Ft. Hood
It was a terrorist attack
and a massacre

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

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

We value opinions of our readers.
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Combat Stress is a quarterly newsletter with news and advertising designed with Service Members, veterans and their families in mind. It appeals to all those interested in the myriad and complex interrelationships between combat stress and health because technical jargon is avoided and it is easy to understand. Combat Stress is archived online at stress.org. Information in this publication is carefully compiled to ensure accuracy.

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.

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First, let’s get this straight: What happened at Fort Hood on November 5, 2009 was a terrorist attack and a massacre.

It was not “workplace violence,” as it is absurdly being categorized now by the Department of Defense. Nor was it merely a “shooting,” as it is listed on virtually every search engine. For this rampage to be considered merely the act of a disgruntled employee is an immense betrayal to both those who lost their lives and were injured and to their families who witnessed the days, weeks, months, years of emotional aftermath.

And Nidal Malik Hasan is not just a “defendant;” he is a traitor and a terrorist. Period.

This guy, who was not only sworn in as a US Army Soldier and pledged that he would defend the United States against all threats, foreign and domestic, but was also sworn in as a medical doctor who took the Hippocratic oath to “First, Do No Harm,” walked into the Soldier Readiness Center with an FN Five-Seventy pistol that he had purchased from a Killeen gun shop called Guns Galore three months earlier, shouted “Allahu Akbar!” (“God is great” in Arabic) and sprayed bullets at unarmed soldiers in a fan-like motion until he took aim at specific soldiers. When it was over, he had killed 13 and wounded an additional 32. They found 146 shell casings at the scene and another 177 in his possession.

A terrorist act is classified as a “premeditated, politically motivated violence perpetrated against noncombatant targets by sub-national groups...
or clandestine agents."

This was a terrorist attack and a massacre.

In PTSD time, three years is a blink. The memories are still fresh. The nightmares still rear their ugly heads in those who witnessed and survived. The panic and rage are still on the surface, always just one small trigger away from being fully felt once again.

All of this would be true even if Hasan had been shot and killed on sight and there had been no waiting for him to stabilize medically and come to trial. But of course it’s worse because of the waiting.

But the sum total of the suffering that the survivors are enduring is being made exponentially worse because of the egregious invalidation of this event as a terrorist attack.

It’s not just semantics that the Pentagon has classified this attack as being "workplace violence." By not classifying it as a terrorist attack, the survivors cannot be recognized as having been injured by the enemy in a combat zone, and therefore do not qualify for Purple Hearts. They do not receive continued coverage for ongoing physical therapy or psychological care. And those who did deploy were never recognized for their courageous choice. Oh, did I mention that every member of the Reserve Component assigned to the 467th and 1908th Medical Detachments (Combat Stress Control), who were physically capable of going on their deployment, chose to deploy to Afghanistan and Iraq respectively as originally planned, even though they were offered the chance not to deploy?

Unit Citations have been denied to both of these Reserve Units and no other form of recognition has been bestowed upon them for their lifesaving, and obviously heroic, acts on behalf of everyone there, though many individuals who engaged in these heroic deeds were presented with Meritorious Service Medals and Army Commendation Medals and both Commanders and First Sergeants received Legions of Merit. Still, this is small compensation, all things considered, and does not begin to tell the story of such unequalled bravery.

And as if that is not enough to endure, this terrorist is still earning a paycheck as a Major in the Army.

What’s the hang-up? Well, if you’ve missed the news reports and don’t already know the answer to that, you better sit down, because it’s a doozy. He hasn’t been court-marshaled or brought to trial in any way because he refuses to shave his beard, citing Islamic law. And our military laws require that someone being brought to a military court must be clean-shaven. Appeal after appeal has been filed, compounding the delays.
And get this: he’s willing to plead guilty. Yep. He admits to being guilty of all that he is being charged with. But because they are going for the death penalty, he is not allowed to enter a guilty plea. Go figure.

Can someone explain to me how a soldier in the US Army is being allowed to continue to wreak such unimaginable pain and suffering on so many of his fellow soldiers and their families? Why is the military court allowing itself to be held hostage by this terrorist? Why can there not be an allowance that says, OK, in the interest of those who have already been subjected to psychological and physical injury, and based on the idiotic notion that this is somehow a “freedom of religion” issue, we’re going to move this trial ahead and we’re not going to make this guy shave his beard?

I’m disgusted in our military judicial system and I’m outraged on behalf of those who have been in any way hurt by this event. We’re making so many unnecessary mistakes in this case—mistakes that are continuing to harm the very soldiers who have already been harmed.

The Warrior Ethos says we never give up, we never quit, we never leave a fallen comrade. The Fort Hood massacre should have been our chance as an Army and as a nation to exemplify the Warrior Ethos, our chance to bond together and show these wretched people once again that terrorism has a 100% failure rate. Instead, we are allowing them to win this particular battle, one misstep at a time.

We must never forget the fallen, whether they died in an Afghanistan outpost, in a dining hall in Iraq, on Iwo Jima, in Somalia, in the jungles of Vietnam, in the World Trade Center, in a Pennsylvania field, in a Pentagon office, in the desert of Kuwait, in Pearl Harbor, or in the Fort Hood SRC. Those names, those precious souls, must never be forgotten.
Never Forgotten

CWO Michael Grant Cahill (Ret.), 62
MAJ Libardo Eduardo Caraveo, 52
SSG Justin DeCrow, 32
CPT John Gaffaney, 56
SPC Frederick Greene, 29
SSG Amy Sue Krueger, 29
PFC Aaron Thomas Nemelka, 19
SPC Jason Dean Hunt, 22
PFC Michael Pearson, 22
CPT Russell Seager, 51
PVT Francheska Velez, 21
LTC Juanita L. Warman, 58
The Prayers of an Infidel: 
One American Airman’s Experience of 
Service, War, and Return 
A FEW GRAINS OF SAND

There is still sand in my fists
A few grains there I feel
Now and again

A few grains of sand from a far desert land
That I feel in my fists
Every now and again

That I feel in the fists that I shake
At all that I am
Since making it back from that far, desert land

And I wish somehow I could fly
Across the oceans again
And let blood wash my hands

Of these few grains of sand
Grains that I feel when I clench my fists
When I clench my fists
Every now and again

As I shake them high at all I have been
And I spit and love that far, desert land
I curse and crave the grains in my hand

The few grains I feel, now and again
That I feel in my fists
From a far, desert land
WAR
IT IS WRITTEN ON YOUR FACE
How do life-changing experiences concretely impact the way we look? Does tragedy truly show up in our eyes and brow? These are questions that fascinate Claire Felicie, who photographed the faces of 20 Dutch Marines before, during, and after their tour of duty in Afghanistan. From first photo to last photo, only 12 months passed, but a great deal happened in these young men's lives.

Yes, some of the shifts in appearance are environmentally induced; there's nothing other than the scorching Afghan sun to blame for those new freckles and bronzed noses. But there is something else in that third picture; a dullness to the eyes, a stiffness to the jaw. Isn't there?
What's interesting about this project is that you can convince yourself that someone changed dramatically from middle to right, only to compare right to left and talk yourself out of it. It must just be angle or lighting, you say. But even after you’ve concluded that wrinkle isn't really any bigger, it's undeniable that there is a difference. No this was not a perfectly controlled scientific experiment, but there is no science to walking into a room, looking into a friend's face, and immediately knowing that something has happened. It's not about the obvious clues like a frown or matted hair, but something far more nuanced.

Felicie came up with the idea for this project when her 18-year-old son decided to join the Marines. He was eager to go to Afghanistan and she spent lots of time thinking about how the experience might change him. In the end he never went—instead getting stationed in the Caribbean—but she did. Through one of his friends, she connected with a squad that was being sent to Afghanistan. She photographed them first while they were still on base in the Netherlands; a lingering shoot full of stories of their families and eagerness to depart. Nine months later, just six weeks after they lost two of their men to an IED blast, she met up with them in Afghanistan. The photo session was rushed. The men had just returned from patrol, drenched in sweat, and were eager to shower. She had time for just one portrait of each Marine. She caught them again three months later, when they'd returned to the Netherlands. Again, they had plenty of time, but something was different.

“They were saying they were good; they were fine,” Felicie says. “But then I let them sit and look through the camera. When they sat down they said nothing and I said nothing also, it was then I saw, their faces had changed.”
Needling Away at Stress
By: The Naval Center for Combat and Operational Stress Control Public Affairs

Camp Pendleton’s Holistic Health Center is becoming a popular place among Sailors and Marines to receive treatment for stress-related issues.

Since he began “sticking it” to patients at Naval Hospital Camp Pendleton, former Navy SEAL Justin Heesakker has become one of the busiest providers on base.

“There’s been a tremendous amount of demand and the response has been super positive,” says Heesakker, who sees about 15 patients a day, many of whom come from the Wounded Warrior Battalion West. He usually is booked five weeks in advance from referrals.

Acupuncture is the ancient Chinese technique of inserting and gently manipulating tiny, thin needles into specific points on the body to relieve pain or for other therapeutic purposes. While the treatment has not been studied in depth for post-traumatic stress disorder (PTSD), limited research has shown impressive results.

Heesakker sees many patients who are diagnosed with PTSD, mild traumatic brain injury and other psychological health problems. Common symptoms he treats include anxiety, insomnia and depression. Following acupuncture, he says, “the stress relief is almost instantaneous and better sleep is often reported right away.”

He likes to cite the example of a 37-year-old Marine who had suffered a debilitating nerve injury to his hip and leg. “This guy had gone from being a high-performance Marine to barely walking,” Heesakker says. “He always felt anxiety, he had suicidal ideation, depression and he was very angry – all PTSD symptoms.”

After a series of acupuncture treatments, Heesakker says the Marine is now able to go hiking, is much less anxious and feels optimistic about his future. “He says the acupuncture is the most effective treatment he’s had.”

For Camp Pendleton patients, acupuncture often is used in conjunction with such evidence-based psychological health practices as cognitive behavioral therapy and cognitive processing therapy.

“A great bonus of acupuncture and the quick relief it provides is that it encourages patients to stay in regular treatment,” Heesakker says. “It gives them tools that help facilitate their regular treatments.”

He’s also finding that patients who receive acupuncture often are able to reduce their medications – another bonus that also translates to cost savings. “Most of these Marines don’t want meds because sometimes there are side effects,” Heesakker says. “There are no side effects with acupuncture.”

To validate what patients tell him about medications, Heesakker is working with NCCOSC on a study to measure if, in fact, acupuncture reduces the need for their use.

The former SEAL first experienced acupuncture when he was treated for a shoulder injury. He was so impressed with the results that when he left the Navy, he immediately began the four-year curriculum to become licensed.

While it’s not known precisely how acupuncture works to relieve PTSD and other psychological health problems, stimulation of certain acupuncture points has been shown to reduce activity in areas of the brain where anxiety, fear and stress responses are experienced. It also releases endorphins—those great brain chemicals that trigger positive feelings.

Heesakker usually books patients for six treatments. “I need to get a feel for their response and then reassess the best approach,” he says. “Every patient is different and one of the strengths of Eastern medicine is that it addresses this. It’s not a one-size-fits-all approach.”
GET INSIDE OUR HEAD

It’s Not Our Credentials That Make AIS So Impressive, It’s the Fellows That Go with Them.

The American Institute of Stress is a non-profit organization established in 1978 at the request of Dr. Hans Selye (the Founder of the Stress Concept) to serve as a clearinghouse for information on all stress related subjects. AIS Founding Fellows include:

Paul Rosch  Linus Pauling  Alvin Toffler  Bob Hope  Michael DeBakey  Herbert Benson  Charles Spielberger

Join our prominent psychologists, physicians, other health care practitioners and health conscious individuals who are interested in exploring the multitudinous and varied effects of stress on our health and quality of life.

The American Institute of Stress invites YOU to enhance your credentials with FAIS and add your name to our Gallery of Distinguished Fellows.

Over the last 35 years, we’ve expanded our services and broadened our reach, but our dedication to science hasn’t changed a bit.

Our four focus areas include:

Join us in our mission to Engage, Educate and Empower the global community with science based stress management information, tools and techniques so people can live happier, healthier and longer lives!

Free Offer

We are offering sample issues of our newsletter, Health and Stress, covering the topics of:
1. PTSD: Politics, Genetics and Bad Drugs
2. Workplace Stress: Exclusive Interview with Lennart Levi, MD, PhD
3. Is Mental Disease Real or a Metaphor?

Newsletters are typically only available to AIS Members. For a limited time we are offering one complimentary download.

Make your selection, then email Kellie Marksberry, AIS Executive Director at kmarksberry@stress.org to request your copy.

To learn about our credentials, services and member benefits, please visit: www.stress.org
Over the past decade, countless books have been published on the myriad issues surrounding the psychological impacts of war. From personal stories told in raw language to impersonal research data derived from both civilian and military organizations, there is no shortage of material to ponder regarding this most massive of human experiences.

But Doctors Scurfield and Platoni, the editors of “War Trauma and It’s Wake” are rare professional hybrids; they both served as officers deep inside their respective ground wars and then subsequently reached a level of clinical professionalism few attain. As such they are fluent in both military and clinical—speak, and can therefore serve as translators across that great divide.

That bilingualism shows itself throughout the book in important ways. In the opening chapter, for instance, Platoni, a Colonel in the Medical Service Corps, who has deployed to Guantanamo, Iraq, and Afghanistan, recounts the support system
that the survivors spontaneously and instinctively assembled hours after her team was ruthlessly gunned down by another soldier — a traitor in every sense of the word— at Fort Hood, 05 November 2009. Despite the unimaginable emotion such an incident must have evoked, she instead chooses to speak as a guide for the rest of us and highlight the adaptive responses she saw all around her.

The book is broken down into five parts. The opening section is two introductory essays written by the editors themselves that not only provide more meat for those of us in military psychiatry than most books do in their entirety, but are written in an accessible style that allows the reader to settle in comfortably for what follows.

The next section focuses on the impact of war on those warriors we don’t hear as much about—Army Reserves and Guard soldiers, female warriors—and ends on a subject I have never previously read anything about: Canadian military experiences.

Wounded warriors are the focus in the following five chapters, and by wounded I mean those who have suffered traumatic brain injuries, sexual assault, physical wounds, and of course the quagmire of psychological symptoms that are all part of the post-trauma processing (including a chapter on veterans who get entangled with the legal and justice systems).

The next section is short but startling and, in my opinion, exceptionally brave: it offers separate chapters on the impact war has had on the Iraqi and Afghan civilians. Only those who served in uniform there can venture into this complicated, murky territory and come out of it clean. All others run the grave risk of judging that which they have no right to judge. It’s really quite remarkable.

The final section takes a step back from the ravages of war and examines resiliency. Everything from combat and operational stress control (COSC) via debriefings to white water rafting, art therapy, and the potential role pastoral counseling can play are discussed. An afterword written, fittingly enough, by Army widow Beate Medina, who effectively, and affectionately, brings our focus back to the human level by telling us one soul’s story of love, loss, and survival.

This is not your graduate school’s textbook—not when most of us were in grad school at least. But it should be. Every social work and clinical psychology program should make this required reading, and anyone current in practice should take the time to absorb this material. Because, with the number of hurting, confused, angry and bereaved veterans coming back into our communities, at some point a veteran is going to be in need of your understanding and skill. The truckload of insights you’ll gain from this book will serve your client, and you, very well indeed.
Reprinted from NBC News
By Bill Briggs, NBC News contributor

It began with an Army veteran’s exasperated affirmation and a purposely casual question, just 20 keystrokes.

Then, a gush of feelings, dammed up for years by the attached stigma, cascaded from Rob Ulrey’s mind through his fingers to his computer screen; 770 words, a personal purge, a plea for understanding: “I am tormented in my dreams ... I am functional in society ... I am medicated ... I am always on the lookout for danger ... I have no regrets ... I am just as normal as you.”

His opening line: “I have PTSD ... So what?”

Last February, that post on Ulrey’s military website — penned partly to set “the media” straight, partly as an online life buoy for men and women like him — resonated with hundreds of current and former service members who posted comments to echo and empathize with the former Army gunner’s frustrations and fears. The reactions haven’t stopped coming: “I am living this with you,” wrote Mike R. on Aug. 27, and “Thanks for these words,” typed Greg H., also on Aug. 27. Talk of the column has spread far and wide among American military ranks.

“The comments it got, and that it’s getting, are really kind of inspiring. It seemed like it touched a lot of people. A lot of it was guys and girls who just seemed real lonely out there, real isolated,” Ulrey told NBC News. "And they just seemed real relieved there was somebody out there like them."

Ulrey now looks at his essay as — if not the first embers of a true movement — maybe the early moments of a fundamental shift in the public discourse on Post Traumatic Stress Disorder, a series of anxiety-based symptoms afflicting up to an estimated 500,000 U.S. troops who have served in Iraq and Afghanistan. He wrote the article, he said, at roughly the same time he finally sought treatment, 15 years after an IED in Bosnia
shattered his wrist, blew out his ear-drums and began chronically haunting his slumber.

"It just came out of me, just kind of flowed from the heart," Ulrey told NBC News. "I guess my higher calling is to make sure other veterans get this message, get the help they need. But If I can make people understand we’re not the big, evil demons that some people make us out to be, so much the better."

Indeed, the piece was meant to be aimed largely at "mainstream" media outlets, Ulrey said. Amid a litany of news reports in recent years about young veterans committing violence or suicide, he winced at how often journalists swiftly linked the acts to PTSD.

"I, along with my cohorts, have been classified as a potential powder keg just waiting on that spark to set us off into a murderous explosion of fire. This is not the case," Ulrey wrote in his post.

That sort of breathless PTSD coverage has painted the diagnosis, and perhaps all combat veterans, with a social stain, Ulrey said. PTSD evokes concerned whispers from family members, worried glances from co-workers, and dead-ends at job interviews.

"The stigma is so negative. I’ve heard time and time again from veterans: 'I’m not getting the looks (from companies) that I should be getting. I’m not getting that second interview.' I know some guys who are leaving stuff off their resumes or downplaying what they did during their time in the service so that it doesn’t trigger those kinds of questions (about mental health)."

"You’re automatically tainted just because of your service, even if you don’t have PTSD at all," Ulrey said. But it’s not just corporate America that, in Ulrey’s view, misunderstands PTSD. Even inside the military, the disorder, and certainly the act of service members seeking help for it, is often viewed as a personal flaw, or as a lack of mental muscle, he added.

"They’ve been suffering with it and they’ve been afraid to say anything about it, because they were afraid of the ramifications," Ulrey said. "In the military, if you need to go to mental health, then you’re weak. And we don’t have weak in the military. We’re warriors, we’re not supposed to feel this way. But it will take out the baddest dude or the littlest, wimpiest dude. It doesn’t discriminate."

At the top of the U.S. military pyramid, however, leaders say they are toiling to change that old thinking.

"Seeking help is a sign of strength not weakness," said Cynthia O. Smith, a spokeswoman for the Defense Department. "No, military careers aren't at risk for seeking help."

As proof, Smith e-mailed NBC News a memo, signed May 10 by Secretary of Defense Leon Panetta, that read: "Leaders throughout the chain of command must actively promote a constructive command climate that ... encourages individuals to reach out for help when needed."

And on the topic of Ulrey’s matter-of-fact pitch for America to stop demonizing PTSD and those diagnosed with it, Smith said: "Mental health dis-
orders, like most medical conditions, are treatable. Many service members with symptoms of PTSD recover with appropriate medication and/or psychotherapy within a few months."

"I have never physically assaulted anyone out of anger or rage," he typed last February. "I have never committed violence in the workplace, just like the vast majority of those who suffer with me. My co-workers know I spent time in the military but they do not know of my daily struggles, and they won’t."

But like any good writer, Ulrey has picked up on the irony in his larger quest to convince the world to simply see soldiers and veterans as regular folks who are dealing with battlefield stress on their own terms. In his current job as a law enforcement officer — he asked to keep his city of residence out of this article to protect his family — Ulrey earlier this month faced a pointed question from his boss. "He saw the article and asked me: 'Do I need to know anything about this? Do I need to be worried?' I said, 'No not at all.'"

"It had been bugging him and, I guess, bugging the other supervisors I work with for a couple of months. That was the whole purpose of the article. So that people don’t get that question from co-workers or supervisors," Ulrey said. "Even if we have PTSD, we’re OK. I am not going to freak out on you."

"Leaders throughout the chain of command must actively promote a constructive command climate that ... encourages individuals to reach out for help when needed."

-Leon Panetta
Secretary of Defense
‘Military Medicine’ Supplement Focuses on Psychological Health, TBI

What’s the impact of multiple deployments and repeated traumatic stressors on service members? Why are a significant number of military personnel experiencing psychological injuries following their deployments? What treatment options are available? What’s being done to help advance the field of traumatic brain injury (TBI) and psychological health?

If these questions are on your mind, consider downloading the free, special edition of Military Medicine. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) subject matter experts and others share updated research to better understand current psychological health and TBI conditions affecting the health, occupational and personal functioning of service members and veterans. Published by The Association of Military Surgeons of the United States (AMSUS), the journal identifies effective screening tools, diagnostic technologies and treatments for major areas of concern like posttraumatic stress disorder (PTSD), depression, substance use disorder and TBI.

“This special supplement was developed for providers in a collaborative effort across the Departments of Defense and Veterans Affairs with academia, to promote positive progress made after more than a decade of unconventional warfare,” said Carlton Drew, DCoE education directorate director.

The supplement includes articles that cover the following topics:

- Prevalence of PTSD in Iraq and Afghanistan veterans
- Evidence-based screening, diagnosis and treatment of substance use disorders among service members and veterans
- Prevalence of major depression among military personnel
- Diagnosis and management of moderate and severe TBI sustained in combat
- Future approaches to military medicine
- Resiliency tips

Anyone can download the special Psychological Health and Traumatic Brain Injury issue of Military Medicine for free electronically or purchase a hard copy through AMSUS. DCoE also provides free podcasts summarizing seven articles in the supplement that you can listen to now.
This Congress, held by the International Critical Incident Stress Foundation, is convened every two years and is where some of the best and the brightest in the Combat Stress field come to teach...and to learn. It’s an exciting event that touches on every aspect of crisis, and surely not a conference to be missed. But specifically relevant to combat stress and trauma, the following programs may be of interest:

All-Day Workshops:

February 20 from 8:00am – 5:00pm.
Mad, Sad, Scared: Understanding and Helping the Combat Veteran in Crisis (CPT)  
Alison Lighthall, MSN, RN, FAIS, Editor Combat Stress; Many professionals have reported a sharp rise in critical incidents involving combat veterans and concern over handling these situations safely. This workshop will provide a deeper understanding of the veteran’s experience, and practical tools for safely de-escalating situations involving veterans.

February 21 from 8:00am – 5:00pm
The Bulletproof Mind  
LtCol Dave Grossman; To do, for the mind and spirit, what body armor does for the torso. LtCol Grossman is the author of On Killing and On Combat, and is one of the nation’s leading law enforcement, school and mental health trainers. His presentation will include, among other topics, the incontrovertible evidence that: a) debriefings work, b) debriefings have been used throughout history, and c) debriefings are irrefutably essential to the well-being of individuals who have experienced traumatic events.

Posttraumatic Growth: Traumatic Incident Reduction for Crisis Intervention  
John Durkin, PhD; Posttraumatic growth, rather than stress, will be discussed as the likely outcome of traumatic experience. Theoretical challenges to current thinking on trauma and treatment will be made. Practical exercises to enhance growth using techniques from Traumatic Incident Reduction will be introduced.

Friday Evening Plenary Session / Military Symposium  
Friday, February 22, 2013 7:30pm – 10:30pm

This evening session is included/complimentary with the following Main Congress registration options. Main Congress registrants may also purchase additional tickets for
guests when completing their online registration.

Those not registered for the Main Congress, and those registered for Sunday-only, may attend this special evening session with a purchased ticket. Ticket price: $50 (1st ticket complimentary for Main Congress registrants*; all others pay this price)

**Symposium Agenda**

**Moderator:** Col Charles E. Woods, MA, MDiv, PhD (ABD); Includes six presentations on topics of current interest to the military, those who work with the armed forces community, or have an interest in traumatic stress and the military. To be followed by moderated Q & A and discussion.

**Traumatic Event Management in the Wartime Theater**  Col Kathy Platoni, PsyD, FAIS, Chairwoman of The American Institute of Stress Combat Stress Board; Michael J. Zacchea, LtCol USMC (ret); Traumatic Event Management is one of the primary forms of intervention provided by all US Army Behavioral Health providers, for the promotion of posttraumatic growth. Value, meaning and purpose can be derived from exposure to the catastrophic and under the worst of circumstances life has to offer.

**Reintegration from the Military: Crisis or Easy Passage Home?**  Joan Beder, MSW, ACSW, DSW; This presentation will explore various aspects of the reintegration experience for combat veterans returning from Afghanistan/Iraq. Reintegration from military service is experienced by many as a crisis and by some as a smooth passage to home. Why is it easy for some and very complex for others?

**TBI Epidemic: Out of Their Mind or Out of Their Brain?**  Chrisanne Gordon, MD, Lindy G. Williamson, MSW; From the playing field to the combat zone Traumatic Brain Injury directly affects millions of people. Mild injuries may not be detected by most current medical machinery and yet have disastrous effects on the lives of those affected. We need to learn the signs and symptoms and treatment options.

**12 Things You Can Do to De-escalate a Veteran in Crisis**  Alison Lighthall, MSN, RN, FAIS, Editor Combat Stress; When a combat veteran reaches a breaking point, and a crisis situation rapidly evolves, the usual interventions are not enough to bring the crisis to a safe resolution. This session will offer 12 practical actions to take with veterans that focus on DRRR: Distance, Respect, Rapport, Resolution.

**Finding Home: Reestablishing with Community**  Chaplain (COL) Gordon G. Grose-close, M/DIV, MS; Deployed personnel, Wounded Warriors, Soldiers on permanent change of Station (PCS) are at risk to ongoing stressors experienced during the transition and reintegration to their new duty station. This presentation will explore the protective nature of community in addressing transition vulnerabilities, hindrances to community integration and discuss a practical approach in connecting to community.

**Behavioral Resilience: Preparing Tactical Athletes Emotionally**  Glenn R. Schiraldi, Ph.D., LTC (USAR, Ret.); Our military increasingly face strains that they’re ill-equipped
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Have “Combat Stress” delivered to your inbox each quarter!