RAQ Goes to College!

The Repetition & Avoidance Quarterly, once an organ exclusively of the Washington Department of Veterans Affairs, has evolved to become a product of the King County Veterans Program and will be published through the office of the Veterans Training Support Center, which is located at Edmonds Community College. The function and policy of the RAQ will remain unchanged. The editor and publisher wish to address the adjustment of military veterans in their transition to civilian life, including issues having to do with posttraumatic stress disorder and related problems that are associated with that adjustment, such as alienation, substance abuse, and the stresses of family life that are a result of military service.

This spring John Huston’s documentary about the rocky path transiting from military to civilian life, Let There be Light, which was a candid comment in 1945 of the treatment of psychiatric casualties and was suppressed by the army that had commissioned the work, has been made available for viewing on You Tube. The army re-shot the documentary in 1945, using a different director with an all-white cast of actors, and released to YouTube. You Tube. The army re-shot the documentary in 1945, using a different director with an all-white cast of actors, and released to public Shades of Gray, which blamed the veterans’ pathology on poor parenting rather than combat.

We know that during the veterans’ Bonus March of the 1930s, the veterans were accused of being bums, communists, or criminals, and their very status as veterans was questioned. Yet, when veterans were interviewed, they were almost always found to be genuine. After the Vietnam War veterans were accused of malingering and faking PTSD to qualify for disability compensations. After investigations by the VA’s own Inspector General, the incidence of faking in VA claims was found to be insignificant.

Now, in this current veterans’ climate, as Senator Patty Murray has repeatedly noted, veterans are accused of faking PTSD and health professionals are again accused of over-diagnosing, so that Senator Murray has ordered the VA to reevaluate veterans whose PTSD diagnoses had been changed.

There seems to be a reflex that wants to minimize the impact that engaging in warfare has on our military, our veterans, and our society. One forensic psychiatrist at JBLM was highlighted in the press recently for warning against the long term disability costs of PTSD in veterans. The RAQ will continue to draw attention to this very complex issue relating to the adjustment of veterans to civilian life. EE ##

Combat Losses Add to War Veteran Adjustment Problems

The National Vietnam Veteran Readjustment Study (NVVRS) has got to be the most exploited collection of data in the history of the social sciences. The rigorously collected and analyzed data on 1,637 veterans was published in 1990. Since then, study after study have been published that have mined the rich ore of the results. Adding to this heritage, Joseph Currier and Jason Holland published a study in the Journal of Traumatic Stress that examines the role of combat loss in the veteran’s later adjustment to civilian life [Examining the Role of Combat Loss Among Vietnam War Veterans, 2012, 25, 102-105]. Currier and Holland’s hypothesis was that “veterans who lost close friends would be at greater risk for past and current readjustment problems since returning from Vietnam” (p. 102).

The major appeal of NVVRS is the scientific rigor with which the samples were derived. One cannot help but wonder, however, when the interview protocol was described as “lengthy” how selective they might have been in eliminating impatient veterans.

Currier and Holland found that “over two thirds of the sample reported the death of a close personal friend in Vietnam (68.1%)” (p. 103). The researchers found that, “when compared to their counterparts, veterans who experienced a combat loss indicated greater postdeployment adjustment difficulties in the past” and, they added, “these persons also had more trauma symptoms” (p. 103).

In an interesting observation, the authors found that combat loss was not uniquely predictive of PTSD beyond the effects of other variables” (p. 104), suggesting that combat loss can influence postwar adjustment problems independent of the disorder. They write, “one explanation of this pattern is that distress from combat-related bereavement could be inadequately captured by the category of PTSD. In contrast to a process of fear conditioning that often characterizes PTSD, maladjustment stemming from combat loss, might to a greater degree involve self-handicapping issues and separation distress (e.g., sadness, yearning/longing for the deceased). Particularly in instances when service members witnessed their comrade die and/or were directly involved with the death (e.g., friendly fire), survivor guilt and self-blame might complicate the grieving process and lead to subsequent decrements in functioning” (p. 104). EE ##
Survey of Veterans Examines Return to Civilian Life

The Pew Research Center published a survey it conducted of 1,853 veterans on-line by Rich Morin, 12/08/2011 [The Difficult Transition from Military to Civilian Life]. The research looked at “18 demographic and attitudinal variables.” They found 43% of the veterans had a “very easy” return to civilian life, another 29% reported it was “somewhat easy”. The remaining 27% said their return to civilian life was difficult.

The Pew Research report made some interesting observations of their data. There was a distinct advantage to being an officer, having graduated from college, and having an understanding of the combat mission, in terms of having fewer difficulties transitioning into civilian life. To the surprise of no one, the Pew researchers found that those who said they’d “had an emotionally traumatic experience or had suffered a service-related injury [wound] were more likely to report problems with re-entry into civilian life.” Other negative influences on adjustment to civilian life were having served in a combat zone and knowing someone killed or wounded, and they noted that those veterans who had served in the military after the 9/11 terrorist attacks also reported having had a harder time with the return to civilian life.

Examining further the variables related to having a difficult adjustment to civilian life, of those veterans who were married, nearly half (48%) said their time in the military had a negative impact on their relationship with their spouse. Again, as in earlier research, the variables leading to post-war problems have to do with the impact of serving in a combat zone and experiencing potentially traumatic events, specifically the wounding and deaths of fellow combatants. And, again, a factor that seems to mitigate posttraumatic suffering relates to understanding the meaning of the events, duties, and assignments while engaged in combat. The Pew researchers seemed to hedge on the issue of what they called “religiosity”, which they defined as attendance at religious services, which proved to be a poor predictor of religious conviction in older veterans.

The Pew researchers found that of those who reported that they experienced posttraumatic stress, 82% said that their return to civilian life was difficult.

It seems repeatedly that the one-third rule applies. About one in three veterans who served in a combat zone report difficulties with adjusting to civilian life. Understanding and meaning seem to be cognitive variables of influence, while the key variable that is always a factor is related to having a traumatic experience.

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Psychotherapy for PTSD May Reduce Sensitivity to Noise

Clients with PTSD have reported over the years a certain hyper-sensitivity to loud noise. In a search for objective measures of PTSD, researchers Michael Griffin, Patricia Resick, and Tara Galoviski published the results of their investigation in the Journal of Traumatic Stress [Does Physiologic Response to Loud Tones Change Following Cognitive-Behavioral Treatment for Posttraumatic Stress Disorder? 2012, 25, 25-32].

Griffin, et al, “investigated whether successful treatment of PTSD was associated with a reduction in response to loud tones. Specifically [they] compared female trauma survivors who successfully completed treatment, as evidenced by no longer having a diagnosis of PTSD, with those who completed treatment, but still had PTSD” (p. 26). They tested 74 women who were involved in interpersonal violence, rape or physical assault, all of whom were diagnosed with “severe” PTSD and at least 3 months “postcrime.” About 40% of the women were stabilized on psychotropic medication. All the women were treated with cognitive behavioral psychotherapy and their pathology was measured by the Clinician Administered PTSD Scale (CAPS). Fifty-three women, who no longer qualified for a PTSD diagnosis at the end of 6 weeks treatment, were designated treatment responders, and were compared to 18 treatment nonresponders. The two groups were tested for physiological responses to electromyogram (EMG), Skin conductance, and heart rate (HR).

Griffin, et al, reported that the “main finding from this study was that successful cognitive-behavioral treatment of PTSD as defined by not retaining a diagnosis of PTSD at post treatment was associated with a reduction of physiological responding compared to pretreatment levels and in comparison to treatment nonresponders” (p. 30). They concluded that the “findings from the present study suggest that the physiological response to loud tones is modifiable with successful treatment” (p. 31).

The authors compared their sample to combat veterans who are subject to explosive blasts and gunfire, noting that their sample of women were subjected to interpersonal violence and therefore it was unlikely that the loud tones were associated with their traumatic experiences.

“The present findings support the idea that response to loud tones in PTSD is malleable and can be decreased under appropriate conditions in which the individual can be desensitized.
The Impact of Head Injuries on Mental Health Symptoms

Researchers from San Francisco examined the association between the number and type of TBI-related injury mechanisms and mental health screening results for PTSD, depression, and alcohol misuse among OEF/OIF veterans. They published their findings in the February issue of the *Journal of Traumatic Stress*, [Shira Maguen, Erin Madden, Karen Lau, and Karen Seal, The Impact of Head Injury Mechanism on Mental Health Symptoms in Veterans: Do Number and Type of Exposures Matter? 2012, 25, 3-9]. Maguen, et al, reported that their sample included 1,082 veterans seeking VA care who received a TBI screen from 2007 to 2010. Of that number, researchers found that 57% of the veterans reported no head injury, 14% reported one head injury, and 29% of the veterans reported multiple head injury mechanisms. Those with multiple head injuries were more likely to be younger and deployed multiple times.

Maguen and her colleagues found that “as the number of head injury mechanisms increased, compared to no head injury, the odds of screening positive for PTSD and depression increased…” (p. 6). For example, they reported that the odds for screening positive for PTSD increased 4.5 times, compared to veterans with no head injuries. “Veterans reporting exposure to blast plus additional head injury mechanisms demonstrated the strongest association with positive PTSD screens…” (pp. 6-7). The authors noted that the odds for screening positive for alcohol misuse increased significantly among veterans reporting multiple head injury mechanisms (p. 7).

Maguen, et al, highlighted the significance of their findings. “Multiple head injury mechanisms that include blast injuries were associated with screening positive for alcohol misuse. It is worth noting that although brain injury has been associated with decreased alcohol use among civilian populations… this may not be the case for veterans with multiple exposures that include blast injuries. These veterans should be monitored for alcohol misuse, particularly given the deleterious and disorganizing impact that alcohol can have on those with head injuries. Given that alcohol may inhibit healing, exacerbate cognitive dysfunction, and increase postconcussive symptoms such as irritability and insomnia, the importance of monitoring drinking in those with blasts and other head injury mechanisms is important” (p. 8).

Maguen, et al, conclude by expressing recognition of “the association between multiple head injury mechanisms that include blasts with mental health problems across multidisciplinary settings,” which, they assert, will assist the early identification and treatment of veterans (p. 8).

It appears that the nature as well as the number of head injuries from blasts are a factor in the veteran’s postwar adjustment to civilian life. The authors found that the odds for the veteran having symptoms related to PTSD, depression, and alcohol “misuse” increase with their exposure to blasts. EE ##

Traumatic Brain Injury

By Timm Lovitt  
TBI Field Coordinator

It happens in an instant. A blow to the head or exposure to a nearby blast rips, tears, and shears neural pathways within the brain. The functions that a person normally performs with relative ease now become difficult and the resulting changes can create frustration for months or years to come. This is exaggerated by the fact that, while no physical scars or cues may be visible, the injury leaves behind psychological scars created by an apparent reduction in abilities.

Traumatic brain injury (TBI), a term used to describe a wide array of head injuries ranging from mild to severe, has become increasingly common for today’s military service members. So much so that TBI has become known as the signature wound of the wars in Afghanistan and Iraq. Since the beginning of the two wars the Defense and Veterans Brain Injury Center has documented over 230,000 service-related TBIs, with even more going unreported. Some Department of Veterans Affairs estimates have put the total number of service-related TBIs around 480,000, or about 20% of the total force that has been deployed in support of combat operations. A staggering number when considering that the VA will only see about one-half of the recently returning veterans (only about one-third of those who live in Washington State).

In 2010 the Washington (State) Traumatic Brain Injury Strategic Partnership Advisory Council recommended that more be done to provide outreach to those who had survived a TBI during their military service. The Council recommended that the Washington Department of Veterans Affairs and the Washington Department of Social and Health Services team up to tackle this initiative and help the veterans overcome their wounds. The two agencies, working together, contracted with an OEF/OIF veteran (also a TBI survivor) to begin providing TBI related information in a coordinated effort across Washington State and provide veterans with an outlet to available resources. This effort has included reaching out to veterans in college and university settings, veteran service providers, non-profits, counselors and therapists, and, most recently, Veteran Courts in Seattle and Spokane.

As of June 1, 2012, this project has provided TBI related information to over 5,000 Washington State residents, conducted over 145 events, trainings, and presentations, trained over 2,700 veterans, family members, college faculty and staff, and provided service to 213 veterans. For more information about this project please feel free to contact me at timmilovittmcc@msn.com. ##

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.

emmetearly@comcast.net
Marine Iraq War Veteran Shares His Recipe for Recovery
By Emmett Early

Kyle Gourlie is a 26-year-old former marine infantryman who served 7-1/2 months in combat in Iraq with First Battalion Fifth Marines, and was injured in Ramadi by an IED blast nearly at the end his deployment. Kyle was a machine gunner on a Humvee at the time of the explosion. He said that he mainly patrolled as a machine-gunner or manning roadside check points, and would also respond to combat situations as part of a marine Quick Reaction Force. He said that he experienced 30-50 such IED explosions, but none until the last that left him personally injured. He was knocked out and blown out of his position, the blast resulting in brain injury and spine and neck fractures. Kyle told his story at a training given by the Veterans Training Support Center at Edmonds Community College. The training for area health professionals is funded by the King County Veterans and Human Services Levy.

Kyle is currently studying Culinary Arts at the Seattle Art Institute utilizing his GI Bill education benefits. He said there are “tons” of vets at the school. Kyle spoke openly, with candor and cheerfulness about his long recovery from the IED blast.

Kyle’s healing process has been a long one, with stops at Camp Pendleton, Balboa Naval Hospital, and the Scripps Institute in San Diego, where, he said, he received counseling every day. Kyle reports that his memory is fuzzy for much of his early treatment, where he worked to recover his speech, memory, senses of balance and orientation. He said that he still has trouble with spelling, reading, and writing. Regarding memory, he said it was observed that he stores memories well enough, but it is the retrieval that is difficult.

Kyle married his childhood sweetheart in 2007 while he was going through his rehabilitation. He met Amanda in the third grade in his hometown of Woodenville. They dated for nine years, but broke up briefly when he was in Iraq. They now have one child, a boy. Kyle noted that he was a different person when he was in combat in Iraq. He said that he grew irritated when in telephone conversation with Amanda because she would complain about problems in her life. He said, “You’re not the same person there as you are here.” There, he said, you might have to see or do something horrible every day, which changes your grasp on right and wrong.

Kyle said that he stopped taking medications when he left the hospital. He was taking 9 pills a day, pain-killers, sleepers, and said that he went “cold turkey.” He reported that he experienced nightmares and for some time didn’t sleep well, but now he isn’t bothered by sleep disturbance.

Although his transition from overseas combat to home was occupied with medical treatment, Kyle makes a strong argument that there should be an adjustment phase before the combatant gets back to his or her family.

As he was leaving, Kyle commented on a common aspect of driving in America—wearing seatbelts. He said that he was not alone among the current combat veterans in experiencing anxiety when he has to buckle up. But he also said, with strong feeling that is characteristic of his positive attitude, that there ought to be no accommodation for veterans.

Kyle presents a positive image of a veteran recovering from major injuries. He accepts the changes that his injuries have caused. He credits Amanda as being a major asset in his recovery and adjustment to civilian life. He said that he isn’t comfortable with computer Internet activity and so doesn’t keep up with other veterans that way. He said Amanda will keep in touch for him on websites. He doesn’t reflect much on what happened in Iraq, but reports that the marines he served with communicate with him regularly by phone. He said they don’t talk about Iraq, but they know what we went through there. “I don’t want to be reminded about how they dealt with it.” #

Marine Corps veteran, Kyle Gourlie, now 26, is pictured above on May, 2012. Below he is pictured next to his Humvee in Ramadi, Iraq, circa 2005. He remarked: “You’re not the same person there as you are here.” Regarding meeting with other veterans or watching war movies, he said, “I don’t want to be reminded about how they dealt with it.”
Art and the Healing of War
By Peter Schmidt

Recently I read an extremely interesting electronic article, *Combat Paper: Veterans Battle War's Demons With Paper-Making*, written by Morgan Till, featured at PBS NewsHour. The narrative provides an overview of a project whereby veterans share in ritualistic sense, the breakdown, transformation and creation of one’s traumatic experiences through art, story and poetry, and all within the context of a veteran group or community.

The process of making combat paper begins by cutting up one’s uniform. While the reader who served in the military may experience a visceral response or perceive this act disrespect the uniform, this military symbol eventually becomes transformed and analogously so does the psyche and spirit of one engaged in the process. As one veteran described, it is “tearing away the fibers of war” as one’s past military experiences are being deconstructed. The second stage is where the paper-making begins. The uniform is essentially churned by a machine into pulp and reconstituted as paper. It is at this stage where the veteran creates something new from either good or bad experiences associated with military life. The body and spirit are engaged in a transformative experience where seeds of healing begin to take root and where form evolves into substance. The third stage is where stories are verbalized through poetry and art. Throughout this journey the uniform is deconstructed, transformed and reconstructed, and analogously while engaged kinesthetically the psychological, emotional and spiritual domains of the veteran are fully engaged as well. The shirt becomes a vehicle by which circuitous and repetitive traumatic memories now travel and ascend on another path to new heights, leaving behind the dark clouds of isolation for new rays of hope and transformation. A community of veterans collectively move through the same experience together. “The paper provides the platform, the larger community of veterans provides the confidence and support to undergo this transformation.”

A paper-making session is described in the article where veterans ranging in age from mid-20s to late 60’s representing four conflicts (Vietnam, Somalia, Afghanistan and Iraq) arrive to begin the healing journey together. One Vietnam Veteran expressed how he was “cutting through a lot of history” and the experience allowed him to make real what continued to dwell and haunt his past. Several wartime experiences of other veterans were highlighted where many expressed living with disturbing imagery, burdens of death and inhumanity. Veterans are described as gathered together cutting and shredding uniforms giving each other cheers followed by tears as stories begin to flow. Another veteran expressed how “stories of our war are the same as stories of other wars,” conveying how paper-making does cross generational boundaries. This form of ritual affords the opportunity for veterans to experience an unburdening and catharsis with a team where one’s voice can be shared in a safe and supportive environment. Disturbing experiences and images of the past become transformed through a ritual that involves art and personal story in community.

The Combat Paper Project is housed at the Printmaking Center of New Jersey and directed by David Keefe, Marine Corps veteran. The Project began in 2007 by OIF artist and veteran, Drew Cameron, and a paper maker, Drew Matott.

Veterans Training Support Center

The Veterans Training Support Center (VTSC), funded by the King County Veterans and Human Services Levy in collaboration with the Washington Department of Veterans Affairs PTSD & War Trauma Counseling Program recently celebrated its one-year anniversary. The Center continues to expand capacity and it is exciting to witness the mission and vision of the program realized through the experiences of workshop participants by their evaluations and personal comments.

The mission of the VTSC is to provide professional development trainings for direct service providers, so they may better serve veterans and their families by being more informed on the invisible wounds, trauma, veteran culture, resources, treatment, employment, and family support. We continue to expand our workshop offerings per participant feedback and now host 16 different events with the intent to grow more. Faculty are content experts in the field and have developed exceptional trainings. Some of the more recent workshops have been on Military Sexual Trauma: Treatment Options Based on Content, Traumatic Stress Recovery: An Integrated Approach, A Comprehensive Approach to Resourcing Veterans, Helping Veterans Crack the Job Market in Difficult Times, Communication that Makes a Difference with Veterans, and Impact of Military Deployment on Families: Intervention Strategies. Upcoming events will include Prolonged Exposure Therapy with Veterans, Dreamwork Understanding Nightmares, Native American Veterans, and there are others to come. Select trainings will also be offered regionally in Moses Lake, Tri-cities and Vancouver during August and September.

VTSC can customize and deliver trainings to your organization as well. If you’d like to know which workshops are forthcoming go to the VTSC website and look at the main page or join the mailing list to receive periodic updates: http://www.veterantrainingsupportcenter.org.

In 2011 thirty-four workshops served more than 1,000 service providers, and on a scale of 1 (low) to 5 (high), participants rated, on average, the value of the training at 4.84 and the effectiveness of the presenters and training at 4.80. We continue to update and modify trainings based upon participant feedback and will create a training for an agency based upon their particular needs and desired outcomes.

If you have thoughts or comments you would like to share about the VTSC, please feel free to e-mail me: Peter Schmidt, Program Director, at peter.schmidt@edcc.edu or call 425-640-1463. PS ##

(Art and the Healing of War, continued.)

If you are intrigued by the aforementioned and would like to view photos and a short seven minute and thirty-four second video of interviews and a description of the project, go to http://www.pbs.org/newshour/rundown/2012/combat-paper-ptsd-treatment.html. ##
Finding Our Way:
Personal Observations of Dealing with Transition and Adversity
By Jeremy Grisham
Field Coordinator, Veterans Conservation Corps.

I am a Navy veteran and spent 12 years as a Hospital Corpsman. I had many Commands, but my final assignment, a Marine Infantry Battalion out of Camp Pendleton, California, I identify with the most. I feel compelled to note that the marines and sailors I served with in that unit are some of the very best. I served with them in Iraq in 2003. We helped liberate Iraq. After I was medically retired in 2005 I spent a great deal of time struggling with my identity and learning to manage symptoms of PTSD and depression. I found education and reconnected to the community and I now contract with the Veterans Conservation Corps. Working with veterans and the environment, I am incredibly lucky to be where I am today and honored to work with the fine men and women who serve our State’s veteran population. It’s easy to focus on the misery with a topic like this, but I hope to illustrate that suffering is only a part of the equation. There is light at the end of the tunnel for everyone, veteran and civilian alike, who struggle with adversity.

Nothing can prepare you for the reality of war. Soldiers train, of course, and muscle memory takes hold so that we can react to situations without the distraction of thought, but nothing can prepare you for the reality of war. All sense of normalcy is flushed away and reality becomes a topsy-turvy ethereal realm where your dreams and nightmares gestate into a place where fear and comfort are one, like living with an abusive parent, whom you ambivalently love and hate, fear and respect. War is a place where I’ve lived and, as terrible as it may sound, I miss it. As much as I hated the experience, I loved it and I reveled in the freedom offered by its tendrils, throrny embrace.

As I write these words I’m filled with a rush of emotions, of faces and events that make up the defining moments of my life. I’m forced to remember those who were taken by war and how they were taken. I’m forced to remember my role as a Hospital Corpsman, and I’m forced to remember regrets and the sometimes overbearing sense of responsibility I’ve placed on myself. Such is the life of a survivor or witness of trauma. We remember and relive through our sensory perceptions what happened; the slightest scent, sound, sight or even touch can take one back to places rather forgotten. I said earlier that nothing can prepare you for the reality of war, but that trope holds more truth in the reality of coming home and integrating back into society than war ever could.

You pick it, the threat exists; shopping malls, grocery stores with carts overfilled with stuff, the endless supply and variations of sights and smells, the jerk in the car behind you, the politicians who just won’t get it. Everything. All are threats and they represent something which is most frightening of all; we have no control over any of them. The tidal fury of everything combined sweeps us away and we become quickly lost in the current, fighting hard to stay afloat, all the while the relentless undertow, clawing and pulling, takes its toll. If unaided, we slowly and inevitably begin to drift towards bottom –hopeless– until we succumb to the darkness.

One of the most striking moments for me the night my unit came home was the staggering amount of color and smells present in this place I had once known and taken for granted. Home. The options and variations and raw information overload slowly fingered their way up my spine and squeezed somewhere between feeling comfort and pain until all that was left was a nagging feeling of despair. We were home but something had changed, we had changed and even though I wouldn’t admit it for some time, I had changed. I think my daughters and my ex-wife recognized this almost immediately. We danced around the issue a bit until my behavior became too erratic and destructive to ignore. My personal and professional lives were crashing down around me and shortly thereafter I was unceremoniously retired for posttraumatic stress disorder with major depressive disorder.

Everything I had worked for, the nearly 12 years and the time, training and effort it took to be a good Corpsman, all amounted to nothing. I was retired because of the PTSD, but in truth I could no longer be a Corpsman. Even the smallest of injuries or ailments became life or death situations and the sight of blood caused unwanted physical reactions. I was a wreck and it showed, the stink of my state permeated every aspect of who I was, and employers, or anyone, could smell it a mile away. Who wants to hire someone who obviously hates himself and whose life is in shambles? I took up cutting and other self destructive behaviors and when I wasn’t wishing I never left my combat experience, I was wishing for escape. The thought of how my suicide would affect my daughters, kept me from ending it all.

After a year of being without meaningful employment, I began taking classes. Going to college was a sorely needed balm. Even though it too was a frightening experience, it proved a distant guiding light, leading me to a place where I would begin to deal with my emotional baggage and ultimately hold myself accountable for my recovery. The path to recovery for everyone, I imagine, regardless of condition, is filled with a portrait of beautiful majestic peaks and dark sinister valleys. The ups and downs of life. I’m no different. My recovery features relapses where the weight of my symptoms and that of my responsibilities feels too heavy to carry, and periods where life all comes together, with the clarity and focus it brings, fills me with hope for a better tomorrow.

That better tomorrow is here. Even though I still struggle with my symptoms, all I have to do is look back to where I had been to put things into perspective. It began while taking classes; my class work offered me enough clarity to realize that (Continued on page 7, see Grisham)
The Role of Shame in Domestic Violence

VA psychologists Natalie Hundt and Dana Halohan examined the role of shame as a variable in the incidence of domestic violence among military veterans. They published their research results in the *Journal of Traumatic Stress* [The Role of Shame in Distinguishing Perpetrators of Intimate Partner Violence in U.S. Veterans, 2012, 25(2), 191-197]. The authors reviewed the scientific research linking shame to interpersonal domestic violence. They define shame as distinguished from guilt. Guilt, they write “refers to negative feelings about past bad action,” whereas “shame refers to a globalized negative feeling about the self,” which, they add, “can result from a belief in one’s inability to cope with or prevent the trauma, or shame can result from participating in actions that are inconsistent with one’s view of oneself” (p. 192).

Hundt and Halohan believe “shame may represent an important link explaining the higher rates of IPV (interpersonal domestic violence) in veterans with PTSD than veterans without PTSD…” To study this association, Hundt and Halohan hypothesized “that shame would be strongly associated with IPV perpetration and would also mediate the relationship between PTSD, depression, and IPV” (p. 192).

Hunt and Halohan examined a mixed-era group of 264 veterans from the Vietnam era, and veterans of the current middle east wars “presenting for outpatient mental health treatment at a VA hospital clinic.” They described their study as “archival”, using existing data from a clinical data base. They defined interpersonal violence by the following questions: “Has your partner ever been afraid of your anger in the past year?” “Have you pushed, grabbed, slapped, or punched your partner in the past year?” They report that “the 2-question classification yielded 111 perpetrators and 153 nonperpetrators” (p. 193). Shame was determined by “The Internalized Shame Scale,” which included questions like “I feel like I am never quite good enough,” and “I have an overpowering dread that my faults will be revealed in front of others” (p. 193).

The authors reported that 17% of the veterans endorsed pushing, grabbing, slapping, or punching their partner in the past year, 42% reported their partner was afraid of the veteran’s anger” (p. 193). Upon disciminant analysis they found “shame was most important in discriminating between perpetrators and nonperpetrators of IPV” (p. 194).

Hundt and Halohan summarized their findings. “This study indicates the importance of shame in the perpetration of IPV, but does not suggest the mechanisms through which this might take place. Cook’s (1994) theory suggests that people high in shame attack their partner in an attempt to lower the partner’s self-worth so that the perpetrator will not experience the discrepancy between their own low self-worth and their partner’s higher self-worth.” “…a person high in internalized shame may not believe that they are worthy enough to have a relationship” (p. 195).

Hundt and Halohan discuss the role of PTSD and found that shame “fully mediates the relationship between PTSD and IPV” and suggest that it may be helpful to specifically target reducing shame and PTSD symptoms (p. 195). EE ##
On War Veteran Suicides

An article by Robert Burns of the Associated Press in the Seattle Times (6/08/2012) has the head: “Suicides Surging Among U.S. Troops”. It details in Pentagon statistics obtained by the AP, that there have been 154 suicides for active duty troops in the first 155 days of 2012. Burns opines that “the numbers reflect a military burdened with wartime demands from Iraq and Afghanistan that have taken a greater toll than foreseen a decade ago.” The reporter lists possible explanations for the increase, as related to PTSD, “misuse of prescription medications, and financial problems,” and notes ironically that the number exceeds combat deaths in Afghanistan.

It is difficult to sort the statistics about suicide, given the creative ways that people choose to die. The idea of suicide among war veterans may not be so much about despair as the presence and awareness of death for a veteran who has served in a combat zone. One doesn’t have to actually fight in a combat zone to encounter death on an almost daily basis. Workers who pick up and document casualties, medics, clerks and transport workers, also encounter death. If death isn’t actually present in such places, it is pending.

In 1957 Swedish movie director Ingmar Bergman released a film that dealt with this issue. The Seventh Seal chronicled the tale of a Knight who has returned from a Crusade in the Middle East to his homeland shores with his squire. He languishes on the beach with existential doubt about the meaning and value of his efforts when Death appears with the task of taking him away. It seems the homeland of the Knight is being ravaged by the Plague and reactionary superstitious persecution of those believed responsible for bringing death.

The Knight is aware from artistic works that Death is a gambler, so he challenges Death to a game of chess. Throughout the movie the Knight and Death periodically meet to continue the game. The contest is equal until Death cheats, posing as a priest to hear the Knight’s confession and learn of his chess strategy.

In the end, of course, Death wins, taking the Knight and everybody associated with him, except for the band of innocent minstrels, seen in the background in the last picture. Bergman seems to be saying, in interpreting this myth, that participation in combat, here the Crusades, contaminates the psyche of the combatant. It is not an issue of morality or ethics, but rather that of witnessing and participating in the struggle with life and death. And it is the imagery that persists in the memory of the war veterans that makes death an option. Witnessing traumatic experiences conveys to the observer that any situation that has the potential for death is a reality that could happen. Witnessing and participating in death and destruction, the fodder of combat, makes the outcome always in potential. Before the introduction of PTSD, we viewed such persons, who were usually survivors of traumas, as hysterical. This translates among combat veterans as vividly imagining that the worst case scenario is the one most likely. In such circumstances mundane trials, the fight with the spouse, being laid off from a job, hassle with a neighbor, even impending bad weather, can cause the combat veteran to imagine the worst and act upon his or her worst outcome as if it were fated. Death is an option to a combat veteran under conditions that are seen as extreme, but the perception of a traumatized veteran may not be accurate. EE ##
Movie Review:

**The Invisible War—Sexual Assault in the Military**

Reviewed by Emmett Early

Again the Seattle International Film Festival introduced a film that is relevant to military veterans. *The Invisible War* is a documentary, directed by Kirby Dick, that examines the painful subject of rape and sexual assault and harassment in all the branches of the military, and reveals what is equally as disturbing, the consistent pattern of command failure to investigate and prosecute sexual crimes. *The Invisible War* cuts between a host of women veterans from all branches of the military, including Coast Guard, as well as a male veteran, who describes his experiences being assaulted and raped.

The pattern that these veterans describe is not far removed from what has been exposed in recent years in other institutions, religious, sports, and youth organizations. Consistently it seems that those who seem to be otherwise professional, opt to protect the innocent, sports, and youth organizations. The documentary, directed by Kirby Dick, that examines the painful subject of rape and sexual assault and harassment in all the branches of the military, including Coast Guard, as well as a male veteran, who describes his experiences being assaulted and raped.

*The Invisible War* is successful in lending sympathetic human faces to the reports of experiences with the sexual assaults and the aftermath, sometimes being blamed for the crime, often having to deal with perpetrators or their friends as next in command. At the end of the film the director reported that the documentary was shown to Secretary of Defense, Leon Panetta. After viewing the film Secretary Panetta acted to take authority for investigation of alleged sexual assaults away from unit commanders, handing it to an independent investigative authority.

The documentary was effective in showing the long term impact of the sexual assaults, made worse by the fact that no justice followed the crime. As one veteran said so poignantly, “Never does it run through my head.” *The Invisible War* documents repeated examples of perpetrators being given awards (“Airman of the Year”) or promoted after being accused. The veterans describe their suicidal feelings and attempts. The documentary camera is on hand when one veteran goes to the mailbox to retrieve her notification from the VA of her disability claims. She sits on the couch with her husband and child to read the judgment that she has been denied claims of injuries resulting from her assault.

One veteran demonstrates her frustration, visiting a VA hospital, then displaying the horde of medications that she has been prescribed to deal with all the medical sequelae related to the sexual assault: pain meds, anxiety meds, anti-depressants, etc. One commentator in the film observed that sexual assault in the military has the impact of incest, both on the victim and those investigating the crime. The reaction is so consistent that it seems to reflect a pattern: a reflexive protection of the collective, whether it be family, or company, or sect. As another veteran said in the film, “They’re going to punish me because of what they did.”

On a sunny Sunday afternoon the SIFF showing of *The Invisible War* at Seattle’s Egyptian theater was well attended. Driving through Capitol Hill on the way home I reflected on the veterans I have talked with professionally who spoke of sexual assaults, and others who did not report being mistreated. I always asked some-where in the initial interviews with a client the general question about having ever been sexually mistreated. *The Invisible War* illustrates the problem of trust that the veteran must have to reveal a history of sexual assault or harassment.

I drove home thinking about the issue of the failure of leadership. It is true that the bonding in military units mimics family bonds of brother, sister, father, mother. However strong, military bonding is still lesser than familial bonding, because it is not genetic and does not develop from birth and childhood, and in this military family there are characters of various backgrounds and customs, some of whom may be psychopaths, at times disinhibited by alcohol, or struggling with adolescent immaturity (hardly from the same family), who can only be controlled by strong commanding leadership. In an odd twist of irony it seems that reporting a sexual crime is a bad mark against the unit commander.

The disability claims that follow sexual assault and the secondary injuries are so often charged with a veteran’s history of career, social, and emotional disruption. It is not like an injury that follows an accident or an illness that develops while on active duty. *The Invisible War* captures a bit of the long term impact. One veteran developed a disorder of the jaw (TMJ) when she was hit in the face during the assault. Treating the disorder is a matter of medical care, but the veteran has emotional associations that make the problem more complex. The disability claim may be addressed objectively in the VA system, but that misses the emotional load that the veteran applies to it. There is a history of veterans’ claims being discounted by the public and politicians as fabrication and exaggeration. The speakers in the documentary observe that most sexual crimes in the military are not reported, and often, when they are reported, cannot be independently verified. The fact that there are frequently no corroborating witnesses, leaves the charge of fabrication wide open. Usually, when investigation follows, the claim proves to be valid. *The Invisible War* illustrates the extra emotional load that claims related to sexual assault carry.

*The Invisible War* won this year’s Sundance Film Festival documentary award. It is a film that will prove to be educational for therapists and other health care providers who chance to encounter veterans, to be alert to the issue of sexual trauma in the military. Communication has changed so dramatically in the last decades that there now exists networks of like-minded persons who constitute a virtual village. Veterans can keep in touch across different networks, and veterans with histories of sexual trauma can find support and guidance in furthering their claims.

The counter-pull in this case lies in the shibboleths that accompany sexuality in many societies and cultures. Take, for example, the ancient view of women as property as influencing the ongoing public debate about issues in women’s health care. This cries out for leaders to try much harder to make sexual assault, harassment, and cover-up, crimes that are not tolerated.

This week in the Seattle Times (6/06, 6/07, 6/08) the Doonesbury cartoons have addressed the subject of rape and leadership failure with language that suggests Garry Trudeau has seen *The Invisible War*. ##
Movie Review:

The Deep Blue Sea—The War Veteran Who Can’t Come Down
Reviewed by Emmett Early

The Deep Blue Sea is a drama that takes place in dreary London around 1950. Rubble of the Blitz still ravage some streets. In a flat on one dark street a beautiful young woman, Hester, is making preparations to commit suicide. She smokes a cigarette, props a note on the mantle and drops coins into the gas heater, turns on the gas, and lies sadly on the floor. The film cuts then to scenes from her memory of a time in a pub where Hester and her friend are being entertained by two British aviation veterans of the Battle of Britain who are doing a mock exchange of communication between pilots during a firefight. The ladies laugh at the bubbly, intoxicated antics of the young men cavorting in front of them. Says one of the veterans, Freddie, “I survived the Battle of Britain on Brute.”

Freddie Page, played by Tom Hiddleston, charms Hester Collyer (Rachel Weisz). Then the film segues suddenly back to the sad scene of Hester’s suicide attempt and we hear the muffled sounds of the landlady calling and pounding on the door.

Hester had been in an oppressive marriage to a judge, Sir William Collyer, a Lord of the Realm, played with great sympathy by Simon Russell Beale, a man of power who is totally dominated by his opinionated, awfully stuffy mother, played believably by Barbara Jefford. The introduction of the veteran into Rachel’s life, is for her, revivifying, but the liberation brings about the destruction of her marriage when Sir William overhears his wife talking to her veteran lover on the telephone.

Freddie’s problem is taking anything seriously. He fears commitment. “I’ve avoided getting tangled up in other people’s emotions.” And when he reads Rachel’s suicide note he is angered to the point of breaking off his relationship with her. When they argue she says he’s being childish, and Freddie replies, “It’s childish people like me who saved this country from invasion.” To which Hester retorts, like many spouses of war veterans, “Why did you have to bring that up? It’s beside the point.”

But of course it’s not beside the point for the war veteran who can’t get beyond the memories. “His life stopped in 1940. He hasn’t been happy since.”

The Deep Blue Sea was adapted from a play by Terrance Rattigan, and directed by Terrance Davies. It’s a sad movie that is so well done that it holds its audience. It shows the war veteran who, like the city of London, has yet to repair the damage. His forced gaiety captivates the oppressed woman and lures her into smiling, but then she becomes collateral damage, because the deep blue sea is death.

Hester is also ridden with memories of the war. When she steps into an Underground station at Aldwych, she is plunged into memories of gathering with other citizens there during the Blitz, as bombs, exploding above ground, send showers of dirt onto the tracks, while policemen stroll reassuringly along the platform as if it were a quiet street. Hester remembers standing in a fur coat with Lord William, their wealth and status leveled by the threat.

From the standpoint of war veteran tradition, The Deep Blue Sea is disappointing because we see so little of Freddie. It seems he has stopped growing emotionally during the Battle of Britain and the consequence is that he has lost his ability to adapt. When he leaves Hester it is to take a job as a pilot in South America, where he can continue flying and living a life without other responsibilities. “A month or two on the wagon and I’ll be the old ace again.” His veteran friend, Jackie (Harry Hadden-Paton) jokes with Freddie, but seems to be able to tolerate a serious relationship with a woman.

Hester is attracted to Freddie’s adolescent, schoolboy style, which is opposite her husband’s stuffy conservative ways. At first her husband reacts angrily and threatens that he will resist a divorce, but he adapts, and, as the movie progresses, he becomes sympathetic and caring. The landlady tells him of Hester’s suicide attempt and he visits her flat to offer help. He remembers her birthday when Freddie doesn’t. It is Freddie’s neglect, after Hester has wrecked her life to be with him, that triggers her suicide attempt.

Freddie Page is a good example of a war veteran who manages to joke and fake his way through his post-war life without seriously coming to grips with his traumatic experiences in battle. His development is blocked by complicated emotions. When he reads Hester’s suicide note, which is addressed to him, he is furious with her and adamant in putting an end to their relationship. Hester is left adrift when the man she loves, the war veteran pilot who can’t come down, rejects her and departs with finality. She cannot return to her husband, who still loves her and obviously cares.

Sir William cannot share Hester’s passion, but yet loves her. When he comes to see her after her suicide attempt, he asks, “What’s happened to you, Hester?” She replies, groggy and dishabille, “Love, Bill. That’s all.” The film ends, after Freddie has rejected her and she has rejected her husband, with Hester kneeling again in front of the gas stove, although this time the flames signal warmth.

The article on page 2 of this RAQ suggests that successful psychotherapy for PTSD modifies the patient’s sensitivity to loud tones. It appears that effective psychotherapy can also lead to increased emotional malleability. In order to get to a place where posttraumatic stress is reduced, the relationships with the therapist and others must be maneuvered. The advantage of the psychotherapy relationship is that it is an intimate relationship that requires that the veteran allow some vulnerability. Emotional flexibility comes as a byproduct of taking on the task of processing the memories of combat trauma.

Freddie’s forced gaiety presents a mask that he wears in public. There is only one channel in which he can operate with sincerity, flying airplanes and talking about flying. The plot implies that death, the loss of companions, is Freddie’s major trauma. When Hester sadly tries suicide, Freddie hardens his heart and flees, avoiding another confrontation with death. ##
Movie Review:

Coriolanus—A Warrior Finds Conflict in Civilian Life
Reviewed by Emmett Early

Ralph Fiennes has adapted William Shakespeare’s play, Coriolanus, to film with great success. This is the story of a Roman general, Cais Martius, who Fiennes himself plays with fierce intensity. The film modernizes the story, which takes place in a city called Rome, that is located somewhere in the Baltics. (The movie was filmed in Serbia.) The scenes of combat show modern urban assault methods. The Romans are fighting a border dispute with the Volscans, who are led by an equally fierce opponent, Tullus Aufidius, played by Gerard Butler.

Shakespeare’s play and Fiennes’ adaptation make the story interesting from our perspective, because Cais Martius is considered to be a national hero who leads his troops with inspiring example. His leadership gains him the honorary sobriquet of Coriolanus, named after the city, Corioli, that he has conquered. However, when he returns to Rome and is praised by the Senate and invited to run for political office, he cannot condescend to ingratiate himself to the citizens. The populace has been hungry and demonstrating in the streets for bread.

Cais Martius meets the demonstrators with contempt. He shouts at the crowd, “Get you home, you fragments.” Although he is a great fighter and a national war hero, literally personally attacking a strong enemy position when the troops were hesitating, he cannot adapt his talents to a second career.

Coriolanus has two truly stellar co-stars: Brian Cox plays the slick politician, Menenius, with believable flair; and Vanessa Redgrave plays Martius’s mother, Volumnia. Her son is literally the light in her eyes. “His wounds become him,” she purrs. “He has large scars to show the people.” When she sits beside his naked torso, wrapping his wounds with gauzy bandages, their intimacy seems erotic, such that when his wife, Virgilia (Jessica Castain), opens the door and sees them together, she discretely closes it again.

When Coriolanus is rejected by the citizens who are angry at his pride and contempt for them, they rebel and cry out for his banishment. Fiennes plays the scenes of Coriolanus vis-à-vis the crowds as if he were a highly talented introvert, whose genius does not extend to social poise. He can be hard, he can turn his intensity to a high pitch, making him violent and fearless, but he cannot charm his constituency. He is awkward and his words stumble out. “I would be council!” he shouts, when he campaigns for their votes. The citizens respond from the crowd: “He fought our enemies, but he doesn’t love us.”

When the senate meets to publicly laud Coriolanus on his return to Rome from combat, he walks out of the hall rather than listen to the President recite his accomplishments. Here Fiennes does a nice touch. As Coriolanus is waiting outside the council chamber, alone, hearing the echoes of the President’s praise, a deep rumble drowns out the voice as a janitor pushes his supply cart noisily down the hard floor of the institution’s hall, giving the warrior a wary look that presages his fate.

Fiennes’ Coriolanus adaptation to modern Europe works and has some application to the United States of today, and could be seen as applying to many combat veterans who return from overseas conflict, lauded as heroes, often applied as an impersonal appellation, only to find themselves unable to do civilian work and adapt to the customs and expectations of everyday life. None less than General Douglas MacArthur encountered this kind of reception when he returned to the U.S. after being fired from his job commanding the Allied forces in Korea. MacArthur also had a mother who effectively managed his career, even renting an apartment near West Point when he was a cadet. MacArthur had the good fortune of not returning home at the end of World War II, but instead took command of the Occupation of Japan, where he could reign more suitably as an all-powerful figure who was above the people.

Fiennes has given us another example with his film of the British tendency to give his more earthly characters, the Volscans warriors, called Volskies in the film, an Irish lilt to their accents. As an Irish-American, of course, it irritates me to hear that little subtle bit of bias.

In fact, the weakest aspect of Fiennes otherwise fine film, is his treatment of the Volscans. When Coriolanus is banned from Rome and goes over to the other side, he offers his services to the Volscans. He and the Volscan leader, Affidius, have a competitive hatred of each other. They have fought to a draw previously, being both knocked unconscious by a mortar blast as they fought bloodily with knives, their seconds hauling them off. Fiennes doesn’t seem to quite appreciate the Volscans, and maybe Shakespeare didn’t either. The warriors are depicted as rabble. Their pre-battle ceremonies are like the bunker party of Platoon, with electric guitar blaring, a frenzy of Dionysian revelers. If you saw the film Das Boot, you will appreciate the parallel.

John Logan must be credited with a skillful adaptation and modernization of the play. But he couldn’t improve on the Bard’s lines:

Volumnia: “O, he is wounded. I thank the gods for it.”

Menenius, the politician: “So do I too, if it be not too much. Brings a victory in his pocket. The wounds become him.”

And it is Menenius who recognizes the warrior who is attempting to tame his temper, when he says with a certain ominous warning: “He’s a bear indeed that lives like a lamb.”

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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
Paul Daley, Ph.D., Port Angeles.......360 452 4345
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
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Keith Meyer, M.S., LMHC, Olympia...360 250-0781
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Jody Stewart, MA., LMHC, Kitsap County
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Katie Stewart, MA, LMHC, Kitsap County
Silverdale..................360 698 5242
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 425 640 1463

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

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 Program ………509 444 8387

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

King County Veterans Program

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Laurie Akers, MA, LMHC..................425 388 0281
Dan Comsia, M.A., LMHC...............253 840 0116
Diana Frey, Ph.D., Maple Valley........425 443 6472
Dorothy Hanson, M.A.,LMHC Fed Way ...253 952 0550
Laureen Kaye, MA, LMHC, Duvall......253 788 9920
Ron Lowell, MSW, LMHC, Seattle......206 902 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
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Training Resources in King County and Washington State: www.veteranstrainingsupportcenter.org