General Description And Grant Request Summary

(Short Version)

CareForTheTroops.org

The Invisible Wounds of War

"To care for those who have borne the battle, and their spouses, children, and families."

This Non-Profit will create improved mental health care to returning military and their extended families in the State of Georgia. It will develop more understanding of the military culture to the civilians within the infrastructure of this state who have not had much previous contact with the military. It will make easier access to mental health providers who have received training on the military culture and needs. It will be supported with expertise and information in a single location via a website. It will assist trained mental health clinicians to be more available to Reserve and National Guard families distant from military and VA facilities. This will be done in an interfaith, non-political environment with the humanitarian interest to benefit the veterans and their extended family members. We intend to build a model in the State of Georgia, and once operational, become a national organization.

What makes our approach unique is that we are addressing both the supply and demand associated with mental health care in the state for veterans. Our education offerings will increase the number of mental health providers familiar with the military culture and capable of addressing PTSD symptoms. Related education offerings about the military culture to community leaders and extended family members throughout the state will improve the quality and quantity of the referrals made to the mental health providers. We are addressing the complete ecosystem associated with improving mental health care for the returning military and their families.

54% of those serving in Iraq and Afghanistan are from Reserve and National Guard units. Conservative estimates indicate that over 50% of those returning have some form of mental health needs. PTSD and Sexual Trauma are the highest in this war than in any other war. A Presidential Commission in 2007 said that military and VA facilities are excellent but virtually inaccessible to many; that the private sector needs to be used to be successful. We will be part of that response for Georgia.

We will focus our training on four constituencies that creates a complete infrastructure that understands and better serves the military culture: military and extended families, licensed clinicians who are trained in PTSD treatments and marriage and family issues, congregation and other community leaders who will be in contact with the returning military and extended families, and existing social service support organizations.

Our Non-Profit will launch and operate a website to support the groups above, build training material customized to the nuances of each of these groups so that they understand and can serve the needs of someone from the military culture, and conduct seminars and training in various forms so that the largest possible number come in contact with this needed information.

The result will be that Georgia will have a larger, more complete mental health infrastructure that is educated and familiar with the needs of returning military and their family members. The long term impact of doing this will improve Georgia communities, make them safer, and result in a better quality of life for all the members of military families. In Georgia, we will be able to bring those citizens who have served our country “all the way home”

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Part One
Executive Summary

Abbreviations and Acronyms Used:

PTSD	**Post Traumatic Stress Disorder**
TBI	**Traumatic Brain Injury**
EMDR	**Eye Movement Desensitization and Reprocessing**
GAMFT	**Georgia Association for Marriage and Family Therapy**
MFTs	**Marriage and Family Therapists**
DoD	**Department of Defense**
VA	**Veterans Administration**
501c3	**Refers to a Non-Profit Organization not subject to taxation**

CareForTheTroops.org

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"To care for those who have borne the battle, and their spouses, children, and families."

Mission:

- Improve the ability of the civilian mental health infrastructure to work with military and family members first in the State of Georgia, then nationally,
- Facilitate connecting military families to providers of spiritual and psychological services familiar with the military culture and trauma
- Focus on addressing combat stress recovery as well as other spiritual and mental health related problems impacting the marriages and families of military veterans
- Educate and train clinicians, congregation and community leaders, extended family, and civilian groups about the military culture and trauma associated with military deployments in order to better assess and treat mental health symptoms, and provide more effective referrals and care
- Provide opportunities for additional trauma treatment training to clinicians
- Operate in an interfaith, non-political manner, focusing on the humanitarian interest that benefits the veterans and their extended family members

Executive Summary:

We have formed our organization in recognition of the differences today's military member and extended family members are experiencing in contrast to their counterparts who served during earlier periods of conflict. Some examples of these differences are:

- A higher number of deployed soldiers are from Reserve and National Guard units
- Today's active military serve war-zone tours that have been shorter, more frequent, and in greater numbers.
- They have multiple "departures and re-entries" out of and into their family systems.
- It is conservative to say that half or more of the men and women returning from combat have some form of mental or spiritual distress with a high incidence of PTSD and/or the physical and mental effects of TBI.
- DOD and VA facilities are working very hard, but are stretched to the maximum.
- The heavy dependence on National Guard and Reserve Units means many returning military combatants and their families live far away from medical and psychological support facilities, making access difficult and often impractical.
- The Tricare insurance rates and rules have exacerbated the situation by reducing the number of private sector mental health professionals willing to see military members and families because rates are low and the paperwork involved complicated and voluminous.

Presidential Commission Reports, such as the Senator Robert Dole / Secretary Donna Shalala report in April 2007, have recommended that solutions to these circumstances need to be addressed by leadership from the private sector to complement improvements being made to the public sector systems. *CareForTheTroops* is organizing and implementing one of those private sector responses.

Our Mission will focus on helping with the psychological and spiritual aspects of this conundrum. Already we have made a number of decisions and accomplished a number of steps:

- We have been approved by the IRS as a 501c3 organization.
- Our Board representation now consists of faith networks, and experienced non-profit organizations. Additional faith networks are being sought after.
- We have identified a cadre of skilled clergy familiar with and sympathetic to the armed forces.

- We have partnered with two networks of licensed clinicians; one trained in the EMDR and another licensed in the Marriage and Family Therapy profession. These networks are spread across Georgia and already skilled in addressing trauma, PTSD, and family mental health issues.
- Long term, we will increase the size of this clinician cadre to meet expected rising demand.
- We have provided for the capability to refer and utilize other existing social service organizations when a non-psychological need is identified.
- Significant efforts will be exerted to collect, distribute information, and educate clinicians, congregation and community leaders, people in social service agencies who have contact with military family members, and of course, military families themselves.
- It will take many forms, presentations and meetings, but the primary focus will be use of the internet, social networking formats and Church congregations.
- Volunteers from Church congregations will play a key role in collecting and distributing information that will help providers better understand military circumstances, symptoms to look for, treatment descriptions, provider contact information, and sources for help.

What makes our approach unique is that we are addressing both the supply of clinicians to provide care as well as the demand for mental health care in the state that is needed not only by military families, but also by congregation and community leaders. Our education offerings will increase the number of mental health providers familiar with the military culture and capable of addressing family mental health and PTSD symptoms. Related education offerings about the military culture to community leaders and extended family members throughout the state will improve the quality and quantity of the referrals made to the mental health providers. We are addressing the complete ecosystem associated with improving mental health care for the returning military and their families.

Our goal is to become a resource center for citizens in the State of Georgia as they address the spiritual and psychological needs of the military who have served their Country during this period of war. We expect our efforts to improve the care received by the military, benefiting its members, their extended families, their communities, and future generations of Georgians.

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Member	Joseph Krygiel, CEO, Catholic Charities, Archdiocese of Atlanta (US Navy)

Partners

The Georgia Association for Marriage and Family Therapy (GAMFT)
The EMDR Network of Clinicians in Georgia
Pathways Community Network, Inc
Fraser Counseling Center, Hinesville, Georgia (nearby Fort Stewart)
A Georgia University Program for Marriage and Family Therapy
Episcopal Diocese of Atlanta
Presbytery of Atlanta
Archdiocese of Atlanta

Part Two
Detailed Overview

Detailed Overview

Mission:

- Improve the ability of the civilian mental health infrastructure to work with military and family members first in the State of Georgia, then nationally,
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- Operate in an interfaith, non-political manner, focusing on the humanitarian interest that benefits the veterans and their extended family members

Overview Discussion:

Statement of Situation:

Our organization is formed to address the accumulation of circumstances summarized below which have created a critical need to provide psychological[1] services to military personnel and to their extended families (spouses, children, parents, siblings). Especially in need are those from Reserve and National Guard units who are not located near military installations or other support facilities. By providing these services, we will not only help the people who are directly receiving them, but the communities in which they participate will benefit socially and financially, both in the near-term and for many years to come. Likewise, the future generations will be spared the burden of a legacy of unmet psychological needs.

Issues Affecting the Situation and Our Cause for Concern:

The mix of the military currently is quite different from that which existed during the Vietnam era. Now, a large percentage of the active duty military fighting or supporting the war effort are from Reserve and National Guard units. Tours of duty overseas are shorter durations and more frequent. Many are experiencing more than six tours. The short-duration, frequent tours of duty create more “re-entry” and “departure” events between spouses, children, and parents. Also, fighting is occurring in circumstances closer to civilian populations and not in remote areas which creates different triggers once returning to the urban areas back home. The mental health impact of these circumstances is significant.

[1] Throughout this document, “psychological” refers to both spiritual and mental health

Meanwhile, the DoD and VA systems are being taxed to supply mental health support. The occurrence of PTSD and TBI is significant and much higher than was experienced in previous war engagements. The increased suicide rate is a strong indicator of the over-stressed nature of this situation and has a tremendous impact on the larger community and future generations. Jerry Weyrauch, M.B.A., Co-founder, Suicide Prevention and Advocacy Network have stated that "We think that every suicide attempt impacts at least 12 people, including family members, co-workers, and members of their communities".[2]

In July, 2007, Co-Chairs Robert Dole and Donna Shalala delivered their report to the *Presidents Commission on the Care for American's Returning Wounded Warriors*.[3] The report reviews the state of caring for the physical as well as the mental well-being of the military. <u>Our focus is on the mental well-being.</u> Here are a couple of important excerpts that have helped form the basis of our mission, and continue to inform our concerns, and subsequent operations:

- "The VA has a long history of treating combat-related PTSD. Yet, clinicians are not necessarily informed about state-of-the-art treatment or available resources, public or private…"[4]
- "…other mental health-related problems, including substance abuse, depression, suicide, and family disruption, often co-occur with PTSD and likewise merit attention."[5]
- "…online resources will be of greatest help if they can provide information specific to service members' home communities and tailored to their specific questions and needs.[6]
- "Military families are changing. The majority of spouses work. The Iraq and Afghanistan conflicts rely more heavily than in the past on the reserve [Reserves and National Guard] components. The husbands, wives, and parents of these troops are distributed across many communities, not concentrated in and around the large installations where military treatment facilities and family support programs are located."[7]
- "The DoD and VA must rapidly improve prevention, diagnosis, and treatment of…PTSD...At the same time, both Departments must work aggressively to reduce the stigma of PTSD...We recognize that augmenting DoD's mental health workforce will not be easy, because of national

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[2] Jerry Weyrauch, M.B.A., Co-founder, Suicide Prevention and Advocacy Network. Since the suicide death of their daughter, Terry Ann Weyrauch, M.D., in 1987, Jerry and Elsie Weyrauch, a registered nurse, have worked to prevent suicide at local, state, and national levels.

[3] Serve, Support, Simplify ("Report"): Report of the President's Commission on Care for America's Returning Wounded Warriors, delivered July 30 2007, commissioned via Executive Order on March 6, 2007, Chaired by Robert Dole and Donna Shalala

[4] Report p. 15

[5] Report p. 15

[6] Report p. 20

[7] Report p. 19

> shortages in mental health professionals…The DoD should establish a network of public and private-sector expertise…and conduct comprehensive training programs in PTSD."[8]

The Appendix of the Report states that there have been 11 prior Commissions, Task Forces, and Committees that examined the same problems dating as far back as 1956; eight since May of 2003. The GAO has issued 31 reports addressing problems since January 2001. There have been three Joint Reports issued since 1994. The Report stated "We don't recommend merely patching the system, as has been done in the past. Instead, the experiences of these young men and women have highlighted the need for fundamental changes…"[9]

A recent WHITE PAPER released by the National Veterans Foundation provided a number of excellent points. They support our concerns and why we feel the need to facilitate providing psychological services in the State of Georgia to our returning military and their extended families. The report was released February 28, 2008. These are extracts and the complete version can be found at http://www.nvf.org

Today, the VA has the highest customer satisfaction rating of any healthcare system in the United States.[10] Even though quality improved dramatically, veterans have difficulty accessing VA healthcare. Limited funding is making vital services like mental healthcare "virtually inaccessible" at some clinics.[11]

MENTAL HEALTH CONCERNS

- Rates of PTSD, TBI, and suicide are high among a new generation of veterans that includes 10% women. The VA healthcare system must prepare to care for the over 1.5 million men and women who have served in both Iraq and Afghanistan.[12]
- Suicide, alcoholism, domestic abuse and violent crimes are all on the rise. [13]
- Between 30 and 40 percent of veterans returning from Iraq and Afghanistan will have debilitative mental health issues, including depression, PTSD and anxiety disorders.[14]

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[8] Report p. 8
[9] Report Appendix pps. 29-33
[10] "The Veterans Health Administration: Quality, Value, Accountability, and Information as Transforming Strategies for Patient-Centered Care" Healthcare Papers, 2005. 10-24
[11]"New Freedom Commission Members Assess Report's Impact" Psychiatric News, May 2006.
[12] The President's Commission on Care for America's Returning Wounded Warriors, "Final Report," July 30, 2007.
[13] "Study Finds 1.8 Million Veterans Are Uninsured," The Washington Post, June 21, 2007.
[14] Department of Veterans Affairs, Fifth Annual Report of the Department of Veterans Affairs Undersecretary for Health's Special Committee on Post-Traumatic Stress Disorder, 2005, p.12.

- The VA failed to allocate $100M in funding earmarked for mental health initiatives between 2005 and 2006.[15]

- More than half of the over 200 Vet Center Readjustment Counseling Centers, whose staff are specially trained in PTSD counseling, have reported being short at least one full-time therapist.[16]

- Combat is not the only cause of mental health concerns. Military sexual trauma occurs among 16-23% of military personnel. This is of special concern amongst female veterans.[17]

TRAUMATIC BRAIN INJURY (TBI) CONCERNS

- Soldiers' proximity to frequent blasts in Iraq and Afghanistan has made Traumatic Brain Injury, or TBI, the "Signature Wound" of the Iraq and Afghanistan Wars.[18]

- Surveys estimate that up to 300,000 Iraq and Afghanistan veterans may have a TBI.[19]

- Traumatic brain injury can cause headaches, reduced cognitive functioning, mood swings and sleep disturbances.[20]

- The Army Times questioned the accuracy of the VA's TBI screening.[21] *(They think it's higher.)*

Additionally, we have reason to believe that the children, extended families, and members of the communities associated with the returning military will be experiencing an increased impact on their mental health; we also believe this will continue to increase over time and as more troops return from overseas:

- The National Association of School Nurses estimates that approximately 80 percent of the visits to a school health room or clinic are related to mental health or emotional issues.[22]

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[15] GAO-07-66, "VA Health Care: Spending for Mental Health Strategic Plan Initiatives Was Substantially Less Than Planned," November 21, 2006, p. 6 http://www.gao.gov/cgi-bin/getrpt?GAO-07-66.

[16] "Staffing at Vet Centers lagging," USA Today, April 19, 2007 http://www.usatoday.com/news/washington/2007-04-19-vet-centers_N.htm.

[17] Valente, Sharon , "Military Medicine: Military Sexual Trauma: Violence and Sexual Abuse" Association of Military Surgeons of the United States, Mar 2007, http://findarticles.com/p/articles/mi_qa3912/is_200703/ai_n18755581/print?tag=artBo .

[18] Department of Defense American Forces Press Service. September 17th, 2007. http://www.defenselink.mil/news/newsarticle.aspx?id=47474

[19] "TBI: Hidden Wounds Plague Iraq War Veterans," Denver Post, April 16, 2007: http://www.denverpost.com/ci_5675337

[20] Center For Disease Control, TBI Signs and Symptoms http://www.cdc.gov/ncipc/tbi/Signs_and_Symptoms.htm

[21] "VA says 6 % of combat vets have TBIs," Army Times, November 4, 2007.

[22] Nancy Rithmire, R.N., Chair, Advisory Committee on Student Health and Achievement, Georgia Department of Education, Roselyn Carter's 2002 Health Forum

- Family members or other individuals having prolonged exposure to PTSD victims can also develop what appears to be a form of PTSD It is often called "*secondary PTSD*" or "*vicarious traumatic stress disorder*," V.T.S.D.[23]

- 67% of Vietnam veterans diagnosed with PTSD received their diagnosis after being released from prison or jail.[24] It is important to note that this occurred years after their return from the war zone. This also raises questions whether their being in jail was a result of unseen and untreated PTSD symptoms (which we hope our initiative will help prevent), or whether the experience of prison triggered the symptoms associated with PTSD (which shows the need to build a long-term solution).

It is quite clear to us there is a need for psychological services now, and the need will increase over time. Meanwhile, support organizations are either not in place or are already over-taxed, so the private sector needs to provide leadership and attempt to supplement what is already there. That is our goal.

Actions To Address the Situation:

We view the current situation as one that requires some immediate solutions but really has to be answered with a long-term view in mind. **Long and short term actions** are needed in order to build the environment and infrastructure necessary to provide the psychological care required.

There are four constituencies that we will focus on providing information and training. The intent is to increase each group's awareness of the issues, importance, and availability of psychological services in the State of Georgia. It will be necessary to customize what is provided to each of these groups.

1. The service members themselves
2. The extended family members of the service man or women
3. The clinicians from the EMDR and GAMFT groups
4. The clergy, Pastors, Rabbis, and other leaders of the congregations

The first component of our initiative is to have **a group of trained clergy and clinicians,** who are familiar with treating the military and their extended family members, to provide the psychological services required. We are establishing coordination with the Georgia-based **EMDR certified clinicians**, and the Georgia-based **Marriage and Family Therapists** who belong to the GAMFT Association, a licensed profession by the State of Georgia, as well as clergy known to us to have a positive interest in the well-being of our armed forces. EMDR clinicians are needed to address Trauma and PTSD requirements, while GAMFT clinicians are needed to address other individual, marriage, and family related matters.

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[23] www.nami.org/.../Upcoming_Events/Convention/2005_Highlights/Presentations3/05NAMIconv-M10555.ppt

[24] www.nami.org/.../Upcoming_Events/Convention/2005_Highlights/Presentations3/05NAMIconv-M10555.ppt

Short term, this combination of professions provides us with an immediate cadre of clinicians that address Trauma, PTSD and the range of family issues that we expect will be presented.

The next component of our initiative is **education and information**. These provide the basis for building a long term solution. Training will be provided to familiarize clinicians in both **EMDR and GAMFT professions** about military life; it is needed to benefit the treatment provided to the military member and extended family. We will work with the EMDR-HAP (Humanitarian Assistance Program) group. They are a national non-profit whose mission is to conduct Level 1 and Level 2 certification training at a low cost. Though we expect to draw candidates for this training primarily from the GAMFT profession, other mental health professionals who are interested will certainly be considered. Long term, this process will gradually increase the base of military-aware clinicians throughout the state as needs and subsequent requirements occur.

The education referenced above that describes current life in the military is also needed for **congregation leaders and other members of social service providing organizations** who will come in contact with military members and families. Ultimately, these individuals will broaden the number of contact points our network can create and will result in making contact with more potential candidates who need the care we are trying to establish. In the context of a "supply chain" they will help create the "demand" by recognizing symptoms and making referral that will use the trained clinician resources we build throughout the State of Georgia. Also, providing this information to these groups will improve their care to military members while facilitating timelier and more appropriate referrals to trained clinicians. In the long term, these benefits will be felt by the families, communities, and future generations.

Our initiative calls for reaching out to Churches and Service Providers.

- Congregations are generally superb at connecting people to resources. This becomes even more critical when there are fewer resources with which to connect. Most clergy already have had the experience of referring people whom they are aware are at risk for suicide or who have other mental health challenges.[25] However, as mentioned above, we plan to provide education familiarizing them with issues unique to the military life since many are distant from military installations and concentrated military populations. In addition, some clergy and denominations are quite adept at addressing issues of guilt frequently experienced by combatants who have had to take human life. The pronouncing of absolution can have a profound positive effect on the combat warrior as s/he seeks to move more wholesomely into post-war life.

[25] Gary Gunderson, M.Div., D.Min., Director, Interfaith Health Program, Rollins School of Public Health, Emory University.

- We have enlisted the help of the **Pathways Community Network** non-profit organization that currently provides the network and case management system used by all the HUD funded agencies throughout the State of Georgia. Pathways can help us connect with their referral network to service providers of non-psychological service providers. We believe that there will be many needs beyond those related to psychological problems. Pathways referral system will provide us a “path to follow” when these needs surface during our contact with the military family. Pathways will also provide us with training and education on how to best utilize these service providers and also provide us with program assessment so that we can improve as we grow over time.

- Short term, we are suggesting **a program implemented through religious congregations to meet with family members** (spouses, parents, siblings, even close friends) who are stateside while the military member is serving overseas. This immediately provides contact with people who may be in need of help. It also initiates a potential relationship and way to inform family members and congregation leaders of the symptoms to look out for when the military member returns or leaves the military. Thus access to information begins early, providing both long term and short term benefits. The implementation of this part of the plan will be conducted with the help of volunteers from the Church organizations that are part of our Core Team (St Peter and St Paul, St David’s currently with one or two others under consideration).

The last component of our initiative is our intent to **use the internet to distribute the information**. We wish to establish ourselves as the key information resource for psychological care of the military and their extended families in Georgia. The internet will also be used by people in need to get information and by those wanting to provide support (congregation leaders, clinicians, service organizations, family members, etc.) on how best to provide that support. Connecting with military members and families will occur through the use of social networks (Facebook, MySpace) that will drive them to an information based website. The means of connecting the service providers to the information resources we provide will be a combination of the training sessions, the associations and groups we have as part of our team (GAMFT, Pathways, and EMDR), churches, and the church-based volunteers who will be used to continually canvass the groups mentioned above.

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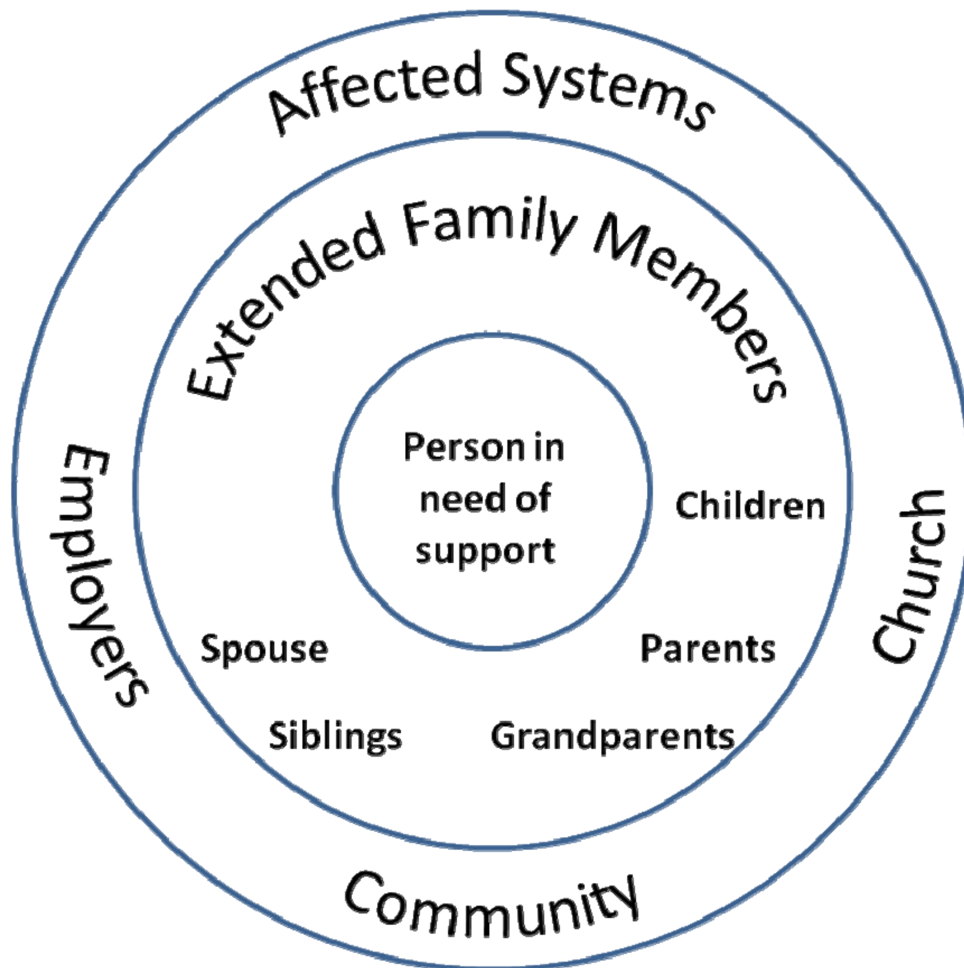
The following shows the people and systems that come in contact with military family members and who will derive benefit from CareForTheTroops.org as we address and improve the ability to respond to the psychological needs of the returning military member and their families. It is a multi-generational issue that is critical for the overall well-being of our society.



Websites for review:

Sites to emulate

Veteransheartgeorgia.ort	Local Atlanta Group, has many similarities to us
mainevetstrauma.org	State of Maine initiative to connect vets to EMDR clinicians
georgiaveterantraumaproject.org/	State of Georgia initiative just like Maine's based at St Luke's TACC
giveanhour.org/skins/gah/home.aspx	Give an Hour non-profit providing free therapy to returning military
operationhomefront.net/Georgia	Supporting Our Troops by Helping the Families They Leave Behind

National Guard Sites

guardfamily.org	National Guard Family Program Portal
pcusa.org/peacemaking/iraq/deployedfamilies.pdf	National Guard Deployment Pamphlet
globalsecurity.org/military/agency/army/arng-ga.htm	Georgia National Guard
georgiaguardfamily.org	Georgia National Guard Family Support Foundation
illinoiswarrior.com	Illinois Warrior Assistance Program Home
minnesotanationalguard.org	Excellent site for support info. Click on the yellow ribbon link

State of Georgia Sites and Georgia Episcopal Sites

gmacc.georgia.gov/01/home/0,2197,1331549,00.html	Georgia Military Affairs Coordinating Committee
militaryministry.episcopalatlanta.org	The Episcopal Church in Georgia Diocese Military Ministry Home
strongbonds.com	For info on the Army marriage enrichment program
episcopalchurch.org/81834_96517_ENG_HTM.htm	Episcopal Life Online - BOOTS Story
groups.yahoo.com/group/Diocese_of_Atlanta_Military_Ministry	Yahoo Groups Atlanta Diocese Military Ministry

Clinician Networks and Counseling Centers in Georgia

gamft.org	Georgia Association for Marriage and Family Therapy Home Page
emdr.com	EMDR Primary website
emdria.org	EMDR International organization
emdrhap.org/home/index.php	EMDR Non-profit arm focused on providing training
odysseyofthesoul.org/freomm/emdrathome.htm	EMDR site, Foundation for Research and Exploration of Mind Motivation
helpguide.org/mental/emdr_therapy.htm	EMDR Eye Movement Desensitization and Reprocessing Therapy
frasercenter.com	The Fraser Center just outside Ft Stewart in Hinesville, Ga
samaritannega.org	Samaritan Counseling Center of Northeast Georgia in Athens
pilink.org	The Pastoral Institute, a Samaritan Counseling Center in Columbus Ga near Ft Benning

Sites Focused on Providing Support Servies

hand2handcontact.org	Alison Lighthall - similar to our approach; educating civilians on military life issues
vets4vets.us/index.php	Iraq and Afghanistan veteran peer support
ncmaf.org	National Conference on Ministry to the Armed Forces-Scroll to denomination.
nvf.org	National Veterans Foundation The Lifeline for America's Veterans™
ova.dc.gov/ova/cwp/view,a,1403,q,639936,ovaNav,%7C32451%7C,.asp	Office of Veteran Affairs – info from National Center for PTSD
samhsa.gov/SAMHSA_News/VolumeXVI_1/article3.htm	US Health and Human Services Abuse and Mental Health Administration
hireheroesusa.org/index.php	Linking our disabled heroes to employment opportunities
fisherhouse.org/index.html	Fisher House -- Helping Military Families
crcna.org	Christian Reformed Church ->Our Ministries → Chaplain Ministries
http://www.pva.org/site/PageServer?pagename=homepage	Paralyzed Veterans of America-research, education, information, advocacy

Traumatic Brain Injury (TBI) Sites

brainbook.com	Brain Book Life Management System, TBI related information and support info
wpdfd.com/browsergrid.htm	Program for Veterans with Traumatic Brain Injuries
easterseals.com/site/PageServer?pagename=ntl_pr_veteranstbi	Easter Seals Easter Seals Launches Program for Veterans with Traumatic Brain Injuries

Articles – Blogs – information Sites

ptsdcombat.blogspot.com/2008/03/army-report-civilian-psychologists.html	army-report on civilian-psychologists
sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/02/13/MNPSV110J.DTL	Suicide rates analyzed - High numbers found among members of Guard, Reserves
wtopnews.com/?nid=116&sid=1355422	Military Divorce Rate Holding Steady
quickseries.com	Education Material Catalogue
articulate.com	E-Learning Software and Authoring Tools Articulate Rapid eLearning
blogs.stripes.com/blogs/spousecalls/emdr-treatments-ptsd	Blog by Terri Barnes, military wife and mother of 3
www1.va.gov/opa/feature/celebrate/vamotto.asp	The Origin of the VA Motto - Public and Intergovernmental Affairs
truthout.org/docs_2006/111407O.shtml	The Veteran Suicide Epidemic and information
cbsnews.com/stories/2007/11/13/cbsnews_investigates/main3498625.shtmlVeteran Suicides	How The CBS News Investigative Unit Got The Statistics And The Story

+ others cited within the document

Part Three
General Background and Detailed Discussion

General Background and Detailed Discussion

Why our Motto:

At the conclusion of Abraham Lincoln's 2nd Inaugural Address in 1865, and nearly a month before he died, while our uneasy nation needed reconciliation and unification, he stated the following to America:

"With malice toward none, with charity for all,
with firmness in the right as God gives us to see the right,
let us strive on to finish the work we are in,
to bind up the nation's wounds,
to care for him who shall have borne the battle
***and for his widow, and his orphan**,*
to do all which may achieve and cherish
a just and lasting peace among ourselves and with all nations."[26]

In 1959, the bolded words above became the motto of the Veteran's Administration; and today, two plaques with those words are at the entrance of the VA Headquarters in Washington DC. Of course, in today's world the 'him' is really 'him or her'.

Though our motto is not original, it fits our Mission and where our hearts lay.

Our Cause For Concern:[27]

Fast-forward to July, 2007 and the delivery by Co-Chairs Robert Dole and Donna Shalala of their report to the *Presidents Commission on the Care for American's Returning Wounded Warriors*. The report reviews the state of caring for the physical as well as the mental well-being of the military. Our focus is on the mental well-being. Here are a couple of important excerpts that help form the basis of our mission and operations:

- "The VA has a long history of treating combat-related PTSD. Yet, clinicians are not necessarily informed about state-of-the-are treatment or available resources, public or private…"
- The report also recognizes that "…other mental health-related problems, including substance abuse, depression, suicide, and family disruption, often co-occur with PTSD and likewise merit attention."

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[26] This is a paraphrase of remarks by Abraham Lincoln, during his 2nd Inaugural Address, in 1865. Further Information can be obtained from the website. http://www1.va.gov/opa/feature/celebrate/vamotto.asp
[27] The citations pertaining to text in this section are cited in Part II of this report

- "…online resources will be of greatest help if they can provide information specific to service members' home communities and tailored to their specific questions and needs.

- "Military families are changing. The majority of spouses work. The Iraq and Afghanistan conflicts rely more heavily than in the past on the reserve [Reserves and National Guard] components. The husbands, wives, and parents of these troops are distributed across many communities, not concentrated in and around the large installations where military treatment facilities and family support programs are located."

- "The DoD and VA must rapidly improve prevention, diagnosis, and treatment of…PTSD...At the same time, both Departments must work aggressively to reduce the stigma of PTSD...We recognize that augmenting DoD's mental health workforce will not be easy, because of national shortages in mental health professionals…The DoD should establish a network of public and private-sector expertise…and conduct comprehensive training programs in PTSD."

- The Appendix of the Report states that there have been 11 prior Commissions, Task Forces, and Committees that previously examined the same problems dating as far back as 1956; eight since May of 2003. The GAO has issued 31 reports addressing problems since January 2001. There have been three Joint Reports issued since 1994. The Report recommended "We don't recommend merely patching the system, as has been done in the past. Instead, the experiences of these young men and women have highlighted the need for fundamental changes…"

A recent WHITE PAPER released by the National Veterans Foundation provided a number of excellent bullet points of factors that support our concerns and why we feel the need to facilitate providing psychological services in the State of Georgia to our returning military and their extended families. The report was released February 28, 2008. These are extracts and the complete version can be found at http://www.nvf.org

Today, the VA has the highest customer satisfaction rating of any healthcare system in the United States. Even though quality improved dramatically, veterans have difficulty accessing VA healthcare. Limited funding is making vital services like mental healthcare "virtually inaccessible" at some clinics.

MENTAL HEALTH CONCERNS

- Rates of Post-Traumatic Stress Disorder, Traumatic Brain Injury and suicide are high among a new generation of veterans that includes 10% women. The VA healthcare system must prepare to care for the over 1.5 million men and women who have served in both Iraq and Afghanistan.

- Suicide, alcoholism, domestic abuse and violent crimes are all on the rise.

- Between 30 and 40 percent of veterans returning from Iraq and Afghanistan will have debilitative mental health issues, including depression, PTSD and anxiety disorders.

- The VA failed to allocate $100M in funding earmarked for mental health initiatives between 2005 and 2006.

- More than half of the over 200 Vet Center Readjustment Counseling Centers, whose staff are trained specially trained in PTSD counseling, have reported being short at least one full-time therapist.

- Combat is not the only cause of mental health concerns. Military sexual trauma occurs among 16-23% of military personnel. This is of special concern amongst female veterans.

TRAUMATIC BRAIN INJURY CONCERNS

- Soldiers' proximity to frequent blasts in Iraq and Afghanistan has made Traumatic Brain Injury, or TBI, the "Signature Wound" of the Iraq and Afghanistan Wars.

- Surveys estimate that up to 300,000 Iraq and Afghanistan veterans may have a TBI.

- Traumatic brain injury can cause headaches, reduced cognitive functioning, mood swings and sleep disturbances.

- The Army Times questioned the accuracy of the VA's TBI screening. *(They think it's higher.)*

We have reason to believe that the children, extended families, and members of the communities associated with the returning military are experiencing an increased impact on their mental health and this will continue to increase not just as more troops return from overseas but also as time progresses.

- The National Association of School Nurses estimates that approximately 80 percent of the visits to a school health room or clinic are related to mental health or emotional issues.

- Family members or other individuals having prolonged exposure to PTSD victims can also develop what appears to be a form of PTSD It is often called "*secondary PTSD*" or "*vicarious traumatic stress disorder*," V.T.S.D.

- 67% of Vietnam veterans diagnosed with P.T.S.D. received their diagnosis after being released from prison or jail. This occurred years after their return from the war zone. This also raises questions whether their being in jail was a result of unseen and untreated PTSD symptoms, or whether the experience of prison triggered the symptoms associated with PTSD.

Many active and veteran military are not located near military bases and VA locations with access to the support facilities:

Of key concern to us and a key basis of our mission, is that many of the existing Active Duty military are part of Reserve and National Guard units. Their home units and their homes themselves are not near military and VA installations. Therefore, the availability of care makes getting the care difficult at best,

and often impractical. The need to provide support to the non-military experienced civilian support organizations and providers becomes more critical.

Georgia's military population is large and is spread out over a large geography complicating the issue of getting access to DoD and VA provided support.

The fact that Georgia is geographically large, a state where many Reserve and National Guard units are located, and where the units themselves tend to be high priority units for deployment, means that the needs in this State tend to create a higher propensity for critical need.

Georgia National Guard:

http://www.globalsecurity.org/military/agency/army/arng-ga.htm

"The Georgia Army National Guard is comprised of more than 9,000 citizen-soldiers drilling in units located across the state. Georgia's Army Guard is the thirteenth largest in the nation and is made up of combat, combat support and combat service support units. Over 60 percent of Georgia Army National Guard forces are high priority units and would be among the first to deploy during a national crisis."

"The Georgia Army National Guard maintains 90 armories, and is present in 73 communities."

The Reserves in Georgia:

Try to get some data about the Reserves in Georgia

What treatments for Trauma and PTSD are available?

The Office of Veteran Affairs website provides some indication of the type of treatments that are available for PTSD. Cited website
http://ova.dc.gov/ova/cwp/view,a,1403,q,639936,ovaNav,%7C32451%7C,.asp#06

When you have PTSD, dealing with the past can be hard. Instead of telling others how you feel, you may keep your feelings bottled up. But treatment can help you get better.

There are good treatments available for PTSD. Cognitive-behavioral therapy (CBT) is one type of counseling. It appears to be the most effective type of counseling for PTSD. There are different types of cognitive behavioral therapies such as cognitive therapy and exposure therapy. Another kind of therapy called EMDR, or eye movement desensitization and reprocessing, is also used for PTSD. Medications can be effective too. A type of drug known as a selective serotonin reuptake inhibitor (SSRI), which is also used for depression, is effective for PTSD.

Why EMDR for Treatment?

We have chosen to focus on EMDR as the recommended method for treatment of PTSD for a combination of 1) results-driven and 2) practical reasons.

Regarding 'results-driven', there is satisfactory material available showing that EMDR has delivered results to numerous people suffering PTSD symptoms from war situations, weather, accident, and terror related trauma producing situations. It is recognized by the VA nationally as a key treatment for trauma and PTSD; and the VA Hospital in Atlanta is a proponent of its use in treatment and uses in on many of their current patients.

Regarding "practical", there is the requirement that what is facilitated can actually be delivered. This requires that the cadre of mental health practitioners with the EMDR skills can be grown over time as the PTSD sufferers increase over time. There is already a group of EMDR clinicians in practice today in Georgia; there is also a national EMDR training organization with non-profit and for-profit segments already established that can be utilized to train additional cadre over time.

To summarize, use of EMDR is a practical choice that provides a reasonable chance of supporting a successful operation and delivering results over the long term.

<u>Why the GAMFT Profession? (Georgia Association for Marriage and Family Therapy):</u>

It is quite clear that PTSD is just one of the mental health issues that evolve from the active military member being assigned to the theater of war. As stated in the Dole/Shalala Report, other mental health-related problems, including substance abuse, depression, suicide, and family disruption, often co-occur. We have also mentioned that much of the military population returning from the Middle East are in Reserve and National Guard units and they are not located near military support locations. So we need to provide clinicians that can treat a wide range of issues over a wide geography that is often not near military installations and treatment facilities.

Therefore we have chosen to focus on the Marriage and Family Therapists with the GAMFT organization for both 1) results-driven and 2) practical reasons.

Regarding "result-driven", Marriage and Family Therapist practitioners are trained to address a wide range of mental health problems, not just in an individual setting, but also in a family setting. They are trained to understand the family as a "system" and specifically trained in marital therapy. Bringing a family system oriented perspective to health care (more details below) is the under-pinning of their work in therapy with their clients.

Regarding "practical", GAMFT licensed therapists are located throughout the state, not just in major metropolitan areas or near military bases. Their organization is licensed by the State of Georgia and their profession has been approved to work on military installations. Finally, because of their numbers, they represent good candidates for taking EMDR training we plan to offer since many work in agencies

and/or accept insurance which will qualify them for the non-profit training offered by the EMDR-HAP organization.

We believe this makes the use of GAMFT clinicians a practical choice that will provide a reasonable chance of supporting a successful operation and delivering results over the long term. However, one final note; if a clinician that is not a GAMFT clinician and wishes to take the EMDR training offered, they will certainly not be turned away.

Why the combination of EMDR and GAMFT?

While EMDR offers the hope of results in addressing Trauma and PTSD issues, it is likely not the whole problem with which we might be faced when confronted with the military member and their extended family. Trauma and PTSD may have caused other family problems such as abuse, divorce, etc that will take time to address. Also, not every EMDR clinician possesses the skill or inclination to address the related marriage and family issues that are exhibited; and visa-versa. It is anticipated that a combination of clinicians may be the best way to address many of the situations.

We feel that focusing on only one of the two types of treatments and professions is too limiting and does not meet our standards for delivering results and building a practical operational model for the long-term.

More about EMDR Treatment

EMDR integrates elements from many effective psychotherapies in structured protocols that are designed to maximize treatment effects. These include psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies. EMDR is an information processing therapy and uses an eight phase approach.

During EMDR the client attends to past and present experiences in brief sequential doses while simultaneously focusing on an external stimulus. Then the client is instructed to let new material become the focus of the next set of dual attention. This sequence of dual attention and personal association is repeated many times in the session.

EMDR[28] is an information processing psychotherapy that was developed to resolve symptoms resulting from disturbing and unresolved life experiences. EMDR is rated in the highest category of effectiveness and research support in international guidelines for PTSD treatment. It uses a structured approach to address past, present, and future aspects of disturbing memories. The approach was developed by Francine Shapiro to resolve symptoms resulting from exposure to a traumatic or distressing event, such as rape. Clinical trials have demonstrated EMDR's efficacy in the treatment of post-traumatic stress disorder (PTSD). In some studies it has been shown to be equivalent to cognitive behavioral and

[28] Source is website: http://en.wikipedia.org/wiki/EMDR

exposure therapies, and more effective than some alternative treatments (see effectiveness sections below). Although some clinicians may use EMDR for various problems, its research support is primarily for disorders stemming from distressing life experiences.

The theoretical model underlying EMDR treatment hypothesizes that EMDR works by processing distressing memories. It is based on a model which posits that symptoms arise when events are inadequately processed, and can be eradicated when the memory is fully processed. It is an integrative therapy, synthesizing elements of many traditional psychological orientations, such as psychodynamic, cognitive behavioral, experiential, physiological, and interpersonal therapies.

EMDR's most unique aspect is an unusual component of bilateral stimulation of the brain, such as eye movements, bilateral sound, or bilateral tactile stimulation coupled with cognitions, visualized images and body sensation. EMDR also utilizes dual attention awareness to allow the individual to vacillate between the traumatic material and the safety of the present moment. This prevents re-traumatization from exposure to the disturbing memory. As EMDR is an integrative therapy which combines elements of cognitive behavioral and psychodynamic therapies to desensitize traumatic memories, some individuals have criticized EMDR and consider the use of eye movements to be an unnecessary component of treatment. However, recent studies have examined the effects of eye movements and have found that eye movements in EMDR decrease the vividness and/or negative emotions associated with autobiographical memories, enhance the retrieval of episodic memories, increase cognitive flexibility, and correlate with decreases in heart rate, skin conductance, and an increased finger temperature. These physiological changes associated with EMDR are consistent with earlier research on physiological changes associated with EMDR. Also recent studies that have removed eye movement from the method have found the procedure less effective.

Useful Links for more information:

EMDR Institute:	http://www.emdr.com/
EMDR HAP Training:	http://www.emdrhap.org/home/index.php
EMDR International Association:	http://www.emdria.org/

More about Marriage and Family Therapy

What is Marriage and Family Therapy?

A family's patterns of behavior influences the individual and therefore may need to be a part of the treatment plan. In marriage and family therapy, the unit of treatment isn't just the person - even if only a single person is interviewed - it is the set of relationships in which the person is imbedded.

Marriage and family therapy is:

- brief
- solution-focused

- specific with attainable therapeutic goals
- designed with the "end in mind."

Marriage and Family Therapists (MFTs) treat a wide range of serious clinical problems including: depression, marital problems, anxiety, individual psychological problems, and child-parent problems.

Research indicates that marriage and family therapy is as effective, and in some cases more effective than standard and/or individual treatments for many mental health problems such as: adult schizophrenia, affective (mood) disorders, adult alcoholism and drug abuse, children's conduct disorders, adolescent drug abuse, anorexia in young adult women, childhood autism, chronic physical illness in adults and children, and marital distress and conflict.

MFTs regularly practice short-term therapy; 12 sessions on average. Nearly 65.6% of the cases are completed within 20 sessions, 87.9% within 50 sessions. Marital/couples therapy (11.5 sessions) and family therapy (9 sessions) both require less time than the average individuated treatment (13 sessions). About half of the treatment provided by marriage and family therapists is one-on-one with the other half divided between marital/couple and family therapy, or a combination of treatments.

Who are Marriage and Family Therapists?

MFTs are mental health professionals trained in psychotherapy and family systems, and licensed to diagnose and treat mental and emotional disorders within the context of marriage, couples and family systems.

MFTs are a highly experienced group of practitioners, with an average of 13 years of clinical practice in the field of marriage and family therapy. They evaluate and treat mental and emotional disorders, other health and behavioral problems, and address a wide array of relationship issues within the context of the family system.

MFTs broaden the traditional emphasis on the individual to attend to the nature and role of individuals in primary relationship networks such as marriage and the family. MFTs take a holistic perspective to health care; they are concerned with the overall, long-term well-being of individuals and their families.

MFTs have graduate training (a Master's or Doctoral degree) in marriage and family therapy and at least two years of clinical experience. Marriage and family therapists are recognized as a "core" mental health profession, along with psychiatry, psychology, social work and psychiatric nursing.

Since 1970 there has been a 50-fold increase in the number of marriage and family therapists. At any given time they are treating over 1.8 million people.

Useful Links for more information:

National Association: http://www.aamft.org/
State Association: http://www.gamft.org/

The Rate of Suicide Is On The Increase:

A strong indicator of the need for addressing the psychological needs of the returning military is the high suicide rate which happens to be higher in military from Reserve and National Guard units.[29]

More than half of veterans who took their own lives after returning from Iraq or Afghanistan were members of the National Guard or Reserves, according to new government data that prompted activists on Tuesday to call for a closer examination of the problem.

A Department of Veterans Affairs analysis of ongoing research of deaths among veterans of both wars found that Guard or Reserve members accounted for 54 percent of the veteran suicides from 2001, when the war in Afghanistan began, through the end of 2005.

The research, conducted by the department's Office of Environmental Epidemiology, provides the first demographic look at suicides among veterans from those wars who left the military.

A recent study by CBS found that suicide rates have increased significantly among veterans.

"In 2005, for example, in just those 45 states, there were at least 6,256 suicides among those who served in the armed forces. That's 120 each and every week in just one year…It found that veterans were more than twice as likely to commit suicide in 2005 than non-vets. Veterans committed suicide at the rate of 18.7 to 20.8 per 100,000, compared to other Americans, who did so at the rate of 8.9 per 100,000."[30]

To get these statistics, CBS went to each state to collect the data. "When CBS News began looking into veteran suicide, [they] found that no federal organization or agency tracks the number of veteran suicides nationally. To [their] knowledge, no one is keeping count. [They] wanted to know how many veterans are committing suicide nationwide and how the rate of suicide for veterans compares to non-veterans."[31]

Results 2004

Overall Rates
Veterans: 17.5 to 21.8 per 100,000
Non-Veterans: 9.4 per 100,000

Male Rates
Veterans: 30.6 to 38.3 per 100,000
Non-Veterans: 18.3 per 100,000

Female Rates
Veterans: 10.0 to 12.5 per 100,000
Non-Veterans: 4.8 per 100,000

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[29] Source is website http://www.sfgate.com/cgi-bin/article.cgi?f=/c/a/2008/02/13/MNPSV110J.DTL
[30] Source is website http://www.truthout.org/docs_2006/111407O.shtml
[31] Source is website http://www.cbsnews.com/stories/2007/11/13/cbsnews_investigates/main3498625.shtml

Results 2005

Overall Rates
Veterans: 18.7 to 20.8 per 100,000
Non-Veterans: 8.9 per 100,000

Male Rates
Veterans: 31.5 to 35.3 per 100,000
Non-Veterans: 17.6 per 100,000

Female Rates
Veterans: 11.1 to 12.3 per 100,000
Non-Veterans: 4.5 per 100,000

Organization Structure:

Board of Directors:

President	Rev Robert Certain, Rector, Episcopal Church of St Peter and St Paul (USAF)
Exec Director	Peter McCall (US Army)
Member	Bill Harrison, Partner, Mozley, Finlayson & Loggins LLP (USAF)
Member	William Matson, Exec Director, Pathways Community Network, Atlanta, GA
Member	Alan Baroody, Exec Director, Fraser Counseling Center, Hinesville, GA
Member	Bill Carr D. Min., Presbyterian Chaplain, VA Hospital, Atlanta, GA (US Army)
Member	Joseph Krygiel, CEO, Catholic Charities, Archdiocese of Atlanta (US Navy)

Partners

The Georgia Association for Marriage and Family Therapy (GAMFT)
The EMDR Network of Clinicians in Georgia
Pathways Community Network, Inc
Fraser Counseling Center, Hinesville, Georgia (nearby Fort Stewart)
A Georgia University Program for Marriage and Family Therapy
Episcopal Diocese of Atlanta
Presbytery of Atlanta
Archdiocese of Atlanta

CareForTheTroops.org

The Invisible Wounds of War

"To care for those who have borne the battle, and their spouses, children, and families."

The following shows the people and systems that come in contact with military family members and who will derive benefit from CareForTheTroops.org as we address and improve the ability to respond to the psychological needs of the returning military member and their families. It is a multi-generational issue that is critical for the overall well-being of our society.