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The Relation of PTSD To Suicide Among Veterans

The Archives of General Psychiatry recently published a research study that examined the long term risk of suicide among a cohort of young adults who had been followed from the first grade. Of the 1698 young adults (mean age 21), 1273 had been exposed to psychological trauma, and 100 developed PTSD. Holly Wilcox, Carla Storr, and Naomi Breslau reported the results of their research in the March 2009 issue of *Archives* [Posttraumatic Stress Disorder and Suicide Attempts in a Community Sample of Urban American Young Adults, 66(3), 305-311]. The authors found that 10% of those who were diagnosed with PTSD had attempted suicide, whereas only 2% of those who had been traumatized but did not have PTSD had made suicide attempts. The condition of PTSD resulted in a 2.7-fold increased risk of a traumatized person making a suicide attempt. Megan Rauscher, reporting on the article for Reuters on 3/5/2009, stated that the increased risk posed by PTSD was found to be independent of depression or substance abuse or dependence. The study authors stated that, in contrast to those with PTSD, "persons who had been exposed to traumatic events, including traumatic events of high magnitude that involve assaultive violence, who did not develop PTSD, were not at increased risk of suicide attempt."

According to studies of veterans returning from combat in Iraq and Afghanistan, researchers at Walter Reed Army Hospital in 2004 found that 19-21% of troops met criteria for PTSD. The research raises the question: what is it about the condition of PTSD that raises the risk of suicide among combat veterans?

Among the symptoms of PTSD is a witches' brew that may lead to suicidal circumstances for combat veterans. The first among these symptoms, and sometimes the least salient, is loss of a sense of future. Several factors seem to contribute to this loss. Frequent meaningful encounters with death, seeing corpses, caskets, body bags, witnessing persons dying in close proximity, handling remains, all may cause one to develop a truncated sense of future: you are here and now, and then you die.

Hyperarousal is a symptom of PTSD that is always in potential and often present in combat veterans. Besides disturbing sleep, which in turn reduces resilience, hyperarousal causes a veteran to exaggerate, to take matters out of context, to panic,

to give threat a greater value than it should have. For example, the danger of being in a crowd of people is likely less in the USA than in a combat zone. Things could go wrong and people could panic, but the odds are good that all will go well. Hyperarousal, however, does not lend itself to reasonable thinking, but instead rattles the nerves and puts one on edge, lending the threat a sense of unending urgency.

Veterans who survive a combat tour with PTSD are subject to the vestiges of traumatic memory, that is, memories of the traumatic events that are usually vivid, and often reinforced in immediacy by nightmares and obsessive rumination that is not usually expressed to others. This symptom is probably the most likely contributor to the veteran's sense of interpersonal alienation. Loved ones, friends, peers, do not think the same way as the veteran. There is a sense of isolation that is created by thoughts that are painful and troubling, yet exclusive to the veteran and triggered by random cues. Recall the flashback scene on the train in the film *The Man in the Gray Flannel Suit*, which is triggered by the combination of circumstances and a symbolic coat collar.

Death imagery, the presence of feelings of guilt about surviving and participating in destruction, perhaps anger, marital disharmony, the sense of having no future, the impulse to take action, and the fatal presence of disinhibiting intoxicants and the lethal means, adds up to suicidality. The Wilcox, et al, study established that suicidality was present even after accounting for the presence of depression and substance abuse.

Suicides among veterans of the Vietnam War have never been accurately documented because of the lack of a system-wide method of reporting deaths. Much depends on the county coroners' notation. A good example of misattribution came from the movie *Grand Torino*, when the aged veteran of the Korean War, with what seemed like a terminal diagnosis and the death of his wife, chooses to die fighting for a cause. His choice was probably not listed as suicide.

It seems that the best hedge against suicide is the fragile healing relationship with another. There is no telling how many veterans do not commit suicide because they have an appointment next week.

(Continued on page 2, see *Suicide*.)

(Suicide, Continued from page 1.)

William Hudenko, Ph.D., of the National Center for PTSD provides a nice "Fact Sheet" for PTSD and Suicide, which includes a review of relevant literature. He lists the most common factors of suicide: male gender, alcohol abuse, family history of suicide, older age, poor social support, possession of firearms, and the presence of medical and psychiatric conditions. He adds a comment: "Currently there is debate about the exact influence of combat-related trauma on suicide risk. For those veterans who have PTSD as a result of combat trauma, however, it appears that the highest relative suicide risk is in veterans who were wounded multiple times or hospitalized for a wound. This suggests that the intensity of the combat trauma, and the number of times it occurred, may influence suicide risk in veterans with PTSD. Other research on veterans with combat-related PTSD suggests that the most significant predictor of both suicide attempts and preoccupation with suicide is combat-related guilt. Many veterans experience highly intrusive thoughts and extreme guilt about acts committed during times of war. These thoughts can often overpower the emotional coping capacities of veterans." [Quotes are from the NCPTSD website, www.ncptsd.va.gov.]

Experts on the one hand, as Dr. Hudenko states, emphasize the magnitude and multiplicity of the traumas and the ensuing guilt of surviving, and then caution us to observe the traditional considerations in evaluating suicide risk: "Did the individual ever receive treatment for depression or another mental disorder? Did the individual have a problem with substance abuse? Did the individual have a personal or family history of suicide attempts?"

I recall a Vietnam War veteran telling me that his most traumatizing experience in the military took place at Walter Reed Hospital where he was recovering from wounds and witnessed the attrition of fellow patients as the result of multiple suicides.

One wonders, too, how veterans with stronger identities handle suicidal ideation, and here is where statistics become blurred. The veteran who would not shoot himself or drive off a cliff, might live a reckless life modified by combat experiences. For instance the veteran who drives at high speeds, taunts drunken brutes in rowdy bars, goes sailing in stormy conditions, etc. This sort of suicidal behavior is not evaluated the same way as the veteran who admits that he is suicidal, but the same conditions may apply.

There is reasonable evidence that the presence of combat-related PTSD is a significant contributor to suicidality and that the symptoms that raise concern are social alienation, the presence of death in the imagery of the veteran, and the propensity to use disinhibitors. Veterans with enough social skills who manage to cope with the early post-war adjustment challenges, have to yet deal with the late life challenges: the deaths of close friends and relatives, chronic illness and vulnerability caused by the frailties of aging. The war veteran who has survived to old age may no longer be impulsive or action-oriented, but he may be experiencing losses that are cumulative and irreplaceable.

DVA provides 800 numbers in Spanish and English, but they are a poor substitute for a viable relationship with a flesh-and-blood caring human being, although they provide referrals to real counselors. The therapeutic relationship may be available

through a professional, a fellow group member, a family member or friend who is available. In the end, we are faced with the unpleasant fact that exposure to combat conditions leave one with a life-long potentially destabilizing memory that veterans and therapists need to respect for its destructive potential. The veteran who encounters the ominous signs of dementia in his 70s, who loses his independence with the loss of function and the intrusion of concerned well-meaning relatives, feels new vulnerability. One would think that combat veterans who survive to senior status are the more stable and resilient, but those are relative terms. Old age is when passive suicide becomes more of a concern. Passive suicide occurs when one dies as the result of *not* doing something, such as taking one's medicine, continuing to drink alcohol, or consuming other forbidden fruit, as it were. Passive suicide is as difficult to manage as passive-aggressive behavior in an office employee and the more the relative, friend, or health care provider intervenes, the more the sense of loss of functioning is experienced by the veteran.

Dr. Hudenko observed the phenomenon of contagion among younger persons when suicide is publicized. He states: "These data suggest that suicide is more likely to occur when it is no longer perceived as 'taboo' and instead is seen as a viable coping method for stress." While such contagion is not as likely among combat veterans in their senior years, the idea that death is no longer taboo is still very likely.

There is an added dimension as the accumulation of suicides and accidental and natural deaths take their toll on combat veterans. In the past wars the veterans were less well connected to each other. The thrust of the Vet Center effort was to bring Vietnam War veterans together in group discussions. The Iraq and Afghanistan war veterans are connected by cell phone and internet, and, as with many intact state National Guard and reserve units, by long term personal familiarity. The deaths of veterans are therefore more likely to affect their peers. It is important to remember that friendships formed under combat conditions involve significant family-like bonds, and the loss of a fellow veteran is especially significant and likely to stir up memories of traumatic events. Suicide, Dr. Hudenko notes, can itself be traumatic as grief and contribute to PTSD in other veterans.

The *Seattle Times*, in its Sunday (6/14/2009) editorial "Help Soldiers Fight The War Within" adds its concern for the suicide rate among members and veterans of the military. It praises Senator Patty Murray for challenging military leaders and states "their response was encouraging," noting military and DVA budget increases with emphasis on increasing mental health screening and counseling. But it is not just the soldier's or veteran's "war within." Our society and culture has grown increasingly stressful with population growth, congestion, and most of all communications. Veterans keep in touch with other veterans. Multi tasking in current terms means using several modes of communication simultaneously so that the "war" is not just within, it is everywhere all the time. Being able to endure such stress and juggle expectations of civilian adjustment may create a greater sense of alienation. EE ##

International Society of Traumatic Stress Studies Meeting To Discuss DSM-V: Silver Anniversary to be Celebrated

By Member 278

The International Society of Traumatic Stress Studies celebrates its Silver Anniversary in Atlanta, where its first meeting was held in 1984. The 2009 meeting, to be held November 5-7, will focus on changes expected in anticipation of the new edition of the diagnostic manual, DSM-V. The Keynote address will be given by Darrel Regier, MD, MPH, who is chair of the DSM-V task force for the American Psychiatric Association. The title of his address will be "Redefining PTSD with Empirical Data: Implications for DSM-V." Early registration deadline is September 24, 2009. Other featured speakers are: David Barlow, Ph.D. "Diagnoses, Dimensions, DSM-V and a Transdiagnostic Approach: Let's Get Radical." Dr. Barlow is Founder and Director Emeritus of the Center for Anxiety and Related Disorders at Boston University. Also speaking will be David Spiegel, MD, "Dissociative Disorders and DSM-V." Dr. Spiegel is Professor in the School of Medicine at Stanford University. One can register online and get more information from www.istss.org.

Holding the meeting in Atlanta after 25 years of growth creates a certain nostalgia in the face of the impressive changes that have taken place in the field of traumatology. The founding of the Society was seen by this observer as a welcomed and refreshing chance to meet and discuss and learn about this new disorder. The national leaders (the "International" of the name came later) were veterans themselves of the Vietnam War, who, together with their professional colleagues, Charles Figley, John Wilson, Arthur Blank, had been instrumental in lobbying for the change in DSM nosology and initiating the VA Vet Center outreach program. Another force within the founding of the Society came from a group of professionals who had worked with Holocaust survivors. The Keynote speaker in 1984 was John Lifton, MD, who had conducted extensive interviews with the victims of the U.S. A-Bomb strikes on Japanese cities, and with the Nazi Death Camp doctors. I remember attending that first meeting with a strong sense of being a party to something new and energetic. Members of the military were not a strong presence then. The wary men in camouflage fatigues in the elevators at the conference were Vietnam War veterans.

Since 1984 the Society has grown so large that one has the sense of owning a pet that eats more than its owner. The most obvious shift is that the Society has become a forum for academic and institutional research. Every successive annual meeting has become increasingly stressful as workshops and seminars and poster sessions have multiplied. While the abundance of offerings at each annual meeting of the Society seems to offer fertile ground for learning, there is a sense of overindulgence. One wishes there could be a higher level of selection in which speakers would be limited to major inspiring contributors who could digest all the relevant research and present it in a relaxed and clear manner, while the hordes of researchers vying for recognition of themselves and their ideas meet in crowded halls of their own. Clinical practitioners,

the people who do case load therapy 4 and 5 days a week, who treat PTSD in real life settings, haven't much of a voice in the Society. They don't do research or write papers, and they don't feel the pressure to publish and present to progress in their field, and I'm afraid ISTSS isn't a meeting place any more for refreshing dialog with their peers.

ISTSS meetings are, more often than not, held on the East Coast. Never in Seattle. The bias is toward Europe and the Eastern U.S. institutions. This isn't just petulance. The clinical practitioner has to balance cost versus benefit of attending an ISTSS meeting, which means losing several days of income, plus the expenses of hotel, registration, and travel. WDVA tries to offset some expense with a CE reimbursement, but I've heard from more than one contractor that the fact that the money comes from out of the contractor's budget means less money goes to treating clients.

But petty gripes aside, one of the ominous implications of the Society's impressive growth is the subject matter of its focus: psychological trauma. The world is full of it. We have war, genocidal ethnic cleansing, famines, terrorism and gang violence, natural disasters and man made catastrophes. The Society has grown by adding Emergency Response Teams, military mental health specialists, rape relief, domestic violence and child abuse specialists. Mental health specialists have become experts in the treatment of the victims of torture, while others (not necessarily members of the Society) have given advice to the torturers. Suffering is not new to our generation, but the light and attention that the definition of PTSD and the forum of the Society have brought human suffering onto center stage. I have seen a few presenters at meetings who were obviously traumatized by their work. It is the Ship of Fools we are on, whether we are passengers or crew. ##

RAQ Retort

The *Journal of Traumatic Stress* doesn't invite comment, but we do. If you find that you have something to add to our articles, either as retort or elaboration, you are invited to communicate via letter or Email. And if you have a workshop or a book experience to tout, rave or warn us about, the RAQ may play a role. Your contributions will be read by all the important people. Email the editor or WDVA.

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The Fruit of Best Practices: Report From the Garden of College Campuses

By Peter Schmidt

Over the course of the past year it has been an honor and privilege to speak on behalf of veterans at higher education institutions across the state. Seeds of best practices and awareness of veteran issues are planted during a visit where I'll do a presentation, establish a connection with key personnel, hear the stories of participants, and then from a distance watch veteran knowledge and awareness germinate and grow. It is heartening to witness vested individuals till the soil to ensure the sprout has a chance to take hold and, with some pruning and trimming, begin veteran best practices. Typically, it is the drive and initiative of one or two individuals that watch over the orchard with great anticipation that the fruit of best practices will be picked by student veterans and a good taste and experience will be left so they receive the sustenance and care to keep them focused on their academic and/or professional technical journey.

Each tree and orchard are unique and analogously so is each campus. I continue to be astounded by the creative ideas and practices that exist at each college and here are a few examples.

Central Washington University is establishing a Veteran Lounge where an array of services will be made available to veterans. Stoles with a design created specifically for Veterans to wear at Graduation will be distributed during a Veterans Honor Luncheon. A Veterans' orientation will be kicked off this summer for all newly admitted veterans for Fall 2009, and a Veterans Welcome Fair and BBQ will occur Fall term where representatives from a variety of CWU services, along with representatives from community veterans support groups, will be made available to them. Veteran Position Systems (VPS) emerged from a committee comprised of faculty, staff and student representatives where they were tasked to help with the direction and assessment of services. The VPS will support current, past, and future veterans and their families with a supportive academic and community experience that encourages inclusiveness and diversity.

Green River Community College (GRCC) recently held a Memorial Day Ceremony where it rededicated a path that was created years ago by a faculty member who was also a Vietnam War veteran. A color guard comprised of students began the walk and taps was also played. GRCC also held a formal ceremony to introduce their Challenge Coin to the campus. Seventy-five veterans were in attendance and I understand the room was filled with great emotion and tears.

The Evergreen State College recently dedicated their Challenge Coin in a ceremony at the end of April, recognizing veteran students and employees; again a moving and touching ceremony.

Edmonds Community College elected to give each veteran student, veteran employee, and supporter of veterans a coin on a one-to-one basis rather than in ceremony. The coin is given with a word of thanks, welcome, and handshake, and it is quite evident when looking in the eyes of the recipient, the impact and stirring of emotion that becomes part of the exchange.

Whatcom Community College employed the idea of a Veterans Free Zone, where a letter was sent to staff and faculty acknowledging some of the issues and difficulties veterans face when they return to campus and asking whether anyone would like to support by posting a Veterans Safe Zone Logo. Doing so means one makes a commitment to provide a space to listen, offer quiet, or a place to talk. I believe 160 individuals committed to posting the logo in their office area. This practice is also being adopted by **Bellingham Technical College** and **Western Washington University**. Whatcom also had a picture taken of veteran employees and students, and it was made into a poster and is displayed in their library.

Clover Park Technical College recently hosted a two-hour, Building A Veterans Friendly Campus training. This free workshop attracted over 45 participants from Cheney, Pasco, Bellingham, Port Angeles, Bremerton and the local Seattle-Tacoma area. Clearly there are individuals who are ready to do what they can to plant the seeds of veteran best practices back at their campus.

The question still remains on what the State can do to assist veterans at higher education institutions. Many veterans discharge in Washington, but don't remain because of the exorbitant out-of-state nonresident tuition. Ohio has elected to charge all veterans the cost of in-state tuition, a simple act that can assist our Nation's finest as they make the transition from combat to campus. **Spokane Community College** has established a Veterans Office where a Veterans Conservation Corps Coordinator, an AmeriCorps veteran and certifying official will all work from one office with the aspiration of becoming the Eastern Washington destination college for veterans. Minnesota has made it a priority to establish Vet Centers on campuses across their higher education system and this is the closest any Washington state college has come to offering a one-stop veteran services. Perhaps similar efforts can be made on other campuses.

There is evidence that some of our higher education institutions have made it a priority to serve our veterans. The seeds of veteran best practices have taken root and we will continue to watch the kind of fruit they bear.

Please feel free to contact me at peter.schmidt@edcc.edu or telephone at 425-640-1463. ##

Book Review:*Eichmann in Jerusalem: A Report on the Banality of Evil*

By Hannah Arendt

Reviewed by Emmett Early

Hannah Arendt was German born and educated with a degree in philosophy from the University of Heidelberg. She emigrated to the U.S. in 1933. In 1961 she added journalism to her credentials when she reported from Jerusalem on the trial of Adolph Eichmann. She published her work in book form in 1963, *Eichmann in Jerusalem*. The subtitle, *A Report on the Banality of Evil* coined what became her best known and oft-quoted phrase. She only just partly reported on the trial, but she used the trial's proceedings to discuss the many complex legal issues involved in bringing an international criminal to trial. She discussed Eichmann's involvement in the Holocaust at length, and through that discussion illustrated the Nazi system that destroyed so many people. She also discussed at length the complicity of various Nazi occupied nations, country by country, whether they cooperated with the deportation and slaughter of Jews, Gypsies, and Poles, and the effect that had on the overall killing.

Eichmann's major defense, that he was just a cog in the great wheel and following Hitler's orders which were considered law, has bearing on some current events regarding imprisonment and torture, as well as mass killings by various means. She described various methods of systematically killing large numbers of people, and Eichmann's role in organizing the complex logistics of moving people during wartime. She noted that the idea of gassing detainees came from the work of the German Health Ministry, which had developed the techniques from its Euthanasia program. She points out that Hitler first ordered the killing of Germans who were impaired medically or physically and that the phrase, "Mercy Killing," was a euphemism from the Euthanasia program later applied to the killing of Jews. She writes, "For whatever other reasons the language rules may have been devised, they proved an enormous help in the maintenance of order and sanity in the various widely diversified services whose cooperation was essential in this matter" (p. 85). I could not help but make note of the phrase "enhanced interrogation" as serving a similar purpose.

The trial of Adolph Eichmann took nearly a year. Arendt does not dwell on the horrible stories that witnesses told of their imprisonment and abuse. She gives the reader a description of the German government system at the time of the war. She also noted that the complexity of the system boggled the Israeli courts, which cost a great deal of court time without much benefit.

When Arendt talks about the banality of evil she seems to be referring to, in Eichmann's case, lack of imagination or thoughtlessness. Eichmann was a man of limited insight who latched on to catch phrases, of which the Nazi system was replete, and used them in lieu of original thought.

Hannah Arendt made a statement that struck me as appropriate for our era, especially if we reflect back on the obedience experiments of the 1960s. She writes, "the fact of 'superior orders,' even when their unlawfulness is 'manifest,' can severely disturb the normal working of a man's consciousness" (p. 294), which is a statement that could just as easily been made by a modern psychologist, such as Eric Erickson.

Having had the privilege of speaking to veterans of many wars, I found myself repeatedly referring to the kinds of wartime atrocities that seem to occur in every war. Vietnam War veterans have told me about torturing prisoners, or more often handing the prisoners over to indigenous soldiers for the purpose of interrogation. Arendt makes a distinction between such acts done in the context of combat from the conscious design of a system for the purpose of killing civilians. That distinction is troublesome when one considers carpet bombing and firebombing cities for the sake of spreading terror and demoralizing the enemy. More currently we deal with the problems created by missile strikes from drones that destroy civilian targets, which ironically, was first used by the Israelis against terrorist targets.

An interesting twist to the story of the trial gives evidence that there was a strong streak of narcissism in Eichmann. Arendt describes his ambition for rank and respect. During the Nuremberg Trials, Eichmann was living an anonymous life in Argentina, working laboring jobs and living a life of poverty. There is indication that he did not like being anonymous when Adolph Eichmann was gaining such notoriety, being repeatedly blamed by defendants and attributed with power he did not have. He appeared to want to be caught and when he was, he cooperated with his captors. One of the reasons he gave for essentially giving himself up was that he had read with great feeling the news that German youth were growing up experiencing guilt for the Nazi atrocities. It appears that he wanted to turn himself into a sacrificial figure who would die and atone for the crimes of everyone and thus save the guilt of the German youth.

Some time ago the *RAQ* carried a review of the made-for-TV film *The Glass Booth*, which addressed this theme of narcissism in Eichmann that amounted to megalomania, comparing himself to Christ on the Cross.

That Arendt's writing is very relevant today is seen in David Cole's review in the 1/15/2009 issue of *The New York Review of Books* of three books on the current torture controversy, in which he states, twisting Arendt's famous phrase, "chillingly underscore the mundane banality with which cruelty and torture became official policy..." (p. 20). ##

Neuroticism and PTSD in Combat Veterans

Neuroticism, as it is currently discussed, is a psychometric artifact that measures various negative attitudes as personality variables. Some psychologists have been hostile to the term because it was correlated with introversion as opposed to extraversion on the Eysenck Personality Questionnaire. Benjamin Lahey made a strong case recently in the *American Psychologist* that the variable be given attention as a predictor of negative health outcomes [Public Health Significance of Neuroticism, 2009, 64(4), 241-256]. When he sets about defining the variable "in purely psychometric terms," its relevance to predicting a negative outcome for PTSD is striking. "Neuroticism is operationally defined by items referring to irritability, anger, sadness, anxiety, worry, hostility, self-consciousness, and vulnerability.... For individuals who are high on neuroticism, such negative emotional responses to challenges are both frequent and *out of proportion to the circumstances*.... In addition, persons high in neuroticism are often self-critical, sensitive to the criticism of others, and feel personally inadequate..." (p. 241, italics added).

Observers of PTSD have noted the various ways that the disorder becomes manifest. Symptoms are present in all cases for PTSD in combat veterans: social alienation, hyperarousal, traumatic memory, but what the veteran does to manage the symptoms makes a great difference in the long term outcome of the disorder.

Dr. Lahey states that neuroticism "is substantially heritable" (p. 245), but he elaborates "that there are both genetic and environmental causal influences...." He significantly distinguishes between "shared" and "nonshared environments," the former, such as family experience is "shared", whereas an auto accident might be "nonshared" (p. 246). It is the nonshared environment that substantially influences neuroticism. Experiences of psychological trauma are usually "nonshared influences."

It might be correct to say that when developmentally a trauma occurs from which PTSD symptoms manifest, age determines whether the symptoms influence the development of the personality trait of neuroticism, or whether, after the personality has developed, the personality afflicted already with neuroticism influences the symptoms of PTSD. The significance of PTSD and neuroticism as comorbid conditions appears to be profound. Dr. Lahey observes that neuroticism is "inversely related to marital satisfaction," "occupational success," and "overall quality of life" (p. 245). The author notes that neuroticism "predicts lower levels of social support" and "a higher frequency of stressful events" (p. 247). He adds: "It appears that persons high in neuroticism have both an increased likelihood of experiencing negative life events and an increased magnitude of emotional reactivity to those events, perhaps partly because of how they cope with stress" (p. 248).

Although Dr. Lahey does not report directly about PTSD, he does observe that the presence of neuroticism "robustly predicts morbidity and mortality in individuals with chronic diseases and cancer" (p. 245).

In the conclusion of his review article, Dr. Lahey makes an observation about the treatment of neuroticism that is sometimes made about the treatment of PTSD. "Any serious discussion of preventive intervention targeting neuroticism also must consider other possible negative iatrogenic effects. Because widespread preventive intervention to reduce neuroticism might even have the unintended effect of reducing adaptive levels of fearfulness and wariness to unsafe levels in some persons, care would need to be taken. This concern might be minimized by intervening only with persons with high levels of neuroticism who requested the intervention, but in some dangerous environments in which cues signaling danger are subtle, such as some urban environments, even relatively high levels of neuroticism might be adaptive in some cases" (p. 250).

Comment

Dr. Lahey is professor at the University of Chicago. I am reminded of the film *Clockwork Orange* in which the psychopath is "cured" of his lust for violence by behavioral conditioning, only to become the victim of other predators. It is not uncommon to hear clients express reluctance about giving up maladaptive coping styles. It is an error in logic, however, because the client has not yet learned how better to cope.

If a person incurs psychological trauma while serving in the military, it appears that there is a difference in expected outcome between those who score high and those who score low on the variable of neuroticism using the Eysenck Personality Questionnaire. Treating a veteran with chronic PTSD, the question arises whether the negative symptoms cited by Dr. Lahey, irritability, anger, sadness, etc., are long term conditions caused by personality neuroticism, or are caused by the more recent onset of PTSD. The question may be purely academic for the practitioner, the same treatment would be applied in either case, although from all the data so far, it appears that the expectation for good treatment outcome is diminished by the presence of neuroticism, the personality variable being less amenable to change.

It would be a great bother and expense for the military to screen for neuroticism and not send those high on the variable into situations that are a high risk for trauma. Yet it is also a great expense and bother for the Department of Veterans Affairs if those who are traumatized and develop PTSD are high on the variable of neuroticism, because it is likely that those veterans will develop chronic PTSD and claim disability compensation. Recall that neuroticism is inversely related to occupational success and positively related to poor health outcomes. This is not to assert that those who claim compensation for PTSD are high on neuroticism, but only to question whether neuroticism predicts PTSD chronicity in some cases. EE ##

Veterans Conservation Corps Partners Veterans With Nature

By Mark Fischer

The Veterans Conservation Corps was established in 2005 as a “volunteer program” to encourage veterans to volunteer their time in habitat restoration programs and other community service projects. It was always intended by the prime sponsor of the bill, Senator Jacobsen, to morph into an environmental training program for returning veterans. As program manager, I have expanded that label to include “green collar” job training, so that we could move into other areas of training, such as energy efficiency and production.

With that as a brief backdrop, the questions emerge: Why this training? What will it accomplish beyond a better paycheck? What are the long term benefits? Green collar training, in itself, is not the total answer. The creation of cohort groups that enter into this training is really the nexus. What we have discovered over the last two years is that there is a progression of OIF/OEF veterans from using the cohort as a support mechanism to be able to more comfortably deal with the training organization (college) and with the civilians in those programs. The cohort also provides a safe place to get information about resources, ask for help with long or never attained academic skills, and do the group “debriefing” that is characteristic of more formal therapy. In addition, it is easier to link a new “mission” for these veterans when one can be in Nature and see the potential for a role in that healing process, or understand the connection of energy efficiency and less dependence on foreign oil, etc. Green collar jobs have an embedded sense of meaning and mission, which most returning veterans related to quite quickly. Nature is healing, but I think the larger context is that “mission and meaning” are really the source of healing, redemption, and hope.

As a past counselor, mostly with Vietnam War veterans, I felt hopeless at times to do anything about altering the path and momentum of a particular veteran’s life. It was often therapeutic to work with them, but without a life-changing direction in terms of connection to the larger society through meaningful work. I still have contact with over a dozen of those past clients as acquaintances. Most of them have “healed” to some degree or another, but there is another one, an Army nurse, who has taken on a meaningful and involved life path, by helping abandoned children get into school and businesses in Kenya. My hope, which is all we really have, is to influence as many of these returning veterans as I possibly can through this training, to find meaning, connection, and healing through their careers as the daily therapeutic tool. That does not mean ignoring other therapy, which I gratefully hand off other WDVA therapists, in thankfulness to the therapeutic community that deals with them in the office setting. ##

Hero

By Lorry Kaye

(For her late Brother-in-Law Vietnam War Veteran
Sexton Arthur Johnson, 8/02/1949-4/17/2009)

The solid, silent one
Came in to our lives,
Not everyone guessed
The pain hidden in his eyes.

Without words
He brought strength and reason,
We loved him,
Our family, season after season.

Hiding well the nightmares
And violence he lived with daily
We thought him serene
We didn’t see his frailty.

Each one of us knew our luck
To call him one of our own.
He calmed the chaos
His quiet presence mellowed the tone.

With time, with age,
With another war in a place we shouldn’t be
The cracks started to form,
And others now could see.

Just living was hard;
Trying to keep his memory at bay.
That made him more special to us
But there was so much he couldn’t say.

The kids snuggled close to his love,
A wonderful grandpapa as they played.
He showed love with his humble giving
And in every creation he made.

He began his cancer war
With honor and grace.
Now his pain is our pain
We try to hide from what we face.

The hero he was and still is,
So clear to us all
Makes me wonder if he knows
To us he’ll never fall.

The solid, silent one
Softens our hearts forever
Through his life and brave battle
He’s made each one of us better.

We are proud to know him
We are privileged to love him
Sweet gentle man
JR Johnson

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Book Review:

Matterhorn: A Novel of the Vietnam War, by Karl Marlantes

Reviewed by Emmett Early

Karl Marlantes' novel, *Matterhorn*, was reviewed in good fashion in our last issue by contractor Laureen Kaye of Duval. Reviewing the novel a second time is a way of getting on the record before the book hits the best seller lists. Anybody who is attached to the Marine Corps will like *Matterhorn*, whether that attachment is from affection or dislike. The author portrays reasons for both positions. He skillfully constructs an elaborate chain of command, which he documents in an appendix, involving a fictional Marine regiment, battalion, and rifle company: Bravo Company of the 24th Marines. The author impressively gives not only names but defines character and personality which he details for each character from the hard-drinking battalion commander and his executive officer down to the riflemen, radio operators, and lieutenants of Bravo.

Matterhorn begins with 2nd Lieutenant Mallas arriving to join Bravo. He is challenged with the task of remembering the names of the 180 or so Marines all dressed alike in muddy, tattered jungle utilities. Bravo is occupying a forward position on the fictional mountain, Matterhorn, which is on the DMZ. Mallas is an ambitious man, a Reserve Marine, serving his time after completing his degree at an Ivy League school. He volunteered to serve his time with an infantry company and has dreams of achieving rank and honor that will further him in his planned career in law. What takes place in the next two months of hard fought action will change Mallas, altering not only his ambitions, but his basic personality as he adapts to the harsh life on the mountain top.

What makes this novel so rich is the attention to detail. Another of Marlantes' appendices presents a glossary of jargon and technical terms, and a glance quickly gives the impression that the author knows the Corps. The book's cover bio states that Marlantes served a tour with a Marine rifle company under similar conditions to his fictional protagonist Mallas. It states factually that Marlantes was awarded ten Air Medals, a Bronze Star with V, two Navy Commendation Medals for valor, 2 Purple Hearts, and the auspicious Navy Cross, which is not given out just for showing up. The appendix further reveals the author's clear love for his subject. Here, for example, is his description of the 60mm mortar. "Referred to as 'Sixties' or 'Sixty Mike Mike.' It consisted of a 12.8 pound tube 2'5" long and 60 millimeters in diameter, a 16.4 pound bi-pod, and a 12.8 pound base plate. It could fire a 3.1-pound high explosive round in a high arc a distance of just under 2,000 yards at a rate of 18 rounds per minute until the tube got too hot. The blast radius of the projectile was around 35 feet. All Marine companies in Vietnam carried three, with the rounds, usually two per man, carried by every Marine in the company," (p. 654). The author goes on in similar rich detail about other sized mortars employed by both sides with the savvy and comprehension of someone whose life depended on the knowledge.

Karl Marlantes must be saluted for his significant accomplishment. He captures the action of a Marine company operating on the fringes of safety engaged in a dogged fight with the

enemy impeding the NVA transportation route. His action sequences are vivid and certainly endorse the training and fighting skills of a Marine company. What makes this novel so exceptional is that Marlantes gives us complex pictures of the personalities and the relationships both in the bush and at the battalion at Vandergrift Combat Base. He weaves in rich colorful characters and breaks up old stereotypes by presenting the machine gunners and the sergeants with depth of character. He also manages to deal candidly and objectively with some of the political issues of the time, including the thorny racial tensions that existed in the military. Here again he gives the reader characters with complex make-ups who change with the forces that are around them. Mallas evolves during the period covered by the novel. He gains knowledge of the world as it is on the DMZ in Vietnam and gradually he gains humility that modifies his ambition. He acquires the grunt Marine's ability to confront reality, not as it should be, but as it is right now: "There it is." Mallas finally defines the term, which is key to understanding his situation. "It's the situation. Like there's nothing you can do about it, so live with it. It's there. Don't pretend otherwise" (p. 567). "There it is," is a phrase stripped of delusion in which a man is forced to confront the reality that his life is in jeopardy and decisions are being made in which he has little or no control, often decisions that are made without apparent logic or common sense.

Marlantes opens his novel with a quote from the opening lines of Wolfram Von Eschenbach's medieval epic *Parzival*: "Shame and honor clash where the courage of a steadfast man is motley like the magpie. But such a man may yet make merry, for Heaven and Hell have equal part in him." The reader does well to remember as the novel progresses that the forces that affected men in battle in the Middle Ages are still at work today on our many battlefields and man's brain has evolved less rapidly than technology, so that bizarre and amazing forces are still unleashed that challenge honor and courage anew.

Some novels, the great ones, charm the reader and create a world that is captivating. The reader lives in the world vicariously but is yet enthralled. Thus, early on, when Fisher, the machine gunner, has a leech lodged in his urethra and the Senior Squid (the company senior corpsman) has to operate under a muddy canopy of poncho liners because the weather won't permit a med-evac, we as readers are caught up in the pain and the life-threatening tension, and when it is finally resolved, we are struck with the realization that Mallas has only been in the field a few days of his 13-month tour.

The publisher, El León Literary Arts, just announced that Grove/Atlantic (Grove Press, Atlantic Monthly Press) will republish the novel in collaboration with El León in January 2010 for large circulation. In the meantime the novel has been taken off the market may have a name change. Anybody with a first edition may have a collector's item. ##

Book Review:

The Long Goodbye, by Raymond Chandler

Reviewed by Emmett Early

The Long Goodbye was Raymond Chandler's last major work after his successes with *The Big Sleep*, *Farewell, My Lovely*, *The Lady In the Lake*, *The High Window*, and *The Little Sister*. It was published in 1953 in Great Britain and 1954 in the United States, just 5 years before his death. His last novel to be published, and his poorest, *Playback*, written over several years, was adapted to a novel from his screenplay, and finally published in 1958. Chandler died in 1959.

The title, *The Long Goodbye*, is meaningful as a war veteran's long farewell to war. The novel was adapted to film by Robert Altman and released in 1973, starring Elliot Gould as a rather unpleasant, shabby, chain-smoking private detective Phillip Marlowe. The plot concerns a war veteran, Terry Lennox, who is shambling drunk when he meets Marlowe by chance outside a nightclub. Terry has been abandoned by his wife and Marlowe takes him home and helps him sober up. They become friends.

Terry is a veteran of World War II and was part of a British Commando unit that met a bad end in a campaign in Norway early in the war. He was wounded there and had a remarkably scarred face as the result of an explosion. He saved the lives of two of his unit who are to figure in the novel's very complicated plot.

There are a couple of parallels in this work of fiction with the author Raymond Chandler's personal biography. Chandler received a concussion and was taken out of action in World War I as a U.S. citizen fighting with Canadian forces in France, similar to his fictional American, Terry Lennox, who volunteered to fight with the English. (Chandler had been educated in English prep schools and they left their mark on him.) Also similar to his character Lennox, author Chandler was subject to long debilitating drinking binges.

Phillip Marlowe becomes involved when his friend asks his help fleeing to Mexico. Marlowe finds out that Terry's estranged wife has been murdered and, later in Mexico, Terry confesses to the murder and appears to commit suicide. Everyone, including the police and Terry's war buddies, want Marlowe to quit the investigation, but of course he persists.

As it turns out, Terry's suicide was staged by his two war buddies, who he had called upon for help. And how could they refuse the man who saved their lives? The suicide was staged with a note left so that he would be blamed and the investigation stopped before it led to implicating his lover's husband, who was also a drunk and a successful but dissatisfied writer of popular novels. By this time in his career, Chandler was, as evidenced in his published letters, also dissatisfied with the progress in his career.

Terry appears finally in disguise to Marlowe, which the detective of course sees through. We get a sense of the war veteran as a kind of cipher, a character in disguise who is not as

he seems. To a certain extent perhaps every veteran who has spent any time in combat is a master of disguise in the sense that he or she must contain memories that are destabilizing in their juxtaposition with the contemporary reality. The presence of death and the potential for guilt are factors that can dog a veteran of combat and create self sacrifice as a meaningful option.

Chandler never acknowledged a negative influence on his post war adjustment that was caused by his participation in combat. He called such posttraumatic symptoms "old soldier nonsense." We do know that his Canadian Expeditionary unit participated in combat so heavy in losses that the unit had to be disbanded due to depletion before the end of the war. He had a certain "old soldier" cynicism. He wrote in a letter to a friend: "I read these profound discussions.... Who cares? Too many good men have been dead too long for it to matter what any of these people do or don't do." Chandler only began to drink heavily, binging for days, after the war when he was working as an executive for a California oil company. He married an older woman in fragile health and he was loyal to her and duty bound throughout her long repeated illnesses until she died, although he may have had a few drunken flirtations along the way.

To wear a mask, to adopt a disguise, is not necessarily to be duplicitous if the goal is to survive in a peaceful environment. Some veterans in treatment refer to a kind of shadow character who is mostly submerged, suppressed, corralled. It is not sufficient to describe this shadow character as memory, because it is more than that: it is a complex of memories that is strong enough to have a personality. It may merely sit back and hector, like Hyde to Jekyll, but sometimes it may manifest in behavior. If consciousness is lowered, or if circumstances become perilous, the mask of civility may dissolve.

In the case of Terry Lennox in *The Long Goodbye*, the mask of civility required him to drink heavily, but when the mask dissolved he didn't turn to violence, he responded by protecting his loved one by sacrificing himself, taking on the blame for murder and staging a suicide, which was an act that required him to don a disguise.

People who are intellectually agile, who have what we used to call good ego strength, an ineffable quality made visible by measurement, and who encounter traumatic circumstances in war, have the capacity to wear a mask of civility that disguises their wartime values. Underneath that mask is the one who could watch you die in a ditch and say, "sorry about that," with flat affect.

The ability to adjust well, to wear the mask of civility and escape diagnosis, does not mean that symptoms will not become paramount when stress levels are raised. One of the effects of good adjustment is that symptoms go undetected and untreated. Symptoms in hiding are not mitigated by the benefit of experience and remain raw and as uncivilized as a masked Dionysian reveler. EE ##

Movie Review:

The Reader—Reading Aloud

Reviewed by Emmett Early

In *The Reader*, Kate Winslet plays Hanna, a working woman in her 30s living alone, who seduces a 15-year-old boy into a sexual affair, and then induces him to read to her from his student books. He reads Homer's *Odyssey* to her among other books. Their affair breaks off when she abruptly moves away and the boy goes off to law school, but he sees her again as a law student when she is brought to trial with other women who were guards at Auschwitz. The boy is played by David Kross and as an adult by Ralph Fiennes. He finally realizes, as Hanna accepts guilt for the actions of all the female guards for the deaths of the Concentration Camp inmates on their final death march by admitting that she wrote the report, which was a crucial piece of evidence, that Hanna could neither read nor write. She was 21 when she applied for a job with the SS. She left her job at Siemens, the major manufacturing corporation in wartime Germany, when she was threatened with promotion to supervisor and would have to reveal her illiteracy. The SS was recruiting and offered her what was the best paying job she could get at the time. She was not a Nazi who was converted to the cause, but she was caught up in the duty that her job required.

On the horrible march to flee the Russian advance in that notoriously cold winter a group of female Jewish prisoners were sheltered in a church from the winter cold. The guards took refuge in the rectory. The doors were locked and the church caught fire. Hanna and the other guards refused to let the women out and all but two prisoners died: a mother and child. The mother died later. The survivor, who was then a child, appeared in court as an adult and identified the surviving women guards, one by one, pointing them out with surety. Hanna admitted her guilt and gave as her reason that it would have been chaos if the prisoners were released. She said, in effect, that it was her duty to maintain control, even if it meant allowing the women to die. She even admitted writing the report, although she could not write.

The Reader was written as a novel by Bernhard Schlink, who was born in Germany in 1944 and was professor of law at the University of Berlin and a practicing judge. The novel is written as though it is autobiographical. According to the book cover, Schlink is also the author of several successful crime novels.

Remembering Zimbardo's Stanford prison experiment (*The Lucifer Effect*) in which the volunteers playing prison guards turned brutal, and remembering Milgram's obedience experiments reviewed in our last issue, I felt great sorrow for Hanna. She was judged and accepted the guilty verdict of life in prison, but this was a decision she had made as an illiterate girl of 21. Her former lover, Michael, turned his back on her and did not offer the court his knowledge that she was illiterate and could not have written the report. He, himself, seemed to judge her because she never acknowledged that she made a mistake or expressed regret. But it is apparent that Michael as an adult turned his back on her because she had dominated him sexually when he was a boy.

The Reader was adapted to the screen by David Hare and directed by Stephen Daldry. Schlink's novel is almost chapter by chapter laid out as movie scenes. It was filmed in Germany with a mainly German cast speaking English. The period atmosphere was convincing. The first scenes take place 13 years after the war, when Hanna and her neighbors are living like working poor. Winslet deserved her awards for the brilliant performance that she gave. She portrayed a woman who behaved like someone who had been profoundly traumatized and was alienated from society. She lived alone and had no family. She made contact with humanity by exploiting a boy. She kept calling him "Kid", sounding like Marlene Dietrich. Perhaps the boy represented the innocence that she had lost, or perhaps just someone who would not judge her. Through him she could connect to another human with feeling. Their affair is replete with ritual cleansing. He never judged her until he learned of her secret and then he abandoned her to her fate. Her decision at age 21 had really been a collective decision, but she was judged as if it had been her own that she made in isolation. Hanna never apologizes or makes excuses for her behavior. She serves her time—18 years of a life sentence, and seems to accept the meaning of the term "life".

It is unusual that someone could grow up in pre-war Germany and be illiterate, but perhaps being unusual was part of her shame. Neither the novel nor the movie goes into her childhood. We do not know what sort of life she had that she grew up illiterate, we only know that she lived in shame, at first because she could neither read nor write, and then, after she is convicted, finally learning of the magnitude of the Holocaust and of her participation in it by doing her wartime job.

Viewers and readers are at first puzzled as she struggles with concealing her secret. She leaves her job as a tram conductor when she is offered an opportunity to train as a driver, which would have required her to read. She not only quits her job, she abruptly moves out of the city, abandoning the boy she seduced into a long term tryst.

We with our 21st Century mental health professional sensibility are aware of the impact of a 15-year-old boy being seduced by a woman in her 30s, but neither the movie nor the book expresses that awareness until Hanna is dead and has in her "will" directed Michael to give her savings to the woman who survived the church fire as a child. That now-sophisticated, urbane woman refuses the donation and confronts Michael on his legacy as a victim of sexual exploitation. Michael, like many males, considered his experience as an initiation into maturity.

It is revealed in court that Hanna exploited the Jewish inmates at Auschwitz by selecting woman to visit her in her barracks and read aloud to her. The poignancy mixes with irony
(Continued on page 11, see *The Reader*.)

The Reader, continued from page 11.)

when we realize that the prisoners, in reading to Hanna, are escaping for a few pitiful hours their miserable existence, and in that sense not being exploited, but briefly spared, and poignant in the sense that this is another example of Hanna's craving for literature that she could access only through others.

Hanna's secret, which has channeled her life by decisions based in shame, has led her into trauma. The church fire in which the women were incinerated was caused by Allied bombing: another bit of irony. The bombing disrupted the forced march, killing and wounding the German guards gathered in the rectory. The decision that Hanna defended in court was based on her sense of duty, which was to not let the prisoners out of the burning church, which in her eyes would have meant chaos and abandoning her duty, for there were many more prisoners than guards—and besides, it is not clear that the few guards who remained with Hanna even had the key and thus the ability to open the door.

Michael does not come to Hanna's defense by telling the judge what he had finally deduced by realizing that when she induced him to read aloud to her from his school books, when she deferred to him when ordering from a menu, when their first argument was over the fact that he left her a note to explain his absence—a note she could neither read nor admit she couldn't read. And finally, observing her at the trial, he noted that she never read the charges against her, nor was even aware of the magnitude of the Holocaust. It was only after she was convicted and incarcerated that she learned to read and write through laborious self teaching. In lieu of visiting her in prison, Michael sent her audio tapes of books he was reading. She ordered the books from the prison library and read along, identifying the words with the sounds and copying them out until she could write her own sentences. The boy, now a man and a practicing law historian, continued to be her contact with humanity. As he discovered after her suicide on the eve of her release from prison, she began ordering her own books after she could read. She ordered books on the Holocaust experience—Primo Levi, Hanna Arendt, Elie Wiesel. The implication is that she began to realize the enormity of the crime and the role that she played.

Hanna's realization comes to her as she experiences the rejection of Michael. He sends her tapes and eventually arranges for her release and transition to civilian life after her release, but he never offers her the renewal of human warmth that he had supplied as an adolescent boy. She despaired at re-entering society alone as an old woman unfamiliar with the world after 18 years of imprisonment. The fact that she had no family and no friends speaks loudly for the fact that she came from a difficult childhood, so difficult that she never learned to read or write.

There is an opportunity to reflect on the poignancy of Hanna's decisions by relating to many who enter military service as an escape from difficult circumstances, for a leg up, as it were, and maybe chance to get an education and make

something of oneself. And that decision, which was logically a valid one to make at the time given the options, leads to an outcome involving a succession of psychological traumas. One never joins the military to be traumatized, but that is frequently what happens, in spite of training, the latest technology, and advances in emergency medicine. And what is so sad about *The Reader* is that years later the world reassesses what happened and judges people like Hanna for decisions she made in the moment of chaos.

We know that ordinary people can become cruel under conditions mimicking Milgram's ingenious obedience paradigms which seem to transcend cultural limits. We know that ordinary student "volunteers" can be randomly assigned to be prisoners or guards and, as Zimbardo found, quickly assume behaviors befitting their roles. Neither of these classic psychological studies, by the way, have ever been replicated in their entirety in the U.S.A. because they are so damaging to the volunteers and to our collective consciousness, yet they are repeatedly replicated in non experimental, real life conditions involving law enforcement, corrections, and military institutions. What chance does an illiterate late adolescent girl have to rise above the collective pressures to conform and do her duty?

The Reader should be better subtitled *Reading Aloud*, because it speaks loudly to us all as a society that turns away from the likes of Hanna or the guards at Guantanamo Bay or Abu Ghraib who shock us with their malicious and cruel behavior. Photos of guards laughing at the prisoners' humiliation and misery are despicable, and yet not far from the randomly assigned experimental subject who laughed when he shocked in Milgram's 1961 study, who happened in real life to be a professional social worker.

Hanna was probably traumatized by her participation in the Holocaust and probably also did not know that that was why she could not integrate into civilian life, why she remained so isolated until she found a sickly innocent, helped him out of common decency, and then realized that exploiting his adolescent lust was her way to make human contact, and not only that, but a way for her to access literature. Too often the most severely traumatized are those who are poorly educated and have not the emotional and intellectual flexibility to cope with the sequelae of psychological traumas. Hanna's double handicap was the trauma of her war-time experience joined with her learning disability to isolate her and keep her from advancing in her life. Michael, the narrator, the eponymous reader, represents the naïve civilians among us, who never participated in war, but were seduced by the romance of the war stories, and who believe that they are ethically and morally above the fray. ##

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WDVA PTSD Program Director:

Tom Schumacher, M.S., LMHC, NCC, CTC
 .360 725 2226 Cell 360 791 1499

The PTSD Program is committed to outreach of returning veterans of our current wars. We work closely with the National Guard, military reserves, and active duty members and families to promote a healthy and supportive homecoming.

To be considered for service by a WDVA or King County Contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation may be used to prove the veteran's military service. You are encouraged to call Tom Schumacher for additional information, or if eligibility is considered a potential issue.

It is always preferred that the referring person or agency telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Some of the program contractors conduct both group and individual/family counseling. ##

Other Veterans' Mental Health Services offered by the Federally funded VA or at www.dva.wa.gov "PTSD Program"

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Tacoma Vet Center 253 565 7038	Spokane Vet Center 509 444 8387	System (VA Hosp.) 206 762 1010
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