Healing War Trauma
A Handbook of Creative Approaches

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Mild Electrical Triage of the Brain with War Veterans

Daniel L. Kirsch

What would you do if there was a technological treatment for pain that was portable, about the size of a deck of cards, indefinitely reusable, and had no serious side effects? What if it had a side benefit of helping anxiety, insomnia, and depression? Would you want to try it? These were the opening questions by psychologist Patricia N. Lyle, Ph.D., SMSgt (ret.) USAF (Lyle, 2011), an Alabama licensed psychologist, to the 2011 VA Employee Innovation Competition. Her report was titled Using Technology to Assist with Pain Management.

Dr. Lyle continued:

We have this technology available right now! However, we need education for the medical community within the VA about the risk/benefit ratio of using this technology on a widespread basis. This one device could improve the quality of life and access to care for patients with pain. It could reduce long-term cost of treating chronic pain. It could empower veterans in managing their own symptoms. There are no serious side effects, and it works to a significant degree for over 90 percent of those who have used the device to control pain. Let’s set up CES clinics in every major VA and start providing this technology to our veterans.

The cranial electrotherapy stimulation that Dr. Lyle was suggesting should be in more widespread use is called Alpha-Stim, and is manufactured by Electromedical Products International, Inc., a 31-year-old medical device company located in Mineral Wells, Texas. It is a prescriptive electromedical device about the size of a smart-phone. It uses two electrodes that clip onto the ear lobes, sending a mild electrical current through the brain to induce a calm, relaxed, yet alert state of mind in a 20 minute treatment. It is already in use in many programs throughout the DOD for PTSD, anxiety, insomnia, depression, substance abuse, and pain management. Alpha-Stim CES devices have also been ordered by over 70 VA medical centers over the past decade, and prescribed by more than 200 DOD practitioners. The Army and other government agencies, such as the National Institutes of Health and the National Cancer Institute, have invested millions of dollars to study Alpha-Stim CES.

Introduction

The stress of multiple deployments into the wartime theater, continued exposure to combat, endless family separations, and returning to the home front to face economic
hardships, have resulted in an unprecedented need for mental health and pain management services for our men and women in uniform. For the first time in history, hospitalization for mental health disorders has surpassed the numbers of cases of combat-related physical injuries from wartime service (Casey, Macri, & Davidson, 2010). Who could come home without significant risk, after witnessing the brutalities of the fractured society that we have been battling since 1991, while the rules of engagement hamstring our abilities to fight back and even defend ourselves? An Army psychologist at Brooke Army Medical Center informed me that she has 400 service members waiting to see her. I enquired of a civilian psychologist about the size of her caseload and her reply was 27. In my nearly four decades as a scientist and healthcare clinician and educator with a specialty in pain and stress management, I have come to realize that there has never been a more deserving patient population than our service members, who deserve nothing short of our best efforts to help them prepare for war, assist them at war, and facilitate their recovery and reintegration back into American culture following their return from war. In considering this and the debt owed, the word “triage” came to mind. The aforementioned Army psychologist had already used various technologies with this population, such as Alpha-Stim CES and neurotherapy (EEG biofeedback). I suggested that she establish a treatment lounge, administered by one person with ten CES devices and ten chairs, and a television displaying a fish tank on DVD so the service members would be able to view something noted for its relaxation potential during a 20 minute CES treatment session designed to “de-stress” them. In this manner, 30 service members would be able to undergo 20 minute treatment sessions every hour. Indeed, with this approach, one person could treat more than 1,000 service members in a week, in a single room and at very little expense.

Since the Department of Defense never closes, if this plan could be undertaken for 10 hours a day, 7 days a week, 2,100 treatments could be provided each week for less expense than the DOD pays now for a single psychologist. The result of a single 20 minute treatment is an immediate relaxed-yet-alert state, where worries are diminished in conjunction with reduced physical symptomatology such as pain. For some, this is sufficient. For others, this approach could be complementary to other forms of treatment, such as EMDR, CBT, relaxation therapies, biofeedback, acupuncture, hypnotherapy, and reimmersion therapy with virtual reality. All of these non-pharmaceutical interventions could be combined as resources permit. This simple conceptualization is revolutionary in terms of maximizing benefits with minimal resources.

The Cranial Electrotherapy Stimulation Experience

When author Michael Hutchinson (1986) first heard about CES, he decided to try it for himself. Visiting a busy biofeedback company in New York City, he wrote in his book *Megabrain*:

CES sounded like something both interesting and desirable to me, which is why I was sitting there beside the Alpha-Stim with those electrodes clamped to my earlobes. The machine was turned on, and I felt a tingling sensation of tiny pinpricks in my earlobes, as a few microamperes of 0.5 Hz passed into my brain . . . the shift in consciousness was quick and unmistakable. My body immediately felt heavier, as
if I was sinking down into myself. I realized I was becoming extremely relaxed, and all of a sudden, there I was. It was that feeling you get when all at once you blink your eyes and realize that you’re awake. Not that you had literally been sleeping, but you hadn’t been paying attention to things as carefully as you might, you had been sleepwalking through your day, and now you’re awake and things are very, very clear. It was not a feeling of being in some strange stoned or otherworldly state, but rather a feeling of being exactly as you should be, at home in yourself and feeling that your brain was operating correctly, efficiently, clearly . . . My body was no longer heavy, but very light, full of energy. The feeling was one of openness, clarity, as though I had been wearing sunglasses for weeks and had suddenly taken them off. It was no big thing. Nothing special, really, except I couldn’t help but feel that this is the way we are supposed to be all the time.

Methodology

Cranial electrotherapy stimulation is a simple treatment that can easily be administered at any time. The current is applied by ear clip electrodes. Felt pads are attached to the clips. These are first moistened by a conducting mineral solution, then clipped onto the ear lobes. The current is turned up slowly until a dizzy feeling—rather like rocking gently on a boat—is experienced, then immediately reduced below the level that causes that “rocking” sensation or mild, lightheaded, feeling. A mild tingling sensation at the electrode sites may be experienced during treatment, but the current should never be raised to a level that is uncomfortable for any patient.

A recommended CES protocol for the treatment of PTSD is to apply CES for 20 minutes to an hour each day, or every other day, for three weeks, with the patient determining their own comfortable level of current between 100 and 500 microamperes. Electrical current is measured in amperes and one microampere is equal to one millionth of an ampere. To put that into perspective, another electrical modality that is commonly used for back and joint pain known as transcutaneous electrical nerve stimulation or TENS, uses 60 to 100 milliamperes. One milliampere is a thousandth of an ampere. CES uses up to one-half of one milliampere of current, delivered very slowly. One CES pulse of electricity can take up to 2,500 times longer than a pulse of TENS current. Dosage is current indirectly proportional to time with the use of this medical device. This means that the higher the current level is turned up, the less time is required for the treatment. As a rule of thumb, a person who is comfortable at a current of 200 microamperes or more can be treated in 20 minutes. Those who experience side effects, such as vertigo, nausea, or headaches, at currents over 200 microamperes should conduct one hour treatment sessions at 100 microamperes to avoid any unpleasant feelings during the treatment. If the patient feels heavy and disoriented at the end of the allotted time, the treatment must be continued until at least two minutes after the heaviness lifts and a light feeling ensues.

Preliminary studies show that the symptoms of PTSD are reduced with each treatment and that, over time, the improvement becomes more stable so the service member is not as affected by the multitude of minor stressors to which one might be exposed in the course of daily living. Once the PTSD symptoms subside, the treatment may be continued on a once or twice weekly schedule, or whenever needed, and for as long as necessary.
Stress Resiliency

A U.S. Navy lieutenant commander (Reese, 2006) wrote:

I'd like to report that I am delighted with the Alpha-Stim! There has been a noticeable difference in my sleep and well-being since I started using it. I don't get reactive over stupid drivers any longer—a big plus. I have taken control of my anxiety levels over many things, and I believe it is a result of using this device. And this is while I am retiring from the military in two months, and have been undergoing a prolonged divorce that includes separation from my kids. I don't have a job as of now.

Some CES users find that they must continue to use the device for an extended period of time to maintain adequate results. One soldier (Grilliot, 2009) realized how well the device was working once his device was no longer available to him, stating:

I am in the US Army and I have had the Alpha-Stim for post-traumatic stress disorder, anxiety, and depression. During the trial period it was very effective. I started to feel better about myself and started doing things at home that I have had a hard time doing. One day my truck burned up and the Alpha-Stim went with it. At that time I realized how much it helped me, because now I do not have it and I regressed into a state of exclusion where I stay in my house not wanting to leave. My depression and anxiety returned. My insurance would not cover the cost, so the military did. When I got my new Alpha-Stim, I felt a lot better again and I was able to go outside again.

Cranial electrotherapy stimulation is ideal for military personnel: it leaves the user alert while inducing a relaxed state of body and mind, often referred to as the Alpha State. The effect differs from pharmaceutical treatment, in that there are no untoward side effects that would impair performance. Most people report the experience of feeling that their bodies are lighter, while thinking is clearer and more creative. CES may also be used as an adjunct to anxiolytic or anti-depressive medication. When undergoing CES treatment, the dosage of the medication should be reduced by approximately one-third (Stinus et al., 1990). CES is also proven to be an effective complementary treatment as an adjunct to all forms of psychotherapy, biofeedback training, and even surgical anesthesia (Kirsch, 2002). For people who have difficulty falling asleep, CES should be used in the morning, or at least three or more hours prior to going to sleep, in order to avoid the possibility of increased alertness that may interfere with sleep.

Following a CES treatment, most people report just feeling better overall. They are less distressed and more focused on mental tasks (Madden & Kirsch, 1987). They generally report sleeping more productively, having improved concentration, and also having increased learning capabilities. Cranial electrotherapy stimulation users are more resilient to stressful situations by virtue of the confidence that comes from knowing there is always help at hand.

The effects of CES are often subtle. Most people can resume normal activities immediately after treatment. Some people may experience a euphoric feeling, or a state of deep relaxation that may temporarily impair their mental and/or physical abilities for
the performance of potentially hazardous tasks, such as operating a motor vehicle or heavy machinery. Such a feeling may last for up to several hours after treatment. These are rare occurrences, however.

Nothing works for everyone, and Alpha-Stim is no exception. Doctor and patient surveys conducted in the 1990s show a consistently robust effect in nine out of ten people who use it (Kirsch, 2002). Since then, the Department of Defense, the Veterans Affairs medical centers, and Tricare have become the biggest users of this technology. A 2011 survey (Price, 2011), including many service members and veterans along with civilian users, surprised everyone when it revealed that 99.9 percent of 1,745 people who used Alpha-Stim CES answered “yes” when asked if they considered Alpha-Stim to be effective for the specific reason it was prescribed for them.

How Alpha-Stim Actually Works

Alpha-Stim cranial electrotherapy technologies (CES) are a group of prescription medical devices. They are used by civilian physicians and therapists in many military medical centers, and in more than 70 VA medical centers, for the treatment of anxiety, insomnia, depression, and pain management. They utilize a very low level current, previously discussed, of less than one milliamper, delivered directly into the brain via ear clip electrodes for 20 to 60 minute sessions. Alpha-Stim is supported by more clinical studies than any therapeutic medical device in its class in the world (Kirsch, 2002). The Food and Drug Administration mandated that all CES manufacturers submit all safety and effectiveness data to them in 2009. At that time, there were 144 completed scientific studies of CES (Kirsch, 2009).

We all know that the brain functions electrically, so it is only logical that it can also be affected by electrical therapies. Alpha-Stim technology is thought to normalize the emotional centers of the brain, along with autonomic functions such as breathing, heart rate, and muscle tension. Kennerly (2006) measured changes in brain waves by electroencephalogram (EEG) from a single 20 minute Alpha-Stim treatment session in 30 students at the University of North Texas. Significant increases were found in alpha waves (8–12 Hz), signifying increased relaxation. Significant decreases in the delta waves (0–3.5 Hz) correlate with mental alertness or clarity and reduced drowsiness. Decreases were also found in beta wave frequencies (12.5–30 Hz), primarily between 20–30 Hz, that correlate with reductions in anxiety, ruminative thoughts, and obsessive/compulsive-like behaviors. Low resolution electromagnetic tomography (LORETA) performed at the University of North Texas, and functional magnetic resonance imaging (fMRI) studies from the University of California at Los Angeles (Feusner, et al., 2012), showed that the Alpha-Stim waveform reached all cortical and subcortical areas of the brain, producing changes consistent with significant reductions in anxiety.

It is effective for both situational (acute) anxiety, such as in the theatre of war, and trait (chronic) anxiety, such as that which may occur three to six months (or more) following traumatic events. When CES becomes widely recognized as the valuable modality that it is, it will emerge as an effective means of reducing, and in many cases eliminating, the need for medications. Cranial electrotherapy stimulation is changing the nature of healthcare as a disruptive technology to drugs, in much the same way that the internet is disruptive to the post office.

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