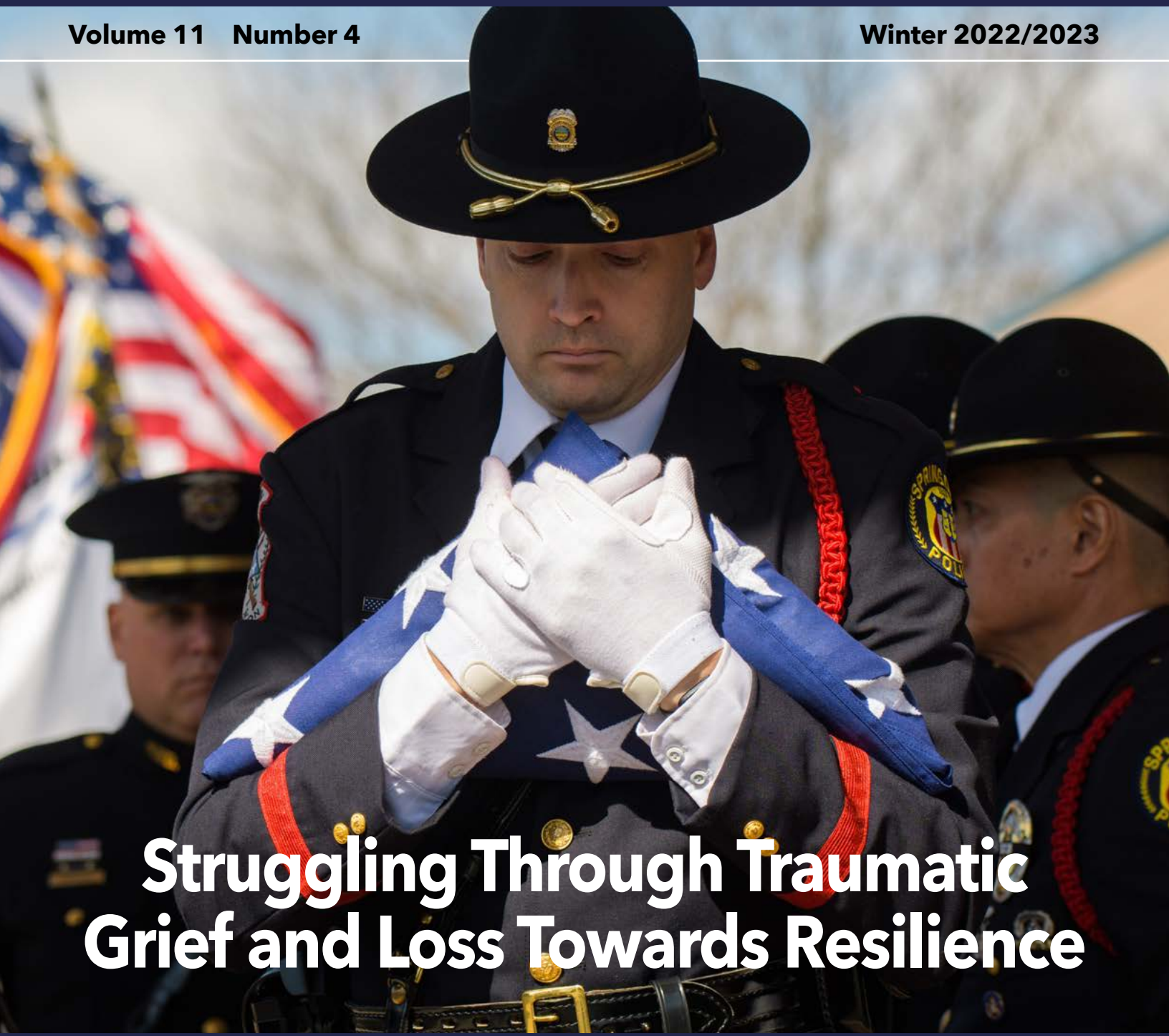
The American Institute *of* Stress

COMBAT STRESS

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

Volume 11 Number 4 **Winter 2022/2023**



Struggling Through Traumatic Grief and Loss Towards Resilience

Inside: **Chaplain LTC (RET) David J. Fair Obituary • Leading through Traumatic Loss and Grief in Law Enforcement,** By Richard S. Biehl **• When a Rock Meets a Hard Place,** By Marla W. Friedman **• Trauma-Focused Therapy for PTSD? Really! Ethical and Scientific Concerns via a Clinical Example,** By Louise Gaston **• Understanding Stress on Those Who Serve (An Observation About Public Servants),** By Robert B. (Scott) Kuhnen **• Leveraging the Power of Community to Help Our Veterans,** By DJ Reyes **• Running Towards a Closing Gate,** By Tom McMurtry **• Gold Star Families Memorial Keynote Address,** By Kathy Platoni **• Military Service Celebrated,** By Anderegg, Norvell, Woodward and Platoni

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

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

COMBAT STRESS

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

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

Combat Stress magazine is indexed by EBSCO where it is featured in their open access suite EBSCO Essentials™ and archived online at stress.org. Information in this publication is carefully compiled to ensure accuracy.

Copyright © 2023 the American Institute of Stress (AIS). All rights reserved. All materials on AIS' website and in AIS' magazines are the property of AIS and may not be copied, reproduced, sold, or distributed without permission. For permission, contact editor@stress.org. Liberal use of AIS fact sheets and news releases is allowable with attribution. Please use the following: "Reproduced from the American Institute of Stress website [or magazine], © AIS 2023."

Editor In Chief
Daniel L. Kirsch, PhD, DAAPM, FAIS
AIS President

Editor
Kathy Platoni, PsyD, DAAPM, FAIS, COL (Ret), US Army

Contributing Editors
Josh Briley, PhD, FAIS
Reverend Charles Grantham, PhD, MSH, FAIS, APF
Jeff Jernigan, PhD, LPC, BCCPC, FAIS
Tom McMurtry, DAIS
John H. Thurman, Jr., MDiv, MA
Richard Young, PhD, FAIS

Managing Editor
Kathy Schoop

Creative Director
Michael McMahon

AIS Combat Stress Board

Chaired by Colonel Platoni, the role of this board is to develop initiatives and communications to serve the stress management needs of Service Members and Veterans.

Chair: Kathy Platoni, PsyD, DAIPM, FAIS, COL (RET), US Army, COL, Ohio Military Reserve/State Defense Forces, Dayton SWAT, Editor, Combat Stress magazine

Richard S. Biehl, MA, FAIS, Police Chief (RET), Dayton, Ohio

Brian S. Earthman MD, FAIS, Psychiatrist, MAJ (Ret), US Army Reserves, Medical Director, EPI, Inc.

Charlie Bass, PhD, MD, FAIS, LTC (RET), US Army, Veteran of OIF/OEF

Daniel L. Kirsch, PhD, DAAPM, FAIS, Pain and Stress Specialist, US Navy Contractor (RET), President, The American Institute of Stress

The American Institute of Stress

Stress Management Experts Wanted!

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

The American Institute of Stress

This is to certify that

Heather Smith, MD

Having satisfied the requirements for education, training and experience,

is duly qualified and has been elected to the status of

Fellow of the American Institute of Stress

and is entitled to all of the benefits deriving therefrom

AIS

Member Number: 0000
Expires: 12/31/2020

Daniel L. Kirsch, PhD, DAAPM, FAIS
President

	Member	Diplomate	Fellow
Features **Save 20% on years 2 and 3 with our 3 year plan**	**$95** per year or $247 for 3 years	**$395** per year or $1,027 for 3 years	**$495** per year or $1,287 for 3 years
Requirements	**Open to everyone**	**Hold a degree or healthcare license and have been in practice or profession for 3 years**	**Hold a doctorate degree or special license and have been in practice or profession for 5 years**
Collaboration with International Professional Community	✓	✓	✓
Continuing education training programs		✓	✓
Subscription to quarterly magazine Contentment and Combat Stress	✓	✓	✓
Membership certificate	✓	✓ + use of DAIS designation	✓ + use of FAIS designation
Quarterly Research Roundup publication		✓	✓
Opportunity to join Speakers Bureau		✓	✓
Discount on annual online conference		✓	✓
Access to AIS research archives		✓	✓
Media spokesperson opportunities		✓	✓
Opportunity to contribute to magazines, blogs, and social media		✓	✓
FREE: Hans Selye and the Origin of AIS ebook	✓	✓	✓
FREE: The Body Electric, a documentary movie produced by AIS	✓	✓	✓

Sign up for membership today at stress.org

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

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

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

The American Institute of Stress
220 Adams Drive, Suite 280 - #224, Weatherford, TX 76086 USA
Main: (682) 239-6823 info@stress.org

REDUCE YOUR STRESS.

Grow your happiness.

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

CLICK TO GET STARTED

CONTENTS

Volume 11 Number 4 **Winter 2022/2023**

6 **Editor's Message**
Kathy Platoni, PsyD, DAAPM, FAIS

10 **Chaplain LTC (RET) David J. Fair, PhD, DMin, CTS, FAIS**
May 5, 1946 – January 7, 2023

12 **Leading through Traumatic Loss and Grief in Law Enforcement**
By Richard S. Biehl, Police Chief (RET), Dayton Police Department
With contributions by:
Maris Herold, Police Chief, Boulder, CO Police Department
Thomas Wells, Police Chief, Springdale, OH Police Department

28 **When a Rock Meets a Hard Place**
By Marla W. Friedman, PhD, Clinical/First Responder Psychologist,

34 **Trauma-Focused Therapy for PTSD? Really! Ethical and Scientific Concerns via a Clinical Example**
By Louise Gaston, PhD, FAIS

46 **Understanding Stress on Those Who Serve (An Observation About Public Servants)**
By Robert B. (Scott) Kuhnen, USAF Civilian (RET)

52 **Leveraging the Power of Community to Help Our Veterans**
By COL (RET) DJ Reyes

56 **Running Towards a Closing Gate**
By Officer Tom McMurtry, CPT (RET) US Army Special Forces

58 **Gold Star Families Memorial Keynote Address**
By Kathy Platoni, PsyD, DAAPM, FAIS, Clinical Psychologist, COL (RET), US Army

64 **Military Service Celebrated**
By Anderegg, Norvell, Woodward and Platoni (October 2022)

Editor's Message

It is with great sorrow and a heavy heart that we announce the passing of our dear friend and colleague **Chaplain Dave Fair.** He was a long-time member of The American Institute of Stress and most recently the author of the "Chaplain's Perspective' section of *Combat Stress*. He will be greatly missed.

In the profound words of **Chief (RET) Richard Biehl,** "Yes, it is hard to dwell on these images and not feel a profound sense of sadness. I remember a Police Sergeant from Cincinnati PD, Mike Gardner, once commented that the depth of our pain is a measure of our love. Perhaps this is one reason to elevate the deep grief of traumatic loss in law enforcement, to recognize that it is our love of our families, friends, colleagues and community for which we respond with dedicated and selfless service, and too often great sacrifice…." This is quite the summary statement for our winter issue. The unparalleled service of our Wounded Warriors, whether the tireless "troopers" of the thin blue line or those who have worn the uniforms of the Armed Forces, the sacrifices are mistakably heart searing and gut wrenching. We dedicate this issue to all of these fallen warriors, whether by injury or death and within the first responder, Veteran, and military communities; heroes one and all. There are an infinite number of tears to fall, but it is the boundless strength of the life force that resides within each of them that has enabled them to navigate a daily hell that the rest of the populace will never come to know.

In the very same spirit, **Dr. Marla Friedman, Chairman of Badge of Life and police psychologist,** has enabled us to peer into the depths of that hell and to come face to face with the issue of suicide within the first responder community. Too many of us would be remiss in admitting that we did more than just fantasize about eating the barrels of our weapons (in the combat theater for me). There is a point when yearning to exist fails to endure. The despair and desperation inherent in law enforcement, the fire service, and both the military and Veteran communities deserve much more than just attention and awareness. Time to act is long overdue.

It truly is shocking to be confronted with the damages committed against the innocent victims of trauma-focused therapies for the treatment of PTSD, often resulting in doing significant harm and violating very clear Ethical Principles of the American Psychological Association to which clinical psychologists are sworn to subscribe (I have witnessed this type of patient abuse up close and personal.) **Dr. Louise Gaston, known for her expertise in all things trauma-related throughout the entire North American continent,** walks us through the trail of psychological injuries too readily caused by those caught up in trauma therapies, with complete disregard for patient safety and wellbeing. This will hopefully serve as a wakeup call for those mental health professionals and clinicians who believe that any single form of evidence-based trauma interventions should be blindly perpetrated upon all of their patients.

United States Air Force civilian engineer (RET) Scott Kuhnen once again offers us his most unique perspective on service and sacrifice gone unnoticed and unappreciated by the masses in his next provocative piece. The primary focus of his writing is to put readers on notice about the

nature of military service and the terrible burdens born by Service Members, versus the political elites who have generated enormous betrayal for politicized ends. To date, the vast crater has never been more pronounced.

COL (RET) DJ Reyes, nationally recognized and celebrated advocate for the Veterans Treatment Court movement, Senior Veteran Mentor Coordinator, 13th Judicial Circuit (Tampa, Florida), and recent honoree for the Florida Veterans Hall of Fame, has returned again to walk our readers into the stark awareness of the terrible predicament involving homeless Veterans across the land. This amounts to a national disgrace and beyond. COL Reyes has guided us on a personal tour of their CDS Life Transitions Program in Rochester NY, a model for low-cost, affordable housing for this often-forgotten population that he will now be expanding into the State of Florida. This is exclusively due to his efforts and that of President and CEO Andrew Sewnauth, fulfilling the promise to leave no Veteran behind.

Captain (RET), US Army Special Forces and Sinclair Community College Police Officer Tom McMurtry has returned to delight and inspire us poetically speaking, as is his habit, with his successful running of the US Air Force Marathon, right here in the Dayton, Ohio area. In my book, he is a national hero for resetting the bar for rising to every conceivable challenge and adapting and overcoming adversities of unknown quantities. This was not only his very first marathon, but he ran it at the age of 63. This is not the first time that he has qualified as my personal hero either.

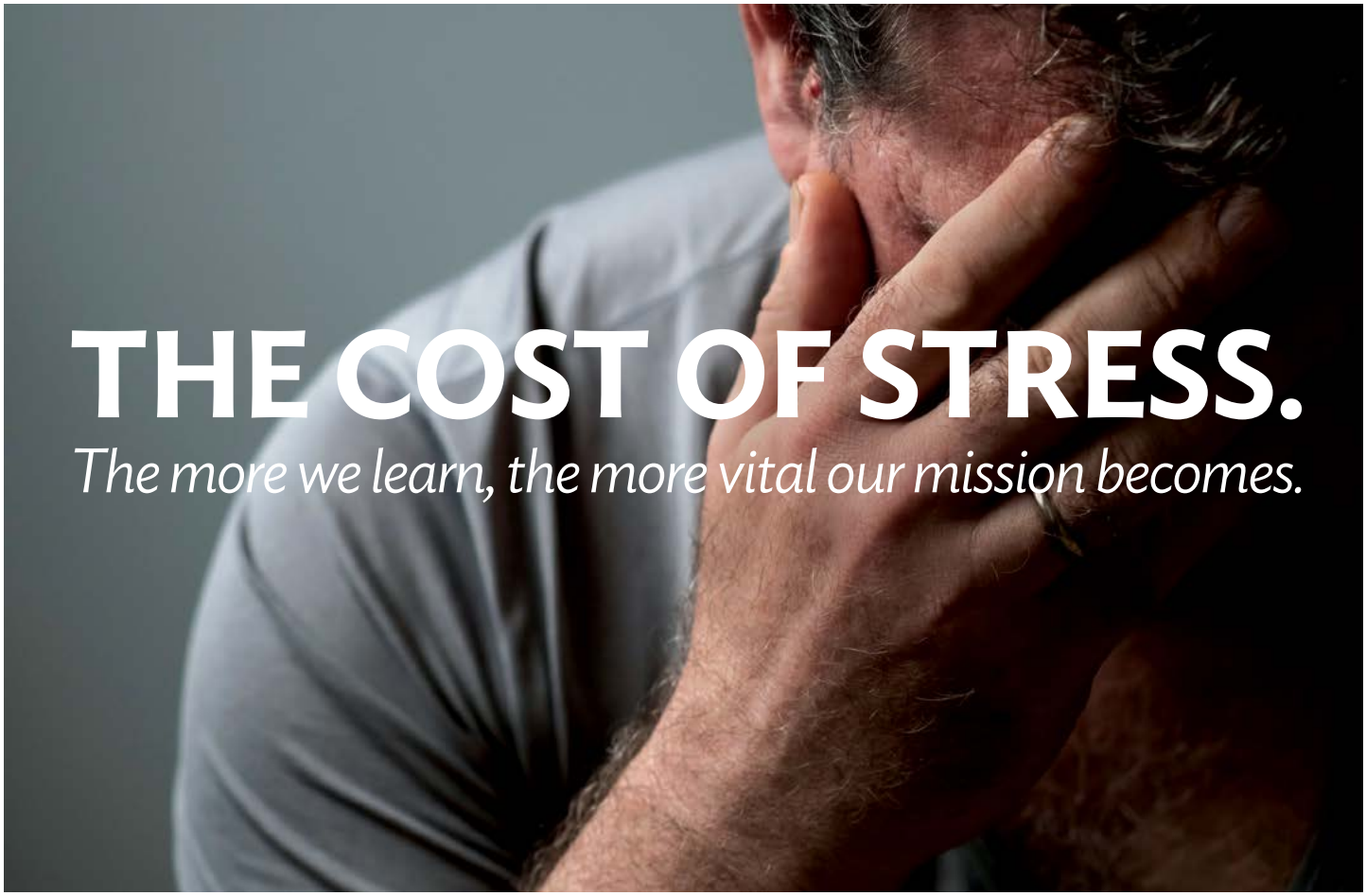
In the spirit of the work of **TAPS (the Tragedy Assistance Program celebrated in our fall issue) and the seminal work of COL (RET) Paul Bartone,** I have included my Gold Star Families keynote address in this issue, delivered at Wright-Patterson Air Force Base last June in support of too many local families who have lost loved ones in time of war and in memory of our local heroes gone too soon.

Within the short span of ten months and without ever having met one another, three heroes of the Vietnam War and the editor collaborated to publish a coffee table book for the bicentennial of our alma mater, Hobart and William Smith Colleges in Geneva, NY. This included an **F-4 back seater, LTC (RET) John Norvell, an F-15 pilot, COL (RET) Lucky Anderegg, and LTG (3-star, RET) Jack Woodward (all USAF).** Combining forces to capture the valiant service of every Veteran who attended the Colleges through personal accounts and historical documents, the tales of service, sacrifice, and heroism dated back to the 1860's. This is the first time the editor actually wrote the first-person account of the Fort Hood Massacre, an exquisitely painful process. These 3 magnificent historians and heroes of the Vietnam War, convened for a Veterans panel and book signing during the Colleges' bicentennial celebration.

Click here **to see the events and photos of the same regarding the Veterans Panel and book signing.**

May our winter issue thrill, inspire, motivate, and provoke. Throw another log on the fire and read a spell!

Your Editor,
Kathy Platoni, PsyD, DAAPM, FAIS
COL (RET), US Army
Dayton SWAT



THE COST OF STRESS.

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

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

Groundbreaking insights and approaches. World-changing mission.

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

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

Click to view The American Institute of Stress Case Statement

A campaign to Engage. Empower. Educate.

The AIS campaign will support three key initiatives:

Engage *communities through public outreach*

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

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

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

Empower *professionals through best practices*

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

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

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

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

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

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

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

The American Institute of Stress
Fellow

The American Institute of Stress
AIS

The American Institute of Stress is a 501(c)3 nonprofit corporation. Your tax deductible gift allows us to continue helping you along with Service Members, Veterans, First Responders and civilians navigate stressful situations to have a healthier, more rewarding life. *© 2021 by The American Institute of Stress. ALL RIGHTS RESERVED.*

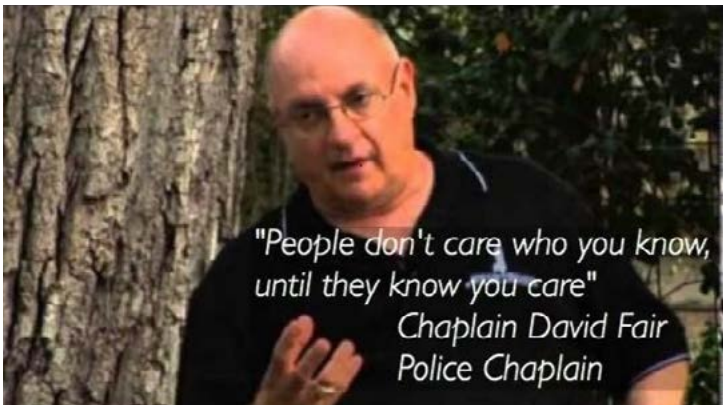
Click to make a donation now!

Obituary

Chaplain LTC (RET) David J. Fair, PhD, DMin, CTS, FAIS

May 5, 1946 – January 7, 2023

t It is with great sorrow and a heavy heart that we announce the passing of our dear friend and colleague Chaplain Dave Fair. Chaplain Fair was a long-time member of The American Institute of Stress and served on the Crisis Response Team for Chaplain Fellowship Ministries International. Co-founder of the Police Chaplain Project, Chaplain David Fair was an esteemed chaplain and crisis intervention specialist for emergency responders. He served as the director of chaplain services with the Brownwood Police Department, Texas Dept. of Public Safety's Critical Incident Response Team, and the Texas Dept. of Health's Critical Incident Stress Management Network. For many years he was a licensed peace officer and EMT, as well as a member of The American College of Forensic Examiners International. He was always there when something needed to be done, offering to do whatever he could along with his sage advice. We will miss him.



Chaplain Fair is survived by his wife Karen, and their three daughters and four granddaughters. Please keep the Fair family in your thoughts and prayers.

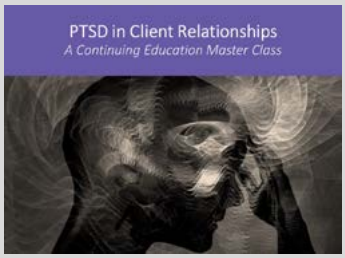
One of our favorite contributions by Chaplain Fair to *Combat Stress* magazine, was titled, "Chaplains Are Like a Box of Chocolates," in which he said "All Chaplains are unique – and come with a variety of fillings." That was in the Spring, 2022 issue of Combat Stress. Read it here: https://www.stress.org/chaplains-are-like-a-box-of-chocolates

Maryland University of Integrative Health | PCE Professional and Continuing Education

The four courses below are available through a partnership with MUIH Professional and Continuing Education (PCE) and are certified by The American Institute of Stress. PCE provides advanced, superior quality, skills-based offerings leading to relevant credentials and real-world application. As a PCE learner, you can quickly expand your knowledge and distinguish yourself as a leader in your field. Additionally, various professional organizations and boards may accept these courses for continuing education requirements. **CLICK TO LEARN MORE.**

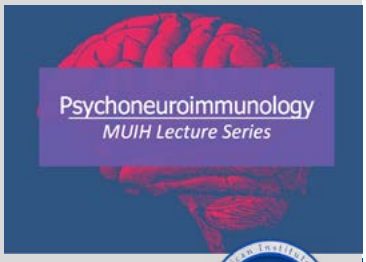
The Physiology of Building Stress Resilience

Psychoneuroimmunology - How Thoughts Impact Disease



The Philosophy and Science of Wellbeing Masterclass

PTSD in Client Relationships Masterclass



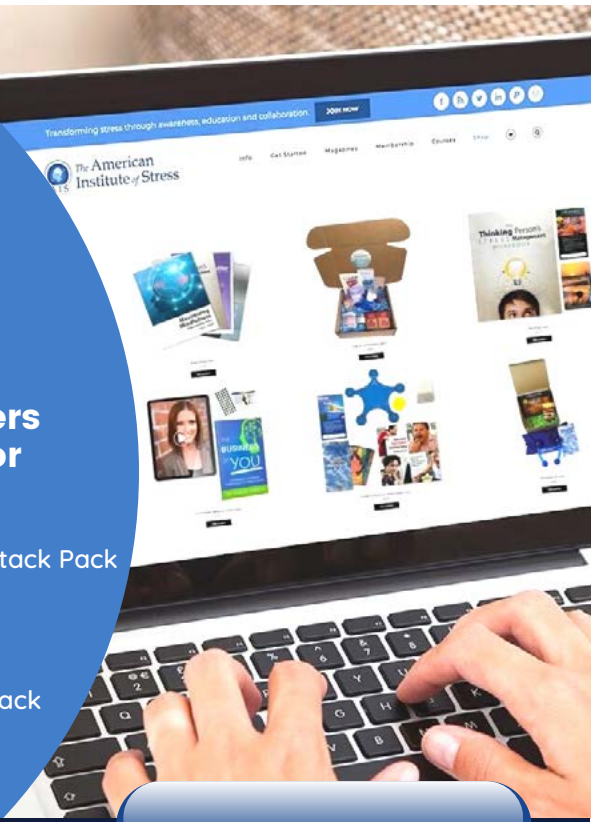
AIS members receive 10% OFF all MUIH courses. If you are a member, contact us for a promo code to enter at checkout.

Certified Course

Certified Product

We assembled a collection of 10 packs of qualified and fun stress management gear. In addition to your own use, these make the perfect gifts for your stressed family members and friends. They will definitely thank you for these useful and thoughtful gifts.

- My Stress Tools
- The Gift of Relaxation
- Relaxation-In-A-Box
- Overcoming Stress Pack
- Sleep-In-A-Box
- The Anxiety & Emotional Eating Attack Pack
- Stress Attack Pack
- The Chillax Pack
- Mindfulness Meditation Pack
- The Unhealthy Behaviors Attack Pack



The American Institute of Stress Products Store

SHOP NOW

Leading through Traumatic Loss and Grief in Law Enforcement

By Richard S. Biehl, Police Chief (RET), Dayton Police Department
With contributions by:
Maris Herold, Police Chief, Boulder, CO Police Department
Thomas Wells, Police Chief, Springdale, OH Police Department

"Be prepared to grieve!" This was my response at the October 2019 Major Cities Chiefs Association conference session, "Mass Shootings: Lessons Learned," when I was asked by an attendee how I personally managed the experience of the mass shooting in Dayton (OH) that had occurred nearly three months prior.

It was shortly after 2 A.M. on August 4th, 2019, when I received a call from Assistant Police Chief Matt Carper stating, "Chief, we've had an officer-involved shooting." I had received these calls numerous times over the prior two decades as a former Cincinnati Assistant Police Chief and subsequently as the Police Chief of Dayton, so this was not unfamiliar terrain. Then he added, "It's a mass shooting, there are ten persons dead including the shooter." I ended the conversation quickly, telling him that I would be back to Dayton as soon as possible.

My return flight to Dayton landed nine hours after the mass shooting occurred. Late that afternoon, I conducted the first of four major press conferences held over the following two weeks. During that time span, I met with elected officials, homicide investigators, federal law enforcement officials, surviving family members of some of those killed, the six officers that confronted and stopped the assailant within 32 seconds of the first shot, and the Montgomery County Coroner, all while also attending to the endless other demands that stem from such incidents. This also included a Presidential visit.

For weeks, I went home every evening after long, exhausting days. Most nights, while alone in the quiet, I wept.

Little did I know that traumatic loss would visit again quite soon…

Traumatic Loss and Grief in Law Enforcement: Often Unacknowledged, Unspoken, and Unexpressed

It is not that the experience of traumatic loss and grief, stemming both from professional and personal losses, is foreign to those within the law enforcement profession. Rather, it is that it so rarely discussed organizationally or professionally outside of a line-of-duty death (LODD), which is a rare experience for most police organizations. Further, it is mostly ignored in professional articles on policing.

This is bewildering, considering the "death-saturated" environment of policing as referenced by Papazoglou, Blumberg, Collins, Schlosser, and Bonanno,[1] who note that while the experience of death and loss in policing is discussed in "some" articles, "researchers have yet to study of how officers experience and cope with death, loss, and grief." This is likely truer for those in leadership positions. The following narrative is an effort to provide anecdotal perspective to this end.

But first, additional clarification regarding some of the permutations of grief in the sphere of experience, as well as some of its unique characteristics within law enforcement, is needed.

Traumatic Loss and Grief by Various Names

Various names and descriptions have been used to capture the nuances of unusual bereavement and grief such as "traumatic grief" (defined by its "two underlying dimensions… trauma and separation distress"),[2] subsequently renamed as "Complicated Grief Disorder" (as this term captured better "the broader clinical syndrome"),[3] and "Persistent Complex Bereavement Disorder" ("a bereavement-specific syndrome characterized by prolonged and impairing grief"),[4] just to name a few. Efforts have been made over more than two decades to provide context and definition for a pathological grief disorder due to the experience of some bereaved persons of grief of prolonged duration and with severely disabling symptoms.[5] There also has been a recognition of significant differences in bereavement from traumatic versus non-traumatic loss, both with the potential for "complicated grief reactions" described as "an umbrella term covering symptoms of prolonged grief disorder…and other post-loss complications, including symptoms of depression, anxiety, posttraumatic stress."[6,7]

Recently, a text revision (DSM-5-TR) to the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, has been issued, wherein the criteria for "Prolonged Grief Disorder" (PGD) has been added. Although confirmation of multiple criteria is required for a for a positive diagnosis related to a "death, at least 12 months ago, of a person who was close to the bereaved," three of the following eight-symptom criteria must be "present most days to a clinically significant degree;" "identity disruption, disbelief about the death, avoidance of reminders that the person is dead, intense emotional pain related to the death, difficulty with reintegration into life after the death, emotional numbness as a result of the death, feeling that life is meaningless as a result of the death, and intense loneliness as a result of the death."[8]

Yet, it is arguable whether these evolved definitions and classifications of bereavement and grief actually capture the complexity of death, loss, and grief in police work. Do surviving police officers have to be "close" to a colleague killed in the line-of-duty or to have responded to the scene of such tragedy to experience a LODD as traumatic or to experience prolonged grief? Police officers generally do not know anyone "personally," much less have personal ties to most who are killed in mass casualty incidents. Does this mean that their very human reactions to such horrific events are not to be recognized as a response to traumatic loss and potentially subject to prolonged grief? What about their more frequent experiences responding to traumatic death due to intentional violence, traffic fatalities, suicides, and unexpected health conditions as well as other factors involved that can lead to posttraumatic stress and extended grief? Or the cumulative effects of experiencing tragic events over the entirety of a police career? How is the professional and personal havoc of unknown frequency from such experiences captured in the evolved therapeutic lenses of bereavement and grief?

The breadth and depth of traumatic loss and grief in law enforcement, which can be considerable, deserves far greater attention of law enforcement leaders and social science

researchers to better probe and answer these troubling questions and provide effective means to mitigate the inherent grief too often experienced by law enforcement personnel without adequate support and help.

Traumatic Loss Knows No Bounds: Cumulative, Unexpected, and Compounded Loss

Cumulative Loss

In late October 2019, on the final day of the International Association of Chiefs of Police conference, Assistant Chief Matt Carper, unprompted by prior conversation, said to me, "Chief, you know there is one thing we haven't had…" He did not finish his comment or explain further, I knew exactly to what he was referring.

Less than one week later, on the evening of November 4th, I was notified that Dayton Police Detective and Drug Enforcement Administration (DEA) Task Force Officer Jorge Del Rio had been shot during the execution of a DEA drug search warrant in West Dayton. I asked, "How bad is it?" The response was, "It's bad!" I knew everyone touched by this tragedy was facing a very difficult night and well beyond.[9]

Detective Del Rio was kept on life support for three days, he succumbed to his injuries on November 7th. Even in his death, Detective Del Rio continued to serve others by giving them hope and potentially life as an organ donor. This day marked the beginning of another painful grieving period for so many law enforcement personnel throughout the Dayton region, but not nearly as excruciating as that for his wife, Kathy, and his four daughters. A tortuous path of grief lay ahead for many, particularly those police personnel who were still recovering from the tragedy of the Oregon District mass shooting, which had occurred three months to the date of the mortal wounding of Detective Del Rio.

Unexpected Loss

Police Chief Tom Wells, Springdale (OH) Police Department, had reached a pinnacle of his 30-year police career, when he was appointed as police chief in the very agency in which he had come through the ranks. It is a rare achievement within law enforcement and one to truly celebrate. On the evening of March 21, 2020, joy turned to tragedy in his thirty-third day as police chief when he was notified of a pursuit that entered his jurisdiction resulting in a traffic crash and an "officer down."

Having served as an Assistant Police Chief for ten years prior and having been notified of and responded to many serious incidents, he calmly told his spouse what had occurred and immediately changed into appropriate attire, leaving home to respond to the scene. While enroute, Chief Wells was informed that it was Springdale Police Officer Kaia Grant, an officer that he had helped hire in 2012, who was the officer down. Chief Wells saw Officer Grant at the scene, lying on the opposite side of the roadway from where she was struck by an armed aggravated burglary suspect. The suspect had swerved intentionally toward on-scene officers, including Officer Grant, who was standing at the median wall behind her car, prepared to deploy Stop Sticks. She was transported to University of Cincinnati Hospital by Air Care.[10]

After leaving the scene, Chief Wells went to notify Officer Grant's family of her critical injury, news that would produce shock and grief far

greater than his own. He then went to University Hospital, escorting Officer Grant's mother, aunt, and uncle, where Officer Grant was pronounced deceased.[11] The Springdale Police Department had never had a police officer killed in the line-of-duty until then.

He next had to face local media, at times struggling with intense emotion, to inform them of the tragic event of the evening resulting in the death of Officer Grant. Afterwards, he faced his fellow law enforcement members who were not at the scene to deliver the devastating news and where he witnessed in their subsequent facial expressions what could not adequately be described as "grief and despair." It was this memory and its replication whenever he had to speak to a public audience thereafter that resulted in tears for months. He eventually realized that these tears were "beyond grief."[12]

Compounded Loss

In March 2021, Police Chief Maris Herold, a prior police chief at the University of Cincinnati Police Department and 26-year veteran of the Cincinnati Police Department, was just about to complete her first year as the Police Chief of Boulder (CO) Police Department. On March 22nd at approximately 2:30 P.M., a heavily armed, lone gunman began to walk across the road to the parking lot of King Soopers grocery store in South Boulder, methodically shooting individuals as he did.[13]

Chief Herold was doing paperwork at her desk when initially notified via text message of an "active shooter" at King Soopers, a grocery store in the neighborhood where she lived. Due to a recent series of false text alerts, she

called Deputy Chief Carey Weinheimer to verify the information. When her call was answered, she could hear gunfire over the phone. She immediately began responding to the scene and was filled with dread when she initially tried unsuccessfully to reach her spouse, who frequented the store. Upon her arrival, she assisted with critical incident management of what was a chaotic scene that included motorists trapped in their vehicles.[14]

The armed suspect was barricaded in the store and after nearly an hour, the incident ended when the suspect was wounded and taken into custody.[15] With the scene stabilized, Chief Herold entered the scene and saw Officer Eric Talley, who was shot in the head by the assailant during an initial entry into the store shortly after the mass shooting began. Officer Talley was removed from where he was located to the front of the store by SWAT personnel and later transported from the scene.[16] Officer Talley was one of ten persons killed in the assault.

As the scene stabilized, Chief Herold, along with Deputy Chief Weinheimer and a close friend of Officer Talley, responded to the Talley residence to notify Officer Talley's wife, Leah, and their seven children of Officer Talley's death, providing compassionate presence and emotional support, with the assistance from a chaplain.

After leaving the Talley residence, Chief Herold met with District Attorney Michael Dougherty and FBI officials to conduct an initial press conference, her voice and facial expression evident of the emotional burden she was bearing. Afterwards, she proceeded to the CU Event Center, where families of the deceased were gathered. She stayed the night with them in their "unbelievably horrible" anguish, which she also shared.[17]

SPRINGDALE
POLICE

Leading While Grieving: What Helped Getting Through It All

Each of the traumatic and tragic events described above resulted in varied losses, with great complexity within police responses. Consistent themes emerged from the police leaders that shouldered substantial weight in responding to them, while under media and public limelight. The following is what substantially helped them professionally and personally to be able to do so.

Organizational and Leadership Support

Substantial resources are often required in critical events, and this was certainly true in the aforementioned tragedies. Chief Wells received support from the Ohio Bureau of Investigations in the criminal investigation of the death of Officer Grant and the assistance of the Ohio State Highway Patrol in the fatal crash investigation. Mutual aid from neighboring police agencies was also instrumental in providing patrol coverage for 10 days, which allowed most of the Springdale PD officers to be granted administrative leave for their personal health and to attend funeral services for Officer Grant.

Chief Herold acknowledged personal and professional support from Boulder County agencies that responded to the scene and offered continuing assistance thereafter, support from Special Agent in Charge (SAC) Michael Schneider, the Federal Bureau of Investigation (FBI) as well as agency personnel that processed the crime scene, and District Attorney Michael Dougherty, who participated in press briefings and paid meticulous attention

to the development of evidence that would allow prosecution of the offender and justice for all the victims of the mass shooting.[18]

Similar support was provided to the Dayton Police Department in response to the Oregon District mass shooting by multiple local police agencies helping to stabilize the scene, provide aid to and transport victims to local hospitals, and assisting with crime scene processing. Substantial follow-up investigation was provided by the FBI to include forensic lab analysis of digital evidence and investigative support by the Behavioral Analysis Unit, as well as local agents. The staff of the US Attorney for Southwest Ohio provided substantial legal assistance in the expedited review of federal search warrants related to the case.

Three months later, in response to the homicide of Detective Jorge Del Rio, regional and local Drug Enforcement Administration supervisors and agents engaged in relentless investigative efforts to pursue all investigative avenues, across the country and beyond, related to the drug trafficking organization responsible for supplying local dealers with 9 kilograms of cocaine and fentanyl. Alcohol Tobacco and Firearms (ATF) agents meticulously pursued the path of the crime guns recovered at the homicide scene and eventually filed criminal charges against the individuals responsible. Montgomery County Sheriff's Office provided patrol coverage during funeral services for Detective Del Rio, so that Dayton Police personnel normally on patrol could attend the services.

These actions collectively provided critical support at the scene of these tragedies, needed follow-up investigation to hold offenders accountable, and follow-up operational support for the primarily affected agencies so that their personnel could be provided respite and the ability for police officers to participate in the funeral of their fallen colleagues and other supportive activities.

All three police chiefs were able to attend to community and operational needs while critical mental health support was provided to their agencies' members who were immediately and significantly impacted by these tragedies. Dedicated and gifted police psychologists and community mental health counselors conducted post-incident defusings, critical incident debriefings, and in some cases, long-term psychological interventions to mitigate the immediate and potentially prolonged impacts of traumatic loss. Peer support personnel also performed a significant support role, both of which are vital topics which deserve much greater discussion beyond their mere mention in this writing.

Expressions of Gratitude and Compassion

All police chiefs who lead their agencies during these times of great loss noted the tremendous response from law enforcement agencies and their profound condolences for the loss of a fellow officer, which included letters and cards of sympathy and gifts of remembrance to honor their fallen colleagues. Financial support to the fallen officers' families was also provided by law enforcement personnel and support organizations to offset financial hardship.

Community organizations and individuals responded in kind, frequently providing food for some sustenance for the families of the fallen officers and mourning officers of the affected agencies during many long days during and after the immediate death. Many flowers

were sent to the affected agencies. Substantial financial donations were made in addition to that provided by law enforcement agencies or government established benefits to provide for the financial support to the bereaved families.

This outpouring of compassion from law enforcement agencies and personnel, as well as local communities and beyond, was a healing balm to the pain of such terrible losses.

The Personal Journey Through Traumatic Loss

Traumatic loss and the intense grief that springs from it is as much an individual, as well as a collective experience. That is certainly true for the police chiefs who experienced these events of traumatic loss. Each had unique experiences that aided them individually in regaining balance, while enduring inescapable grief.

Chief Wells acknowledged that his "shock and grieving process had to be put on hold" as he focused on the care and well-being of his staff and their recovery. However, this understandable decision, a common one for those in leadership positions, came at a cost. Time spent "staring out the window, mindlessly watching TV" and distancing himself from family did not aid in his recovery from loss and grief. He initially sought support through Companions on a Journey, a grief support group. When months passed and the inevitable emergence of tears whenever addressing groups of individuals did not lessen, he decided to attend Help for Heroes after learning about their program for treatment of mental health conditions experienced by first responders.[19] Chief Wells completed a five-week treatment program and this, in conjunction with a long overdue vacation, he substantially credits for recovery from PTSD stemming from the violent death of Officer Grant. He also found unexpected kindred support and a lasting friendship through the father of Officer Grant and Glen Schaffer, the father of Washington State Trooper Justin Schaffer, who died in the same manner as Officer Grant. These experiences, as well as prior training at the FBI National Academy, serving as a member of the regional honor guard for 15 years, and his many years of experience as a police officer, supervisor, and senior commander, helped him get through and get past the sometimes-incapacitating effects of grief and posttraumatic stress.[20]

Beyond initial support from local law enforcement leaders, Chief Herold attributes some of her healing and recovery to attending most of the funerals of those killed in the mass shooting and being invited as a guest of honor to one of the funerals. She found this to be "very healing." Also, substantial financial resources, provided through a private donor, helped to establish the Boulder Strong Resource Center that provided an array of treatment resources – acupuncture, therapy dogs, counseling, etc. – to first responders and the broader Boulder community. In addition, an art project featuring the photography of Ross Taylor,[21] depicting the Boulder Police Department personnel, as well as other first responders and community members who responded to the mass shooting, in a way that they wanted to be remembered in that moment, was a powerful healing experience. The art was subsequently displayed publicly, bringing honor to the men and women of the Boulder Police Department and all that responded to the scene for their heroic and lifesaving response to a mass casualty scene.[22]

The experience of the Oregon District Mass Shooting was the realization of my worst fear

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 order digital streaming for $9.95

Members stream for free at stress.org

AIS

www.stress.org

Click to get started

For so many Americans, "mysterious" problems ranging from mild to severe are caused by that scourge of modern life – stress. That realization is the first step toward healing, but it often raises many more questions that must be addressed. How is stress affecting my life? My relationships? My work? My happiness? What can I do to reduce or better cope with it? Our Stress Mastery Questionnaire – an easy and confidential online self-assessment that comes with our Stress Mastery Guide and Workbook – can help you find answers. And life-changing solutions.

SMQ™ STRESS MASTERY QUESTIONNAIRE

as police chief. In immediate response to the collective grief of the Miami Valley community, a vigil was scheduled in the Oregon District at 8 P.M. on the evening of August 4th of 2019. Although being awake for eighteen hours and having less than three hours of sleep overnight, I attended the vigil. I wanted to be there with my community. But more accurately, I **needed** to be there. It was the beginning of what would be an extended healing process.

What helped me function through the difficulty of the weeks and grief ahead was a focus on day-to-day demands of responding to this mass casualty incident, with the support of an incredible command staff and highly competent police staff. The eventual personal perception that I performed my duties well in addressing the needs of my community, my agency, and the officers of my agency, eased some of the burden and grief I felt. It was also helpful that many of the current and former Dayton Police Officers, police leaders from the region and members of the greater Dayton community recognized the leadership demonstrated by all members of the Dayton Police Department and surrounding agencies that responded to this horrific and violent scene, openly expressing it in so many ways.

While still recovering from the physical and emotional toll of the Oregon District Mass Shooting, the homicide of Detective Del Rio renewed intense grief for so many police personnel, as well as for me. I struggled whether my words at his funeral provided the level of honor and recognition due such a dedicated and accomplished police officer, who gave his all in the service to his community and his noble

profession. The day after the funeral services, Fire Chief Jeff Lykins presented to me a video (https://www.youtube.com/watch?v=r5mgu00ZAfY) made by Firefighter Marques Kincaid[23] consisting of segments of the funeral of Detective Del Rio, with a voice over from my spoken tribute. This beautiful commemoration, with all the powerful images it captured, allowed police officers throughout our agency, the region, the DEA and beyond to witness the honoring of Detective Del Rio in such magnificent form. This became a vehicle for grief to have its expression for the many hundreds of police officers in attendance and for all who felt a soul-wrenching loss from his death.

"We Don't Heal from Grief; We Are Changed by It."[24]

Neither Chief Tom Wells, Chief Maris Herold nor I would claim that we or our agencies are fully healed from the trauma and grief endured through the tragic and traumatic loss of those with whom we have served or the terrible impact of the mass shootings that preceded or were concurrent with these losses. For better and to some degree less so, we and our colleagues have been forever changed by them. Yet, in the aftermath of profound tragedy, most of us have continued to serve our communities professionally and compassionately. In our collective emergence through trauma, loss, and grief, we have demonstrated our professional capacity and commitment to public service. We have not been impaired long-term by the tragedies that have befallen our agencies, our communities, and that so deeply affected us personally. We are forever indebted to Detective Jorge Del Rio, Officer Kaia Grant, and Officer Eric Talley for their legacy of devotion and ultimate sacrifice in helping and protecting their fellow officers and communities, "that cause for which they gave the last full measure of devotion."[25]

References

1. Papazoglou, K., Blumberg, D. M., Collins, P. I., Schlosser, M. Dd., and Bon anno, G. A. Inevitable loss and prolonged grief in police work: an unexplored topic. Frontiers in Psychology. 2020, 11(1178): doi: 10.3389/fpsyg.2020.01178
2. Prigerson, H. G., Shear, M. K., Frank, E., Beery, L. C., Silberman, R., Prigerson, J., Reynolds C. F. 3rd. Traumatic grief: a case of loss-induced trauma [Abstract]. American Journal of Psychiatry. 1997, 154(7):1003-9. doi: 10.1176/ajp.154.7.1003. PMID: 9210753.
3. Raphael, B., Martinek, N., & Wooding, S. Assessing traumatic bereavement. In J. P. Wilson & T. M. Keane (Eds.), Assessing psychological trauma and PTSD [Abstract]. 2004, (pp. 492–510). The Guilford Press. https://psycnet.apa.org/record/2004-21033-017
4. Robinaugh, D. J., LeBlanc, N. J., Vuletich, H. A., & McNally, R. J. Network analysis of persistent complex bereavement disorder in conjugally bereaved adults. Journal of abnormal psychology [Abstract], 2014, 123(3), 510–522. https://doi.org/10.1037/abn0000002
5. Lenferink, L. I. M., Van Den Munckhof, M. J. A., de Keijser, J., and Boelen, P. A. DSM-5-TR prolonged grief disorder and DSM-5 posttraumatic stress disorder are related, yet distinct: confirmatory factor analyses in traumatically bereaved people. European Journal of Psychotraumatology, 2021, 12(1): doi: 10.1080/20008198.2021.2000131
6. Komischke-Konnerup, K.B., Zachariae, R., Johannsen, M., Nielsen, L.D. and O'Connor, M. Co-occurrence of prolonged grief symptoms and symptoms of depression, anxiety, and posttraumatic stress in bereaved adults: a systematic review and meta-analysis [Abstract]. Journal of Affective Disorders Reports, 2021, 4: 100140.
7. Nakajima, S., Masaya, I., Akemi, S., and Takako, K. Complicated grief in those bereaved by violent death: the effects of post-traumatic stress disorder on complicated grief, Dialogues in Clinical Neuroscience. 2012, 14(2), 210-214, doi: 10.31887/ DCNS.2012.14.2/snakajima
8. Prigerson, H. G., Kakarala, S., Gang, J. and Maciejewski, P. K. "History and status of prolonged grief disorder as a psychiatric diagnosis." Annual Review of Clinical Psychology. 2021, 17(1): 109-126.
9. Reed, M. Dayton police chief reflects on the death of Det. Jorge Del Rio a year later. 2020, November 6. WKEF/WRGT, Sinclair Broadcast Group, Inc. https://dayton247now.com/news/local/dayton-police-chief-reflects-on-the-death-of-det-jorge-del-rio-a-year-later
10. Wells, T., Personal Communication. November 11, 2022.
11. Rice, B. and Baum, S. One officer dead, another injured, after police chase ends on I-275 in Springdale. Cincinnati Enquirer. https://www.cincinnati.com/story/news/2020/03/21/crash-shuts-down-275-both-directions-state-route-4/2893654001/
12. Golick, K. B. Public tears, private struggles: an Ohio police chief's PTSD. Cincinnati Enquirer. https://www.cincinnati.com/story/news/2021/01/10/public-tears-private-struggles-police-chiefs-ptsd/3920818001/
13. Bradbury, S., Phillips, N., and Murray, J. 58 minutes of terror: how the Boulder King Soopers shooting unfolded. 2021, March 27|UPDATED: March 27, 2021. The Denver Post. https://www.denverpost.com/2021/03/27/boulder-shooting-king-soopers-58-minutes-how-unfolded/

14. Herold, M. Personal Communication, November 12, 2022.
15. Vera, A. Suspect in Colorado grocery store shooting faces 10 counts of murder, police say. 2021, March 23. CNN. https://www.cnn.com/2021/03/23/us/boulder-colorado-shooting-tuesday/index.html.
16. Herold, M. Personal Communication, November 14, 2022.
17. Herold, M. Personal Communication, November 12, 2022.
18. Jackson, H. 10 people dead, suspect in custody after shooting at Colorado supermarket, 2021, March 22. Global News. https://globalnews.ca/news/7712466/boulder-police-warn-active-shooter-supermarket-colorado/
19. Ingram, A. Help for Heroes: Chief credits program for helping him cope with death of officer. 2020, August 31. WKRC, Sinclair Broadcast Group, Inc. https://local12.com/news/local/help-for-heroes-chief-credits-program-for-helping-him-cope-with-death-of-officer-cincinnati.
20. Wells, T., Personal Communication. November 8, 2022.
21. Wenzel, J. Emotional new art exhibition focuses on people

ABOUT THE AUTHOR

Richard Biehl is the former Director and Chief of Police of the Dayton Police Department. He was appointed to this position by City Manager Rashad Young on January 28, 2008, and retired on July 30, 2021, after spending 13+ years as Chief of Police and nearly 43 years in public and community service.

Chief Biehl served 24+ years as a Cincinnati Police Officer and for the last six years of his Cincinnati career as an Assistant Police Chief. He commanded both the Investigations Bureau and the Administration Bureau. His principle areas of responsibility included Internal Investigations, Planning & Special Projects, Youth Services, Criminal Investigation, General Vice Control, and Intelligence.

In February 2004, he was appointed as the first Executive Director of the Community Police Partnering Center, a private nonprofit organization. Created in the aftermath of the civil unrest of 2001, the Partnering Center was established to work in partnership with the Cincinnati Police Department to train community stakeholders in problem solving methodologies to address community crime and disorder problems. In addition to leading many neighborhood crime reduction initiatives, in 2006 while Executive Director, Richard Biehl led the implementation of CeaseFire Cincinnati, a neighborhood gun violence reduction initiative using a public health approach for violence reduction modeled after CeaseFire Chicago and which led to reduced violence in the Avondale community.

As Police Chief for the Dayton Police Department, Chief Biehl partnered with the Trotwood Police Department and the Montgomery County Sheriff's Office in 2008 to support community engagement in the Community Initiative to Reduce Gun Violence (CIRGV), a gun violence reduction initiative modeled after the Cincinnati Initiative to Reduce Violence, which resulted in reduction of group-related homicides in Dayton and surrounding communities.

Under his leadership, the Dayton Police Department received the following professional recognition:

• Recipient of the 2011 Ohio Crime Prevention Association's Special Project Award.

directly affected by the King Soopers shooting. 2022, February 17. Denver Post. https://www.denverpost.com/2022/02/17/boulder-king-soopers-shooting-anniversary-boulder-strong-museum-portrait-photo-ross-taylor/
22. Herold, M., Personal Communication, November 12, 2022.
23. Kincaid, M. (2019, November 14). Funeral of the fallen – Detective Jorge Del Rio [Video]. YouTube. https://www.youtube.com/watch?v=r5mgu00ZAfY
24. Schwartz, B. A. The grief factor: we have lost the world we knew and the lives we lived. 2020, August 21, Police 1. https://www.police1.com/health-fitness/articles/the-grief-factor-Aipw7b8UAXcztar7/?utm_source=Police1+Member+Newsletter&utm_campaign=4149ef46d0-EMAIL_CAMPAIGN_2020_08_24_04_57&utm_medium=email&utm_term=0_ca044a84ea-4149ef46d0-59570019
25. The Gettysburg Address. (n.d.). http://www.abrahamlincolnonline.org/lincoln/speeches/gettysburg.htm Retrieved November 14, 2021.

- Finalist for the 2010, 2011, & 2015 Herman Goldstein Award for Excellence in Problem Oriented Policing.
- Recipient of the International Association Chiefs of Police Cisco Community Policing Award, 2011 and 2015.
- Chief Biehl was the 2011 recipient of the OACP (Ohio Association of Chiefs of Police) Chief Michael Kelly Excellence and Innovation in Policing Award and also the recipient of the 2014 Dayton Convention & Visitors Bureau Ambassadors Award for bringing the International Problem Oriented Policing Conference to Dayton in October 2013.
- In September 2019, President Trump awarded the Department of Justice Medal of Valor to Sergeant William Chad Knight and officers Brian Rolfes, Jeremy Campbell, Vincent Carter, Ryan Nabel and David Denlinger for their quick, decisive, and courageous engagement of the Oregon District mass shooting assailant, ending the tragic onslaught in 32 seconds.
- In October 2019 at the International Association of Chiefs of Police conference, President Donald Trump asked Chief Biehl and Assistant Chief Matt Carper to join him on stage in recognition of the brave acts of the six members of the Dayton Police Department that responded to the Oregon District mass shooting.

Chief Biehl was a former competitive powerlifter and martial artist and his athletic pursuits included regional, national, and international sporting events spanning 1976 to 1992.

Nearly 30 years ago, Chief Biehl began to practice yoga as a means to emerge from two years of chronic depression. In 2015, Chief Biehl authored the chapter, Trauma in the Theater of the Body, that was published in the book, Moving Consciously: Somatic Transformation through Dance, Yoga, and Touch (2015), and which discusses the potential of yoga to mitigate and heal trauma. In 2020, Chief Biehl completed a master's degree in Mindfulness Studies at Lesley University. He has presented an introduction to mindfulness practice to several conferences and local workshops. He incorporates mindfulness within this yoga teaching.

When a Rock Meets a Hard Place

By Marla W. Friedman, PhD, Clinical/First Responder Psychologist

Working as a Clinical/First Responder Psychologist, the concept of suicide is sadly a familiar one. This is a subject studied at length by my professional peers and myself. We know that this single act can leave loved ones with questions that will remain unanswered. Suffering and destruction will blast out like a bomb after the death notification is made. My focus though will be to try to answer the question most often asked by patients seeking treatment following the completion of a suicide by their loved one. ***How could they take their own life knowing it would destroy me?***

Over the years, I have developed a metaphor to try to explain and to give part of an answer to this question, though uncertainty always remains.

Ultimately, the person's pain, physical or psychological, becomes intolerable, unbearable and their mind begins to tell them, "I wish I were dead" or "I wish I would never wake up." Some are upset and scared by the thought. Other's feel as if it is coming from someone other than themselves. It can be intermittent or steady and continuous, over years, days, hours or urgently over minutes. This is suicidal desire and ideation. This is what a skilled clinician will ask you about. If this continues, the person will rehearse different plans in their mind as to how they would accomplish it. Most people have thought about suicide at some point in their lives, whether serious or just wondering about it after hearing about someone else taking their life. Of course, most people do not follow through on these ideas. I suspect some people are plagued by the thoughts or see it as an emergency exit if they ever need it. This is never discussed at the dinner table.

First responders including Veterans, firefighters, police officers, dispatchers, telecommunicators, emergency room doctors, nurses, and many more we don't immediately identify as first responders, find themselves fantasizing for a way out of their jobs, but feel trapped to stay for so many reasons. These high stress jobs can result in addictions, problems with interpersonal relationships, trauma from what they are exposed to on a regular basis, sleep disorders, and more.

So, how do we jump to a place where a person who is so overwhelmed with their lives, that options to continue on no longer seem appealing?

To want the total loss of consciousness, the desire to not exist, to extinguish all ideas and feelings pushes the plan into action. How do the movies inside the mind of our loved ones and the natural instinct to survive become overridden, allowing a person to remove themselves from life? There is no easy answer to that, so we attempt to make sense of it from those who have attempted and did not complete the act. We question and examine the facts we have and listen to the person who has stepped back from this permanent choice. The person may explain, if able, how they arrived at that point in their lives, but it's still a massively large happening for the person who chooses to stay with us on earth to describe the psychological place they have been enveloped by. Detailing the words, sensations, pressures, and imaginings do not come easily. Even to them.

Here is a metaphor that I constructed to understand the process myself. Imagine that a person is a capsule attached to a rocket. When

How do we jump to a place where a person who is so overwhelmed with their lives, that options to continue on no longer seem appealing?

the rocket launches and leaves our planet's atmosphere, it is travelling at an incredibly fast rate of speed. It is putting distance between the first responder and the reality on the ground. As the sorrow deepens, the confidence that things can change grows faint. Options are weighed as they move from desire and ideation into a plan. This is dangerous, as we already know that first responders have access to guns, pills, and other means of destruction they have previously ruminated about. As the rocket continues its assent, the concerns, worries and the voices of those they hold dear began to lighten and fade.

Eventually, the rocket releases the capsule, the person is in a new atmosphere where they exist without others. There is still time to return to earth, like an astronaut who completes their assigned mission, or they can choose to push forward into unknown territory. If they choose not to return, they find themselves alone and in an atmosphere where only they exist. The voices of those they love can no longer be heard. They don't dismiss the sounds and emotions of those who care about them. They are just too far removed to hear or feel any of it. In a sense, they now exist on a different plane where no one else draws breath. They are singular in the universe and their life which existed just a short time ago is a vague memory if that. They survive only as that capsule, not the person who was admired, and loved by others and they will eventually disappear. If they do not decide to

return, to separate themselves psychologically from the capsule, then they are lost to us. Those who reclaim themselves by turning back, know that life will be very hard for awhile until they seek and complete treatment. It is possible to turn back. I did. There is nothing easy about it. Either decision puts you in hell for a while, at the very least. The act of suicide is very rarely undertaken to hurt another person, but only just to stop crippling pain that interferes with every sphere of life. It's relentless and overwhelming. Hopefully those in agony will choose life. We are researching and learning as much as we can as quickly as possible to stem this horrific tide.

THE ACT OF SUICIDE IS VERY RARELY UNDERTAKEN TO HURT ANOTHER PERSON, BUT ONLY JUST TO STOP CRIPPLING PAIN THAT INTERFERES WITH EVERY SPHERE OF LIFE.

The next section is not about eliciting guilt in survivors but explaining that the destruction of that capsule is similar to the anguish and destruction experienced by those left with confusion, regret, anger, heartbreak, and the alteration of who they were before and who they are now. They are never the persons they were before the suicide. Looking at common responses to the suicide of someone close to you may include some of the following:

1. Insisting there is a misidentification. "That is not my husband," though they are looking at his body. Passively or angrily, "You've made a mistake. Check again."
2. "She never wore those clothes, those aren't hers, that's not her." Some see their family members, identify them, and walk out showing no emotion.
3. Total denial is not uncommon, because the truth is unbearable. "No, she's at school right now, I'll call her," "Liar!" "I just got a text from him from Afghanistan. It's not possible," It's someone else's son. I would know if he was gone."
4. In addition to denial, there is complete collapse of the psyche. The person is inconsolable or almost comatose in the psychological sense. They won't eat or sleep and consider suicide themselves to be near their loved ones. Begging for it not to be true, "Please, please I'll do anything," "Bring her back!!" "Trade me, I'll take his place."

Everyone expresses grief differently…. enraged, silent, avoidant, sleeping as much as possible. This is a physical pain that is unrelenting. This is psychological destruction. Some have relief that their family member is finally out of pain and/or with GOD…. or they fear that they aren't. This is a life altering experience and no one is the same afterwards. Their worlds are split between before and after the event.

Unlike other deaths, suicide comes with a stigma. We have been putting books, trainings, and workshops together for years to try to break this stigma.

"What a coward," "I always knew this would happen," "No one cares. She was nothing but trouble to us," "He would never do that, "He was murdered."

The responses are numerous and touch all corners of human emotion. It's an equation where both sides suffer terribly.

I will leave you, the readers, with both a list of common risk factors and reasons why we think people take their own lives. Then I'll add some things I have learned in more intimate discussions that may be helpful.

Most are familiar with the variables below, but some are unaware of what we have learned. I will list some risk factors and reasons why people take their own lives. This is not a complete list, as we don't know all the variables. Some are fluid.

Suicide Risks and Reasons

- Impaired mental health, depression, anxiety, psychosis
- Interpersonal issues, shattered relationships
- Previous attempts
- Severe trauma or cumulative trauma without cessation of symptoms
- Medical issues
- Substance abuse and other addictions and their consequences
- Ongoing inability to have nutritive sleep, in combination with other factors
- Firearm access
- Legal problems
- Traumatic brain injury
- Family history of suicide
- Revenge, to hurt or punish another
- Financial problem
- Bullying
- Being blackmailed
- Unknown reasons

There are many more reasons for suicide that can be teased out in psychotherapy. We are told that social contact is a key factor in stabilizing mental health and reducing suicide. I have seen that to be true in many cases. However, being a first responder can also bring about a sense and feelings that you are an outlier. You have difficulty reintegrating into society and even your

prior personal relationships seem out of reach. A wall separates you from true intimacy. You become unable to trust others. Hyper-vigilance and suspiciousness interfere with relationships. Feeling that you are empty or dead inside stops the natural attachment process from being realized. A wish to isolate yourself, to find ways to fill the emptiness or to dull the pain is an intrusion. Reports of profound and debilitating loneliness exist and further push the person out of normal life activities. There is disdain for others who are described as idiots, assholes, and worthless creatures. Feeling both hopelessness and helplessness in trying to regulate your emotions puts another brick in the wall. Guilt, remorse, fears of being found out as a coward and loss of any confidence previously held are all things that do not evaporate over time. The list above are all treatable conditions now and continued research will continue to find ways to conquer and treat these conditions more quickly and effectively. The research is promising, and we are hopeful for additional highly trained clinicians, more treatment protocols, and more effective medications. We can greatly improve our current management of mental health issues in first responders. This is just the beginning.

References
1. Clark, D.A., & Beck, A. T. (2012). The Anxiety and worry workbook: The cognitive behavioral solution. New York: Guilford Press. ISBN 978-1-6062-918-6
2. Foa E. B., Hembree, et al. Prolonged Exposure Therapy for PTSD, First Edition, (2002) Oxford University Press, Oxford England, UK
3. Johnson O., Papazoglou K., Violanti J., Pascarella J. (Eds). (2022). Practical Considerations for Preventing Police Suicide. Springer, Cham. https://doi.org/10.1007/978-3-030-83974-1
4. Rosenzweig L. Shuman A., Too Good to be True: Accelerated Resolution Therapy Archway Publishing, 2021 Bloomington, IN
5. Shapiro, F. Eye Movement Desensitization and Reprocessing-EMDR Therapy Third Edition, The Guilford Press, 2017 New York, NY.

ABOUT THE AUTHOR

Dr. Marla W. Friedman is a Police/Clinical Psychologist and Chairman of Badge of Life with 40+years of clinical experience. She is an international trainer and program developer for first responders. She is a frequent publisher on issues of mental health and suicide prevention. She provided training for the FBI at the national Academy in Quantico VA. She contributes trainings for Internet Crimes Against Children Task Forces, Field Training Officer's, police departments and is an adjunct faculty member at a police academy in Illinois. She developed her Building a Better Cop, A Sip of Poison, Family Shield, Bridging the Gap, Left of Bang, When a Rock Hits a Hard Place and many more programs to share worldwide while maintaining a full-time therapy practice. She is fluent in American Sign Language and serves the Deaf and Hard of Hearing community. Dr. Friedman is also trained in detection of deception and interview and interrogation (Reid.) She is certified in Investigative Psychology by John Jay College of Criminal Justice (NYC.) She is a recent contributor to the book, Practical Considerations for Preventing Police Suicide (Johnson O., Papazoglou, K., Violanti J., & Pacarelli, J. Editors.

For comments or to contact Dr. Friedman please send to Booklight@att.net.

Trauma-Focused Therapy for PTSD? Really! Ethical and Scientific Concerns via a Clinical Example

By Louise Gaston, PhD, FAIS

This article emphasizes the need to apply the long-standing ethical principles of the American Psychological Association (APA) to the treatment of Post-Traumatic Stress Disorder (PTSD), beyond any APA guidelines. This urgent need is illustrated by a real-life clinical example, exposing the real possibility of severe adverse side effects induced by any trauma-focused therapy (TFT). In this article, TFT refers to prolonged exposure (PE), Eye Movement Desensitization and Reprocessing (EMDR) and Cognitive Processing Therapy (CPT). TFTs entail re-experiencing a traumatic event as intensely as possible. TFTs are at best strenuous for all participants and damaging at worst, because PTSD at its core involves a strong impulse to avoid the distress triggered by thinking, talking, or visualizing the experienced traumatic event. Avoidance is a necessity for the person to not become overwhelmed, emotionally and physiologically, which could lead to destabilizing adverse effects. In treating PTSD, ethical principles should be applied.

TFTs are at best strenuous for all participants and damaging at worst, because PTSD at its core involves a strong impulse to avoid the distress triggered by thinking, talking, or visualizing the experienced traumatic event.

Beneficence and Nonmaleficence

Let's start by stating a shocking truth for many. The adhesion to research conclusions or clinical guidelines for treating PTSD can result, unfortunately, in a disregard of the Ethical Principle of Beneficence and Nonmaleficence of the American Psychological Association.[1]

Principle A: Beneficence and Nonmaleficence – "Psychologists strive to benefit those with whom they work and take care to do no harm. In their professional actions, psychologists seek to safeguard the welfare and rights of those with whom they interact professionally and other affected persons, and the welfare of animal subjects of research. When conflicts occur among psychologists' obligations or concerns, they attempt to resolve these conflicts in a responsible fashion that avoids or minimizes harm. Because psychologists' scientific and professional judgments and actions may affect the lives of others, they are alert to and guard against personal, financial, social, organizational, or political factors that might lead to misuse of their influence."[1]

2016 Amendment – 3.04 Avoiding Harm (a) – "Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients, and others with whom they work, and to minimize harm where it is foreseeable and unavoidable."[1]

A clinical example is hereby presented to illustrate the core argument of this article. By

offering a TFT to a Veteran (Jack) presenting with severe PTSD, along with comorbid disorders, the professionals of Veterans Affairs (VA) simply applied the VA treatment guidelines for PTSD.[2] They insisted on using TFT despite Jack's repeated objections beforehand and Jack's reports of severe adverse side effects between TFT sessions. Jack even implored them to offer him another therapy, but the VA professionals insisted that these reactions were just normal.

The VA guidelines for treating PTSD[2] are very similar to the APA Clinical Practice Guidelines for the Treatment of Posttraumatic Stress Disorder (PTSD) in adults,[6] which strongly recommend using TFTs for treating PTSD. The VA guidelines stated, "There are several effective treatments for PTSD. This quick guide can help you work with Veterans with PTSD to choose an effective option."[2] On the VA website, the options offered for treating PTSD are TFTs only: PE, EMDR, and CPT. In addition, the VA guidelines dismiss the possible interference of co-occurring disorders. Unfortunately, the VA guidelines have been developed from biased research conclusions drawn by researchers who are highly enthusiastic toward TFTs, although some PTSD experts have repeatedly warned against TFTs due to their limited efficacy and adverse side effects.[3,4,5]

While the APA guidelines strongly recommend using TFT for treating PTSD, they oddly recognize later in their document that there are so many pitfalls in randomized clinical trials (RCT) that it is impossible to draw valid conclusions

While the APA guidelines strongly recommend using TFT for treating PTSD, they oddly recognize later in their document that there are so many pitfalls in randomized clinical trials (RCT) that it is impossible to draw valid conclusions.[6] The APA guideline committee even cautions against generalizing the available research findings to the general population due to obvious limitations found in RCT designs and a lack of data (p.86-87).[6] Interesting, these last two assertions should have nullified their strongly emphasized recommendation of using TFTs for treating PTSD. From a philosophical standpoint, the principle of non-contradiction forces us to conclude that there is 'no evidence' in support for the use of TFTs for treating PTSD. The APA committee promoted a faulty recommendation, which has serious repercussions for PTSD sufferers. Unfortunately, blind adhesion to faulty conclusions seems to be operative nowadays.

PTSD Severity, Comorbid Disorders and Adverse Side Effects

In Jack's case, the APA and VA guidelines ended up disregarding the complexity of his psychological condition and the risk of severe adverse effects from using CPT, a TFT. The VA professionals disregarded the first APA ethical

principle of beneficence and nonmaleficence.[1] Such disregard led to a tragedy for both Jack and his family.

PTSD Severity

In 2011, Jack experienced several traumatic events in Afghanistan. In 2017, Jack presented himself at the VA with a severe PTSD. Blindly, the VA professionals offered Jack only to participate in a TFT. The VA professionals should have never considered the use of a TFT as a treatment option for Jack for at least three reasons. Firstly, research conclusions from RCTs have only reported a partial efficacy of TFTs for treating PTSD in only 33% of the military volunteers.[7] Secondly, PTSD severity has been found to be the major predictor of the efficacy of TFT; the more severe the PTSD, the less efficacious is TFT.[8] Thirdly, severe adverse effects from a TFT have been reported for 33% of volunteers in a seminal study.[5]

Comorbid Disorders

Jack presented with multiple psychological disorders: severe PTSD, substance use disorder (alcohol), and major depression (with suicidal attempts). In addition, he reported having frequent outbursts of anger, associated at times with violent behavior. Clinically, these are all contraindications to using TFTs because such therapy is likely to induce adverse effects in such a highly destabilized individual. Nonetheless,

policy was blindly applied in Jack's case, and clinical common sense was disregarded by VA professionals, despite the caution issued by the APA guidelines suggesting that a substance use disorder is a contraindication for using TFT.[6]

Regrettably, such faulty decision making is pervasive among clinicians. As much as 80% of PTSD sufferers present with comorbidities,[9] while almost all RCTs on the efficacy of TFT for treating PTSD have entailed volunteers presenting with PTSD only. Scientifically-speaking, findings on TFT efficacy should thus be generalized only to PTSD sufferers without comorbidity.

As much as 80% of PTSD sufferers present with comorbidities,[9] while almost all RCTs on the efficacy of TFT for treating PTSD have entailed volunteers presenting with PTSD only.

Foreseeable Adverse Side Effects

At onset, Jack repeatedly told the VA professionals that he did not want to talk about the traumatic events he had experienced in Afghanistan. Nevertheless, the VA professionals insisted on the merits of using a TFT, and Jack ended up conceding. After a few sessions, Jack mentioned that he was more angry and violent since the beginning of TFT and implored his therapist to stop therapy, but the latter blindly argued that exacerbations were normal and would subside, adding that Jack should persist because TFTs are both safe and effective.

Clinicians should always anticipate the possibility of severe adverse effects from any therapy, but especially TFTs.

Jack submitted to authority. In midst of treatment, he reported a resurgence of suicidal ideations, but TFT was continued upon the insistence of the therapist. Jack also reported getting drunk again and again. Although the aforementioned severe adverse effects should have been alarming, the therapist did not stop the TFT and did not address these adverse side effects. Following VA guidelines, the therapist insisted on completing the TFT protocol, and Jack submitted to authority understandably because he was trained as a soldier to follow orders.

In contrast, whenever a treatment provokes severe adverse effects, the treating professional is required, ethically-speaking, to discontinue therapy or, at least, to adjust the therapeutic approach (see above, 2016 Amendment – 3.04 Avoiding Harm). Let's consider a well-known medical analogy. Before prescribing penicillin, a physician will always verify if the patient has previously had an allergic reaction and, if so, the physician will prescribe another antibiotic. If the patient does not know, the physician will monitor the person's reaction to penicillin and will immediately stop treatment if a severe reaction occurs. Why do mental health professionals not apply such ethical concern toward using TFT for treating PTSD?

Clinicians should always anticipate the possibility of severe

adverse effects from any therapy, but especially TFTs. Instead, TFT practitioners seem to be only concerned about adhering to the TFT protocol. By doing so, TFT practitioners lose sight of patients even though humans are evidently more important than protocols. Clinicians need to realign their focus by considering clinical realities before protocols, their patients before guidelines.

As stated previously, conclusions from published research findings are at odds with clinical realities. As an example of faulty conclusions, let's remember that Foa and colleagues, who are highly enthusiastic toward TFT, claimed that PE did not induce adverse side effects,[10] while adverse side effects were easily found by Wampold and colleagues4 by re-examining the data of Foa and colleagues. Furthermore, clinicians believe that there are no serious adverse effects of TFTs because the vast majority of researchers simply have not examined this question,[6] even if such endeavor is an essential part of any valid RCT according to Ioannidis.[11] Instead of a blind adhesion to clinical guidelines, a realistic cautionary approach is ethical.

Cautionary Knowledge

Before Jack's participation in a TFT, cautionary knowledge about TFT was available.[5] Consequently, no TFT should have ever been offered to Jack. No TFT should have been pushed upon him despite his objections and adverse reactions. Let's take a look at these cautions.

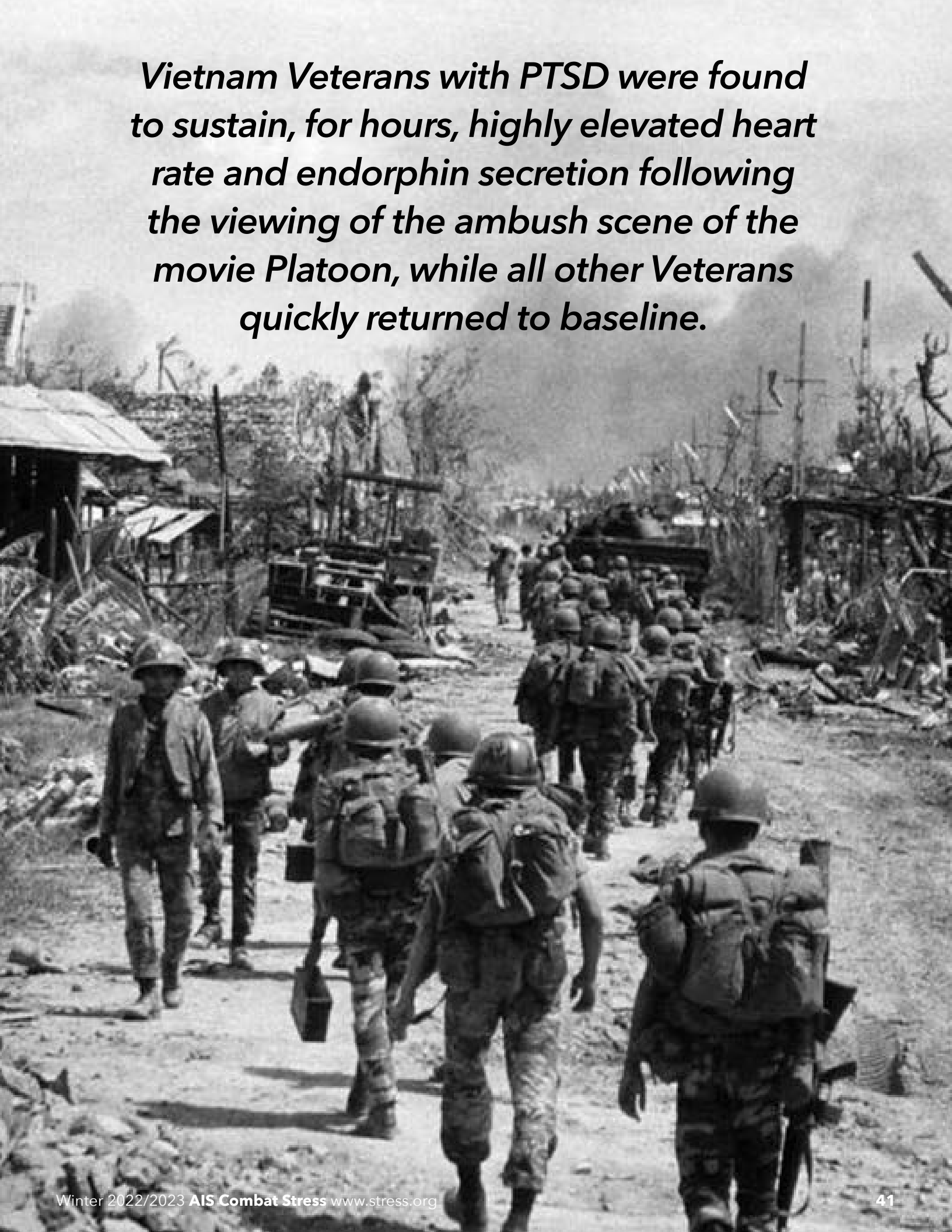
It is very well known that trauma-related stimuli, such as those involved in re-experiencing a traumatic event during a TFT, can induce severe emotional and physiological reactions in individuals presenting with severe PTSD. In a pioneer study of the early 1980s,[12] Vietnam Veterans with PTSD were found to sustain, for hours, highly elevated heart rate and endorphin secretion following the viewing of the ambush scene of the movie *Platoon*, while all other Veterans quickly returned to baseline. This sophisticated study illustrated how Veterans with severe PTSD can become highly destabilized, both psychologically and physiologically, upon being exposed to trauma-related stimuli. As TFTs involve re-experiencing a traumatic event, all TFTs should be expected to have destabilizing effects. Unsurprisingly, severe adverse effects were found in 33% of Veterans with severe PTSD having participated in PE.[5]

In a masterpiece article, Barlow emphasized the importance of both anticipating and identifying all adverse effects associated with any therapy.[13] Barlow is a pioneer in the field of exposure therapy for anxiety disorders. Nonetheless, he emphasized the need to individually tailor any therapy to the specific needs of the person, and to consider the possibility of adverse side effects. Regrettably, Barlow's appeal seems to have fallen onto deaf ears.

Now, does the partial efficacy of TFTs justify their risks? The answer is no. Indeed, the efficacy of TFTs is quite questionable. In civilians, only about 50% of volunteers lose their PTSD diagnosis, although they keep substantial PTSD symptoms.[7,14] With military personnel and Veterans, the loss of a PTSD diagnosis drops occurs in only 33% of volunteers, leaving 67% of Veterans still fully symptomatic.[14] Beyond such limited efficacy, TFTs have also been shown to simply be as efficacious as non-TFTs.[4,14,15] Thus, no claim of superiority can be made.

How about the effects of TFTs in the long run? It is now well demonstrated, although not

Vietnam Veterans with PTSD were found to sustain, for hours, highly elevated heart rate and endorphin secretion following the viewing of the ambush scene of the movie Platoon, while all other Veterans quickly returned to baseline.



known, that symptoms reductions associated with cognitive-behavioral therapies (TFT belongs to this category) have been shown to dissipate over time. Indeed, 40% of volunteers relapse within 6 months, 50% within 1 year, and 66% within 2 years.[16] In sum, such therapies are only associated with temporary and partial efficacy. More worrisome, large PTSD deteriorations were found in the only study having examined the maintenance of TFT effects over several years. Despite moderate reductions of PTSD at the completion of EMDR, large deteriorations were equally found in both the EMDR group and the untreated control group at a 5-year follow-up.[17] Taken together, these findings indicate high rates of relapse and deterioration over time, which clearly does not warrant the risk of using TFTs.

So, why do clinical guidelines recommend TFTs as the first-line treatment? Why does the VA insist on providing TFTs to Veterans with PTSD? This question is especially urgent given that it is well known that major factors interfere with the efficacy of TFTs such as the severity of PTSD, anger, and substance abuse. The PTSD severity at the onset of a TFT is a significant predictor of efficacy; more severe is the PTSD, the less beneficial is the TFT.[8] Anger is also a predictor of the efficacy of PE; more anger, less benefits.[10] Substance abuse as comorbidity is associated with adverse effects of TFTs; more substance abuse leads to more severe side effects.[6] Given that Jack presented with a severe PTSD, had abused alcohol for years, had attempted suicide several times and had intense anger reactions following TFT sessions, the VA professionals should have anticipated serious adverse effects from using TFT with Jack, but they did not.

It is now well demonstrated, although not known, that symptoms reductions associated with cognitive-behavioral therapies (TFT belongs to this category) have been shown to dissipate over time.

Tragic Disregard of Jack Himself

The APA guidelines notes that "the strength of the evidence on harms of psychotherapy was very low because data have not yet been rigorously collected and comprehensively reported."[6] This first portion of this statement is gravely misleading; 'was very low' should have been 'cannot be determined.' As a consequence, most professionals are now convinced that the risk of adverse effects from TFT is 'very low,' while these have simply not been examined in RCTs.[18]

The APA guidelines for treating PTSD,[6] however, clearly call for caution regarding the presence of a disorder of substance use as a comorbidity of PTSD before using any TFT. This caution is based on a previous systematic review.[19] Nonetheless, the VA personnel only offered Jack to participate in a TFT.

Before seeking help for his PTSD, Jack had presented with acute suicidality and excessive

alcohol use. These 'red flags' were ignored by the VA professionals, along with the potential for adverse effects from using a TFT with Jack. The insistence on providing a TFT to Jack is particularly regrettable because Jack could have been offered a non-TFT for treating his PTSD. Indeed, there are many other types of psychotherapy for treating PTSD which do not entail re-experiencing traumatic events.[20] It is thus highly questionable as to why the VA guidelines and professionals keep on insisting on providing TFTs to severely traumatized, unstable, and emotionally reactive Veterans. For Jack, such clinical decision disregarded the first APA ethical principle summarized as 'Above all, do no harm.' The VA professionals should have offered Jack psychotherapy tailored to his needs and capacities.

As demonstrated by Shedler,[21] Jack could have been offered a long-term dynamic psychotherapy focused on the therapeutic relationship, which is flexible and has sustained benefits in the long-term. In contrast, TFTs are technique-focused (each session contains precise interventions to be employed) and short-term. In TFTs, the therapeutic alliance is overlooked, which is particularly contraindicated for suicidal patients such as Jack. According to the APA standard of care,[22] clinicians need to pay particular attention to developing a therapeutic alliance whenever a patient presents with a suicidal tendency. With respect to PTSD, the recent APA guidelines indicate "…community members noted the importance of the development of a therapeutic relationship."[6] To help Jack, the VA professionals should thus have considered his chronic and recurrent tendency towards suicidality and the reemergence of suicidal ideations during CPT. Was the use of a TFT worth their risks for Jack? Not at all.

After a few TFT sessions, Jack's condition deteriorated. He reported having serious suicidal thoughts and had resumed his excessive consumption of alcohol. In addition, he developed an additional disorder; he now had regular panic attacks. Tragically, a few weeks after completing the CPT protocol, Jack killed himself.

From the standpoint of the ethical principle of 'Benevolence and Nonmaleficence' of the APA Standard of Care, the VA professionals should have anticipated that Jack's suicidality would resume and even be heightened by a TFT. Mostly, they should have stopped using the TFT as soon as Jack reported anger outbursts, suicidal ideations, and a relapse in excessive alcohol consumption, because these are all signs of severe destabilization.

Unsurprisingly, the VA professionals declared that Jack's suicide was due to a "personal condition." Really! Cognitive dissonance is seriously at play here. Indeed, TFT practitioners are trained to focus on the TFT protocol and to disregard any alarming sign of destabilization. They are trained by TFT 'experts' that such reactions are temporary and normal. Therefore, TFT practitioners follow the party line and blindly believe and apply what they were told.

Unfortunately, such cognitive dissonance about TFTs has been pervasive for decades in the field of PTSD. Professionals can be so biased by clinical guidelines that they fail to consider any clinical reality screaming back at them. On one hand, I can empathize because these professionals are in a bind between VA guidelines versus APA ethical principle of beneficence and nonmaleficence. On the other hand, such disregard of a basic ethical principle is reproachable and should be corrected.

Professionals can be so biased by clinical guidelines that they fail to consider any clinical reality screaming back at them.

Ultimately, the professionals issuing clinical guidelines for treating PTSD should go back and relearn true scientific principles.[11]

In 2017, Shedler loudly rejected the APA guidelines by writing, "The American Psychological Association (APA) just issued guidelines for treating PTSD. In my opinion, therapists and patients would be wise to ignore them. The guidelines are supposed to reflect the best scientific evidence, but they ignore all scientific evidence except one kind of study, called a randomized controlled trial. … In the absence of careful scientific reasoning, randomized clinical trials can lead to foolish conclusions."[3] I agree. How about you?

Note About the Author

Dr. Louise Gaston is a retired psychologist that was trained in both clinical practice and evaluative research. She was an assistant professor at the Department of Psychiatry at McGill University in Canada, but she resigned given the politics in research. Since 1991, Dr. Gaston has been the founder and director of TRAUMATYS, a clinic specialized in treating PTSD located in Quebec, Canada. She reports no conflict of interest given that she has experienced, practiced, and taught dynamic, humanistic, cognitive, and behavioral therapies, including some CBT trauma-focused techniques for PTSD.

References

1. American Psychological Association (2017). Ethical Principles of Psychologists and Code of Conduct. Including 2010 and 2016 Amendments. www.apa.org/ethics/code/
2. Veterans Affairs (2017). Psychotherapy Recommendations. CPG Toolkit Factsheet for Mental Health Providers (va.gov)
3. Shedler, J. (2017). Selling bad therapies to trauma victims. Psychology Today, November19. https://www.psychologytoday.com/us/blog/psychologically-minded/201711/selling-bad-therapy-trauma-victims
4. Wampold et al., (2017). In pursuit of truth: A critical examination of meta-analyses of cognitive-behavior therapy. Psychotherapy Research, 27(1), 14–32.
5. Pitman, R.K., et al. (1991). Psychiatric complications during flooding therapy for post- traumatic stress disorder. Journal of Clinical Psychiatry, 52, 17-20.
6. Courtois et al. (2016). American Psychological Association - Clinical Practice Guidelines for the Treatment of Posttraumatic Stress Disorder (PTSD) in Adults - Draft. https://www.apa.org/about/offices/directorates/guidelines/ptsd.pdf
7. Steenkamp, M.M., Litz, B.T., & Marmar, C.R. (2020). First-line psychotherapies for military-related PTSD. JAMA, 323(7) 656-657.
8. van Minnen, A. Arntz, A., & Keijsers, G.P.J. (2002). Prolonged exposure in patients with chronic PTSD: Predictors of treatment outcome and dropout. Behavior Research and Therapy, 40(4), 439-457.
9. Breslau N., Kessler, RC., Chilcoat, .H.D et al. (1998). Trauma and Posttraumatic stress disorder in the community: The 1996 Detroit area survey of trauma. Archives of General Psychiatry, 55, 626-632.
10. Foa, E.B., Riggs, D.S., Massie, E.D., & Yarczower, M. (1995). The impact of fear activation and anger on the efficacy of exposure treatment for posttraumatic stress disorder. Behavior Therapy, 26, 487-499.
11. Ioannidis, J.P.A. (2005). Why most published research findings are false. PLOS Medicine, 2(8), e124.
12. Blanchard EB, Kolb LC, Pallmeyer TP Gerardi RJ (1982). A psychophysiological study of post-traumatic stress disorder in Vietnam Veterans. Psychiatric Quarterly, 54(4), 220-229.
13. Barlow, D.H. (2010). Negative Effects from Psychological Treatments: A Perspective. American Psychologist, 65(1), 13-20.
14. Bradley, R., Greene, J., Russ, E., Dutra, L. & Westen, D. (2005). A multidimensional meta-analysis of psychotherapy for PTSD. American Journal of Psychiatry, 162(2), 214-27.
15. Barrera, T.L., J M Mott, J.M., HofsteinR.F. & Teng, E.J. (2013). A meta-analytic review of exposure in group cognitive behavioral therapy for posttraumatic stress disorder. Clinical Psychology Review, 33(1), 24-32.
16. Ali, S., et al. (2017). How durable is the effect of low-intensity CBT for depression and anxiety? Remission and relapse in a longitudinal cohort study. Behaviour Research and Theory, 94 (1-8).
17. 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.
18. Cusack, K. et al. (2016). Psychological treatments for adults with posttraumatic stress disorder: A systematic review and meta-analysis. Clinical Psychological Review, 43,128-41. doi: 10.1016/j.cpr.2015.10.003. Epub 2015 Nov 2. PMID: 26574151.
19. Jonas, D.E., Cusack, K., Forneris, C.A., et al. (2013). Psychological and Pharmacological Treatments for Adults with Posttraumatic Stress Disorder (PTSD) [Internet]. Rockville (MD): Agency for Healthcare Research and Quality (US); 2013 Apr. Report No.: 13-EHC011-EF. PMID: 23658937.
20. Barrera, T.L., J M Mott, J.M., HofsteinR.F. & Teng, E.J. (2013). A meta-analytic review of exposure in group cognitive behavioral therapy for posttraumatic stress disorder. Clinical Psychology Review, 33(1), 24-32.
21. Shedler, J. (2010). The efficacy of Psychodynamic psychotherapy. American Psychologist, 65 (2), 98-109.
22. Bongar, B. (2002). The suicidal Patient: Clinical and Legal Standards of Care. Second Edition. Washington DC: American Psychological Association.

ABOUT THE AUTHOR

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

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

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

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

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

Understanding Stress on Those Who Serve *(An Observation About Public Servants)*

By Robert B. (Scott) Kuhnen, USAF Civilian (RET)

Prelude

Please forgive me. I'm a neophyte in your space.

In the last edition of *Combat Stress*, I shared some thoughts which I entitled, "Understanding a Shooting in Texas." I set readers up slightly by implying that I was discussing the highly publicized shooting in Uvalde, Texas which was then very much in the news, when I was really trying to provoke a conversation and re-examination of the 2009 shooting at Fort Hood, Texas.

In this edition of *Combat Stress*, I would like to continue my theme of trying to understand. As I conclude my thoughts, I will again try to provoke…and to see what reactions this may elicit.

A quick story: In 2016, a small group of volunteers in and around Dayton, Ohio hosted the Wounded Warrior Amputee Softball Team (now called USA Patriots Amputee Softball Team). Between doubleheader games by the amputee players versus able-bodied players, we hosted a ceremony patterned after the sign-off of long-time Cincinnati Reds broadcaster and Baseball Hall of Famer, Joe Nuxhall, who always told his listeners as the signoff of his broadcasts that he was "rounding 3rd and headed for home."

Our 2016 ceremony was in honor of Vietnam Veterans who, coincidently, were also recognizing the 50-year anniversary of the War in Vietnam. We asked them to step up out of the first base dugout, then walk the bases from 1st to 2nd to 3rd, and then finally welcomed them home at home plate. At each stop, these Veterans of the Vietnam War were welcomed by our beneficiaries and other dignitaries, such as the Chief of Staff for the Dayton VA Medical Center at home plate.

Prior to the start of ceremonies, and just prior to organizing this line of Veterans to be recognized, I happened upon a gentleman behind the stadium who was wearing a Veteran ball cap, so I casually asked him if he had signed up and was ready to walk the bases?

His response surprised me. While he admitted that he was a Veteran of the Vietnam era, he sheepishly explained that he was never deployed to Vietnam and didn't feel that this ceremony was for him. There were tears in his eyes.

I then asked him if he had volunteered to serve? He said that he had. I asked him if, unlike everyone I ever knew who volunteered to serve, he had been asked where he wanted to serve or, like all the rest of us, was **told** where he would serve?

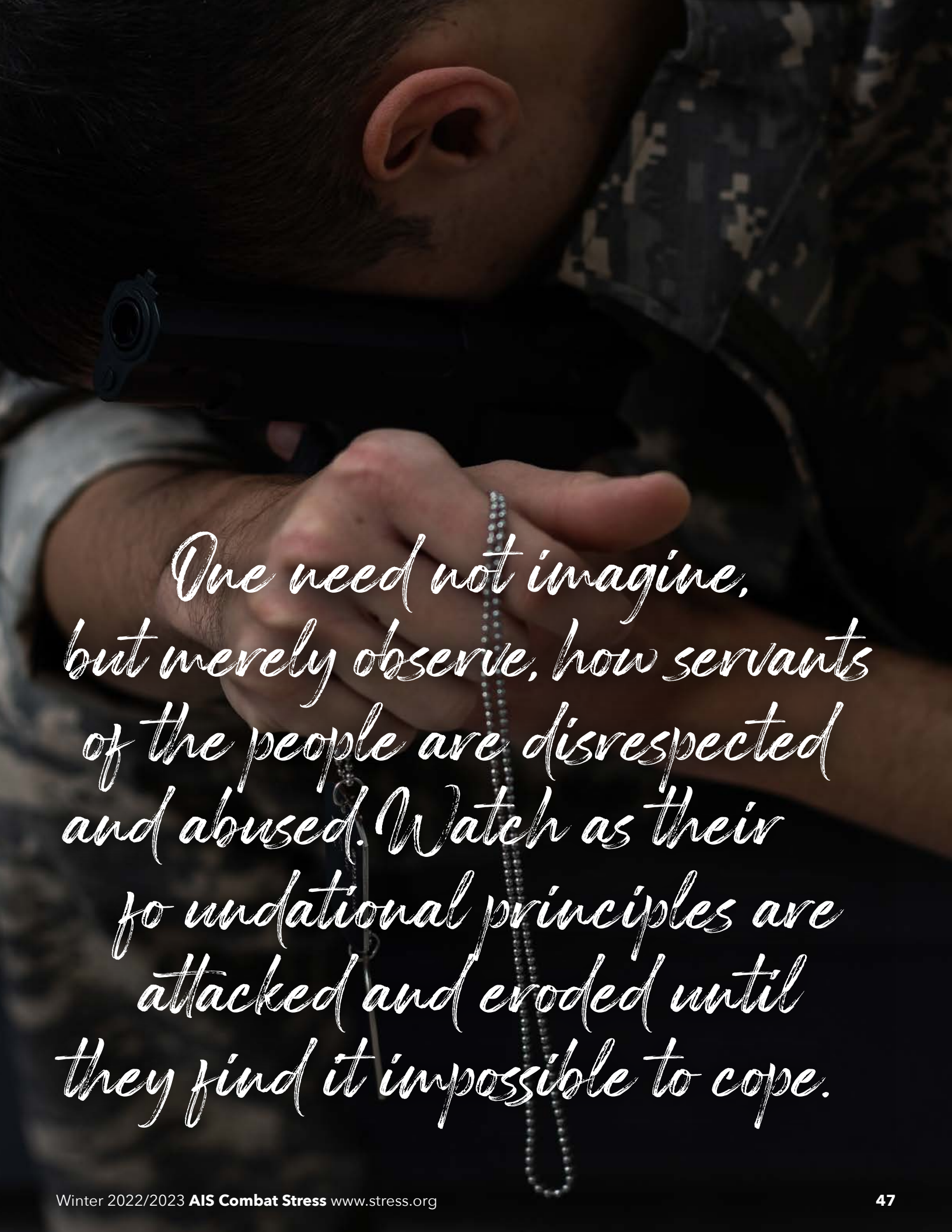
I shared with him that once he raised his hand and swore that Oath of Enlistment, he was then told when to stand up, when to sit, where and when to sleep, when to eat, and what to do…and the choice to be deployed or not deployed to Vietnam was not in his control. Simply put, if he served during the war in Vietnam, he was a Vietnam Veteran.

To my delight, he circled the bases and received thanks for his service. For me, and I hope for him, it was a highlight of our weekend with the USA Patriots Amputee Softball Team.

This is the sort of person to whom service is meaningful; a person who would never steal the valor of another and respects his country far too much to let it down.

This is the sort of person to whom discipline is soothing and calming and to whom conflict, and chaos are unsettling. Not everyone fits this mold. For example, do politicians?

Now then, imagine for just a second what this person thought about our withdrawal in


One need not imagine,
but merely observe, how servants
of the people are disrespected
and abused. Watch as their
fo undational principles are
attacked and eroded until
they find it impossible to cope.

Those who serve their fellow
citizens, and our nation are
proud of their service.
Their pride is foundational
to their sense of being.

2021 from Afghanistan? Honorable? Wise? Meeting commitments made, not just to Afghans but also to our US Servicemembers.

Imagine if you can, whether or not the sacrifice was worth it for the hundreds of thousands who took the oath upon answering the call of duty to Uncle Sam to protect and defend. This was the ultimate disloyalty for those who did.

If you are imagining it (or maybe you are actually right now living it?), are you seeing a person under stress? Or, worse yet, are you actually imagining a person in despair? Where is that line…that difference between stress versus despair?

How do people to whom service to others is foundational and paramount in their own lives, and an important part of who they are, cope with such an obvious and disheartening betrayal? Or asked another way, how many have been deeply impacted and unable to tolerate such betrayal and infidelity?

These people wear a uniform, which signifies to others that they are serving their nation. Uniforms, of course, are not merely reserved for our Armed Forces but also for our 1st responders who also serve. One need not imagine, but merely observe, how such servants of the people are disrespected and abused. Watch as their foundational principles are attacked and eroded until they find it impossible to cope.

Those who serve their fellow citizens, and our nation are proud of their service. That pride is a deep-seated defense against setbacks, small or otherwise. Their pride is foundational to their sense of being.

I believe that most of these public servants understood the nature of stress prior to, during, and even after their military service. I do not believe; however, they knew how fragile they might become when the very nation they were serving appeared to turn against them. Is this when stress becomes despair?

I would argue that service to others motivates many in our country, not merely our Armed Forces, but all nature of 1st responders and volunteers for worthwhile organizations and undertakings for noble causes.

To deal with this potential bridge from stress to despair, I would like to offer some thoughts…not exactly advice (since it would be too personal to presume).

As I write, literally billions of people across the world are remembering and honoring Queen Elisabeth II on the occasion of her funeral. Within those billions of people, it is likely that some were inspired by a life of dedicated service. Many people, whether religious or not, did their best to emulate the Queen's life of service to others and derived a great deal of satisfaction from attempts at selflessness and by serving others. I would argue that this service to others motivates many in our country, not merely our Armed Forces, but all nature of 1st responders and volunteers for worthwhile organizations and undertakings for noble causes.

Public servants – those who work in Government for the citizens who pay their salaries – hold a special responsibility. Their service is to all of us, not merely those with whom they agree or may be sympathetic. I worry that politics has corrupted many of these public servants and those who are partisan should probably not remain on **our** payroll.

> *Is there something special or unique in the psyche of those who serve which we might consider for reaching, helping, and/or coaching them to cope?*

I try to understand the gap which appears to now exist between those in our political class… the so-called elites… versus those who serve. Has this chasm ever been wider…at least in these United States?

Walk a mile in the shoes of not just a traditional Service Member, but almost any 1st Responder…police, border agent, or any

civil servant who sees and feels the wide gulf between the missions they are handed to pursue versus how that mission may be politicized or distorted to achieve certain political ends.

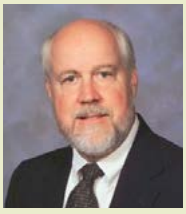
Imagine the stress of not seeing the sort of entire-organization alignment required to achieve mission success. Might they be asking, "Does the boss have my back?" In Government, there are undoubtedly more layers and more bosses than you can even begin to grasp. But, to the psyche of the public servant, everyone is a boss, and the mission must provide for everyone's benefit. It is certainly fair to expect that everyone would acknowledge and support their dedication and service to all of us.

Final provocations

When does stress become despair? Can we head this off prior to it happening… knowing what the final consequences of that path will become?

Is there something special or unique in the psyche of ***those who serve*** which we might consider for reaching, helping, and/or coaching them to cope? We must lean forward to understand and to provide for the welfare of those who have performed the most noble of deeds, our numerous and diverse public servants, only to have their sacrifices demeaned and dismissed and debased.

ABOUT THE AUTHOR



Robert B. (Scott) Kuhnen retired from Federal Service in 2014 after more than 40 years combined military and civilian service in the USAF. A native Ohioan, he enlisted in the USAF directly out of high school and quickly found himself back in study at the Defense Language Institute (DLI), Monterey, CA. As this occurred right as the U.S.S. Pueblo was being taken by the North Koreans in 1968, language specialists found themselves studying Korean and assigned to flight duty in Korea and Japan. Active duty years passed quickly and burnout was commonly experienced by those serving. The author was honorably discharged and soon found himself back in school at Kent State University where he graduated with honors in 1977. The start of a family made graduate school more difficult and the opportunity to join Federal Service (1978) in the Engineering Directorate of Aeronautical Systems Center (ASC) at Wright-Patterson AFB, OH very appealing. In spite of lacking an engineering degree, the author enjoyed a rewarding career serving in the Defense Standardization Program for both ASC and HQ Air Force Materiel Command (AFMC) and as Scientific and Technical Information (STINFO) program manager for both ASC and HQ AFMC. The author considered public service to be a calling and he has continued to serve by raising funds for local Veteran organizations and causes like the Fisher House Foundation and Honor Flight-Dayton.

Leveraging the Power of Community to Help Our Veterans

By COL (RET) DJ Reyes

As the Senior Veteran Mentor Coordinator, 13th Judicial Circuit (Tampa, Florida) Veterans Treatment Court (VTC), I lead a team of fellow Veteran volunteer mentors who assist assigned Veteran defendants while they engage in their respective medical treatments and therapies while enrolled in the VTC. In doing so, it is common to learn of the many challenges that these Veterans face, which, if not resolved, can impede or even negate effective recovery, wellness, resiliency, and ultimate reintegration back with their loved ones and their local communities. ***But perhaps what is the most critical challenge noted – and in fact is a national problem – is obtaining low cost, attainable Veteran housing.***

Enter CDS Life Transitions, Inc.

A Rochester NY based corporation that specializes in low cost, attainable housing with associated 'wrap around services' (community and federal supported medical and other support services that address veterans' health, employment, educational and other challenges), CDS Life Transitions focuses on two categories of those most in need of their services: the developmentally disabled, and Veterans with medical conditions or disabilities. Already engaged with the Tampa based "Baytown Apartments" Housing Initiative, and in partnership with the local McDonalds Training Center to assist the qualified developmentally disabled residents, CDS is now looking to expand its support to the Veteran community in Florida.

Last year I was contacted by CDS Life Transitions and, after understanding their strategic Vision and Mission supporting Veterans, agreed to join their team in developing this initiative in the State of Florida. As the most Veteran-populated County in Florida (which is the 3rd most Veteran-populated state in our Nation), it made sense to initially develop the Florida market in the greater Tampa Bay Region. Over the past year, I have been fully engaged in community outreach and education for this initiative, as well as briefing various local city, county and state officials to garner the necessary legislative and budgetary support.

Recently, I traveled to Rochester, NY and served as the keynote speaker at the CDS Wolf Foundation and Warrior Salute Services Program Gala event to raise donor funding for this important program. Prior to the event, I had the opportunity to tour the CDS Housing's "NuCor House" – transitional housing for Veterans receiving wrap around services to return them to a higher level of wellness. The NuCor House is one of two initiatives I am working on with CDS leadership to bring to Tampa Bay. Of the 4 Veterans I had the chance to speak with was Mr Kelly. A Marine (MOS 0311 infantryman), I was particularly encouraged – because he is currently enrolled in the Buffalo VTC program and is currently set to graduate after 3 years in the program! We spoke at great length, which certainly generated a great deal of pride in him, as well as all the Veterans in the NuCor House who are utilizing these wrap around services being offered. This program works and helps to save lives – one Veteran at a time!

The Gala event that occurred later that evening was a huge success. I met with so many wonderful community and state leaders,

Perhaps what is the most critical challenge – and in fact is a national problem – is obtaining low cost, attainable Veteran housing.

COL (RET) DJ Reyes (left) with CDS Life Transitions Inc President/CEO Andrew Sewnauth, in front of CDS HQ, Webster NY.

advocates, and donors from this great City of Rochester. Congratulations to President/CEO Andrew Sewnauth and his incredibly dedicated CDS teammates for this gala event and their daily efforts in helping their local Veterans!

As I later reflected on the wonderful CDS Wolf Foundation and Warrior Salute Gala and Fundraiser experience, I wanted to share two specific and quantifiable impacts that these programs have had, not only on the CDS residents (which includes the employed developmentally disabled, and Veterans with various medical disabilities), but on the "ultimate customers" – our deployed military Service Members noted below.

CDS Unistel, in partnership with the Department of Defense's L3 Harris (an American technology company, defense contractor, and information technology services provider that produces communications and electronic systems and products, wireless equipment, tactical radios, avionics, night vision equipment, and both terrestrial and spaceborne antennas for use in the government, defense, and commercial sectors), provides unique employment opportunities to assemble a very simple, but critical, piece of supporting tactical satellite communications, or SATCOM, equipment and ground radio equipment - the rubberized terminal cap cover. Given the harsh climatic conditions in which our deployed Service Members operate, this simple piece helps protect the terminal ends required for successful communications between ground – ground and ground – air units. The other incredible employment opportunity directly supports our Nation's deployed troops' quality of life – with the blending, processing, packaging, and global distribution of "Salute Seasoning" – an impressive array of herbs and spices that can be found (and consumed) in military dining facilities (DFACs) throughout Europe, the Middle East and South Asia. The impact of tasty spices while deployed, often thousands of miles from home, offers a brief respite, and perhaps a distractor – one meal at a time – from the daily 24/7 operations and stress commonly experienced. "From little acorns grow Mighty Oak Trees" was my impression of the global impacts that these two programs have on our military Service Members.

CDS Life Transitions, CDS Wolf Foundation and the supported Warrior Salute Program are wonderful examples of Sankar Sewnauth's (previous President/CEO) and Andrew Sewnauth's vision and mission to help our Veterans with an "all in" community network and support approach. It is my hope that we can successfully expand these programs' footprint in the Sunshine State, and ultimately, throughout our great Nation. By doing so, we live up to the solemn promise "leave no Veteran behind" on the battlefield or right here at home.

(For more information on these programs that directly help our Veterans in need see the CDS website at cdslifetransitions.com*)*

ABOUT THE AUTHOR

DJ Reyes is a retired U.S. Army Colonel with over 33 years of faithful service to our great Nation. Earning his bachelors, masters, and juris doctor degrees from the University of Notre Dame, the U.S. Naval War College, and Temple University School of Law, DJ also commanded or served in primary staff positions in special forces / operations, military intelligence, infantry, airborne, air assault, Joint/ Interagency, and Multi-National organizations. His combat and contingency deployments included tours in Iraq, Afghanistan, North Africa, Bosnia, Kosovo and Haiti. In addition to providing independent consulting for organizations supporting Veterans, military families with special needs, and victims of human trafficking, DJ previously served as a Department of Defense contractor assisting local Florida Veterans and their spouses with employment opportunities. DJ currently sits on the following advisory boards: National Veterans Court Alliance, Washington DC; U.S. Congresswoman Kathy Castor (D-FL 12th) U.S. Service Academy Nomination Committee; U.S. Congressman Gus Bilirakis (R-FL 14th) Veterans Advisory Committee; Florida Department of the VA Executive Director Danny Burgess' "Forward March" Veteran Program Legal Sub-Committee; and Legislative Chair, Florida Veterans Council, Orlando. Finally, DJ devotes significant time and energy in his community service role as senior military advisor and mentor to the 13th Judicial Circuit's Veterans Treatment Court, or VTC. The VTC identifies those Veterans in trouble with the law resulting from some disorder or disability incurred during military service, obtains the necessary medical treatment and therapies for them, assists in the rehabilitation process, and promotes their successful reintegration back into the Veterans' local communities. Within Tampa Bay, DJ was recognized in 2014 with the Tampa Bay Business Journal's "Heroes at Work" Award for his continuing public service as a Veteran-owned business consultant supporting both military and special needs communities. In 2016, DJ was awarded with the Hillsborough County Bar Association's highest award – the Liberty Bell Award – for his exemplary efforts in promoting, and advocating for, the legal judicial system and process as it supports the local Veterans and special needs communities. The Hillsborough County's Sheriff's Hispanic Advisory Council also announced DJ as the 2016 recipient of the Raymond E. Fernandez Award. This award is presented each year to an individual who has made outstanding contributions to the criminal justice system. In January 2020, (NHL) Tampa Bay Lightning Owner Jeff Vinik's Foundation announced DJ as this year's recipient of the Tampa Bay Lightning Community Hero Award. Finally, the Notre Dame Club of Greater Tampa Bay recently announced DJ's nomination for the 2020 Father Corby Award for Distinguished Military Service. He is also one of many Veterans impacted by the effects of the burn pits in Iraq and Afghanistan.

Running Towards a Closing Gate

United States Air Force Marathon

By Officer Tom McMurtry, CPT (RET) US Army Special Forces

I saw what they were doing but it made no sense.
200 yards ahead uniformed men were pulling chain link fences on wheels
across the four-lane entrance to the base.

What was going on? Was there a change in the marathon route?
150 yards ahead the left side was closed while
several Air Force buses began arriving.

Four hours ago, we were a single mass of ten thousand runners.
Now a string of individuals miles long.
I was in the last third with six miles and
100 yards to go.

A Sergeant stepped into the road and held up a hand.
Everybody on the bus. The racecourse is closed.
Too many heat casualties and not enough transports.
50 yards to go.

It was hot. We had been running on asphalt without shade for miles.
MedEvacs had been picking up runners for hours, so I understood.
Deeply disappointed after months of training,
I slowed and turned toward the buses.
Then I saw them.

30 yards to go.
Runners were still going through the narrowing entrance.
I picked up my pace.
25 yards to go.
I passed the busses and the Sergeant trying to get my attention.
20 yards to go.
The lanes were closed leaving only a gap by the guardhouse.
15 yards to go.
The last two runners in front of me made in through.
10 yards to go.
I started pumping my arms to give the impression of sprinting.
5 yards to go.
I yelled "One more!"
The Airman pulling on the leading edge looked up and paused.
I slid behind him, brushing against him ever so slightly.
The gate was closed.

I was still running.

ABOUT THE AUTHOR

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

Gold Star Families Memorial Keynote Address

Wright-Patterson Air Force Base

4 June 2022

By Kathy Platoni, PsyD, DAAPM, FAIS
COL (RET) US Army
Dayton SWAT

You have given all of us, every one of us the gift of your sons and daughters, your parents, your siblings, your nieces, your nephews alike; those who are the true and rightful and authentic heroes of this great nation, on battlefields far removed from the homeland. Very few will ever understand the magnitude of this sacrifices made by your loved ones or by their families. They risked all by signing that blank check to the United States of America to give all and for a cost that few will ever understand or fully appreciate. It is not just your loved ones who made the ultimate sacrifice….you did as well as their beloved families, left to navigate their way back to some kind of meaningful life. This, by default, defines and distinguishes what giving all looks like. And this is expressly what we were all asked to do simply because we answered that call of duty, the utmost and loftiest honor ever to befall those who proudly swore that oath of allegiance for duty, honor, selfless service and above all, for country, not ourselves. Nothing compares. Nothing ever will.

Unfortunately, while America went to the mall, many of us went to war instead. The best that most of America could do on our behalf was to stick a "support our troops" magnet on their back bumpers (Testerman, 2016). 99 percent of the American populace simply will never "get it" and they best too many of them can offer is an insincere "Thanks for your service" or "Get over it" when we lament our losses. What has been given up at the altar of freedom is priceless, yet few will ever rise to this occasion where the understanding of the depth and breadth of the value of what has been offered up as inherent in dying for one's country or of laying down one's life for their friends, for their country, resonates within their souls. We have too often become shameless people outside of the military and Veteran communities in failing to acknowledge this.

It was last week that we celebrated Memorial Day, which long ago became a day of day of brats, burgers, and good deals at the big box stores, much of it unremembered in the fog of a lingering hangover after a hardcore holiday weekend of partying. For the families of the fallen, the lifelong struggles of personal loss can only be intensified as this holiday and in fact all holidays bear down upon them (Steen, 2019). We can ill afford for the meaning of Memorial Day to be diminished or taken for granted. We who serve and who have died in service of this nation have paid a cost beyond measure, yet this too often goes unnoticed. To offer the celebratory greeting of "Happy" Memorial Day flies in the face of decency for Gold Star Families and once again, devalues and mocks their losses. It is critical to acknowledge the somberness of this day and the gravity of such immeasurable losses. Perhaps the time is long past due to alter the focus….remember the fallen or never forget; nor should we.

There will never be a time when you are able to unsee, unfeel, or put aside the grief that stems from such overwhelming losses. Wounds may heal, scars may fade, but grief is not finite. Grief has no time frame and expiration date. The burdens you carry will last a lifetime. It is up to the rest of us to carry them with you and to do better as a grateful nation to deliver that message. Despite the empty words of those at the helm, this is not a journey to be walked alone, for your losses are unfathomable. The pain, the ache, will continue hourly, daily, forever. It may get better, but then again, it may not. The weight of such anguish, the price, and the toll of the Gold Star Family are incalculable. So is the ever-present suffering. So is the continued mourning…. for a lifetime. The lives of your loved ones must be on our hands and in our minds as well. We must speak often of the fallen and never fail to preserve them in our conversations. Hearing their names mentioned often becomes a gift for these families and so we must never close the door on them for such opportunities that might otherwise be missed. (Cordova, 2017, Steen, 2019). Free reign must be given to leave open the chance to rant, to rage, to cry, and to reminisce. It is the rest of us who should be there to wipe your tears and hold your hands in ours. Make those desperately needed connections for which these families yearn, as few are willing to look them in the eye for fear of their own discomfort. The loss of a loved one in time of will more than likely jar you into a new reality that you never asked for, that you never saw coming, hurling you into the abyss of despair from which there seems to be no escape and from which you may have to dig your way out just to be able to breathe once again. This all begins with that dreaded knock at the door with the arrival of casualty affairs officers, those entrusted with the most God-awful job in the military. It seems inconceivable that life would gut/eviscerate families of the fallen in this way. There is infinite wisdom that may come from this, and the tragedy that arrived on your door step need not define the remainder of your lives, but for a long while, awful and horrible will be your constant companions. What comes next is renewal…. if you allow this to take hold. You must become the warrior to do so, to scratch your way to the top of that cavern to find that you are no longer paralyzed by what life has so brutally delivered/carried to you. There must be intention and above all, value, meaning, and purpose in the whys fighting your way back. Even terrible things can be transformative. Having a goal, a direction will serve as a compelling reminder that life is forever moving forward with you in it, fully engaged in the process. It has even more meaning when the actions you take are the most selfless ones, as with Jim and Leslie Groves, who played an enormous role in making this magnificent monument a reality. They have been fully involved in the recognition, honor, and presentation of Honor and Remember Flags

to Service Members who lost their lives in the line of duty and from all branches of the Armed Forces and from all wars. Their efforts have seen to it that The State of Ohio designates this flag for these very purposes. They have spun gold from their tragedy in countless ways for the good of their community, the Great State of Ohio, and the nation on a grand scale.

At the same time, there must be an interval for silence and solace. It takes time to heal from the blunt force bruises that have befallen you. Open the vault and give rise to them. Only when one breaks their own silence can one even begin the healing process. Give yourselves the freedom to be vulnerable, to wall off painful feelings when you need to, to put the pieces of your lives back together with the glue of those who love you and surround yourselves with those that do. Let them into your hearts and souls, even when you feel more like locking yourself away from the very world that pulled the rug out from under you. There is no roadmap or manual for being a Gold Star Family. Be open to the prospect that there is life outside of suffering and the possibility that there will be gratitude for the goodness of the people who you allow back into your life. Being to believe in possibilities and in lives that yield blooms. It may just be okay to welcome that knock at your door the next time around.

What it means to serve and to sacrifice is equally shared with the families who sent their loved ones off to war. Every single time your Soldier, Marine, Sailor, or Airman walked out the door, you sacrificed. Every time their flights left the ground, their ships sailed, they loaded their rucks on their backs, and you had to say goodbye and they said they had to go, you did just that; time and time again (Testerman, 2016). Never forget that it is you that cast and shaped your fallen loved ones into the valiant and brave Service Members they became. It is because of this that they were propelled to serve so selflessly for causes far greater and more noble than themselves (Testerman, 2016). It is these virtues that you imparted and the pledge that good must always and necessarily triumph over evil that drove them forward. There is little that is more loving than that.

For the Fallen

They went with songs to the battle; they were young,
Straight of limb, true of eye, steady and aglow.
They were staunch to the end against odds uncounted;
They fell with their faces to the foe.
They shall grow not old, as we that are left grow old:
Age shall not weary them, nor the years condemn.
At the going down of the sun and in the morning
We will remember them.

Laurence Binyon WWI

May these words resonate powerfully for each of you. They were spoken by President James Garfield on the occasion of the very first celebration of Memorial Day, then referred to as Decoration Day, and delivered at Arlington Cemetery on 30 May 1868. "I am oppressed with a sense of the impropriety of uttering works on this occasion. If silence is ever golden, it must be here beside the graves of fifteen thousand men, whose lives were more significant than speech, and whose death was a poem, the music of which can never be sung. With words we make promises, plight faith, praise virtue. Promises may not be kept; plighted faith may be broken; and vaunted virtue be only the cunning mask of vice. We do not know one promise these men made, one pledge they gave, one word they spoke; but we do know they summed up and perfected, by one supreme act, the highest virtues of men and citizens. For love of country they accepted death, and thus resolved all doubts, and made immortal their patriotism and their virtue. For the noblest man that lives, there still remains a conflict. He must still withstand the assaults of time and fortune, must still be assailed with temptations, before which lofty natures have fallen; but with these the conflict ended, the victory was won, when death stamped on them the great seal of heroic character, and closed a record which years can never blot."

"Our debt to the heroic men and valiant women in the service of our country can never be repaid. They have earned our undying gratitude. America will never forget their sacrifices."
Harry S. Truman

Never forget that those who gave their lives lived by the code of duty, honor, and country, not themselves. At the very least we owe the families of the fallen the very same allegiance they offered up to us as servants of our great nation, performing the most noble of deeds for a cause far greater than themselves, for their willingness to don the uniform in time of crisis and war, and for writing a blank check to the peoples of the United States of America, payable up to and including their very lives. There is no price too high that were unwilling to pay in service of our homeland, no struggle or privation that they failed to undertake. We Service Members were borne for toil and tribulation. This is the very best of what America has to offer, the most precious and priceless of our resources, both here and over there. There is an indelible debt of gratitude to be paid on both scores and on all counts. This is what we owe our Gold Star Families, who have sacrificed far too much to be cast aside. It is their loved ones that fought to safeguard and defend this great nation. The cost of freedom is an enormous and enduring one. We can ill afford to turn our backs on those who wear the gold star. It is ours to form the same sacred bonds that sustained us in time of war with the families our fallen and to embrace them. Our endowment to them must be so much the greater. For our Gold Star Families, every day is Memorial Day. All gave some. Some gave all. With disregard for their own lives, these valiant American heroes gave their last full measure of devotion. We must never abandon those who gave their loved ones for the cause. It is time to truly become a grateful nation. Never forget. Never forget.

ABOUT THE AUTHOR

Dr. Kathy Platoni has been a practicing clinical psychologist for 40 years and maintains her private practice in Centerville, Ohio. In service of her country and as an Army Reserve clinical psychologist, she has deployed on four occasions in time of war. Dr. Platoni served as commander of the 1972nd Medical Detachment (Combat Stress Control) at Guantanamo Bay Cuba from 2003-2004, where combat stress control became a critical element of the Joint Task Force mission in support of Operation Enduring Freedom in the Global War on Terrorism. Having volunteered to return to active duty within weeks of her redeployment from Joint Task Force-GTMO, Dr. Platoni deployed to Iraq in support of Operation Iraqi Freedom, holding the position of Deputy Commander of Clinical Services for the 55th Medical Company (CSC) in Baghdad and seven subsequent locations, finally as Officer in Charge of Team Ar Ramadi, situated the seat of the insurgency and during times of intensive combat. At the invitation of the 3rd Brigade Commander, 3rd Infantry Division upon the conclusion of her tour of duty in the wartime theater, Dr. Platoni reported to the Home of the Infantry, Fort Benning, Georgia for an additional six-month mission in order to provide for the reintegration services of the 2nd Battalion, 69th Armored Regiment due to elevated numbers of psychological casualties among combat arms soldiers. Dr. Platoni was last deployed to the combat theater of Afghanistan from 2009 through late 2010 with the 467th Medical Detachment (Combat Stress Control) in support of Operation Enduring Freedom, serving as Clinical Advisor for the medical detachment and Officer in Charge of Team Wilson, Kandahar Province, and Camp Phoenix in Kabul, Afghanistan. She was assigned to the 1493rd Medical Detachment (CSC) in Cary, North Carolina until the time of her retirement. As a survivor of the tragic Ft. Hood Massacre in November of 2009, she is an ardent activist for reconsideration of this shooting incident as an act of terrorism to assure that the wounded and the families of the deceased are awarded long overdue benefits and was very instrumental in the awarding of the Purple Heart Medal to the Fort Hood wounded and to the families of those who lost their lives on that tragic day.

Dr. Platoni is a graduate of Hobart and William Smith Colleges (BS, 1974), the University of Miami (MEd, 1975), and the School of Professional Psychology of Nova University (now Nova Southeastern University) in Davie, Florida (PsyD, 1985). Subsequent to the conclusion of her doctoral studies under the auspices of the United States Army's Health Professionals Scholarship Program, she completed her internship on active-duty Army status at William Beaumont Army Medical Center in El Paso, Texas in 1984. From 1984 through 1987, she served as Chief of Psychology at DeWitt Army Community Hospital, Fort Belvoir, Virginia. During her more than three decades of both active and Army Reserve status, including a six-month tour of duty during Operation Desert Storm, Dr. Platoni developed combat stress control, debriefings and crisis management programs utilized throughout the U.S. Army. She held the position of Army Reserve Clinical Psychology Consultant to the Chief, Medical Service Corp (Chief Psychologist for the Army Reserve pro bono) for six years and is a graduate of the US Army Command and General Staff College. Dr. Platoni retired from the US Army with the rank of Colonel in October of 2013.

Dr. Platoni maintains an appointment as Assistant Clinical Professor with the School of Professional Psychology, Wright State University. She is a skilled hypnotherapist and possesses expertise in the sub-specialty areas of behavioral medicine and the treatment of chronic pain and chronic, debilitating, and terminal illnesses. Due to her father's exposure to radiation during the bombing of Nagasaki during World War II, she was born with congenital defects that have required extensive maxillofacial (bone) reconstructive and bone grafting procedures. No stranger to chronic pain herself, Dr. Platoni has undergone 60 major and minor surgeries

over the course of the last 24 years to correct these defects, 18 of them with hypnosis as the sole anesthetic. Her last major plastic surgery was featured in a segment of ABC News "20/20" in 1999. She is in the process of completing a series of scholarly articles on this subject and has also published in a number of professional and lay journals on topics relating to Gulf War Syndrome, the psychological aftermath of the events of "9/11", and professional/ medical ethics. Two landmark books, written and edited by Dr. Raymond Scurfield and Dr. Platoni on the subject of war trauma, **Expanding the Circle of Healing - Trauma in Its Wake and Healing War Trauma** - A Handbook of Creative Approaches, were published in 2012. She was awarded Diplomate status by the American Academy of Pain Management and was recently appointed Fellow of the American Institute of Stress and awarded distinguished membership in the Institute of Traumatic Stress 2013 Board of Scientific and Professional Advisors. In addition, Dr. Platoni holds professional memberships in the Ohio Psychological Association, the American Society of Clinical Hypnosis, the Society of Clinical and Experimental Hypnosis, the Association of Military Surgeons of the United States, the Dayton Area Psychological Association, and International Critical Incident Stress Foundation. She has served in the position as Editor of the Combat Stress since 2014.

Since the "9/11" tragedy and attacks on the United States, Dr. Platoni voluntarily deployed to New York City on two occasions in order to provide disaster mental health and critical incident stress debriefing services to members of the New York City Police Department. In 2017, she deployed to hurricane-ravaged Florida to provide disaster mental health services with the American Red Cross and in May and June of 2019, in support of tornado relief in the aftermath of 15 tornadoes that devastated the area of Southwest Ohio in which she resides. She currently serves as the Dayton Police Department SWAT psychologist and Mental Health Advisor to the Dayton Hostage Negotiation Team.

As a nationally renowned expert in the treatment of Post-Traumatic Stress Disorder, Dr. Platoni has been featured in *Fox News, CNN, USA Today, Newsweek, US News and World Report, AP News, The Guardian, Huffington Post, Washington Post, NPR Radio, Stars and Stripes, San Antonio Express News, San Francisco Chronicle, Boston Globe, The Ohio Psychologist, the Wall Street Journal, TIME Magazine, Military Times, and The National Psychologist.*

For her professional contributions to the field of psychology and decades of humanitarian service, Dr. Platoni was awarded a lifetime achievement award by her alma mater, Hobart and William Smith Colleges, in 2008 and was selected for the very prestigious Dayton's Ten Top Women Award for the Class of 2012. She was awarded the Legacy Award for community service and volunteerism in the Southwest Ohio area in April of 2013. She was awarded the Legion of Merit for exceptionally meritorious service by the United States Army on 19 July 2014. Dr. Platoni was the recipient of the 2016 IVAT Returning Veterans Resiliency in Response to Trauma Award. This award is given by the Institute on Violence, Abuse and Trauma (IVAT) to a veteran who has experienced specific trauma in war and whose efforts and advocacy have had a notably restorative impact on a traumatized population. Dr. Platoni was inducted into the **Ohio Veterans Hall of Fame** in November of 2019 for her numerous contributions to the Veteran and law enforcement communities. In November of 2020, Dr. Platoni was a recipient of the **Ford Oval of Honor Award,** again, for now more than four decades of military and tireless community service. Honored once again by the Dayton, Ohio community, Dr. Platoni was selected as the recipient of the **2020, 2021, 2022 Best of Dayton Psychologists, this year entering her into the Dayton Business Hall of Fame.** Dr. Platoni was inducted into the **Greene County Ohio Veterans Hall of Fame** in April of 2022.

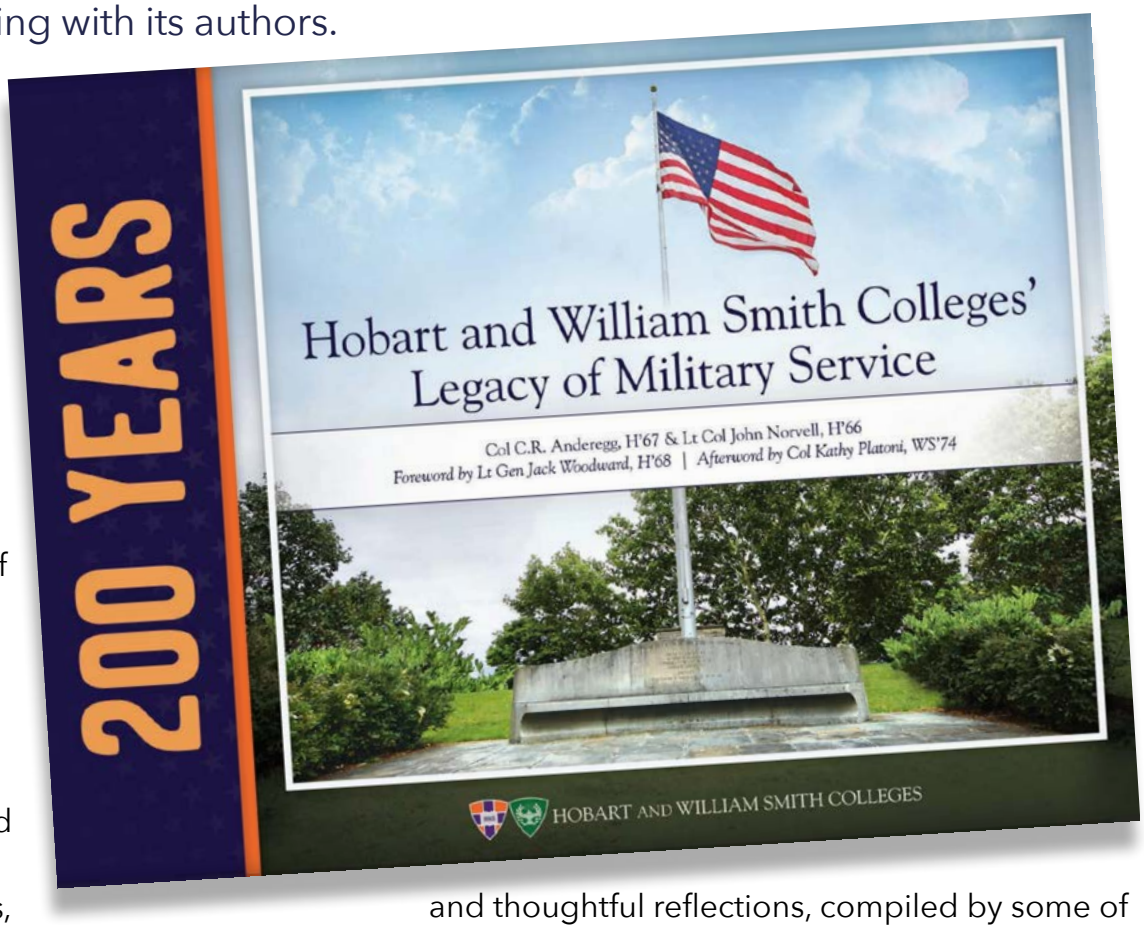
COL Platoni was retired from the 4th Civil Support and Sustainment Brigade, Ohio Military Reserve, in September of 2021 after six years of dedicated service as the Brigade Psychologist, her 40th year of military service.

Military Service Celebrated

By Anderegg, Norvell, Woodward and Platoni (October 2022)

Our own COL Platoni has contributed to a coffee table book with four heroes of the Vietnam War for her alma mater, Hobart and William Smith Colleges, on the occasion of the bicentennial of Hobart College. COL (RET) Dick Anderegg, USAF, LTC (RET) John Norvell, USAF, and LTG (RET) Jack Woodward, USAF. Her first-person account of the Fort Hood Massacre is included in this publication. The colleges maintain a long tradition of military service, dating back to its founding in 1822, which has been chronicled and celebrated by these four Veterans (both US Air Force and US Army) in this heralded publication.

During Bicentennial Weekend, HWS honored the military service of alums with the release of a book about Veteran-alums and a panel discussion and book signing with its authors.



From a plaque on Coxe Hall to a memorial bench near the flagpole on the Quad, the contributions and sacrifices of Hobart and William Smith Veterans are memorialized on campus. Now, their stories – and those of dozens more – have been assembled in a new history of HWS military service.

"Our, graduates have a long and proud history of service in the U.S. Armed Forces, stretching back to our founding," says President Mark D. Gearan, who offered the welcome address at the panel discussion on Saturday. "I can think of no better way to commemorate and celebrate that tradition, especially in our Bicentennial year, than the impressive collection of institutional history, personal experiences and thoughtful reflections, compiled by some of our most decorated Veterans."

Hobart and William Smith Colleges' Legacy of Military Service was unveiled on Saturday during a panel discussion with its authors, COL (RET) "Dick" Anderegg '67 and LTC (RET) John Norvell '66, P'99, P'02, and LTG (RET) Jack Woodward '68 and COL (RET). Katherine Platoni '74, who,

respectively, wrote the book's foreword and afterword. Jean S. Anderegg '67, who was the inspiration behind the project, moderated the discussion. They also met with alums and fellow veterans at a book signing later that day before the Bicentennial Gala.

The Colleges' longstanding connection to the U.S. Armed Forces dates back to Hobart's founding in 1822, with early trustees who were veterans of the American Revolutionary and the War of 1812, and students who served soon after.

The first half of the book narrates the history of the Colleges and profiles those who served, some of whom died in service, from the Civil War until today. It also contains first-person narratives of several alums who served in unusual and often trying circumstances. The second half of the book presents 117 profiles of alums who have served as well as those still serving across the globe.

"The authors have done an incredible amount of research, writing and connecting with other alums who served in all branches of the military," says Gearan. "Their diligent work captures the diverse, complex experiences of our community of servicemembers and the ways those experiences were informed and illuminated by their liberal arts education at HWS. With this thoughtful and moving book, the Colleges proudly celebrate our Veterans, their achievements and their lives of consequence."

This book is now part of the Warren Hunting Smith Library's holdings. Copies have been mailed to those alums who submitted their stories for the book. Others interested in purchasing a copy should contact, Chevanne DeVanney, Director, Alumni and Alumnae Relations at devaney@hws.edu.

Permission to reprint this article has been granted by Chevanne DeVaney, Director, Alumni and Alumnae Relations, Office of Advancement, Hobart and William Smith Colleges, 300 Pulteney Street, Geneva, NY 14456.

COMBAT STRESS

Click Here To Subscribe Today.

It's free, although if you agree with our mission, we are most grateful for any tax deductible donation you would like to make.

And we are not here to cause you stress so rest assured that we will never sell your email and you won't get any junk mail from us.

The American Institute of Stress
220 Adams Drive, Ste 280 - #224
Weatherford, TX 76068

info@stress.org
(682) 239-6823

The American Institute of Stress is a qualified 501(c)(3) tax-exempt organization.