

TOM'S LEGACY

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Section: MAGAZINE

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Lancaster New Era (PA)

Published: January 17, 1997

LANCASTER COUNTY, PA - FEISTY FOOTBALL star Tom Caterbone spent his final hours far from the local fields of dreams that propelled him all the way to the Philadelphia Eagles.

He died in the closet of a North Carolina vacation cottage. On Monday, April 29, 1996, Tom, an affable and energetic Lancaster entrepreneur and coach, who was a replacement player for the Eagles during the 1987 National Football League strike, hung himself.

By all appearances, the 31-year-old gridiron standout at Lancaster Catholic High School and Franklin and Marshall College was the last person you would expect to take his life.

But his brother, Dr. Phil Caterbone, a family practitioner in Pflugerville, Texas, who has started Tom's **Project Hope**, an organization dedicated to mental health education and suicide prevention, knows what many people may not.

Beneath Tom's polished exterior, he was suffering from bipolar disorder (also known as manic depression), a mental illness characterized by extreme mood swings ranging from depression to mania. Tom was diagnosed with the disorder in 1991 and treated intermittently with medication. But it wasn't enough.

In an effort to understand what went wrong, Phil has zealously pieced together Tom's final hours by studying police and medical reports, and by talking to Tom's friends.

Phil's extensive research also led him to file a complaint this week with the State Board of Medicine against Dr. Leo G. Dorozynsky, director of the St. Joseph Hospital Mental Health Unit, who treated Tom a few days before he died.

In the complaint, Phil outlines the events leading up to his brother's admission to the hospital and the circumstances of his release, charging that his brother received inadequate treatment.

"I hope this complaint will prevent the next family's enormous grief due to the untimely loss of a loved one," Phil writes.

In a telephone interview Wednesday, Phil cites the hospital staff's "lack of compassion. Tom's death could have been prevented if only someone would have made some effort to help him."

David Hixson, a State Board of Medicine spokesman, says the board receives thousands of complaints. Each is reviewed and investigated to determine if action is necessary. If a complaint is found to have merit, punishment, ranging from imposing fines to revoking licenses, can be meted out. Dorozynsky has had no prior disciplinary actions, Hixson says. Dorozynsky, contacted Wednesday after the complaint was filed, was unaware of the action and had no comment.

This is how Phil has reconstructed Tom's final days:

Four days before his suicide, Tom reached his breaking point. It has been a difficult year. He was in a stormy relationship with his girlfriend and **suffered severe financial difficulties.**

He spent much of the Wednesday night prior to his death crying at his girlfriend's house. A medical examiner's report later said she claimed to have taken a knife away from him. **When he awoke the next morning to the sound of birds, he told her he never wanted to wake up to that sound again.** (Tom's girlfriend has declined to be interviewed by the New Era.)

On Thursday morning, Tom told her he no longer wanted to live. **He called his brother, Stan, who accompanied him to the St. Joseph Hospital emergency room.** Tom was admitted to the psychiatric unit for evaluation.

There, for reasons Phil still doesn't understand, Tom was released two hours later with a prescription for anxiety medication. **He was told to go ahead with long-standing vacation plans he had with his girlfriend.**

Before Tom left the hospital, however, he called his girlfriend, according to hospital progress notes, got into an argument, and started crying.

"I don't know why they let him go when he was upset," says Phil.

On Friday evening, a day after Tom left the hospital, Tom and his girlfriend left for the North Carolina coast.

Early Monday morning, Tom hung himself.

Tom's girlfriend reportedly told crisis intervention personnel who arrived on the scene that they had been arguing. **She claims to have taken a knife away from him and buried it in the sand.** He then barricaded himself in a bedroom.

The medical examiner's report says emergency medical technicians broke into the room and tried to resuscitate Tom. He was found, the report says, "suspended in a crouched position in the closet in the guest bedroom with the bedroom door secured inside." **Tiny crusts and a healing cut were observed on his wrists.**

One week before his 32nd birthday, Tom took himself out of the game forever.

Tom was the second Caterbone brother to take his life, and the third diagnosed with bipolar disorder. Phil doesn't want to lose anyone else to mental illness.

He hopes Tom's **Project Hope** will help.

"I don't think people with this disease have to die," says Phil. "I guess that's why we started **Project Hope**. We can't bring Tommy back, but maybe we can save other lives in his memory."

According to the Maryland-based National Institute of Mental Health, manic depression/bipolar disorder affects 1 in 100 people. Research suggests it may have a genetic and biochemical basis. Although Tom had been treated periodically for his illness, he had also resisted treatment, partly because he felt he could handle it himself, and partly because of the stigma often attached to mental illness, says Phil.

"Mental illness affects millions of Americans from all sectors of our society," he says. "It could affect your mother, your wife, your brother.

"And they could die."

The majority of people who commit suicide have suffer from a mental disorder or from substance abuse. Most have more than one problem, according to the NIMH.

As part of **Project Hope**, Phil, in collaboration with Texas mental health professionals, is developing a 30-minute video on suicide prevention. Aimed at teen-agers, the video features narrations by high-profile athletes such as Green Bay Packer Reggie White and Phillies outfielder Ruben Amaro, who have agreed to donate their time to the project.

"The only way to effectively reduce the suicide rate in this country is to change the attitudes and beliefs adolescents have about mental illness and suicide," says Phil. "We hope to train non-suicidal students how to use 'mental health CPR' - to recognize risk factors, reduce the immediate danger, and get people to help."

The concept of mental health CPR was developed by Craig Crabtree, senior director for children's services for Mental Health/Mental Retardation in Abilene, Texas, and mental health consultant for the **Project Hope** video.

"We need to approach suicide prevention the same way we approach any life-threatening injury or illness," Crabtree says. "We need to take immediate steps to reduce the risk."

Phil hopes to distribute the video, along with educational materials, to about 1,000 schools in Texas and Pennsylvania over a three-year period. He estimates the total cost to produce, package, promote and distribute the program to be about \$100,000, which he hopes to raise through corporate donations, fund-raisers, and non-profit funding from private and government programs. In the future, Phil hopes to pursue other projects, including TV and radio public service announcements on mental health issues and suicide prevention.

Last summer, \$6,000 was raised for Tom's **Project Hope** at a golf tournament and dinner dance at the Lancaster Country Club.

"It was far more money than we ever expected," says Tom's friend, Jim Karpathios, who, with another of Tom's friends, Danny Walck, helped put together the tournament. "The golf tournament is going to be the centerpiece of our fund-raising.

"It's a way for us who knew Tom to get together in Tom's honor. Tom was always so good at bringing people together. We don't want friendships to die because Tommy is no longer with us. We want to keep Tom's spirit alive.

"Maybe other people have friends in similar situations, and they don't know what to do. Maybe through the project, we can help people learn where they can go for help."

"If a friend is threatening suicide, never call someone's bluff," says Phil. "Always take them seriously. The only way to know for sure is when they're lying there in a coffin."

THE END ZONE

By SUSAN JURGELSKI

Section: LOCAL NEWS

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Lancaster New Era (PA)

Published: January 16, 1997

LANCASTER COUNTY, PA - TOM CATERBONE played football with bulldog tenacity, and when he dug his cleats into loamy Lancaster fields, he made a lasting impression.

His formidable football career took him all the way from award-winning seasons at Lancaster Catholic High School and Franklin and Marshall College to a stint on the Philadelphia Eagles as a replacement player during the 1987 National Football League strike. Tom "Tommy" left more than his mark on the football field.

An entrepreneur, artist, coach and ever-ready friend intense about living, he was the kind of guy you didn't forget easily.

But on April 29, 1996, a week before his 32nd birthday, the Lancaster native tied a handmade noose around his neck and ended his life in the closet of a vacation cottage in Kill Devil Hills, N.C.

The stock question is: Why?

Why would a well-liked and talented athlete and businessman forsake his future?

Although there is no stock answer, Dr. Phil Caterbone, one of Tom's five older brothers, hopes the question may yield answers for others on the brink of suicide.

"We'll really never know exactly what happened," says Phil, a family practitioner in Pflugerville, Texas. "But I do know my brother was suffering from bipolar disorder, which is a mental illness."

Tom was diagnosed with bipolar disorder/manic depression, a psychiatric condition characterized by extreme mood swings, in 1991. The disorder typically begins in adolescence or early adulthood and continues throughout life.

To help others understand often misunderstood illnesses like bipolar disorder, and to address suicide prevention, Phil, along with Tom's friends, teammates and coaches, has started the non-profit Tom's **Project Hope** "to provide a ray of hope and support."

"Tom's **Project Hope** is all about educating people and lessening the stigma of mental illness," says Phil. "Depression can be life-threatening, but it is a flaw in chemistry, not character."

Tom Caterbone was the youngest of six boys, weaned on football as soon as he could walk. The boys often played into the night behind their Fremont Street home.

The son of Samuel, who ran a dry-cleaning business, and Yolanda M. (Roda) Caterbone, who worked in the F&M cafeteria, Tom was smitten with sports, **excelling in baseball,** basketball and wrestling.

But football came first.

At Lancaster Catholic, Tom was quarterback on both the junior varsity and varsity teams, and won Lancaster County High School Player of the Week in 1980 and 1981.

Nothing loosened Tom's grip on football - not his parents' separation when he was a child, or the suicide of his 35-year-old brother Sam, when Tom was 20. Perhaps in times of turmoil Tom held on to the game he loved even tighter.

"Football was his life," says Tom's brother, Steve, who owns a real estate firm in Miami. "That was like his therapy."

Through his ups and downs, Tom was buoyed by two of his strongest supporters, his neighbors and sports fans Anne and Tee Grossi, who videotaped all of Tom's games, says Phil. Although they, like Tom's parents, believe in **Project Hope**, they declined to be interviewed for this story, preferring to grieve privately.

In 1982, Tom followed his brother Mike, also a gridiron standout, to Franklin and Marshall College. There, Tom became an all-star player under head coach Tom Gilburg.

"He had everything you could ask for in an athlete - speed, quickness, strength - all the right instincts it takes to be a good athlete," says Gilburg, who has a photo of Tom in his No. 14 F&M jersey, hanging on his office wall. "He was fun to coach, fun to be around."

Last month, the F&M coaching staff presented its first Tom Caterbone '86 Memorial Award, which will be given annually to the player who exemplifies Tom's love of football, spirit of competition and enthusiasm.

Although Tom, at 5 feet 9 inches and 180 pounds, was relatively small for the game, he made up for his size with his aggressive, determined style, which was reflected in the way he lived his life.

"He was intense about everything, football, relationships, school," says his friend of 10 years, Franca D'Agostino.

No one knew then, least of all Tom, that mental illness lurked on the sidelines.

At F&M, Tom was named a Centennial Conference All-Star and an Eastern Collegiate Athletic Conference South All-Star in his senior season as a defensive back and kickoff returning specialist. He also found time to make the dean's list.

"I never met anyone with the passion for the game that he had," says his F&M teammate Mike DeBerdine III. "He was always encouraging. He'd strut into the room with that big smile on his face, yell out your name and make you feel like you were the most important person in the room."

Tom attracted friends readily, with his boyish good looks and outgoing charm.

"He had a way of bringing people together," says his longtime friend Jim Karpathios, owner of The Steak-Out restaurant. "He'd just light up the room. He made you feel young."

"I guess you could also say he was a ladies man. He liked to look and he was definitely looked at."

When Tom graduated from F&M in 1986 with a bachelor's degree in business administration, he already had his own landscaping business, which he had cultivated in the football off-season. More than once he hired people who had fallen on hard times.

"I don't know how many people ... he put to work to help them out," says Gilburg.

A member of St. Joseph Catholic Church, Tom was also a talented artist, who sketched and painted in high school and college.

But it was the gridiron that continued to have a grip on him, even after he graduated from college. He took his pigskin aspirations back to high school, this time to McCaskey, where he became assistant varsity football coach. When he got wind of the formation of the Cardinals (later replaced by the Patriots), a semi-pro team in Chambersburg, another career was off and running.

But Tom didn't stop at semi-pro.

In 1987, during the NFL strike, Tom joined the Philadelphia Eagles as a replacement player. "It's the opportunity of a lifetime, so I'm going to make the most of it," Tom said in an article printed in the Lancaster New Era. "I can't believe I'm here, but now that the excitement is over I'm going to show them what I can do."

When the strike ended after three weeks, the replacement players were released, and Tom returned to the Patriots and to his landscaping business. But for a brief time, he was a professional athlete. In 1990, he returned to his college alma mater, not as a student, but as one of Gilburg's assistant football coaches. The next year he sold his landscaping business, and took a job with the mortgage company United Financial Service Inc.

It was about this time Tom suffered a severe depression, his first bout with the illness which would continue to haunt him the rest of his life, says Phil.

He got back up this time, though, and through the next four years, football remained an integral, passionate part of his life.

He continued his semi-pro career and, in 1995, he eagerly joined the Central Penn Piranha of Elizabethtown as starting defensive back.

But in the football off-season that followed, his illness caught up with him again, tackling him hard. This time he never got back up.

According to the most recent figures available from the Maryland-based National Institute of Mental Health, at least 2 million Americans suffer from bipolar disorder.

The illness is characterized by cyclical episodes of mania and depression, or incredible elation and black despair. The degree of severity varies from person to person, with some people experiencing more depression than mania and vice-versa. Some sufferers exhibit a mix of symptoms. In all sufferers, the mood swings interfere with normal functioning.

"Everybody has mood. But the bipolar mood disorder can profoundly and adversely affect thinking and behavior," says Dr. Abram Hostetter of Hershey Psychiatric Associates, whose continuing 20-year research on the Amish has concluded that the illness runs in families, as was the case with Tom. Phil believes brother Sam, who committed suicide, was bipolar. A third brother is being treated for the disorder.

"In the manic phase, (people) can become psychotic and they can do things that get them into the clutches of the law," says Hostetter. "When they're manic, they're more active, talkative, and get into excesses (such as) spending too much money."

"When they're depressed, they cannot be distinguished from other people with major depressive disorders."

Symptoms of depression include persistent sad mood, decreased energy, weight loss or gain, thoughts of suicide.

People with "mixed" bipolar demonstrate depression and extreme agitation at the same time, says Dr. **Brian P. Condrón**, medical director of Community Services Group in Mountville and MAPPS Behavioral Health Services. Condrón estimates that 50 percent of the time bipolar disorder may be masked by drug or alcohol abuse.

In the past, say both Hostetter and **Condrón**, the bipolar diagnosis may have been missed in people treated solely for depression, and more attention is now being paid to the moods preceding the depression. The "mixed" definition has been added to the diagnostic manuals in the past six or seven years.

What is the cause of the illness? Recent studies have centered on genetic causes, and some suggest imbalances in biochemistry. Other studies say environmental factors may contribute. Some research points to the possibility that bipolar patients' neurotransmitters - chemicals by which brain cells communicate - become imbalanced during various phases of the disease.

Unfortunately, misdiagnosis can be common.

According to a 1993 survey of people with manic-depressive illness conducted by the Chicago-based National Depressive and Manic-Depressive Association, correct diagnosis was made an average of eight years and three doctors after first seeking treatment.

The disease is usually treated with medication and therapy. Left untreated, it can worsen, causing full-fledged mania and clinical depression.

It can also be deadly. A 1993 report by the NIMH estimated that the suicide rate among untreated individuals diagnosed as bipolar is 15 percent, if not higher.

For Tom, a successful, self-sufficient individual, asking for help was excruciatingly difficult.

"He always thought he could handle it himself," says Phil. "Tom was also not one to accept his illness because of the social stigma attached."

Although friends and family members knew something was wrong, they just didn't know the depth of Tom's difficulties.

Tom's "mania" or "hypomania" (a milder form of mania), may have been confused with normal high energy, and his serious depressions, although profound enough for him to seek professional help, were few and far apart says Phil.

"He actually only had about two bad depressions," says Phil, who believes Tom suffered from "mixed" bipolar.

"I guess when we first saw it was when he sold his business, and we weren't thinking too much about depression," says Gilburg. "We just knew he wasn't himself. It wasn't until he started work with the mortgage company and coaching that he just came out of it."

In 1991, Tom went to a Lancaster psychiatrist for depression, was diagnosed as bipolar, and put on mood-stabilizing and anti-depressant medication.

The psychiatrist recommended hospitalization, but Tom refused. He stopped taking his medication, complaining that it wasn't working.

Sally Mink, a representative of the Maryland-based Depression and Related Affective Disorders Association (DRADA), frequently hears about people abandoning their medication.

"We're so used to the Tylenol mentality - that you take a pill and feel better," she says. "Chances are with this episodic disease it will occur again for the rest of your life and you never know when it's going to happen."

In January 1996, Tom sought help again from a psychiatrist, who again prescribed medication. Because Tom's insurance wouldn't continue to pay for the psychiatrist, Tom followed up in February with his family doctor, who forwarded the case to the insurance company's psychiatric referral service.

The service failed to follow up after Tom didn't show up for his appointment, despite the fact that he was suicidal, according to Phil.

"If only they had let the family doctor or the family know," says Phil. "I think Tommy fell through the cracks."

Tom's final depression may have also been triggered, or at least exacerbated, by financial and personal stress.

The lending firm Tom worked for, headed up by John Depatto (who in November was charged for misuse of funds), bilked Tom out of thousands of dollars, says Phil. Depatto's hearing is scheduled for Feb. 5.

Depatto, Phil says, also refused to pay Tom back a \$25,000 loan. Shouldering his massive debt, Tom eventually got another job as mortgage agent/loan officer with Commonwealth United Mortgage Co. "The thing with Depatto was the straw that broke his back," says Phil. "Tom was too trusting. A lot of things came back to bite him."

Tom was also in and out of what his friend Jim Karpathios describes as a "stormy on-and-off relationship."

"I knew he was going through a difficult period in his life, but never expected something like (his suicide) to happen," says Jim. "We knew something was wrong, but we weren't educated enough to realize what was wrong. It wasn't that I thought he'd harm himself. It's just that it got to the point where we'd try to get him to go out and he really had no desire to socialize. It was un-Tommy like. It wasn't like him to get down. It was from one extreme to the other."

"We spoke almost every day for the last year of his life," says brother Steve. "I guess what stays in my mind was how he had so many bad breaks during that last year. People took advantage. People let him down. It really stressed him out."

"It seems like his last winter, he was in his depression, and then a couple of days later he snapped right out of it. He'd kind of go back and forth. But he was never one to mope around. He always tried to enjoy himself. He'd get me laughing so hard I'd be falling out of my chair. The things that were

troubling him, he pushed them way down underneath, which is why our family was so unaware at times how deep his problems were."

Although he may have tried to hide it from family members and friends, Tom was wrestling his toughest opponent.

Tom played to win.

But in the process, he lost his life.

TOMORROW: His final hours. Where to get help, and profiles of people in recovery.