



The Repetition & Avoidance Quarterly

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The Washington State Veterans PTSD Program

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Tom Schumacher Announces His Retirement at November Chelan Contractors' Conference

In perhaps the most emotional of all the annual Contractors' Conferences, the long term WDVA PTSD/Trauma Program Director, Tom Schumacher, announced that he would be transitioning out of that job. Tom will be turning over the leadership to Air Force veteran-contractor from Federal Way, Dorothy Hanson. Evidence that the transition is happening was visible throughout the conference. Tom departed on Saturday night after a solemn ceremony that followed the annual awards ceremony, hosted by Tom with Dorothy's assistance.

As is evidenced in the picture on the right, Tom Schumacher is of German heritage. His odd apparel is symbolic: he is wearing one boot and one shoe, not to compensate for any physical deformity, but to state in concrete terms that he has one foot out of the job. He reassured the gathered that he would phase out gradually and remain available for consultation and advice. Tom joined the young WDVA PTSD program in 1984. Through his leadership the program steadily grew and remained free of controversy. He consulted extensively with the State Legislature to keep politicians informed about the Program's services to veterans. He also labored throughout his tenure to bring the Program into collaboration with the federal Department of Veterans Affairs hospital systems throughout the State.

Tom shepherded the Program as a system of providers of psychotherapy services across the State, from Grays Harbor in the west to Colville in the East. Some of his success has been attributed to his experience as a psychotherapist working in rural Skagit County before joining the State Program. His knowledge of what such work entails enabled him to keep the Program free from an evolution toward institutional bureaucratic rigidity. He traveled the State to visit contractors in their offices to audit their files. His site visits were marked by his personal knowledge of the clinical work and his caring for each contractor's needs.

To his credit, he coped with the changes in the scientific knowledge of PTSD, the changing needs of veterans, both those leaving the service and veterans growing old. He continued to see veterans who personally asked for his help, demonstrating that he never lost his clinical heart. He will be remembered fondly. **Emmett Early ##**



Elegantly dressed, as always, Tom Schumacher passes the reigns of the WDVA PTSD/Trauma Program to the able hands of new director and long term contractor, Air Force veteran Dorothy Hanson. At each conference, over the years, Tom has handed out certificates of appreciation with personal comments addressing each recipient's unique identity. This year the attendees created a ceremony that suited Tom's personality, leading him solemnly away, obviously dearly loved by all. **##**

Passing the Torch, Bidding Farewell

The 2012 WDVA-King County Veterans' Contractors' Conference bid farewell to retiring WDVA Director John Lee, shown below on the left, flanked by Tom Schumacher and Mark Fischer. Mark is also retiring as the leader of the State's Veterans Conservation Corps. Pictured below on the right is Mike Gregoire, the Vietnam veteran spouse of the Governor, handing to Tom a bust of Napoleon (it's a long story). Standing beside Tom are Mark and Peter Schmidt, who directs the Veterans Training Support Center.



The 2012 Conference of therapists, contractors, and the staffs affiliated with the Washington State Department of Veterans Affairs and the King County Veterans Program. The lively and stimulating Conference took place in November at Lake Chelan, Washington.



The psychotherapists who compose the King County Veterans Program and the Washington Department of Veterans Affairs Contractors, with their staffs gathered together for an annual portrait at their 2012 gathering in November at Campbell's Resort in chilly Lake Chelan. Most, but not all, the contractors and their staffs were present for the photograph. (Photo by Elissa Ashworth.)

The Repetition & Avoidance Quarterly (RAQ) is published each season of the year by The Washington Department of Veterans Affairs PTSD-War Trauma Program with funding from the King County Veterans Human Services Levy. The PTSD Program's director is Tom Schumacher, who is also the publisher of the *RAQ*. The editor of the *RAQ* is Emmett Early. The *RAQ* is intended as a contractors' gazette for the communication of information relevant to the treatment of PTSD in war veterans and their families. Contact Veterans Training Support Center at www.veteranstrainingsupportcenter.org to join our E-mail list. Previous editions of the *RAQ* can also be read online by going to the WDVA website www.dva.wa.gov. Once you arrive at the website, click on PTSD, and once on the PTSD page, scroll to where you find access to the *RAQ*. The gazette logo on the front page is a computerized drawing of a photograph of a discarded sign, circa 1980, discovered in a dump outside the La Push Ocean Park Resort. Comments and contributions to *The Repetition & Avoidance Quarterly* are encouraged. Space may limit a large submission, however, the submission will be considered for publication. ##

Conference Celebrities in attendance at the Fall Chelan Meeting



Above is Linda Wells, who is Community Services Program Manager for the King County Department of Community and Human Services. Seated beside her is Timm Lovitt, a speaker for the Veterans Empowerment Team specializing in outreach to veterans with TBI.



Pictured above is Jan Kusch, Program Manager for Veterans Integration to Academic Leadership (VITAL), which operates in collaboration with Washington State University, Columbia Basin College, and the WDVA Vet Corps.



Pictured above engaged in a lively discussion over dinner is Julie Androff Ohnemus, MSW, who recently joined Akers Counseling in Everett.



Above is Jason Alves who is taking over the reigns of the Veterans Conservation Corps as Program Manager. His is taking the place of Mark Fischer, who announced his retirement at the conference.



Left is Peter Schmidt, Director of the Veterans Training Support Center, located at the Center for Learning Connections at Edmonds Community College.

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.

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Highlights of Events at the 2012 Contractors' Conference of the WDVA and King County PTSD Programs

The Fall Conference was deemed a remarkable success by all who attended.



Pictured above is Lori Daniels, Ph.D., Counselor at the Portland Vet Center for veterans with a history of military sexual trauma. Lori delivered a dynamic, fact-filled address on the subject that kept her audience captivated. She related a bit of her own history, starting out as a counselor for the Inpatient PTSD program at the Puget Sound Health Care System's American Lake Hospital.



Above is Scott Swaim describing his work in organizing the Veterans Court in King County. Scott is working through the Veterans Training Support Center, which is funded by the King County Veterans Program. Listening attentively is Colville veterans Counselor, John Michelson. (This and preceding photos, except for the group picture, are by Flash, the caring photojournalist.)



This exclusive picture of an ancient Washington State Departure Ritual reveals mysterious rites known only to a few initiates. The ceremony, which takes place only when the moon is aligned, brings peace to those who witness it, peace in knowing that there is continuity in our way of life. After completing this ceremony, the Priestess led the Knight, known as *Sie verrückte Katze*, out of the secret Hall of Contractors. (Photo by T. Trimm.)

Book Review:

Whistle—James Jones' novel explores the fate of wounded veterans

Reviewed by Emmett Early

World War II veteran and author, James Jones, was an army enlisted man stationed at Schofield Barracks when the Japanese bombed Pearl Harbor. After the war he wrote his most acclaimed novel about that time, *From Here to Eternity*. He fought with the army infantry on Guadalcanal, and gave a much-admired fictional account of that experience in *The Thin Red Line*. (Both novels were made into highly successful movies.) He was wounded and ill with tropical diseases, taken out of action, and finally transported with other veterans of the battle to an army hospital in Memphis, and wrote the third novel of his trilogy, *Whistle*, about four wounded soldiers.

One critic called Jones “a literary hard hat.” His characters are army veterans and they are transported to a fictional town that has become a boomtown of war industry workers mixing and mating with a hospital full of wounded soldiers in rehabilitation. Jones' four characters are fated in different ways, each with a portion of Jones' own experience. One character, Sgt. Winch, has a collection of tropical illnesses, dengue fever, malaria, with a heart condition, very like Jones' heart condition, that finally killed him at age 55. *Whistle* gradually develops a morbid tone as the fated veterans deal with their wounds, their nightmares, and their guilt. As a background, Jones gives us a fictional Midwest city that is saturated with war workers, living communally away from family, meeting recuperating wounded veterans loaded with back pay and libidos that have recently escaped death.

James Jones struggled for 20 years trying to write this novel. He died of a heart attack before he finished it and a writer close friend, Willie Morris, completed the novel from the notes and outline that Jones left. On Guadalcanal Jones suffered a relatively minor hand and head wounds, along with dengue fever, jaundice, and malaria, and an exacerbation of an ankle injury from training. His characters in *Whistle* suffered only partly from the wounds, also from guilt and depression. His character, Sergeant Prell, has the most serious wounds, shot in the legs by a machine gun. He receives the Congressional Medal of Honor for leading a patrol that assassinated a Japanese general and returned with valued intelligence. The Medal, however, provokes profound guilt in Prell that seems to worsen as he is taken on tour selling war bonds after a gruesome struggle in rehabilitation to walk again. One doctor wanted to amputate his legs and persuaded other doctors to agree. Yet Prell refused and held out with the help of influential veterans from his company, to avoid surgery.

Landers is a character most like Jones. He has an ankle injury and seems most haunted by a sense of alienation. Jones writes that Landers experienced a sense of “Outsideness” since his wounding: a sense of being “all alone.” We see why when Landers attends one of the ongoing parties at a hotel in town where war workers and veterans tryst. Landers, like the author, is a college-educated veteran who becomes intensely angry at the injustice he sees in the treatment of enlisted veterans. We can see that his anger is fueled by his guilt. Landers after a happy

picnic with girls and much drinking dozes off and dreams “of the waterless platoons and his full canteen of water on the dry hill on New Georgia, suddenly came back to plague him. Again they were begging him for his water and he would not give them any” (p 276). Jones provides many examples of how survivors' guilt manifests; for instance when Sgt Strange is at the party. He and other patients, veterans from the hospital, spend lavishly to continue a lascivious atmosphere. Jones writes: “Once upstairs—[...]—he [Strange] had looked around at everybody standing and drinking and shouting and singing; and suddenly the mud-wear, eye-baggy, scared platoons of the company appeared before him in ghostly form, slogging away at the swampy jungle of New Georgia. And briefly, crazily, Strange wished he was back with them.

“You had to be crazy to wish you were back in a place like that.” (p. 219).

James Jones devotes a great deal of attention to the sexual preoccupations of the veterans and describes in some detail their various attempts to overcome the impediments of injuries to pursue sexual pleasure. One character, the mess sergeant, Strange, has perhaps the least significant wound, a shrapnel hand injury that refuses to heal. Strange met with his wife, who lives in a communal house with other war workers, where they function in shifts to share bed and kitchen space. He finds her cheating on him, and he does not react with rage, but with resignation.

The top sergeant, Winch, who has the multiple ailments and the heart condition, becomes gradually psychotic, apparently also from combat guilt and, in the end, all the characters are lost. Jones' dark ending is presaged by his opening remarks, harbingers of doom: “It was strange how closely we returnees clung together. We were like a family of orphaned children, split by an epidemic and sent to different care centers. That feeling of an epidemic disease persisted. The people treated us nicely, and cared for us tenderly, and then hurried to wash their hands after touching us. We were somehow unclean. We were tainted. And we ourselves accepted this. We felt it too ourselves. We understood why the civilian people preferred not to look at our injuries” (p. 24).

James Jones gives us the stigma that generally accompanies being wounded and left with a disability, and shows us the added stigma of emotional damage. Jones' worthy novel has a bleak and gloomy ending. Sergeant Winch's emotional collapse probably is temporary and, given his achievements in his career, he will recover most of his functioning. Jones dedicated the remainder of his writing career and life to finishing his trilogy with the completion of the tragedy that the war produced—the wounded veterans return and rehabilitation. It is hardly glamorous, but Jones does us the favor of not giving us some Hollywood pap that would make it seem better than it is. ##

Salute to Tom Schumacher

By Steve Hunt, M.D., M.P.H

For over a decade the conflicts in Iraq and Afghanistan have been churning along. For our men and women in uniform it has been a decade of not simply heading off to war and then returning home. It has been a decade in which coming home has all too often meant having a few months to catch one's breath before heading back to war, and then returning home again, two, three, four or more times. For these service personnel, it has not been the classical and linear *Iliad* and *Odyssey* journey: you go off to war and then you come home. In these recent conflicts, there have been circular *Iliad* and *Odyssey* cycles for the same warriors and for their loved ones who have endured relentless periods of waiting faithfully at home, keeping the home fires burning, welcoming their warrior home with relieved joy, only to simultaneously begin bracing themselves for the next parting. This phenomenon of multiple deployments is quite new. This only rarely occurred for service members during WWII, or the Korean War, or during Vietnam. In most instances during those conflicts, military personnel headed off to war, albeit for prolonged deployments in some cases, but then returned to their homes and loved ones and began moving forward into their post-war lives. They returned home and left the external war behind, beginning the often more demanding task of returning from the internal war of the psyche and spirit. But in the current conflicts, this process of healing and recovery has been interrupted again and again, with the exigencies of returning to the combat theater taking precedence over the recovery process, just as the exigencies of combat take precedence over most healing processes when one is in the combat theater. We learned early in the Iraq and Afghanistan conflicts that coming home in many cases meant to be simultaneously adjusting to being home as well as preparing to head back off to war; and we realized that even our epic poems which had for millennia served as blueprints for us in terms of supporting returning combat veterans were now wearing thin and offered little guidance.

For these recent conflicts we have needed new paradigms for our service members and their families, new approaches to the process of "coming home". This has been particularly true for our National Guard and Reserve service members, who have in many cases borne inordinately challenging burdens of adjustment/readjustment during these conflicts. We have also needed a new concept of "home". We have needed a "home" that contained all of the usual elements that we associate with home: a place where you are safe, appreciated, acknowledged, seen, heard, encouraged, nourished, challenged...a place where you are loved, where you can recover, heal and grow. But we have also needed a home that is more boundless, resilient, inclusive and as capable of letting go as holding on. We have needed a more fluid and open home, a home that is not only a refuge from war, but a home that understands, supports and prepares the Veteran who may be heading back to war. Such a home in a way must be bigger, more open, more inclusive and more resilient than the home of the past that was simply a post-war refuge.

Here in the Northwest we were fortunate that in this time of needing a more expansive, resilient, and cohesive paradigm for "home" we were led by a man who understood and lived and breathed that notion of home, a man who was the catalyst that forged that very home for our veterans, their families, and our communities right here in Washington State.

Tom Schumacher knows military service and deployment, himself an Air Force veteran 1966-1970 with South East Asia service. His connection with our Vietnam War veterans and his understanding of their painful experiences of returning from war and searching for home in a Nation that in many cases failed to provide that home for them, has clearly been the fuel and the reactor chamber that has powered Tom's work. His devotion to his comrades in arms and his sense of what is right has been the compass that has guided Tom's work. His heartfelt connection with not only Vietnam War veterans but also with their combat veteran progeny of subsequent conflicts has been the soul of Tom's work. And his connection with families as well as non-veteran colleagues and community members has led to the very depth and breadth of "home" which these current conflicts have called for.

Tom began his work with veterans as a psychotherapist in the very settings and environments where many Vietnam War veterans sought that elusive "home": away from the mainstream that had in many cases left them feeling confused and overwhelmed at best, and too often rejected and betrayed. Tom began his work in rural community mental health and in a remote private practice setting. Tom knew that for many of these veterans, "finding home" was less likely to occur through our efforts to entice them into our treatment centers and programs as opposed to "bringing home to our veterans," by collaboratively participating in the process of "building home around the veteran". From 1974 to 1991 Tom was doing this work during the very time that our clinical community was beginning to conceptualize the phenomenon of PTSD and our Nation was slowly awakening to the needs of these veterans and to the painful extent to which we had failed in our responsibilities to "welcome our Vietnam veterans home" from their war. Tom was with those veterans and with the communities of individuals working with them, trying to put things on course, trying to get us where we needed to be as communities, as a Nation, as a culture in our approaches to supporting our combat veterans. Tom's work directing the federal Vet Center contract funded war trauma services in NW Washington from 1982 to 1990 and was another important step in creating the connections and processes that are the basis of a healthy home, the basis of our collaborative, community wide system of post-deployment support. Simultaneously, in 1983, Tom collaborated with others to create the Washington State PTSD Outpatient Program over which he

(Continued on page 7, See Schumacher.)

Schumacher, continued from page 6.

was named director in 1990. The pattern and the nature of Tom's work has been consistent and clear...this work is about meeting the veteran where he or she is, it is about working together, collaborating, moving with a sense of shared mission and common purpose... all things that are bread and butter to combat veterans. Tom was building a community that reflected the very ideals and values and principles and goals that had been the foundation of our veterans' service. Tom was shaping "home" to reflect the image of the Veteran; Tom was not building a home for veterans to come to. Tom was bringing together those of us who had not been off to war to team up with our combat veterans to co-create a home that best met the stated needs of these veterans and their families. Rather than "build it and they will come," this was a process of "build it with them, and they will be there."

It was in this light that Tom's took on positions and roles such as being the founding Vet Center Team Leader at the Bellingham Vet Center and serving as the Mental Health Consultant for VA Puget Sound Fee Services Program. Day in and day out, week in and week out, year in and year out, Tom was connecting veterans with those of us involved in the care of veterans. We saw it again, in 1996, with Tom's leadership role in brokering the King County Veterans Program contract with the WDVA PTSD/War Trauma Program to create PTSD outpatient counseling services within King County. The collaborative spirit and good will engendered in this effort was instrumental in leading to the passage of 2006 levy funds to expand the type and scope of these services, leading to the creation of PTSD Training Services, and the resumption of regional PTSD conference events created jointly with VISN 20, VA Medical Centers, Vet Centers, WDVA, and supported by King County Human Services Division. Simultaneously, Tom was overseeing the development of the WDVA Behavioral Health Program. This program attained national prominence, spawning numerous veteran-related trainings for a broad range of community and professional organizations. The work set in motion community approaches to supporting veterans and their families that can now be seen nationally through the Joining Forces Initiative out of the White House, linking professional organizations, agencies and training programs in a common mission: to coordinate our efforts as a Nation to serve our veterans. Tom was working with veterans and community members to build a home in which therapists were not only knowledgeable and skillful in providing PTSD therapy, but they were oriented towards ensuring that treatment and support was provided in a non-stigmatizing and community based environment, in a "home" that offered the best that home has to offer: appreciation, comfort, familiarity, acceptance, encouragement, cooperation, nurturing and space to heal, recover, and grow.

I am not able to write this piece without acknowledging that what has more than anything else ushered me into this experience of "home" for our returning combat veterans has been my own personal connection with Tom, the personal "opening of the door" that Tom offered me as we first began bringing primary care providers, mental health workers and social work staff together to work as a team in the Gulf War Veterans Clinic and subsequently in the Deployment Health Clinic here at VA Puget Sound. Tom opened the door and there was Michele Klevens and all of the veterans with whom she had been working out on the Peninsula. In came Linda Gillespie-Gateley as the OEF/OIF Program Manager helping to connect us with the Yellow Ribbon Ceremonies, the military

treatment facilities, the Guard and Reserve Units and all of the other community agencies that were a part of this home. There was Ron Boxmeier from the Vet Center and Tom Riggs with the Washington National Guard. There were all the folks involved in the initial Memorandum of Understanding that brought together the Governor's office and the VA and the Vet Centers and the Department of Labor and the Washington State Department of Veteran Affairs. In the center of it all was Tom, holding open the door that connected all of us, veterans and non-veterans alike, the door that led us all into the same home. Within VA, this spirit of home resonated with and sparked similar processes across the nation, spawning post-deployment integrated care programs built around the OEF/OIF Programs, fostering community collaboration in creating "home" for our returning combat veterans.

Over that past decade of war, we have learned a great deal about not only war and the ways in which it impacts the lives and health of veterans and their families, but also about what it means to "come home from war." We have learned a great deal about what "home" is, how to create it, how to sustain it, how to insure that it is solidly in place for these members of our community who have been off to war, whose lives and families have been indelibly changed by combat, who have given so much. Somewhat to our surprise, one of the largest groups of veterans arriving on the doorstep of this home has been our Vietnam War veterans. For many of them, after decades of searching for, or in many cases giving up on, finding a home to come home to after their service in Vietnam, they were slowly discovering that such a home was being built, and they jumped in to contribute to the process, showing us all a spirit of enduring hope, commitment and loyalty to a Nation that in so many painful ways had let them down. God bless our Vietnam War veterans, truly one of the greatest groups of combat veterans in our Nation's history. The home we have been creating for our veterans is for all veterans, past and present. And now we must be sure that this home is maintained not only for the veterans from our current and prior conflicts, but that it is in place and waiting...safe, welcoming and responsibly maintained...for veterans of future conflicts. That home must be ready for them the moment they return from deployment.

While it is not quite true that Tom Schumacher single-handedly built that home in the Northwest, it can certainly be said that as the general contractor he earned his keep and did his duty. ##



Steve Hunt, M.D., M.P.H., pictured here at a recent conference, is the VA National Director of the Post-Deployment Integrated Care Initiative.

The Power of Eco-Therapy

By Jeremy Grisham

I can only define eco-therapy and what it means by the impact it has had on my life. It clicked and when I realized what it was it became a tool and today I use that tool as a method with which I work to manage life with PTSD and depression—and everything that is stressful. Eco-therapy is a tool I use to better define who I am and who I want to be. Like any form of therapy this method will work for some and for others to varying degrees, or not at all. In the end the type of therapy is not important unless it resonates with the individual. When used in combination with other forms of therapy, this form can help greatly.

Eco-therapy resonated for me. I remember the day when I felt like something bigger than myself and I found purpose again. It came to me when I was buried deep in a thicket of Knotweed, a particularly stubborn and aggressive invasive species of plant, which can be as beautiful as it is overbearing. I was there with a group of students and this was our first encounter with this invasive species. As was the case I often drifted away from the others and wrapped myself in my thoughts, fears, and insecurities, and worked alone. Before long the laughter from my classmates and all the BS became faint sounds and I found that my only companions were the ghosts of my past, as I wanted it to be, standing in a dense forest of Giant Knotweed. I pressed my stocks down as was our mission, not breaking, just bending in preparation for treatment. Eventually I came across a juvenile Western Red Cedar, or the “tree of life,” but this one was close to death rather than life. This tree was one of our most important natural gifts and here it stood, young and suffocating under the shade of the Knotweed and strangled by ivy.

It looked how I felt inside, crushed under the weight of life after war, life in transition from the military and life without identity. I became incensed with anger and frustration and with a heavy hand, as was my custom (and still is), I focused myself into tearing away the ivy from the young cedar tree. I stomped out of that Knotweed like Godzilla through a city. I was mad, frustrated at my current state of being, the current political climate, everything and everyone. The Knotweed was everything in my life that I hated and the ivy was the noose used to hang me. I didn't care for myself much, but if this was the last good thing I ever did, the tree would live. By the time my tantrum had ended the cedar stood in solitude 3 feet tall, a new beacon of survival, as if light from the heavens shown down on just me with that tree signaling the end of a storm. At that moment the rage fell from my soul like shattered glass and it all made sense. I found a new mission in life and new identity, and, like my time in the military, I found that I could again be a part of something bigger than myself. It was the dramatic, instant change I describe in this article, years in the making. I had to work for the change to stick and I had to rethink my perspective on where I stood in the grand scheme of things. Is it rational to expect to save the world or does it make more sense

taking small manageable steps in the right direction?

That's what eco-therapy does. The work you put into it is noticeable, then and now. As I dive into a thicket of blackberry, hacking away and removing the plants from a native riparian zone, I emerge from the fight, cut and bleeding from their thorns—which I prefer—but having ultimately won the battle. Under my feet the blackberry stems lay on the ground in sectioned pieces turned to mulch. I can see that change and I can feel it, and when I come back in the fall and plant something meant to be there, I can see those new plants grow and sustain life, and I breathe the fresh air which cleans my soul.

Eco-therapy has also allowed me to reconnect with the community. This isn't a field overwhelmed with veterans, unfortunately, but, thankfully, more are becoming involved. And those I work with who are not veterans, I teach the power a veteran can bring. I have seen veterans' lives change for the better because they found for themselves what eco-therapy means. Self defined and realized. Veterans are meaningfully employed, or they have better relationships with their friends and family and they have taken on a new mission in life honoring their service and accepting their new roles as civilians. In fact I would wager with anyone that a crew of veterans working in habitat restoration can and will get more done than their civilian counterparts. It's not because veterans are better people, they simply work better as a team and they understand the importance of accomplishing a mission.

Is eco-therapy a new phrase used without meaning? Not from my perspective. Is it a method to preach the danger of climate change and to force others into living differently? Nope. Just a tool, which happens to work for me and it may work for you also. Living differently comes in time and when working with the environment, eco-therapy heals more than just yourself; it heals that small parcel of land in which you worked. While connected to the bigger picture, making those small changes makes a big difference for the individual, our community, and the environment as a whole. Eco-therapy is a tremendous and life-saving tool that I owe an incredible amount to. It may have literally saved my life. I know it's saved others lives as well, as I have witnessed broken human beings become whole again. When I speak of eco-therapy it is much more than a phrase or a couple of words connected by a hyphen. It's an emotion which evokes powerful feelings of hope and change for the better. Whether this is a tool for you is a question that only you can answer. I promise you this: there is always work to be done and if you're willing to get your hands dirty and make positive change in your community, the benefits far outweigh any negatives. Come out and define for yourself what eco-therapy is and make a difference. ##

Jeremy Grisham is a Field Coordinator for the Veterans Conservation Corps.

The Ecological View of Psychological Trauma and Recovery

Portland Vet Center psychologist Lori Daniels, speaking at the WDVA Contractors' Conference at Chelan this October, addressed the issue of Military Sexual Trauma. She emphasized the ecology of the circumstances surrounding the trauma as essential for the therapist's understanding and for the veteran's recovery from PTSD. Later, in a breakaway session at the Conference, Issaquah psychologist Mike Phillips, addressed the issue of suicide among veterans of military service. The ecological issue again was raised, leading to the question of the contextual circumstances of the issue of the suicidal impulse of veterans.

In 1996 Mary Weaver, contributed an article that seems increasingly relevant today and is worth reviewing given the serious issues cited above by Drs. Daniels and Phillips. Dr. Weaver published her article, "An Ecological View of Psychological Trauma and Trauma Recovery," in the *Journal of Traumatic Stress*, [1996, 9(1), 3-24]. She explained that the ecological perspective "suggests that psychological attributes of human beings are best understood in the ecological context of human community, and that individual reactions to events are best understood in light of the values, behaviors, skills and understandings that human communities cultivate in their members" (p.4).

Dr. Weaver narrowed her focus: "Applied to the realm of psychological trauma, the ecological analogy understands violent and traumatic events as ecological threats not only to the adaptive capacities of individuals but also to the ability of human communities to foster health and resiliency among affected community members" (p. 5). She added that her ecological model "posits that each individual's reaction to violent and traumatic events will be influenced by the combined attributes of those communities to which s/he belongs and from which s/he draws identity. Shaping the interrelationship of individuals and their communities are a wide variety of person, event and environmental factors" (pp. 5-6).

Dr. Weaver summarized her ecological theory of trauma succinctly as a "Person x Event x Environment Model" She elaborates on each factor in the model. "*Person variables* influencing posttraumatic response and recovery include, for example, the age, developmental stage, and initial distress level of the victim, his/her intelligence, personality, affects, cognitions and pretraumatic coping capabilities, as well as the role (if any) of prior trauma, the relationship (if any) between the victim and offender, and any number of demographic characteristics" (p. 7).

"*Event factors* describe salient attributes of one or a series of traumatic events. Important determinants of posttraumatic response include, for example, the frequency, severity and duration of event/s experienced, the degree of physical violence and bodily violation involved, the extent of the terror and humiliation endured, and whether the trauma was experienced alone or in the company of others" (p. 8). She adds: "It is important that clinicians not judge in advance the most traumatizing part of a trauma patient's experience." (p. 8)

"*Environmental factors*...They include various descriptors of the ecological context within which the traumatic event/s were experienced. ... Environmental factors of particular importance in an ecological understanding of trauma and recovery also include prevailing community attitudes and values, cultural constructions as race and gender, political and economic factors attending victimization" (p. 8).

Dr. Weaver defines outcome recovery in practical terms: "The ecological model presented here understands recovery from psychological trauma as a multidimensional phenomenon, ..." She writes that recovery involved "*authority over the remembering process*." "The recovered individual can choose to recall or not recall events that previously intruded unbidden into awareness" (p. 11). And she adds that recovery involves "*integration of memory and affect*." "In recovery, memory and affect are joined. The past is remembered with feeling." (p. 12).

The third outcome in Dr. Weaver's model is "*Affect tolerance*. In recovery, the individual is relieved of undue alarm and dangerous impulse. Affects are differentiated from one another and are experienced in varying degrees of intensity" (p. 12). Dr. Weaver's fourth outcome is "*Symptom mastery*. Stimuli that act as 'triggers' for flashbacks for example, are known and can be avoided. The recovered trauma survivor may continue to experience symptomatic arousal, but s/he has mastered and practices healthful coping routines to reduce arousal and manage stress. S/he may avoid distressing stimuli" (p. 12). The fifth recovery outcome is "*Self-esteem and self-cohesion*." "Recovery from psychological trauma thus entails repair and mastery in the domain of self-esteem and self-cohesion" (p. 13).

Dr. Weaver's definition of trauma recovery concluded with what she termed "*Safe attachment*." "The recovered survivor is able to negotiate and maintain physical and emotional safety in relationship and views the possibility of intimate connectedness with some degree of optimism" (p. 13). Lastly, she defines recovery in terms of "*Meaning-making*." "Finally, in recovery the survivor assigns new meaning to the trauma, to the self as trauma survivor and to the world in which traumatic events occur and recur..." "Whatever the process, the recovered survivor will have named and mourned the traumatic past and imbued it somehow with meaning that is both life-affirming and self-affirming" (p. 13).

Dr. Weaver summarized her model: "In this framework, *recovery* is apparent whenever change from a poor outcome to a desired one is realized in any domain affected by traumatic exposure." She defines evidence of resiliency occurring "when one or more domains remains relatively unimpacted and when the trauma survivor is able to mobilize strengths in one domain to cope with vulnerabilities and secure recovery in another" (p. 14). EE ##

Movie Review:

The Master—WWII Navy Veteran Enters Cult and Leaves Unconverted

Reviewed by Emmett Early

One of the issues that nag the therapists of war veterans is the tendency to romanticize, in the interests of viewing the trauma through the eyes of the survivor, the plight of the veteran. To dispel those romantic ideals one need only view the new movie, *The Master*, directed by Paul Thomas Anderson. He gives us the World War II navy veteran, Freddy Quell (Joaquin Phoenix), whose ship received five battle stars in the Pacific campaign, an alcoholic who stumbles through his post-war years, brewing GI gin, starting fights, and quaffing cocktails. So it seems, anyway. Freddy staggers and stumbles into a fortuitous situation when he stows away on a pleasure boat “commanded” by a cult leader, Lancaster Dodd, played with the regal power of a psychopath by Phillip Seymour Hoffman. The sense is that any situation that an alcoholic encounters that promises him easy access to booze will be welcomed. Dodd’s cult is called “The Cause,” and likened by *New Yorker* reviewer, Anthony Lane, to Scientology.

Phoenix’s Freddy, who is shown manufacturing hooch on board ship, is also depicted as someone who has been deprived of good parenting, the valuable nurturing that allows the child to mature without chronic needy craving, and who, because of his penchant for disinhibitors, engages in inappropriate aggression, as, when he is on the job in 1950 as a department store photographer, he torments his pompous customer until they brawl.

Freddy is a disgusting character. Dodd is a bully and Freddy acts as his enforcer. Dodd acts out his whims as a psychic guru and his believers cavort and humiliate themselves, believing they are on the right path.

We grant Freddy a certain version of the truth, like the notorious Dionysian alcoholic poets, Charles Bukowski, Brendan Behan, and Dylan Thomas. They defy authority and scorn propriety, while those of us with less genius just try to get along.

The Master devolves into a depiction of brutality, when psychopaths prey on fools. The photography and period sets are beautiful and lull the viewer into receptivity only to be abused by callused vulgarity. Yet there is something sadly true about *The Master*. We are all constantly exploited, like game at a waterhole, by predators who would take away our treasure and enslave us with needy dependence, or so the movie would have us believe. I am reminded of a scene described long ago of Senator Joe McCarthy, who, upon entering a Senate elevator with a congressman he’d just excoriated in a hearing, joked like an alcoholic veteran, as if it didn’t mean a thing.

The acting of Phoenix, Hoffman, along with Amy Adams, as Hoffman’s conniving wife, is top drawer, but my friend asked as we left the theater, sharing my disgust: “what was the purpose?” A question I pondered for days, as admiring reviews of the movie appeared in the press. It seemed that I was missing something about American culture that the movie was attacking. Early reviews suggested that the movie was about Scientology, but now it seems like there was more to it. What made it so disgusting is that it is about us, Americans, who bow to authority as if it knew what it

was doing. Philip Seymour Hoffman was said in a recent review (Geoffrey O’Brian, *Going Brilliantly Crazy*, *New York Review of Books*, 10/25/2012) to have given a mesmerizing performance as the cult leader. He has a handsome, amoral charm that works a crowd. He shows them that he loves them and they love him for it. Laura Dern has a small role in the film, but captures beautifully the vulnerability of a prosperous woman who is seeking meaning, something or someone to believe in. She has welcomed Dodd and his followers into her upper class Philadelphia home and when she expresses admiration for his latest book but questions a passage, the guru rudely insults her.

The navy veteran, Freddy, does not have the panache appeal of a popular guru. He takes up the role of a shambling handyman who roughs up critics of the Movement and hawks pamphlets on the street, very much like a follower of Scientology. Freddy, however, has a basic character flaw that makes him both obnoxious to society and inassimilable in a cult, but makes him quite in line with the aforementioned drunken poets: he won’t conform. He will follow the will of authority so long as he sees some gain, like sensual pleasure, but he has no sense of future, no sense of conniving for power. Freddy is an anarchist who lives for the moment. If he finds himself in a wealthy house he pockets whatever he can steal. Some women seem attracted to him for the freedom he suggests, and when he is rude they try to understand. In the olden days they would have run off with Dionysus himself when they heard his randy flutes.

Therapists make value judgments about people who abuse drugs and alcohol and they sometimes fail to see that such persons can be attractive. The abusers’ hedonism, their flagrant defiance of conservative values, their iconoclasm, give them an appeal to those who live, or try to live, orderly lives. They are seen as romantic, so long as one doesn’t have to clean up the messes they create.

Director Anderson doesn’t tell us what Freddy went through in the navy, although he hints at the traumas of combat when Freddy boasts about his ship’s battle stars. We see him staring warily out of a battle station under the brow of his steel helmet. We also see him draining fluid out of some shipboard tubing into jars that are going to sport some mix of palatable toxic concoction.

I get the feeling that some people love Freddy because, although they know he doesn’t love them, he gives them his undisguised attention while he’s with them. In the end, the Master and his cult reject Freddy because he won’t conform. It is not ideological for Freddy, it is based on the very nature of his character. If he were a veteran with an identifiable trauma, we might cut him some slack, as they say in the navy, and help him acquire a system of discipline that would give him some peace and long term health. ##

The Manchurian Candidate and the “Plague” of PTSD

By Emmett Early

Alienation in veterans returning from foreign service should be considered normal, but in the shadow of normal is the stigma of psychopathology that predates the introduction of PTSD into our psychiatric seed catalogue. The 1959 novel by Richard Condon, *The Manchurian Candidate*, introduced the term “time bomb” into American veterans’ culture. “...but we have to frighten you, Raymond, because we need you to think of yourself as some kind of time bomb with a fuse eight years long” (p. 229). The veteran was programmed with hypnotism to kill on command. The book did well in sales and was made into a movie that was released in May, 1962. The movie was a box office disappointment and finally taken out of circulation by the director, John Frankenheimer, after President Kennedy was assassinated in November 1963. When it was re-released in 1975 it was a small sensation for the tragedy it had predicted. Army intelligence said Major Marco, the recon team leader, “had picked up a sort of infection in his imagination while in the forward area in Korea” (p. 175). [In a profound coincidence, which C.G. Jung would call synchronicity because it was so meaningful, John Frankenheimer was with Robert Kennedy on the day that the candidate was assassinated in the kitchen of a Los Angeles hotel. Kennedy had been visiting Frankenheimer on his campaign tour and the movie director had driven Kennedy to the hotel in his limo. Kennedy had asked him to get the car ready for a quick exit, so that the director was out in front of the hotel when Sirhan Sirhan passed him on the way in. (Greil, Marcus, 2002, *The Manchurian Candidate*, BFI Publishing, London).]

Richard Condon was a Hollywood publicity man who wrote the cynical novel that tapped a vein in American culture. The war veteran, in this case a veteran of the Korean War, but certainly feeding off the experience of the large cohort of World War II veterans who were struggling to integrate back into U.S. society, was called a time bomb, programmed to go off unpredictably, programmed by “an infection” caught in the field of combat. This kind of opprobrium bled into the Vietnam War era and “infected” the next cohort of veterans.

One of the features of the Korean War was that it was the first of the 20th Century wars conducted to *prevent* “total war.” Many citizens, and certainly many veterans, were reluctant to engage in more combat after WWII. The Korean War did not involve the mobilization of the entire population, the way that WWII had, and military personnel returning from combat in Korea were not welcomed with enthusiasm. Some called them “forgotten war veterans”. The sensation of brain-washing American prisoners of war was symbolic of the desire Americans had to avoid dealing with the problems of veterans’ adjustment. The war’s outcome was viewed as a compromise, a war without victory, and followed in fairly quick order by the Vietnam War, after which the feared “infection” was given a medical label and called posttraumatic stress disorder, delineating problems associated with bad, traumatic experiences. To experience posttraumatic stress from an unwanted war had some of the taint associated with being traumatized by interpersonal violence, and the label of “disorder” was a statement that the survivor was out of order. The veterans in *The Manchurian Candidate* had debilitating nightmares, very reminiscent of the Vietnam War veteran horror movie, *Jacob’s Ladder*, in which the veterans were the subjects of a covert medical experiment to make the soldiers fight more fiercely.

In *The Manchurian Candidate* movie we see Frank Sinatra as Major Marco lying in bed in his army uniform in a sweaty disturbed sleep. The voice-over states “Night after night the major was plagued by the same nightmare.” When he finally reported his nightmares to a military medical board, it was determined that he was having “a delayed reaction to 18 months of combat,” and it was only after Marco found out that other members of his intelligence gathering patrol had similar nightmares that he felt some relief, but it was crucial that the nightmare “plague” was found to be an “infection” caused by evil Communist perversion of modern science. The nightmares were deemed symptoms of sickness.

As happens to military veterans, the problems that arise from their service in combat become medical problems, to be treated with medicine and psychotherapy. They are problems to be resolved between the doctors and the individual veterans. Unlike warriors returning to a traditional Native American community, the problems that most veterans have to face are not absorbed by family and community. In the U.S. general population the sequelae of combat trauma are not our collective problem, but, like the collective reaction to the medieval plague, the bearers of the problem are left isolated to resolve in private. Instead of deriving honor and dignity from combat wounds, posttraumatic symptoms become a condition to be avoided like the plague. ##



Korean War veteran, Raymond Shaw, played by Laurence Harvey, is consoled by his politically ambitious mother (Angela Lansbury). He is the recipient of a fraudulent Congressional Medal of Honor and “infected” by evil Communist doctors. In *The Manchurian Candidate* it is the mother who gets blamed for the problems that the war has created, that made her son a “time bomb” programmed to kill on her command.



Left is Laurence Harvey as Korean War veteran Raymond Shaw, disguised as a priest. He is an assassin hypnotized to kill the presidential candidate. He wears his Medal but turns on his evil doctors at the last minute to save the nation.

Book Review:

The Osage Rose: An Osage Country Mystery

By Tom Holm

Reviewed by Emmett Early

Tom Holm is a marine Vietnam War veteran. He wrote one of the most interesting books about Native American veterans of all wars: *Strong Hearts, Wounded Souls*, drawing a scholarly comparison between the cultural heritage of members of Indian nations and the war veterans from the diverse multi-ethnic greater society in the United States. Mr. Holm's latest book is a mystery novel, *The Osage Rose*, and subtitled *An Osage Country Mystery*, suggesting, hopefully, that more mysteries are to follow.

The Osage Rose takes place in and around Tulsa, Oklahoma, just after the First World War. J.D. Daugherty, an Irish-American transplant from Chicago, is operating as a private detective who has built a reputation based on discrete investigations for wealthy clients. He is presented with a case of finding the daughter of one such client, a young woman who has disappeared and probably has run off with an Osage Indian, with whom she has had an affectionate friendship.

J.D. employs his assistant, a Cherokee Native and war veteran, Hoolie Smith, to seek the missing woman through the Osage connection. Tom Holm then splits the plot, sending J.D. in search of leads in Tulsa, while Hoolie visits Osage country.

By far the most interesting and richly drawn character in this novel is that of Hoolie Smith. It is the rich cultural lore of the Native American that gives *The Osage Rose* its uniqueness. The reader is given rare personal insight into the differences between Indian nations, in this case the Cherokee and the Osage. Hoolie, when he visits Osage country, doesn't speak their language. They converse in English, except when the Osages want to talk privately with each other. Their customs are different but comparably similar, and their basic mores are the same across cultures. When Hoolie meets an attractive Osage woman, Myrtle, the daughter of Ben Lookout, who offers to help Hoolie, Myrtle and Hoolie follow parallel customs of shyness and flirting. All the Natives have friction with the dominate white law enforcement, that is presented as hard and bigoted, run by a sheriff who is tied to the exploitation of Osages by oil business interests.

The Osage Rose is a good read for mystery lovers. I found it a novel that I read with pleasure for the richness of information that is hard to come by, someone who is intimate with Native culture and who can show us the picture. Tom Holm gives us Hoolie's experience with a Native healing ceremony for war veterans: "The Osages, Otoes, Poncas, and Pawnees were still holding men's dances for the boys returning from the trenches in France. He [Hoolie] had gone to one of them near Pawhuska a year before, and it had really made him feel good. One of the Osage elders had found out that Hoolie had been wounded in the war, and the old man led him around the

dance grounds, speaking Osage in a loud, high-pitched voice. One of Hoolie's friends told him later that the elder was making a speech about how honored they were to have great warriors; brave warriors were back among them once again" (p. 37).

When Hoolie came back from the war, his own family prepared a healing ceremony: "A few days passed before his family arranged for an Indian doctor to hold a ceremony to purify him of the taint of killing and death. His relatives sweated him, prayed for him, gave him medicines, and took him to water. A Cherokee who had been to war could not set foot on ceremonial grounds, according to the doctors, without having the blood washed from his hands. All of this effort was made to bring him back into the family and place him on the White Path of peace" (p. 38).

While Tom Holm points out in his *Strong Hearts, Wounded Souls* that not all Native war veterans returned to healing ceremonies, he gives us in *The Osage Rose* a character who remained close to his family's and tribal customs. The ceremonies serve to both prepare him for battle and to heal his wounds.

These days the dominate cultures in the United States constitute a heterogeneous mix of ethnic groups migrated from Europe, Africa, Asia, with Hispanic and Native Americans, with religions and customs fitting together in loose affiliations and sometimes friction. Today's military services are a representation of that diversity and the riches of the contributions the diverse cultures make has always provided a robust creative energy for American culture, but there is a negative also that comes from diversity that can be seen in the tradition that Mr. Holm's character, Hoolie, draws from his tribe, through his family, a heritage of ceremonies that give him an optimistic sense of being protected and of healing.

It may be that Hoolie is able to regard his experiences differently because he had undergone those ceremonies. Perhaps it is upon each family unit to give meaningful context and continuity to a veteran of war. Many families in the U.S., however, are not rooted in traditional cultures. There is probably a pattern that follows with the time elapsed since emigration to America: the further away from the old country, the further removed one is from tradition, the less likely the veteran is to have a helpful meaningful experience reentering society after war.

In *The Osage Rose* author Tom Holm, through his character, Hoolie, shows us what we are missing in America. Warrior tradition, defined as one who defends the land, has been dissolved in the mix of diversity. Armed Forces Days at the ballpark, Veterans and Memorial Day events, sincere as they are, do not strike at the heart of the problem of war veteran alienation. In *Strong Hearts* Mr. Holm explains: "The chasm between the activities of war and peace could only be crossed ceremonially" (p. 38). ##

The Epidemiology of Disabilities Related to Military PTSD

Researchers from Walter Reed Army Institute of Research examined the incidence of disabilities related to PTSD in recent years. Elizabeth Packnett and colleagues published their research results in the *Journal of Traumatic Stress*, [2012, 25, 485-493]. They write: "As of June 31, 2011, over 2.3 million U.S. service members had been deployed to the wars in Iraq and Afghanistan...." "A review of studies of PTSD in military personnel showed consistent associations between combat exposure and the development of PTSD..." "Longer deployments have been associated with increased risk for adverse health effects, including PTSD..." (p. 485). Packnett, et al, express their objective: "As more service members are deployed into combat situations, it is essential to understand the epidemiology of disability from PTSD to target appropriate interventions and to prevent or mitigate deleterious long-term mental health outcomes in service members and in those transitioning to civilian life" (p. 486).

To examine their premise, the authors conducted a research project. They stated that their objective was "to describe the rate and correlates of disability related to PTSD in soldiers and Marines with symptoms severe enough to interfere with their ability to perform their duties, resulting in referral into the Army or Marine Corps disability evaluation process" (p. 486).

Their research examined data abstracted from disability evaluation files completed prior to September 30, 2010. The authors observed: "Between 2005 and 2010, 88,315 soldiers and 18,515 Marines were evaluated for disability from PTSD during this time. Rates of disability from PTSD have significantly increased in all personnel as well as in deployed personnel in the study period...." (p. 487).

Packnett, et al., found "disability ratings and the proportion of evaluations resulting in retirement dispositions significantly increased in both the Army and Marine Corps during the study period.... In 2010, more than 95% of those with disability from PTSD were medically retired in both services. In 2005, however, 35% of Army and 70% of Marine Corps PTSD cases were medically retired. The trend of increasing proportions of services members retired each year during the study period was statistically significant...." (p. 488).

In overview, the authors report, "disability from PTSD rates among all personnel increased 400% in soldiers and by more than 200% among Marines during the study. In deployed personnel, the rate of disability from PTSD increased by about 400% in both services" (p. 488). They write, "approximately 2-8 service members per 10,000 with PTSD symptoms following deployment have PTSD severe enough to affect their ability to perform their military occupations and are referred for disability evaluation" (p. 489). And they add: "This study demonstrates that PTSD is an increasingly more common and severe disability, primarily in deployed soldiers and Marines who experience concurrent musculoskeletal and neurological disabilities" (p. 490). The authors noted that "PTSD is significantly associated with being wounded or injured while deployed..." (p. 490). EE ##

Guide to the VA Puget Sound Health Care System

HOW TO GET STARTED.

Enroll On-line

<http://www.va.gov>

Right side of page – Quick List Enroll/Update Medical Benefits (10-10EZ) – submit on-line and you will receive an e-mail back telling you enrollment is complete and providing a phone number to schedule appointments.

Enroll by mail

Mail a completed VA FORM 10-10EZ, copy of current insurance card, if any, and a copy of your DD-214, copy 4, to

Seattle Division MS – S136BUS 1660 S. Columbian Way Seattle, WA 98108 (Patient Registration) (800) 329-8387 x61469	or	American Lake Divison MS-A136BUS 9600 Veterans Drive Tacoma, WA 98498 (Patient Registration) (800) 329 8387, x 76567
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Enroll in person

Bring your DD-214 and your insurance card, if any, to either Medical Center
Seattle – Bldg 100, Room 1D140
American Lake – Bldg 81, near the main entrance

Enroll by phone

1-877-222-VETS (8387) – your completed form will be sent to you for verification and signature.

HOW TO BE SEEN BY A PRIMARY CARE PROVIDER

Deployment Health – (Combat Veterans within five years of separation)

Seattle – (206) 764-2636 – Bldg 100 in Primary Care
American Lake – (253) 583-1176 – Bldg 81, 3rd Floor

Primary Care

Seattle and American Lake – (253) 583-1234

Women's Health Clinic

Seattle – (206) 768-5314
American Lake - (253) 583-1444

Mental Health

Seattle – (800) 329-8387 x62007
American Lake – (800) 329-8387 x71759

ADDITIONAL INFORMATION: www.pugetsound.va.gov

VETERANS CRISIS LINE: 1-800-273-8255, press 1.

WDVA Contract Therapists

Laurie Akers, MA, Everett... 425 388 0281
 Clark Ashworth, Ph.D., Colville..... 509 684 3200
 Wayne Ball, MSW, Chelan & Douglas...509 667 8828
 Bridget Cantrell, Ph.D., Bellingham.....360 714 1525
 Dan Comsia, King, Pierce Counties.....253 284 9061
 Duane Dolliver, M.S., LMHC, Yakima...509 966 7246
 Jack Dutro, Ph.D. Aberdeen/Long Beach 360 537 9103
 Sarah Getman, MS, LMHC, Longview....360 578 2450
 Casper La Blanc, Mason, Kitsap.....360 462 3320
 Adrian Magnuson-Whyte, MA, Shelton...360 462 3320
 Keith Meyer, M.S., LMHC, Olympia... 360 250-0781
 Peninsula CMHC Center, Clallam,
 Jefferson Counties.....360 681 0585
 Dennis Pollack, Ph.D., Spokane.....509 747 1456
 Dwight Randolph, M.A., LMHC.....253 820 7386
 Mary Ann Riggs, San Juan County.....360 468 4940
 Jody Stewart, MA., LMHC, Kitsap County
 Bremerton.....360 377 1000
 Katie Stewart, MA, LMHC, Kitsap County
 Silverdale.....360 620 3722
 Darlene Tewault, M.A.,LMHC Centralia.360 330 2832
 Roberto Valdez, Ph.D., Tricities.....509 543 7253
 Stephen Younker, Ed.D., Yakima.....509 966 7246
 Washington State U. Psychology Clinic...509 335 3587

Programs

Veterans Training Support Center, Peter Schmidt,
 Psy.D., LMHC, Project Director 425 773 6292

School Outreach Pilot, K-12, Thurston, Pierce and
 South King County. Tom Schumacher ...360 725 2226

King County Veterans Program Contract Therapists

Diane Adams (Nakamura) Ph.D., Renton...253 852 4699
 Laurie Akers, MA, LMHC.....425 388 0281
 Dan Comsia, M.A., LMHC.....253 840 0116
 Diana Frey, Ph.D., Maple Valley.....425 443 6472
 Laureen Kaye, MA, LMHC, Duvall.....425 788 9920
 Ron Lowell, MSW, LMHC, Seattle206 902 7210
 Mike Phillips, Psy.D., Issaquah.....425 392 0277
 Dwight Randolph, M.A.,LMHC Seattle....206 465 1051
 Karin Reep, MA, LMFT, Duvall, Redmond.....
425 788 9921
 Steve Riggins, M.Ed., LMHC Seattle.....206 898 1990
 Terry O'Neil, Ph.D., Bellevue.....425 990 9840
 Valley Cities Counseling, Renton
 Christian Alexander, MS, LMHC.....253 250 4597
 Veteran Referral Services,
 Mabae Redmond.....206 335 3731

King County Veterans Program, provides vocational
 guidance, and emergency financial assistance. The office
 is located at 123 Third Ave. South, Seattle, WA
206 296 7656

WDVA offers Jail Diversion and Homeless Projects
 through the King County Veterans Program
 206 296 7569.

WDVA PTSD Program Director

Dorothy Hanson, MA, LMHC.....253 722 8545
 Tom Schumacher, M.S., LMHC, NCC, CTC.....
 360 725 2226 Cell 360 791 1499

Training Resources in King County and Washington
 State: www.veteranstrainingsupportcenter.org

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 WDVA PTSD Program"

Seattle Vet Center 206 553 2706
 Yakima Vet Center 509 457 2736
 Tacoma Vet Center 253 565 7038
 Spokane Vet Center 509 444 8387
 Bellingham Vet Center 360 733 9226
 Everett Vet Center 425 252 9701

Gulf War Helpline.....1 800 849 8387
 Puget Sound Health Care System
 (VA Hospital).....206 762 1010
 Seattle VA Deployment Clinic.....206 764 2636
 Spokane VA PTSD Program509 444 8387

24-Hour VA Crisis Hotline.....1 800 273 8255