

AT A TIME WHEN AFGHANISTAN IS TRIGGERING TRAUMATIC
MEMORIES IN VETERANS OF ALL AGES AND CONFLICTS, AND
WHEN COVID IS TRAUMATIZING LARGE SEGMENTS OF THE
POPULATION

THE DAN SULLIVAN MEMORIAL BREAKFAST
WILL ADDRESS

PTSD

TRAUMA AND RECOVERY:
HOW PTSD HAPPENS AND CURRENT RECOVERY
PROGRAMS



FEATURING

DR. DENISE SLOAN, PhD
ASSOCIATE DIRECTOR,
BEHAVIORAL SCIENCE DIVISION
VA NATIONAL CENTER FOR PTSD

LT. DON SULLIVAN
VIETNAM VETERAN
PLATOON LEADER ON
HAMBURGER HILL

FRIDAY, OCTOBER 22 AT 9AM

LIMITED SEATING **RSVP TODAY AT 781-631-6225**

AT THE

**MARBLEHEAD COUNCIL ON AGING
10 HUMPHREY STREET, MARBLEHEAD**

MARBLEHEAD COA PTSD TALK NOTES

Thank you's

Janice Salisbury-Beale and the Marblehead Council on Aging
Rose Mazzuchelli, Veterans Agent for Winthrop
David Rodgers Veterans agent for Marblehead

YOU MAY HAVE NOTICED THAT TODAY'S BREAKFAST IS THE DAN SULLIVAN MEMORIAL BREAKFAST. IT'S BEEN SO NAMED BECAUSE MY BROTHER DAN WAS THE DRIVING FORCE BEHIND MY SPEAKING PUBLICLY ABOUT MY COMBAT TRAUMA AND SUBSEQUENT STRUGGLES WITH PTSD, AND AFTER HIS PASSING IN 2018 HIS WIDOW, LINDA, HAS CONTINUED THAT SUPPORT AND ENCOURAGEMENT ALONG WITH MY WIFE LOIS AND MY BROTHER PAUL AND SISTER IN LAW ULLA AS WELL AS OUR DAUGHTER AND SON IN LAW KATIE AND EVAN

THE IMPACT OF COVID ON MENTAL HEALTH GENERALLY, INCLUDING VETERANS OF ALL AGES, HAS BEEN ENORMOUS AND THE IMPACT OF THE END OF OUR INVOLVEMENT IN AFGHANISTAN HAS TRIGGERED MENTAL HEALTH ISSUES FOR VETERANS AND PARTICULARLY FOR RECENT VETERANS OF IRAQ AND AFGHANISTAN.

SO WHAT IS TODAY ABOUT?

TODAY----ABOUT 18 VETERANS WILL COMMIT SUICIDE ---

1

ANOTHER 18 TOMORROW AND EVERY DAY

TWICE AS MANY VETS WILL COMMIT SUICIDE TODAY AS THERE ARE MURDERS; MORE VETS WILL DIE FROM SUICIDE THIS YEAR THAN DIED IN IRAQ AND AFGHANISTAN FROM 2003 TO TODAY; 20 TIMES MORE VETS WILL DIE THIS YEAR BY SUICIDE THAN PEOPLE OF COLOR WILL DIE AT THE HANDS OF POLICE

NOT ALL WHO COMMIT SUICIDE SUFFER FROM PTSD BUT MANY IF NOT MOST DO

OUR PURPOSE TODAY IS TO SHARE WHAT UNDIAGNOSED PTSD MAY LOOK LIKE, AND TO SHARE THAT THERE IS HOPE BY PRESENTING MY EXPERIENCE AS A HUMAN FACE OF PTSD, ONE OF TOO MANY AND

WHAT TODAY'S RESEARCH IS TELLING US ABOUT PTSD, AND

HOW THE VA CAN HELP AND HOW TO ACCESS VA SERVICES

HAMBURGER HILL

MAY 10 THROUGH 21, 1969 LAST SOUGHT OUT SET PIECE BATTLE OF VIETNAM---AFTER THAT STATED GOAL WAS NO LONGER TO WIN BUT TO REDUCE AMERICAN CASUALTIES TO MINIMUM

2

65 AMERICANS KILLED; 400 WOUNDED MY BATTALION OF
600 MEN WENT UP HH; 200 CAME BACK DOWN; MY
PLATOON STARTED WITH 42 MEN; 6 KILLED AND 18
WOUNDED

MY TRAUMATIC EVENT; AS WE LAUNCHED PLATOON
ATTACK NVA HIT US WITH RPGS; MOST OF LEADING 2
SQUADS WOUNDED

ORGANIZED WITHDRAWAL; DIRECTED SQD LDR TO AVOID
OPEN AREA WITH WOUNDED ON STRETCHER

SQD LDR DECIDED TO CROSS OPEN AREA TO SAVE TIME
AND MAYBE MAN'S LIFE; I RAN TO STOP THEM (TOO
NOISY FOR CALLING)

JUST AS I GOT THERE RPG HIT STRETCHER KILLING 5 MEN
OUTRIGHT AN BLOWING GROIN AND MOST OF HAND OFF
6TH MAN

I WAS VERY BRIEFLY KNOCKED UNCONSCIOUS AND
AWOKE COVERED WITH GORE AND AGAIN BRIEFLY
DISORIENTED

CALLED BACK TO COMPANY FOR HELP AND FOUND OUT
COMPANY COMMANDER HAD KEPT HALF OF MY
PLATOON FOR HIS PERSONAL SECURITY WITHOUT
TELLING ME----BETRAYAL IS OFTEN A FACTOR THAT
MAKES PTSD WORSE---MY PLATOON SERGEANT AND
COMPANY COMMANDER LEFT MY MEN AND ME OUT TO
HANG

ORGANIZED MAKESHIFT REMOVAL OF WOUNDED MAN
AND ONE DEAD

LEFT ME AND MICHAEL POWELL TO GUARD DEAD
BODIES CUT OFF FROM REST OF COMPANY/BATTALION
AND EXPECTING TO DIE

STAYED OUT THERE FOR 6 HOURS UNTIL TROOPS
SHOWED UP TO RETRIEVE DEAD BODIES AND US.

FIRST SYMPTOM OF PTSD SHOWED UP THAT DAY----I
KNEW THAT MY GOOD EMOTIONS HAD DIED----BUT I
DIDN'T KNOW THAT WAS A SYMPTOM----I JUST KNEW
THAT I HAD NO EMOTIONS ABOUT WHAT HAPPENED

MY OTHER SYMPTOMS DIDN'T SHOW UP ALL AT ONCE
AND I DIDN'T REALIZE THEY WERE SYMPTOMS

I THOUGHT I WAS SIMPLY A WEAK AND UNWORTHY
PERSON DESPERATELY TRYING TO HIDE HIS WEAKNESS

STARTED DRINKING HEAVILY AFTER I GOT OUT OF THE
ARMY, BUT I AM IRISH SO I THOUGHT IT WAS PERSONAL
WEAKNESS DIDN'T REALIZE THAT IT WAS SELF-
MEDICATION TO EASE HORROR

OVER THE YEARS I GRADUALLY DEVELOPED SYMPTOMS
THAT BECAME PROGRESSIVELY WORSE IN THE THREE
GENERAL CATEGORIES ASSOCIATED WITH PTSD;

INTRUSION—UNWANTED MEMORIES/BEHAVIORS
TRIGGERED BY TRAUMATIC EVENT

AROUSAL-----VERY STRONG EMOTIONAL AND/OR PHYSICAL REACTIONS WHEN REMINDED OF THE TRAUMATIC EVENT

AVOIDANCE-----AVOIDING PEOPLE, PLACES, THINGS THAT MIGHT TRIGGER MEMORIES OF EVENT OR EVEN "FEEL" LIKE WHAT I FELT BACK THEN

WENT FROM BEING THE HIGH SCHOOL PREP RALLY LEADER WHO LOVED BEING WITH PEOPLE TO BEING WARY OF AND EXHAUSTED FROM BEING AROUND PEOPLE----BY THE MID-1990'S I COULDN'T BE AROUND OTHER PEOPLE FOR MORE THAN ½ HOUR AND THEN I EITHER HAD TO ISOLATE OR DRINK OR BOTH

HYPERVIGILANCE----ALWAYS DOING THREAT ASSESSMENTS----OF PHYSICAL LOCATION SUCH AS THIS BUILDING---THIS ROOM---THESE PEOPLE----ALWAYS SIT WITH BACK TO WALL WHEN POSSIBLE

IRRITABILITY AND ANGER----ALWAYS FEEL AS IF I'M SITTING ON A VOLCANO WHICH CAN HAVE MANY MINOR VENTINGS DURING A DAY AND OCCASIONALLY A MAJOR ONE

GUILT, SHAME SELF-LOATHING-----IF PEOPLE ONLY KNEW WHAT I'M REALLY LIKE---MY WEAKNESSES, MY FEARS, ETC.

NIGHTMARES----A LOT OF VETS HAVE NIGHTMARES ABOUT THEIR SPECIFIC TRAUMA EVENT(S); MINE ARE ABOUT RUNNING TO CATCH A TRAIN AND ALWAYS JUST MISSING IT FOLLOWED BY FEELINGS OF HORROR AND WAKING UP SWEATING AND GASPING

STARTLE REACTIONS----LOUD NOISES, UNEXPECTED NOISES, HELICOPTER SOUNDS, FIREWORKS

SADNESS MOVING TO DEJECTION, DEPRESSION AND DESPAIR-----IF I COULD HAVE KILLED MYSELF WITHOUT HURTING MY WIFE AND DAUGHTER I WOULD HAVE

JOB LOSS----BETWEEN THE DRINKING AND AVOIDANCE I STARTED TO LOSE JOBS AND FINALLY REACHED A POINT WHERE I COULDN'T KEEP A JOB WHICH WAS TYPICALLY TURNING AROUND A TECHNOLOGY COMPANY

FINALLY, ON MAY 10, 1998 I HAD MY FIRST HEART ATTACK (INCIDENTALLY MY SECOND HEART ATTACK OCCURRED ON MEMORIAL DAY WEEKEND IN MAY, 2006) MAY IS AN ANXIOUS MONTH FOR ME EVEN TODAY

REHAB INCLUDED 8 VISITS WITH A PSYCHIATRIST AT MGH WHO HAD BEEN TRAINED AT THE VA. UNLIKE MY PREVIOUS PSYCH COUNSELORS IN 1978, 1985-87, AND 1989 TO 92, HE CORRECTLY DIAGNOSED ME AS HAVING PTSD AND MAJOR CLINICAL DEPRESSION WHICH VERY OFTEN GO TOGETHER.

EVEN THOUGH I COULDN'T HOLD A JOB, I RESISTED

APPLYING FOR DISABILITY AND NEVER EVEN
CONSIDERED SEEKING VA HELP

FINALLY HE AND ANOTHER PSYCHIATRIST CONVINCED
ME IN 2003 TO GO TO THE VA FOR TREATMENT AND A
DISABILITY RATING
THE DAY AFTER AN APPEAL SUBMISSION THE VA
ASSIGNED 100%

I STARTED VOLUNTEERING FOR VA RESEARCH
PROGRAMS BOTH TO HELP THE KIDS COMING BACK
FROM IRAQ AND AFGHANISTAN AND BECAUSE I FIGURED
IT WAS THE BEST WAY TO GET FAST AND EFFECTIVE
TREATMENT.

EVENTUALLY ENCOUNTERED DR. SLOAN WHO HAS BEEN
HELPING ME AND MANY OTHERS EVER SINCE

I STILL VOLUNTEER FOR EVERYTHING I CAN BECAUSE
LONG-TERM PTSD NEEDS CONSTANT WORK TO KEEP THE
GAINS GOTTEN FROM TREATMENT

THAT'S WHY I STRONGLY ENCOURAGE ANYONE WHO HAS
EXPERIENCED TRAUMA, MILITARY OR NOT, TO BE
ASSESSED REGULARLY-----PTSD CAN AND DOES HIDE AND
REAR ITS UGLY HEAD LATER.

Denise M. Sloan, Ph.D., SERVES AS THE ASSOCIATE
DIRECTOR, BEHAVIORAL SCIENCE DIVISION, NATIONAL
CENTER FOR PTSD AND AS A PROFESSOR OF PSYCHIATRY,
BOSTON UNIVERSITY SCHOOL OF MEDICINE. SHE IS AN
EXPERT ON PSYCHOSOCIAL INTERVENTIONS FOR

TRAUMATIC STRESS DISORDERS AND HAS A SPECIFIC INTEREST IN EFFICIENT TREATMENT APPROACHES FOR PTSD. DR. SLOAN CONDUCTED A SERIES OF STUDIES THAT LEAD TO THE DEVELOPMENT OF WRITTEN EXPOSURE THERAPY AND HAS CONDUCTED MULTIPLE LARGE-SCALE TREATMENT STUDIES EXAMINING THE EFFECTIVENESS OF THIS TREATMENT. SHE HAS PUBLISHED OVER 100 SCIENTIFIC ARTICLES AND HAS RECEIVED FUNDING FOR HER WORK FROM SEVERAL ORGANIZATIONS, INCLUDING THE DEPARTMENT OF VETERANS AFFAIRS, NATIONAL INSTITUTE FOR MENTAL HEALTH, DEPARTMENT OF DEFENSE. DR. SLOAN IS EDITOR OF BEHAVIOR THERAPY AND EDITOR ELECT OF JOURNAL OF TRAUMATIC STRESS AND A CONSULTING EDITOR FOR SIX SCIENTIFIC JOURNALS. DR. SLOAN HAS OVER 25 YEARS' EXPERIENCE TREATING INDIVIDUALS WITH PTSD, AND SHE HAS EXTENSIVE EXPERIENCE TRAINING MENTAL HEALTH PROVIDERS IN THE DELIVERY OF TRAUMA-FOCUSED TREATMENTS. DR. SLOAN OBTAINED HER DOCTORATE IN CLINICAL PSYCHOLOGY FROM CASE WESTERN RESERVE UNIVERSITY IN 1998. IN ADDITION TO HER RESEARCH INTERESTS IN TREATMENT APPROACHES, DR. SLOAN IS AN EXPERT ON EMOTIONAL PROCESSES IN TRAUMATIC STRESS DISORDERS, AND INTEGRATION OF METHODS TO ASSESS AND TREAT EMOTIONAL DISTURBANCES RELATED TO TRAUMATIC STRESS. AS AN ADDED BONUS, SHE TALKS IN LANGUAGE THAT JUST PLAIN PEOPLE CAN READILY UNDERSTAND.