

The American Institute of Stress

COMBAT STRESS

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

Volume 9 Number 2

Summer 2020



Wake up America!

Honoring Our Heroes and Protectors



The mission of AIS is to improve the health of the community and the world by setting the standard of excellence of stress management in education, research, clinical care and the workplace. Diverse and inclusive, The American Institute of Stress educates medical practitioners, scientists, health care professionals and the public; conducts research; and provides information, training and techniques to prevent human illness related to stress.

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

COMBAT STRESS

We value opinions of our readers.

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.

Combat Stress is archived online at stress.org. Information in this publication is carefully compiled to ensure accuracy.

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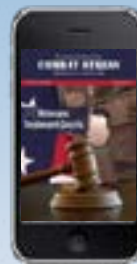


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The American Institute of Stress is a 501c3 non-profit organization, headquartered in Weatherford, Texas. We serve the global community through both online and in-person programs and classes. The Institute is dedicated to advancing understanding of 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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CONTENTS

Volume 9 Number 2

Summer 2020

- 6 **Editor's Message**
By Kathy Platoni, PsyD, DAAPM, FAIS
- 8 **Courage Really Is Beautiful**
By Officer (RET) Tom McMurtry
- 14 **Victim Impact**
By Sgt. Bill Titley
- 18 **Mass Attacks and COVID-19: A Military Perspective**
By Gary M. Jackson, PhD
- 28 **Yellow Journalism - Part II**
By Charlie Bass, MS, PhD, MD, (Lt. Col., U.S. Army, Retired)
- 34 **River to Recovery**
By Ryan Pepper and Johanna Miller MA, LPCC
- 40 **Adverse Effects of Trauma-Focused Therapies (Part 1)**
By Louise Gaston, PhD, FAIS
- 48 **Living with PTSD - My Story of Survival, Falling Down the Well, and Finding Hope**
By Lisa Wright, Attorney at Law
- 54 **How the Best Handle Stress - A First Aid Kit (Part 2)**
By Ron Rubenzer, EdD, MA, MPH, MSE, FAIS
- 66 **Three for Three: A Preliminary Report of Scuba Diving as an Effective Treatment for PTSD - PTSD Progress Through Scuba Diving**
By Kevin James
- 70 **Thank You**
By Merissa Kelley

Editor's Message

By **Kathy Platoni, PsyD, DAAPM, FAIS**

COL (RET), US Army, COL, Ohio Military Reserve/State Defense Forces

Editor, *Combat Stress Magazine*, Dayton SWAT, Member, Ohio Veterans Hall of Fame



Words defy what is becoming of our beloved country. From pandemic to pandemonium, the direction taken by sinister forces underway have attempted to shred the fabric of America by destroying not only our history, but our identity. This sets a precedent of anarchy and lawlessness, reminiscent of Nazi Germany. Treachery and treason are poisoning the roots of our independence and those basic freedoms that once made us the

most powerful nation in the world. This is not the time to play ostrich or to remain indifferent and ignorant, as the consequences will be dire, allowing corruption and evildoing to reign supreme. Remaining asleep at the wheel is unaffordable. Wake up, America! Our summer issue takes issue with much of what is dominating our existence, as our beloved country cries for what is becoming of us.

In the summer of 2020, we celebrate the retirement of **Officer Tom McMurtry**, this time from the Sinclair College Police Department after his brilliant military career as a US Army paratrooper, with yet another set of superb contributions that speak to the subject of the impact of tragedy and trauma as this applies to the brave and courageous that wear the uniform, whether military or law enforcement. He also takes the reader on an up close and personal journey through the violent protests in Dayton, Ohio and that are now in an upswing, dominating our communities and our country.

Another of our local heroes is also featured in this issue, **SGT Bill Titley** of the Fairborn, Ohio Police Department. SGT Titley, a renowned author, speaker, and law enforcement educator, will take our readers to a place where most readers will never tread with his victim impact statement at the sentencing of the suspect who made a lethal attempt on the life of SGT Titley. Few will ever walk in the boots of officers involved in deadly force

encounters. SGT Titley's account will take you directly to the scene of his second officer involved shooting, leaving the reader breathless.

Dr. Gary Jackson, distinguished clinical psychologist and international expert on the subject of mass shootings, former Secret Service agent, CIA agent, and my best all time boss 44 years ago at Sunland Training Center in Opa Locka, Florida, has provided our readers an ominous and alarming insight into the impact of mass attacks on the global stage from a military perspective. His insights into the opportunism underlying the COVID19 epidemic as a weaponized viral attack on the world's population are astounding and based upon facts and not media sensationalism.

Returning author, **LTC (RET) Charlie Bass**, physician and clinical psychologist, further expands upon Dr. Jackson's findings in his astonishing piece surrounding the issue of yellow journalism, revealing the unspeakable truths that vast numbers of our population refuse to acknowledge. As with Dr. Jackson's article, this is another wakeup call for which America has been waiting.

In my travels I have been so very fortunate to cross paths with a number of brilliant clinicians and those, who even as non-Veterans, have devoted their lives to the welfare and recovery of one of our most precious resources.... our military Veterans. **Johanna Miller, MA, LPCC**, and

her husband **Ryan Pepper**, are two such heroes. As coordinators for the Northeast Ohio Chapter of Team River Runner, founded at Walter Reed National Military Medical Center, and creators of the annual Veterans Kayak Football Challenge, our readers will be far beyond amazed at the accomplishments of this legendary couple to bring healing and recovery to a large population of Veterans, even those with severe disabilities sustained in service of their country.

One of our most celebrated authors, **Dr. Louise Gaston**, has returned to contribute yet another striking expose' concerning the overlooked and underreported negative effects as this applies to trauma-focused therapies. Her perspective should serve as a staggering alert for those who apply these therapies indiscriminately.

Attorney **Lisa Wright**, former law enforcement officer and homicide investigator for the Houston Police Department, has come forth to share the devastating impact of surviving a home invasion and officer involved shooting at her own home, one of the most horrific and life-altering experiences ever to be faced by those charged with guardianship of the public safety. This is a story of recovery, of hope, and of overcoming what many will never have the courage to undertake.

A continuously generous sort, **Dr. Ron Rubenzer** has gifted us with another book chapter from his recent publication, *How to Best Handle Stress - Your First Aid Kit*. Chapter Two - Attitudes, Breathing and Choices is a must read for the difficult and dark times that all of us are facing, whether first responder, Service Member, Veteran, family member or clinician. This simple step-by-step guide offers invaluable guidance for the living and breathing.

International scuba expert **Kevin James**, a diehard devotee of the healing powers of scuba therapy, details his discovery of the powerful bearing of this form of intervention in PTSD recovery. This exceedingly generous man has made it possible for any number of military Veterans to attend his training without cost and to find a degree of peacefulness underwater that has eluded them above ground, restoring hope to souls so battered by war.

We will conclude the summer issue with another gift presented to us, a tribute to military service poem created by **Merissa Kelley**, whose father retired from the United States Air Force in 1974. Her gratitude for his military service, as well as all those who serve, is so aptly woven into her striking words.

Profuse thanks to all of our authors, whose contributions can be only be considered exceptional, as is their dedication to the welfare of humanity at large.

Your Editor,

Kathy Platoni, PsyD, DAIPM, FAIS
COL (RET), US Army
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Editor, *Combat Stress Magazine*
Dayton SWAT
Member, Ohio Veterans Hall of Fame

Dear Friends,

I (and much of the world) was horrified at the murder of George Floyd last week. Unsurprisingly, protests have erupted across the country, around the world and in Dayton, Ohio. These protests have been large and passionate and therefore have necessitated that protectors (law enforcement and others) also be present to try to prevent people from getting hurt and property from being destroyed.

Because these two groups (the protesters and the protectors) occupy the same time and space, they are forced to communicate with each other. Talking seems to be easy but listening seems to be a real problem. This creates frustration and impatience between the groups, which leads each group to use things other than their voices to attempt to make their point.

As I watched this play out on Third Street in front of Sinclair College on Saturday, 30 May 2020, I tried to think of some way to improve communication so that everyone felt heard and everyone got to go home safely. What can be done to replace frustration and impatience with understanding and calm? I have had no breakthroughs, so I have done what I have learned to do. I have written down my thoughts and hope that the breakthrough will come later.

Attached are those thoughts. If any of you brilliant people can come up with the good ideas that I have not had. Please pass them on.

Tom McMurtry
(one of the protectors)

Courage Really Is Beautiful

(Combat Level Stress Among Medical Workers Battling the Covid-19 Coronavirus)

By Officer (RET) Tom McMurtry, Sinclair College Police Department, Captain (RET), U.S. Army Special Forces

While watching television a few nights ago, I happened to see a Dove soap commercial meant to honor front line medical workers called, 'Courage is Beautiful'. It opened with a woman in blue gown and gloves who I thought I recognized. A few pictures later, I thought I might have met the young black man with a mask around his neck. The 30 seconds ended with me looking into a pair of strangely familiar dark eyes. That is when I realized that it was not the faces that I knew. It was the look on their faces I had seen before. Many of those health care warriors had a long unfocused stare, as if they were looking at something a

thousand yards to the front. Their eyes were set into faces that were unwashed, with hair that was unkempt. Many of the faces had deep marks left by wearing the same mask way too long. I had seen similar things in the faces of my Soldiers in Iraq. We were months into the war, with months to go and everyday seeming to be just like the day before. No matter how hard we worked, nothing seemed to get any better. No matter how many lives we lost, it didn't seem to make any difference. We couldn't run. We couldn't quit. All we could do was get up, show up and go to work the next day and the next day and the next day. We couldn't



tell if we were winning the war. Victory for us was doing our job, helping our buddies and staying alive until our tour of duty was over. At the end of long hard days, it was not unusual to see that same mental and physical exhaustion on the faces of my men.

I felt kinship and empathy for these medical professionals and wished I knew them and could talk to them; but what should I say? I could tell them they are not alone or that this too shall pass or thank them for their service. I remember returning from Iraq and being told, "Thank you for your service" by many well-meaning people. I tried to always be courteous and to acknowledge their gratitude. It was uncomfortable for me because of the enormous gap between the good I hoped to do and the good I thought I did. So, I pondered what I wished I had been told then and what I could now say to medical workers under combat level stress battling the coronavirus. I decided that I would thank them and then offer them three thoughts:

First, find someone to talk to and get help if you need it. I know that may seem like two different thoughts, but I have found them tightly linked. I am sure that you know healthcare workers who take justifiable pride in their physical and mental toughness. I know the type. After retiring from the Army, I became a police officer and a college professor. Rugged individuals in all professions tend to shake off problems rather than seek care. Years ago, I was training to run a marathon, when I felt something pull in my left calf. I tried to just walk it off, but days later I was still limping. My boss ordered me to have it checked out. I had a torn tendon, which caused me to be off work for a month and to miss the marathon. Had I sought care sooner, my recovery would have

been easier and shorter. There are many mental health indicators that should not be ignored, such as nightmares and flashbacks. I have had both and (regrettably) shook them off without seeking care. I know better now. I believe having a confidante is key. If you were to ask your co-workers how they are. I suspect most would tell you that they are fine. It may be true, but it also may not. Not all wounds show. A better (if somewhat awkward) question would be "Do you have someone to talk to?" If they say no, volunteer to be that person. If they tell you that they have someone at home to speak to, volunteer to be that person at work. Listening is also providing care and may lead those who need professional help to seek it. There is enormous pride to be taken from what you do, as long as there is also absolutely no shame in asking for help.

Second, keep your humanity. This sounds easy enough. Both I and perhaps some of you became who we became because we wanted to make bad situations better and help people who were in trouble; even if it was just a little. Yet, a thick skin quickly develops, often followed by a hardened heart toward those who are in trouble. This is a natural and often necessary defense mechanism in order to maintain professional focus when things get hectic. I once left a young man screaming in pain to attend to someone who was not making any sounds at all. We push through these periods of great stress with trained emotional detachment. Those receiving care almost stop being people to those providing care. Having been a patient, I found the reverse can also be true. Those providing care can almost stop being people to those receiving care. I can't tell you how, but you need to find ways to keep your humanity. I have found small acts of kindness to

others in quiet moments to be extremely helpful. This will not only help you; it will also help those you serve to keep their humanity.

Finally, this experience will change you. Early in 2003 and only days before I deployed for the invasion of Iraq, I was given a two-day pass to spend with my family. As part of saying goodbye, I promised my wife that I would return to her and that the war would not break me or change me. My promise was heartfelt, well

intentioned and ultimately untrue. Nobody fighting their way through a war or a pandemic will emerge on the other side unchanged. Don't let this be a surprise or a disappointment to you. Whenever this is over, you will need to find your new normal and discover the new you. You are heroes. Know that you are loved and respected by many, many people who may never get the chance to tell you. Thank you for your service and your beautiful courage.

The Thousand Yard Stare

(Inspired by the faces of the medical workers fighting to save victims of the Covid-19 virus.)

It was in their eyes.

I've seen it before.

That long look.

That unfocused stare toward something a thousand yards to the front.

Their faces are unkempt, unwashed,
with marks that show, with marks that don't show.

I've seen it before.

But we were Soldiers then.

It was months into the war, with months yet to go.

Everyday seeming to be like the day before.

No matter how hard we worked, nothing seemed to get better.

No matter how many lives we lost, it didn't seem make any difference.

We couldn't run.

We couldn't quit.

All we could do was
get up, show up and go to work
the next day
and the next day
and the next day.

It was in their eyes.

I've seen it before.

Captain Tom McMurtry

U.S. Army Special Forces (ret.), Sinclair Community College Police Department

Protesters and Protectors

(These call and response conversations occurred on Saturday May 30, 2020, Dayton, Ohio)

Third Street in front of the Safety Building

On the North ramp to 1-75

<i>Protesters' calls</i>	<i>Protectors' responses</i>	<i>Protectors' (bullhorn) calls</i>	<i>Protesters' responses</i>
"No justice, no peace."	(no response)	"This is not part of the approved protest route."	(yelling and moving forward up the ramp)
"No racist police."	(no response)		
"Say his name."	(no response)	"You will not be allowed to block the Interstate."	(yelling and moving forward up the ramp)
"George Floyd."	(no response)	"If you do not leave, you may be arrested."	(yelling and moving forward up the ramp)
"RACIST PIGS!"	(no response)		
"MUDERERS!"	(no response)	"If you do not leave, tear gas will be used."	(yelling and moving forward up the ramp)
(throwing water bottles)	(no response)	"If you do not leave teargas will be used."	(yelling and moving forward up the ramp)
(throwing rocks)	BANG. POP. (teargas)		
(screaming and running)	(no response)	"If you do not leave, tear gas will be used."	(yelling and moving forward up the ramp)
		BANG. POP. (teargas)	(screaming and running down the ramp)

Officer Tom McMurtry

ABOUT THE AUTHOR

Officer (RET) Tom McMurtry, Sinclair Police Department, has served as a patrol officer for almost 15 years. He came to police work late in life, attending the police academy at the age of 49. He has served as a Field Training Officer, Evidence Technician, Crisis Intervention Officer, and bicycle mechanic. He received the Distinguished Action Award for his response to the mass shooting in the Oregon District of Dayton, Ohio on August 4, 2019. Officer McMurtry retired from the Sinclair PD in July of 2020.

Captain (RET) Tom McMurtry, U.S. Army Special Forces served on active duty and as a reservist for more than 30 years. He was a paratrooper for 24 years and participated in the invasion of Iraq in 2003. He is the recipient of several awards including the Bronze Star, Meritorious Service Medal, Army Commendation Metals, Army Achievement Metals, Master Parachutist Badge, HALO Parachutist Badge and the Special Force Tab.



Dear colleagues, co-workers and friends,

I am retiring today, and I wanted to take a moment to thank you for the many kindnesses I have received while working here. I have had amazing opportunities to learn and grow both professionally and personally during my 15 years of service as a police officer, which has included many interesting calls for service. I have found the lost parents of a small child and the lost diamond ring of a faculty member. I have stopped j-walkers and bad drivers. I have chased a deer out of Lot C and helped a mother duck get her ten ducklings across Fifth Street during fall traffic. I have fought to save life and won. I have fought to save life and lost. I have laughed from the back of the room during town hall meetings and I cried when I was thanked for my response to the Oregon District mass shooting. My time here at Sinclair has been fulfilling and rewarding. When combined with my time in the U.S. Army I have served as a 'protector' for 46 of my 65 years. I can think of no better way to have spent my adult life. It has been a great run.

*Thank you again and goodbye,
Officer Tom McMurtry*



Victim Impact

By Sgt. Bill Titley

Man pleads guilty in Fairborn officer shooting

Fairborn, OH

| Dayton Daily News | 02-25-2020

FAIRBORN – A man accused of shooting a Fairborn police officer and prompting an overnight standoff pleaded guilty to attempted murder Wednesday in a Greene County court. Luke Easterday, 19, of Fairborn, is facing up to 19.5 years in prison, according to our news partners at WHIO. – In April, Easterday shot Fairborn police Sgt. Bill Titley in the arm, prompting a standoff that lasted nearly seven hours.

Your Honor,
In preparation for this hearing I was asked if I wanted to make a victim impact statement. At first, I wasn't sure if I would but the more I thought about it the more convinced I became it would be necessary to have my opinion known.

Because you are also a public servant who, by definition, serves and gives of yourself, I know you already understand about what I am speaking. Because of this, I'd like to address my remarks to Luke Easterday.

Luke Easterday, we are both men and can make any choices we want - at any time. We have each made our own choices. I chose law enforcement. To serve and protect is the American law enforcement motto. All my brothers and sisters in this room live by that, every day, all day.

To serve is to give of yourself for someone else. To protect is to shield others from harm. As a police officer since 1994, I have proudly served and protected my community. I have given of

myself, given my talents, given my intellect, given my time, given my family's time, given my safety, all for the hope of a safe and happy community.

The two assignments I'm most proud of are serving the schools and serving on the tactical team. I served in the Fairborn City Schools for more than a decade, protecting and serving the students and staff.

I served on the tactical team for more than 16 years, giving my time, often in the middle of the night or being pulled away from a family

event, to protect others and save lives.

Nearly my entire adult life has been spent giving of myself for others and protecting those in need. Serving and protecting were MY choice.

luke easterday, by contrast, you have chosen to define your life by continuously TAKING, with 3 repetitive actions:

1. Those of a predator,
2. A coward,
3. And a criminal.

A Predator is defined as a person who exploits or preys on others. For years, even before you came to Ohio, you have preyed upon innocent people. Your juvenile court record (and now adult) is full of these actions.

luke easterday, you have stolen from people, you have threatened people, you have assaulted people - human beings who have feelings and loved ones, and who work for what they have.

The night you tried to kill me you preyed again; first on your fellow drug dealers and users, then upon me.

When you plead guilty to trying to kill me, you told the deputy I didn't look "that messed up for being shot." What did you expect to see? Me cowering and frail?

Speaking of cowardice, your actions have defined you as a coward, luke easterday. You threaten people, hurt people and steal from people, then you run, you run and hide. The night you tried to kill me was not my first encounter with you. Months earlier you had threatened a store clerk. You threatened his life because he banned you from his store. Why? because he was afraid of you and your actions. luke easterday, that night, after you threatened him you ran, as a coward, to your aunts' home. Then, when approached by my fellow officers

and I, you tried to run again, as a coward.

The night you tried to kill me, you had shot at other people, and as usual, run away to a house full of children as a coward would. When approached by my fellow officers and I, you chose to lean out the window and try to kill me. You shone a light on me, aimed your gun at me, and shot me - someone who has done nothing but serve and protect. You knew you were shooting a police officer, but you didn't care.

As soon as you did, you again hid, as a coward. You didn't stay, you hid - you cowered, afraid to face someone who wasn't afraid of you or who you couldn't take in a fair fight.

Once in custody, you told several officers you blacked out due to drugs and "didn't

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remember" what happened. Again, the statements of a coward. A coward who takes no responsibility for his own actions and a predator who shows no remorse.

The actions of your whole life thus far have also defined you as a criminal, luke easterday. I've already said it, but it is worth repeating, just like you have repeated your actions time and again; you steal from people, threaten people, and hurt people to get what you want.

After you plead guilty, you told the deputy you were not a criminal, but your lifelong choices say otherwise, luke easterday.

The night you tried to kill me, you didn't steal my money and you surely didn't scare me. What you did was far more important to me. You took from me full use of my elbow and hand. You took my position on my team, the one I had dreamt of being a part of for my full career, the one I worked so hard to get on, stay on, and improve.

You shattered my family's feeling of security, nearly taking me from them with your predatory, cowardly, and criminal act.

luke easterday, you will pay for what you have done to me, to my family and to this community.

When you do get out, my brothers and sisters in law enforcement, yes, the same ones who protect and serve, will be waiting on you to try to prey on innocent people again.

luke easterday, I pray that you will use the time in prison to reflect on your life thus far and change the choices you make for the rest of it.

I forgive you luke easterday. I forgive you for everything that you've taken from me, I forgive you for your cowardly acts against myself and others and I forgive you for what you almost took from those who love me.

luke easterday, I forgive you, yet I can assure you that if we meet again, but this time in a fair fight, the outcome for you will be vastly different.

ABOUT THE AUTHOR

Sgt. Bill Titley is a 24-year law enforcement veteran and survivor of two deadly force encounters.

Bill has served with the Fairborn Police Department for the last 22 years. He holds a Master of Science in Education from the University of Akron and is an adjunct professor at the University of Findlay. Bill is also an OPOTA certified police instructor, including firearms and special tactics. Additionally, he is a co-author of the State of Ohio's Solo Officer Response to Active Threat (SORAT) program.

He served as a member of Fairborn Police Department's regional SWAT team for the last 16 years. With SWAT, Bill served in a variety of roles including sniper and team leader.

In addition to Bill's law enforcement experience and teaching, he owns a private company that conducts threat assessments and active aggressor training for school and church administrators.

SGT Titley can be reached at trainedsafe@gmail.com.



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Mass Attacks and COVID-19: A Military Perspective

By Gary M. Jackson, PhD

Unfortunately, we all are too familiar with mass attacks. We may have a loved one who was killed or injured, we may have survived a horrific attack, we may have suffered injuries ourselves, we may be coping with the stress effects and fear associated with an attack, and we may be suffering from recurrent and frequent thoughts and images of attackers slaughtering innocent victims. We are also affected by the relatively simple act of watching the incessant and graphic media coverage of attacks, often in progress. We may also be fearing the future. The topic is enormous, complex, and evolving. I take this opportunity to focus the topic on the U.S. military and what we could expect in the future.

First, we must confront confusion. There is no universal agreement on such definitions as mass attacks, mass shootings, mass casualty attacks, mass victim attacks, or active shootings. There are a multitude of similar terms and they are defined differently. There is a saying among many of us who study violent attacks that there are as many definitions as there are experts. Because I am focusing on mass attacks specifically on the military, which can include any type of weapon, I define the term mass attack from the perspective of the purpose of the act and not the type of attack or weapon used, regardless of the number of fatalities. Most definitions include at least three or four killed, not counting the attacker(s). Focusing on the purpose of the attack, I have defined a mass attack in the following way:

A mass attack is a planned individual or multiple perpetrator violent assault directed at a group of typically innocent people, using recognized or improvised weapons for the sole purpose of killing as many people as possible in the shortest amount of time.

Why put Covid-19 and mass attacks in the same sentence? Retired four-star General John

(Jack) Keane was the former Chief of Staff of the U.S. Army. Highly respected, on March 10, 2020, President Donald Trump awarded him the Presidential Medal of Freedom. General Keane stated on a TV network news interview on May 29, 2020 that President Xi Jinping of China had weaponized the Covid-19 virus. General Keane stated in that interview, "I mean, [Xi] actually used that disease to spread it around the world because he thought it would destroy Western democracies' economies, and he's been able to accomplish that."¹

As the virus surfaced and began to spread within China's City of Wuhan in the latter months of 2019, domestic travel from that region within China was abruptly halted and residents ordered to shelter-in-place, while international flights out of the city and surrounding area were allowed. Medical specialists were prohibited from sending out warnings about the virus and forced to recant any warnings if made. These acts protected China, while encouraging spread of the contagious virus throughout the rest of the world, fueled by international flights from the contagious area. At the same time, China gathered and hoarded necessary personal protective materials from around the world, solely for use within China.

Investigations are occurring and evidence continues to be gathered in a concerted effort by U.S. and United Kingdom Intelligence services.



Regardless of whether the Covid-19 pandemic began as an accident followed by Communist party opportunism, or a virus spread with full malicious intent, the effect is the same. We no longer need to speculate about the impact and consequences of a large-scale biological mass attack – we now know what can happen, and the military has not been immune. Now, adversaries worldwide also know the devastating effects of a virus spreading throughout the West.

While some of us have experienced mass attacks, either as observer or victim, we all have experienced the consequences of the rapidly spreading Covid-19 virus. Hundreds of millions in the U.S. have sheltered in their homes. If fortunate, some have been able to work from home; however, many millions lost their jobs, and many have lost their lives. We all learned to socially distance from others, wear masks, wash hands incessantly and how to prevent entry of the virus into our homes, while expert advice changed frequently. At the time of writing this article, 1,909,077 people in the U.S. have contracted Covid-19 and of these cases, 109,497 people have died.

The indirect effects of Covid-19 magnify the consequences of the spreading virus – it is not just about the virus itself, as detrimental as it is to humans. It is well known that the type of isolation associated with forced sheltering-in-place is associated with diminished mental health. In a March 2020 Kaiser Family Foundation survey, 47 percent of those sheltering-in-place reported negative mental health effects.² Unfortunately, we are experiencing increases in stress, depression, suicide, domestic abuse, child abuse, and addictions. The severity and speed of economic damage is unparalleled in our country's history.

Our Military, Families, and Friends

U.S. military members are no strangers to mass attacks or Covid-19. We must always remember: each victim represents numerous severely affected family members and friends. The numbers affected far outweigh the number of victims reported. Table 1 displays mass attacks targeting the U.S. military. The data presented excludes any personal one-on-one disputes or crimes of passion.

Typical mass attacks are perpetrated by different types of attackers who use a variety of attack methods, diverse targeting, and various weapons. There is International Terrorism (e.g., the 9/11 attack), Domestic Terrorism (e.g., Major Nidal Hasan Ford Hood attack), Self-radicalized Terrorism (e.g., Chattanooga Marine and Navy Recruitment Center Shooting), attacks driven by mental health issues (e.g., Sandy Hook Elementary School), and attacks driven by hate/prejudice (e.g., Charleston Church shooting). Within the U.S., we have experienced mass attacks by all these types of attackers.

Weapons used during most mass attacks have included guns (typically semi-automatic pistols or assault-like rifles), bombs (small scale and large scale), sharps (knives, machetes), and vehicles to run over multiple victims simultaneously. There also have been mass attacks that combine weapon types into a single attack (e.g., bombing and shooting). In regions of the world where it is difficult for adversaries to obtain guns, the terrorist groups al-Qaida and ISIS have encouraged attacks using easy to obtain sharps, such as knives and machetes and rental trucks to run over crowds of people.

Mass attacks tend to be directed at a single

Mass Attacks at U.S. Military Installations ³						
Event	Attacker(s)	Date	Killed	Wounded	Attack	Weapon
Naval Air Station, Pensacola, Florida	Saudi in training, terrorist ties	12/6/19	3	8	Shooting	9 mm Glock 45
Pearl Harbor Naval Shipyard, Hawaii	US Navy Sailor	12/4/19	2	1	Shooting	M4 Service Rifle
Chattanooga, Tennessee Marine and Navy recruitment centers	U.S. citizen, self-radicalized	7/16/15	5	2	Shooting	AK-47, Saiga shotgun, and 9mm handgun
Ft. Hood, Texas	U.S. Soldier	4/2/14	3	16	Shooting	Smith & Wesson .45 caliber pistol
Washington, DC Navy Yard	Contractor/former U.S. Navy	9/16/13	12	3	Shooting	Remington Shotgun & Beretta M9 Semi-automatic pistol
Ft. Hood, Texas	Domestic Terrorist (U.S. Soldier, Psychiatrist)	11/5/09	13	32	Shooting	FN Five-seven & .357 magnum pistol
Little Rock, Arkansas Military Recruiting Center	Self-radicalized terrorist	6/1/09	1	1	Shooting	SKS rifle
Camp Liberty, Baghdad, Iraq	U.S. Soldier	5/11/09	5	0	Shooting	M-16
Camp Pennsylvania, Kuwait	U.S. Soldier, 101st Airborne Division	3/23/03	1	13	Multiple grenades	3 grenades
Pentagon/World Trade Center ⁴	19 Al-Qaida with 4 hijacked airliners	9/11/01	Pentagon 125 (2, 996 total)	25,000+	Coordinated suicide bombings	Boxcutters/knives & 4 fully fueled hijacked airliners
USS Cole - Navy Destroyer ⁵	2 Al-Qaida terrorists	10/12/00	17	38	Bombing	Al-Qaida Suicide Bombing using small dinghy with explosives
Fort Bragg, North Carolina	U.S. Army Sergeant	10/27/95	1	18	Shooting	AR-15. .22 long rifle, 9mm hi-power pistol
Fairfield Air Force Base, Spokane, Washington	Airman	6/20/94	4	23	Shooting	MAK-90 Assault Rifle
CIA Headquarters, McClean, Virginia ⁶	Pakistani National	1/25/93	2	3	Shooting	AK-47
U.S. Marine and French Barracks, Lebanon ⁷	Islamic Jihad	10/23/83	248 US (58 French Military)	142	Bombing	2 Suicide Truck Bombs

Table 1. Mass attacks targeting the U.S. military.

group of innocent and unarmed people of any age or gender. They are assaults and deadly. The use of four fully loaded airliners for suicide bombings in the 9/11 attack represent high yield explosives, killing almost 3,000 people across New York City, Shanksville, Pennsylvania, and Washington, DC. Although not as effective as planned, the Aum Shinrikyo terrorist group used Sarin gas to attack innocent travelers on a Tokyo subway in 1995 - 12 were killed and more than 1,000 were injured. These examples fit more properly under weapons of mass destruction (WMD). Such weapons can consist of chemical, biological, radiological, nuclear, and high yield explosives (CBRNE). These two examples

represent high yield explosives and chemical attacks, respectively.

Covid-19, or any virus, would be classified as biological (CBRNE) and we all can easily see why a biological attack would be considered a weapon of mass destruction (7,069,278 cases and 405,587 deaths worldwide to date - and still spreading). While more typical mass attacks are accompanied by obvious physical weapons that are recognizable, even at the last minute or immediately in the case of a bombing, a virus is not immediately detectable. It cannot be seen and may not be obvious until one is stricken with illness. A carrier may be asymptomatic, with no apparent signs that the virus is present,

and still be capable of transmitting the virus to others. It can be a weapon that has inflicted its damage before realization occurs - and then rapid defensive measures must be taken on a large scale to try to contain it. Table 2 show the current COVID-19 cases within the Department of Defense (DOD) and Table 3 displays the number of cases by U.S. military service branches.⁸

Covid-19 Cases within the DOD on June 10, 2020	
Military	7,408
Dependents	1,213
Civilians	1,691
DOD Contractors	777

Table 2. The number of Covid-19 cases within the DOD on June 10, 2020

Covid-19 Cases by Service on June 10, 2020	
Army	1,926
Air Force	634
Marines	618
Navy	2,633
Army National Guard	1,462
Other	135

Table 3. Covid-19 cases by military service on June 10, 2020.

As of June 10, 2020, 4,601 military members, 695 dependents, 964 civilians and 362 contractors have recovered. Of the reported 448 requiring hospitalization, fatalities consisted of 36 DOD-connected, three troops (Army-2, Navy-1) five military dependents, nine contractors, and 19 civilians.

The U.S. military eats, sleeps, works, and fights in highly dense quarters, a recipe for virus contagion. As a case in point, on March 27, 2020, the aircraft carrier USS Theodore Roosevelt docked in Guam because of a Covid-19

outbreak. On board, 777 of the 4800 Sailors had tested positive. Some were hospitalized and in April, the ship's first death occurred. At the time of docking, 25 other ships had reported Covid-19 positive cases.⁹

We must include CBRNE in our mass attack awareness. A successful biological attack is the perfect asymmetric warfare weapon. It is a means by which a very small coordinated

efforts can inflict heinous damage in a somewhat directed manner that can inflict millions and cause up to a million deaths in the long run, while decimating societies and families and seriously damaging physical, mental and economic well-being. A biological attack can spawn countless indirect deadly effects - all beginning without

warning to allow for a proper defense.

Covid-19 is a wake-up call. It caught us by surprise. We have learned much since the beginning of this year. We now need to implement prevention and safety measures, should an adversary unleash a biological attack in the future. Although a mass shooting and Covid-19 are quite different, they share commonalities: (1) use the element of surprise, (2) target anyone and everyone, and (3) show no mercy. Whether we are facing rapidly fired semi-automatic gunfire or an unseen virus, we

must know how to protect ourselves, how to survive, and how to cope with the aftermath.

What to Do?

We have available useful slogans to guide responses in mass attack scenarios, although most responses have been prepared for mass or active shootings. For example, "Run, Hide, and Fight" is used widely to describe what to do in a mass attack. "See Something, Say Something" is another popular slogan to remind us to report something unusual. Although useful, the slogans are a bit too simplistic - it is time to improve. If caught in a mass attack, just running as a first priority may not be

wise. One needs to know where to run and where not to run. Multiple fatalities have been found in restrooms after a mass attack because many ran there seeking safety, but most restrooms do not have exits - they are typically dead ends.

Also, one may need to know what to report and to whom. Our concern should be focused on suspicious behavior that has significant potential for harm if left unchecked. We cannot avoid reporting of serious threatening behavior of family or friends. If concerned, report anonymously. If there is an immediate threat, we report to 911. If it is suspicious behavior that could be threatening, local law enforcement should get the call.

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I studied past attacks and how people managed to survive.

For these reasons, among others, I have gone into detail on what to look for and what to do in my book, *Surviving Mass Victim Attacks: What to do when the Unthinkable Happens*.¹⁰ I studied past attacks and how people managed to survive. Strategies for survival surfaced. I emphasize Escape, Hide, Stay-in-place, and Fight Back. Rather than run, escape means to leave a place of danger and go to a place of safety. Hide means to place an obstacle between you and an attacker so that you are not seen or heard. Stay-in-place is only for small scale bombings - if one goes off near you. If you are injured, you do not want to just run and end up in the vicinity of a second bomb. Fight back means to attack back only as a last resort. These tactics are designed to counter threat. These points are relevant for a Covid-19 pandemic, as well. For example:

Escape: To decrease the probability of contracting a spreading biological agent, go to a safe location such as your home where it is unlikely the virus will be present.

Hide: Once in a safe place, remain sheltered and use sound health practices, such as washing hands thoroughly for at least 20 seconds repeatedly throughout the day, spray surfaces often with disinfectant, and practice social distancing. If you must go outside, always wear a mask.

Stay-in-Place: Remain sheltered until health officials announce stabilization of the virus and evidence that it is diminishing.

Fight Back: By following sound health practices, you are fighting back and helping to reduce the consequences of a contagious biological agent as it spreads and does damage. The more

people that stay free of serious virus effects, the more an attacker is

denied desired objectives.

In a more traditional attack (e.g., shooting, etc.), escape is always the first priority. Attackers are well armed, and confrontation is not likely to be successful. Hiding should be seen only as a temporary measure until escape can occur. Moving to safety and using hiding to eventually escape are keys to survival.

Any discussion of mass attacks targeting the military must include the obvious and serious need for policy changes. The fact that military bases are essentially gun-free zones, except for military police, is both ironic and absurd. This makes inflicting casualties horrifically easy, especially if there is no plan of escape. Any potential attacker at a military base or installation of any kind knows that, of all places, once inside, just pick a target and start shooting defenseless victims. We have witnessed scores of mass shootings in gun-free zones in this country, including schools and military bases. This must change. As schools and places of worship have started to have armed security, it is past time for our military to protect themselves on bases and installations.

Major Nidal Hassan, an Army psychiatrist, entered the Soldier Readiness Processing Center at Fort Hood, Texas on November 5, 2009. He was armed with FN-57 and .357 magnum pistols. His objective was to kill as many as possible, shooting random victims, then focusing on military personnel. This terrorist mass attack may be the prime example of our military being a gun-free zone. While he viciously shot and killed personnel, the bravery of the victims was nothing short of astounding. Fighting back by throwing

chairs, tables, and anything they could use to no avail, Hasan killed 13 before being shot and apprehended by military police.

The fact is that just this one attack can represent much of what is wrong with how we are approaching solutions for mass attacks. First, just as a physician must accurately diagnose an illness to prescribe the correct treatment, proper classification is a necessity. Ten years after the attack, presidential politics has kept this slaughter labeled as workplace violence, when it was clearly obvious that Major Nidal Hassan was a jihadist sympathizer with active strong communication and funding ties to Anwar al-Awlaki, known Jihadist terrorist. This one attack demonstrates the widespread suffering of survivors, as well as the consequences of losing 13 innocent victims and the indelible pain suffered by families and colleagues. The aftermath also demonstrates the struggle made by survivors to correct the inaccuracies.¹¹

Although it is not possible to provide tips for survival in a short article because most tips are specific to location, context, and situation, there are some that cut across all situations. I provide 12 here – six for typical mass attacks and six for Covid-19.

Mass Attack Awareness

1. Know yourself. Know your capabilities and be aware of any health condition that could prevent you from escaping in a timely manner. When in public places, know where the exits are located.
2. Situational awareness. Be aware when in public gatherings of any type – keep eyes and ears free of any devices that could impede your senses. My classic example is texting on a cell phone or listening to broadcasts. You want to be able to assess any danger.
3. Know about the location you are visiting. Have there been violent incidents in the past? Example: You can visit Central Park in New York City during the day, but no one visits once dark. We have similar situations in most cities.
4. If you are responsible for others who might not be able to escape properly because of age (e.g., infant, child, elderly) or disability (e.g., cane, wheelchair, hearing, vision, etc.), take special care to stay alert and aware of your environment with potential exits.
5. Be aware of a person exhibiting behavior very differently from all others (e.g. wearing a long coat in the summer that could be used to hide weapons, looking very grim when all others are happy). He knows that he could be killed once an attack starts – he is going to be solemn.
6. When entering any public space, immediately identify locations that could be used for escape and hiding in the process. If concerned, sit near exits in a restaurant, bar, etc.

Biological Awareness (Covid-19)

1. During Covid-19 recovery, as businesses and public locations open, if a specific location does not practice safety measures (e.g., masks, social distancing, etc.) – leave.
2. You must suspend disbelief or doubt that there is a biological threat. It is difficult to continue to practice safety measures when you cannot see the threat or if others are not following safety practices. Take care of yourself, family, and friends.
3. If you believe you have come in close contact with a person who is positive for Covid-19,

self-quarantine and, again, protect family and friends – particularly if elderly or have underlying serious medical conditions.

4. Be knowledgeable. Information, data, and expert advice changes over time as more is learned about how the Covid-19 virus is transmitted. Know current symptoms which morph over time, treatment options, when to seek medical attention, and the trends of new cases and fatalities.
5. Although you may likely experience sheltering-in-place, you are not alone. Thanks to modern day technology, the internet, social networking, and cell phone calls afford unlimited ways to communicate, establish connections with former friends and colleagues, and ways to learn new items of interest.
6. If you are suffering from high levels of stress or depression, seek professional help from those qualified.

The Future

Having researched all forms of threat for decades, both domestically and on foreign soil, I do not see all of the deterrents we need. However, there is very good news, I have logged over 60 examples of mass attacks being prevented by law enforcement and proper use of tips provided. This is significant. Headway is being made in prevention. Protective services are improving as well.

Will there be future mass attacks and mass attacks specifically focusing on the military? Yes. It is not by chance that in the past, places of worship, malls, schools, and military bases have experienced many mass attacks – there are no real deterrents. The objective of an attacker is to focus on a group of unarmed people. If the

purpose is to leave an anti-American politically based message, it will be a form of terrorism. The key for the future is to increase our reporting of any behavior of those among us appearing to be anti-American, anti-military, or with strong disgruntlement against the military. Prevention is working when unusual and threatening behavior is reported to law enforcement officials. Proper observation and reporting can save lives.

There will likely be attempts at biological attacks. Unfortunately, Covid-19 has informed all (friend and foe) what can be accomplished if the U.S. is hit with a biological agent and how it can spread. We will need to add airport security measures to detect any traveler with specific types of symptoms – we will likely see work completed in this area very shortly.

In short, know yourself, know your enemy and what to look for and to report, and know how to respond if caught in an attack. The probability of being caught in a mass attack is said to be extremely small – much like the chances of being hit by lightning. Tell that to the victims' families and survivors of attacks like the ones displayed in Table 1. Awareness and active protective measures such as threat observation and proper reporting should be used as a defense – not statistics.

References

1. Creitz, C., Gen. Jack Keane: China 'weaponized' coronavirus to 'destroy western democracies' economies,' Fox News Network, LLC, May 29, 2020. <https://www.foxnews.com/media/jack-keane-china-weaponized-coronavirus-destroy-economies>
2. Panchal, N., Kamal, R., Orgera, K., Cox, C., Garfield, R., Hamel, L., Muñana, C. & Chidambaram, P. The Implications of COVID-19 for Mental Health and Substance Use, Kaiser Family Foundation (KFF), April 21, 2020.
3. NBC Staff, A History of Shootings at Military Installations in the U.S., NBC [Washington.com/news](https://www.washington.com/news), December 6, 2019. <https://www.nbcwashington.com/news/local/a-history-of-shootings-at-military-installations-in-the-us/1953672/>
4. Editors, September 11 Attacks, [History.com](https://www.history.com), September 11, 2019. <https://www.history.com/topics/21st-century/9-11-attacks>
5. Editors, USS Cole Attacked by Terrorists, [History.com](https://www.history.com), July

- 27, 2019. <https://www.history.com/this-day-in-history/uss-cole-attacked-by-terrorists>
6. Staff, Mir Aimal Kansi - FBI Most Wanted #435, FBI Most Wanted, February 11, 1993. https://fbimostwanted.us/zc/index.php?main_page=wordpress&p=56
 7. Ernsberger, R., Jr., 1983 Beirut barracks bombing: 'The BLT Building is gone!', Marine Times, October 23, 1983. <https://www.marinecorpstimes.com/news/your-marine-corps/2019/10/23/1983-beirut-barracks-bombing-the-blt-building-is-gone/>
 8. Seck, H.H., The Military's Coronavirus Cases: The Latest Rundown, Military News, June 10, 2020. <https://www.military.com/daily-news/2020/03/16/militarys-coronavirus-cases-latest-rundown.html>
 9. Kenney, C.M., More than 25 Navy Ships Now Have Sailors Infected with the Coronavirus, Military News, April 23, 2020. <https://www.military.com/daily-news/2020/04/23/more-25-navy-ships-now-have-sailors-infected-coronavirus.html>
 10. Jackson, G.M., Surviving Mass Victim Attacks: What to do when the Unthinkable Happens, Rowman and Littlefield, 2018.
 11. Platoni, K., The Fort Hood Massacre - Ten Years Later, Combat Stress, Fall, 2019, (8)3, 26-33.

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



Yellow Journalism - Part II

By Charlie Bass, MS, PhD, MD, (Lt. Col., U.S. Army, Retired)

The spring issue of *Combat Stress* was published in late April and their esteemed readers were cautioned against the media's campaign to sow panic and hysteria in response to the Coronavirus epidemic. It seemed an update was warranted.

Since that publication, it now being late June, this writer and his wife have narrowly managed to squeeze into the 99 percent of Americans who will never

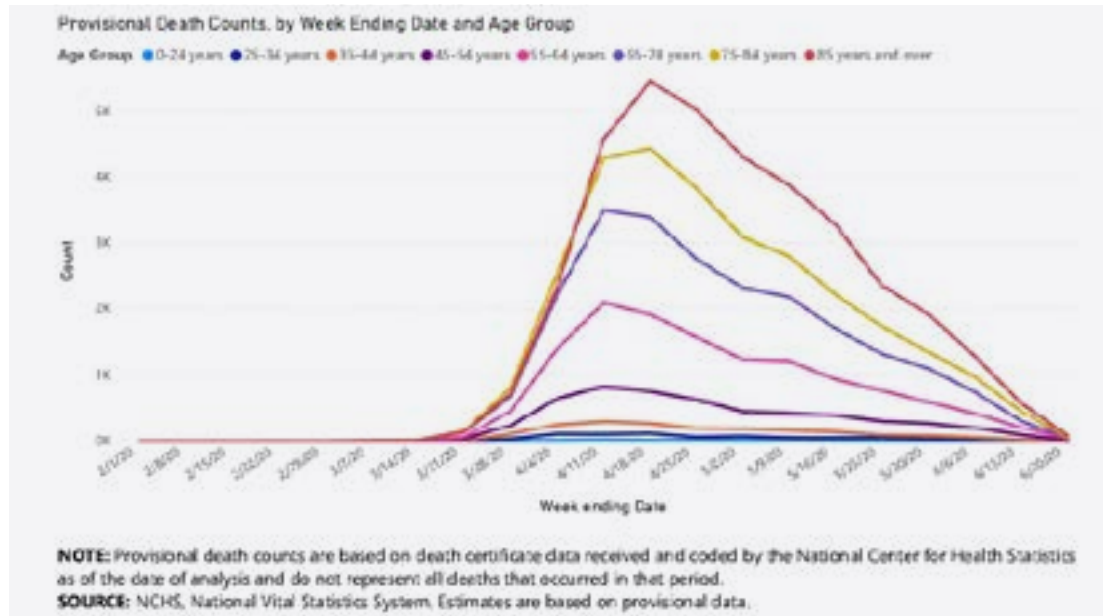
never contract the Coronavirus illness. We wear masks in public. We wash our hands. We lift the afflicted in our prayers.

Troubling news emerged when some friends came for a weekend visit, however. My friend is a firefighter with more than 20 years' experience in a rural Texas county, north-west of Abilene; population fewer than 5,000. He told me that a patient who was injured in a motor vehicle collision last month was taken to the

regional medical center. The patient tragically succumbed to injuries sustained. The medical center listed his cause of death as Coronavirus. It was difficult to believe, but only at first. My friend let me know that emergency dispatch (police, fire, ambulance) and medical services are getting more and more difficult to fund for rural counties, leading many such agencies to close their doors. Reporting deaths as attributable to Coronavirus nets hospitals \$15,000 (twice that if the patient is



Chart obtained from CDC Weekly Updates⁵



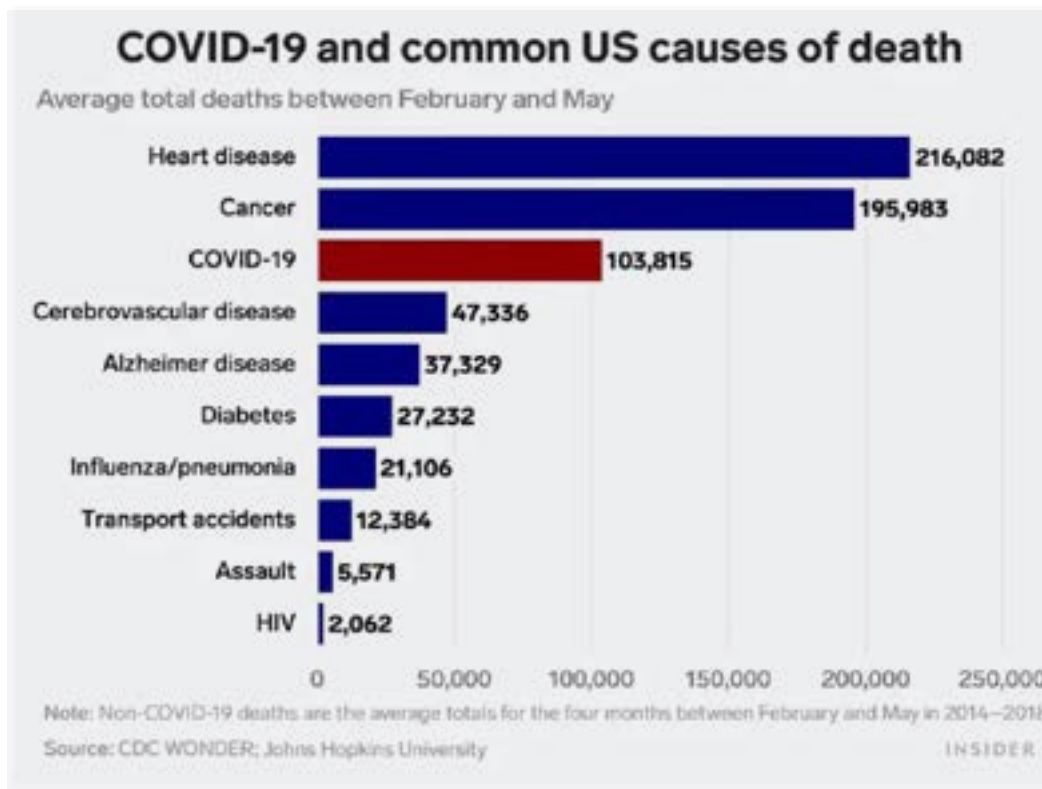
put on a ventilator). This is a result of the CARES Act, signed March 27, 2020, as a financial relief, in part, for public health organizations.¹

For a small medical center struggling to stay open to serve its catchment area, it seems plausible that a little pencil-whipping would become a matter of course, as the other option would only lead to the facility's closure. However, how much of such number-fudging is occurring nation-wide? The truth may never be known, but the suspicion has led to a number of public jokes and this fraudulent practice has been reported elsewhere as well.²

The numbers from June's end show an increase in the spread of the virus. The U.S.

Centers for Disease Control show more than 2.5 million cases of Coronavirus infection³, still under the one percent rate of infection for the 330 million American people who inhabit the United States.⁴ Predictably, that number rose in the past few weeks as more testing became possible; one who casts a bigger net will catch more fish. Of those who are infected, slightly more than 126,000 souls have met their unfortunate end.

This yields a lethality rate of five percent. When charted by age, it is apparent that every ten



years of age leads to an increased likelihood of a fatality from COVID-19, with favor going to those under 50 years in age. Even in the more mature population, however, a patient with COVID-19 infection still enjoys a 95 percent chance of reaching a full recovery.⁵

However, one must note the decreasing trend following the spike in mid-April. Coronavirus deaths

Chart obtained from Business Insider⁶

in the U.S. are reaching an all-time low. Also, deaths resulting from heart disease and cancer still quadruple the numbers resulting from COVID-19.⁶

President Trump has stated that one death is too many⁷ and this writer fully supports that stance. The American public is beating this thing and will continue to see falling numbers, as long as complacency is expelled and excluded from our ranks. The numbers offer a way to look at this epidemic in a positive, reassuring light; however, no one in America will hear that from our mainstream media.

Left for speculation is when the media will go for a 24-hour period without mentioning Coronavirus. This writer has our reason to believe that date will come on Wednesday, November 4, 2020, or soon thereafter, especially when considering that the top seven states generating the greatest numbers of viral cases (California, New York, New Jersey, Texas, Illinois, Florida, and Massachusetts) contain the top five states for electoral votes.

National Rift

The murky glass of yellow journalism has shifted in recent weeks following the unjustified death of George Floyd in Minneapolis on May 25th. Considering the story took front-page headlines in the New York Times two days later,⁸ it leads one to wonder whether the riots spontaneously arose or were the result of more sinister forces at work. Black Lives Matter has taken a prominent place in global headlines. Perusing their Website (<https://blacklivesmatter.com/>) and attempting to donate financial support to what seems to be a noble cause, leads directly to a slush fund for Democratic party

re-election, ActBlue.⁹ This is rather than providing direct support to those things that Matter to Black Lives. ActBlue, incidentally, was founded in 2004 by Harvard and M.I.T. alumni Benjamin Rahn and Matt DeBergalis; scientists who, at face value, seem several degrees of separation away from the nation's inner-city, poor, African American communities that serve as the target demographic for Black Lives Matter.^{10,11}

Considering that ActBlue raised \$41 million in a 24-hour period on Blackout Tuesday (June 2nd),¹³ doubling its previous one-day record for fundraising, would it be going too far to say that the rioting is good for business? One can only wonder as to the uptick in the business of news media as a result of such national discord.

The combination of left-leaning news, left-leaning academicians, and left-leaning politicians has spurred a disappointing trend. The Ferguson Effect is a term coined by Heather MacDonald, a conservative political commentator.¹⁴ It describes police officers who are increasingly reluctant to confront violent crime, as the fear of private videos - taken out of context - will lead to the end of an officer's peace-keeping career. As a result, violent crime rises. Former Milwaukee County Sheriff David Clarke alludes to this in a video released by Prager University,¹⁵ also noting the effect of left-leaning personalities in politics, higher education, and the media joining forces to demonize police officers. The individual beat cop is then left without support. The video also shifts hot criticism to the Black Lives Matter movement for projecting police officers as evil and racist. A point of note is that the video was released in April of 2018, fairly predicting the surge of violence that would happen 24 months later.



Harvard alumnus Benjamin Rahn, left, and M.I.T. alumnus Matt DeBergalis, right, co-founders of ActBlue, the parent company of Black Lives Matter. Image taken from New York Times, "A Fund-Raising Rainmaker Arises Online."¹²

Again, the statistics bear out Sheriff Clarke's testimony. In comparing 2014 numbers, police use-of-force resulted in 990 deaths. In that same year, Johns Hopkins University released a study showing over 250,000 deaths resulting from medical error.¹⁶ However, no one in this country is rioting to call for de-funding of the medical industry. It is no far stretch of the imagination that rates of combat stress, its associated misbehaviors (e.g., anxiety, irritability, depression, substance abuse, attempted suicide, disruptive behavior, and mistrust of others), and post-traumatic stress for law enforcement officers will rise as they increasingly feel an erosion of institutional and financial support in the performance of their duties.

There is an old saw among psychologists about the mathematician, the engineer, and the statistician. The mathematician says, "2 + 2 is

exactly 4." The engineer will say, "2 + 2 is about four." What about the statistician? Well, with a wide grin and while wringing his hands, the statistician gushes, "What do you want it to be?"

Look at the numbers, not the editorializing that the media moguls make public to support their stories and that politicians use to get re-elected. No, coronavirus is not the most lethal disease known to human history. No, police officers are not evil racists. In the aftermath of the 9/11 terrorist attacks in 2001, the nation was focused and unified, leading to a single goal of advancing U.S. interests that met with overwhelming success. Now the world has seen what our nation looks like when focused and divided, leading to complete economic stagnation as merchants watch their stores looted and burned, wondering if they will ever re-open while they are denied police protection.

This writer prefers unification.

With no small amount of skepticism, the American public has been subjected to dire predictions from the news media and their panels of experts about the direction in which the world is heading. It calls to mind a sign that came to my attention a few weeks ago and it will be printed in its entirety, thus:

2000 - Y2K is going to destroy everything
2001 - Anthrax is going to kill us all
2002 - West Nile virus is going to kill us all
2003 - SARS is going to kill us all
2005 - Bird flu is going to kill us all
2006 - E. coli is going to kill us all
2008 - Financial collapse is going to kill us all
2009 - Swine flu is going to kill us all
2012 - The Mayan calendar predicts the world ending
2013 - North Korea is going to cause WWII
2014 - Ebola virus is going to kill us all
2015 - ISIS is going to kill us all
2016 - Zika virus is going to kill us all
2020 - Coronavirus is going to kill us all
The TRUTH is FEAR is killing us.
Pray. Trust God.

These words of wisdom were contained on a hand-written sign thumb-tacked to the wall of

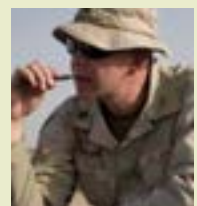
a barn standing on an Amish farm near Corpus Christi. It served as a reminder that the Ark was built and sailed by an amateur. Experts built and sailed the Titanic.

References

1. S.3548 - CARES Act, <https://www.congress.gov/bill/116th-congress/senate-bill/3548/text>. Retrieved 29 June, 2020.
2. Fact Check - Austin-American Statesman, <https://www.statesman.com/news/20200422/fact-check-do-hospitals-get-paid-more-to-list-patients-as-having-coronavirus>. Retrieved 29 June, 2020.
3. CDC Coronavirus Updates - <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html>. Retrieved 29 June, 2020.
4. U.S. and World Population Clock - <https://www.census.gov/popclock/>. Retrieved 29 June, 2020.
5. CDC Weekly Updates - https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm. Retrieved 29 June, 2020.
6. U.S. Causes of Death - <https://www.businessinsider.com/covid-19-compared-to-other-common-us-causes-of-death-2020-5>. Retrieved 29 June, 2020.
7. Facebook, Team Trump - <https://www.facebook.com/officialteamtrump/videos/one-death-is-too-many/1060191667708542/>. Retrieved 29 June, 2020.
8. New York Times - <https://www.nytimes.com/issue/todaysh headlines/2020/05/27/todays-headlines>. Retrieved 29 June, 2020.
9. ActBlue - https://secure.actblue.com/donate/ms_blm_homepage_2019. Retrieved 29 June, 2020.
10. Influence Watch, Benjamin Rahn - <https://www.influencewatch.org/person/benjamin-rahn/>. Retrieved 29 June, 2020.
11. Influence Watch, Matt DeBergalis - <https://www.influencewatch.org/person/matt-debergalis/>. Retrieved 29 June, 2020.
12. New York Times - <https://www.nytimes.com/2007/11/29/us/politics/29actblue.html>. Retrieved 29 June, 2020.
13. New York Times - "Racial Groups Flooded with Millions in Donations," <https://www.nytimes.com/2020/06/14/us/politics/black-lives-matter-racism-donations.html>. Retrieved 29 June, 2020.
14. Mac Donald, Heather (29 May 2015). "The New Nationwide Crime Wave". Wall Street Journal. <https://www.wsj.com/articles/the-new-nationwide-crime-wave-1432938425>. Retrieved 29 June, 2020.
15. Cops are the Good Guys - <https://www.prageru.com/video/cops-are-the-good-guys/>. Retrieved 29 June, 2020
16. Johns Hopkins Medical Errors https://www.hopkinsmedicine.org/news/media/releases/study_suggests_medical_errors_now_third_leading_cause_of_death_in_the_us. Retrieved 29 June, 2020.

ABOUT THE AUTHOR

Charlie Bass, MS, PhD, MD (Lt. Col., U.S. Army, Retired), assisted and served in the aftermath of hurricanes, a tornado, a terrorist bombing, and the wars in Iraq and Afghanistan during 28 years with the U.S. Army. In 2014, he retired with his wife to Corpus Christi, Texas. He and his wife wish to remind readers that those who plan to vote in the November election must be registered by October 5 (or August 1 for military and those overseas voting absentee) - fvap.gov.



BODY ELECTRIC

Electroceuticals and the Future of Medicine

A documentary film to revolutionize the way we think about health and the human body

The American Institute of Stress is an executive producer of Body Electric: Electroceuticals and the Future of Medicine, a documentary film aimed to revolutionize the way we think about health and the human body. This 68 minute movie, by British producer/director/writer Justin Smith, is available online and on DVD for purchase through AIS.



Click here to buy the DVD for \$19.95
or the digital streaming for \$9.95

Members stream for free at stress.org



www.stress.org

River to Recovery

By Ryan Pepper and Johanna Miller MA, LPCC

My journey to lead a chapter of an organization for Veterans is probably not what you would expect. You see, I have never served in the military. I have worked in the private and public sector as a mechanical contractor for over 25 years. Becoming involved with Team River Runner was unexpected and life changing.

Team River Runner (TRR) is a non-profit 501c3, with a mission to provide all Veterans and their families an opportunity to find health, healing, community purpose, and new challenges through adventure and adaptive paddle sports. TRR believes that every wounded and disabled Veteran deserves the opportunity to embrace new challenges, develop leadership, and benefit from camaraderie. TRR provides an outlet to fulfill these beliefs - inviting wounded and disabled Veterans and their families to participate in adaptive paddling programs.

Founded in 2004 at Walter Reed National Military Medical Center by Joe Mornini and Mike

McCormick, TRR now offers weekly paddling sessions in more than 60 locations across the nation. TRR is more than an adaptive sports program; it is an opportunity for Veterans, their family members, and everyone in the community to participate. It is an opportunity to enjoy nature and realize its social, physical, and emotional benefits, whether this involves tackling whitewater rapids or paddling on peaceful flat-water. It is an environment that facilitates connection, allowing Veterans to reunite with their families and forge relationships



Through kayaking together, Veterans are able to spend time with people who understand their stories in a way that family members, friends, and co-workers who have not served cannot understand.

with those who have endured similar pain. TRR creates purpose and community service. Our Veterans are on the river to recovery.

According to the 2019 National Veteran Suicide Prevention Annual Report, an average of 16.8 Veterans died by suicide every day in 2017, amounting to the death of 6,139 Veterans by suicide in 2017. Veterans ages 18 to 34 had the highest suicide rate (44.5 per 100,000), increasing by 76 percent from 2005 to 2017. As the report explains, there is no all-encompassing explanation for suicide. There is no single path to suicide or away from suicide. There is no single medical cause, etiology, treatment or prevention strategy. Instead, suicide involves dynamic and individual interactions between many different domains. War, economic disparities, media portrayal, policies pertaining to health care access and actual health care access, employment opportunities, level of community services and connectedness, homelessness, level of social supports, intensity of relationship problems, physical and mental health, are all covert but powerful conspirators with suicide. TRR's goal is to play a part in addressing some of these needs and healing some of these wounds.

Every Veteran has a personal story. Learning to acknowledge, accept, and find a purpose, with our stories, can mean the difference between suffering and living. Through kayaking together, Veterans are able to spend time with people who understand their stories in a way that family members, friends, and co-workers who have not served cannot understand. The healing is in the power of being together, being

understood, being accepted, helping one another, facing challenges together, facing fears together, finding hope, finding

friends, and finding purpose.

TRR has local chapters in almost every state, and they independently plan events throughout the year. Each chapter coordinator understands the healing power of kayaking and is very knowledgeable, or has access to someone who is, in adapting boats to the different physical needs of disabled Veterans. The focus is on training Veterans to be the instructors, guides, and supports, increasing comradery, leadership, training, purpose, and healing. There is nothing more rewarding than to see someone who thought they would not be able to independently paddle a kayak because of physical, cognitive, or emotional challenges, to get out of the water for the first time.

My wife, Johanna, and I became chapter co-coordinators for TRR Northeast Ohio in the fall of 2019 after being involved with TRR for about six years. I am an American Canoe Association (ACA) Level 2 Kayak Instructor and have my ACA Adaptive Paddling Endorsement, which means that I have been trained to work with individuals of all abilities and know how to adapt kayaks to meet their needs. Johanna is a Licensed Professional Clinical Counselor, with 20 years of experience working with individuals across the lifespan and life experiences. Together we hope to provide the foundation for building a strong, growing, successful TRR chapter.

Adaptive paddling allows almost anyone to get on the water and paddle independently. All

Veterans are welcome and encouraged to come to TRR events. Due to their experiences, most of our Veterans experience post-traumatic stress disorder (PTSD) symptoms. They have reported that they find the supportive, trauma-informed, and experiential environment of TRR events to be powerfully healing in a way that traditional therapy cannot. Our Veterans with physical needs are able to kayak with the assistance of endless adaptive equipment. That could mean adding supports for someone who is paralyzed and unable to sit without support, providing paddle stands for those with arm or hand injuries or amputations, floats to assist with balancing the boat, guides for those blind or visually impaired, and endless other creative solutions. The amazing thing about kayaking is that when you see someone out on the water, you cannot tell the difference between those who are blind, paralyzed, traumatized, amputees, or those with or without cognitively impairments. Watching the reactions of others is priceless, as the kayakers climb out of the water and get into a wheelchair, grab an elbow to be guided, or reattach prosthetics. Simply put, water is the great equalizer.

In addition to local chapters, TRR offers clinics around the United States that have specific focuses such as, mentorship, leadership, whitewater skill building, sea kayaking, and a specific series for Veterans who are blind or visually impaired. The OuttaSight Series



offers blind and visually impaired Veterans the opportunity to learn to paddle on their own, with only the help of a guide (and hopefully in the near future with technological guidance) in a variety of water settings, while learning leadership skills, enjoying competition, and experiencing adventures. To guide and support the blind and visually impaired participants, TRR teaches sighted disabled Veterans to be their instructors, which increases both camaraderie and the effectiveness of training. Recently, TRR started a branch of the OuttaSight series called KAOS (Kids Are OuttaSight), where Veterans teach kayaking to blind and visually impaired children. This program allows Veterans to use their paddling skills learned through TRR to help those in their own communities.

In September of 2018, TRR sent "Vision Team," five visually impaired Veterans, and their 15 safety guides on an incredible, first-of-its-kind, adventure down all 226 miles of the Colorado River through the Grand Canyon system. The Veterans were able to accomplish this incredible feat through teamwork with their guides, who called out commands as they twisted, turned,

and flipped out of boats all the way down the river. Watching them conquer the Colorado River leaves no doubt they are still as strong as ever. There are videos available on YouTube following "Vision Team" on this Colorado River adventure, as well as an interview broadcast on the Today Show (NBC, November 29, 2018). Be prepared to be humbled and amazed.

I largely avoided challenging athletics since high school due to the disabling effects on my breathing from a football injury. In 2001, while vacationing at Lake George, NY with my family, I was introduced to kayaking for the first time. There was something about being out on the water in a kayak that instantly grabbed me. At the time, I was unable to understand the psychological impact of kayaking. All I knew was that I did not feel constantly out of breath but did feel as if I was in complete control. From that point on, I was hooked. I started paddling often and began paddling with other people. It amazed me that no one ever noticed or questioned my breathing or had any idea that I had a disability. My confidence grew as my kayaking skills developed and as I took more and more of a leadership role in my local and state kayak community.

In 2015, I was invited to a Chapter TRR Northeast Ohio pool session. I watched as eight Veterans revel in playing a game of kayak football. Kayak football is a group game activity, often played at the end of a training session to practice learned skills. It is basically a combination of football, rugby, and soccer, on water. And, yes...it is that much fun! After the pool session, the chapter coordinator, a couple of the Veterans, and I were talking about how wonderful it would be to recruit a bunch of Veterans to play in a kayak football tournament. In a parking lot,

on a cold March day, the Veterans Kayak Football Challenge was created.

The idea of a kayak football challenge took off immediately and created much buzz and excitement among kayakers, Veterans, and people who wanted to help out with this event. After considering several locations, I approached the community of Willowdale Lake, in Stark County, OH. This community embraced the idea, without understanding a single thing about kayak football, agreeing to host the event. We were going to play kayak football in Canton, Ohio, on the same day as the Pro Football Hall of Fame would have opened their pre-season event just up the road!



On Sunday, August 9, 2015, it all came together. It would be a 2-day event, including camping together, river paddling, and ending with the Veterans Kayak Football Challenge. The purpose of the tournament was to honor our Veterans in an entertaining and unique way, while at the same time, exposing an entirely new audience to the larger world of adaptive kayaking, water sports, and the benefits gained through paddling. Many of the Veterans who participated had disabilities, including, paralysis,

blindness, amputations, and PTSD; though these were invisible when they were in kayaks and charging for the ball! We had eight teams, set up in two divisions, and played a round robin tournament of three games each. This ended with a championship game in two Olympic pool-sized fields set up in the lake.

That first year, Veterans came in from six states and from as far away as North Carolina to participate in this event. We now have Veterans coming from 23 states and from as far away as California. Many Veterans return year after year, looking forward to spending time together, enjoying the support of volunteers and spectators, and of course, playing kayak football.

Johanna and I are currently planning the 6th Annual Veterans Kayak Football Challenge with the help of a team of people who have come to support and to value this annual event. Veterans Kayak Football Challenge has become one of TRR's national events, as well as an event

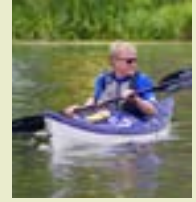
that the Willowdale Lake Community and local supporters prepare for and look forward too every year. Unfortunately, given the current challenges we are facing as a world, we do not know what will happen this year. However, no matter what happens this year, the Veterans Kayak Football Challenge and all those who support it will be here planning for the next event regardless!

I believe that we have accomplished our goals as intended. We welcome and host Veterans from around the country to participate in the Veterans Kayak Football Challenge. Everyone present honored our Veterans and opened their eyes to a much larger paddling world. For me and for many of the people in attendance, it was much more than that. The tournament was the greatest example of the power of paddling.... the power to bring people together from all walks of life, the power to make people laugh and have fun, and the power to heal the human spirit.



ABOUT THE AUTHORS

Ryan Pepper is an avid kayaker, an advocate for our waterways, and has worked as a Piping Mechanical Contractor in the industrial, government, and private sectors for 30 years. In 2012, he became a Level-2 Kayak Instructor through the American Canoe Association (ACA) at Kent State University. In 2014, he earned his adaptive paddling certification through the University of Akron and was voted in as the State Director of Ohio for the ACA, a newly created volunteer position to develop membership, participation, education, and communication regarding the ACA and for paddling in general. He served in that capacity until 2019. As State Director, Mr. Pepper acted as an advocate for water access across Ohio, assisted in the development of several water trails, helped parks departments in applying for grants to make paddling accessible to all, and presented before the Ohio General Assembly regarding making improvements to Ohio waterway safety. He still serves on the ACA Ohio Executive Board as its Public Policy Officer and is working, as part of a team, towards the removal of several dams, as well as, increasing and improving signage throughout Ohio to make waterways safer for paddlers. Mr. Pepper is also a TRAK Kayak Pilot, which has connected him with some of the top paddlers in the world and has enabled him to serve as an ambassador for the company, filling a number of roles, including providing test paddle demonstrations, participating in TRAK events and meetings, and documenting his expeditions.



Johanna Miller MA, LPCC, has been a Licensed Professional Clinical Counselor for almost twenty years. Her diverse career has given her experience with a wide variety of populations and psychological difficulties. She began her career at an agency for children and adolescents with emotional, social, and behavioral needs in Canton, OH, providing family counseling for traumatized children attending a day treatment program and working with sexually abused children. Ms. Miller went on to become trained in psychological assessment and worked as a psychological assessor and as a school psychology assistant. She has worked in community-based and private practice settings, private and public schools and both home-based and office-based settings, with clients ranging in age from three to 94 years, and with individuals from all socioeconomic backgrounds. She has also had the opportunity to work with first responders, police officers, and Veterans. For the past two years Ms. Miller has worked as the counselor in a primary care setting working with adults ages 16 to 94, who are struggling with problems such as depression, anxiety, PTSD, grief, adjustment disorders and interpersonal problems. She also maintains a private practice.



Ryan and Johanna have been married for 27 years. They became co-coordinators for the Northeast Ohio Chapter of Team River Runner in Fall 2019. They have two adult sons, Zach and Brendan, who also assist with the Veterans Kayak Football Challenge. Ryan and Johanna live in North Canton, OH on a lake, where they are able to enjoy their love of kayaking.

Adverse Effects of Trauma-Focused Therapies (Part 1)

By Louise Gaston, PhD, FAIS



Trauma-focused therapies (TFT) do induce adverse effects. Regrettably, this topic is highly neglected. We need to ask a crucial question: Are the limited benefits of TFT worth the risks of adverse effects? In this article, I present the adverse effects of the most popular TFT, namely, prolonged exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR), and Cognitive Processing Therapy (CPT). The originators of these TFT claim that their therapies are not harmful. I disagree.

In any of these popular TFTs, participants with PTSD are asked to intensely relive what they spend most of their energy avoiding, that is, their highly emotional-laden traumatic memories. Given the neurobiological hypersensitivity associated with PTSD (especially in its severe form), the adverse effects of TFT can be severe, if not lethal by suicide. Although published reports of the adverse effects of TFT have been parsimonious, a scarcity of reports does not

mean that adverse effects do not exist.

After three decades of research biased in favor of TFT, the American Psychological Association (APA) concluded that TFT are harmless and should be the first line of treatment for PTSD.¹ In 2017, the APA's committee on the clinical guidelines for treating PTSD wrote, "benefits outweigh harms/burdens, ... there is no evidence that raises concern about applicability." I disagree. This statement is scientifically

incorrect, and some members of the APA committee must know it because they also wrote, "there are gaps in ... measurement of potential side effects and harms, ... and follow-up on reasons why participants leave a study."¹ How can such statements co-exist? How can the APA committee purport to present evidence-based guidelines for treating PTSD and, paradoxically, recognize at the same time that there is a lack of data regarding the adverse effects of TFT? Unsurprisingly, the Veterans Administration (VA) has promoted and used these popular TFT for treating Veterans with PTSD. The VA website describes PE, EMDR and CPT as 'talk therapies' and claims that their risk corresponds only to "temporary discomfort."² I disagree.

Enthusiastic conclusions about TFT are based on findings obtained in settings which do not reflect real-life conditions and exclude the majority of PTSD sufferers. These factors greatly limit the generalizability of findings. In addition, some research findings have been clearly distorted in favor of TFT, such as in a seminal paper by Foa et al.³ Even more concerning, most clinical trials have simply not considered the adverse effects of TFT.¹

To understand the mainstream disavowal of adverse effects of TFT, it is important to acknowledge that there is a pervasive bias in researchers conducting the clinical trials funded by the PTSD Division of the National Institute of Mental Health. This bias is called 'research affiliation' and involves the fact that the efficacy of TFT has been evaluated by TFT proponents, which is problematic.¹ In a science, a hypothesis is considered to be confirmed only if it has been tested by 'opponents.' Whenever opponents have examined the efficacy of TFT, serious adverse

effects^{4,5} and severe PTSD deteriorations⁶ were reported. Moreover, two surveys reported that PTSD experts and clinicians rarely employ PE due to a high drop-out rate and frequent adverse effects.^{7,8} Are researchers and policy makers paying any attention? Apparently, no.

The problem of adverse effects is so pervasive that Barlow, the main originator of exposure therapies for anxiety disorders, wrote a seminal paper aimed at warning the mental health community. He invited clinicians and researchers to take a closer look at the reality of adverse effects.⁹ Has anyone paid attention? Apparently, no. TFTs are still highly promoted by professional associations and governmental agencies, even if they can induce adverse effects. To better understand the occulted reality of adverse effects induced by TFT, let's look at adverse effects reported by researchers and individuals.

Prolonged Exposure (PE)

PE proponents have ongoingly suggested that adverse effects from PE are quasi-inexistent. Indeed, Foa et al. concluded that only a negligible number of PE participants exhibited PTSD exacerbations.¹⁰ Others disagree. In an honorary paper, Wampold et al. reanalysed their data and found substantial PTSD deteriorations from PE occurring after only one session.⁵ These non-proponents of PE concluded that PE should be deemed harmful. I agree.

In controlled clinical trials, adverse effects of PE were indeed reported. Pitman et al. found that 30% of PE participants developed a variety of adverse effects: depression, suicidal ideation, drug/alcohol relapses, panic attacks, and premature termination.¹¹ Schnurr et al. reported a suicide attempt due to PE.¹² Tarrier et

al. observed PTSD deteriorations due to PE while none were observed in the non-TFT therapy.¹³

Beyond research reports, personal testimonies are crucial to really understand the adverse effects of TFT. So, let's look at a poignant and telling story. In his book entitled *The Evil Hours*, an ex-Marine, David J. Morris, wrote about the severe deteriorations he experienced from PE.¹⁴

"My therapist instructed me to select a traumatic event to focus on. ... To focus on a single event seemed absurd, the equivalent of fast-forwarding to a single scene in an action film and judging the entire movie based on that.

In the end I chose the story of the I.E.D. ambush I survived in 2007 in southern Baghdad. Over the course of our sessions, my therapist had me tell the story of the ambush dozens of times. I would close my eyes and put myself back inside the Humvee with the patrol from the Army's First Infantry Division, back inside my body armor, back inside the sound of the I.E.D.s going off, back inside the cave of smoke that threatened to envelop us all forever.

It was a difficult, emotionally draining scene to revisit. This was the work site of prolonged exposure therapy, where the heart's truest labor was supposed to happen. Given enough time and enough story "reps," when I opened my eyes again, I wouldn't feel forever perched on the precipice of a smoke-wreathed eternity. I wouldn't feel scared anymore.

But after a month of therapy, I began to have problems. When I think back on that time, the word that comes to mind is "nausea." I felt sick inside, the blood hot in my veins. Never a good sleeper, I became an insomniac of the

highest order. I couldn't read, let alone write. I laced up my sneakers and went for a run around my neighborhood, hoping for release in some roadwork; after a couple of blocks, my calves seized up. It was like my body was at war with itself. One day, my cellphone failed to dial out and I stabbed it repeatedly with a stainless-steel knife until I bent the blade 90 degrees.

When I mentioned all this to my therapist, he seemed unsurprised. "You weren't drunk at the time?" he asked. "No. That came later." Following a heated discussion, in which I declared the therapy "insane and dangerous" and my therapist ardently defended it, we decided to call it quits. Before I left, he admonished me: "P.E. has worked for many, many people, so I would be careful about saying that it doesn't work just because it didn't work for you."

Within a few weeks, my body returned to normal. My agitation subsided to the lower, simmering level it had been at before I went to the V.A. I began once more to sleep, read and write. I never spoke about the I.E.D. attack again.

... My own disappointment is that after waiting three months, after completing endless forms, I was offered an overhyped therapy built on the premise that the best way to escape the aftereffects of hell was to go through hell again."

I have nothing to add, except that the possibility of severe adverse effects induced by PE is not even mentioned on the website of the VA.¹⁵

Eye Movement Desensitization and Reprocessing (EMDR)

The EMDR Institute has only recognized temporary adverse effects from this technique. "As with any form of

psychotherapy, there may be a temporary increase in distress: distressing and unresolved memories may emerge; some clients may experience reactions during a treatment session that neither they nor the administering clinician may have anticipated, including a high level of emotion or physical sensation; and, subsequent to the treatment session, the processing of incidents/material may continue, and other dreams, memories, feelings, etc., may emerge."¹⁶

However, severe adverse effects have been published.^{17, 18} For example, Brunet described how a Veteran with severe PTSD and dissociation became homicidal during his second EMDR session. Despite the numerous attempts by the therapist to calm him down, the latter withdrew within himself and started to become very agitated, behaving as if he was being tortured anew. The patient then became acutely homicidal toward the therapist and remained so for days. The patient had to be restrained, physically and chemically, for days in the psychiatric ward. A homicidal tendency toward this clinician haunted this Veteran for months.¹⁷ This is not good for both patient and clinician, obviously.

Because of the popularity of EMDR, I could easily find personal testimonies detailing adverse effects of EMDR on the internet. However, for the last few years, it is almost impossible to find any testimonials against EMDR on the internet. Here are examples found in November 2014 from a search on www.google.com with 'EMDR side effects.'

First Testimonial. *"So... Yesterday I went for my first EMDR therapy treatment. We made a list of my "Top Ten Traumas" before hand and she told me to put stars around the top two most traumatic*

events so we could focus more on these. Before I even left to drive to the session, I had worked myself up into a full blown anxiety attack. I was pacing around the house, heart rate through the roof, breathing heavy, mind racing, quickly getting worse and worse. I don't know why all of a sudden, I was so freaked out about this therapy because when we previously discussed it I had no problems or concerns doing it.

Anyways, I got there in my panicked frenzy and my therapist suggested that maybe we start off with something a little less severe to start since I was so frazzled. She didn't want me to feel worse than I already felt, not to mention I had a migraine working its way into my brain.

The session seemed to run smoothly, and I could feel my progress. The heartache and pain I was feeling in my chest when we first started the session subsided quickly and was completely gone once we finished. My head felt a little cloudy, but I didn't feel like I wanted to curl up into a ball and cry myself to death anymore.

I went home and laid on the couch for a few hours to "just veg" as she suggested. I felt lightheaded yet my brain felt heavy and "sloshy" in my head. My eyes started to droop and I decided to go to bed (I haven't slept in almost three weeks, so the fact that I felt tired was a GREAT relief) and I fell asleep. Not into a deep sleep, since I know I was awake many times throughout the night, but it was sleep none the less. This is when the nightmares started.

One after the other after the other. I had numerous TERRIFYING nightmares about the apocalypse, being possessed by a demon, earthquakes, trains on fire full of people screaming to get out, running away from terrible things etc. I NEVER have nightmares, and if I do they do not

scare me. I am a huge fan of horror films and nightmares have always excited me. These did NOT excite me. I woke up this morning trembling and dizzy and hysterical.

I turned on the light, ran upstairs crying and almost fell over. My head felt like it weighed more than I did. I felt terror coursing through my whole body. I felt afraid and scared. The nightmares were so REAL. I had to turn all the lights on in my house and open all the curtains because I was afraid of the dark. I was afraid to go back down into my room because it was dark down there. Even when I went into the kitchen throughout the day to get something from the fridge, the thought of even looking towards the top of the stairs sent me into a panic.

All day I have cried. I was in hysterics so badly that my boyfriend left work to come over and check on me. I have never felt so out of control in my whole life. I do not feel like myself. I don't feel like I am even in my own body.

So, the point of this post is to ask if anyone has done EMDR and has had adverse effects like this. Does it get better? Do you think it will get worse with other treatments? This wasn't even my worst trauma, will it be worse with treating my more severe ones? I did a bunch of research online about the side effects and found a bunch of people stating that it did not help with multiple traumas. I do not want to live feeling like this, it is unbearable. My ... is worsening and I cannot turn my lights off or my heart starts to race and I start to lose it. Oh, not to mention I seem to be getting brain "shocks" or nervous system "ticks" where my head kind of shakes back and forth and sometimes even jerks to the left. Loud noises give me anxiety and hurts my ears. I tried to unload the dish washer this afternoon and the sound of

plates clanging together was too much for me to handle. Ugh, hopefully someone reads this, sorry it is so long, ladydawn."¹⁹

Second Testimonial. "Many people have asked about EMDR, so I thought I would share part of what is going on with me... and it's due to that awful treatment. I've been triggered and triggered and triggered these past few weeks. I am out of it. and I know it. Anyways, I did around three? sessions of EMDR last summer. I have multiple traumas stemming from childhood to last year. I did not know when I did the treatment that it is not recommended for someone with numerous traumas. After the first three sessions, I snapped and had to be medicated (I still am medicated now.) The first week or so after that I kept getting these horrid "things." My traumas (not all but way more than I could handle) would flash like a picture book through my mind. I would have my eyes open and the whole room was flashing as if a bulb was going off... then I would go off the deep end and get violently ill for about a week. Since then I have noticed every time I get triggered, I have this weird "thing" happen to me. It is not a flashback. It is like the EMDR is burned into my brain... and it won't stop. It's painful and gives me migraines and my body shuts down...not to mention the horrid anxiety this event causes. I have no idea if this will ever go away at the present, nor what is causing it. I have no one to ask because this area sucks. I worry that it has damaged me. I just thought that for those of you considering this treatment. I don't want anyone else to be stuck where I am from crappy information and a therapist that is too pushy for something that is very dangerous."²⁰

Third testimonial. *"I had a first session last week and ever since then I just feel dead. I can't feel anything. Nothing. I am a shell, harboring nothing. Trigger- Self harm. I cut myself last night to see if I could feel and I couldn't. I felt nothing. I realize the risk in harming oneself when one cannot feel, so I have chosen to not do it for the time being. I can't feel anything. I am so dead inside it makes me sick. Using the word "numb" is an understatement. I am dead. It's like I don't even exist anymore. I've always experienced this in some way, but since the session I have been very bad."*²¹

Fourth Testimonial. *"I was treated for many traumas and I began to feel jittery and nervous. Not soon after I begin having hallucinations and hearing things. Mind you I never had this problem before... just depression and anxiety. For 10 years."*²²

At least one lawsuit for personal injury has been filed against the EMDR Institute. The Orange County Court in California accepted the complaint.²³

Cognitive Processing Therapy (CPT)

CPT proponents have not reported adverse effects from the use of this TFT. Actually, they simply do not consider this important issue in their controlled clinical trials.²⁴ However, testimonials reveal a different story.

First Testimonial. *After finding on my website a document I wrote on the limitations of TFT for PTSD,²⁵ the parents of a Veteran reached out to me. Their son, a young Veteran, became acutely suicidal after CPT and remained so for*

2 years. Later on, the VA decided to have him undergo a second round of CPT, even though the Veteran informed the VA staff that CPT had been damaging to him and he did not want to undergo such therapy again. A few weeks after terminating CPT, the young Veteran killed himself (personal communication, 2018).

These parents also shared with me testimonies from VA personnel.

Second Testimonial. *"A VA counselor told me that he had the first 3 sessions of their trauma-focused PTSD therapy (CPT) one time and quit. He told them he would never go there again. From his experience, a person with serious military PTSD can only go into the black-hole of PTSD depression a few times without never being able to get out and committing suicide. He's been in the black-hole and barely was able to get out and will not ever knowingly go in again!" (personal communication, 2018).*

Third Testimonial. *"I had the opportunity to talk to a Disabled American Veterans (DAV) counselor. His is himself an injured Vietnam Veteran with PTSD. He has a list of veterans he has helped that have committed suicide. He said that he has repeatedly been in PTSD meetings with the CPT staff at the VA. He has told them that their analysis of PTSD certainly missed something because in talking to veterans it isn't working." (personal communication, 2018).*

Fourth Testimonial. *"I talked to a chaplain who worked in Iraq. He is totally disabled with PTSD. He told me that CPT does more harm than good for the vast majority of the vets that take it." (personal communication, 2018).*

Conclusion

TFTs have been shown to be efficacious in reducing PTSD symptoms to the point of a loss of diagnosis, but such remission is only partial and these 'success stories' usually remain with serious symptoms.²⁶ How often does partial remission occur? In clinical trials in which participants are highly selected, partial remission occurs in only 50% of civilians and 33% of military personnel.²⁷ Therefore, 77% of Veterans remain with a full-blown PTSD diagnosis after having engaged in TFT with all the associated risks.²⁷

Adverse effects are always part of the game in clinical practice, but they are particularly present with TFT. To prevent adverse effects, clinicians need to know about possible adverse effects and anticipate them. This task is hard because TFT originators and researchers have regrettably refused, and still refuse, for the most part, to acknowledge the reality of adverse effects induced by TFT.

Real-life stories of human beings experiencing adverse effects from TFT need to be told, acknowledged, and prevented. In the second part of this article, I will present some adverse effects attributable to PE, EMDR, and CPT, as observed by me or reported to me by colleagues.

References

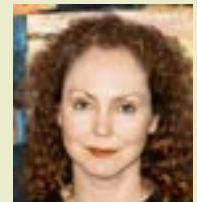
1. American Psychological Association. Clinical Practice Guideline for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults. 2017. www.apa.org/about/offices/directorates/guidelines/ptsd.pdf
2. National Center for PTSD. Treatment Comparison Chart. Understand PTSD Treatments. 2020. <https://www.ptsd.va.gov/apps/decisionaid/compare.aspx>
3. Foa, E.B., Rothbaum, B.O., Riggs, D., and Murdock, T. Treatment of posttraumatic stress disorder in rape victims: a comparison between cognitive-behavioral procedures and counseling. *Journal of Consulting and Clinical Psychology*, 1991, 59: 715-723.
4. Pitman, R.K. et al. Psychiatric complications during flooding therapy for post-traumatic stress disorder. *Journal of Clinical Psychiatry*, 1991, 52, 17-20.
5. Wampold, B.E et al. In pursuit of truth: A critical examination of meta-analyses of cognitive-behavior therapy. *Psychotherapy Research*, 2017, 27(1): 14-32.
6. Macklin, M.L. et al. Five-year follow-up study of eye movement desensitization and reprocessing therapy for combat-related posttraumatic stress disorder. *Comprehensive Psychiatry*, 2000, 41(1): 24-27.
7. Becker, C.B., Zayfert, C. and Anderson, E. A survey of psychologists' attitudes towards and utilization of exposure therapy for PTSD. *Behaviour Research and Therapy*, 2004, 43, 277-292.
8. van Minnen, A., Hendriks, L., and Olff, M. When do trauma experts choose exposure therapy for PTSD patients? A controlled study of the therapist and patient factors. *Behaviour Research and Therapy*, 2010, 48: 312-320.
9. Barlow, D.H. Negative Effects from Psychological Treatments: A Perspective. *American Psychologist*, 2010, 65(1): 13-20.
10. Foa, E.B., Zoellner, L.A., Feeny, N.C., Hembree, E.A., and Alvarez-Conrad, J. Does imaginal exposure exacerbate PTSD symptoms? *Journal of Consulting and Clinical Psychology*, 2002, 70(4): 1022-1028.
11. Pitman, R.K. et al. Psychiatric complications during flooding therapy for post-traumatic stress disorder. *Journal of Clinical Psychiatry*, 1991, 52, 17-20.
12. Schnurr, P.P. et al. Randomized trial of trauma-focused group therapy for Posttraumatic stress disorder: Results from a Department of Veterans Affairs cooperative study. *Archives of General Psychiatry*, 2003, 60: 481-489.
13. Tarrier, N. et al. A randomized trial of cognitive therapy and imaginal exposure in the treatment of chronic posttraumatic stress disorder. *Journal of Clinical and Consulting Psychology*, 1999, 67: 13-18.
14. Morris, D.J. *The Evil Hours: A Biography of Post-Traumatic Stress Disorder*. 2015. New York: Houghton Mifflin Harcourt Publishing. <https://www.nytimes.com/2015/02/22/books/review/the-evil-hours-by-david-j-morris.html>
15. McSweeney, L.B., Sheila A. M. Rauch, S.M.A., Norman, S.B., and Hamblen, J.L. Prolonged Exposure for PTSD. National Center for PTSD. 2020. https://www.ptsd.va.gov/professional/treat/txessentials/prolonged_exposure_pro.asp
16. EMDR Institute. What are the adverse side effects? 2015. www.emdr.com/faqs.html
17. Brunet, A. Complications thérapeutiques suite au traitement EMDR chez un vétéranastratifié. *Journal International de Victimologie*, 2002, 1(1).
18. Kaplan, R. and Manicavasagar, V. Adverse effect of EMDR: A case report. *Australian and Zealand Journal of psychiatry*, 1998, 32(5), 731-732.
19. Anonymous. EMDR Side Effects. January, 2013. www.healthboards.com/boards/post-traumatic-stress-disorder-ptsd/934679-emdr-side-effects.html.
20. Anonymous. EMDR Lashback: When EMDR Goes Wrong. January, 2007. www.myptsd.com/c/threads/emdr-lashback-when-emdr-goes-wrong.1388/.
21. Anonymous. Does EMDR have side effects? November, 2014. <http://forums.psychcentral.com/psychotherapy/207530-does-emdr-have-side-effects.html>.
22. Anonymous. EMDR Ruined My Life....And I Worry About My Sanity. Any Suggestions? 2017. https://www.reddit.com/r/EMDR/comments/54e98m/emdr_ruined_my_lifeand_i_worry_about_my_sanity/
23. Unicourt. Lisa Riggs Vs. EMDR Institute, Inc. September, 2017. <https://unicourt.com/case/ca-ora-lisa-riggs-vs-emdr-institute-inc-810926>
24. Resick, P.A., Wachen, J.S., Dondanville, K.A., et al. Effect of Group vs Individual Cognitive Processing Therapy in Active-Duty Military Seeking Treatment for Posttraumatic Stress Disorder: A Randomized Clinical Trial. *JAMA Psychiatry*. 2017, 74(1):28-36. doi:10.1001/jamapsychiatry.2016.2729

25. Gaston, L. Limitations of Trauma-Focused Therapies for PTSD. Unpublished document. 2015 <http://www.traumatys.com/resources/>
26. Bradley, R., Greene, J., Russ, E., Dutra, L. and Westen, D. A multidimensional meta- analysis of psychotherapy for PTSD. American

Journal of Psychiatry, 2005, 162(2): 214-27.
27. Steenkamp, M.M., Litz, B.T., Hoge, C.W., & Marmar, C.R. Psychotherapy for military-related PTSD: A review of randomized clinical trials. Journal of the American Medical Association, 2015, 314(5), 489-500.

ABOUT THE AUTHOR

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



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

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

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

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

Living with PTSD - My Story of Survival, Falling Down the Well, and Finding Hope

By Lisa Wright, Attorney at Law

My name is Lisa. I am not a procrastinator, yet I have waited years to tell my story openly. In truth, publicly baring my soul intimidates me. But now is not the time for fear. As a wise man once said, "The truth will set you free." John 8:32.

Part I My Moment - What is the worst moment of your life? Mine was 9 years ago. I was 26 years old and an officer with the Houston Police Department. I worked nightshift patrol. I was healthy, happy. I loved my job and enjoyed simple things like running, Star Wars, and Toblerone chocolate bars.

It was Monday, August 8, 2011 in Spring, Texas, just north of Houston. I ended my shift that morning, went for a run in my quiet neighborhood where nothing ever happens, showered, and went to bed around 8 am. I set my alarm for 4 pm because I was in law school and had to study for summer finals.

I put my German Shepherd, Gunner, in the laundry room since it was a 100-degree day. I fell asleep, wearing a white tank top and black skivvies (a relevant detail later).

At around noon, I woke up to a thump at my bedroom window. Something was scratching the screen.

Trigger #1: Noises waking me up. Trigger #2: Noises at the window or door.

Then, I heard him: "Fweet fweet fweet!"

He whistled for my dog. I can still hear that high-pitched whistle, like nails on a chalkboard. *Trigger #3: Whistling.*

He had seen the large doghouse and was checking for my dog. Gunner would have attacked him.... that is, if I had not put him in the laundry room. *Mistake #1.*

I also did not have an alarm because I lived in a quiet neighborhood where nothing ever

happens. *Mistake #2.*

It clicked: someone was breaking in. I threw on my glasses and ran through my house to the garage and grabbed my shotgun: a Remington 870, 12-Gauge pump-action firearm with a bandolier sling, fully loaded with buckshot shells. It was registered as my backup weapon. I typically rode solo in some of the most violent beats in Houston and kept my shotgun handy; but that day, I foolishly kept it in my garage instead of my bedroom. *Mistake #3.*

I racked a shell into the chamber. *Trigger #4: A shotgun racking.*

I was rushing. I did not wrap the bandolier sling across my chest. *Mistake #4.*

I also forgot my vest. *Mistake #5.*

I ran back through my house and stopped at my back door, just long enough to take a breath. I opened the door and stepped out to my quaint patio, with purple concrete pavers and a white pergola wrapped with vines. It was my favorite place to relax and sip coffee or a beer.

I scanned the yard. I looked left and saw my bedroom window screen on the ground. I moved toward the alley on the left side of my house. As I slowly cleared the corner, I saw him. He was a white male, approximately 6-feet tall. He was wearing a striped shirt, jeans, and grey gloves. He was much bigger than me.

I pointed my shotgun at him and yelled, "Get on the ground!"

He raised his hands. "Whoa, whoa!"

"Get on the ground, now!" I repeated.

"I'm here to fix your fence," he said.

"Get on the ground!" I kept repeating.

I can only imagine what he saw. I was short, 125 pounds, wearing skivvies and foggy glasses. I did not identify myself as a cop.

Mistake #6.

I did not know what to do. His hands were up, but he would not get down. He was just standing there.

Only he wasn't. He was inching closer, but my eyes did not see him closing the gap.

Mistake #7.

He lunged and snatched the barrel of my shotgun. He whipped my body around as I gripped the stock. My glasses flew off, and we both tumbled to my purple concrete pavers.

And so began the worst moment of my life. I call it my "moment" because I do not know if it was 5 seconds or 5 minutes. Time, space, everything melted away.

He was on top, crushing me. He kept yanking the shotgun, trying to pull it from my sweaty hands. If I had that sling around my body, I would have been able to use my body weight to hold on. He dragged me from side to side. The concrete tore open my legs, back, and elbows.

He grunted in my ear: "Give me the f---ing gun! I'm going to f---ing kill you!"

I just held on. I looked up at the sky through the vines on my pergola. Sometimes I go back and imagine I died in that moment—something I call "going down the rabbit hole." I imagined that he shot me with my own shotgun and ran off into the sunset, never to be found again. I laid there with my eyes open gazing at the sky. I saw police hovering over my body, frowning. "Such a shame. She had the gun right there."

But something did pull me out of the rabbit hole. I was out of breath. He was overpowering me, but somehow my lungs filled



with air. I screamed. He let go. He stood up and backedpedaled, but he was still facing me. I was afraid he was going to come after me again. I sprang up and squeezed the trigger. The cannon blast. Trigger #5: Gunshots. He hunched over and fell.

I was scared he was going to come after me again. I tried to re-rack the shotgun but could not. (Later I found out that we had wrestled for the gun so hard, it bent the barrel).

I ran inside and my shaky fingers and dialed 911. I grabbed my other backup pistol: a Ruger LCP .380 caliber. I thought there could be more intruders. I heard my neighbors outside calling me. Officers arrived minutes later.

I was hysterical. I kept asking if he was in custody. I was worried he ran away. One officer kept saying, "They got him." After they treated my wounds and calmed me down, one of the EMTs knelt and whispered, "He's gone."

I cried. He was dead and I killed him.

As an officer, I was familiar with the routine that followed, though it is quite different when you are the victim. There is a lot of waiting. I could not use my phone. One officer called my boyfriend, who was traveling at the time. My boyfriend then called his dad to come check on me, but police would not let anyone through. Yellow tape surrounded my house. A helicopter hovered. News vans parked outside. My neighbors stood by, gawking. My house was a crime scene.¹

My union attorney arrived. I was finally allowed to get dressed. My attorney snuck me out through my garage, shielding my face from the cameras. We went to the Harris County Police Station so I could provide a formal statement. I learned some things about my

attacker: he was ex-military, a fugitive, and had prior theft charges. Earlier that morning, some neighbors had reported a suspicious male walking around in our quiet neighborhood, where nothing ever happens.

Part II My Descent

- The next few days, months, and years were a blur. I remember the good things: friends, family, and complete strangers who reached out. One of his family members even wrote a letter saying she was praying for me, that he was not a good person, and that I was not the cause of his death—he was. My boyfriend proposed about a week later. The ring and wedding plans were welcomed distractions.

But then there were the bad things: some idiot posted that my attacker was just leaving business cards on people's front doors. At work, one officer slapped me on the back and blurted: "So, what's it like to kill someone?" Another officer asked if I had shot a Jehovah's Witness.

Work changed. I was put on routine leave for a few days. I saw the department's psychologist for a few sessions. I worked the desk for a while. I eventually returned to patrol but could not ride solo. I partnered with someone who was a much better driver than me anyway. I then left Patrol and worked Homicide for a few years. I finished law school. The day after giving birth to our first daughter, I found out that I had passed the bar exam. I saw it as a sign that I should quit the job I loved and become a lawyer. I had seen enough evil in my lifetime and thought that would maybe fix my "issues."

I went to a few more sessions with other therapists within our insurance network. They were okay, but they moved around a

lot. Building relationships was hard. I was prescribed a generic pill (an SSRI) that treats depression and anxiety. Unfortunately, a few therapy sessions were not enough to keep me from being dragged down The Well—my personal hellhole. It would take 9 years to realize that I had PTSD and needed help.

Part III The Well - I developed some of these symptoms during my time in The Well.

1. Weight Loss/Gain. I could not eat for a while. Running helped me escape The Loop—when my mind replays everything over and over. I quickly lost about 15 pounds after my shooting. I gained it all back (and then some) after three pregnancies in four years (that math is accurate). I just could not seem to return to the healthy, happy version of myself.

2. Insomnia. Sleep has never been the same. I will budget extra time at night because it will take me an hour or so of watching something funny on TV to relax. I will fall asleep but wake up a few hours later. If a noise wakes me up, like my sprinklers hitting my window, then I typically just start my day right then. I will only wear frumpy PJs to bed. I cannot sleep in skivvies anymore.

3. Paranoia. Any of those triggers I mentioned will start The Loop. I am a nervous person. My husband snaps his fingers when he walks into a room so that I do not startle. Every time there is a knock at the door, my heart jumps. I sleep with a shotgun under my bed. I run with a knife in my waistband. If you are a man and I do not know you, keep your hands to yourself—or risk losing them.

4. Numbness. When I was not paranoid or hypersensitive, I was numb. My generic SSRI

covered my brain like a blanket. It numbed the pain, but it also numbed my joy and inhibited my ability to think. I could be happy, but people would not know it by my poker-face.

5. Isolation. I felt hopelessly alone and ashamed, like I had a dark secret no one else had. Someone broke into my house while I was sleeping and tried to kill me—only I killed him first. Not many live to tell that kind of story.

6. Self-deprecation. People say I am hard on myself and apologize too much. After killing someone, I cannot help but wonder what all I could have done differently that day. I think of all my “mistakes.” If I had an alarm, maybe he would have picked a different house. People lauded my strength and courage and called me a hero. I had different names for myself: freak of nature, killer. To me, every human on this earth is a child of God, even when they do evil things. Ergo, I killed a child of God. I live in perpetual guilt and fear because one day, my day will come. One day, I will face judgment.

These were just a few of my main symptoms. I thought I just needed more time, but I learned that a mental wound is just like a physical one; it needs time and treatment—otherwise it will fester.

I spent years trying to distract myself with one milestone and distraction after another. Marriage. A new career. Three daughters. A new house. Projects. Things just kept getting harder. I went off my generic SSRI because I could not focus on work. It would help calm me down, but it inhibited my ability to think, read, and write—critical skills as a lawyer.

Going off this SSRI was a bigger mistake. My temper had a short fuse. I would yell and need to go for a walk to cool down. I could not

get out of bed in the morning. People would say it was normal to feel exhausted and irritable with three kids, that postpartum depression was common, and so on. My body was not just worn out—my soul was ready to throw in the towel.

Part IV **A New Hope** – By the fall of 2019, I knew something needed to change. I found help and hope in three ways.

1. Finding the right prescription. My friend told me about Trintellix—a pill that helps sooth the bad stuff (anxiety/depression), without impeding the good stuff (joy/cognition). By January 2020, I went to a psychiatrist, said goodbye to my old SSRI, and started taking Trintellix. I felt dramatically better within approximately 2 weeks. My old generic pill cost \$6. Trintellix costs \$60. Worth. Every. Penny.

2. Weekly therapy with a good therapist. I found a psychologist close to home. Minutes after meeting Dr. Mary, I could tell that this was the beginning of a beautiful friendship. She knew what to say and made me feel comfortable. In the past, I would go to therapy about once a month and naively thought that was enough, but people cannot workout once a month and expect to get in shape. I started seeing Dr. Mary once a week. She was out of network, and she charged \$190 for an hour session. Worth. Every. Penny.

3. EMDR. Then Dr. Mary suggested that I target what was hidden beneath my iceberg—my PTSD. For years, I dodged those four letters, like I was ashamed of my story, my secret, my “issues.” I would lie to myself and others. I would say, “I have postpartum depression” because it would raise fewer eyebrows than saying, “I have PTSD.”

I was afraid that if I said those letters out loud, they would become tattooed on my forehead. I came to realize that if I did not accept the correct diagnosis of my “issues”, how could I expect to find the right treatment?

Dr. Mary was trained in a form of therapy called EMDR—Eye Movement Desensitization and Reprocessing. She told me how scientific studies show that by using EMDR therapy to treat PTSD, people can experience vast improvements in a relatively short amount of time.² I researched it, prayed about it, and decided to trust her—and God. We started EMDR therapy in mid-January of this year. Basically, it involves recalling and reliving the traumatic memories in small doses. It then uses handheld vibrations and sounds through earphones to redirect the brain activity from the more hyperactive side of the brain, to the calmer side. When it was developed in the 1980s, it involved eye-movement therapy, but technology and this form of therapy has evolved since then.

We completed four sessions in about four weeks. The first session was hard. Very hard. I had to go back to the scary box of memories that I wanted to keep locked up forever. My discomfort level was at a 10. The second session was easier. The third, even easier. By the fourth session, I could recall those same horrifying memories, but I did not feel horrified anymore. I knew it was over and that I was safe. My discomfort level at the fourth session was about a 1. I cried on my drive home. After many years, I finally felt healthy and happy again.

It has been several months since my EMDR therapy. I see Dr. Mary every other week and take Trintellix every morning. I am not cured. I still have symptoms. I do not believe that the “traumatic stress” part of it ever really goes away,

but I do know the “disorder” part can be treated.

My hope is that my story can also touch someone who may be stuck at the bottom of The Well. The treatment that worked for me may not be the same for everyone, but I want people to know that with time and treatment, there is hope. You can feel healthy and happy again, too. If my story can help even one soul climb

out of that terrible, lonely place, then maybe I will have done something right in my life.

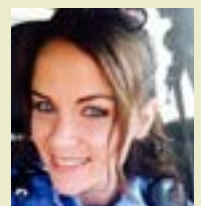
References

1. Priest, J., Chron, <https://www.chron.com/news/houston-texas/article/Off-duty-HPD-officer-kills-daytime-intruder-at-2079437.php>.
2. See EMDR Institute, Inc., available at <http://www.emdr.com/what-is-emdr/>; see also EMDR Therapy: What You Need to Know, available at <https://www.healthline.com/health/emdr-therapy/>; see also American Psychology Association, PTSD, Eye Movement Desensitization and Reprocessing (EMDR) Therapy, available at <https://www.apa.org/ptsd-guideline/treatments/eye-movement-reprocessing>.



ABOUT THE AUTHOR

In 2008, **Lisa Wright** moved from New Jersey to Texas and joined the Houston Police Department. She worked nightshift patrol for four years, and then became a Homicide Investigator for three years. In 2015, she became a lawyer and joined Wright Close & Barger, LLP. Outside of work, she enjoys spending time with her husband and their daughters. Lisa also enjoys swimming, biking, and running.



How the Best Handle Stress - A First Aid Kit

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

No. 2 in a series

CHAPTER TWO

Attitudes, Breathing, Choices

A Health Centered Approach to Stress Management

The Reader is invited to Try the ABC approach. That is, rehearse a health-centered “Attitude, Breathing technique and Choice” to groove-in your reset habit.

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

Abraham Lincoln

ATTITUDES - FOR maximized mindset.

“A man’s mind, stretched by a new idea, can never go back to its original dimensions.”

Oliver Wendell Holmes, Jr.

1. Harvard Medical School’s scientific breakthrough 2002: Positive thinking proven to promote physical health and healing.

Harvard Medical School reveals that positive thinking is proven to promote physical health and healing. The boss’s bottom line for this mental-physical health link: You can take this to the bank – it’s less expensive to be more positive because of less sick-(of)-work days by employees.

“Positive thinking” movement turns seventy, making it an institution, not just a fad

As far back as 1932, the great power of positive thoughts was recognized, as expressed in Emmet Fox’s pioneering book, Power Through Constructive Thinking. His “Fifteen Points” (p. 272 of his book) predate most positive thinking

movements and exemplifies one of the best minds of the 19th century (Fox was born in 1886). Dr. Norman Vincent Peale, considered one of the ten most popular men in the world in the 1990’s, carried the “positive thinking” torch to light the darkness with his best-selling classic, The Power of Positive Thinking, published about 20 years after Fox’s groundbreaking book on positive thinking.

2. Advice from the world’s “smartest” person on the power of attitude.

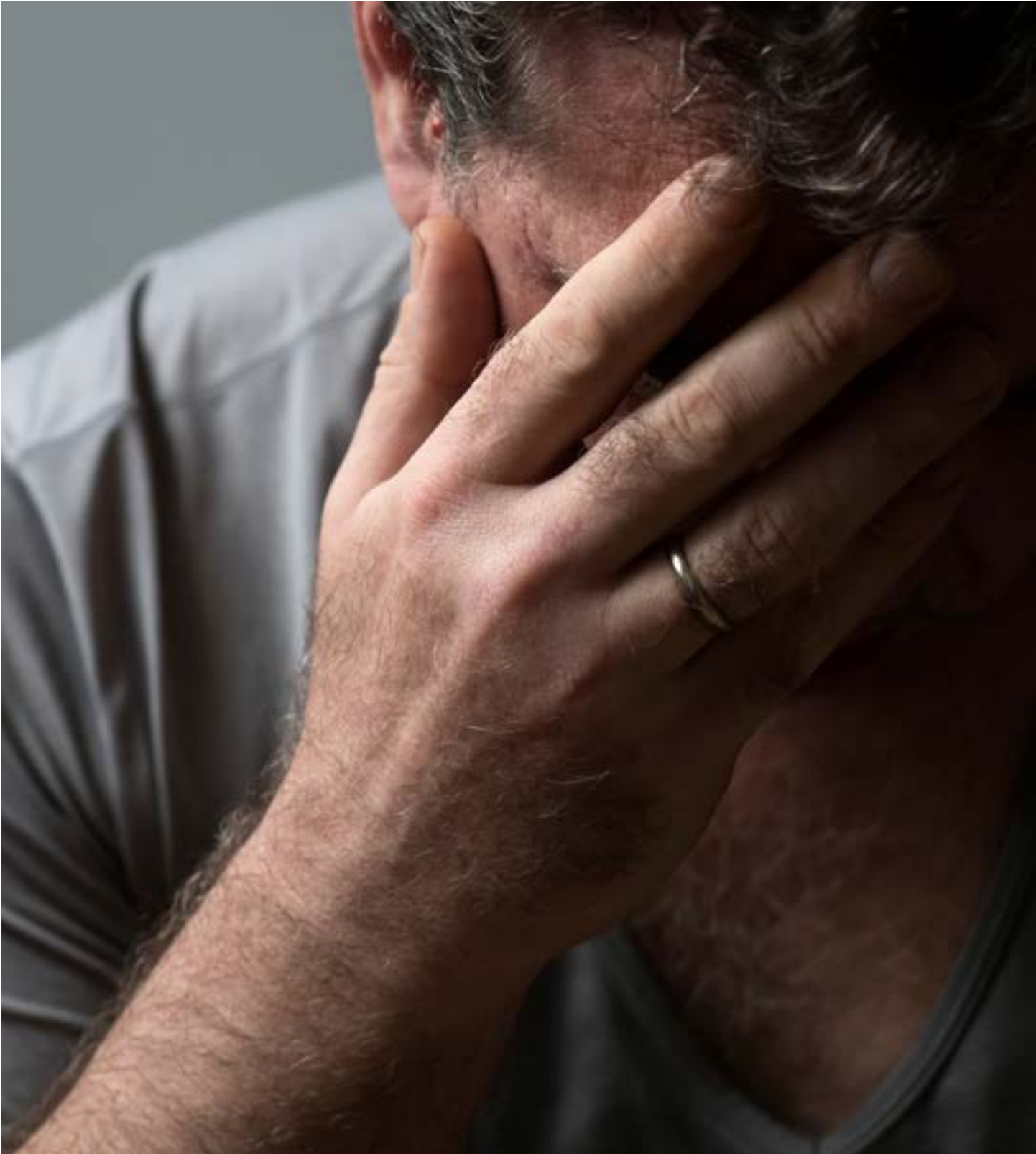
Marilyn vos Savant, who has the highest-measured IQ (230) in the world, believes that “...thoughts generate emotions. You may not necessarily choose your emotions, but you control the thoughts that produce them.”

3. “Small thoughts vaccine” for negative thinking on the job.

“SMALL THOUGHTS VACCINE” (Prescription – take seven times per “small thoughts” attack)

Dr. Ron Rubenzer © 2003

1. This job is a drag; there is too much change; these computers are driving me nuts! Work is fun, change is good: A poor workman argues with his tools, so get back in the loop of the 21st century program!
2. I have to. I want to. If I do what I have to now, I can do what I really want to do later.
3. I think I can't (change). I think I can.



4. You are told: You will never have a perfect "score" (grade). No monument was ever built to honor a critic. What are my LFT's, "Look forward to's"?
5. This job is too stressful. I can't take the stress of these computer courses. Job-stress is better than jobless stress. Choose to convert temporary stress into long-term satisfaction (e.g., taking those computer courses now for a better job life later).
6. The only person who likes change is a wet baby. Change is the only sure thing in life. You couldn't even eat if food didn't change form.
7. Why am I in this job (course, etc.)? What are my LFT's, "Look forward to's"?
8. She is impossible to get along with. I'll try the JLU, "Just like us" approach, by finding something in common with her (dress, food, hobbies, and interests).
9. I give up. "It is better to light a candle than to curse the darkness." (Dedicated to E. Roosevelt by Adlai Stevenson upon Roosevelt's death in 1962.)
10. I can't take this pressure anymore. The glass is both half empty and half full. There is some balance between good and evil.

When stuck between a rock and a hard place, become a diamond. (Use the pressure to become the world's most-brilliant and strongest element, just slow the pressure down.)

THE ONLY THING YOU CAN CONTROL ABOUT THE PAST IS YOUR ATTITUDE. YOUR ATTITUDES ARE AN INDESTRUCTIBLE SOURCE OF STRENGTH.

World-famous psychiatrist, Dr. Victor Frankl, successfully survived the ravages of a Nazi concentration camp by sheer "will of attitude. Most basically, he said if we have meaning in

life, we can survive anything. Three ways to find meaning in life are by doing a worthwhile deed or completing a work; encountering someone or experiencing something (love, truth, beauty, etc.); and managing our attitude toward unavoidable suffering. Dr. Frankl's secret to survival also included a sense of humor, even a grim sense of humor, toward one's own situation.

4. "Hold that thought" – bringing about an attitude adjustment in a 75% negative world. Negative thinking changes your brain chemistry in just two weeks.

People spend at least 75% of their time being negative, according to renowned stress consultant, Loretta LaRoche, of the Humor Potential. Positive people are going up the down stairwell crowded with angry, frustrated people. Without becoming preachy, it is important to give yourself a fighting chance at being positive by having reminders (carrying cards, etc.) and surrounding yourself with positive people (the other 25%). The average person has a negative thought every two- and one-half minutes, or about three-hundred negative thoughts a day, according to the Midwest Center for Stress and Anxiety, Inc.

The best book to help you learn and practice positive thinking is by Lucinda Bassett, founder of the Midwest Center for Stress and Anxiety, Inc. Her book, *Life Without Limits*, provides practical proven ways to change your mind to change your life.

Consider this: If you are not in control of your thoughts and actions, who or what else is?

Synchronize your mind with your watch

Get in real time, not lost in the false memories of the past or the future imaginings of things that

may never be. Be “present” in the present. Living in the past breeds regret, living in the future breeds fear. Try to keep in the “here and now” making a “pleasant present” when possible. Surround yourself with the good and positive when you can. Try to keep in the “here and now” for just one minute, not letting your mind drift off into the past, future or someplace else. Taking ten deep breaths will take you about a minute.

These 12 tips, with examples, may help:

Talk yourself into positive attitudes

The key to turning your attitudes around is simply, “practice until you believe.” It has been estimated that negative attitudes are several times stronger than positive attitudes. To excel in terms of stamping in positive attitudes, remember, practice makes permanent. Just as your office has dress codes, you follow different attitude codes at work. Helpful attitude codes follow:

- Easy always does it.
- Pain is unavoidable, suffering is optional.
- TGIE (Thank God I’m employed).
- “Line by line, things are fine; page by page, I’ve got it made,” is the “writer’s mantra,” useful for any type of writing.
- Your enemies will become your stepping-stones if you are patient. (Janet Harrell).
- There is no danger.
- There is enough time.
- This too, shall pass. Everything is temporary.
- Don’t give up.
- Don’t take it personally. Do not be like the “princess and the pea” overreacting to the smallest pet peeve. “Jerks at work” are probably not aiming to hurt you personally, but only trying to help themselves.
- Divide and conquer your problems. Divide your problems into steps that can be dealt with one at a time.

- Live your life in daylight compartments. Like the rising sun, your energy will rise for the day if you let go of yesterday and concentrate on doing well today.
- Relax. You are not the center of the universe, but you are central to the universe.
- We are actually centered in the universe, midway in size between stars and atoms. Our true-life cycle is from “stardust to stardust.” We are composed of stars and we will return to stars.
- Instead of saying, “I hate....,” say, “I pity....” Instead of saying, “I dread doing ...” say to yourself, “I dislike doing...”
- “It takes confidence to win, and it takes winning to have confidence,” according to a statement credited to Andre Agassi, world-class tennis player. In childhood many of us said the prayer, “Now 1 lay me down to sleep,” which comforted us. Millions of grateful adults still say grace before eating. Some coaches in private schools even have a team prayer before games. But again, keep your prayers to yourself.

5. Professional “attitude adjustment”: Center for Creative Leadership.

The world-renowned Center for Creative Leadership provides individualized, objective and practical assessment of attitudes and behaviors related to successful leadership. The main headquarters and training facility for CCL is in Greensboro, North Carolina, with other training facilities in San Diego, and Colorado Springs. For program information, call (336)545-2810 or visit their website at <http://www.ccl.org/search>.

Positive thinking on the job

Scott Ventrella, in his 2001 book, lists ten do-able positive thinking steps for the job. Of

course, calmness, patience and persistence are key factors. Faith in one's self to have a positive outcome, even when times are tough, tops his list of things you can do on the job for effectiveness and success.

A very useful and visually appealing list of "Twelve Commandments for People Who Work With People" is offered by Ann White. Her corporation can be contacted at (864) 463-6709, or www.annwhite.com.

6. Don't wait for perfect timing.

"When I graduate I'll ... ; when the kids stop fighting I'll improve my. . . ; I'll finish that report when my desk is cleared, all my papers are filed AND all my pencils are sharpened . . . ; I'll go to Tahiti when I can afford it . . . ; I'll improve my romance life when I lose more weight; We'll leave for vacation when the house is spotless and could pass "the Martha Stewart" inspection.

BREATHING EASIER

The Key to Stress Management is Right Under Your Nose!

Breathing relieves pain, relaxes and enhances concentration.

1. If controlled breathing calms during childbirth, it will work on the job.

(Unless your job is worse than childbirth).

Why does deep breathing work?

According to the National Institute of Mental Health, "People who are anxious often hyperventilate, taking rapid shallow breaths that can trigger rapid heartbeat, lightheadedness, and other symptoms." Slow deep breathing stops unpleasant anxiety symptoms.

Your brain is very "high maintenance" in

terms of its need for oxygen. It needs ten times more oxygen for its body weight compared to other parts of your body. Breathing deeply and slowly will automatically provide energy to your brain, which is the first defense against stress.

Relaxation breathing calms

Dr. Andrew Weil, MD, Harvard-trained physician and best-selling author, strongly advocates concentrating on your breathing for five minutes per day to lower stress and blood pressure. In fact, he states that relaxation breathing is the single best treatment for anxiety disorders.

"Fill in the blank" of boredom with breathing.

During those no-brainer activities, (being stuck in traffic, listening to senseless chatter, waiting in a line at the store), do some deep breathing. It is mental housecleaning. Even a few minutes will help you combat feeling bored (or baffled) and it will help you get your breathing practice in.

2. Breathing instructions 101: Easier done than said!

Obviously if you are reading this page, you are breathing and do not really need breathing instructions. In fact, relaxation breathing, is actually easier done than said, because it is second nature. Every time you sigh, you are relaxation breathing. Just try breathing a little easier, slower and deeper. Begin your breath with your stomach first.

Try the following RELAXATION BREATHING exercise lying down.

Notice the rising of your stomach, then your chest as you slowly inhale. Your goal is belly breathing in which the belly fills with air before the upper lungs do. Notice your chest falling and then your stomach flattening as you slowly

exhale. Putting your hand on your stomach will help you feel whether you are belly breathing. Practice this belly breathing when you go to bed for a few days until it is a habit.

BREATHING BY THE NUMBERS

Breathe in on odd numbers, breathe out on even numbers up to the count of ten. For example, breathe in on the count of one, breathe out on the count of two, breathe in on the count of three, breathe out on the count of four. Five in, six out, seven in, eight out, nine in, ten out. The numbers give you something to think about while you are feeling your breathing. Practice “breathing by the numbers” several times a day until you can breathe to the count of ten some of the time without thoughts interrupting.

BREATHE WITH “MEANING”

Once you can breathe-count to ten, substitute a single word or short phrase for the numbers. For example, say silently to yourself on your inhalation, “In relaxation,” then as you exhale say, “Out tension.” (In relaxation [as you inhale])

- Out tension [as you exhale]). Or try, “I am – relaxed.” You may want to try saying to yourself more (on the inhalation) relaxed (on the exhalation). To review, some self-calmers are “I am [inhale] – relaxed [exhale],” “Just for now I’ll relax,” or if you are religious, “This too – shall pass,” “The peace that passes all understanding.” It is most useful to select and practice your single favorite self-calmer. Change in itself is stressful. Stick with your best single calmer word or phrase for at least three weeks.

Then try another for three weeks. Think of your top self-calmer, sleep on it, and start grooving it into your memory tomorrow.

To build habit strength, it is important that you pick one single phrase to practice with for at

least three weeks. The phrase should be short and peaceful, not “More – money or work – faster.”

If you are trying to doze off to sleep, say as you inhale, “Deep,” and as you exhale, “Sleep.”

DOCTOR RECOMMENDED BREATHING BY THE NUMBERS

This breathing exercise can be done while standing:

- Breathe in deeply to the count of five, hold at the crest of your breath, now
- Breathe out slowly to the count 6- 7- 8- 9- 10.
- Repeat as needed.

The Harvard Mantra.

The famed Dr. Herbert Benson speaks of the Harvard Mantra- as just being ONE. Focus your mind on ONE thought, one picture. Enjoy the sensation of relaxation.

Choice - Win/Lose - You Choose: Your Freedom to CHOOSE

No statue was ever erected to honor a critic.

Choice is the C in the ABC’s of Industrial-Strength Stress Control formula. Within reason, we have freedom of choice in how we handle problems. Consciously choosing how we handle hassles frees us from the involuntary stranglehold of job-stressors.

“What-to-do-tomorrow” tips are offered for you.

GAINING CONTROL OVER THE NUMBER ONE REASON FOR YOUR JOBSTRESS (The first C in the four C’s of work) CONTROL

Three key ways to get control over your work are:

1. Increase your knowledge. Find a need and feed it.
2. Play by the company rules.

3. Plan and pace yourself with time management. Use computerized “brain extenders.”

A large portion of this chapter will be devoted to time management because it is central to getting control over your job. Time management will help you from feeling overwhelmed while making you successful at the same time.

The specifics of these three key points to gaining control over your job are now detailed.

1. Increase your knowledge.

Knowledge is power, more than ever. The world’s most financially powerful person is the “knowledge baron,” Bill Gates, developer of Microsoft computer software.

Find out what the company needs by finding out what people are rewarded for producing or providing. Who gets the “employee of the month” awards and why?

A NOTE ON WORKING SMART. To work smart, you have to be sharp. Paul Rosch, MD, President of the American Institute of Stress, lists six practices to sharpen your concentration, memory and decision-making. These practices are: getting enough exercise and sleep, lowering your stress, controlling caffeine, avoiding prescription drugs, and eating a balanced diet for good blood sugar.

2. Play by the company rules.

Listen and watch for what the boss expects, don’t be too perfectionistic, do more than the minimum, try to solve your own problems, accept your mistakes, use common sense, do not complain, and be on time.

3. Plan and pace yourself with time management. Use computerized “brain extenders.”

One hour of planning saves you three to four hours later and achieves better results.

It is now the 21st century. Electronic markers have replaced paper and pencil. Try to use your left-brain extenders – computers. Excellent time-management programs are available. Hand-held electronic calendars actually relieve you of cumbersome paper and pencil.

I’ve fallen behind, and I can’t catch up

This is the theme song of the time-management impaired.

Hint: Corporations develop their master plan using computer calendars and planners. To give you a sense of control, get with the program, the computer program. Just as you weren’t born knowing how to write long hand, you can learn to use computers.

Time management is considered one of the best job-stress managers for Type A’s and for adults diagnosed as ADHD. Type A’s tend to be constantly urgent individuals. Some Type A’s tend to be impatient and easily agitated and angered. The angry Type A’s triple their risks of heart attacks. ADHD is a medical designation that stands for attention- deficit disorder with hyperactivity.

More Freedom Of Choices

“God grant me the serenity to accept the things I cannot change, the courage to change the things I can, and the wisdom to know the difference.”

Reinhold Niebuhr

We will now look at three other choices we have to manage stress: Accept, Rest and Enjoy.

ACCEPTING

Experts on peak performance and stress

management agree that learning “to peacefully accept and then adjust”, is critical. A nationally recognized sports psychologist states that to perform our best we have to “accept the bad, banish it from the mind and keep on plugging away.” The next step is re-calibrating your actions and thoughts for a better outcome (plan B).

Accepting limitations expands our boundaries

Marilyn vos Savant, measured to have the world’s-highest IQ, advises that admitting to and accepting our mistakes is a true way to becoming smarter.

Blood pressure can be dangerously skyrocketed by overreacting to mistakes. People overreacting to mistakes had up to a 54-point blood pressure increase within only twenty minutes, according to a University of Western Ontario study.

Good driver/bad passenger syndrome: Most of us make better drivers than passengers because being in the driver’s seat helps us control or at least predict what is going to happen. At work you are paid to be a team player and accept decisions and workloads. It helps if you know that you can control how you react to what happens to you. It’s like being on a bus with a team, with someone else driving. You just hope the driver (your boss) knows where he’s going and is a good driver. Your stress-management skills will act like a safety belt, so you don’t get knocked around emotionally when the ride gets rough.

ARE YOUR ATTITUDES HARDENING? Just as you can get hardening of the arteries from lack of exercise and poor diet, you can also get hardening of the attitudes, or intolerance of differences, from lack of stretching exercises. Are you easily upset by young people’s dress, music or behavior? Are you annoyed by people who wear studs in every part of the body? Blackbeard and

his sailors wore pierced everything. Do you feel as if your country is being invaded by foreigners? Do you think our institutions are becoming like the U.N., having to serve diverse populations? Fortunately, our ancestors took the brunt of being the unwelcomed foreigners. Anyone who has arrived in North America after 1492 is a foreigner, so get a grip, foreigner.

RESTING

No one has ever been too tired to leave work and go home!

Have you ever gone into work in the morning to find someone asleep at their desk claiming they were “just too tired” to go home at the end of their shift? No, I haven’t, either. People always seem to find enough energy, even after the worst day at work, to get themselves home. Rest is absolutely important, but some of the fatigue we feel at work is in our heads, and that is job stress.

Why rest? A 20-minute powernap recharges the most powerful man on earth, President Bush. Twenty minutes of rest will reset your brain back to optimal performance. If the President can carve out 20 minutes to powernap daily, certainly you can. A 20-minute nap can improve your memory, sharpen your alertness and reduce fatigue.

Relaxation is the oil in your mental machinery. You may want to catch twenty winks after you get home and before you eat or exercise. Twenty minutes is also considered enough time to meditate for optimal benefit. Twenty minutes of breathing meditation gives you a mini-vacation. Saying on inhalation, “I am,” and on exhalation, “at peace,” can center you, improving your concentration and thinking. Sit up in a chair, and set a timer in a drawer, under a towel, to muffle the ticking sound, while allowing

you to hear it go off after twenty minutes. You don't want to hear the timer ticking like the one on a popular TV show that features a stopwatch as its centerpiece for advertising. It could create more stress than it's worth.

Sometimes resting or retreating is needed for coping or growth to occur. A man went to his doctor for advice and said: "Doctor, every time I move my arm like this it hurts. What should I do?" The doctor said, "Stop moving your arm like that." This old joke makes an important point: Think about what you want, not what you don't want. If you want to feel more relaxed, think relaxing thoughts. Give your worries a rest.

Scientific research shows that merely thinking negative thoughts physically triggers your emotional "fight or flight" response, which can make you irritable, sick and tired. Bringing up the past in a negative way brings up the same stressful feelings all over again and prevents healing of old wounds. You spin your wheels while getting nowhere.

Following are some tips for giving yourself a break or rest from negative thinking:

1. Avoid thinking stressful thoughts.

Realize that negative thinking is a maladaptive habit that can be broken. A mental-health specialist may be helpful in establishing more rational, healthful thought patterns that reduce stress. Without knowing it, you may well be a victim of a "negative-thinking addiction," built-up and rewarded by a negative world.

"Negative-thinking addictions" – how to recognize and overcome them

Honestly ask yourself if you are addicted to negative thinking. If you always look for the downside, expect the worst, or find reasons why something won't work, you may be addicted to

negative thinking. If you read the obituaries first (and are relieved if your name is not included), you are probably addicted to negativity. Like any addiction, a "negative-thinking addict" is constantly looking for their next fix. The fix is to look for trouble. If there is not enough trouble in your own backyard, you will borrow trouble from someone else through gossip or the media or borrow nonexistent problems from the future.

Overcome your "negative-thinking addiction" by blocking any negative thoughts for just half a day. An effective way to block negative thinking is to have a ready-made positive thought to substitute as soon as a negative thought invades your thinking. Keep trying to block all negative thinking for just one day until you are successful. Doing this on a weekend or vacation is best.

Anger research has found that the "chronically angered" bring up past, unrelated events to fuel their anger, setting themselves up to be more easily angered in the future.

2. Avoid contagion.

You can catch another person's emotions. Emotional contagion research shows that stress can be involuntarily caught just by being in the presence of a stress carrier. Reduce or eliminate exposure to these people, or put on "attitude armor" if you have to deal with these individuals. Join pep-rallies, not pity parties.

3. Does the shoe fit? Avoid job-stress extremes.

A major source of job-stress is a mismatch between worker skills and job demands. You may have to avoid or reduce exposure to jobs you cannot adjust to.

Popular personality "typing" research suggests there are at least sixteen personality types. Seven different types of intelligence have been identified. It may be that your personality/

intelligence profile conflicts with job requirements. Police work would be very stressful to a shy writer. Being a research scientist would be a very stressful job for an outgoing social director.

Finally, you may need to retreat from a chronically stressful situation. Use your "head" and "heart" in making this decision, however. Plan ahead as much as possible. Get support (professional opinions) about your situation. Do not burn your bridges as you leave.

Avoid making gut-level decisions, because your gut level is at about a five-year-old developmental level. Your gut-level responses are almost completely right brained, and impulsive, survival oriented and about as delicate as a bulldozer. As to every rule, there is an exception, even to the gut-level quitting rule. Bob, with all his "supposed wisdom" having taught human relations and leadership courses, was forced to make a literal gutlevel decision to quit. The story follows below.

4. Take your breaks.

Try to take breaks around positive individuals. Walking can help relieve stress. For most adults, 50 minutes to an hour is about prime time to concentrate continuously on a project before it's time to take a break.

Concentration "errors" (daydreaming, looking around, losing one's place) start to mount the longer you delay taking a short break after this 50-minute prime time. If you use computers or do close work you need to refocus your gaze at some distant object periodically. Muscle tension headaches and overall stiffness set in after several hours in the same position. Stretch, even for a few seconds every hour.

5. Take more or better vacations.

On the weekends, try not to "work at fun" with

long-term deadlines and never completed projects.

Break down weekend projects into small two to three-hour blocks so you have a sense of completion and satisfaction even if your overall projects take several weekends. Writing each "goal block" on a three by five index card may give you visible proof that you got something done during the weekend.

It is important that you learn to disengage from work when the whistle blows. Your car may even be a good "decompression chamber," serving as a neutral zone of music and news between work and home, both with their complicated expectations. An excellent decompression audiotope is "Handling stress with humor," by Loretta LaRoche.

When you get home, really look at the pleasant things about your house and yard, make eye contact with loved ones, play with a pet, and give yourself about 15 minutes to unwind after the trip home.

Change out of your work clothes. Taking a shower or a bath can recharge you and give you a second wind. Enjoy something daily that takes your undivided attention and that you feel successful at, such as getting through the newspaper sports or comic sections. Have relaxation rituals that work for you.

6. Your job is not designed to be an endurance test or a "stress marathon."

True quality work requires that your thinking equipment is fully charged, so learn to rest well whenever you can. In fact, in the excellent book, *Living at the Speed of Life*, the authors strongly suggest that we lower our stress tolerance. We do this by being more sensitive to stress, not less, because we may build our stress tolerance so high that we

ignore dangerous stress symptoms until it's too late. We have strokes, heart attacks, irreversible high blood pressure, serious and permanent stomach disorders. In essence we need to learn to rest before it hurts.

ENJOY

"No pain – no gain" makes about as much sense as "Spare the rod – spoil the child." Both principles are wrong and abusive.

Pleasure-starved people are often irritable, inefficient and unfriendly. These people brighten the room by leaving it.

The inability to enjoy simple pleasures, called

anhedonia, can actually be a warning sign of depression. Always see a mental-health professional regarding questions on mental-health issues.

Why enjoy life more? You may be suffering from a "fun-deficit." Enjoying life helps you enjoy health. A "fun-deficit" in your life will result in feelings of stress. You can correct a "fun-deficit" by paying attention to the last time you had fun and planning for more fun. Furthermore, pleasure is important for health. You may not be able to avoid negative moods and nervousness at work, but you can cancel out the disease-promoting effects of bad events by being enthusiastic, positive and taking pride in what you do.

ABOUT THE AUTHOR

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

He has also conducted speaking engagements for conferences and presented for a number of television shows.

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

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



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Three for Three: A Preliminary Report of Scuba Diving as an Effective Treatment for PTSD - PTSD Progress Through Scuba Diving

By Kevin James

My interest in scuba as a treatment for PTSD (post-traumatic stress disorder) began in 2011 when I read a magazine article about scuba diving as a means of improving sensation in paralyzed individuals by as much as 15 percent. Hidden deep within the study from Johns Hopkins University Hospital, I noticed that doctors suggested that they had discovered, quite by accident, improvements in PTSD symptoms by as much as 85 to 100 percent.¹

I immediately focused on the fact that an 85 percent improvement as the minimum number was worthy of further investigation.

As a former Physical Training Corps Instructor, Diver2 and Sub Aqua Diving Supervisor (SADS)3, I was very excited about the possibility of improving or even eliminating PTSD sufferers of their symptoms. I then began to offer my location, as well as my dive equipment, boat, expertise and time, free of charge to as many wounded warrior organizations that I could find on the internet on both sides of the Atlantic in an effort to give back. This project is undertaken on Long Island in the Bahamas.

After making an effort to create some interest, encouraged all the way by my fellow ex-Army goalkeeper and colleague, Dave Smith, I finally decided to give up on all of the so-called caring organizations and go it alone. In my extreme frustration, I posted a rant on a British Warriors Facebook page with over 13,000 followers. This proved to be the breakthrough I needed. Jim, a PTSD sufferer who is ex-Black Watch, a leading Scottish Infantry Regiment, contacted me after seeing the post. He asked if he could come to the Bahamas to see whether scuba diving would help with his symptoms. I later discovered that his wife, Magi, was very skeptical about it all, but a holiday in the Bahamas sounded good to her!

His symptoms were such that he flailed

around in bed at night as if in an electric chair. He had very dark thoughts during the day about hurting people (Yes, I know. all Black Watch Soldiers have those thoughts.). He would become extremely angry if he so much as spilled a drink, broke something or had a minor mishap of some sort. Luckily, he was able to cover all of the expenses incurred for their trip. While awaiting his arrival, I contacted as many experienced dive friends and medical types that I could, picking their brains for any useful information I could use for "Operation Black Watch!"

It was suggested to me that diving deeper was not necessarily better for improving symptoms, I kept an open mind in that regard. A program was planned, beginning with a shakedown dive to check for buoyancy, then progressing deeper for each dive to find the 'sweet spot' depth-wise for Jim. We embarked on dives between 60 and 130 feet (PADI industry standard for deepest depth), discovering that after the deeper excursions, he felt much better than after the shallower ones. He said that a couple of hours after one of the deep dives, he experienced an episode where he felt a black cloud physically leaving his brain. He discovered he no longer felt any anger or dark thoughts. Magi confirmed that he was sleeping like a baby, but stealing all the covers! (There is no pleasing some!) The diving continued for the week and both confirmed,



upon his departure, that his symptoms were no longer present. He has now been symptom-free for 18 months.

Being encouraged by Jim's success, another sufferer was sought and subsequently found. He was unable to pay his own way, so I reached out to all of my friends, family members and contacts, asking for advice, guidance or help with raising funds. A true friend offered his air miles to bring the sufferer out in economy class, even returning him home first class! This was a very generous gift indeed. Encouraged by this substantial donation, I funded the internal flight, accommodations and all incidental expenses myself. Hopefully this would enable a second PTSD candidate to contribute to the emerging track record that I was hoping to witness.

Trevor was selected due to the fact that he was already a diver, as was Jim. He was quite ill and had not worked for more than a year. He is ex-Royal Anglian, (a premier English Infantry Regiment), who transferred to the British Army Medical Corps. Both he and Jim had completed numerous combat tours. His diving program was planned to be very much the same as before. Trevor also commented that he felt much better after the deeper dives than the shallower ones. On three separate occasions, while Skyping with his family, they asked if he had been drinking due to his exuberant behavior and happy smiling face! He, of course, had not. He just felt so much happier, having left his PTSD symptoms behind. He has remained symptom-free for 11 months and is back at work!

The next hurdle in my mind was to find an individual with severe PTSD symptoms, who had never dived before; therefore, potentially giving the opportunity to more sufferers in the future. I

started talking to a serving sergeant in the Royal Signals, (the British Army's communications specialists), who had recently been placed voluntarily in a psychiatric facility. "Smooth room, no shoelaces" was his description of his stay there. He is a keen swimmer but had never tried scuba diving.

Money was raised via a Just Giving Page for his flights and accommodations. He was instructed to complete a try-dive in the UK to ensure that he was able to cope with diving. He also obtained a dive medical evaluation and permission to scuba dive from both his primary care physician and his psychiatrist. Marc then went one better and enrolled for a PADI Open Water course in the UK, less the ocean dives which I was required, by referral, to complete for him after his arrival. This qualification then enabled him to complete an Advanced Open Water course so that he could dive deeper than 100 feet. On first meeting Marc, it was clear that he was really suffering, as he had to be accompanied by his wife for the journey. Yet again, Marc felt much better after the deeper dives than the shallower ones. He said it felt like his brain was being flushed from the inside and the foggy feeling he had before was no longer there. He also claimed to leave symptom-free and it has now been 6 months since he completed our program.

In summary, it would appear that from discoveries on the ground (and of course, underwater), the following could possibly be happening in the brain before, during and after the therapeutic scuba dives. When a traumatic event is witnessed, cortisol is produced in the brain as a clever coping mechanism. Otherwise the person witnessing the event would have

an immediate catastrophic “meltdown”. This substance is a sticky affair coating the “feel good” receptors in the brain. This situation tends to make the PTSD sufferer very angry, one of PTSD’s primary symptoms. The divers said this made them feel very negative all the time and prevented them from enjoying life fully. I have been reliably informed that serotonin (the body’s feel good chemical) and nitrogen breathed at elevated partial pressures, meaning, at depth in the water, could be forming a caustic cocktail and therefore, scrubbing clean or simply removing the cortisol from the brain. It

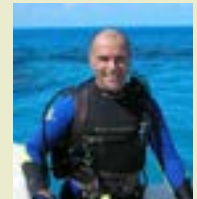
would appear that this might then allow the feel-good receptors and the serotonin to do what they are supposed to do. Regardless of why this is working, so far, three PTSD sufferers have visited, dived, and then left claiming to be symptom free!

References

1. https://www.hopkinsmedicine.org/news/media/releases/scuba_diving_improves_function_of_body_mind_in_vets_with_spinal_cord_injury
2. British Army divers are professional divers trained to undertake reconnaissance, demolition, search and salvage tasks underwater.
3. Any sports diving conducted by the military as Adventure Training must be supervised by at least one Sub-Aqua Diving Supervisor (SADS) who has completed the SADS course, conducted at the Joint Services Sub-Aqua Diving Centre (JSSADC), Fort Bovisand, Plymouth in the United Kingdom.

ABOUT THE AUTHOR

Kevin James, (the Diver, not the Comedian) is the creator of therapeutic PTSD scuba diving courses from his home on Long Island in the Bahamas. He was trained in the British Army as a Navy Sub Aqua Diving Supervisor and British Sub Aqua Club Advanced Instructor. Kevin has since gained the PADI Master Scuba Diving Trainer certification, as well as numerous technical diving qualifications. His diving career has spanned 4 decades, first learning to dive in a Norwegian Fjord. After leaving the British Army, he supervised scuba diving at a small family- owned dive resort on Andros Island in the Bahamas, keeping the guests safe during their weekly signature dive to 185 feet (occasionally at night!). After leaving this lodge, he managed private islands for wealthy individuals and then semi-retired to Long Island. This is where he now provides PTSD diving in Deans Blue Hole, which is 663 feet deep (202 meters). His opinion concerning the help the PTSD sufferers gain from visiting him is based 50/50 on keeping the divers especially safe, most often at industry standard deepest depths and full on with military banter, whenever a mask and tank are not in use! The banter part of the time with Kevin, PTSD sufferers often insist, is said to be equally important to their symptom reduction or elimination using scuba diving. Kevin is hoping to add a clinical trial to his accomplishments, with a 100 percent track record of success thus far.



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*Mere words could never fully say
Our gratitude to you
For all you've done on our behalf
And know this much is true
You're a hero and not forgotten
You are worth more than you know
For freedom costs...but you knew that
When you answered the call to go
You are a treasure to this nation
And we're forever in your debt
You served us well and made us proud
And we will never, ever forget.*

Merissa Lee Kelley

March 2020

In honor of:

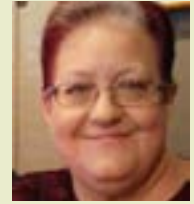
Stephen A. Kelley USAF

Randall V. Ridgway USAF

And All Our Veterans – God Bless You!

ABOUT THE AUTHOR

Merissa Kelley was born in Omaha, Nebraska, where my dad was stationed at Offutt Air Force Base. Being raised in a military family as an “Air Force Brat”, I was fortunate to be able to travel to many countries and to experience their cultures. We made wonderful friends and created many treasured memories over the years. We are still in touch with several families that we were stationed with over the course of my father’s USAF career. Dad retired from the Air Force in 1974 at Langley AFB. Our family still resides in Virginia, where I have worked for Ferguson Enterprises for the last 10 years. I have two grown children and four grandchildren.



There is a bond like no other growing up military. It still stands strong and is the most important reason for the deep respect and love I have for Veterans and their welfare. I write poetry to express my thoughts and this poem is my way of honoring them. Poetry is like painting pictures with words... and I wanted my words to resonate how awesome our military and Veterans are across the board.

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