

# CareForTheTroops.org

## The Invisible Wounds of War

(Organization Name)

Date 02/28/2009

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

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# What This Presentation Is About

**SHOW** CFTT's proposed operations plan

**EXPLAIN** the issues that the plan address

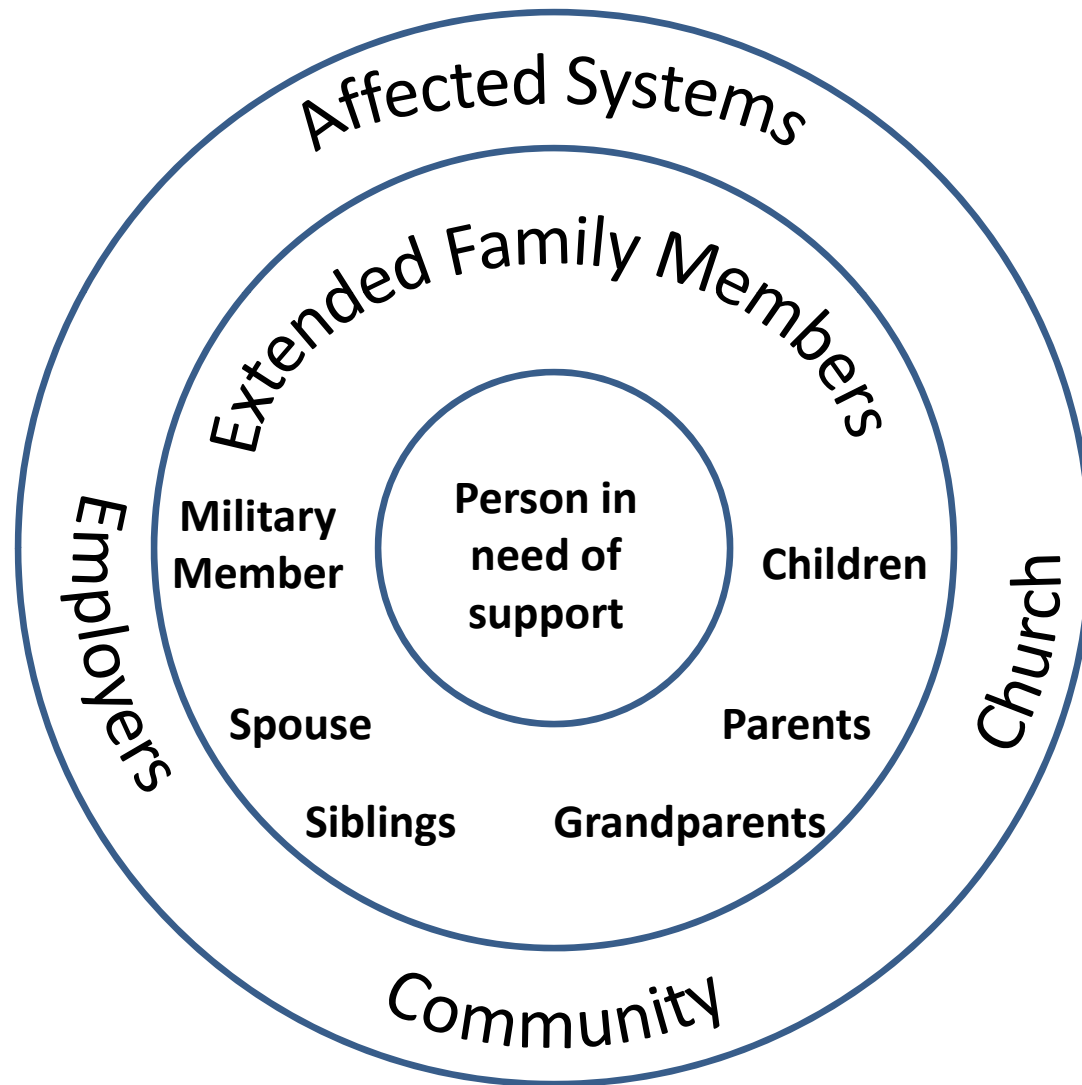
**REVIEW** the actions to address the issues

**PROPOSE** areas where more help is needed

# Why? ~ 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
- 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

# Who is Affected? ~ Who Benefits?



# Mission of CareForTheTroops.org

Our Mission is to create an infrastructure, first in the State of Georgia, then nationally, which will facilitate connecting military families to providers of spiritual and psychological services throughout the state with a focus on addressing combat stress (PTSD) recovery as well as other spiritual and mental health related problems impacting the marriages and families. Further, to educate and train clinicians, congregation and community leaders, extended family, and civilian groups unfamiliar with the military culture so that they can better assess related symptoms in the context of the military family environment, and provide more effective referrals and care. This will be done in an interfaith, non-political environment with the humanitarian interest to benefit the veterans and their extended family members.

# CareForTheTroops.org

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
Exec Director	Peter McCall
Member	Bill Harrison, Partner, Mozley, Finlayson & Loggins LLP
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


## **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)  
A Georgia University Program for Marriage and Family Therapy  
Episcopal Diocese of Atlanta  
Presbytery of Atlanta

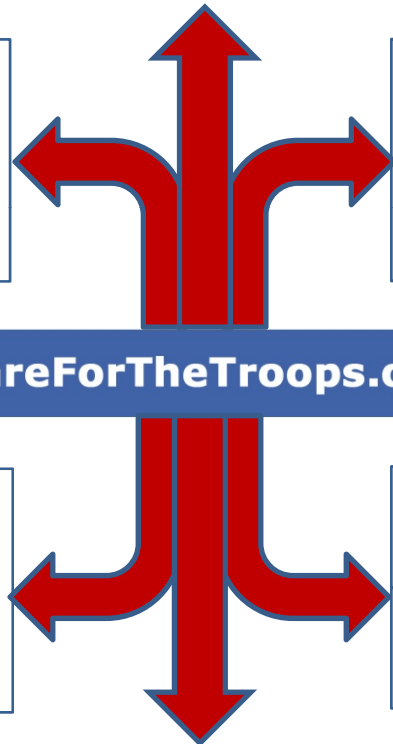
<b>ISSUE</b>	RAND study says over 33% of returning military have some form of mental distress	<b>CareForTheTroops Operations Overview</b>	<b>RESPONSE</b>	CFTT will improve the overall mental health infrastructure to better support military families
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<b>RESPONSE</b>	CFTT will provide training opportunities, including remote areas	


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<b>RESPONSE</b>	CFTT website lists therapists trained in the military culture	

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<b>RESPONSE</b>	Use congregations to create a grassroots info distribution channel	

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- 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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- 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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- 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

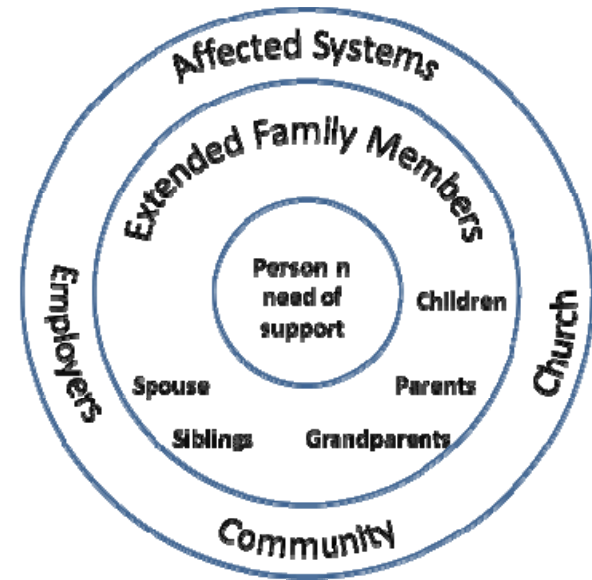
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## CareForTheTroops Operations Overview

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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.



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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

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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 an atmosphere of military acceptance within the congregation

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## Current Work-Stream Layout Categories


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


- 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

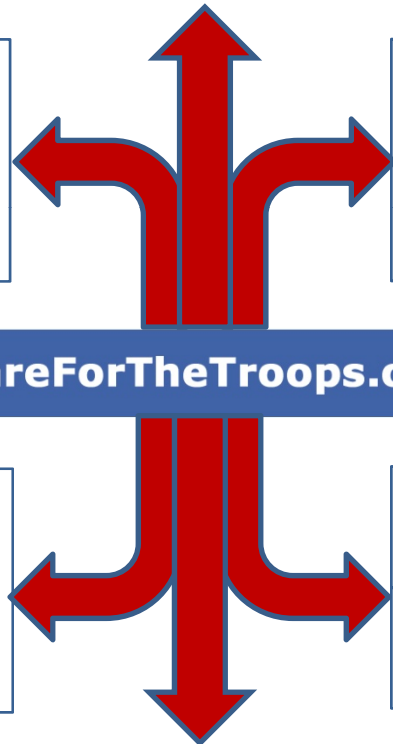
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# Review Other Programs and Ideas

Church of the Epiphany, Decatur GA  
[www.VeteransHeartGeorgia.org](http://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 ... ??**

# What This Presentation WAS About

**SHOW** CFTT's proposed operations plan

**EXPLAIN** the issues that the plan address

**REVIEW** the actions to address the issues

**PROPOSE** areas where more help is needed