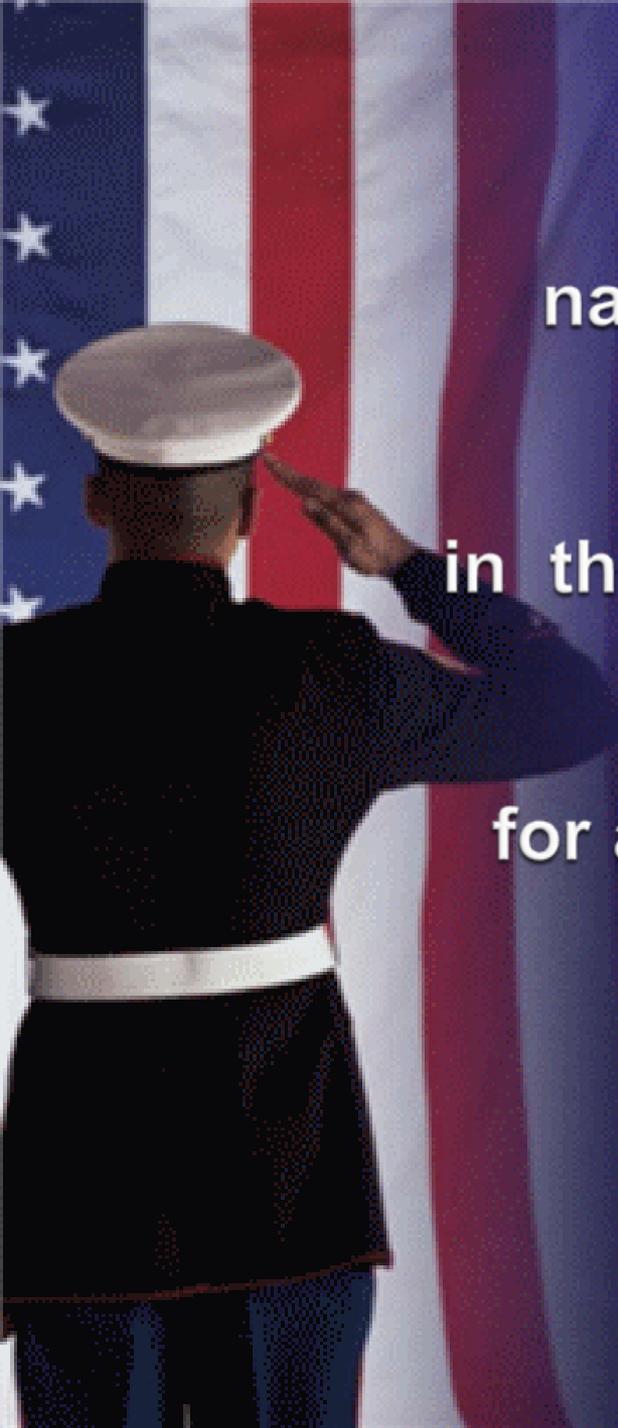


HOMECOMING

COMING HOME FROM WAR: A COMMUNITY'S RESPONSE TO OUR SERVICE MEMBERS/ VETERANS & FAMILIES

“To care for him who shall have borne the battle, and
for his widow, and his orphan”

A. Lincoln



“ A veteran – whether active duty, national guard or reserve, retired, or discharged from any of these - is someone who, at one point in their life, wrote a blank check made payable to ‘The United States of America,’ for an amount of ‘up to and including my life.’... ”

Author Unknown



‘up to and including my life.’ ... ”

**NUMBER RESERVE/
NATIONAL GUARD SERVICE
MEMBERS, VETERANS
RETURNING HOME EACH
MONTH.**

10,000+

**NUMBER OF GUARD &
RESERVE MEMBERS
DEPLOYED AT THIS
TIME**

130,000+

Typical Army Reserve Center



Who is a Reservist?

- 90% Civilian
- Raised mainly in Corporate America
- Only Active Duty was for schools
- No Family Programs / Family care experience (little or none in Corporate America & Military Reservists)
- Unexpected call up (Even if you “know”)
- Little or no military support system
- Military experience and skills are limited to 2 days a month
- May be in critical civilian positions (no job when they return)
- Typically do not ask for help until it is too late; last resort
- Support systems do not understand the military culture

Who is a Reserve Family?

- Do not consider themselves a military family
- May have never experienced Active Duty or Active Duty Posts
- See no need for a military support system (USAR FRG)
- Unfamiliar with the military culture & language
- Never thought that the spouse would be called up
- Do not understand the Chain of Command, what it does, and how it works
- No concept of what a deployment entails
- May not have an ID card (did not need one) and see no need for one (never used military resources)
- Do not know how to navigate thru military or resource processes (TRICARE, DEERS, military (S-1, etc...))
- Live as civilians despite deployment
- Typically do not ask for help until it is too late

“Never before have we asked so few citizen soldiers to do so much in war time, while knowing they and their families have great psychosocial needs.”

Dr. Charles R. Figley

ARMY RESERVE SUICIDES

BALANCING

SLIPPERY
SLOPE



ACT

Mission Stressors “Then”

- Lack of/too much communication
- Lack of freedom of movement
- Environmental / climate changes
- Isolation & boredom
- Poor sleep patterns
- Home-front worries
- Repetitious & routine duties
- Separation from loved ones
- Unclear / misunderstood mission
- Uncertain redeployment date
- Operations Tempo
- Cultural Differences
- Lack of personal time
- Threat of attack
- Observation of atrocities
- Taking of life, watching others die
- Recovering the dead
- Breaking of personal moral code
- Experiencing abuse or harassment
- **POOR LEADERSHIP**

“War Zone Skills” are not the same skills we need at home

“Normal” behavior for a service member is often not understood by family, friends, co-workers, or our communities.

Service member needs 2 sets of skills:

- WAR/Survival Coping Skills
- HOME Skills

Mission Oriented

WAR

Once a mission is assigned
other, unrelated tasks, are
unimportant

Decisions need to be quick,
clear, accurate

No time for discussion



"one person talks
- everyone listens"

HOME/JOB/SCHOOL

Multiple competing tasks
cause **confusion**

Get angry with those who
get in the way of mission

Difficulty participating in
cooperative decision
making

Frustration with others

"everyone talks
- everyone or no one listens"

Civilians = 9000+ decisions
Service Members = 3000

Safety & Trust

WAR

Vigilance pays off

Never Relax

Assume everyone
is the enemy



"suspicious of others and
things you have known &
trusted"

HOME/JOB/SCHOOL

Avoid getting involved
Suspicious of everyone
Test people to earn
trust

Always on guard
Isolative

"being suspicious isolates you"

Difficulty attending activities,
going out in public, feeling
safe with anyone but other
service members.

Emotions/Anger

“NOT talking about your emotions in war (strength) only leads to CAN'T talk about emotions at home (weak)”

WAR

Control emotions

Numbing (It don't matter)

Anger useful, protective, is a survival skill



HOME/JOB/SCHOOL

Insensitivity to others

“look hot headed, hard headed”

Decreased ability to read others emotions

“you look / act emotionless”

Decreased emotional enjoyment

Irritability/defensiveness

Increased aggression

“fed by constant frustration”

Increased alcohol/drug use to avoid feeling emotions

Closeness

WAR

Intense relationships

Strong bonds, depending on each other for survival

If losses, learn to avoid getting close



HOME/JOB/SCHOOL

Long term intimacy more complicated

"lonely, not open with emotions"

May expect same level of intensity of intimacy at home

"not on the same page"

May push loved ones away

Uncomfortable admitting do not understand and cannot relate

TALKING

WAR

- Difficulty talking
- “can’t be seen as weak”
- Little or no time to talk about powerful events
- Can change world view and of self BUT unable to articulate changes

“I didn’t feel safe anymore”



HOME/JOB/SCHOOL

- More comfortable talking with battle buddies
- “Civillianeze” foreign language
- Being unable to talk may keep sm/v from feeling a part of home life
- **Social chatter a waste**
 - “very direct communication (cold, not friendly)”
 - Give little information
- “strong feelings of frustration because nobody to talk with, or to, and nobody understands”

Hypervigilance

“Adrenaline RUSH”

WAR

A year or more of daily
hypervigilance



HOME/JOB/SCHOOL

Inability to relax
Sleep changes

“too little / too much”

Difficulty functioning without
the adrenaline rush, CRASH

Dreams

Monitoring environment/
perimeter

Attempts to relive
the “RUSH”

War may be hell...

but home ain't exactly heaven, either.

**When a Service Member
comes home from war,
He/she finds it hard...**

...to listen to his son whine about being bored



...to be tolerant of people who complain about the hassle of getting ready for work





...to be understanding when a co-worker complains about a bad night's sleep



...to control his panic when his wife tells him he needs to drive slower

**...to be silent when people pray to God
for a new car**



**...to not ridicule someone
who complains about hot weather**



...to control his rage when a colleague gripes about his coffee being cold





...to remain calm when his daughter complains about having to walk the dog

**...to be civil to people who complain about
their jobs**



...to be forgiving when someone says how hard it is to have a new baby in the house



...to not punch a wall when someone says we should pull out immediately



Two Types of Stress

- ***ACUTE*** – “***Fight or Flight***”
- ***CHRONIC***



Acute Stress

- Body readies for “fight or flight”
 - ◆ Electrical changes in heart and sympathetic nervous system
 - ◆ Increased production of hormones & sugars
 - ◆ Immune system changes; blood pressure increases
- Experience:
 - ◆ Thrill
 - ◆ Exhilaration
 - ◆ Adrenaline rush
- Results in:
 - ◆ Focused attention
 - ◆ Heightened strength
 - ◆ Feeling of competence
 - ◆ If stress is unmanaged, can result in ‘burnout’

Effects last at least 90 minutes

Chronic Stress Injury – Adaptation vs. Injury

- The “Stealth Bomber” of Stress
- Long term results of daily living
- Causes PHYSIOLOGICAL EFFECTS



- **Mediates Hormones and Neurotransmitters**
Serotonin, Dopamine, Noradrenaline, GABA, CRF, Steroids
- **Exhaustion stage**
- Available resources exhausted
- Performance becomes progressively worse
- Performance may stop

The Thing is....

- The Goal of most military training is to “**HARDEN**” (adapt) troops so they can operate under conditions where **ACUTE STRESS** is actually a **CHRONIC** condition.

What's the Difference Between a Stress Adaptation and a Stress Injury?

Two ways of looking at Battlefield Stress



Adaptation

- The path of change can be traced over time
- Individual feels like he/she is still himself
- A more gradual process
- A focus of training and leadership



Injury

- May be more abrupt
- A derailment, a change in self
- Individual feels like he/she is not in control

Combat Operational Stress Reactions

are **EXPECTED** reactions
to **UNUSUAL** situations

.....whereas

Post Traumatic Stress Disorder
is not a common problem.

Other concerns:

DEPRESSION

TBI

ANXIETY

Post Traumatic Stress Disorder

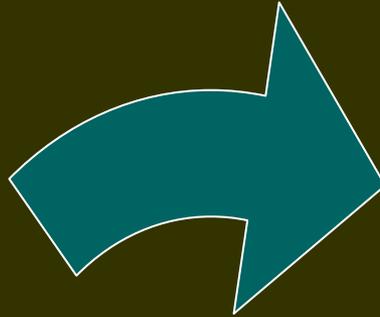
Diagnosable
Disorder

Symptoms are **stronger in intensity and duration** than COSR

symptoms worsen over time

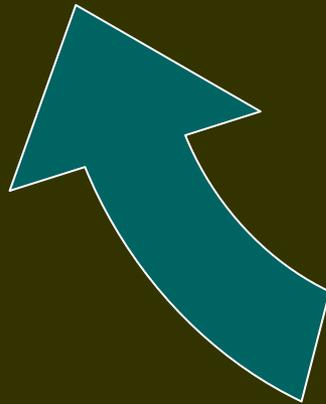
If left untreated, ability to tolerate additional trauma or stressful situations is compromised

DEPRESSION



Worthlessness

Hopelessness



Helplessness

Traumatic Brain Injury – *another war to fight*



Many Disorders Mimic Each Other

	Depression	Operational Stress	Post Traumatic Stress Disorder/MST	Traumatic Brain Injury
Hopelessness	X	X	X	X
Helplessness	X	X	X	X
Worthlessness	X	X	X	X
Anxiety		X	X	X
Physical Symptoms	X	X	X	X
Anger/Irritability	X	X/X	X/X	X/X
Sleep Disorders	X	X	X	X
Re-experiencing			X	
Avoidance/Numbing	X/X		X/X	
Arousal/Agitation		X	X/X	/X
Memory Problems	X	X	X	X
Alcohol/*Drug Abuse	X	X	X/X	X
Personality Changes	X	X	X	X
Grief/Guilt	X	X	X	X
Spiritual Turmoil	X	X	X	X

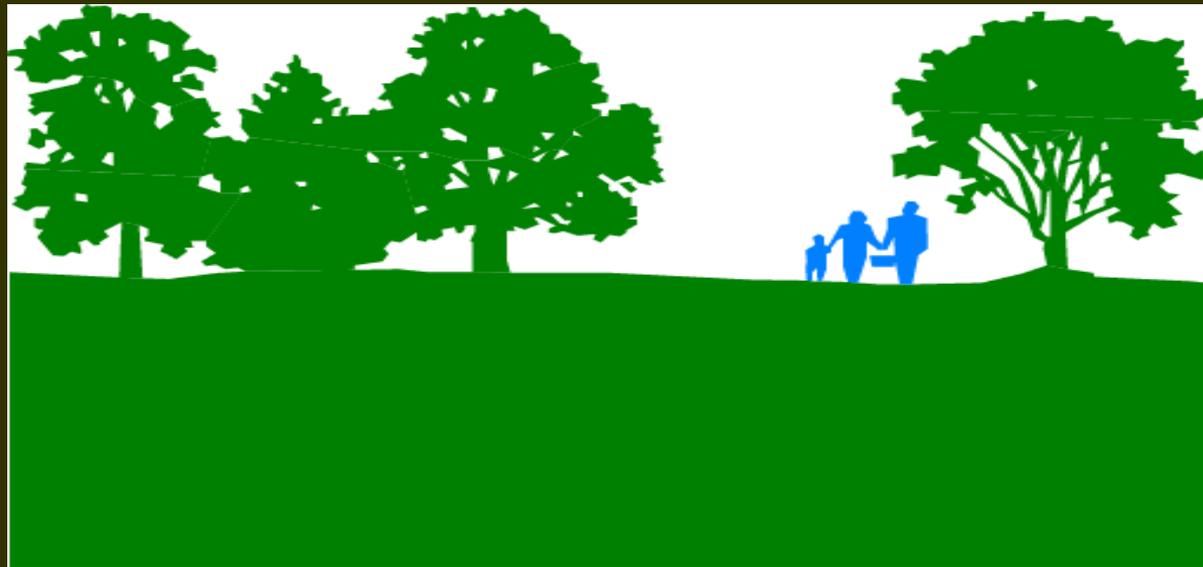
Specific Emerging Issues

- **Motor vehicle accidents**
- **Reintegration difficulties (Workplace/School)**
- **Violence, Spouse abuse, Child abuse**
- **Divorce**
- **Drug addiction/Alcoholism**
- **Job Loss**
- **Feeling of not belonging**
- **Medical problems, Mental Health problems, TBI (Traumatic Brain Injury), MST**
- **Suicide/Homicide**



WAR ZONE / MILITARY SKILLS

**DO NOT AUTOMATICALLY
CHANGE WHEN YOU COME
HOME.**



READJUSTMENT

OLD



BETTER

- No definite time period
- Can take weeks or months depending on length of separation, experiences, resources
- Requires NEW WAYS OF THINKING

ARMY RESERVE SUICIDES

- STATISTICS ARE INACCURATE
- NUMBER OF ARMY RESERVE SUICIDES ARE NON-PARTICIPANTS, Med. Hold Discharges
- APPROX. 1/3 ARE NEW SERVICE MEMBERS NOT YET DEPLOYED

Coping and Problem-Solving

Depend on a combination of many factors:

- Extent, duration, & intensity of the problem
- Nature of the problem
- Number & type of co-occurring problems
- Resources available
- Presence/absence of a social support network
- Existential beliefs
- Developmental history
- Experience/maturity
- Cognitive capabilities
- Physical health

ARMY RESERVE SUICIDES

LEADERSHIP CHANGES

- Younger
- No experience
- No mentorship
- Own Issues

Older Leaders

- Burned out
- Own Issues
- Do not support Mental Health issues, needs, concerns

HELPING VETERANS, SERVICE MEMBERS AND FAMILIES REINTEGRATE

What can we do?

What gets in the way?

Despite comprehensive outreach initiatives many Service members and veterans are still hesitant to seek treatment

- ***!! STIGMA !!***
- "It will damage my military career", "It's a sign of weakness", "I'm not crazy", "I'll be fine", "I'm normal"
- LONG WAITS...Weeks, Hours
- Disrespectful, complicated processes.
- Would you continue to get care from someone who did not respect your complicated needs?
- Would you continue to go for care somewhere if you were treated rudely, had to fill out the same paperwork 3 times, or were made to prove that you deserved care, etc, etc?
- Would you continue to get care somewhere when it interfered with your ability to work, make your own decisions, relate to your family, and to reintegrate?

OUT IN THE TRENCHES

How do we reach them?

- **Family Readiness Picnics**
- **Phone calls from the VA**
- **Phone calls from family (68%)**
- **Grocery store, Hospital Employees, Parking lots**
- **Military One Source**
- **Briefings, PDHRA's, Veteran Organizations**
- **Contact from Commands/Battle Buddies / Employers / Friends.....YOU.....**

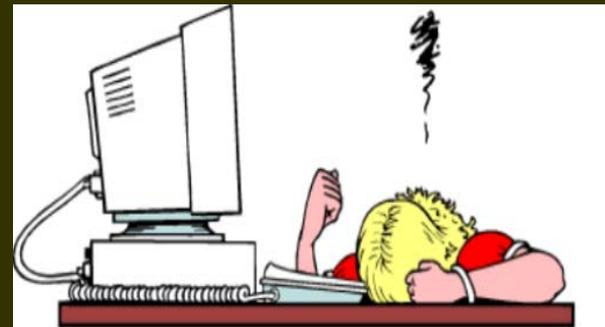
Recognize What May Have Changed.....

- Veteran may feel discounted or disrespected
- Family members may have new power and responsibilities
- **May feel they have been displaced**
- May have new priorities for their lives
- May have achieved a new level of maturity
- Children and friends have grown and changed

.....

Recognize What May Have Changed...

- “Culture shock”
- Problems Driving
- Workplace has changed; or, may have no workplace
- Veterans who have seen combat - old work/job may seem dull by comparison
- May not be interested in things they were interested in before they left



Identify how they may feel.....

- They may have little patience for “nonsense”
- Their sense of humor may have changed
- They may feel uncomfortable being a “Civilian”
- May feel uncomfortable in a crowd
- They often want to take on more job responsibilities
- They may feel unneeded at work or that they do not belong
- Their thoughts may still be overseas with buddies/others who are still serving,civilians

Identify how they may feel...

- Lose the sense they had of being “heroes” or, are embarrassed to be thought of as heroes
- Feel that no civilian could ever understand their experiences
- Their “head” is still in the war zone: a sense of disconnectedness in present environment: forget names, directions, old tasks, etc.
- May be fearful of future deployment/may not want to plan for the future (ex. School, job advancement, family planning, etc.)
- May feel that the stress of civilian life is trivial and have a hard time fitting in.

What to Do For the Veteran

- HOPE, HELP, WORTH
- Be Respectful
- Be Competent
- Be Culturally Competent
- Include all family members
- Simplify complicated procedures
- Consider schedules, needs, resources
- Help work the system
- Include military systems as appropriate

WHAT NOW?

- **DOD increasing support and use of military, VA , veteran and civilian resources**
- **Continue the fight against the stigma**
- **DOD ReNew emphasis on good leaders caring for SM and families**
- **Education and more education**
- **Treating the whole system (Family & Community)**
- **User friendly, customer oriented services, Culturally Competent care.....**

WHATS LEFT?

- Increase Command emphasis
- Increase available Health Care Resources
- Case managers who know all resources and available services
- Hand off from DOD to civilian/VA providers
- Continued follow up of service members and families even after discharge from the military
- Ongoing ETOH/DRUG evaluation with concern of possible underlying Mental Health Issues
- Resiliency programs imbedded during entire deployment cycle
- Collaboration and ingenuity to provide care to the new generation of service members (Guard & Reserve).---→→

What Did They Gain?

- Lifetime membership in a culture of less than 1% of all Americans...
- Experience
- Confidence
- Camaraderie
- Personal growth
- Veteran status
- A great shot record



POINTS TO PONDER

- **“No One Comes Back Unchanged”**

(COL (DR.) Tom Burke, DOD, Director of Mental Health Policy)

- **War changes persons for the better too!**
- **Operational Stress Responses will resolve with time, with patience, with support...**
- **Help is available**

“They” is “Us” – they’re our families, our friends, our neighbors, our coworkers

“The day soldiers stop bringing you their problems is the day you have stopped leading them.

They have either lost confidence that you can help them or concluded that you do not care.

Either case is a failure of leadership”

General Colin Powell





Questions ?