

CareForTheTroops.org

The Invisible Wounds of War

Date 08/03/2009

facilitating the spiritual and
psychological care of returning war
veterans and their extended families

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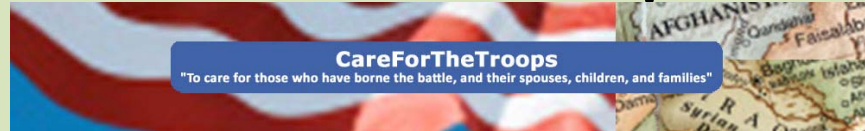
Why are we here tonight?

Review CFTT's plans for congregations

- Congregations to start Military Ministry Programs
- Explain the role of a VFC* and Lead Congregation
- Describe and ask for VFC* Approval Letters

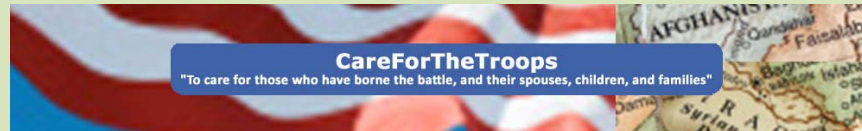
* A VFC is a Veteran Friendly Congregation

CareForTheTroops, Inc.



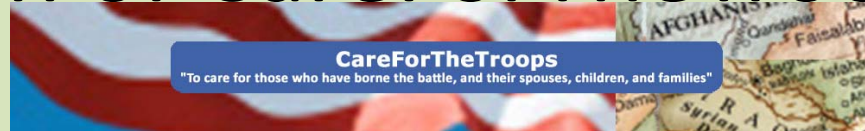
- CareForTheTroops is working to help the military and their extended family members receive mental health services and support from within the civilian elements of our society in the State of Georgia.
- CareForTheTroops is attempting to equip the civilian elements of society with the capacities to be helpful.
- We are trying to “build a better net” to catch those that need help before they fall too far and reach moments of desperation.

Causes for Concern



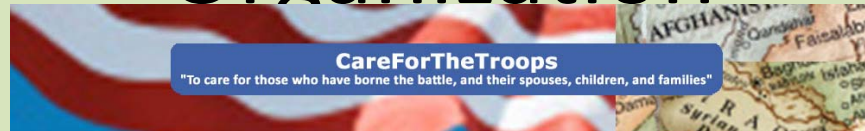
- Early Combat deployments were shorter and more frequent; now 15 months and soon 12 month
- Fighting occurs closer to civilian population creating mental triggers more similar to home situations
- Multiple family departures and re-entries contribute to stress and family attachment issues
- Conservative estimates are that greater than 50% return with some form of mental distress
- April Rand Study reported 33% have either PTSD, TBI, or Significant Mental Stress; 5% have all three
- Rand Study estimates that PTSD and depression among service members will cost the nation up to \$6.2 billion in the two years after deployment. The study concludes that investing in proper treatment would actually save \$2 billion within two year
- PTSD and major depression appear to be highest among Army soldiers and Marines, and among service members who are no longer on active duty . Georgia's bases are mostly Army and Marine.
- Sexual trauma is running at 16%-23%
- Suicide, alcoholism, domestic abuse and violent crimes rates are rising
- Suicide is 33% higher in '07 over '06, 50% higher in '08, and almost equal to '08 by May of '09
- Suicide attempts affect at least 12 people on average
- There is a much higher incidence of PTSD and TBI than in previous wars
- DoD and VA facilities are stretched
- The VA has not allocated all the funding earmarked for mental health
- There's a larger percentage of Reservists and National Guard than previous wars
- More NG/Reservists live distant from DoD and VA support facilities
- Other mental health, marriage, and family problems often occur with PTSD requiring attention
- Family members with prolonged exposure to PTSD victims have a secondary affect

Mission of CareForTheTroops.org



- Work to improve the ability of the civilian mental health infrastructure in the State of Georgia, then nationally, to work with military family members
- 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

Organization



501c3 status has already been approved by the IRS

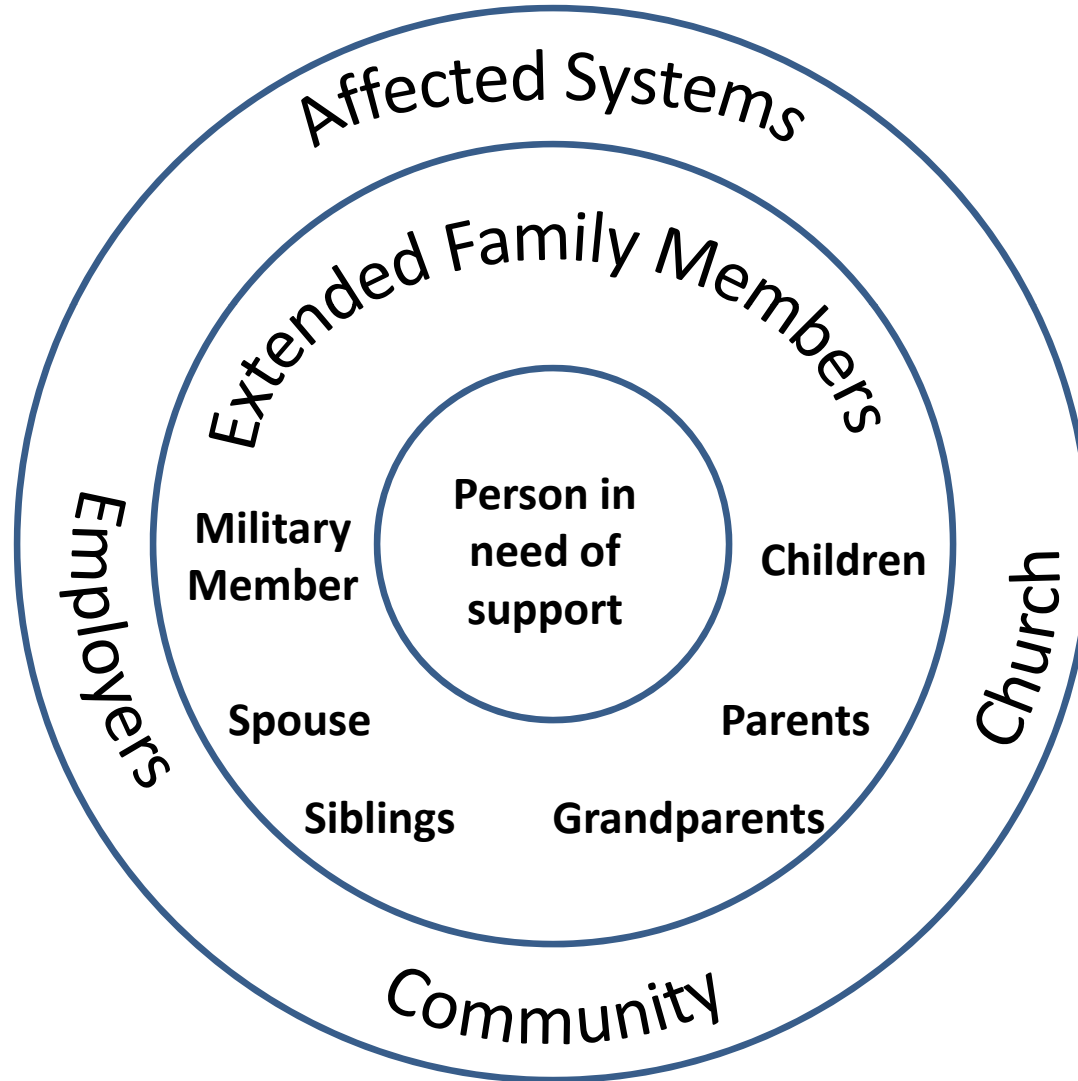
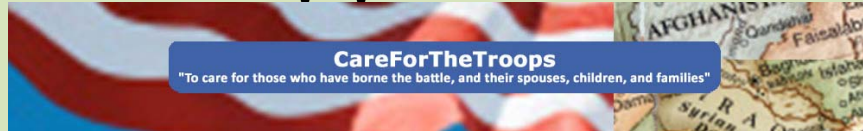
Current Board of Directors:

President	Rev Robert Certain, Rector, Episcopal Church of St Peter and St Paul (USAF)
Exec Director	Peter McCall (USArmy)
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 (USArmy)
Member	Joseph Krygiel, CEO of Catholic Charities, Archdiocese of Atlanta (US Navy)

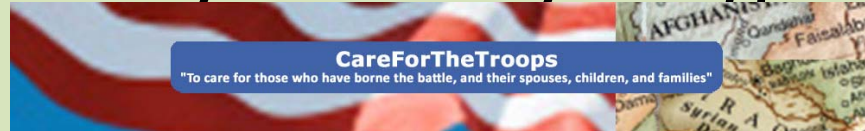
Current Partners:

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)
Episcopal Diocese of Atlanta
Presbytery of Atlanta
Catholic Charities and the Archdiocese of Atlanta

Approach



Military Ministry Programs

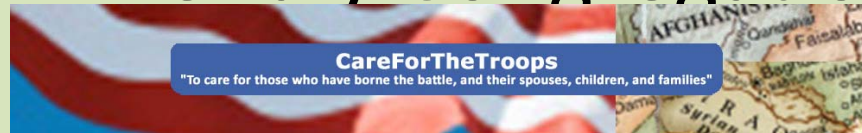


Purpose

The set of programs is intended to address the entire extended family members associated with the person that is or has been in the military. The programs have the following goals:

- Help the congregation members maintain an **awareness** of the existence and needs of those sacrificing their time and effort to support our country
- Create an **environment of acceptance** within the congregation for any extended family member who worships or visits the congregation; acceptance of their needs (physical, material, and spiritual), and a willingness to join in their struggles, whatever they might be

Veteran Friendly Congregation (VFC)



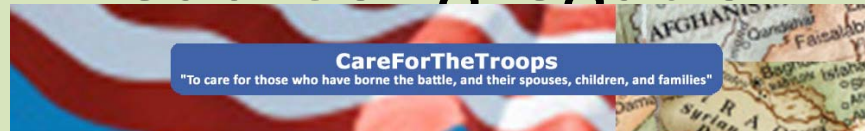
Program Requirements

Any congregation that meets the following criteria qualifies on an annual basis. Once qualified, a certificate will be sent to the Congregation Leader which is suitable for framing and should be displayed in a prominent location such that it can be seen by visitors, members, and leaders of the congregation alike.

Annual Criteria

- Agree to adopt one or more of the Military Ministry Programs suggested by CareForTheTroops or approved and agreed to in writing by the CareForTheTroops organization. CFTT Board Members and also Lead Congregations can provide this approval.
- Agree to advertise the existence of the Military Ministry Program(s) in one or more of your congregation publications (service bulletins, newsletters, etc) at least twice a month, all year long so that their existence is easily visible to visitors, members, and leadership of the congregation.
- Annually, renew your agreement with the provisions above by sending a letter to the CareForTheTroops office address shown on the web.

Lead Congregation



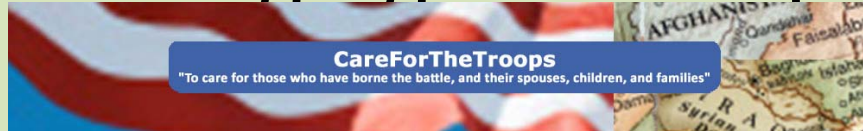
Program Requirements

Lead Congregations are the **LEADERS** in their geography and become the organization responsible for spreading the word about this help. We can't rely on a group in Atlanta to spread this across the State and the Nation.

Annual Criteria

- Be an overall advocate and emissary of the CareForTheTroops initiative
- Recruit congregations of all faiths on the merits of developing a military ministry
- Providing feedback to CFTT on how the programs are being used and any improvements that are needed to the documentation
- Feedback on new ideas and programs discovered while speaking with other congregations that they have already implemented
- Assistance to the Regional Trainers with scheduling presentations and events
- Help with fundraising if local foundations or private benefactors are involved. They would not be asked to participate in other parts of the State where other Lead Congregations exist.

VFC vs Lead Congregation Responsibilities



Responsibilities	VFC	Lead Congregation
Establish a Military Ministry Team within the congregation	X	X
Establish at least 1 program approved by CFTT or LC (more desired)	X	X
Advertise the programs in your congregation all year	X	X
Provide an annually signed VFC Commitment Letter to CFTT	X	X
Agree that we can list congregation information on the CFTT site	X	X
Be an advocate and emissary of CFTT in an agreed to geography		X
Recruit congregations of all faiths in the community		X
Advise VFCs on how to get started		X
Communicate with established VFCs and CFTT quarterly		X
Assist Regional Trainers in scheduling training		X
Help with fundraising within the geography agreed to with CFTT		X


What did we cover here tonight?


Review CFTT's plans for congregations


- Congregations to start Military Ministry Programs
- Explain the role of VFCs and Lead Congregations
- Describe and ask for VFC Letters

Backup Charts

ISSUE	RAND study says over 33% of returning military have some form of mental distress	CareForTheTroops Operations Overview	RESPONSE	CFTT will improve the overall mental health infrastructure to better support military families
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ISSUE	Private Sector MH providers have limited military experience	
RESPONSE	CFTT will provide training opportunities, including remote areas	


ISSUE	54% of those deployed are R/NG. GA is 6 th largest R/NG	
RESPONSE	Improve support even in remote areas of the state	


ISSUE	How can families know where trained support is available	
RESPONSE	CFTT website lists therapists trained in the military culture	

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ISSUE	How can CFTT assure that word of mouth spread all over the GA	
RESPONSE	Use congregations to create a grassroots info distribution channel	

ISSUE	How to help referral sources know better when & where to refer	
RESPONSE	CFTT website shows info usable by therapists & referrals	

ISSUE	How do we expect to overcome the stigma of mental health help	
RESPONSE	Target info for friends & family "surrounding" the military member	

Review Other Programs and Ideas

Church of the Epiphany, Decatur GA
www.VeteransHeartGeorgia.org



Veteran's Heart Georgia fosters the healing of veterans of all wars by attending to the spiritual and emotional needs of veterans, their families and our communities.

We are addressing the effects of war by creating a **community-based network of services, resources and education.**

This network includes:

- consultation with specially trained counselors and mental health clinicians for veterans and families;
- workshops and programs for veterans, couples and families, community gatherings and training for professionals;
- outreach and mentoring by trained, seasoned veterans;
- community education and involvement.

This work is influenced by concepts found in the book, War and the Soul, by Edward Tick.

We believe that:

- There is healing for the invisible wounds of war-related PTSD
- The core work is the nurturing of a positive warrior identity
- The suffering of families must be addressed, including the unaddressed wounds of war passed down through generations of families that have experienced war.
- The citizens of our communities, those who are protected and guarded, must share the burden of the wounds of those who have gone to war.

MORE ... ??

ISSUE

RAND study says over 33% of returning military have some form of mental distress


CareForTheTroops Operations Overview**RESPONSE**

CFTT will improve the overall mental health infrastructure to better support military families

- The VA healthcare systems must prepare to care for over 1.5 million who have served in Iraq and Afghanistan
- ...and this is on top of an aging set of Vietnam veterans who have suddenly started returning in large numbers
- The new generation of veterans includes 10% women
- More than half of the over 200 Vet Center Readjustment Counseling Centers have reported being short at least one full-time therapist (April 2007)
- Military sexual trauma is reported among 16-23% of military personnel
- Other mental health-related problems, including substance abuse, depression, suicide, and family disruption often co-occur with PTSD
- The DOD and VA facilities are being taxed greatly and will be over the next decade


Private Sector support is needed !!

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RESPONSE	Improve support even in remote areas of the state	

- The OEF/OIF mix of troops is very different than what was experienced during Vietnam
- The husbands, wives, and parents of R/NG troops are distributed across many communities and not concentrated around large treatment facilities for support
- Most soldiers have experienced multiple deployments with a short duration between deployments
- The short duration between deployments makes it difficult for the military member to “leave the combat zone” and “be home”
- Multiple departures and re-entries are difficult for all members of the extended military family
- Meanwhile, the mental health support and services provided by the DOD and VA continue to operate in a “large central site” structure


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ISSUE	Private Sector MH providers have limited military experience	
RESPONSE	CFTT will provide training opportunities, including remote areas	

- The July 2007 Dole/Shalala report stated that DOD should establish a network of public and private-sector expertise and conduct training programs
- Support organizations have arisen to support the returning military but primarily focused on material and morale issues
- A few isolated support organizations have arisen to address mental health issues
 - ...but to our knowledge, none have addressed training for both the private sector clinician providers as well as the private sector referral sources that will be accessed by the military family member in need
- Tricare insurance support is limited and qualifying is difficult which adds a level of complexity for those in remote areas where private sector clinicians may have limited access to military clients.

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- The “remoteness” issue for many military families contributes to the difficulty of accessing and providing DOD and VA mental health services
- Georgia’s military units are mainly Army and Marine units
- Many are transportation units and/or related to supply chain operations
- This profile creates high exposure to IEDs and resulting need for PTSD and TBI support
- Dole/Shalala – “Online resources will be of greatest help if they can provide information specific to service members home communities and be tailored to their needs.”
- Informing the church/congregation networks through training, as well as training the licensed private sector clinicians, will create a information distribution network that will drive those in need to the CFTT website where they will find information focused on mental health related matters

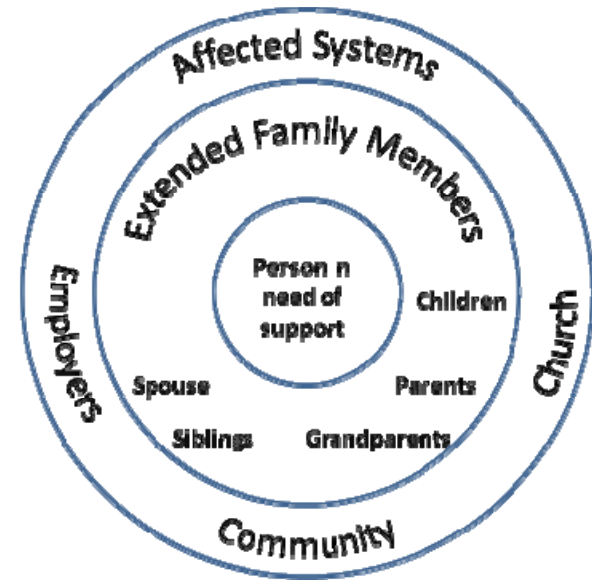
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CareForTheTroops Operations Overview

RESPONSE	CFTT will improve the overall mental health infrastructure to better support military families
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- Who are the referral sources?
 - The traditional ones are Congregation leaders, priests, rabbis, ministers, imams
 - But important ones are social services organizations, community leaders, and extended family members
- Education and information are key to helping these referral sources know better what signs to look for and where are the private-sector clinicians are that are trained in helping with those in the military
- The CFTT approach as depicted in the picture to the right is to “surround” the person in need with “informed” organizations and people to whom they might go to for help
- The CFTT training and website will be sources for this information.



ISSUE	How to help referral sources know better when & where to refer	
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- The military is clearly aware of this issue and is already doing many good things to alleviate this issue
- CFTT believes trying to go directly at the military family member in need with information and offers to help will be met with resistance
- Our approach is to “surround” the person in need with informed and educated referral sources and then provide easy access to trained and accessible private sector clinicians for the mental health services needed

ISSUE	How do we expect to overcome the stigma of mental health help	
RESPONSE	Target info for friends & family “surrounding” the military member	

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- PROGRAM EXAMPLES
- 20 Things Needed by the Troops
 - Operations Home front Support
 - Congregation Prayer List Inclusion and Letters
 - Monthly Dinners for those Deployed & Returned
 - ...any more ideas ??

- First of all, nothing is “assured” but let’s look at what offers the best chance of success
- Most people who are in search of help will seek out a congregation or other community leader (e.g. doctor, school counselor)
- Congregations are already “networked” through their own faith and community networks
 - ...and they are already in all the remote locations of the state
 - ...and most already have a number of former chaplains within their communities
- CFTT is an interfaith organization and is attempting to utilize these existing networks to access all the communities and regions of the state
- The Programs suggested are meant to build awareness and create a atmosphere of military acceptance within the congregation

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Current Work-Stream Layout Categories


1	2	3	4	5	6	7	8	9	10
Build Training Material	Build a Collection of Congregation Programs	Coordinate with EMDR and GAMFT Networks	Integrate Pathways Capabilities	Funding	Build Website	Coordinate with VA, National Guard, Reserves	Recruit and Coordinate with Lead Congregations	Schedule Training Sessions	Board Coordination


- What areas require Funding?
 - Training Development
 - Training Cadre and Presentations
 - Training Coordination
 - Website Development and Updating
- What areas need Volunteers?
 - Congregation Recruiting
 - Congregation Program Development
 - Congregation Coordination
 - Grant Writing
 - Partner Coordination
 - Website Updating
 - NEW IDEAS !

- Current key areas of help needed by CFTT are:
 - Grant Writing and Funding – this will get our training programs developed, our website built, & our trainer cadre in place and operational
 - Development of Congregation Programs – this will give us the tools to attract the network of congregations needed
 - A Labor force that will identify “Lead Congregations” and other congregations to implement suggested congregation programs – this will create an awareness of the military and their needs especially in areas where the military is not nearby and the military culture not familiar

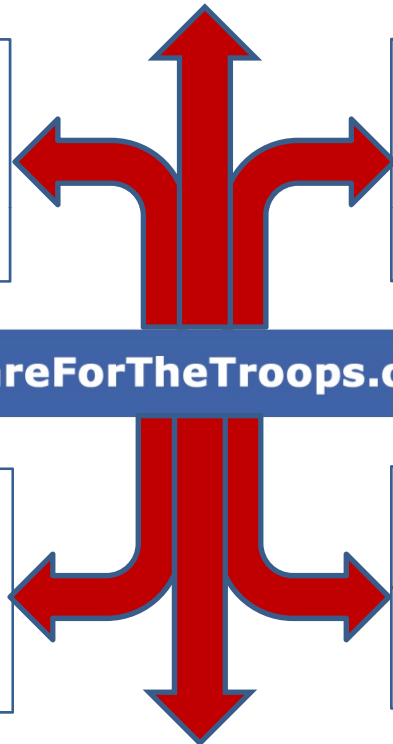
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