

International Chiropractors Association

# Returning Veterans Volunteer Service Program Manual



# Returning Veterans Referral and Resource Guide

Since October 2001, approximately 1.64 million U.S. troops have been deployed for Operations Enduring Freedom and Iraqi Freedom (OEF/OIF) in Afghanistan and Iraq. The care of the more than 800,000 returning military veterans who have been released from service and the many hundreds of thousands who have served in Iraq and Afghanistan and remain on active duty is an urgent national priority. It is so because of the sacrifice they have made for us, and because of the unique and powerful contribution chiropractic can make to the healing process.

This new generation of veterans has been subjected to a level of stress and trauma that has not been seen in living memory. The 24-hour stress, the nature of injuries, the length of deployments and the uncertainties of returning to civilian life all contribute to the physical, practical and financial, mental and spiritual burdens returning veterans must face. The statistics are staggering, with nearly 10,000 amputees, more than 18,000 brain injuries, approaching 50,000 wounded in all categories of physical injury, thousands with emotional and psychiatric damage, and the numbers continue to mount. Back and spinal problems represent one of the leading causes of lost time in action and are the leading cause of disability retirements from the military.

At home, we in the states and communities can reach out, and honor what President Theodore Roosevelt articulated so well more than 100 years ago. "A man who is good enough to shed his blood for his country is good enough to be given a square deal afterward."

## Terms of Participation

The program ICA has implemented nationwide is a voluntary program to provide free care to any returning veteran. Eligibility is easily determined by anyone presenting a service certificate, and you are free to extend your care to family members if you feel there is a special need. You make the rules, provided there is no cost to any participant. Many Viet Nam and Korean War veterans have contacted ICA and asked why they have been once again overlooked. We have assured them that there is no intentional slight, and that the immediate needs of new veterans have a special urgency. You may, if you wish, on a case-by-case basis, extend your free care to veterans of other conflicts, but it is important to maintain focus on the priority population.

Care must be free. Even if a veteran patient offers to pay or has insurance that may cover your services, you must decline to accept such payments.

Some states have regulatory provisions that address free care. Most of those regulations deal with free care as an incentive to become a paying patient. ICA is addressing those concerns and we encourage you to contact your state chiropractic regulatory board and be familiar with any regulations that may impact on this program. We believe that your providing free care to returning veterans on a free basis for a period of one year, with a strict emphasis on not seeking to utilize this program as a practice building mechanism, will adequately address any concerns that might arise from your participation.

## How is This Care Different?

The care you will be providing should be no different from the quality, timely and thorough care you provide to any other patient. Your record keeping standards, your clinical notes and care plan obligations are no different. What is different, however, is the context in which these special patients are coming to you. There is rapidly mounting evidence of a new and large-scale appearance of post-deployment issues and concerns, in addition to physical injuries. According to the RAND Corporation, “Early evidence suggests that the psychological toll of these deployments — many involving prolonged exposure to combat-related stress over multiple rotations — may be disproportionately high compared with the physical injuries of combat.”<sup>1</sup> The full text of this study is available on-line at: [http://www.rand.org/pubs/monographs/2008/RAND\\_MG720.pdf](http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf).

A study of polytrauma rehabilitation providers in 2008 summarized the situation as follows:

*According to PRC providers, polytrauma patients are younger than VA rehabilitation patients. Strong military identities affect rehabilitation needs and reactions to severe injury. The public and the media have particular interest in war-injured patients. Patients with blast-related polytrauma have unique constellations of visible (including amputations, craniectomies, and burns) and invisible (including traumatic brain injury, pain, and posttraumatic stress disorder) injuries. Providers have adjusted treatment strategies and involved services outside of rehabilitation because of this clinical complexity. Family members are intensely involved in rehabilitation and have service needs that may surpass those of families of rehabilitation patients without polytrauma. Sources of provider stress include new responsibilities, media attention, increased oversight, and emotional costs associated with treating severely injured young patients and their families. Providers also described the work as deeply rewarding.*<sup>2</sup>

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<sup>1</sup> Tanielian, T. and Jaycox, L., Ed. *Invisible Wounds of War: Psychological and Cognitive Injuries, Their Consequences, and Services to Assist Recovery*, RAND Corporation, Center for Military Health Policy Research, 2008.

<sup>2</sup> Friedemann-Sanchez, G; Sayer, NA; Pickett, T., “Provider perspectives on rehabilitation of patients with polytrauma,” *ARCHIVES OF PHYSICAL MEDICINE AND REHABILITATION*, 89 (1):171-178 2008

The ongoing physical strain is also extraordinary and proven to be damaging, both in the short and long term. The strain of the heavy loads service personnel are obliged to carry every day was the subject of a major report in *The Washington Post* in February 1, 2009. In an article titled, "*Weight of Combat Gear Is Taking Toll-The Loads Are Contributing to Injuries That Are Keeping Some Troops on the Sidelines,*" the article's author reported:

"Army leaders and experts say the injuries -- linked to the stress of bearing heavy loads during repeated 12- or 15-month combat tours -- have increased the number of soldiers categorized as "non-deployable." Army personnel reported 257,000 acute orthopedic injuries in 2007, up from 247,000 the previous year. As injuries force more soldiers to stay home, the Army is having a harder time filling units for upcoming deployments to Afghanistan and Iraq, said Gen. Peter W. Chiarelli, the service's vice chief of staff."<sup>3</sup>

Those military personnel bring the consequences of those strains home with them, along with a host of other issues, injuries and concerns, making them all the more appropriate candidates for immediate chiropractic care.

Please also read the PTSD article that is part of this handbook. This is your first stop on the road to understanding. You need not be intimidated by the picture this article presents since not every veteran has such issues and the degree of severity where such issues are present can vary greatly. As well, it is not expected of you, nor should you undertake to provide advice or care for such PTSD situations as you may encounter, beyond referring the patient to the many services and resources available both through the military and private organizations for this express purpose.

Issues of compliance, keeping appointments and other communications issues may require a little extra work. It may require involving family members or more personal contact on your part. HIPAA concerns remain an issue so be advised that consent to communicate, according to HIPAA provisions may be of extra importance in some cases.

**It is essential that no veteran patient ever feel that they are somehow a burden or taking advantage of you as a health care professional. Constant, gentle communications on how welcome they are in your practice and how honored you are to have them as a patient can go a long way towards minimizing this possibility.**

## **Coordination of Care**

The management of every case requires an awareness and understanding of other professional services, treatment, medication and advice the patient may be

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<sup>3</sup> Tyson, Ann Scott, "Weight of Combat Gear Is Taking Toll-The Loads Are Contributing to Injuries That Are Keeping Some Troops on the Sidelines," *The Washington Post*, February 1, 2009.

concurrently receiving. The more complicated the case, the more important such cross-referencing and, if indicated, the coordination of care becomes. The degree to which the patient is willing or able to facilitate such coordination may be limited and thus it is incumbent on you, the provider, to ask questions, secure formal permission to communicate with other professionals providing care, etc., if you feel additional information is needed for your care plan, or if your findings require the attention of another professional.

Additional paperwork, especially the securing of HIPAA permission and other patient consents may be required. Always conduct such communications in writing and incorporate all such records into the patient file, with the patient's original signature.

## **Patient Communication**

The first encounter with a returning veteran may be a tense time, perhaps for both you and the new patient. Remember, your responsibilities, and therefore your behavior should be the same as it would be with any other patient. Rely on your clinic routine and clinic experience to set the tone. It is important to be cautious in asking questions about the patient's service, how they were injured unless it related directly to your clinical decision making, or to volunteer information or stories about the military experience of others. You do want to encourage your veteran patients to speak about their condition, their feelings and their needs, but it is best to establish a safe, comfortable sense in your time with them so that they feel able to speak freely on their own initiative. Being a good listener is always part of being a good doctor. As you listen, consider if help or a referral is needed and be familiar with what referral resources are available and may best be suited to the patient's needs.

## **Outreach**

How can you communicate to eligible veterans that you are available to provide care? ICA will provide a model news release, has posted a directory of participating providers on the Association's website at [www.chiropractic.org](http://www.chiropractic.org) and is working to make contact with veterans organizations and service groups that have established communications pathways that we can utilize. In your community, veterans organizations are easily identified and will gladly assist you in spreading the word about your availability to assist returning veterans. The posting of your participation in the ICA program at veterans' centers, including the US Department of Veterans Affairs, community centers and other service organizations is a responsible and tasteful manner to reach eligible veterans, provided that the communication sticks to the basic facts:

- Care is open to all returning veterans, regardless of branch of service.
- There is no charge.

- Care is complimentary for a period of one year.
- This program is available out of respect for returning veterans and recognition of their unique needs.
- Your contact information and clinic hours.

What is perhaps most important of all in considering outreach efforts is that your communications must never be perceived as exploiting the situation, must always be dignified and low key, and in good taste.

## Goals

The goal of this and all such care programs is the restoration of normal health and ability to function and self-sufficiency in all aspects of life. Success will be a very individual measure and each case will not just be different, but be unique in the individual's needs and speed and patterns of recovery.

## Referral Resources

There are a host of organizations and resources available for returning veterans and you should become familiar with the local chapters or offices for these groups and not hesitate to refer veteran patients to any such help centers you feel might be appropriate. You may want to contact several of these organizations in advance and discuss your plans and activities with a case worker or other spokesperson. All state governments and many county and city administrations also have veterans' service offices which can be easily identified through the Internet.

Perhaps the most efficient referral resource is the Wounded Warrior Resource Center at Military One Source. They can be contacted by telephone at 1-800342-9647 or on-line at [www.MilitaryOneSource.com](http://www.MilitaryOneSource.com). They can provide immediate personal assistance related to the widest possible range of needs and issues. The US Army has its own wounded warrior program, the details of which are provided in the last pages of this document.

### **Below is a partial list of service organizations that are available to help.**

#### **American Legion**

P.O. Box 1055  
Indianapolis, IN 46206  
(317) 630-1200  
(202) 861-2786 fax

<http://www.legion.org/homepage.ph>

[jsommer@legion.org](mailto:jsommer@legion.org)

**AMVETS**

[amvets@amvets.org](mailto:amvets@amvets.org)

James B. King  
National Executive Director  
4647 Forbes Boulevard  
Lanham, MD 20706-4380  
(301) 459-9600  
(301) 459-7924 fax  
[amvets@amvets.org](mailto:amvets@amvets.org)

**Disabled American Veterans**

<http://www.dav.org>

**National Headquarters**  
3725 Alexandria Pike  
Cold Spring, KY 41076  
877-I Am A Vet (877-426-2838)  
(859) 441-7300

**Disabled American Veterans Charitable Service Trust**

3725 Alexandria Pike  
Cold Spring, KY 41076  
(859) 441-7300

**Disabled American Veterans National Service Foundation**

3725 Alexandria Pike  
Cold Spring, KY 41076  
(859) 441-7300

**Disabled American Veterans Auxiliary**

3725 Alexandria Pike  
Cold Spring, KY 41076  
(859) 441-7300

**Military Chaplains Association of the United States of America**

<http://www.mca-usa.org>

Chaplain Gary R. Pollitt  
Executive Director

P.O. Box 7056  
Arlington, VA 22207-7056  
(703) 533-5890  
(703) 533-5890 fax  
[chaplains@mca-usa.org](mailto:chaplains@mca-usa.org)

### **Veterans of Foreign Wars**

<http://www.vfw.org/>

**National Headquarters**  
406 West 34th Street  
Kansas City, Missouri 64111  
(816) 756-3390  
FAX (816) 968-1149  
[info@vfw.org](mailto:info@vfw.org)

**Washington D.C. Office**  
VFW Memorial Building  
200 Maryland Avenue N.E.  
Washington, D.C. 20002  
(202) 543-2239  
FAX (202) 543-6719  
[cwells@vfw.org](mailto:cwells@vfw.org)

**National Service Officers Helpline:** 1-800-vfw-1899  
**General information:** 816-756-3390

### **Wounded Warriors Project**

<https://www.woundedwarriorproject.org>

7020 A.C. Skinner Pkwy Suite 100  
Jacksonville, FL 32256  
Tel. 877-832-6997  
[info@woundedwarriorproject.org](mailto:info@woundedwarriorproject.org)

## **PTSD**

The following article is being reproduced with permission, indeed the encouragement of the authors, and represents a sound introduction to the primary emotional issue faced by many veterans, post-traumatic stress disorder. It is not your responsibility to become an expert or seek to treat such conditions, but you can help and be a more productive resource if you understand this

condition and have an awareness its components and now to direct patients to the growing network of assistance resources.



## Post-Traumatic Stress Disorder

If you have gone through a traumatic experience, it is normal to feel lots of emotions, such as distress, fear, helplessness, guilt, shame or anger. You may start to feel better after days or weeks, but sometimes, these feelings don't go away. If the symptoms last for more than a month, you may have **post-traumatic stress disorder** or PTSD.

"Posttraumatic Stress Disorder (PTSD) is an anxiety disorder that can occur following the experience or witnessing of a traumatic event. A traumatic event is a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or physical or sexual assault in adult or childhood."[1]

PTSD is a real problem and can happen at any age. If you have PTSD, you are not alone. It affects nearly eight million American adults.[2]

### Who can get PTSD?

- Anyone who was a victim, witnessed or has been exposed to a life-threatening situation.
- Survivors of violent acts, such as domestic violence, rape, sexual, physical and/or verbal abuse or physical attacks.
- Survivors of unexpected dangerous events, such as a car accident, natural disaster, or terrorist attack.
- Combat veterans or civilians exposed to war.
- People who have learned of or experienced an unexpected and sudden death of a friend or relative.
- Emergency responders who help victims during traumatic events.
- Children who are neglected and/or abused (physically, sexually or verbally).

### What are the symptoms of PTSD?

For many people, symptoms begin almost right away after the trauma happens. For others, the symptoms may not begin or may not become a problem until years later. Symptoms of PTSD may include:

- **Repeatedly thinking about the trauma.** You may find that thoughts about the trauma come to mind even when you don't want them to. You might also have nightmares or flashbacks about the trauma or may become upset when something reminds you of the event.
- **Being constantly alert or on guard.** You may be easily startled or angered, irritable or anxious and preoccupied with staying safe. You may also find it hard to concentrate or sleep or have physical problems, like constipation, diarrhea, rapid breathing, muscle tension or rapid heart rate.
- **Avoiding reminders of the trauma.** You may not want to talk about the event or be around people or places that remind you of the event. You also may feel emotionally numb, detached from friends and family, and lose interest in activities.

These are other symptoms of PTSD:

- **Panic attacks:** a feeling of intense fear, with shortness of breath, dizziness, sweating, nausea and racing heart.
- **Physical symptoms:** chronic pain, headaches, stomach pain, diarrhea, tightness or burning in the chest, muscle cramps or low back pain.
- **Feelings of mistrust:** losing trust in others and thinking the world is a dangerous place.
- **Problems in daily living:** having problems functioning in your job, at school, or in social situations.
- **Substance abuse:** using drugs or alcohol to cope with the emotional pain.
- **Relationship problems:** having problems with intimacy, or feeling detached from your family and friends.
- **Depression:** persistent sad, anxious or empty mood; loss of interest in once-enjoyed activities; feelings of guilt and shame; or hopelessness about the future. Other symptoms of depression may also develop.
- **Suicidal thoughts:** thoughts about taking one's own life. If you or someone you know is thinking about suicide, call [1-800-273-TALK \(8255\)](tel:1-800-273-TALK).

### How can I feel better?

PTSD can be treated with success. Treatment and support are critical to your recovery. Although your memories won't go away, you can learn how to manage your response to these memories and the feelings they bring up. You can also reduce the frequency and intensity of your reactions. The following information may be of help to you.

**Psychotherapy.** Although it may seem painful to face the trauma you went through, doing so with the help of a mental health professional can help you get better. There are different types of therapy.

- **Cognitive behavioral therapy** helps you change the thought patterns that keep you from overcoming your anxiety.
- During **exposure therapy**, you work with a mental health professional to help you confront the memories and situations that cause your distress.
- **Cognitive Processing Therapy** helps you process your emotions about the traumatic event and learn how to challenge your thinking patterns.
- **Psychodynamic psychotherapy** focuses on identifying current life situations that set off traumatic memories and worsen PTSD symptoms.[3]
- During **Eye Movement Desensitization and Reprocessing**, you think about the trauma while the therapist waves a hand or baton in front of you. You follow the movements with your eyes. This helps your brain process your memories and reduce your negative feelings about the memories.
- **Couples counseling and family therapy** helps couples and family members understand each other.

**Support groups.** This form of therapy, led by a mental health professional, involves groups of four to 12 people with similar issues to talk about. Talking to other survivors of trauma can be a helpful step in your recovery. You can share your thoughts to help resolve your feelings, gain confidence in coping with your memories and symptoms and find comfort in knowing you're not alone. For a list of support groups in your area, contact your local Mental Health America organization. Find their information at:

[www.mentalhealthamerica.net/go/go/find\\_support\\_group](http://www.mentalhealthamerica.net/go/go/find_support_group).

"[As part of my recovery from PTSD], I created a visual space for my domestic violence memories. I had a closet (in my mind) where I kept my memories. I kept memories separate, in boxes with lids on the shelves of the closet. When unwanted thoughts about the domestic violence I suffered crept into my life, I stopped the thought process by telling myself that now isn't the time. I created an actual visual experience, in which I envisioned taking the memory, opening the closet, taking down an empty box, placing the unwanted memory or thought into the box, closing the box, labeling it and putting the box back on the shelf. Then when I had quiet time or thought I was ready to confront a specific memory, I would visualize going into the closet and taking down the labeled box with that memory. I would open the box and examine the contents. Sometimes I cried, laughed, or mourned. When I had enough, I would put the memory back into the box. I found that, over time, there were fewer and fewer boxes in my closet. And the boxes were smaller and smaller. While I haven't quite walled the closet over, the last time I went there, the closet was all but empty."

**Kathlene, Pennsylvania**

**Self-care.** Recovering from PTSD is an ongoing process. But there are healthy steps you can take to help you recover and stay well. Discover which ones help you feel better and add them to your life.

- **Connect with friends and family.** It's easy to feel alone when you've been through a trauma and are not feeling well. But isolation can make you feel worse. Talking to your friends and family can help you get the support you need. Studies show that having meaningful social and family connections in your life can have a positive impact on your health and healing.[4]
- **Relax.** Each person has his or her own ways to relax. They may include listening to soothing music, reading a book or taking a walk. You can also relax by deep breathing, yoga, meditation or massage therapy. Avoid using drugs, alcohol or smoking to relax.
- **Exercise.** Exercise relieves your tense muscles, improves your mood and sleep, and boosts your energy and strength. In fact, research shows that exercise can ease symptoms of anxiety and depression.[5] Try to do a physical activity three to five days a week for 30 minutes each day. If this is too long for you, try to exercise for 10 to 15 minutes to get started.
- **Get enough rest.** Getting enough sleep helps you cope with your problems better, lowers your risk for illness and helps you recover from the stresses of the day. Try to get seven to nine hours of sleep each night. Visit the Sleep Foundation at [www.sleepfoundation.org](http://www.sleepfoundation.org) for tips on getting a better night's sleep.
- **Keep a journal.** Writing down your thoughts can be a great way to work through issues. Researchers have found that writing about painful events can reduce stress and improve health.[6]
- **Refrain from using drugs and alcohol.** Although using drugs and alcohol may seem to help you cope, it can make your symptoms worse, delay your treatment and recovery, and can cause abuse or addiction problems.
- **Limit caffeine.** In some people, caffeine can trigger anxiety. Caffeine may also disturb your sleep.
- **Help others.** Reconnect to your community by volunteering. Research shows that volunteering builds social networks, improves self-esteem and can provide a sense of purpose and achievement.
- **Limit TV watching.** If watching the news or other programs bothers you, limit the amount of time you watch. Try not to listen to disturbing news before going to sleep. It might keep you from falling asleep right away.

## **Helping a Family Member With PTSD**

If someone in your family has PTSD, it can be a hard time for family members too. Your loved one with PTSD may have symptoms that interfere with your relationship and change family life. If your loved one has PTSD, you may also be coping with these difficult feelings:

- Depressed or angry about the changes in family life.
- Fearful if your loved one is angry or aggressive.
- Reluctant to talk about the trauma or avoiding situations that might upset your loved one.
- Angry or resentful toward your loved one.
- Tired from sleep problems because of worry, depression or because of your loved one's sleep problems.
- Isolated if your partner refuses to socialize.
- Emotional distance from your partner.

The stress of PTSD can affect all members of the family. If PTSD is affecting your family, consider contacting a mental health professional for individual, couples or family counseling. Through counseling, you can get the help you and your family needs to cope and support each other. For a referral to local services, contact your local Mental Health America organization or Mental Health America at 800-969-6642. You can also visit [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net).

### **Ask Dr. Riggs**

Dr. David Riggs is an expert on trauma and PTSD and Executive Director of the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences (USUHS). Below he describes symptoms and treatment of PTSD and offers ways to talk to your family and friends about PTSD.

#### **I'm having symptoms of PTSD, and feel like I've lost control of my life. Does this mean I'm a weak person?**

Far from it. The reactions that we use to diagnose PTSD—things like intrusive memories, feeling distanced from other people, sleep problems, anger and anxiety, are very normal reactions to traumatic events. Almost everyone who experiences a trauma will have some of these reactions. Usually they start right after the trauma, but sometimes these reactions don't show up until weeks or months after the event. For most people, these reactions will get better over time. But for others, they seem to hang on and may get worse. When these reactions last for at least a month, we call them PTSD.

#### **I think I might have PTSD. Who should I talk to?**

If you have just been through a trauma in the last few weeks, it is very normal to have reactions that look like PTSD. While we do not know for sure what works best to help people recover from a trauma, support from other people seems to be important. So if you can talk to family, friends, or other supportive people about the difficulties you are having, it might help. Support groups may also help.

If your symptoms persist more than a month or so, and you think you have PTSD, I would encourage you to see a mental health professional. As a first step, you might talk to your doctor or other health care provider. He or she can refer

you to a mental health professional if it is appropriate. If you do seek counseling, try to seek out treatment from a provider who knows how to treat issues that arise after a trauma.

### **Certain things seem to set off my symptoms of PTSD. What can I do to control these triggers?**

For people with PTSD, it is very common for their memories to be triggered by sights, sounds, smells or even feelings that they experience. These triggers can bring back memories of the trauma and cause intense emotional and physical reactions, such as raised heart rate, sweating and muscle tension. Because these memories and feelings are unpleasant, you may have the urge to avoid the triggers. Avoiding things that make you uncomfortable is normal and will make you feel better in the short run. But in the long run, this avoidance will make things worse. If the pattern continues, you can make your problems worse. Instead of avoiding triggers, it is probably better to learn how to manage your reactions when they are triggered. Many forms of therapy are effective in treating PTSD. Cognitive behavioral therapy, in particular, can help you learn ways to reduce and manage your reactions to triggers.

### **Will my PTSD symptoms ever go away?**

Over the first few weeks after a trauma, you will probably see things getting better and better. However, if your symptoms have lasted for two or three months, it is unlikely that they will go away on their own. The good news is that some very good short-term therapies have been developed that can help you recover from PTSD. The most carefully studied therapies, and those that have been found most effective, fall under the general category of cognitive behavior therapy. At this time, the treatments that have been shown most effective in treating PTSD are Exposure Therapy, Cognitive Processing Therapy, and Eye Movement Desensitization and Reprocessing. These therapies combine skills training, education and strategies for coping with symptoms. A lot of studies have shown that these treatments can reduce PTSD symptoms, and many people who complete these treatments no longer have PTSD.

### **I've tried medicine, but I'm not getting any better. Is there any hope for me?**

Although medicines can reduce the symptoms of PTSD, the fact that the medicine has not helped you does not mean you are stuck with the PTSD forever. You need to realize that no one medicine is going to work for everyone who has PTSD. Even medicines that are helpful with some symptoms may leave you with problems in other areas. You may be able to try a different medicine that will work better for you. Your doctor may also want to add a medicine to help with specific problems you might have. For instance, he or she may want to prescribe a sleeping pill to help with sleep problems even though you are taking another medicine for PTSD. Also know that even if medicines are able to reduce your

PTSD symptoms, the symptoms are likely to come back (at least partially) when you stop taking the medicine.

If you are unable to find a medicine that helps relieve your PTSD symptoms or if you want to stop taking a medicine that has helped, there are other options for you. There are some forms of psychotherapy that have been developed specifically to treat PTSD and found very effective. Research suggests that the improvements made through therapy remain with you even after you stop seeing a therapist. Therapy may even be able to help you avoid the return of symptoms when you stop taking a medicine that has helped.

Regardless of whether you think you should try a different medicine, start an additional medicine, or stop taking medicines altogether, you should always make these decisions with your doctor.

### **How do I talk to my family about PTSD?**

Talking to your family or other people who care about you can be hard. You may be concerned that they will think badly of you, or that you might become upset when you talk to them. You might also be worried that your family might be upset by things you tell them. Without knowing you or your family, it is very hard to tell you exactly how best to talk to them about your PTSD, but the following ideas may be helpful.

First, remember that you do not have to tell everyone at one time, and you do not need to tell everything at once. You might begin by telling one person that you are close to what is bothering you. You do not have to go into all of the details of what happened to you. Just talk about what you are feeling now. Once you are able to tell one person, it will probably be easier to talk to other people about what is bothering you. You could also share a written description of PTSD with your family, something like this publication. This can give you a way to talk about PTSD and related problems without having to focus on your own symptoms.

One important thing to remember is that when someone has PTSD, it often affects people around them as well. Family members and friends may notice that you are jumpier, anxious, depressed or not sleeping well. Also, people with PTSD tend to withdraw from people. Because of these aspects of PTSD, your family probably already knows that something is wrong. Unfortunately, they may not understand what is bothering you or why you seem so different. The fact that people with PTSD withdraw from those who care most about them is particularly problematic because the support that these people can offer to you may be really helpful in overcoming the problems that develop after a trauma. Remember that many of the PTSD symptoms that are bothering you are common reactions to trauma. They do not mean you are somehow to blame.

Despite all of this, some family members and friends may not be able to offer you the support that you would like. It may be that they don't know what would be most helpful and that they are themselves too upset to help, or that the problems

resulting from the PTSD make it too hard to be supportive. If you need more help talking to them, or if your family has a difficult time when you do tell them, you should seek help from a mental health professional who can help you cope with the specific challenges that you are having.

## **Resources**

### **American Psychiatric Association (APA)**

Phone: (703) 907- 7300

[www.healthyminds.org](http://www.healthyminds.org)

### **American Psychological Association (APA)**

Phone: (800) 374-2721

[www.apa.org](http://www.apa.org)

### **Anxiety Disorders Association of America (ADAA)**

Phone: (240) 485-1001

[www.adaa.org](http://www.adaa.org)

### **Freedom from Fear (FFF)**

Phone: (718) 351-1717

[www.freedomfromfear.org](http://www.freedomfromfear.org)

### **Gift from Within (GFW)**

Phone: (207) 236-8858

[www.giftfromwithin.org](http://www.giftfromwithin.org)

### **International Society for Traumatic Stress Studies (ISTSS)**

Phone: (847) 480- 9028

[www.istss.org](http://www.istss.org)

### **National Alliance on Mental Illness (NAMI)**

Phone: (800) 950-NAMI (6264)

[www.nami.org](http://www.nami.org)

### **National Center for Posttraumatic Stress Disorder (NCPTSD)**

Phone: (802) 296-5132

[www.ncptsd.va.gov](http://www.ncptsd.va.gov)

### **National Center for Victims of Crime (NCVC)**

Phone: (202) 467-8700

[www.ncvc.org](http://www.ncvc.org)

### **National Institute of Mental Health (NIMH)**

Phone: (866) 615-6464

[www.nimh.nih.gov](http://www.nimh.nih.gov)

### **Screening for Mental Health (For Military)**

Phone: (781) 239-0071

[www.militarymentalhealth.org](http://www.militarymentalhealth.org)

### **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Phone: (800)-789-2647

[www.samhsa.gov/vets/](http://www.samhsa.gov/vets/)

### **The Sidran Traumatic Stress Institute**

Phone: (410) 825-8888

[www.sidran.org](http://www.sidran.org)

### **Suicide Hotline**

Phone: (800) 273-TALK (8255)

### **Witness Justice**

Phone: (800) 495-4957

[www.witnessjustice.org](http://www.witnessjustice.org)

**The PTSD brochure was reviewed by David S. Riggs, Ph.D., Executive Director, Center for Deployment Psychology, Uniformed Services University of the Health Sciences.**

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## How to Get Back to "Normal"

Whether you're a reservist or full-time military person, your return from war means the embrace of family and friends, and resuming everyday life. Even before the rejoicing over your safe return subsides, you'll be trying to find your way back to what's normal again.

Here are some tips to help you through this time of transition:

1. **Realize the reunion is more than just coming home.** It's a major event for the people in your life -- maybe even bigger than the separation. In fact, research shows that reunion can cause more stress in people's lives than deployment. That's not to say that returning service members and their family and friends aren't happy about the homecoming. They're usually ecstatic. The stress comes from the changes that have taken place and concern for what life will now be like.
2. **Spend time with family and friends.** For months, the people who are closest to you have been living with the fear of losing you. Make a special effort to spend time with them or, if they are far away, call often to support and reassure them.
3. **View stress as normal.** Returning to your everyday life is a major change, and change always creates stress. If accepted and handled constructively, stress can be turned into a source of excitement and enthusiasm about new beginnings with family and friends.
4. **Go slowly.** Take time to ease back into your routine. Make a list of those things that must be done -- such as banking, making living arrangements, contacting friends and relatives -- and take them one by one. Trying to do too much too soon will only add to your stress level. Consider putting off major decisions until you've had plenty of time to readjust.
5. **Communicate with others.** Talking with others about your experiences and what you're feeling can help relieve stress. It's not a sign of weakness. Talk with a trusted relative, friend, faith leader or family services staffer. Military chaplains can be helpful, as most receive training in pastoral counseling and crisis.
6. **Take care of your physical health.** Get plenty of rest and exercise, eat properly, and avoid drugs and excessive drinking.
7. **Do things you find relaxing.** Go fishing, attend a concert, or take a long soak in the tub. Be kind to yourself.
8. **Watch what you spend.** Now that you're back, the urge to spend will be strong. Don't spend more than you can afford.
9. **Start the rebuilding process together.** Do it as a family. Make the decision that this time will serve to make you and your family even stronger. Get involved in positive activities that encourage togetherness and reassurance.

10. **Expect something of a letdown.** Most, if not all, service members experience it. It simply means that you're no longer running on pure adrenalin and that things are beginning to settle down. Or, it may mean that the homecoming hasn't solved all the problems that existed before the mobilization. Possibly, your reunion didn't go the way you thought it would. Whatever the reason, it's perfectly normal to feel this way. However, if this feeling doesn't go away, it could be a sign of something more serious. Read about this in the Mental Health America Fact Sheet, "When the Letdown Doesn't Let Up."

If you feel overwhelmed by your homecoming, seek help. It's not a sign of weakness. Nearly every military installation has a family service center, family support center or Army community service center where you can access information, referral, counseling, and crisis intervention services. In addition, all military families, including National Guard members and Reservists who are activated for more than 30 days, are eligible for medical and mental health care either at a military medical treatment facility or at a civilian facility through TRICARE, the administrator of health services for the armed services. TRICARE provides information about mental health benefits programs for the military on their Web site, [www.tricare.osd.mil](http://www.tricare.osd.mil).

Or contact them at 888-363-2273. Also, Military OneSource provides 24-hour access to information and help. Contact them at 800-342-9647 or [www.militaryonesource.com](http://www.militaryonesource.com).

## ***U.S. Army Wounded Warrior (AW2) Program Fact Sheet***



The U.S. Army Wounded Warrior Program (AW2) assists and advocates for severely wounded Soldiers and their Families throughout their lifetimes, wherever they are located. AW2's personalized recovery services for severely wounded Soldiers are not limited by geography or physical location and are not constrained by recovery or rehabilitation timelines.

Established in April 2004 as the Disabled Soldier Support System (DS3), the Army responded to the needs of the most severely wounded, injured or ill Soldiers who were returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF). Today, AW2 serves more than 2,900 Soldiers and their Families, focusing on the most severely injured Soldiers and their Families. The Army Wounded Warrior Program frequently communicates with Soldiers and their Families to proactively address and mitigate issues they encounter.

## **AW2 Advocates**

AW2 Advocates are located throughout the country at major Military Treatment Facilities (MTFs) and VA Medical Centers (VAMCs) providing on the ground support to Soldiers and their Families from the time they arrive. AW2 Advocates are:

- Career and Education Guides
- Benefits Advisers
- Military Transition Specialists
- Local Resource Experts
- Family Assistants
- Life Coaches

## **AW2 Helps Soldiers and Families**

AW2 provides unique services to the most severely wounded, including:

- Helping wounded Soldiers remain in the Army by educating them on their options and assisting them in the application process
- Assisting with future career plans and employment opportunities beyond their Army careers
- Supporting them with a staff of subject matter experts proficient in non-medical benefits for wounded Soldiers
  - Helping a Soldier obtain full VA and Army benefits
  - Helping a Soldier and their Family get healthcare after retiring from the Army
  - Helping a Soldier get financial counseling to buy a house
  - Helping a Soldier put food on the table for Thanksgiving
  - Helping a Soldier receive the awards they earned (e.g., Purple Heart)

## **Eligibility Requirements**

To be considered for the U.S. Army Wounded Warrior Program, a Soldier must:

- Suffer from injuries or illnesses incurred after 10 September 2001, in support of the Global War on Terror (GWOT)
- Receive or be expected to receive a 30% or greater Army disability rating by the Physical Disability Evaluation System such as:
  - Loss of Vision/Blindness
  - Loss of Limb
  - Spinal Cord Injury/Paralysis
  - Permanent Disfigurement
  - Severe Burns

- Traumatic Brain Injury
- Post Traumatic Stress Disorder
- Fatal/Incurable Disease

## Hiring a Wounded Warrior

Companies have the opportunity to support those who sacrificed for our country by hiring Soldiers severely wounded in the Global War on Terror (GWOT).

An important element in rebuilding the lives of severely wounded Soldiers is gained through meaningful employment with companies throughout the world. AW2 links severely wounded, injured or ill Soldiers and companies together by providing personalized employment counseling and services. AW2 is vital in helping them become self-sufficient, contributing members of our communities. AW2 works closely with the Army Career and Alumni Program (ACAP) to connect prospective employers with AW2 Soldiers seeking work.

### Employers:

To learn more about hiring a Wounded Warrior, call 1-800-237-1336 or Email [aw2@conus.army.mil](mailto:aw2@conus.army.mil).

### AW2 Soldiers:

To learn more about career opportunities contact your AW2 Advocate or call AW2 headquarters at 1-800-237-1336.

## Continuing on Active Duty or Reserve is an Option for AW2 Soldiers

Soldiers who have experienced a severe wound, injury or illness may choose to stay on Active Duty or Active Reserve. To date, most Soldiers who have requested to continue in the Army have been able to do so.

AW2 Advocates assist wounded Soldiers interested in pursuing the Continuation on Active Duty (COAD)/ Continuation on Active Reserve (COAR) process every step of the way.

To be eligible, a Soldier must meet one of the following requirements:

- Have a disability as a result of combat or terrorism
- Are qualified in a critical skill or shortage MOS
- Have served 15-20 years of service for COAD or 15-20 qualifying years of service for non-regular retirement for COAR

**Soldiers can learn more about the COAD/COAR process by contacting their AW2 Advocate or by calling 1-800-237-1336.**