



THE ENDLESS JOURNEY HOME

Post Traumatic Stress Disorder
Symptoms and Resources

An Iraq Veteran's story, suggestions for support,
healing and for changing the system

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Coming Home

Specialist Joe Collins volunteered to deploy to Iraq with another unit in January, 2003. He was 19 years old. After 366 days in-country, Joe returned home in April, 2004. By August, Joe got a job as a dual status federal employee. By October, Joe purchased his own home with the money he had saved and his new full-time employment. Shortly thereafter, he began to notice something was wrong. Afraid



Everyone assumes that because you made it home without any obvious injuries that everything is back to normal. For me, with PTSD this is the beginning of my long and painful journey home.

of losing all he had fought for, he tried to seek help on his own, thinking he could overcome whatever was happening to him.

In April of 2005, one year after returning home, Joe became so ill that he could not go to work. He held on at all costs. Eventually, he lost his job, his home, and much of his health, but not his hope. As he continues to experience “The Endless Journey Home”, it is his steadfast resolve to offer information to veterans and their families, to encourage them to seek help early and to let them know that they are not alone.

JOE’S STORY

I now consider myself an expert on the signs and symptoms of PTSD. I have suffered from it for more than three and a half years, not nearly as long as many, but I have suffered to the most extreme of each of the symptoms listed within this booklet. I believe that merits my understanding of the debilitating effects. For two and a half of those years, I was so ill and devastated from its effects that I was bedridden, only leaving my room maybe seven hours a week to see my counselor and psychiatrist.

My reason for writing this guide is to better educate and spread awareness of PTSD and its effects. In my own personal experiences, I have gone through countless psychiatrists. While showing “text book” signs of PTSD, I was given a 15-minute (mis) diagnosis and quickly written a prescription.

On two separate occasions, I went to see psychiatrists in the earlier stages of my illness. The first time, I filled out a True-False survey and then spoke with the doctor for 15-20 minutes. I was told I had Attention Deficit Disorder and was prescribed Adderall.

Another time, I was accompanied by my mother who is a Licensed Professional Counselor. When I spoke with the doctor myself, I basically went through the exact same process, except he spent less time with me and (mis)diagnosed me as Bi-Polar Disorder, sending me off with three different prescriptions.

Luckily, after enough unsuccessful attempts, I found an excellent psychiatrist. He



did a great job of communicating with me, my mother and my regular counselor (who I was fortunate enough to find on my first attempt and has helped me tremendously). From the combined effort of all three working together on my behalf, I was able to begin the journey of recovery from PTSD and other invisible wounds of war.

With PTSD trying to be “normal” after living in the “extreme” of a war zone is very difficult. I am thankful I have a good support system of close friends and family.

From my experience, it is hard to find the types of doctors who have knowledge to properly diagnose you from the symptoms you

might be suffering. My experience has shown me that I was MORE OFTEN misdiagnosed and sent down the wrong path of recovery...and even worse; I was put on an addictive medication that only masked the problem. Then, I had two battles to fight; ADDICTION AND PTSD.

I think, when it comes to PTSD, the most positive and effective way of treating it is to catch it early on and to have a good support system (family and friends) and a treatment team (counselor and/or psychiatrist) who are all on the same page when it comes to what the illness of PTSD brings and what steps are needed to get you back on track to living a healthy and fulfilling life.

To help soldiers and/or their families and friends REALLY understand what PTSD looks like, I have described the symptoms and how they look in the following pages. Hopefully, if you see something familiar in yourself or someone else, you can get treatment soon and not have to experience as much suffering as I have.

PTSD symptoms usually do not begin to surface until 3-6 months after the deployed soldier returns home. (Check off symptoms to take to your primary care physician if you think you may be suffering from PTSD).

Physical Symptoms

- Headaches
- Stomach problems
- Changes in breathing patterns (i.e. shortness of breath)
- Lack of energy OR
- Sometimes being very active and over-energetic
- Sleep problems
- Feeling of emotional pain that you have never felt before
- Anxiety problems
- Hypersensitivity
- Hyper vigilance (always on alert)

Psychological Symptoms

- Mood swings
- Memory problems
- Addiction/Self Medication
- Loss of personal hygiene/housekeeping
- Risk taking behavior
- Isolation
- Depression (thinking “what’s the point”)
- Paranoid thoughts

Signs and symptoms of PTSD explained in detail:

Sleep Problems

- Insomnia (not being able to fall asleep or stay asleep)
- Having nightmares
- Waking up covered in sweat
- Kicking during sleep
- Constantly waking up and falling back asleep, possibly due to bad dreams
- Waking up and being easily startled and/or being confused about where you are
- Irregular sleep cycles

Often these symptoms will lead an individual to avoid sleeping as much as possible or turn to alcohol or other drugs to try and self medicate the problem. An important thing to remember is that EVERYONE has some of these symptoms, some of the time. It’s when an individual has a LOT of these symptoms, most of

the time and they are affecting family, work, finances and social life, then it may be a good idea to seek help.

Isolation

Early Stages: The individual will begin to slowly start isolating himself or herself from society. These symptoms can be evident by a lack of wanting to go out to social places that they used to find enjoyable. The individual may not show an interest in meeting new people or they feel uncomfortable or alert if placed in a situation with a large crowd of unknown people. They might begin eating meals alone or may become workaholics, throwing themselves into materialistic things rather than people.

At this stage, the person usually begins to sever many social ties, only leaving those close members of family or closest friends who he/she trusts, and feels



Anxiety builds from the unknown that was faced on a daily basis.

enough comfort around to allow the relationship to last. Human interaction is an important part of emotional growth and recovery. Without it, the soldier will continue on a downward spiral.

Later Stages: Usually by this time the person is nearly crippled by other symptoms and often can be misdiagnosed as being depressed, which is part of the illness but not the whole picture. By this stage the person has most likely completely cut him or herself off from society including friends and family, and will most likely

surround themselves only with materialistic things.

They usually will only go out on a required basis (to get food or medication). Often, to reach this level of isolation, the person is in a severe, deep stage of PTSD and needs immediate medical attention. Without it, things can very often get worse if left untreated.

Anxiety:

Anxiety can be tied in to nearly every symptom of PTSD. This is another symptom that often leads to an incomplete diagnosis. This can lead to the wrong type of medication, which may seem to help at first, but often can lead to addiction problems. Anxiety medications are more of a band-aid solution and do not really solve the problem.

The strongest symptom of anxiety for PTSD sufferers is remaining in a constant state of hyper vigilance (on the alert). This happens at a subconscious level. Often, the returned soldier is not even aware that they are stuck in this hyperactive state. They will sometimes seem on edge and always be prepared as if something is about to happen.

Good warning signs for this is that the soldier will never seem to be calm or in a relaxed state, especially in a public place. They may appear to constantly be looking around and sizing things up.

Another good sign is if you go to a restaurant to eat, the soldier will always request to sit in a corner or with his/her back to a wall. From personal experiences and those of others who have suffered from PTSD, if put in a situation when UNABLE to sit in a comfort zone (a back/corner booth), then the soldier will feel uncomfortable throughout the entire meal while people walk behind him/her. The soldier will be constantly looking around feeling uncomfortable or insecure.

Other symptoms of anxiety are shortness of breath in stressful places or situations, rapid heart rate, muscle tension (often in the jaw area, which could lead to grinding of the teeth and severe headaches) and severe stomach problems.

Anxiety often leads to many avoidance activities, and in some cases can be the cause of isolation. For example, in many cases returning soldiers who are suffering from PTSD will stop watching news about the war or even can't handle watching movies or TV shows with war in them. These things trigger anxiety levels that go "through the roof" and bring back unwanted or unpleasant memories that they are not ready to deal with or face yet.

It's very important to keep a watchful eye for these symptoms because they are

easy to notice at first, but if immediate action is not taken, a domino effect will occur at a rapid pace and make it much harder to help the soldier the longer it goes on.

Hypersensitivity:

Hypersensitivity and anxiety usually go hand-in-hand. The most common symptoms are sensitivity to bright light, loud noises, large crowds, unfamiliar places and/or being easily startled.

At first, these symptoms may appear to be slight or almost unnoticeable, but a soldier will be able to begin to feel an increase in an anxiety levels and discomfort when exposed to some of these elements.

Over time, and without treatment, symptoms can get worse. In several cases, those who suffer from PTSD and have not sought proper help can suffer severe anxiety attacks (panic attacks) and often complain of migraine headaches if they are triggered by one of these symptoms.

Memory Problems:

Memory problems are probably the most commonly shared symptoms of PTSD sufferers. At first, memory problems may be somewhat hard to diagnose, but often it is a progressive symptom and will get worse as time passes without proper treatment.

Early Stages:

The first stages of memory problems might show up as absent-mindedness like easily forgetting things like important dates, appointments, and names of new people that they meet. Constantly misplacing or losing things are also some examples. If the returned soldier never had problems in any of these areas before he/she deployed, it is important to keep a watchful eye on them. Without proper care, memory problems can become progressive and debilitating.

Later Stages:

By this time, the returned veteran is most likely showing many other symptoms of PTSD. Late stages of memory problems will be very obvious. The person most likely will forget things on a day-to-day basis. They might even have trouble remembering things from the past. Sometimes the returned soldier may be in the middle of a sentence, then pause and forget what they were talking about. Or, they might tell you something and minutes later tell you the exact same thing

because they forget they have already said it in the first place.

Another thing to be aware of is that soldiers are trained to adapt and to keep functioning. In many cases, if a returned soldier begins to realize they are having problems with memory and they are unaware that it might be PTSD or they are resistant to getting help, they might purchase note pads, post-it notes, or dry erase boards to try to compensate for their memory loss.



From personal experience and other soldier's experiences, when this level of memory challenges has been reached we often compare it to feeling like our memories have been put into a blender and pulled out. It leaves a feeling like everything is mixed up. It can also feel as if some of the memories were left out of the blender, evidenced when we draw a blank trying to recall certain events. Others say they feel as if their memories are like a block of Swiss cheese, and they can remember things that happened in the order that they happen, but they have blank spots or there are holes of missing information.

It is very, very important if you are a soldier, a family member or friend of a soldier who reads this and are aware that you or someone you know is going through this problem, to **SPEAK UP** about it. Without intervention or help, this can continue to be progressive and be harder to treat the longer you wait.

Suppressed Traumatic Memories:

In many cases, when a person is exposed to a traumatic event, they will often suppress the memory of it. It is a survival mechanism built into us to help us continue to function and survive after being exposed to the trauma. The best way to describe what happens and how it relates to PTSD is by using an analogy.

The brain works in similar ways to store memories as a computer does by burning information into a CD. When a traumatic event happens, this leaves a deeper impression in your memory (or a deep groove like in the CD). If you are in a war zone, you adapt after the traumatic event happens even though this deep impression or groove in the CD (so to speak) has already been burned in. You do this to survive. But you still have to "drive" and function, still "burning information

making new memories” after the traumatic event has passed. Depending on the level of trauma, it may start to become difficult to even remember the event.

Once the soldier has returned home, there is a good chance they will have suppressed the traumatic memory due to the fact that it is too painful for them to confront. So, they will continue to live life as though nothing happened. Eventually something (a noise, something they see or smell or touch) will trigger (bring back) parts of that memory.

Like the “burning” of a CD, the traumatic memory would leave a deep groove. Once a soldier is triggered, it brings him/her back to that groove in the memory and it is like hearing a CD stuck on “skip”. It just keeps playing over and over because it is stuck in that groove. This can often be the beginning of PTSD or what starts causing some of the previously mentioned symptoms.

Mood Swings (risk taking behavior)

These are both common symptoms of PTSD and can be interrelated. Mood swings are very apparent and easy to notice. Usually, when it comes to PTSD and the soldier begins to experience problems with mood swings, it will almost always appear as aggressive or violent. One thing to keep in mind, as with all



What seemed “insane” or “unbearable” or “difficult” to adjust to when first thrown into the war zone, becomes normal as soldiers adapt to the event to survive. The soldier that deployed and then returned from duty, SEEM like the same person, but experience has made that person different.

these symptoms, if you didn’t notice any problems BEFORE deployment, but begin to notice them after returning home, then you KNOW something isn’t right.

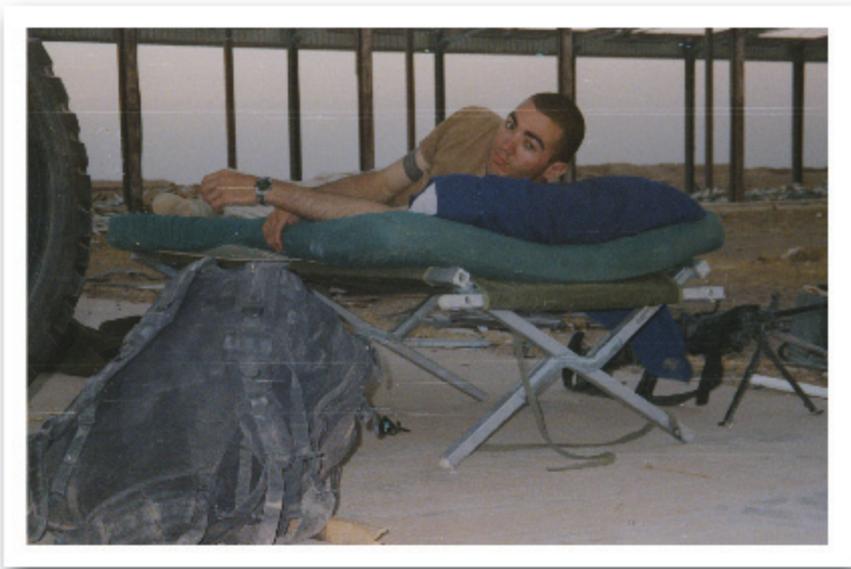
Mood swings can often appear to be mild temper tantrums, or irritability towards others, but can often get worse. The best way to describe why a soldier might deploy appearing “normal” and return from deployment showing any of these traits is described below.

Let’s imagine that a soldier grew up in a hot climate where there are long summers with temperatures usually getting into the low 100’s. If

the soldier had never been anywhere hotter than on a 100-degree day, he might think that the 100-degree heat is unbearable.

But now let's imagine that same soldier has been in the desert for a year or more, with temperatures from 110-130 degrees everyday, (which seems insanely hot normally). Upon return home, the soldier thinks 100 degrees is much easier to bear.

The soldier that deployed and then returned from duty, SEEM like the same person, but the experience has made that person different. What seemed "insane"



or "unbearable" or "difficult to adjust to" when first thrown into the war zone, becomes "normal" as soldiers adapt to the events to survive; the "insane" becomes "normal". Then, when a soldier returns home, all of those events are brought home as invisible baggage.

Violence, aggression and/or risk-taking behavior is part of "everyday life" when a soldier is in a war zone because they are risking their life everyday for their country. So that behavior becomes "normal". If there isn't someone to show the soldier that the violence, aggression and risk-taking are "normal" for the war zone, but "extreme" when coming home, then they often don't know the difference.

Addiction/Self Medication

This is one of the most important symptoms to watch for, and the most dangerous. If it is not caught early enough, or if the soldier is misdiagnosed, the soldier can be sent down a dangerous and painful path of drug or alcohol abuse.

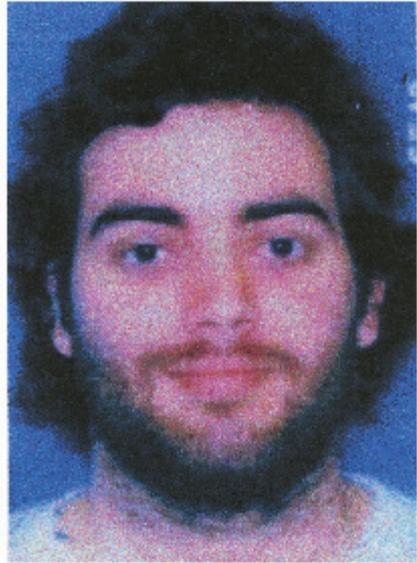
For those soldiers who aren't abusing drugs and suffering from PTSD, they will often turn to alcohol to try and numb the pain of the symptoms and/or the painful emotional memories that they are suffering from and experiencing.

Other soldiers might start to become aware of their problems and seek medical help. But if they seek help with someone who does not have a full understanding of PTSD, it is easy to misdiagnose, and be given medications that can make things worse. This is tragic because the soldiers' "goal" isn't to become an "addict". But, if a soldier is given something that helps ease the pain, then before long, they can be abusing the drug or alcohol that they think is relieving it.

If you notice some of the symptoms listed, it is best to avoid alcohol and medications until you speak with a counselor or psychiatrist. If you can start a path toward recovery without being prescribed ANYTHING, then take that opportunity.

If you are abusing drugs or alcohol, or you know of a returned soldier who is, then immediate intervention is needed. Be careful in the way you approach the intervention, because it is often met with anger and aggression and possibly violence, depending upon the level of PTSD and if the soldier is self-medicating. Take precautions if you plan to intervene by finding a counselor or expert in war related PTSD to help guide you.

It is important to remember that the soldier didn't just wake up one day and say, "I am going to become an alcoholic or addict." The soldier is in pain and trying to



I went from 180 lbs. and a clean appearance upon returning from Iraq to an un-kept 230 lbs. after being nearly bed ridden for 2 ½ years due to suffering from PTSD.

find something to take the pain away. They just don't realize that self-medicating only makes things harder to deal with in the end.

Personal Hygiene/Housekeeping:

This is another important symptom that is common among PTSD sufferers. It is often progressive and the person can easily be diagnosed with Depression when it is really a symptom of PTSD.

Early Stages:

The individual will begin to show signs of not maintaining a clean appearance, such as combing hair, shaving on a regular basis or wearing clean clothes. They might also begin to stop picking up after themselves on a regular basis and/or not keeping a clean and organized home.

Later Stages:

By this time the individual most likely has no regard for their own appearance, and most likely doesn't shower or bathe on a regular basis. They probably can hardly clean up anything after themselves due to the fact that by this stage, even small, simple tasks seem overwhelming. If the soldier has reached this level of illness, then immediate medical attention should be sought. By this stage, if there is no one to care for the sick soldier, then it becomes dangerous because they are struggling to even make it day to day.

Self-Mutilation:

Self-mutilation, which can be burning or cutting of oneself, can be a symptom of PTSD sufferers. If you or someone you know is doing this, it is extremely important to seek immediate medical help.

The only reason someone would purposely harm himself or herself is because they are in an extreme amount of pain. Often, it can be a cry for help, or in other cases, someone might be suffering so much that they hurt themselves to try to take their mind off the pain they are always feeling and focus it on something else.

If a soldier is involved in self-mutilation then IMMEDIATE intervention and possibly hospitalization is needed.

To reach the point of suffering where you begin to harm your own body can often be followed by suicidal thoughts if gone untreated. Therefore, it is EXTREMELY important to seek help if you or someone you suspect is doing this.

The Importance of a Strong Support System

I believe having a support system (family and friends) to be there for you when you are suffering from PTSD is absolutely necessary for recovery. In my own personal experience, there was a time during my illness that I was suffering so much from the symptoms of PTSD that I was no longer able to advocate for myself.



Any person who has witnessed a traumatic event may suffer some degree of PTSD. The most important thing to remember is not to ignore the symptoms.

I had to move back to my mother and stepfather's house. My mother had to fill out most of the necessary paperwork for me to receive disability from the VA. They drove me to and from all of my medical and counseling appointments because I was too ill to do it on my own. On top of that, they assisted me with ordinary tasks such as running errands or getting groceries while I focused on my recovery.

Without their assistance, there is no telling where I would be or what situation I would be in today. Without strong support systems, people like me would most likely end up on the street or in a hospital somewhere, or in other ways furthering our illness.

Obviously, the most severe result of this illness is suicide. In extreme cases, soldiers are in so much physical and mental pain that they feel there is no hope. Thinking this pain may last forever, they often begin to believe that the only peace they can find is to end their life. If you are a soldier or you know a soldier suffering from PTSD, it is important to seek support. Whether it is family or friends or some of the resources listed in this booklet, there are people who care and it is important to ask for their help.

Successful Recovery and Living with PTSD

With proper counseling and medical treatment and support, it is possible to make a functional, ongoing recovery from PTSD and function as a member of society again. Although when I say “recovery”, I don’t mean that PTSD will magically disappear from your life. I mean that you will have the symptoms under control.

PTSD is something you will live with for the rest of your life, but you can learn tools and coping mechanisms through treatment to assist you when you are triggered by something. Plus, overtime, you will begin to know your own limitations and how far you can push yourself before symptoms will begin to arise.

Knowing this information and working with your local VA (who will assign you a disability rating for financial compensation) can allow you to still live a fulfilling life without having to worry about the financial loss this disability has or can cause.

The main thing to remember in order to continue recovery is to keep hope, faith and to NEVER give up no matter how much pain you might be experiencing. Believe me, I have been there, but I held on at all costs and sooner or later, if you don’t find help, then help will find you.



Thumbs up, “I’m okay”

Joe’s Story Update – Summer, 2014

Joe wrote this booklet by long hand during the worst of his illness in 2007. It took days, and often weeks, to write one page but he was determined to explain what was happening to him so that others might get help sooner.

We have come to learn that the invisible wounds of war can have a mighty Post Traumatic Stress Disorder Symptoms and Resources

effect on the soldier and family. We have personally experienced great emotional, financial, legal, and relationship challenges. We have tried most types of therapy and we have learned that there are no easy answers.

Each experience teaches us something new about ourselves as individuals, as a family and as community. Some of the lessons are painful. Some are full of such tender kindness that Hope is nurtured. We constantly search for ways to support Joe to the self-sufficiency that he longs for and has worked hard to accomplish. And, as research is telling us, it is often a long and difficult journey both for the wounded warrior and their families who love them.

Our continued hope is that people will seek help early, continue to educate themselves about the “ripple effect” of the wounds of war, recognize that the systems that were developed to help veterans and families are often overwhelming and complex and do not meet the needs of all wounded, and that it is time for change.

Summary

Post Traumatic Stress Disorder can be a very serious mental health issue if left unattended. Any person who has witnessed a traumatic event may suffer some degree of PTSD. The most important thing to remember is NOT TO IGNORE the symptoms. The earlier symptoms are identified and addressed, the sooner that helpful intervention and the journey to healing can take place. If you are personally experiencing any of the symptoms mentioned in this guide, or if you know anyone who may be, please don't delay in investigating any of these resources. HELP IS AVAILABLE (see Resource Page 21).



Joe visits the 911 Memorial in New York City in 2014.

Changes Needed to Help Prevent, Intervene and Treat PTSD

Post Traumatic Stress Disorder can happen to normal people who have witnessed a traumatic event. Military training does not cause a person to be immune from trauma.

War, by its very nature is a series of traumatic events. Currently, an estimated 1/3 of all veterans returning from current conflicts are suffering from some form of mental health challenges AND only 30% of ALL veterans are registered for VA Medical assistance. Left untreated, the long-term effects may include:

- Increased relationship problems and divorce
- Increased violence in the home, thus a potential for intergenerational violence and abuse
- Increased possibilities of legal issues (at one time, ¼ of the prison population was veterans)
- Increased possibilities of homelessness (at one time, ¼ of all homeless were veterans)
- Increased suicide risk and completion

Following are issues that we are aware may have opportunities for improvement. After an UNPRECEDENTED length of war time in American history, fought by less than 1% of the population, it is essential that these challenges be addressed for our future.

Challenge 1: Inadequate Transition Programs from the Combat Zone to Home

In “Joe’s Story” he says, “Violence, aggression and/or risk- taking behavior is part of “everyday life” when a soldier is in a war zone because they are risking their life every day for their country. So that behavior becomes “normal”. If there isn’t someone to show the soldier that violence, aggression and risk-taking is “normal” for a war zone, but “extreme” when coming home, then often they don’t know the difference.”

There are currently NO consistent programs in place that provides adequate structure to help the returning veteran to learn and practice skills to transition from “extreme” behavior to “normal” behavior when returning from a war zone.

Many civilians assume that there is a very thorough process in the military to help veterans return home, to de-brief and to find “balance”. That is NOT correct. There are “some” things in place to help the service member, but they are not consistent in all branches of the service or even from base to base. It is even more challenging for the National Guard and Reserve who often return directly to their communities unlike the “active military component” who returns to life on base.

Very often when a veteran returns home, the mind, body and spirit are used to the high alert and adrenaline overload that is necessary to stay alive in a combat zone. For the most part, they DO NOT have the skills to re-gain balance back home. It is very sad because they come back home, often not understanding WHY they are “revvedup”. This can lead to very high risk taking and self-destructive behavior at home.

Possible Solution: Create a “Re-Boot Camp” to systematically address the common “coming home” issues, making it as intensive as “Boot Camp” is to “preparing” for combat.

Veterans are incredibly resilient and have learned tremendous skills to survive in combat. Unless there is as much effort in transitioning them back into a non-combat environment, it is reasonable to expect them to operate using the “extreme” behaviors that they learned to go into harms way and stay alive during combat.

It is incomprehensible to imagine that a veteran could return from war and transition back without significant support and accepted/encouraged processes for re-integration.

Training soldiers to “come home from war” is as important as training them to “go to war” and will take as long and require the same rigor and commitment from leadership as boot camp or basic training.

We owe it to our veterans to teach them the skills at regaining balance no matter much money it costs or how long it takes.

Challenge 2: The need for easy-to-access, immediate, and high-quality medical care.

Many civilians “assume” that military members who return from a combat zone have immediate access to medical, mental health and dental treatment.



Thumbs up, “I’m ready to roll”

That is not correct. It is extremely complex because it depends on where you live, which branch of the service you are in, and if you are active, reserve and/or the service discharge status.

These are just a few reasons that veterans may not seek medical, mental health or dental care.

Possible Solution: Offer every eligible veteran a LIFETIME medical benefit card that allows access to ANY medical, mental health or dental practitioner; PRIVATE, PUBLIC or VA (their choice) to use as needed.

Currently, it is very hard for veterans to get the help they need. As soldiers, they are trained to be strong. Asking for help can be seen as a sign of weakness. By the time they DO need help, they often don’t know how to start or where to go,

and they are often unable to advocate for themselves. Having a medical ID card provided immediately after deployment, with information on how to find care, could make the road easier for those who have earned these benefits.

An expanded list of medical care options could include PRIVATE and PUBLIC providers (non-VA) who have met Medicare eligibility requirements. Then claim information could be routed to the VA data base to provide a bigger picture of information about veterans that seek medical attention.

It is estimated that only 30% of veterans have registered for VA Medical service, therefore the research and history of post combat medical issues is very limited.

Not only would this expanded service be helpful to veterans everywhere, but it may increase critical information and data that may help support veteran issues.

Challenge 3: Inconsistent and often unreliable ways to define PTSD and TBI

Many people believe that PTSD and TBI (traumatic brain injury) are determined from biological tests (blood tests or other medical procedures). This is NOT correct. PTSD and mild to moderate TBI are defined by symptoms. There are some testing procedures that can be used, but often they still leave room for questions in diagnosis. An accurate diagnosis is necessary to determine the most helpful treatment.

Possible Solution: Continue to research methods of more accurately diagnosing and treating “invisible wounds”

There are some public and private efforts that are being made to find “bio-markers” (biological identifiers) of PTSD and TBI. Research can be a slow and difficult process. We can encourage this research through our support of these efforts with EMPHASIS and focus on non-pharmaceutical solutions and focus on the most NATURAL options for healing, once an issue is identified. We can also encourage research that does not ADD to the stress of the combat veteran.

Challenge 4: Families of Single Service Members often feel “invisible”.

Nearly 45% of our armed forces are single service members.

Often, their only support system includes their “family of origin”, meaning their parents, siblings, grandparents and even aunts and uncles. The same is true for fiancés of single service members.

When something happens of importance, like a deployment or coming home ceremony or informational newsletters, the families of single service members

are often “in the dark” about important ways to support their loved one.

Families of single service members need the SAME type of information and services as families of married service members (including mental health support through Military Family Life Consultants and/or other DoD and VA services).

Possible Solution: Identify and notify family members of single soldiers/veterans in the same manner and with the same information and options as married soldiers/veterans. Provide the same services for families of single soldiers such as events, medical information, and medical/mental health support.

This may be occurring in some branches of the service, and if so and if it is working, use the process to make it consistent for ALL branches of the service.

Learning from War

We learn something from every war. From WW2, we learned about “shell shock” and “battle fatigue” that was later named PTSD. From the Vietnam War, we learned that veterans needed each other as support systems to deal with the aftermath of trauma and the “Vet Centers” were born. From the Gulf War, we learned that no matter how long a war lasts, there are casualties from emotional, physical and biological contaminants that affect the veterans and their families for a lifetime.

It is our hope, that the legacy of OEF/OIF is one that recognizes the need for traumatic intervention IN THEATER and the need for creating new and more personal and efficient processes for supporting veterans and families through the challenges when coming home.

With growing mental health statistics, suicide rates, homelessness and incarceration among combat veterans and the resulting financial impact to veterans, their families and our country, we can’t afford not to change.

Resources

Veterans Families United Foundation

www.VeteransFamiliesUnited.org

405-535-1925

VFU is an all-volunteer, non-profit organization that offers a comprehensive website and resource bank that helps veterans, families and their friends to find information to help with post combat support.

Military One Source

www.militaryonesource.com

1-800-342-9647

You may call this number and request to speak to a counselor. Contracted mental health counselors will speak with you about your concerns and offer information to help deal with difficult situations. This is an excellent resource for immediate 24/7 person-to-person information if the military member is still in the service.

Make the Connection

www.maketheconnection.net

This VA website has specific information about PTSD and includes videos, assessments for PTSD and information sheets for families about where to get assistance.

SAMHSA – Substance Abuse and Mental Health Services Administration

1-877-726-4727 - www.samhsa.gov/militaryfamilies

You can find community mental health care in your areas that is often offered at a reduced rate as well as links for crisis, jail diversion programs, and mental health and substance abuse networks.

National Alliance on Mental Illness (NAMI)

www.nami.org/veterans

1-800-950-6264

This link describes common mental health issues and resources for veterans and families who may be in need.

Suicide Prevention Lifeline

<http://www.suicidepreventionlifeline.org>

1-800-273-8255 (option 1 for veterans 24/7/365)

There are people available to direct you to help 24/7/365.

VA – www.va.gov

The VA is divided into 3 areas; 1) Medical, 2) Benefits and 3) Burial. If you are a veteran, you must REGISTER for VA services. You can do this by beginning an on-line application at <http://vabenefits.vba.va.gov/vonapp/main.asp> (VONAPP - veteran's online application). These benefits are NOT automatic and you must start the process yourself. (See Vet Centers for issues specific to PTSD)

References, Reviews and Special Thanks:

References:

- Howard, Pierce J. (2006). *The Owners Manuel for the Brain*. Austin, Texas: Bard Press.
- “Increased Depression Among Iraq Vets”, Associated Press, Chicago, November 14, 2007.
- NAMI Launches Veterans Resource Center on Mental Health: Online, November 6, 2007.
- Naparstek, Belleruth (2006). *Invisible Heroes: Survivors of Trauma and How they Heal*. New York, N.Y.: Bantam Book.

Reviews:

- Jobe, Misty Ann, Administrative Programs Officer IV, Oklahoma Department of Mental Health and Substance Abuse, mjobe@odmhsas.org, (2008).
- Lensgraf, Dr. Samuel J., Psychiatrist, Oklahoma City, Oklahoma (2007).
- McCallister, Jack, 1st Lt. USMC Vietnam, 1968-69 (2008).
- Pulido, Ed, Vice President, Folds of Honor (2008)
- Naparstek, Belleruth (2006). *Invisible Heroes: Survivors of Trauma and How they Heal*. New York, N.Y.: Bantam Book.

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Our Story

In January 2003, 19-year-old Army Reservist Joe Collins, announced that he had volunteered for duty in Iraq and would be leaving home in 24 hours. The post-9/11 war had shifted from Afghanistan (Operation Enduring Freedom – OEF) to prepare for Expeditionary Forces to enter Iraq.

Joe left in January 03 for pre-mobilization and then officially deployed to Iraq in March 03 for the first wave of Operation Iraqi Freedom (OIF). His 366 days in Iraq were interrupted by a one-week leave home in February 04, and a final return home in April of the same year.



When he got off the plane, he looked as healthy and strong as ever, walking with confidence as people stopped to shake his hand and thank him for his duty. It “appeared” that Joe had weathered the storm well. As a family, we were vigilant, but relieved he was home.

Within 4 months, he had found a great job. Within the following 3 months, he had purchased his own home. By the age of 21, Joe had served for a year-long deployment, got a great job and was a home owner.

But unbeknownst to us, he was slowly unraveling. He avoided sleep because of the memories it would bring, and when he did sleep it was in the walk in closet of the home he had purchased. He was becoming more isolated and irritable, but his disciplined training kept him pressing forward despite all odds, until he could hold on no longer.

In April of 05, Joe’s boss notified the family that he had not shown up for work (very unlike him). Responding with alarm, we found Joe in the home he had purchased, paralyzed with exhaustion and invisible wounds he had tried hard to ignore and/or overcome on his own.

Veterans’ Families United (VFU) began as a result of one family’s effort to understand and advocate for this proud young American who had pushed forward despite all odds. Through the process, he lost his job, his home and his health, but not his hope.

VFU was created to reach out to veterans and families of all generations and conflicts with compassionate and accessible education and referrals. We provide easy-to-navigate tools and support through very complicated systems of care. VFU shares our story of war and war brought home, and by so doing, hopes to connect us all (veterans, families, systems of care and community) in ways that encourage opportunities for change and for Hope and Healing.

Visit www.VeteransFamiliesUnited.org for assistance or use these Helpful Numbers:

Coaching into Care:	1-888-823-7458
Crisis Hotline:	1-800-273-8255
Homeless Veterans Hotline:	1-877-424-3838
Reachout Hotline:	1-800-522-9054
Military One Source:	1-800-342-9647
VA Caregivers Support Line:	1-855-260-3274
Vets 4 Warriors (peer counseling)	1-855-838-8255





Helping Veterans
and Their Families
with Resources They Need
to Move Forward

Dedicated to:

SGM Phillip E. Cozort, US Army Reserves

For his integrity, selfless service and sacrifice demonstrated while fighting for my rights as a disabled veteran. For showing me that I was not alone in my darkest hours and restoring my faith and hope when I needed it most...a legacy I now follow for other soldiers.

- Joseph Scott Collins

Veterans' Families United Foundation
P.O. Box 14355 • Oklahoma City, OK 73113 • 405-535-1925
www.VeteransFamiliesUnited.org

