

# Care for Returning Veterans



## A Workshop for Pastors, Social Services, and Volunteers

Presenter: Chaplain Edgar Hatcher

Sponsored by the ELCA Bureau for Federal Chaplaincies

## **THE CASE OF CORPORAL THOMAS**

Corporal Thomas recently returned from an 18-month deployment to Iraq. He has been home for approximately three months. During this time he has experienced difficulty reintegrating back into the community, his family environment, and other aspects of his civilian life.

Corporal Thomas is a member of the Army National Guard, who joined in order to have some money for college. He worked as a salesman for a local pharmaceutical company. Having just started the job less than two years prior to deploying, he was highly liked and respected by those with whom he worked. In fact, he was told that he was doing so well that a supervisory or managerial position was likely part of his future. Since coming home, however, he has not been able to find employment and has been forced to move in with his parents. He is uncertain if he wants to go to school and sleeps most of the day.

Corporal Thomas was engaged prior to deploying, but while in Iraq, his fiancée told him she was leaving him to be with someone who would be home more often. This upset Corporal Thomas greatly and it was a major turning point in how he felt about himself, those he served with, and the war in general. Some of his friends commented that he became reckless, taking unnecessary risks as though he was trying to get himself killed. Since coming home, he has not had any steady dating relationships, but prides himself in the fact that he rarely goes home alone. He spends most of his free time drinking at some of the local clubs. At one point he was worried he might have been infected with HIV or some other STD, but he tested negative and to celebrate he found a woman to have sex with the same night he received the results.

### **Possible questions for discussion:**

1. What are the major issues confronting Corporal Thomas?
2. What are the dysfunctional coping mechanisms being used by Corporal Thomas?
3. What functional coping mechanisms could be implemented?
4. What resources are available to help Corporal Thomas?
5. What pastoral actions could you take to help Corporal Thomas?

## **THE CASE OF PETTY OFFICER 3<sup>RD</sup> CLASS SMITH**

Petty Officer 3<sup>rd</sup> Class Smith recently returned from a six month deployment to Iraq. He has been home for approximately three months. During this time he has experienced difficulty sleeping due to nightmares, as well as fluctuations in appetite, and flashbacks from the war that occur 1-2 times a week.

Petty Officer 3<sup>rd</sup> Class Smith is a reservist who worked as a Corpsman for a Marine Infantry Company. His civilian employment is as a Firefighter/Paramedic. He was a trainer prior to deployment and has a citation for valor from the department. Since his return however, his work performance has declined considerably and he has difficulty getting along with peers and supervisors alike. He has been formally reprimanded by the department for showing up to work late and under the influence of alcohol, and was suspended without pay for two weeks.

Petty Officer 3<sup>rd</sup> Class Smith has been married for seven years and he and his wife (Jennifer) have two boys, ages 3 and 6. Petty Officer 3<sup>rd</sup> Class Smith has been extremely irritable and angry towards his family, often displaying intense episodes of rage along with general moodiness triggered by small, indiscriminate acts and remarks. In response to the stress he feels at home and at work, Petty Officer 3<sup>rd</sup> Class Smith has begun drinking more heavily (6-12 beers/ per night – 4-6 nights/wk). He has also started spending more time online playing games and viewing porn.

### **Possible questions for discussion:**

1. What are the major issues confronting Petty Officer 3<sup>rd</sup> Class Smith?
2. What are the dysfunctional coping mechanisms being used by Petty Officer 3<sup>rd</sup> Class Smith?
3. What resources are available to help Petty Officer Smith and his family?
4. What functional coping mechanisms could be implemented?
5. What pastoral actions could you take to help Petty Officer 3<sup>rd</sup> Class Smith?

## **THE CASE OF MAJOR ANDERSON**

Major Anderson is a nurse in the Air Force Reserve. She is divorced and is a single parent of a 10-year – old daughter Meaghan, of which she had primary custody. When she received orders, she made agreement with her former spouse, Meaghan’s father, to care for her during her year-long deployment.

As soon as Major Anderson left for Iraq, Meaghan’s father petitioned the court for sole custody of Meaghan citing that Major Anderson’s military commitments and deployments created an unstable environment for Meaghan. The court granted sole custody of Meaghan to her father.

Major Anderson has returned from her deployment angry and depressed. She has been unsuccessful at regaining custody even though Meaghan has voiced her desired to return home to her mother, her friends, and her old school. Major Anderson is not sleeping and states that when she does sleep, she often cries herself to sleep. Her work performance at the local hospital, where she is a Charge Nurse, is not what it was before the deployment because of her lack of energy and depressed mood. She is often overheard saying, “How could God let this happen to me?” At other times when her anger flares, she states how she would like to strangle her former spouse.

### **Possible questions for discussion:**

1. What are the major issues confronting Major Anderson?
2. What are the dysfunctional coping mechanisms being used by Major Anderson?
3. What resources are available to help Major Anderson and Meaghan?
4. What functional coping mechanisms could be implemented?
5. What pastoral actions could you take to help Major Anderson?



## **THE CASE OF MASTER SERGEANT THORNTON**

Master Sergeant Thornton previously served during Desert Storm and Desert Shield. He just returned from his third six month deployment to Iraq in support of Operation Iraqi Freedom / Operation Enduring Freedom. Since returning from this most recent deployment, MSgt Thornton has been extremely angry. He states that he is angry at “pretty much everyone.” Specifically, he is angry at those who seem unsupportive of the war and our country’s efforts in that country. He is also angry at himself for beginning to question some of the motives we as a country may have and whether as he states, “it is all worth it?”

While deployed, he has seen many of his personal friends killed or injured, the most recent being a life-long childhood friend who served in the same unit. This has caused Petty Officer 1<sup>st</sup> Class Thornton incredible emotional and spiritual pain, leaving him angry with God. He recently told his unit Chaplain that there can’t be a God because a loving God would not kill such a good man. This whole event has resulted in him becoming increasingly angry towards God, religion, and anyone who confronts him on these issues. As a result of his anger, MSgt Thornton’s personal relationships have worsened considerably. This includes his marriage, others in his unit, co-workers at his civilian place of employment, and even other previously close friendships. Most people describe MSgt Thornton as a bitter person who has simply “lost it.” He is not the same person who deployed six months ago.

### **Possible questions for discussion:**

1. What are the major issues confronting MSgt Thornton?
2. What are the dysfunctional coping mechanisms being used by MSgt Thornton?
3. What resources are available to help MSgt Thornton?
4. What functional coping mechanisms could be implemented?
5. What pastoral actions could you take to help MSgt Class Thornton?

## **THE CASE OF PRIVATE JOHNSON**

Private Johnson returned from a year-long deployment to Iraq. She has been home for approximately three months. During this time he has become increasingly withdrawn and depressed. She seldom leaves her apartment except to go to work. She has broken of her engagement with her high school sweetheart without explanation.

Private Johnson is a member of the Army Reserve, who joined in order to have some money for college and learn medical technology. She has managed to get a job as a receptionist in a medical office. Everyone talks about the changes in her behavior. She used to be very active and was member of her high school basketball and volleyball teams. She was active in her youth group at church and participated in several mission trips. She has not attended church since her return.

Upon being confronted by her parents regarding her change in behavior she discloses that she was sexually assaulted while deployed. She never reported the assault as she felt ashamed and betrayed by the Army, because the assault was committed by her fellow soldiers. She returned early from the deployment because of a pregnancy, which ended in a miscarriage. No one in the community knows she returned early, and they often try to cheer her up by talking about what kind of hero she is. She also feels guilty for leaving her comrades behind and is afraid of telling the truth and further letting everyone down. She admits to her parents of having thoughts of suicide. She has taken pills from the medical office where she works, but cannot find the courage to take her own life.

### **Possible questions for discussion:**

1. What are the major issues confronting Private Johnson?
2. What are the dysfunctional coping mechanisms being used by Private Johnson?
3. What functional coping mechanisms could be implemented?
4. What resources are available to help Private Johnson?
5. What pastoral actions could you take to help Private Johnson?

# **Veteran & Family Care Resources and Information**

## **Web Sites**

### **Veterans Administration**

<http://www.va.gov>

The Veterans Administration is the primary governmental agency responsible for assisting veterans from all services who have served in combat or times of war. This site can be used to identify and apply for various benefits or find the nearest VA facility.

### **National Center for PTSD**

<http://www.ncptsd.va.gov/ncmain/index.jsp>

This site operated by the VA provides information for both families and clinicians regarding the assessment and impacts of PTSD. The NCPTSD is on research and education regarding the prevention, understanding, and treatment of PTSD.

### **Battlemind**

<http://www.battlemind.org/>

The Battlemind program was developed by the Army at Walter Reed Army Institute for Research. The program is intended to help families understand the transitions that need to be made between the battlefield and home front. It has a number of links to articles and resources for helping families through these transitions.

### **National Military Family Association**

<http://www.nmfa.org/site/PageServer>

The NMFA is a private organization educating families concerning their rights, benefits, and the services available to them. It also advocates for military families by promoting policy and legislative change to improve their lives. Links from this site address deployment, returns, parenting, and marital issues related to current operations.

### **Military One Source**

<http://www.militaryonesource.com/skins/MOS/home.aspx>

Military One Source is a contracted family support resource currently operated by the Ceridian Corporation for the DoD. Most services and resources are free of charge, including limited counseling services. This site provides links and referrals for local counselors as well as information sheets on various subjects and links for more information. The resources of this site can be accessed on a DoD or individual service basis as appropriate.

### **The Military Family Network**

<http://www.emilitary.org>

This site is operated by the Military Family Research Institute of Purdue University and is funded by an endowment from the Lily Foundation and from the DoD Office of Military Community and Family Policy. This site is geared to researchers and care providers but has a wealth of information.

### **Operation Home Front**

<http://www.operationhomefront.net>

Operation Homefront is a nonprofit organization that provides emergency assistance and morale support to troops and their families as well as support to wounded veterans. Operation Homefront is a volunteer organization that has proved effective in meeting the needs of veterans that fall through the cracks and those experiencing hardship due to administrative delays in establishing government benefits.

### **Healing Combat Trauma**

[http://www.healingcombattrauma.com/the\\_national\\_guard/index.html](http://www.healingcombattrauma.com/the_national_guard/index.html)

Lily Casura, a published writer and editor, authored this blog on combat trauma and PTSD. She draws heavily from National Guard resources and pulls together news articles from a number of sources. This site also lists a number of personal narratives published by Iraq and Afghanistan veterans.

### **Substance Abuse & Mental Health Services Administration**

<http://www.samhsa.gov/vets>

SAMHSA is a division of the US Department of Health and Human Resources. This site addresses issues involved in treating veterans and their families. This site can be particularly useful for those working with veterans who are self-medicating to relieve traumatic stress symptoms.

### **Minneapolis Area Synod of the ELCA**

[http://www.mpls-synod.org/resources/vets\\_ministry.html](http://www.mpls-synod.org/resources/vets_ministry.html)

This site is an example of what a Synod or District can do to provide information to its members on ministry to veterans and veteran's issues. It also demonstrates how information can be share regarding local resources and provide a network for cooperative ministries.

### **Northwest District of the LCMS**

[http://www.nowlcms.org/presidents\\_office/Military.aspx](http://www.nowlcms.org/presidents_office/Military.aspx)

This site also demonstrates how a District or a Synod can do to provide information to its members through links to sites addressing deployment and reunion. Its particular strength is providing information specific to state resources. It is a good model for jurisdictions that cover large geographic regions.

## **Veterans and Families Coming Home**

<http://www.veteransandfamilies.org/home.html>

Veterans and Families is a nonprofit community service and support organization, founded and directed by Veterans, parents, grandparents, family members, employers, mental health professionals, academics, philanthropists and community leaders. It stresses the veteran's mental and emotional return to their family.

## **Iraq War Veteran's Organization, Inc**

[http://www.iraqwarveterans.org/family\\_support.htm](http://www.iraqwarveterans.org/family_support.htm)

This site has dozens of links to sites of interest to returning veteran's and their families. The unique feature of this site is that it address issues of specific concern to Iraq and Afghanistan veterans.

## **Books**

Armstrong, K., Best, S., & Domenici, P. (2006). *Courage After Fire: Coping Strategies for Troops Returning from Iraq and Afghanistan and Their Families*. Berkley, CA: Ulysses Press.

Cantrell, B. C., & Dean, C. (2005). *Down Range to Iraq and Back*. Seattle, WA: WordSmith Publishing.

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Grossman, D., & Christensen, L. W. (2007). *On Combat: The Psychology and Physiology of Deadly Conflict in War and Peace*. Belleville, IL: PPCT Research Publications.

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Hart, A. B. I. (2000). *An Operators Manual for Combat PTSD: Essays for Coping*. Lincoln NE: iUniverse.com, Inc.

Lanham, S. L. (2007). *Veterans and Families Guide to Recovering from PTSD*. Annandale VA: Purple Heart Service Foundation.

Matsakis, A. (1996). *Vietnam Wives: Facing the Challenges of Life with Veterans Suffering Post-Traumatic Stress*. Baltimore: The Sidran Press.

Matsakis, A. (2007). *Back From the Front: Combat Trauma, Love, and the Family*. Baltimore MD: Sidran Institute Press.

McBride, J. L. (1998). *Spiritual Crisis: Surviving Trauma to the Soul*. Binghamton NY: Hayworth Pastoral Press.

Meagher, I. (2007). *Moving a Nation to Care: Post-Traumatic Stress Disorder and America's Returning*. Brooklyn NY: Ig Publishing.



Means, J. J., & Nelson, M. A. (2000). *Trauma & Evil: Healing the Wounded Soul*. Minneapolis, MN: Augsburg Fortress.

Naparstek, B. (2004). *Invisible Heroes: Survivors of Trauma and How They Heal*. New York: Bantam.

Rogers, D. F. (2002). *Pastoral Care for Post-Traumatic Stress Disorder: Healing the Shattered Soul*. Binghamton, NY: The Haworth Pastoral Press.

Schiraldi, G. R. (2000). *The Post-Traumatic Stress Disorder Sourcebook: A Guide to Healing, Recovery, and Growth*. Los Angeles, CA: Lowell House.

Shay, J. (1994). *Achilles in Vietnam: Combat Trauma and the Undoing of Character*. New York, NY: Scribner.

Shay, J. (2002). *Odysseus in America: Combat Trauma and the Trials of Homecoming*. New York: Scribner.

Tick, E. (2005). *War and the Soul: Healing Our Nation's Veterans from Post-Traumatic Stress Disorder*. Wheaton, IL: Theosophical Publishing House.

Weaver, A. J., Flannelly, L. T., & Preston, J. D. (2003). *Counseling Survivors of Traumatic Events: A Handbook for Pastors and Other Helping Professionals*. Nashville, TN: Abingdon Press.

### **Journal Articles**

Blakley, Theresa L. "The Anatomy of Trauma and Faith: A Reflective Post-Mortem." *Social Work & Christianity* 34, no. 1 (2007): 88-103.

Bowen, Gary L., Dennis K. Orthner, and Laura I. Zimmerman. "Family Adaptation of Single Parent Families in the United States Army." *Family Relations* 42 (1993): 293-304.

Chen, Yung Y., and Harold G. Koenig. "Traumatic Stress and Religion: Is There a Relationship? A Review of Empirical Findings." *Journal of Religion and Health* 45, no. 3 (2006).

Cozza, Stephen J., Ryo S. Chun, and James A. Polo. "Military Families and Children During Operation Iraqi Freedom." *Psychiatric Quarterly* 76, no. 4 (2005): 371-378.

Drummet, Amy Reinkober, Marilyn Coleman, and Susan Cable. "Military Families under Stress: Implications for Family Life Education." *Family Relations* 52, no. 3 (2003): 279-287.

Faber, Anthony, Elaine Willerton, Shelley R. Clymer, Shelley M. MacDermid, and Howard M. Weiss. "Ambiguous Absence, Ambiguous Presence: A Qualitative Study of Military Reserve Families in Time of War." *Journal of Family Psychology* 22, no. 2 (2008): 222-230.

Fallot, Roger D. "Spirituality and Religion in Recovery: Some Current Issues." *Psychiatric Rehabilitation Journal* 30, no. 4 (2007): 261-270.

Falsetti, Sherry A., Patricia A. Resick, and Joane L. Davis. "Changes in Religious Beliefs Following Trauma." *Journal of Traumatic Stress* 16, no. 4 (2003): 391-398.

Figley, Charles. "Coping with Stressors on the Home Front." *Journal of Social Issues* 49, no. 4 (1993): 51-71.

Fontana, Alan, and Robert Rosenheck. "The Role of Loss of Meaning in the Pursuit of Treatment for Posttraumatic Stress Disorder." *Journal of Traumatic Stress* 18, no. 2 (2005): 133-136.

Glas, Gerrit. "Anxiety, Anxiety Disorders, Religion and Spirituality." *Southern Medical Journal* 100, no. 6 (2007).

Hoshmand, Lisa Tsoi, and Andrea L. Hoshmond. "Support for Military Families and Communities." *Journal of Community Psychology* 35, no. 2 (2007): 171-180.

Koenig, Harold G. "Selected Annotated Bibliography on Spirituality and Catastrophe." *Southern Medical Journal* 100, no. 9 (2007).

LaPierre, Lawrence L. "Group Therapy, Spiritual Issues, and Vietnam Veterans." *Journal of Religion and Health* 36, no. 2 (1997).

Shaw, Annick, Stephen Joseph, and Alex Linley. "Religion, Spirituality, and Posttraumatic Growth: A Systematic Review." *Mental Health, Religion & Culture* 8, no. 1 (2005): 1-11.

Sigmund, Judith. "Spirituality and Trauma: The Role of Clergy in the Treatment of Posttraumatic Stress Disorder." *Journal of Religion and Health* 42, no. 3 (2003): 221-229.

Sornborger, Jo A. "Member Workbook: A Spirituality Group Intervention Protocol for Combat Veterans with Posttraumatic Stress Disorder." Dissertation, Pepperdine University, 2005.

Witvliet, C. V. O., K. A. Phipps, M. E. Feldman, and J. C. Beckham. "Posttraumatic Mental and Physical Health Correlates of Forgiveness and Religious Coping in Military Veterans." *Journal of Traumatic Stress* 17, no. 3 (2006): 269-273.

### **Audio-Visuals**

Epstein, M. (Director), Epstein, M., & Yellen, J. (Producers) (2006). *Combat Diary: The Marines of Lima Company*. United States: A & E IndieFilms.

Oregon National Guard Soldiers (Writer) (2007). *This Is War: Memories of Iraq*. United States: Lucky Forward Films.

Pratt, R. J., & Pratt, J. M. (Producers) (2006). *Between Iraq and A Hard Place*. San Diego, CA: Pratt Bros Entertainment.

Sesame Street (Writer) (2008). *Talk, Listen, Connect*. United States: Sesame Street

Workshops. [Intended for younger children and can be downloaded from the internet or obtained for free through Military One Source]

Scranton, D. (Director), May, R., & James, S. (Producers) (2006). The War Tapes. United States: Docurama Films.

US Army (Writer) (2007). Mr Poe and Friends Discuss Family Reunion After Deployment. United States: Military One Source. [Intended for children 6 to 11 years of age, and available for free through Military One Source]

Whitney, H. (Director), Whitney, H., & Rosenbaum, R. (Writers), (2002). Faith and Doubt at Ground Zero. Boston, MA: Public Broadcasting System.

### **Issue Related News Stories**

Associated Press. "Children Taken from Single Parents in Uniform When They Are Deployed." 2007.

Stars and Stripes. (2008). Antidepressant Use Soars Among Deployed. Stars and Stripes.

Sontag, D., & Alvarez, L. (Jan 13, 2008). Iraq Veterans Leave a Trail of Death and Heartbreak in U.S. International Herald Tribune.

## Care for Returning Veterans Workshop Evaluation

	Strongly Agree	Agree	No Opinion	Disagree	Strongly Disagree
<b>Instructor/Instruction</b>					
A. Instructor was knowledgeable of subject matter	5	4	3	2	1
B. Instructor created effective training experience	5	4	3	2	1
C. Instructor conveyed respect for participants opinions, skills, and experience	5	4	3	2	1
D. Participation and discussion were encouraged	5	4	3	2	1
E. Questions were answered effectively	5	4	3	2	1
F. Course objectives were made clear to participants	5	4	3	2	1
<b>Instructional Materials</b>					
A. Audio-Visual materials were used effectively	5	4	3	2	1
B. Printed materials facilitated learning of course materials	5	4	3	2	1
<b>Overall Course Assessment</b>					
A. Course contained enough activities	5	4	3	2	1
B. Course activities were practical/useful	5	4	3	2	1
C. Course presented new information, knowledge, and skills	5	4	3	2	1
D. Course contain information at a level commensurate with my training/experience	5	4	3	2	1
E. Course stimulated professional interest	5	4	3	2	1
F. Course stimulated personal interest	5	4	3	2	1
<b>Administrative/Classroom Facility</b>					
A. Registration process was efficient	5	4	3	2	1
B. Training environment (room temperature, lighting, seating) were comfortable	5	4	3	2	1
C. Extraneous noise was kept to a minimum	5	4	3	2	1
D. Overall, the training environment was conducive to learning	5	4	3	2	1

What did you find most valuable in this workshop?

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What did you find least valuable in this workshop?

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What would you change regarding this workshop?

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Would you recommend this workshop to a colleague? Why or why not?

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	Outstanding	Excellent	Good	Fair	Poor
On a scale of five (5) to one (1) how would you rate this workshop?	5	4	3	2	1

Additional Comments:

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