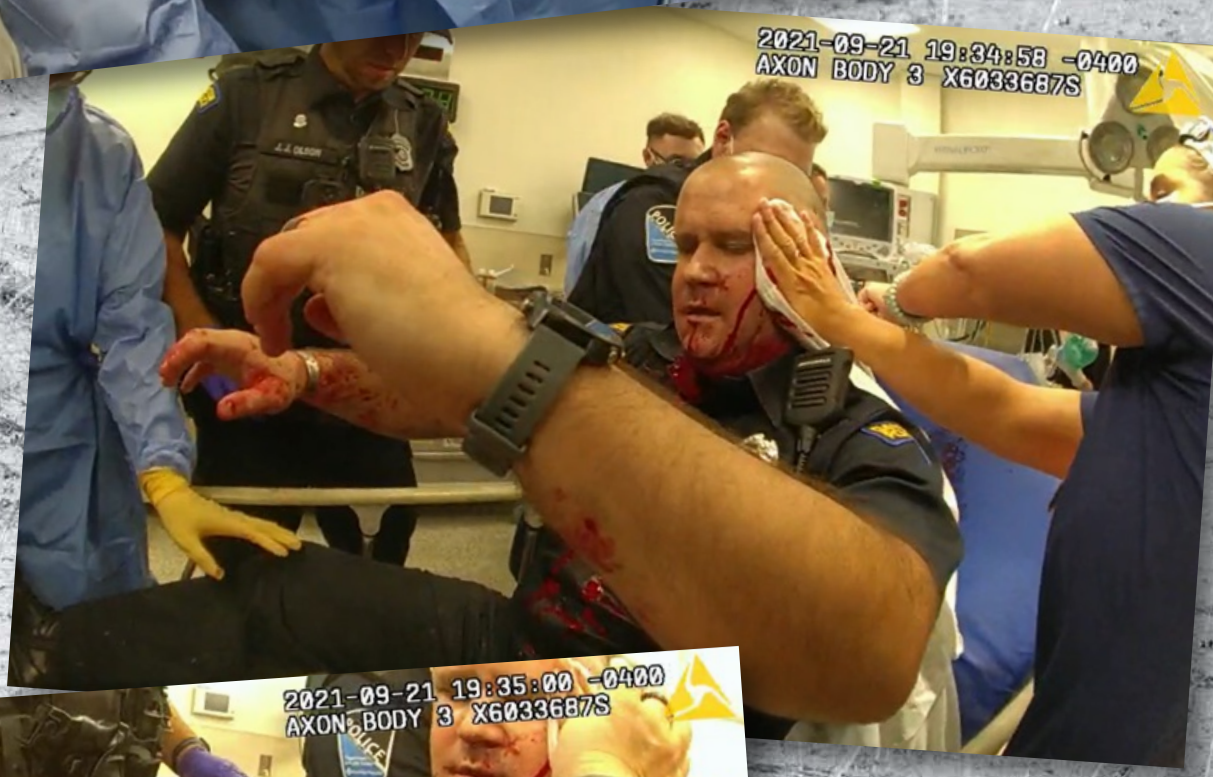
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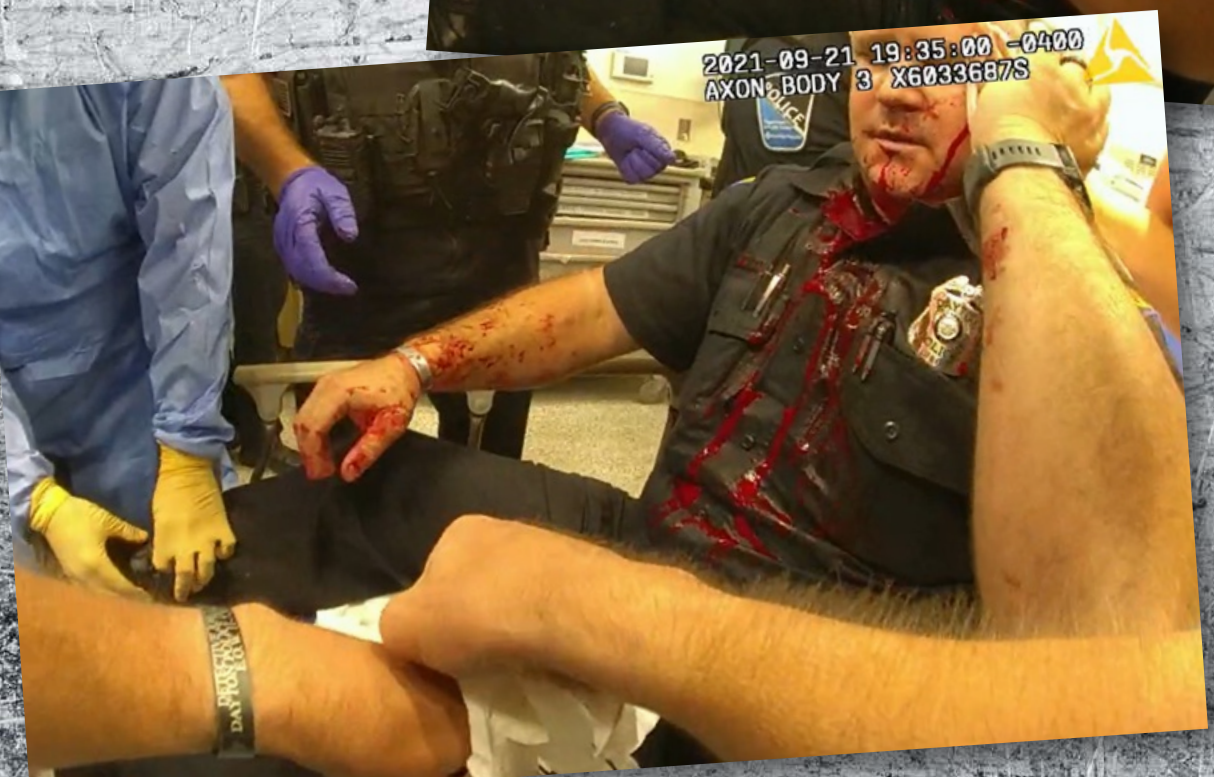
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Office (RET) Thadeu Holloway and his family after receiving the Medal of Valor and the Blue Heart Medal from Dayton Police Department on April 29, 2022.

Following roll call, I took a few calls with Officer Riley Brown and Officer John Rice, who were a two-man crew, along with Sergeant Cope. The calls were pretty lame and involved nothing too serious. After we cleared up the higher priority calls, I decided to take a low priority fraud call. I didn't want to get into anything too serious because I wasn't sure I had fully recovered from Covid. It was supposed to be a very simple call; a typical "paper" call.

I made my way to one of our local Dollar General stores, where I made contact with the manager. He advised that someone had passed a fake hundred-dollar bill. When he questioned his employees about it, one of his employees stated that he remembered receiving the money. The manager was able to go back and look at the stores security camera and found video of the suspect. The manager showed me the video and I noticed that when the suspect had walked into the store, he had put a backpack down by the front door of the store. There was clear video of the suspect, and I was able to take a clear photo of the suspect in the video.

I took down all the information needed for my report, retrieved the fake money, and returned to my cruiser. I had recently made the decision that I was ready to apply to become a detective, so I decided to do a little investigating myself to try to identify the suspect. I remember how the suspect was dressed and the fact that he had a backpack with him when he entered the store. This is common practice in that particular area of Dayton and within the city for people who are homeless. I knew from past experience that there was a homeless shelter about half a mile down the road and decided to make contact with the shelter staff to see if they could help identify the suspect.

I made my way to the homeless shelter and made contact with some of the employees. They immediately recognized me from all the previous calls I'd responded to there. I showed them the picture of the suspect and they immediately recognized him. At first, they couldn't remember his exact name, so we hung out and talked for a few minutes. After a time, one of the employees escorted me to the kitchen area so I could show other employees the picture. One of the employees was finally able to remember that the suspect's name was Antwan Lowe. We made our way back to the front desk area and the employees were able to search their "big book" of people that had taken up residence at the shelter. They were actually able to give me Lowe's Social Security Number. I pulled my phone out and used one of the law enforcement websites to look up Lowe's information, along with a photo. This, of course, matched my suspect. I showed the picture of Lowe to the other shelter employees, and they also confirmed that this was indeed Antwan Lowe.

Feeling good about having found a name to go with the suspect, I decided to go back to the Dollar General store and show the online photo of the suspect to the store manager. He immediately verified that the picture on my phone was unquestionably the suspect that had passed the counterfeit money. As the manager and I continued to discuss this case, he told me that he didn't wish to press charges at that time but requested that Lowe be trespassed from the store property.

I returned to my cruiser and ran Lowe's information through LEADS (Law Enforcement Automated Data System) and found an address for him across the city. I had a feeling that the address in LEADS wasn't a current address for him, so I

decided to run his information through another online law enforcement website. I was able to locate the address of 617 Ingram Street which I knew was one of the neighborhoods behind the Dollar General Store. I had already spent about two and a half years working as a member of the Greater Dayton Premier Management (GDPM) Task Force. GDPM is a company that owns and operates numerous housing projects in and around the City of Dayton. They have a contract with the Dayton Police Department to have three officers assigned to the Task Force. The Task Force's duties include, community engagement, calls for service, patrolling all GDPM properties, and investigation of anything from simple crimes to more in-depth crimes involving drugs, guns, and boot joints (illegal liquor establishments which usually lead to violent crimes).

Though 617 Ingram Street had not been a GDPM property, it was directly across the street from a GDPM property known as Hilltop Homes. I had spent a lot of time in and around Hilltop Homes and knew the area very well. I decided to go by the address to see if I could locate the suspect. I changed my location to 617 Ingram Street on my in-car computer and hit the "enroute" button, letting dispatch know that I was heading to a different location.

I arrived just south of the location and drove past the front of the residence, which was a row of apartments that were all connected. I did not see my suspect at that time but knew there was a parking lot behind all of the apartments. I decided that I would drive through the back parking lot. As I drove around the side of the apartment and entered the parking lot, I immediately noticed my suspect standing on the sidewalk directly behind his Ingram Street address. I pulled my cruiser into the center of the parking lot and parked. As I exited my cruiser, my suspect started walking towards an opening between two apartment buildings. I stated to him "Sir, come here for a second." The suspect took a few more steps away from me and said "No, why?" As I was answering him, the suspect quickly turned around and put down his backpack. I knew something was wrong, but before I could react, the suspect punched me directly under my right eye. After punching me, he quickly turned around and attempted to flee but I was able to quickly draw my department-issued taser, pointed it at the suspect, and pulled the trigger. Luckily, both metal probes from the taser made contact with the suspect and he immediately fell to the ground.

I alerted dispatch that I was "fighting one" behind 609 Ingram Street. This would let other officers in the area know that I needed backup. I ordered the suspect numerous times to put his hands behind his back, but he refused. Instead, he was laying on his back and was rubbing his back on the ground as if trying to get the metal probes out. I again pulled the trigger on the taser and continued to give him commands to put his hands behind his back. The suspect then pulled out a red handkerchief out of the right front pocket of his shorts. He was able to get something black out of it, but I couldn't tell what it was. It just looked black to me. All of a sudden, I heard a loud BANG and the next thing I knew, I was falling to the ground landing on my butt, my head in extreme pain. I started seeing blood everywhere. I knew what had just happened but couldn't believe this was happening to me. How could a simple encounter, where the worst thing that was going to happen was someone getting trespassed from a business, result in my getting shot and not just shot, but shot in the head? I yelled

LTC Eric Henderson and Chief Kamran Azfal present the Montgomery Association of Chiefs of Police Officer of the Year Award to Officer Thadeu Holloway, January, 2022.

out a very high pitched and very scared "F–K!!!!"

My years of military and police training kicked in and before I realized it, my gun was in my hand. I fired a round, then I fired two rounds and then two more again. It seemed to happen so quickly, but yet everything happened in slow motion. I got on the radio and said, "Shots fired, shots fired!" When a "shots fired" call goes over the radio, it's serious…. very serious and often deadly. Police officers from surrounding jurisdictions respond to assist. I was able to get onto my knees and saw that I was bleeding profusely. Then the thought hit me, "I am going to die." I realized I needed to let dispatch know that I had been shot before I lost conscious or even worse, died. I got back on the radio and said, "Dispatch I've been shot. Give me a medic." As I waited for the dispatch to say something, I could hear the blood squirting out of my head. I could feel the blood dripping down my face, and I could taste the blood in my mouth. "Is this it?" "Am I going to die?" "Do I need to get on the radio and tell my family that I love them?" But I quickly got those ideas out of my head. I was still alive, and I wasn't going to give up that easily. I wasn't going to let the bad guy win! I was still alive and still had a job to do. I pointed my gun towards the suspect, who was laying mostly on his right side. I immediately realized that he still could pose a threat, as I did not know where his gun was and if he was dead or alive. As I pointed my gun towards the suspect, I had already made the decision that if he started to turn towards me, that I was going to shoot him again because he still posed a threat. I quickly prayed that he would just lay still and not turn towards me. As I kept my gun

Officer (RET) Thadeu Holloway and COL (RET) Kathy Platoni.

Officer Thadeu Holloway and his wife, Amanda after receiving the Ohio Distinguished Law Enforcement Valor Award from the Ohio State Attorney General, Dave Yost on October 6, 2022.

on the suspect, I knew that my adrenaline was in overdrive. I noticed that my hand was shaking, which was making my gun shake all over the place. I got on my radio again and advised dispatch "I'm behind 609 Ingram, I've been shot, I returned fire, I need medics and I need crews, please hurry!" I could faintly hear my radio and feared that my left ear might have been shot off. I later learned that when the bullet travelled under the skin, it had ripped my earpiece off.

As I waited for more police officers to arrive, I noticed that people were starting to come out from their apartments. Here I was, by myself, severely injured and surrounded by citizens. I feared the worst. In today's environment, police officers are not very well liked, and it wouldn't have taken much for someone to hurt me further since I was in no shape to defend myself. I quickly requested everyone to stay back. Surprisingly, everyone listened. Then a lady who had been sitting inside a SUV and witnessed the whole incident said, "He isn't dead. He's still breathing." I told her that I had medics coming.

Then I heard our Field Lieutenant, Lt. Steve Clark get on the radio and say, "Talk to me crew." I again advised, "I am behind 609 Ingram Street. Please hurry." "I've been shot on the left side of my head. I can barely hear my earpiece." I could hear


THE SEAL OF THE ATTORNEY GENERAL OF THE STATE OF OHIO
The Office of Ohio Attorney General
Dave Yost
PRESENTS THE
2022
OHIO DISTINGUISHED LAW ENFORCEMENT
VALOR AWARD
TO
Officer Thadeu Holloway
Dayton Police Department
For your performance above and beyond
the call of duty and for bravely risking
your life to protect Ohioans
DAVE YOST
OHIO ATTORNEY GENERAL
OCTOBER 6, 2022
VERNON P. STANFORTH
OPOTC CHAIRPERSON

President of the International Association of Chiefs of Police presents the IACP/AXON Award to Officer Thadeu Holloway, October 17, 2022.

sirens getting closer and closer and couldn't wait until my back up arrived. It took the first officer, Officer Ederer, just under two minutes from the time I was shot to arriving on scene but that was the longest two minutes of my life.

As Officer Ederer exited his cruiser, I advised him that the suspect still had his weapon. Officer Ederer first asked if I was okay. At that moment, I really didn't know. I knew that I was bleeding and bleeding a lot, but I didn't know if I was going to remain conscious or if I would pass out and possibly die at any moment. So, I just replied with, "I don't know." Officer Ederer did what any officer would do and wanted to retrieve the suspect's weapon and secure the suspect with handcuffs. I knew that I was in no condition to cover him while he retrieved the firearm and so I told him to wait until more crews arrived on scene.

Knowing that Officer Ederer was now covering the suspect, I knew I could relax a little bit and breathe. I was still on my knees. I put my gun back in its holster and bent over with both of my hands touching the ground. This was a BIG mistake. As I did this, more blood ran down the center of my face and landed in the grass and on my hands, which were directly in front of me. This did little to make me feel any better. Just as I did this, I heard Lt. Clark get on the radio giving the instruction, "Crews, load him in your cruiser and go!" This meant that Officer Ederer was supposed to load me in his cruiser and rush me directly to the hospital, a level one trauma center. I knew that was the best thing I could do at that time, but if we both left, there would be no police officers to watch the suspect, no police officer to protect the civilians that were then streaming out of their apartments, no police officer to preserve the scene.

I told Officer Ederer, "NO! We are waiting for more crews." Had this been a police officer who hadn't just graduated the academy a few months prior to my shooting, I am sure that he would not have listened to me and would have forced me to leave. Luckily, Officer Ederer didn't argue with me and so we waited for more crews to arrive on scene.

Bystanders were now wondering when the medics were going to get there. They again advised me that the suspect was still breathing. I wanted to say, "Yeah no shit!" but I didn't. I just advised them again that the medics were on their way.

Then I heard it! Sirens were coming from everywhere, all around us. I was never so thankful to hear so many sirens. Officer Darryl Letlow arrived first, with Lt. Clark right behind him. Officer Letlow had been a street cop for a very long time. He first worked as an Ohio State Highway Patrol Trooper and I had heard stories of how well he could drive.

As Officer Letlow pulled up in the parking lot, Officer Ederer knew I needed to go to the hospital and ordered me to "just go." Officer Letlow was at my side and pretty much dragged me to his cruiser before I could argue with anyone.

I quickly got in the back seat of Officer Letlow's cruiser and made sure to put on my seatbelt. (I didn't want Officer Letlow or me to receive a one-day suspension for me not wearing a seatbelt.) I could hear Officer Letlow get on the radio and ask dispatch to alert the hospital that we had an officer who had been shot. I held on for dear life as Officer Letlow drove to Miami Valley Hospital. He drove 3.7 miles, a trip that normally would take roughly 8 to 10 minutes, in three and a half minutes! Officer Letlow not only drove safely, but he also talked to me the entire drive to make sure that I stayed calm, alert and conscious. I could not have asked for a better person to have driven me to the hospital.

Once we arrived at the hospital, all hell broke loose. Everyone, and I mean everyone: doctors, nurses, police officers from Dayton Police Department, and police officers from Miami Valley Hospital were all trying to help. They all wanted to take care of me, but I could still take care of myself... well, kind of. As soon as the cruiser stopped and the door opened, there were all sorts of hands trying to get me out of the cruiser. I repeatedly told them, "I'm alright." In reality, I wasn't, but I wanted to do as much as I could. I got myself out of the cruiser and they already had a gurney waiting for me. Everyone was trying to get me to sit down on the gurney, but I was so overwhelmed with everyone there that I couldn't even remember how to turn around and sit down. After a few seconds, I was finally able to get on the gurney with everyone surrounding me. There were so many people around me that we almost couldn't get inside the doors to the hospital. As they wheeled me inside the hospital and then into the emergency room, I heard a nurse ask if someone could get my duty belt off. Of course, all the police officers that were surrounding me answered yes and jumped in to assist.

They got me inside one of the primary emergency rooms where they conduct emergency surgeries (trauma room). I had seen this room close to a thousand times. Whenever a shooting incident, serious car accident, or an overdose where the person might not survive, or any sort of serious or life-threatening injuries occurred, they would end up in that room. We would have to wait until the doctors could advise us as to how severe the injuries were or if the person was going to survive or not. Never did I picture myself being a patient in that room, let alone for a gunshot wound to the head.

As I entered the room, there were still hordes of people around me. Everyone was trying to help. I managed to undo my gun belt, which was then taken from me. Then my shirt came off and then my body armor was taken from me. All the while, I could hear a lot of familiar voices telling me that I was going to be okay. The next thing I knew, a strong hand was holding my left hand. They weren't just holding it, but it felt like we were connected in a way that I will never be able to describe. It reassured me and got me to calm down a little bit. I looked up to realize that it was Officer Jack Miniard who was holding my hand. Officer Miniard and I had served in the National Guard together and were deployed together several times. A few years after being in the police department we became partners and rode together for almost two years. I had learned a lot from him, both good and bad. (We both got disciplined for having an illegal

pursuit and had to serve a two-day suspension. We still laugh about this to this day).

After being in the room for about 30 seconds, the doctors and nurses couldn't do their job properly because there were so many police officers in the room, surrounding rooms, and hallways. As much as they didn't want to, the nurses told the police officers that they needed to leave the room. As the officers left, I felt so alone. Even though there were numerous doctors and nurses in the room, I still felt so very alone. I didn't personally know any of the doctors or nurses. Sure, I'd seen them around when I was at the hospital, but it just wasn't the same. I wanted to ask the nurse to allow Officer Miniard to stay in the room, but I knew they had a job to do. Just before they closed the curtain to my room, I was able to see that there were roughly 15 to 20 police officers hovering right outside my room.

From that point on I remember being poked and prodded and moved all around. I remember someone quickly stitching up my head to get the bleeding to stop. The doctor even stated, "This isn't going to be pretty, but it will stop the bleeding." Then it hit me. My family was about to be notified that I had just been shot. I started to cry because I knew this would be news that no police officer's family ever wanted to hear. I started to imagine how scared my wife and two daughters would be. I wanted to call my wife, but my phone had been taken from me. None of the doctors or nurses knew my wife in such a way that they could call her and give her that kind of news. I wanted Officer Miniard back in my room, but he was gone. I knew the department would take care of notifying her, but I wanted her to know that I was okay and that I was alive and talking in order to reassure her that I was receiving the necessary care.

After the doctors had stitched me up and hooked me up to IV's and did what they could at the moment to make sure I was going to survive, they all left the room. Later, I would find out that the suspect had arrived at the hospital, and he was in much worse shape than I was. The doctors had gone to the trauma room next to mine and started to work on him. By that time, I had company again; a couple of nurses and the pastor that had just walked in. He walked up to my bed and asked if he could pray with me. Of course, I wasn't going to say no, but this made me really scared. How bad was my situation that he felt that he needed to pray for me? Was he about to read me my last rights? He prayed for me and then left the room. I must have looked really scared because one of the nurses came over to me and held my hand. She stayed with me and kept reassuring me that I was going to be okay. She held my hand until my wife arrived sometime later. I would later find out that the nurse who held my hand and stayed with me, Jessica Cremeans, was the daughter of our district coordinator. He is the civilian who takes care of all of our police cruisers, making sure we have all the supplies we need to do our jobs.

I had been in the room for some time when my wife arrived with some of her closest friends. I immediately started crying because I was so thankful to see her. I looked up to see her and reached out to hold her. For the next hour or so, my wife stayed by my side as the doctors came and went.

I was then transported to an operating room for a left temporal artery surgical repair. I remember Officer Miniard and Officer Garrison escorting me and the nurses to the operating room. As we entered the OR, both officers tried to

go in, but were not allowed by the staff. They were advised they had to stay outside. Again, my friend, Officer Miniard had to leave my side. I knew I was in good hands, but I was still extremely nervous. I was only in the room for a couple of minutes when they put the mask over my face. Within seconds, I was out.

I don't remember waking up after my surgery in the recovery room, but apparently I was not very kind to the nursing staff. I was told that the nurses had to observe me for a short time until I was allowed to be taken to my room. As I later learned, part of the waking up process from surgery is that one must be able to speak to the nurses. Well, I refused. I'm sure this wasn't on purpose and I'm sure I was confused. I don't trust people easily to begin with and I'm sure I was very cautious when I woke up.

The first thing I remember after surgery was being in the ICU. I remember that my wife was by my side, but she was getting ready to leave. She needed to get back home to try to get a little bit of sleep before having to get two daughters up for school. I'm sure our daughters would have been really scared if they had woken up to find that both their mom and dad had not returned from the hospital. I kissed my wife goodbye and she promised to be back as soon as she got the girls on the bus. After she left, I went back to sleep.

I woke up somewhere around 5:30 AM (I think). A nurse was in my room and advised me that if I needed anything, I should tell the officer outside my room. What? Why was there an officer outside my room? What the hell had happened? What had I done wrong that required a police officer to stand guard outside my room? I was scared and my mind was racing a hundred miles a minute, rethinking about the incident from the previous night.

After a few minutes of thinking about the incident, a very welcome surprise happened. One of my Soldiers, Sergeant Ellis, who I had known for years and who had just recently deployed to the Middle East, showed up to my room. Sergeant Ellis was a youth pastor on the civilian side and had been our non-official pastor for our platoon while we were deployed. He was extremely religious but would never preach at you. He never forced religion upon anyone but would talk about religion if you so desired. Everyone who knew him respected him and could easily talk to him. And on top of all that, he had been one of my best NCO's during our deployment to Kuwait and Saudi Arabia from 2019 through 2020.

Sergeant Ellis lived three hours away and I did not expect him to show up, let alone at this early in the morning. We sat and talked for a bit, but I couldn't tell you much of what we talked about. I do remember asking him how he found out about my getting shot. He said that he was contacted by a mutual friend who we had both served in the National Guard. I'm sure I was still out of it and not making a whole lot of sense. Sergeant Ellis didn't stay very long, but the fact that he had shown up and prayed for me before he left, made me very relaxed.

I was able to talk to Officer Hines, the officer that had been standing guard outside of my room. I did not know Officer Hines very well, as we had worked in different areas of the city and had never taken any calls together. Once he advised me that he was just there to guard me and that I would have a guard around the clock just for my safety, I was much more comfortable. I laid back down on my bed and was in and out of sleep the rest of the morning.

Top Cop Award 2022 Officer Recipients and Top Cop Board Members, May, 2022.

Amanda, my wife, showed back up around 9:30 AM and stayed with me the rest of the day. The remainder of my time at the hospital consisted of nurses and doctors checking on me every so often and sleeping here and there. I couldn't get a good sleep because my head hurt so badly and I kept getting woken up. I would try to talk to the officers guarding me and invite them into my room, but I think most of them were uncomfortable with the situation and didn't want to intrude on my privacy.

I had gotten to the hospital on a Tuesday night and by Thursday morning, I was ready to bust out. I told the doctors that I was going to escape if they didn't release me. After much discussion, they agreed, but I waited and waited and waited for what seemed like forever. Little did I know that the reason I was delayed was because police officers from Dayton and surrounding jurisdictions were gathering outside the hospital. I was so completely overwhelmed when I got outside and saw all those police officers standing there just for me. After hugging or shaking hands with every single one of them, we got a police escort home.

I got home and couldn't have been happier. I wanted to go to my kids' school and get them out of school early, but I knew I had to wait. I sat on the couch and stayed there just thinking how glad I was to be home and how lucky I was to be able to be home. Never did I think I would be shot in the line of duty, but to survive

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Officer Jack Miniard and Officer (RET) Thadeu Holloway at the Dayton Police Awards Ceremony on April 29, 2022.

getting shot in the head was truly a miracle.

My kids arrived home a few hours after I did, and they were so excited to see me. I hugged them for a long time and didn't want to let go. Once we were done hugging, both of my kids took a long look at my injuries and started to be a little scared. They weren't scared of me, but how I looked. I was just glad that they didn't have to see the initial stitches I received at the hospital.

When it was time to go to sleep, I knew that I couldn't lay down in my bed. I decided to sleep on the couch where I could halfway sit up and put most of the weight on the back side of my head. I was able to get a few hours of good sleep because I was so tired. I was just glad to be home and not being awakened every couple of hours by hospital staff. I had to keep changing positions, because no matter what position I laid my head, it started to hurt.

Officer Holloway received the Dayton Police Department Medal of Valor and the Blue Heart Medal.

Then the next day, I spent a lot of time responding to messages sent from fellow officers from all over the area. I also had to make some phones calls, especially to my military leadership to make sure they were aware of what had occurred. I also had to inform them that I would not be able to attend a military school that I was scheduled to go to about a month after my shooting. My head started to hurt more and more and by the time it was time to go to bed, I was in a significant amount of pain. I decided to take a Percocet that had been prescribed. Again, I was able to fall asleep, just because I was home and was still so tired.

I realized the hard way that my body did not like Percocet. I woke up in the middle of the night and started vomiting. Don't get me wrong, I have puked plenty of times in my life, but I had never hurt so much while puking. I honestly felt like my head was about to explode. I continued to puke for about half an hour and every time I

would puke, my head would hurt worst than the time before. I thought for sure that I was going to pop my stiches and would end up having to have emergency surgery again. I tried to stay quiet while vomiting because I didn't want to wake up my wife or my kids. I was in so much pain, that I felt like I had been shot in the side of the head all over again. As I laid back down, I knew that I should probably wake my wife up to keep an eye on me, but I was stubborn and decided to suffer alone. I didn't want my family to see me this way and to be even more worried about me.

I was able to get a little bit of sleep, but it wasn't great sleep. For the next week, my head just hurt. I couldn't do anything because I was in so much pain. We contacted the neurologist that I had seen at the hospital and was able to get an appointment scheduled for Friday, about a week and a half after my shooting. He first wanted me to get another scan done on my head. It wasn't until I met with my brand-new family doctor that I was told of why I was in so much pain. She took the time to listen to me and to look into all the medical paperwork that was online. She explained to me that there was swelling on the inside of my skull that was pushing against my skull itself and against the actual location where I had been shot. She explained that it would take time for the swelling to go down and for the pain to resolve. It made sense once she told me this, but I was frustrated that a neurologist, a head/brain doctor couldn't explain this to me. Little did I know that this was just the start of a long road of bad to terrible medical care that I would receive.

I continued to have doctor's appointments here and there. Three months after my shooting, my neurologist wanted me to see a concussion specialist. He referred me to a concussion clinic that didn't exist, and it took my wife and I two days of phone calls and running around to find this out. The neurologist then referred me to the University of Cincinnati Hospital Concussion Clinic, but because this was a work-related injury, we had to wait for BWC (Bureau of Workman's Compensation) to approve it. I had already been warned that BWC denies everything, but I knew that my shooting was caught on body camera video and had been all over the news. But sure enough, BWC denied my referral, stating that I hadn't complained of

Officer Holloway received the Dayton Police Department Medal of Valor and the Blue Heart Medal.

any head pain after my shooting. I was furious, I was pissed, and I wanted to yell and scream at the doctor who had made that determination. Looking back at it now, I would have to say that this was what started my severe depression and PTSD. I couldn't believe they had denied me the help that I needed. Luckily, I had already contacted a lawyer prior to the denial and his office was already working on appealing the doctor's decision.

Like I said, this was just the start of denials by BWC. They would deny a shoulder injury I sustained when I fell to the ground. They denied my hearing loss and tinnitus. The reviewing doctor even wrote that there was no proof that I had returned fire at the suspect. This got so bad that I saw the same appeals officer several times and he told me the following: "I know we've heard your case before, but you have to treat this as if I have never seen you before." So, I had to repeat a terrible ordeal numerous times, making me relive getting shot, just so I could get the proper medical treatment. Thankfully, I won all of my appeals, but this caused months of delays in getting the medical treatment I needed.

Thankfully, there were some really good highlights after I was shot. About a week and a half after my shooting, I received a personal invitation to have a meet and greet with the Secretary of Homeland Security, Secretary Mayorkas. I know there is a lot of controversy regarding Secretary Mayorkas, but the fact that he wanted to meet me while he was in Dayton was really incredible.

In January of 2022, I was invited to an awards dinner with the Montgomery County Association of Police Chiefs, winning the award for Officer of the Year. In April of 2022, I won the Medal of Valor and the Blue Heart Award from the Dayton Police Department. In May of 2022, I received the TOP COPS award from the National Association of Police Organization and the Citizens Choice Award. In October of 2022, I won the International Association of Chiefs of Police Officer of the Year Award.

Sadly, four days after winning my last award, I had to take a medical retirement. I had been advised by numerous people I highly trusted to talk to a disability lawyer, just in case I didn't heal completely. Well sure enough, I noticed that I wasn't healing fast enough and not anywhere close to where I needed to be in order to return to duty. I initially had a lot of issues with light sensitivity, noise sensitivity, would fatigue easily, and suffered from memory loss and word finding difficulties. My symptoms got better as time went on, but I had to make the hard decision to retire because I wasn't back to my old self; not anywhere close. I was (and as I write this, still am) still suffering from severe depression and moderate PTSD. I knew that if I returned to work, I would be a huge liability to the community. More importantly, I would place the officers around me at unnecessary risk. It also scared me that one more blow to the head would cause me to have huge setbacks.

I am thankful for those that checked on me right after my shooting and to those who continued to check on me as time went on. There is a huge thank you for my family for their love and support, especially during those times when I am not the nicest person to be around. A special thank you to my good friend Dr. Kathy Platoni, who continues to help me mentally through all of this. She has been one of my biggest advocates from the very beginning. My battles and struggles and this difficult journey are far from over, but I will adapt and overcome them with a whole lot of help from the many people who love and care for me.

ABOUT THE AUTHOR

Retired Officer Thadeu (Ta-De-u) Holloway was a member of the 101st Dayton Police Academy Class and graduated from the academy in April of 2013. Prior to joining the Dayton Police Department, Officer Holloway attended Sinclair's Criminal Justice Program and Sinclair's Police Academy.

While serving with the Dayton Police Department, Officer Holloway was assigned to the Dayton Police Department's Honor Guard, where he honored Dayton Officers who had served honorably. He also served with the Greater Dayton Premier Management Taskforce for several years. In November of 2018, he became certified in the Pursuit Intervention Technique and enjoyed it so much, that he became certified as a Pursuit Intervention Technique Instructor. He was also certified in Bike Patrol Operations and as a Patrol Training Officer.

Officer Holloway served in the Ohio Army National Guard for twenty years and recently retired at the rank of Sergeant First Class. While in the military, he was deployed five times. He deployed to Kosovo in 2004, to Iraq in 2006 and 2009, and to Kuwait and Saudi Arabia from 2019 through 2020. He was also deployed to provide aid for the aftermath of Hurricanes Katrina and Rita in the Gulf of Mexico. While serving in the National Guard, he received numerous awards, to include four Army Commendation Medals, one of which was for saving a Soldier's life during a real-world life emergency.

During his ten years of service with the Dayton Police Department, Officer Holloway earned the Dayton Police Department's Blue Heart Award and Medal of Valor Award, along with numerous Department Citations. He was awarded Officer of the Year by the Montgomery County Association of Police Chiefs in January of 2022. In February of 2022, he earned the Service in Excellence Award, which was presented to him by Chief Afzal during a City Council meeting. In May of 2022, he, along with 10 groups of Officers from across the nation, were awarded the national TOP COP Award by the National Association of Police Organizations in Washington D.C. From those ten cases, Officer Holloway was selected as the Citizens Choice Award. In October of 2022, Officer Holloway was nominated and won Officer of the Year from AXON/International Association of Chiefs of Police in Dallas Texas. This represents police chiefs not only from across the nation, but also internationally.

Sadly, Officer Holloway was forced to take a medical retirement five days after receiving his last award. The injuries he sustained during an officer involved shooting were too severe and wouldn't allow him to return as a full duty police officer. Officer Holloway is married to his beautiful and very supportive wife, Amanda. They have two beautiful daughters, Addison and Olivia.

Remembering You

By SGT Jerrod Lee Osborne

Bravo Company (1-502nd Infantry), Police Officer, Springfield Police Department

It seems like yesterday that I was there, so far from home, and depending on you. We deployed in late 2005 to Yusufiyah Iraq, this place called the Sunni Triangle of Death. We were all proud to be part of the War in Iraq, the 101st Airborne Division, and Bravo Company 1-502nd.

As soon as we arrived, we made Yusufiyah our home. We were met by both a loving village and one that hated us for everything we stood for. In that year's time that we were together, I lost my sanity and some of you. AK-47's, IED's, and your blood-stained uniforms were all I could remember.

Reading the book *Black Hearts* made it worse. Even though it was accurate, it reminded me of all of the bad times and a war crime in which the majority of us had no part. Over the years since I have been home, I have been able to piece a lot of it together and the other 99 percent of our story the book never mentioned. Stuck in time, we are all there and I have come to realize that I will always be there. What makes it hard, is there is always a bad ending to my memory and the way I ultimately remember you.

Through self-reflectance, embracing who I have become, and letting go of who I once was before the War, I have been able to see the sunsets there. The way the sun caught all the

ripples on the Euphrates River. I can see the palm trees and the little boy out herding his sheep next to the canal. The rustic little brown buildings and smell of freshly made Flatbread.

There are a lot of days that I cannot see the sunsets there and I can feel the anxiety flowing through me like a drug. One that I cannot stop and know all too well. At the end of a bad day though, I can always hope that the next day will bring that time I remember you and your smile. The hope you once had and the time we spent in Yusufiyah.

To Ethan Biggers, his family, the other members of Bravo Company who never came home, and all the members of the Armed Forces who continue to struggle every day. Every new day brings hope and a little more understanding to our lives and what we have been through. Even though we are all different, we believed in a common cause. I think that our cause now is to make sense of what we can and to forgive ourselves for what we cannot change. God bless all of you.

ABOUT THE AUTHOR

SGT Jerrod Osborne was born and raised in Columbus, Ohio. He has served as a Police Officer for Springfield Police Department for 15 years and has made Springfield his home for the past ten years. He is married to Miranda and is the father of three beloved children.

SGT Osborne was assigned to the 101st Airborne Division, Fort Campbell, Kentucky, for five years. His father, Maynard Osborne, a Vietnam Veteran, told him never to join the Army. His father was also the last person he called before the Invasion of Iraq in 2003, for which Officer Osborne deployed.

SGT Osborne was awarded the Purple Heart on 12 June 2006 for shrapnel wounds suffered due to a VBIED (vehicle-borne IED) ambush in Rushdi Mullah, Iraq.

Letter To the American Psychological Association Regarding The Use and Risks of Prolonged Exposure, Eye Movement Desensitization and Reprocessing, and Cognitive Processing Therapy

By Louise Gaston, PhD

TRAUMATYS

To Whom It May Concern,

You will find hereby some of my articles published in Combat Stress, a magazine for Veterans and clinicians (see attachments).

For over 30 years, I have had many concerns about the use of trauma-focused therapies (PE, EMDR, and CPT) for treating PTSD, especially for veterans. Their dropout rates are very high, even in RCTs, and adverse effects are numerous and severe (see Pitman et al. (1991) cited below). However, their adverse effects have not really been studied for the last 30 years. Indeed, highly enthusiastic about trauma-focused therapies, RCT researchers have neglected to inquire about adverse effects of PE, EMDR and CPT, a fact which was even stated in the appendices of the 2017 APA guidelines for treating PTSD and which contradicted the main recommendations of the committee.

In my expert opinion, as a clinician and a researcher specialized in PTSD, the popular recommendation to use, in a sine qua non fashion, trauma-focused therapies for treating PTSD is unethical.

Finally, I wish to reiterate that, in evaluative research, there is a clear and major distinction between efficacy (derived from RCT settings) and effectiveness (derived from real-life settings), a scientific reality which is almost never acknowledged.

Honestly, I am very skeptical about a true intention on the part of the APA to truly consider how much PTSD sufferers are damaged by trauma-focused therapies (especially veterans), because their use has been highly recommended by the APA, the VA, etc. Nonetheless, I am willing to give this APA committee a chance and thus submit the attached body of research, clinical realities, and reflections.

Sincerely,

Dr. Louise Gaston, PhD

Postscript

In the summer of 2022, an insurance manager called me. He wished to discuss the effects of therapies such as PE (prolonged exposure) for treating PTSD. As he explained, the problematic situation was that his insurance company paid for whole PE packages (10 or 12 sessions) while almost all patients left after 1 or 2 sessions. After reading my articles in Combat Stress, he wanted to discuss the dropout rates and adverse effects associated with TFTs, including PE. After 10 minutes, this insurance manager realized some of the reasons behind such a very high drop rate and made an immediate decision, namely, to stop reimbursing the costs of PE packages.

ABOUT THE AUTHOR

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

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

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

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

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

The Unsung Hero: Chaplains

By Jeff Jernigan, PhD, BCPPC, FAIS

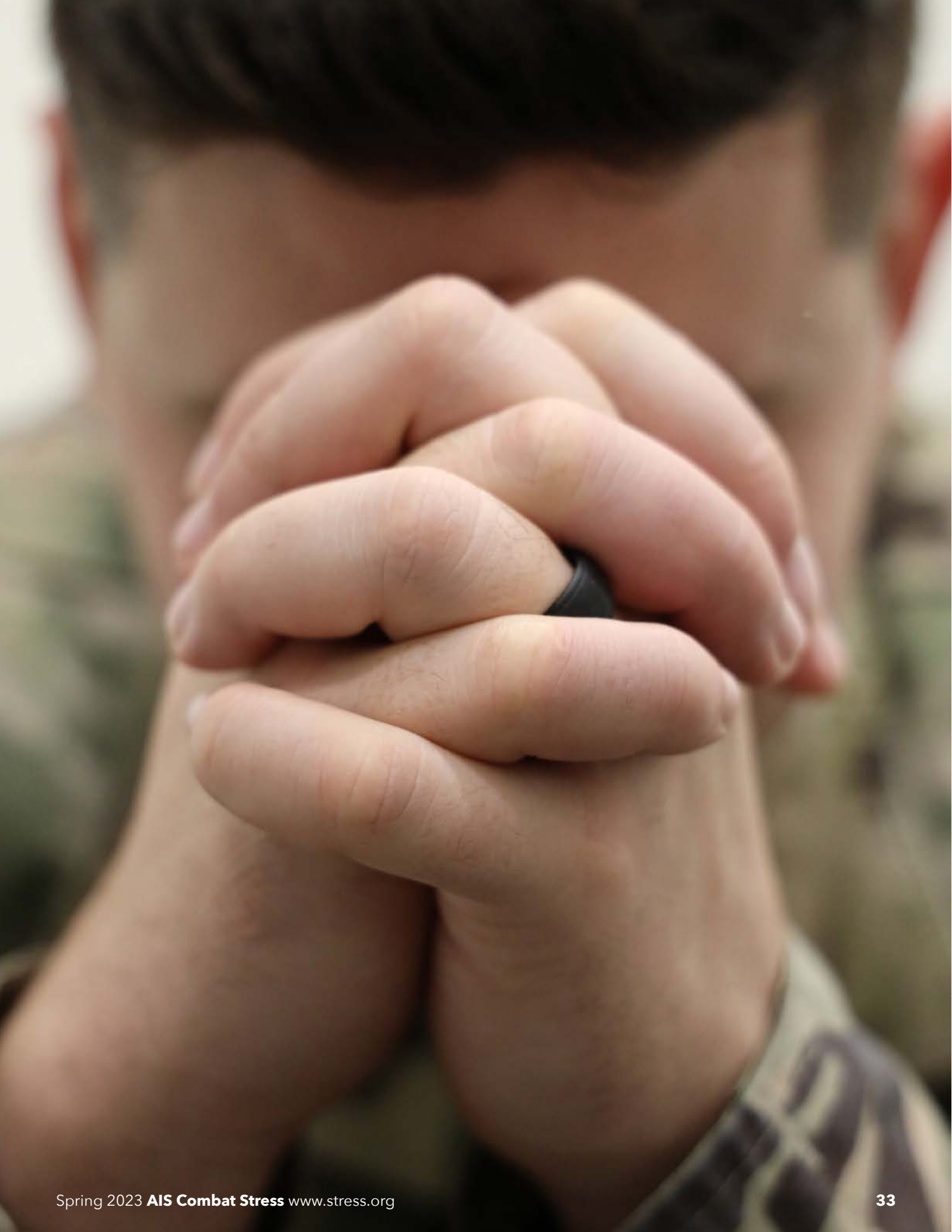
The United States Military Chaplain Corps was created with an Act of Congress on July 29, 1775, by the Continental Congress, who authorized one chaplain for each Regiment in the Continental Army. The title chaplain actually dates to the early centuries of the Christian Church, where they were considered specialists among ministers or priests. Chaplains were set aside for focused ministry or service and typically served in a Chapel attached to an institution or a private home. Today chaplains come from a wide variety of faith traditions and serve our military in ways that relate naturally to the needs of combat Soldiers. Called Chaplain, Father, Rabbi, Imam, Padre, and other approved Armed Forces designations, these women and men provide spiritual and humanitarian care to military and civilian populations as directed by their various commands.

Working with combat Soldiers often places a chaplain in harm's way alongside those they serve. Though they are not issued weapons and not allowed to engage in combat, they never-the-less have served with courage and distinction across the globe. Recognition has included the highest awards for sacrificial and honorable service in combat and they proudly wear their ribbons alongside those they serve.

Often acting as first-responders, chaplains are exposed to the same stressors and combat actions that Soldiers are subjected to and under the same hardships and adversity. Serving civilian humanitarian missions, responding to mass disasters and violence, famine and disease, or poverty and hunger, this exposure is true as well. In the midst of leading with compassion in times of risk, crisis, and trauma, they are not immune to stress, fatigue, stress disorders, and post-traumatic stress, including compassion fatigue.[1] Compassion Fatigue is a term that describes the physical, emotional, and psychological impact of helping others. It is closely related to PTSD in its effect on caregivers but does not necessarily result in PTSD or other stress disorders.

Caregivers with high emotional intelligence and empathy, such as chaplains, are more susceptible to compassion fatigue than most other people. Stress from sustained fatigue over time can produce physical and emotional exhaustion caused by the depleted ability to cope with one's everyday environment. Cumulative stress, when unrelieved, can lead to burnout and is characterized by emotional exhaustion, a reduced sense of personal accomplishment, loss of meaning and purpose in work, isolation from others, and depersonalization.[2] Compassion fatigue develops slowly over time and often is not recognized until intervention is needed.

Compassion fatigue produces weariness, brain fog, forgetfulness, frustration, and poor



decision- making. When someone refers to having had a tough day by its conclusion, they are usually referring to weariness at the end of a long day. But the reality may be more than tiredness at the end of a long day. Since compassion fatigue can mimic medical burnout. It is always good to ask a follow-up question such

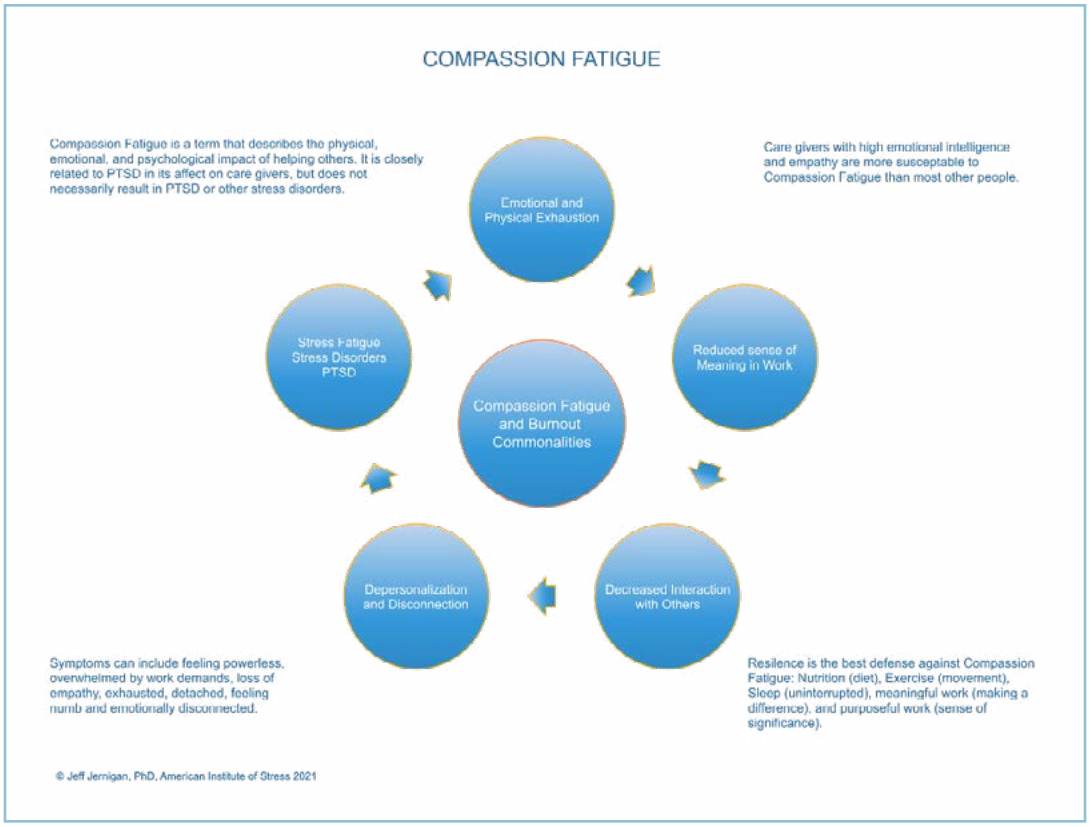
as, "How long have you felt this way?" If it is an exception in their experience, this probably does not require addressing. If it represents a pattern it may need to be addressed.

When I was working with one of our medical teams in Eastern Europe some time ago, we were nearly overwhelmed by the demands placed upon us. We were there to address a growing problem of suicide in the military and were also pulled into addressing an epidemic of child suicide in the community. The problem had grown to the point of earning a label: the Blue Whale. The Blue Whale was a social network phenomenon emerging in 2016, which led to suicide among young children and adolescents in astounding numbers. This was fueled, in this instance, by parents leaving the country and their children being left behind to find jobs elsewhere in the European Union in an effort to escape poverty. It is more complicated than that, but one gets the picture.

We worked non-stop with medical and psychological professionals. teaching, modeling Trauma Competent Care (TCC) and helping to care for devastated families.[3] Their stories were terrible, their grief profound. We met with social workers, counselors, physicians, and psychiatrists, helping to develop a coherent response to this awful consequence of inadequately- addressed social conditions. Weary, we left the hospital after a long day and I asked a colleague, a psychiatrist in the city where we were teaching, this question, "How are you doing?" He replied with the same statement, "Tough day, I am burned out!" Only, it was more than just a tough day, because I noticed the growing symptoms of weariness, brain fog, forgetfulness, frustration, and poor decision making over the previous ten days. I realized he had been dealing with this for months, I followed up with another question, "What does that mean? How are you really doing?" They were on verge of total physiological and psychological collapse, ready to quit being doctors entirely. Compassion fatigue had led to actual burnout.

Leading with compassion during times of crisis is a hallmark of excellent leadership in any context, but it is especially important for a chaplain.[4]

When our teams were working post-disaster in Haiti (earthquakes), Sierra Leone (Ebola virus), and Sri Lanka (tsunami), we observed and experienced some unique consequences of compassion fatigue among first responders, including both medical personnel and chaplains. Understandably, our moods were



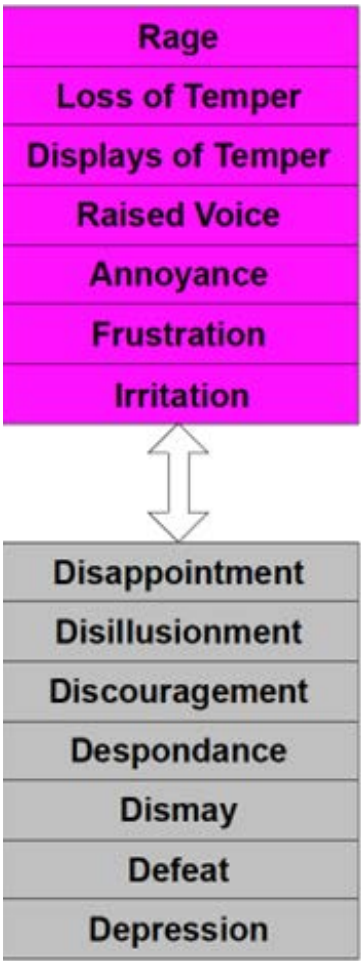
low and our anxiety elevated. But there were also some care givers struggling with mental focus, recall, irritability, and generally muddled thinking. The cause was dehydration.[5] The problem with mild dehydration in these settings is that it impairs performance in tasks that require attention, short-term memory skills, and physical movement. It also pushes us further along the spectrum of compassion fatigue as illustrated above.

When our frustration reaches a point of behavioral changes, we can find ourselves at odds with others in unimaginable ways. In working with broken families grieving a child suicide, we observed parents reacting differently in their grief and anger. Mothers were overwrought, while many fathers were processing their sorrow differently. Arguments broke out with accusations flying around, directed at how each was responding. Sometimes this has everything to do with gender. Men and women process anger differently, including outward expressions of anger, as well as anger turned inward.[6] This can be accentuated between care givers, such as chaplains, who are experiencing vicarious trauma from exposure to the suffering of those they are helping.

The fact that women develop and process anger differently than men reflects a difference in the structure of the brain and is not indicative of one gender or the other being better at processing anger. Men are more often associated with angry responses, but that does not mean women do not ever feel or express anger. In each of the first-responder examples above, the worst arguments erupted between the female and male professionals providing relief and rescue, anticipating that their colleagues would all react the same to the pressure and stress they were enduring.

This may seem to be a minor issue, just like the discussion on hydration. However, the combination of dehydration and misreading cues in the midst of a prolonged crisis situation opens the door to moral distress and moral injury occurring, often without recognition. Moral injury leads quickly to burnout and oftentimes, the end of a career. Chaplains the world over in the international military community that we serve have stories to tell without number.

Moral distress is a psychological phenomenon, quite different from ethical dilemmas or emotional distress.[7] Moral distress occurs in a work environment when one knows the right thing to do, but institutional constraints



make it nearly impossible to pursue the right course of action. This can occur in any industry where leadership decisions, or indecision, are constrained by institutional requirements or overruled by more senior leaders.[8] Over time, moral distress can lead to actual moral injury. A moral injury can occur in response to acting or witnessing behaviors that go against an individual's values and moral beliefs, eroding self-esteem and confidence, breaking down long and strongly held beliefs about themselves and the world they live in. The result is disillusionment, despair, and eventual physiological and psychological burnout.[9] Chaplain's deal with this consistently in their military organizations, working alongside civilian organizations in the United States, and interfacing with foreign relief agencies structured and led very differently than US military organizations or civilian agencies.

Compassion fatigue is surprisingly easy to guard against or turn around when it happens to you or someone you know. There are five things to practice that will create and sustain resilience. Resilience is key to keeping stress fatigue of any kind at bay. These practices are not new and may sound a lot like what our parents used to tell us as children: eat right, exercise, get enough sleep, keep good company, find work you enjoy doing, and don't overwork to the extreme if possible. If not possible, take breaks when you can to get away for some needed rest. The difference between then and now is that now we have good science behind this parental advice.

Most of the nutrients our body needs daily in order to function at its best are used by the brain.[10] Poor diet, too much junk food, irregular meals, compulsive overwork, and lack of hydration rob the brain of what it needs to function maximally, especially in the face of sustained pressure, demands, and stress. When we exercise sufficiently, an enzyme is produced in our muscles, which travels to the brain and produces a brain-derived neurotrophic factor (BDNF). This triggers a process of repair and

replacement of neuropathways and brain cells.[11] On average, adults need eight hours of sleep.[12] During deep sleep, this clean-up function of BDNF takes place. Insufficient sleep and interrupted sleep interfere with this physiological janitorial service. The consequences of poor diet, lack of exercise, and

lack of sleep will be foggy mindedness, which negatively affects focus, recall, decision making, self-control, and cognition.

Good friends that you trust and are neither critical nor judgmental are a great source of help in stressful times. Simply being able to talk things out with them, sharing what is going on and what you think about it, as well as how you feel about what's on your mind is therapeutic.[13] Recent studies continue to identify processing as a key intervention with those suffering from stress fatigue and stress disorders, including PTSD. Originally the province of Cognitive Behavioral Theory and a spinoff, Dialectical Behavioral Therapy, processing thoughts and feelings with a trusted active listener now has a label: Cognitive Processing Therapy.[14] The point is not to repress or suppress your struggles with compassion fatigue. Consciously or subconsciously stuffing your thoughts and feelings will result in more depression, more anxiety, and more physical illness.

Work can be challenging at times and as chaplains, there often is little control over your work environment in a crisis. This is a great reason to keep your resilience strong through building common sense habits around nutrition, exercise, sleep, relationships, and work you enjoy. The key about work is when it is fulfilling,

satisfying, fits your sense of calling and purpose, it can feel like floating down a lazy river in the summertime. Without this kind of resilience, your work will feel like swimming up the rapids all by yourself. Find purpose in your work and let it balance the difficult experiences that challenge your resilience. Also, beware of the undertow!

> *Poor adaptation to life events, a change in perspective or mindset, and loss of energy and motivation are all signs of movement toward a crisis.*

Compassion fatigue, like most stress-related conditions, is like the undertow in a river or the ocean. It constantly tugs at you in small, barely unnoticeable ways when you are looking for the strong pull of the tide, which never seems to come. So, you get dragged down slowly without noticing the pull. There are three things to take a self-inventory of regularly.[15] Poor adaption to life events: everything in life has stress associated with it, including the good experiences, as well as the difficult experiences. Stress is cumulative and can be shed through many of the things we do to relax, including exercise, recreational activities, time with good friends and family, and good health habits as mentioned previously. Self-inventory questions: How am I doing today when it comes to coping with the people and circumstances of the day? Am I up or down? Energized or depleted? Tired but pleased with the day for the most part? How many days in a row have I answered these questions in the negative sense?

If the pattern of too many unsuccessful coping days continues long enough, one will more than likely begin to notice a change in mindset or perspective. You may become more negative than usual, more critical, or judgmental others, wondering where your thick skin has gone because you find yourself easily irritated, frustrated, or outright angry. Here are some additional self-inventory questions: Where did my optimism go? Is my perspective of people and circumstances headed down or up? How many days in a row have I noticed this negative mindset?

As we continue to adapt poorly to life events and this begins to be noticed by others in terms of our perspective and attitude, there is one more opportunity to become more self-aware of a possible spiral downward. Loss of energy and motivation begins to set into the point that those around you may begin to comment, even ask

how you are doing. Do not ignore the inquiries. Self-inventory questions: Am I still motivated to do this work, or has my motivation begun to slip? Are my self-care activities the same, improving, or much less? Do I feel ready to quit?

Poor adaptation to life events, a change in perspective or mindset, and loss of energy and motivation are all signs of movement toward a crisis. Everyone can readily become tired and exhausted at times, but there is little need to remain in this state of fatigue. Get out, take a walk, relax for a moment of conversation with a friend, look up at the blue sky and give your eyes a break (yes, there is good science behind a long view into the distance). Please take care of yourself. What you do is important and there so few who can do it as well as you can. Thank you for more than 247 years of service to our country. Semper Fi.

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Jeff Jernigan, PhD, BCPPC, FAIS is a board-certified mental health professional known for influencing change in people and organizations by capitalizing on growth and change through leadership selection and development. Jeff currently serves Stanton Chase Pacific as the regional Life-Science and Healthcare Practice Leader for retained executive search and is the national subject matter expert for psychometric and psychological client support services.

A lifetime focus on humanitarian service is reflected in Jeff's role as the Chief Executive Officer and co-founder, with his wife Nancy, for the Hidden Value Group, an organization bringing healing, health, and hope to the world in the wake of mass disaster and violence through healthcare, education, and leadership development. They have completed more than 300 projects in 25 countries over the last 27 years. Jeff currently serves as a Subject Matter Expert, Master Teacher, Research Mentor, or Fellow in the following professional organizations: American Association of Suicidology, National Association for Addiction Professionals, The American Institute of Stress, International Association for Continuing Education and Training, American College of Healthcare Executives and the Wellness Council of America.

Why Officers Must be Trained to Stay "Left of Bang"

By Marla Friedman, PsyD PC, Police Psychologist and Chairman of Badge of Life

Addressing the mental health of law enforcement officers and finding ways to help them cope with stress and trauma must be a priority for agencies across the country. In my work as a police psychologist, I've found that officers must receive training about how to cope with the stress and trauma they are bound to face during their career.

When officers begin their career as a new recruit they have already undergone testing and evaluation. At this point, they are in fact mentally healthy. However, many officers report that even after just a few years as an officer, they are no longer the same person as when they started. The changes that occur are the result of more than just the normal changes a person experiences with age, maturation or life's normal wear and tear. The job of being an officer changes people, and unfortunately this change is often in unhealthy ways.

Preventing Unhealthy Mental Health Changes

One concept that I've had significant success with in helping officers address trauma is the concept of 'Left of Bang." This concept originates from the book *"Left of Bang"* by Patrick Van Horne and Jason Riley, which was originally created as a military tactic book.

However, in my extensive therapeutic work with officers, I realized the information in this book could be translated into psychological terms and applied to those in law enforcement. This philosophy and the accompanying worksheet has helped many officers better understand that prevention, stress inoculation, training, and preparation can help them guard their physical and emotional health.

What is "Left of Bang?"

A "Bang" is where an attack begins, or damage is done. For example, a "Bang" could be when an officer is involved in a fatal shooting, investigating crimes against children, testifying in court, undergoing an internal affairs investigation, or any stressful or traumatic event.

Visualizing a timeline moving from left to right, "Right of Bang" is what happens after the violence begins. Officers need to stay to the "Left of Bang." In that zone, officers need to be alert, ready, prepared, and able to respond before the bad stuff happens.

Officers can place any situation in the "Bang" position and then, using the worksheet below, come up with ways to avoid "Right of Bang." Remember, when you are "Right of Bang" you are just cleaning up the mess.

Understanding and practicing this concept offers clear advantages to new and current officers. It's a game plan for life. Once officers master the theory and individualize it to their situation, they have a structure that can carry them through life's challenges and traumas.

Officers can use the worksheet to individualize this model. They can place any situation in the "Bang" position and then come up with ways to avoid "Right of Bang."

Example Scenario Using "Left of Bang" Model

To better understand this model, let's use an example of an officer who is 14 years on the job and is under investigation for an officer-involved shooting. How can he use the above

RESILIENCE TRAINING

Release of Body Worn Camera Footage

Officer Involved Shooting

Viewing Child Pornography

Investigating / Interrogating – Crimes against Children

Testifying in Court

Internal Affairs Investigation

Your Personal Dilemma

Left of Bang

- Going for a Mental Health Check-In
- Participating in individual, couples or family therapy
- Understanding your personality style
- Insisting on good communication
- Utilizing stress inoculation techniques
- Practicing good sleep hygiene
- Eating for health
- Engaging in your most effective copy skills
- Taking your allotted days off and enjoying them
- Exercising for health and mental clarity
- Maintaining relationships with family / friends

BANG

Right of Bang

- Stress, depression and burn-out
- Intrusive and repetitive thoughts
- Continuous, ineffective hyperarousal
- Avoidance behavior
- Panic Attacks
- Nightmares
- Rage
- Substance abuse
- Sexual dysfunction
- Family problems
- Divorce
- Therapy, post job stress or trauma
- Suicidal thoughts, plans or intentions
- Suicide

Psychological Interpretation of: Left of Bang, by Jason A. Riley and Patrick Van Horn, 2014
Image created and used with permission by Marla Friedman

model to manage his anxiety, fear, and anger that are now featured prominently in addition to his feelings of guilt and shame? He also believes that some other officers feel that he overreacted and should have de-escalated the situation.

In this case, "Bang" would be meeting with Internal Affairs to hear the determination about the shooting and what, if any, consequences there will be. In this case, "Bang" is inevitable. It will happen. To stay as healthy as possible, the officer must identify activities to avoid the stress, which is natural, from becoming full-blown panic. Be aware that it is normal for the officer to be upset both about the shooting as well as the outcome,

which is in the department's hands. Here are some things she/he might do:

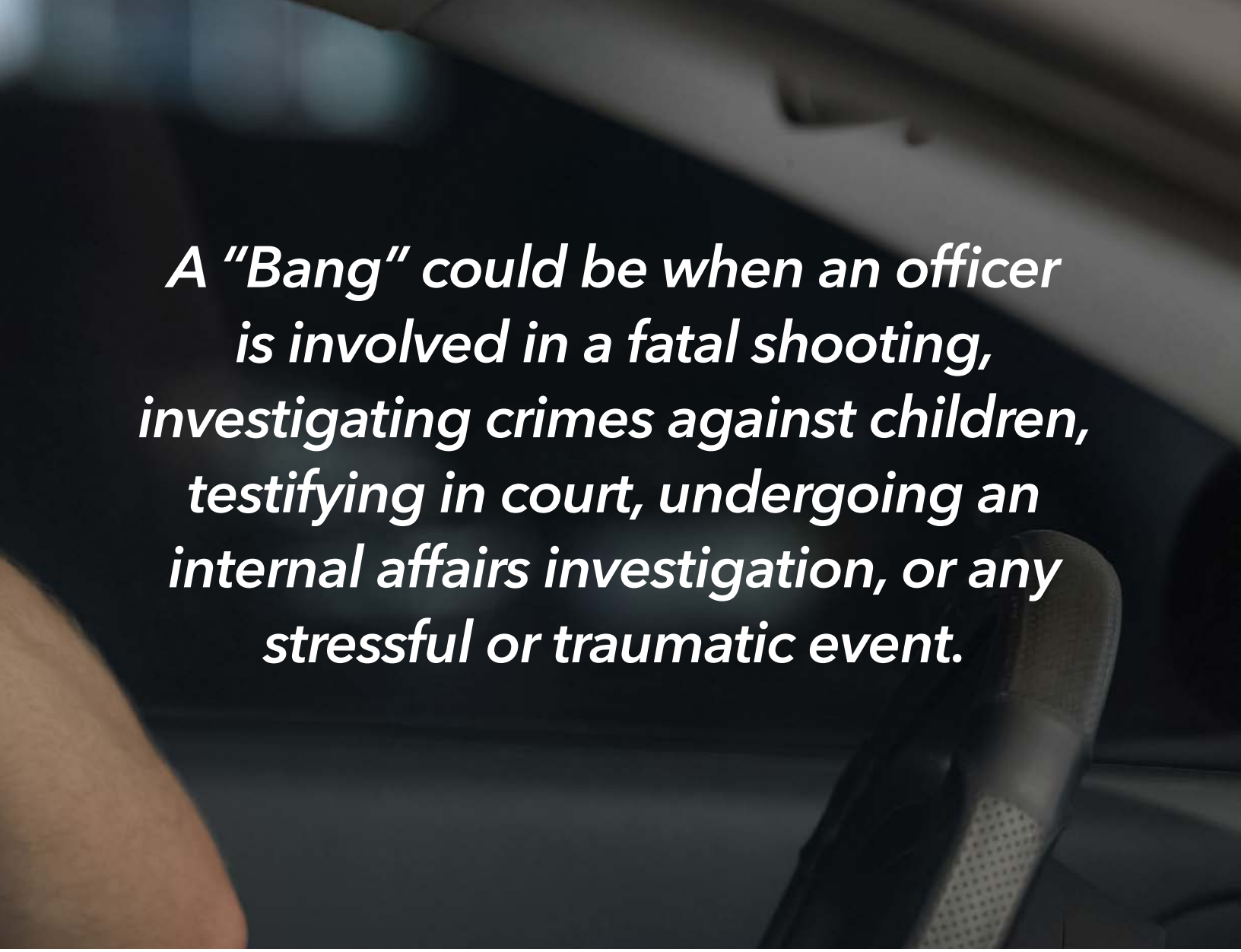
Left of Bang:

- Talk to a peer-support team member.
- Set up an appointment with a therapist (seek out a therapist who specializes in working with police as well as Cognitive Behavior Therapy and current trauma management methods).
- During therapy, focus on anxiety reduction, confronting faulty beliefs, processing normal thoughts and feelings related to the shooting (e.g., guilt, shame, relief, fear, moral injury, pride, anger, etc.).
- Prepare for the worst-case scenario (e.g., gather contact information for your union representative and attorney).
- Practice tactical breathing.
- Engage in exercises that help manage your anxiety and reduce anger.
- Eat well and decrease sugars and bad fats.
- Hydrate regularly.
- Sleep well. If you cannot, ask your doctor for short-term assistance.
- Take time off.
- Communicate with your family and friends. Avoid isolating yourself.
- Avoid overuse of alcohol.

If officers don't set up and follow through on the "Left of Bang" behaviors, they put themselves at risk for landing at "Right of Bang." In this specific situation, that might look like this:

Right of Bang:

- Intense stress



- Panic attacks
- Intrusive and repetitive negative scenarios in your mind about the event or your future
- Avoidance behavior
- Nightmares
- Anger/rage at the department and the person you shot
- Isolation from work peers, friends and family
- Family problems
- Suicidal thoughts
- Suicide

Using "Left of Bang" to Manage a Personal Scenario

A second example highlights how an officer can use this model to address a personal situation.

A 41-year-old officer in his second marriage has three children by two ex-wives and is involved in an extramarital affair that he is "trying" to end. By filling out the worksheet, the officer will have a better chance of breaking off the relationship and avoiding traveling to "Right of Bang." This is his treatment goal:

Left of Bang

- Work with a therapist to figure out why the officer is repeating behavior that causes severe damage to his personal life.
- Discontinue complete contact with the person who he's having an affair with. (In such a case, a frequently asked question is: Can I contact or see the person to end the relationship? The answer is yes, but only once. After that, do not respond to calls, texts, or emails. Every time

you break and respond to the other person, it rewards them and encourages them to contact you again.)
- Remember your goal: Disconnect with the other person and reconnect with your partner or spouse.
- Meet with a Chaplain, if appropriate.
- Take a wide view of your life and personal goals.

Right of Bang

- The person in your extra relationship knocks on your door at home and introduces him/herself to your significant other.
- Extreme discord, upset, possibly physical, verbal and emotional assault occurs.
- Lawyers may be called.
- Custody of your child/children are now at risk.
- Your children are damaged by the situation.
- Your children may need therapy.
- Your children may regress, wet the bed, cry, cling to you, do poorly in school, express anger, hate and rage.
- Financial security is at risk.
- You and your significant other may suffer from anxiety, panic attacks, depression, physical illness etc.
- Thoughts of suicide may plague one or both of you.
- An actual suicide attempt may be made, or completion may occur.

These examples are composites of issues discussed by many officers over the years during training sessions. They have given their permission to use these examples in order to assist others in working through similar problems with the careful and thoughtful understanding of what is really at stake.

Planning, prevention, and resilience-building can help officers avoid a lot of these situations and help prepare them to face real-life dilemmas and conflicts.

What if when officers graduated from the academy they were taught to stay "Left of Bang?" How would that change their career and personal trajectory?

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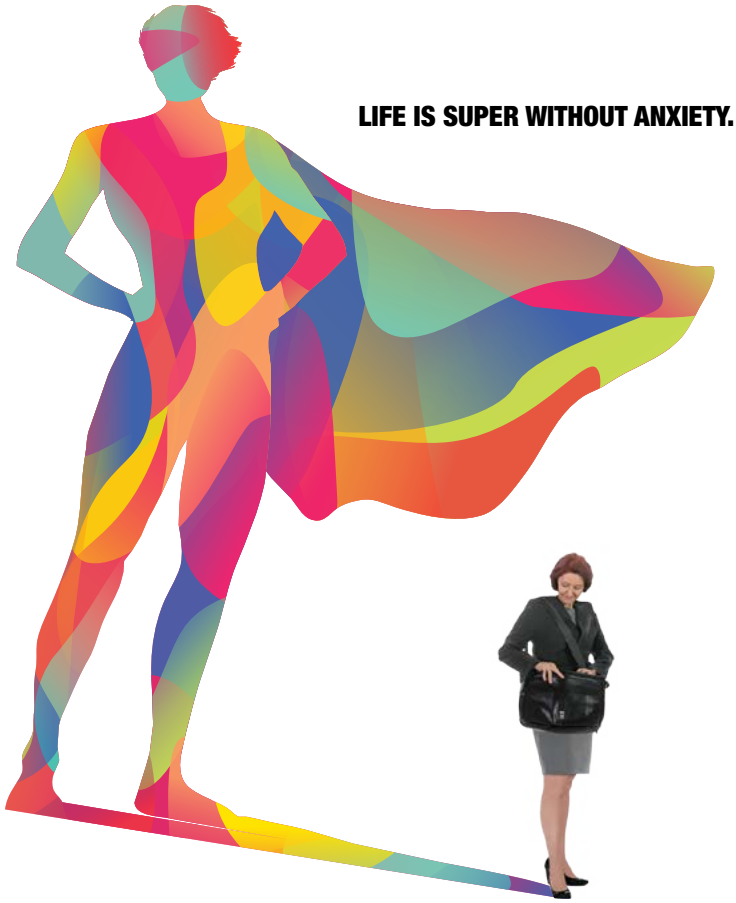
Dr. Marla Friedman, PsyD PC, Police Psychologist is a national trainer, curriculum developer and creator of video training films for law enforcement. She publishes frequently on issues of mental health, trauma cessation, and suicide prevention for police and other first responders. She has trained for the FBI at the National Academy in Quantico, Virginia; ICAC Task Force Teams; FTO's and police departments with her focused mental health protocol, "Building a Better Cop." She is an Adjunct Faculty member at the College of DuPage Police Academy, (SLEA). Dr. Friedman is the current Chairman of "Badge of Life" and Chief Psychologist for "Field Training Associates." She is the primary architect in building individualized comprehensive mental health and suicide prevention programs for police departments that are utilized nationally. You can reach her at support@badgeoflife.org.



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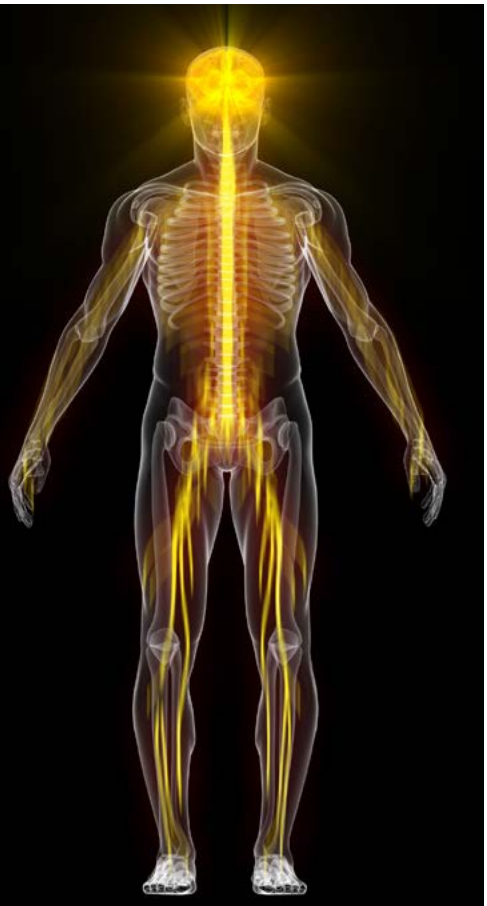

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Emboldened Survivor: Gaining Strength through Struggle (Post-traumatic Growth)

By Dr. Ronald L. Rubenzer, EdD, MA, MPH, MSE, FAIS

It is better to light a candle than to curse the darkness.[1]

With that in mind, this article will focus on positive outcomes possible after traumatic events. The scientific term for personal improvement after trauma is Post-traumatic Growth (PTG).

Relatively little is known about Post-traumatic Growth (PTG). Many PTG studies focus on veterans' "lived experience" of a positive outcome after intervention for PTSD.[2]

More specifically, Post-traumatic Growth (PTG) is a theory that explains positive transformation experiences following trauma. In the mid 1990's Tedeschi & Calhoun discovered that people who endure struggle following adversity can often see positive growth afterward.[3]

The need for mental health intervention for PTSD victims

An analysis of 26 studies revealed that only about 50% of people studied reported a moderate to high PTG after experiencing a traumatic event.[4] This meta-study shines a spotlight on the need for therapeutic intervention for nearly half of people experiencing a traumatic event.

Six additional reasons to actively mitigate PTSD:

1. Left untreated PTSD can dampen quality of life and impair one's ability to experience happiness and pleasure (i.e., anhedonia)
2. Unmanaged PTSD can interfere with restorative sleep
3. Most sadly, unrelieved PTSD can lead to self-destructive behaviors and the ability to interact meaningfully with others
4. Hair thinning. One of the most visible outcomes of unabated stress is temporary hair loss (Telogen effluvium)
5. Immune system functions are suppressed resulting in more illnesses and/or slow recovery from illnesses
6. Emotional Contagion – caretakers/partners/coworkers etc. will "mirror" PTSD symptoms, making life difficult for significant others living/working with the PTSD afflicted

Post-traumatic Growth – do-it-yourself approaches

If you are a do-it-yourself type problem solver, you would benefit by exploring the 2016 *Posttraumatic Growth Workbook* by Tedeschi and Moore.[5] However, a better approach to treating PTSD is face-to-face therapy with a qualified mental health professional.

The first step: *Know yourself.* The Posttraumatic Growth Inventory.[6]

In 1996 Tedeschi and Calhoun developed the Posttraumatic Growth Inventory (PTGI) to assess post-trauma growth and self-improvement a person undergoes.

According to the PTGI, the pillars of personal growth after trauma include: looking at new possibilities, improved relationships, spiritual growth and appreciation for life.

The reader is encouraged to measure one's personal development relative to these hallmarks of post-trauma recovery. Seeking professional help will accelerate post-traumatic assessment and growth.

Second step: *Interventions:*

In general: Carve out 15 minutes of quality time to develop a peaceful mind.

The world-renowned Norman Vincent Peale revealed that an "effective technique in developing a peaceful mind is the daily practice of silence."[7]

Dr. Peale lays out how to practice silence. "Go alone into the quietest place available to you and sit or lie down for fifteen minutes and practice the art of silence." He specifically suggests that you throw your mind into "neutral," thinking as little as possible. Do no reading, talking or writing. Imagine your mind as calm as the surface of a lake with no ripples.

Practice the ABCD's of stress management.

The ABCD's of stress management are focusing on healthy – Attitudes, Breathing, Choices & Diet.

Attitude

Attitude is more important than facts according to Karl Menninger.[8]

Pulitzer Prize winner Maya Angelou asserts that "Nothing can dim the light that shines from within."[9,10]

Optimism is an optimal attitude whenever realistically possible, and it will bring about a more positive outcome. Well-practiced positive affirmations can create calm.

Practice the attitudes of gratitude and hope. Start your morning with a "thank you" to set the right tone for the day.

Let bygones be bygones.

Be realistic in your journey to PTG (i.e., be patient in your progress). Be fair to yourself in terms of your growth toward PTG. Remember, Rome was not built in a day. Striving for progress rather than perfection will bring about better results on your road to recovery.

Breathing

There is no easier, cheaper or more effective way to manage negative emotions than proper breathing.[11]

Counting to 10: Simply breathe in slowly and deeply as possible, through your nose, to the count of five (count silently to yourself 1,2,3,4,5) and exhale slowly through your mouth (counting 6,7,8,9,10.) Repeat a few times.

Choices: Choose to "walk" (rather than ride) when feasible. Exercise is the miracle drug without the drug. Stroll in natural surroundings (i.e., enjoy "eco-therapy").

Diet: Stay hydrated. Drink 8 glasses of water a day. Dehydration by itself can cause anxiety. Also, limit your caffeine intake – excess caffeine can make one feel edgy.

Summary

In summary, with help, you're struggling "wisely" with difficulty can evolve into Post-traumatic Growth (PTG), resulting in overall improved relationships, and appreciation for life.

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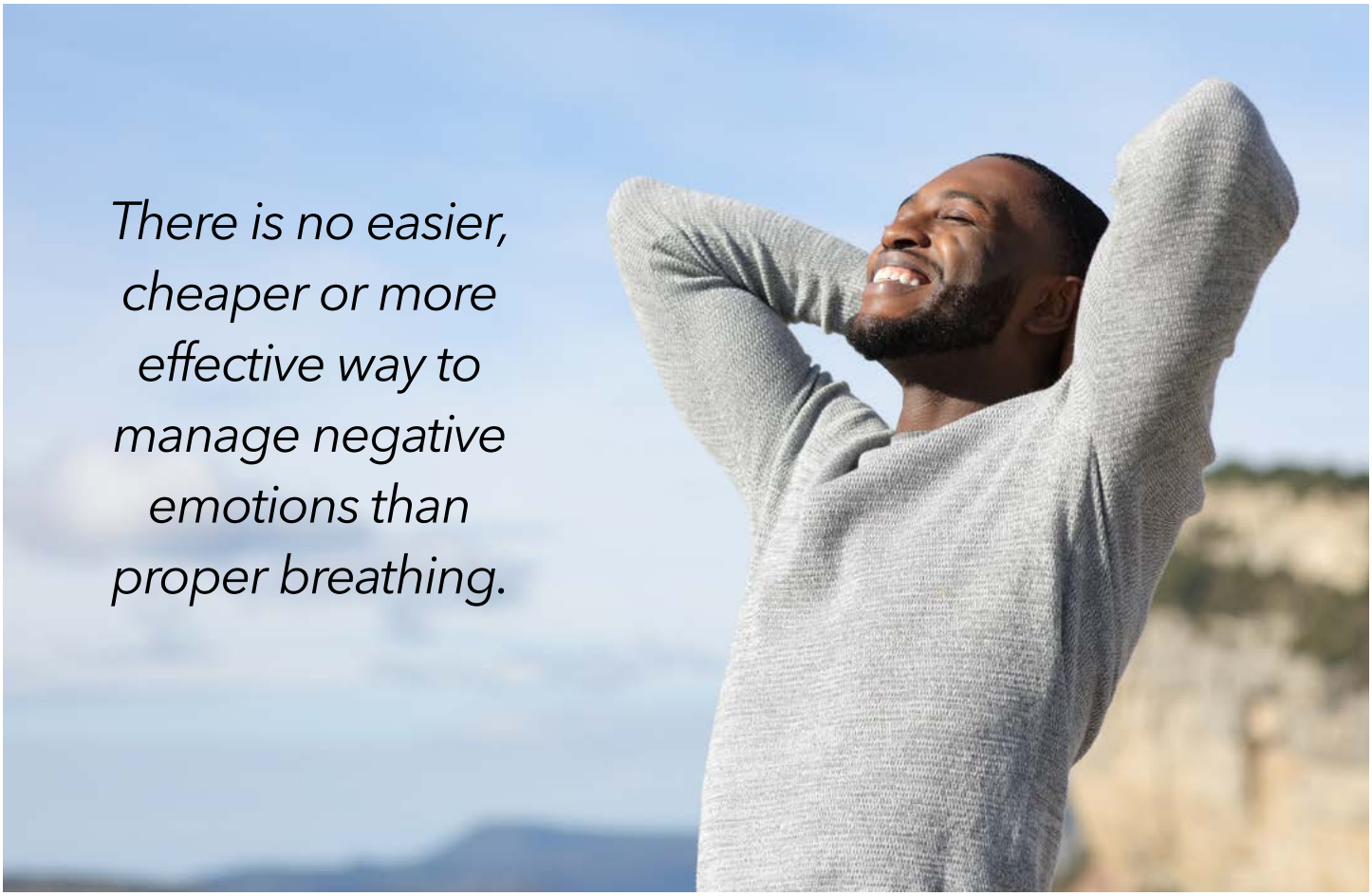

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"Your wellbeing is my commitment" is his core motto. **Dr. Ronald L. Rubenzer** earned his doctorate on a full leadership fellowship at Columbia University NYC, at the time President Obama was a student there. "Dr. Ron" was a counselor for disabled Veterans. He is proud to be a contributing Editor for the American Institute of Stress, having written several articles. He has published about 100 articles including a feature in *New York Magazine*. His 2018 book* features about "one minute" chapters. You are invited to his website (www.drrubenzer.com) where dozens of free One-minute articles are housed for your convenience. Ironically his most read article is *How to be happy* (with about 5,000 hits for a single outlet).

**How the Best Handle Stress - Your First Aid Kit*: https://www.amazon.com/How-Best-Handle-Stress-First/dp/1731056508

Measuring the Stress Response

By Brandon LaGreca, LAc, MAcOM

For military personnel and first responders, performing under stressful conditions comes as part of the job. Quantifying how stress affects the individual is an evolving science. This article explores the history of assessments that evaluate the health of the vagus nerve, part of the parasympathetic nervous system, or measure the release of stress hormones. To best understand one's resilience to stressful situations, it is important to document these effects with proven metrics.

Before lab testing, holistic healthcare providers assessed stress resilience in a number of clever ways, several of which were centered on the health and function of the adrenal glands. One example is Ragland's test. This involves taking a patient's blood pressure after several minutes, while the patient lies in a relaxed state, followed by a second measurement taken as the patient rises to stand. The sudden change of position and consequent need to quickly get blood to the head is thought to be influenced by adrenal hormones. Lightheadedness upon rising (orthostatic hypotension) was considered a sign of adrenal insufficiency.

A method taught within naturopathic medicine to assess vagal tone, and by extension the resilience of the parasympathetic nervous system, is the evaluation of palatal rise. The levator veli palatini muscle, responsible for the rising and falling of the oral palate, is directly innervated by the vagus nerve. Having a patient stick out the tongue and say "aah" (more often used to check the health of the tonsils) is a window to observe the evenness of how the palate appears and how quickly it moves. Asymmetry and sluggish rising of the palate is considered a sign of poor vagal tone.

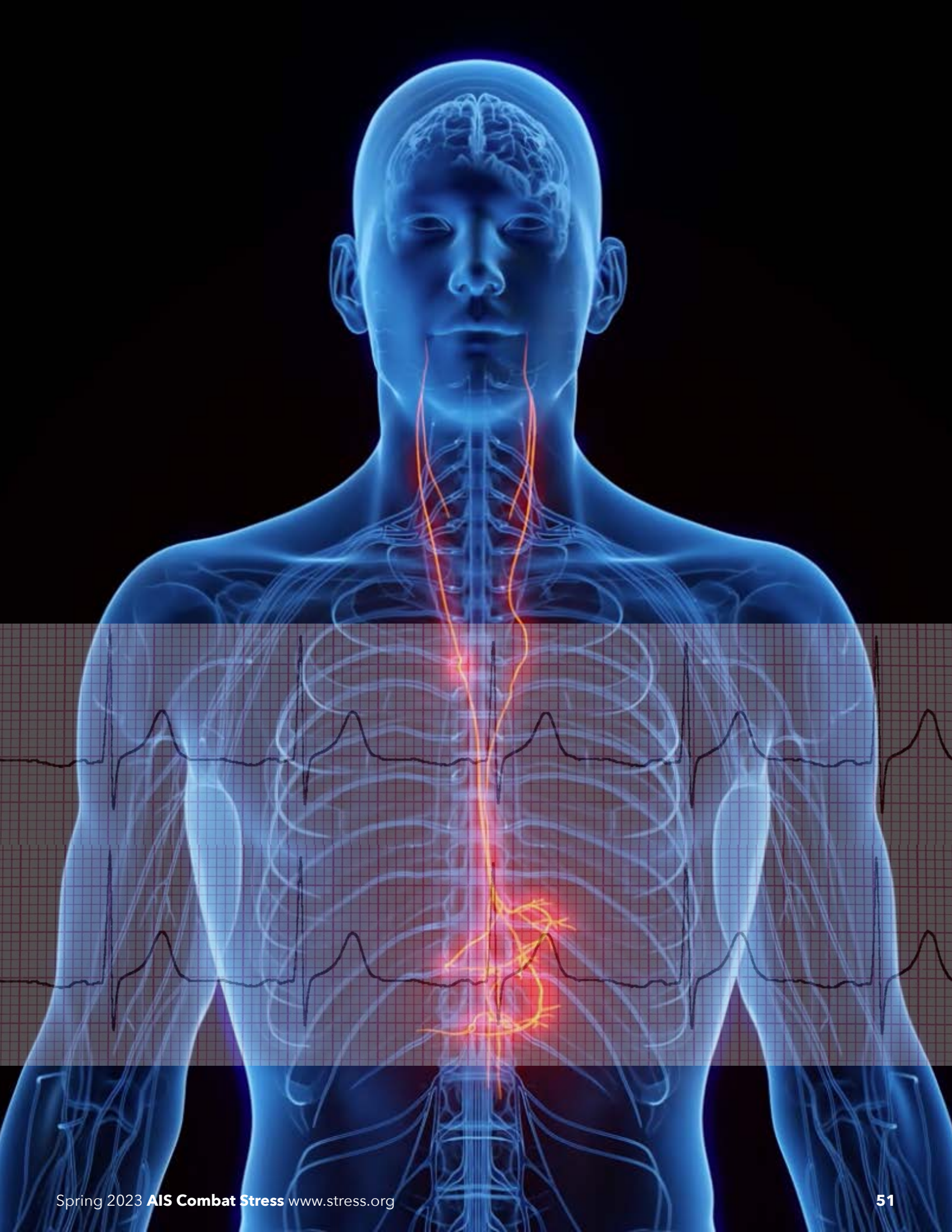
How precise these tests are at addressing autonomic nervous system health is debatable. Such methods formed the backbone of manual evaluation by old-school practitioners, who either didn't have access to laboratory assessment or were practicing before the chemical analysis of hormone health was available.

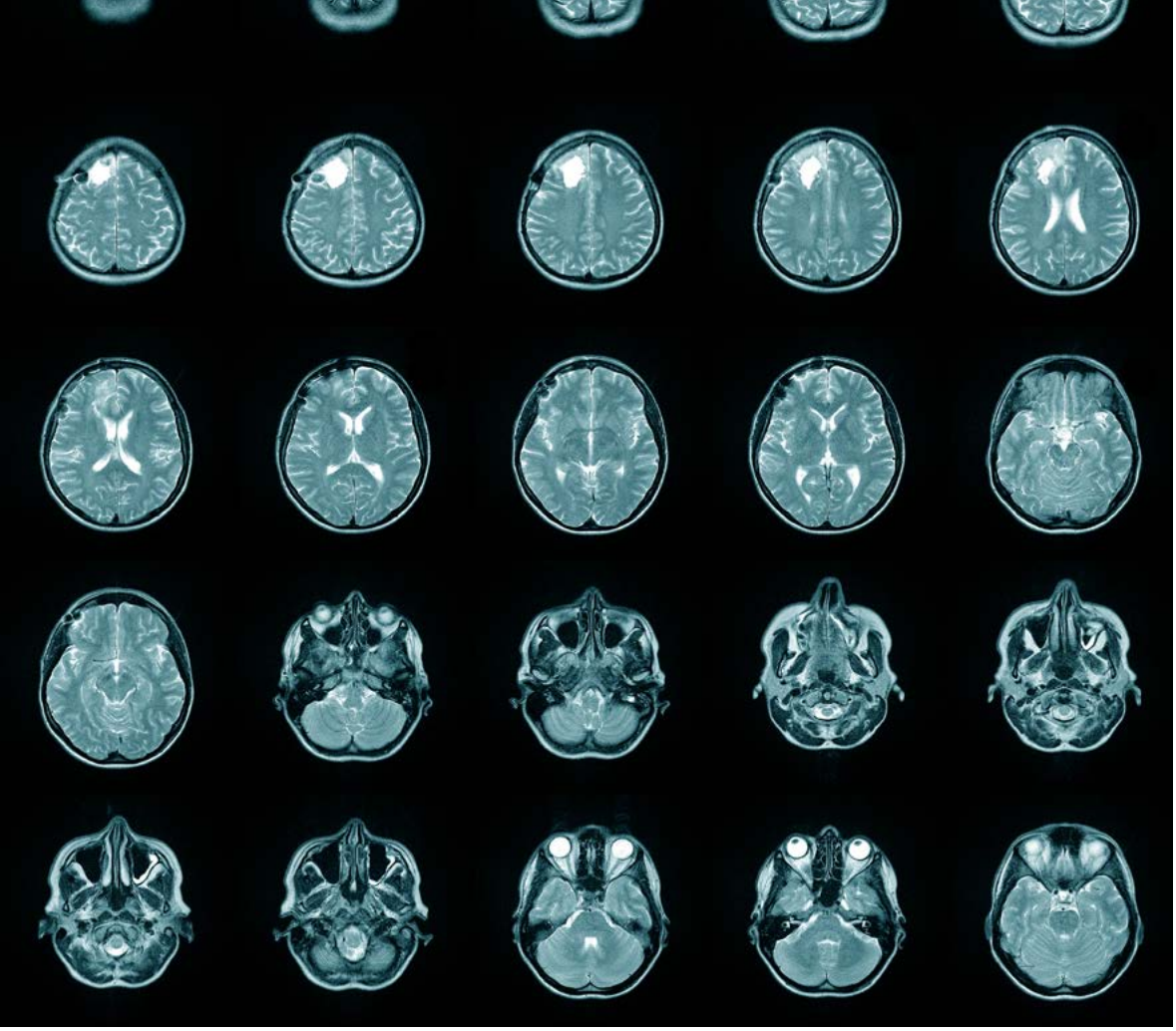
Early 1960s research in psychophysiology relied on several methods of quantifying the stress response, including measuring changes in heart rate, respiration, and electrodermal response (such as with polygraph machines to gauge the subtle stress markers that may indicate that a person is lying).[1]

By the 1970s, heart rate variability (HRV) entered the scene, offering a new level of sophistication by measuring the minute but healthy change (variability) in the interval between each heartbeat as a marker of stress resilience and optimal vagal tone.[2]

With significant refinement to the technology over the last few decades, HRV has become the dominant player in the emerging science of biofeedback, allowing the user to precisely track the stress and relaxation response in real time. The health of the parasympathetic nervous system can be read like an open book in the heart's variability, with HRV acting as an explicit indicator of vagal tone. The HeartMath Institute is on the forefront of HRV testing, churning out research and scaling HRV-measuring technology so that precise and affordable devices are now available to consumers.[3]

In an outpatient setting, conventional medicine favors brain imaging through functional





MRI (fMRI) or single-photon emission computed tomography (SPECT) scans to visualize central nervous system health, while bloodwork is the standard for determining hormone levels. These methods are well-validated for diagnosis, but they have flaws. One problem with using bloodwork to assess hormone levels is that hormones travel bound to proteins when circulating in the bloodstream. Only by extrapolation can active levels of hormone levels be assessed, if at all.

To measure active or free levels of cortisol, sampling saliva is a method preferred by holistic healthcare providers. When I began private practice, I ordered cortisol panels that required the patient to collect a saliva sample (spit in a tube) four times a day to graph the rhythm of cortisol release. Cortisol is highest in the morning, peaks shortly after rising, slopes downward through the day, and is lowest at night as melatonin rises and the body prepares for slumber.

In those early days of cortisol testing, a four-point saliva panel was a game changer. Testing a patient with a diagnosis of chronic fatigue often revealed a flatlined cortisol rhythm, with a total cortisol level below average. This led to the then-vogue diagnosis of adrenal insufficiency (or adrenal fatigue).

Another common pattern observed is an inversion, whereby cortisol is low in the morning and spikes in the evening. This illustrates the classic "wired-and-tired" patient who experiences nonrestorative sleep—waking tired and needing stimulants (caffeine) to get going in the morning, only to find themselves "jacked up" and unable to wind down at the end of the day (evidenced by the evening spike in cortisol).

These assessments were convenient and directed successful clinical interventions, but they were not the most precise in terms of what is happening at the level of cellular human physiology. The true clinical picture became clear with the inclusion of urine testing to measure metabolized levels of hormones such as cortisol, estrogen, and progesterone. Introduced by the lab Precision Analytical, the dried urine test for comprehensive hormones, or DUTCH test, utilizes four urine samples taken throughout the day to derive a daily cortisol rhythm while sussing out the amount of metabolized hormones that pass through the kidneys to be excreted.

Measuring cortisone (cortisol deactivated in the colon, kidneys, and salivary glands) in addition to cortisol led to an important clinical discovery. Some patients previously diagnosed as having adrenal insufficiency turned out to be excreting high levels of cortisol metabolites. It wasn't an issue of a lack of cortisol, rather, there was a lack of communication between the brain and glands to properly regulate hormone levels. This led to the more precise diagnosis of HPA-axis dysfunction, denoting the disharmony inherent from chronically elevated levels of cortisol that downregulate signaling hormones in the brain.

These patients were producing adrenal hormones, sometimes excessively, but the net effect on the body was a decreased action of those hormones at the appropriate sites. This is analogous to the vigorous production of insulin, yet lack of cellular response to shuttle sugar into the cells in patients with type 2 diabetes.

Metabolized hormone levels are an important piece of the puzzle, but because saliva was still relevant to assess adrenal resilience, Precision Analytical added another metric, using four saliva swamples to derive what is known as cortisol awakening response (CAR).

Measuring CAR involves taking three saliva samples within the first 60 minutes of rising to see how vigorously and appropriately cortisol surges and how that effect is maintained during the initial timeframe of waking. Research

suggests testing CAR is a clinically relevant assessment of adrenal health.[4,5]

The rhythm of cortisol release is predictive of stress resilience. The door swings the other way too, with a dysregulated cortisol rhythm suggestive of disease. One study indicated an abnormal or flattened cortisol rhythm is predictive of early mortality from breast cancer.[6]

Testing cortisol can also serve as a proxy to assess potential environmental stressors. One paper showed how prolonged exposure to fluorescent lamps appreciably lowered cortisol levels. Readers of my first book, *Cancer and EMF Radiation: How to Protect Yourself from the Silent Carcinogen of Electropollution*, will not be surprised by this revelation, given the detrimental electromagnetic field emitted by fluorescent lights.[7]

The reverse has been studied. Early morning bright light exposure raises cortisol to healthy levels, while alterations to circadian rhythm through shift work or daylight-saving time affect optimal cortisol output.[8,9]

An important point to make at this juncture is that testing guides treatment in the context of a patient's overall health. There is no one-size-fits-all approach, and wise holistic healthcare providers are cautious to pursue treatments that tweak hormones based on lab results alone.

An important point to make is that testing guides treatment in the context of a patient's overall health.

Hormesis reigns supreme with hormone balance. Too much cortisol is as problematic as too little. Elevated norepinephrine is key to survival when the sympathetic nervous system is activated, but chronically high levels can lead to hormonal chaos.

It is possible to "bio-hack" these hormones with chemical therapies, from amino acids to prescription drugs. Beta blockers will blunt the effects of elevated norepinephrine at the cost of side effects inherent from altering normal human biochemistry.[10] For cortisol, phosphatidylserine lowers elevated levels and hydrocortisone replaces and suppresses output.[11]

These substances all have their place and can be important tools, provided that dependency does not ensue from their use. This is especially true of hydrocortisone, as doses above physiological limits released by the adrenal glands cause a profound downregulation of the body's ability to produce cortisol. For this reason, high doses of steroid drugs are prescribed with a gradual tapering of dosage over several days (if not weeks). Failure to do so may lead to the iatrogenic version of Addison's disease when the adrenal glands fail to rebound following pharmaceutical suppression.

Herbal medicine offers a wise approach to managing hormone imbalances, not because

nature's pharmacy is inherently safe (though often it is), but because many herbs that address hormone problems are normalizing, meaning they can signal the brain to either raise or lower hormone levels depending on need. These responses occur within the body's design and don't force biochemical reactions like a drug does. To learn more about the safe use of adaptogenic herbs, consult a licensed healthcare provider educated in functional or integrative medicine.

Portions of this article have been excerpted from Brandon's book, *Cancer, Stress & Mindset: Focusing the Mind to Empower Healing and Resilience,* available on his website BrandonLaGreca.com and through online retailers.

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Brandon LaGreca, LAc, MAcOM, is a licensed acupuncturist in the state of Wisconsin and nationally certified in the practice of Oriental medicine. In 2015, Brandon was diagnosed with stage 4 non-Hodgkin's lymphoma. He achieved full remission eight months later by following an integrative medicine protocol that included immunotherapy without the use of chemotherapy, radiation, or surgery. Brandon is a thought leader in the synthesis of traditional and functional medicine, having written numerous articles on the subject. He is the author of *Cancer and EMF Radiation: How to Protect Yourself From the Silent Carcinogen of Electropollution, and Cancer, Stress & Mindset: Focusing the Mind to Empower Healing and Resilience*, He shares his thoughts at EmpoweredPatientBlog.com.

Insights and Lessons the Air Force Taught Me for a Better Life

By Chaplain, COL USAF (RET) Rabbi Joel R. Schwartzman

I am now many years removed from the stresses of Air Force life. Nonetheless, I remember many of the lessons that the military imparted to those who would listen, especially the Type A's who determined that they didn't want their careers to end in heart attacks and strokes.

The first of my insights was that there was a direct connection between eating and sleeping in that if one didn't eat, they would not be able to sleep…. or at least, they would not be able to sleep well. For me, I must add that if I eat too late in the evening, I won't sleep well either. Connecting somatic elements was and continues to be an important key to dealing with the pressures of daily life.

The second lesson involved getting enough exercise. The Air Force gave us an hour each working day to work out. For me, this involved running on a treadmill or, weather permitting, some outdoor path. The habit has stuck with me over the years, and to this day, I try to put in at least 35 to 45 minutes of treadmill walking, followed by stretching and toning exercises. The fact is that what often seemed unsolvable dilemmas that had arisen in the morning were somehow less daunting after a run and some lunch. At least, they caused less tension and often became more manageable as I jogged and thought about them… even indirectly.

I am not one who found prayer helpful in reducing the stresses of daily life, although I knew some people who did. I frankly put more faith in concentrating on my breathing, a function of having learned biofeedback, than by reciting a set of prayers. The calming influence of closing my eyes and consciously moving the tension down from head to my extremities was extremely helpful, especially at times when I was under great pressure to get a job done.

Learning something about the psychology of winning and monitoring self-talk was another important aspect of controlling stress and using it in constructive ways. Part of making my Air Force career so creative and overall successful was the setting and achieving of personal goals and always celebrating their attainment. The downfall of many workaholics is their inability or unwillingness to stop and relish what they have accomplished. Driving themselves and others without respite is just purely

unhealthy. It creates an endlessly stressful environment and too often, leads to burnout.

Short frequent vacations are often the antidote to feeling overtaxed and psychically tired. Taking too long a vacation often leads to greater stress when one returns to what had piled up in one's absence. Preparing a proper calendar that includes "times out" from the job is beneficial. So too are small breaks in the day, which have recently been found to be restorative.

Lastly, listening to one's body is critical. Our bodies let us know when life is out of balance. Having an annual physical is an essential element in monitoring and maintaining one's health. Wondering about anomalies and what may seem to be abnormalities, but doing nothing about them, is simply unwise. If in doubt, seeing a doctor in whom you trust can quiet fears and head off problems by nipping them in the bud.

Stress does not have to be the sole driver in a workday. When managed properly and effectively, it can lead to great productivity. Left to its downsides, stress can lead to a miserable work environment with great detrimental effects.

The fact that I am retired and am still enjoying hiking and skiing into my late seventies is largely due to the habits I learned from what the military taught us. I attribute my relatively pain-free life to the pathway I was able to establish by heeding the simple advice I picked up and was able to apply along the way. I am ever grateful for those insights and lessons.

ABOUT THE AUTHOR

Rabbi Joel R. Schwartzman has been a Reform rabbi for over forty years. Born in 1946, he holds a Bachelor of Arts in Philosophy from the University of Cincinnati. He earned his Bachelor of Hebrew Letters, Masters of Hebrew Letters, and Doctor of Divinity, honoris causa, from Hebrew Union College in Cincinnati, Ohio.

After twenty-three years of military service, Rabbi Schwartzman retired at the rank of Colonel in September 1998. From July 1999 to July 2000, Rabbi Schwartzman was Associate Rabbi of Temple Sinai in Denver, Colorado. For a decade he served as the Rabbi of Congregation B'nai Chaim in Morrison, Colorado.

Rabbi Schwartzman has published articles in *The Denver Post, The Rocky Mountain News, The Summit Daily News, The Intermountain Jewish News, Chaplaincy Magazine, The JWB Circle,* the *Central Conference of American Rabbis Journal*, and other publications dealing with Judaism, the military chaplaincy, and social justice. He has published sermons in *The American Rabbi* and *Torah Fax*.

Rabbi Schwartzman is married to Ziva (nee Marx) and they have two children, Dr. Micah Jacob and Rabbi Ilana Rachel, and four grandchildren. He enjoys playing guitar, singing, hiking, bicycling, and skiing, absolutely loves working with children, and relishes teaching Judaism.

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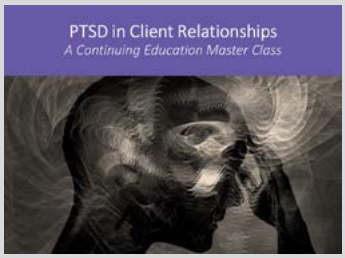

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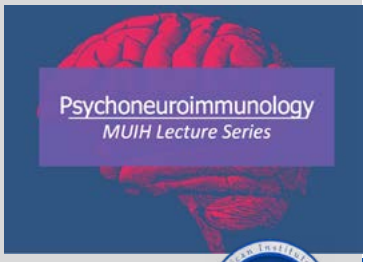

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