

Testimonial from Clinician

Testimonial From Dr. John Carmichael

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"As you know, I am the approved and designated clinical psychologist to the Royal Canadian Mounted Police in my part of British Columbia and have been so for almost twenty years now. Currently, over 80% of my private practice in clinical psychology is with police officers who most typically present with depression in which accumulated traumatic incidents have played a significant role, or with Post-Traumatic Stress Disorder (PTSD), or with both depression and PTSD. Additionally, it has been my experience that the officers I see have waited until the very last minute to call me so that by the time we meet the symptoms are very marked in both number and intensity and they have been on-going for some considerable time.

My diagnosis and treatment plan continues to be based on a careful assessment:

- a structured clinical interview which can include the Hamilton Depression Inventory and/or the Clinician Administered PTSD-Scale for DSM-IV;
- clinical psycho physiological measures including baseline arousal levels, reactivity to stressors, and recovery once stressors are terminated;
- administration of standardized psychological tests such as the Personality Assessment Inventory and the Trauma Symptom Inventory;
- and often an interview with the client's spouse—I am nothing if not thorough.

Until recently intervention has included a step-wise combination of psycho-education about the diagnosis, seeing a physician for medical examination and possible medication, relevant recommendations for client's to implement based on research in Health Psychology (for example, increasing aerobic exercise, decreasing the use of stimulants, and sleep hygiene), biofeedback-assisted training in relaxation/self-regulation (autonomic nervous system, relevant muscle systems, and EEG), and appropriate aspects of Cognitive Behavioural Therapy.

I continue to do all of the above.

However, since discovering your DAVID technology about 18 months ago, I now include audio-visual entrainment for all of my police clients with depression and/or PTSD once there is psycho physiological confirmation both that they have mastered diaphragmatic breathing, that they can establish an RSA pattern, and that the entrainment creates desirable changes.

When using the DAVID, generally, we begin with (and most often stay with) frequencies at 10 Hz (although sometimes down as low as 7.8 Hz). Some clients keep the unit for six months before returning it as they no longer have the symptoms they came with, others keep it indefinitely using it daily at first and months later only as symptoms reoccur, and still others continue to use it on a daily basis (two people have done so for 12 months now). Regardless, it is clear that well over 90% of my police clients find the DAVID helpful. Among the most common findings are:

A rapid decrease in both autonomic nervous system hyper-arousal/hyper-reactivity and muscle tension (I show clients the changes during their first session with DAVID in my office);

A longer and longer duration of these positive effects the more frequently they use the DAVID;

A rapid increase in mental calmness and corresponding decrease in "monkey mind" (thoughts all over the place);

Rapid improvements in sleep (reduced latency to sleep onset, decreased night waking, and increased sense of restfulness come morning) when they use it at regular bedtime and again if they wake during the night and are unable to fall back asleep within 15 minutes; and

What appears to be self-initiated changes in both behaviour and cognitions even before any formal introduction of cognitive behavioural therapy.

The positive effects noted above are even more remarkable to me given the suspicion levels typical of most police officers I see, the significant intensity of symptoms upon presentation, and how long symptoms have persisted.

Moreover, as people of action, police officers are pleased to have something they can do to modify symptoms quickly on their own without having to talk at length with me about their childhood or mothers as they mistakenly expect we will be doing. "

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