



A Tool Kit
for Community-Based
Organizations

Engaging Veterans and Families to Enhance Service Delivery



Funding for this tool kit provided by Walmart Foundation



THE NATIONAL CENTER ON
Family Homelessness
for every child, a chance

TABLE OF CONTENTS

I. Executive Summary	4
II. Serving Today's Veterans	6
III. Veteran Engagement and Service Delivery	9
A. Military Cultural Competency	9
B. Effective Outreach and Engagement	11
i. Outreach Challenges	
ii. Maximizing Traditional Outreach to Veterans	
iii. Outreach to Veterans in the Digital Age	
iv. Connecting With Veterans, Families, and Friends	
C. Enhancing Service Delivery	26
i. Understanding Trauma-Informed Care	
ii. Addressing Traumatic Stress	
iii. Online Therapy	
IV. Citations	42
V. Resources	45

I. Executive Summary

The return of our men and women in uniform serving in Iraq and Afghanistan will rival the scale of World War II demobilizations in some communities. Our federal government agencies and their community-based organization grantees are engaged in a commitment to end veteran homelessness within five years led by President Barack Obama and Secretary of Veterans Affairs General Eric Shinseki. These events underscore the urgent need to expand veteran services and improve their effectiveness for returning troops, many of whom have sustained physical and psychological injuries.

We can and must improve the effectiveness of informing veterans and their family members about the full range of available government and community-

based resources. We must also address the very real barriers that limit access and use of these vital programs and services.

To enhance support for veterans and their families, and increase the use of government and community-based services, The National Center on Family Homelessness (The National Center) with funding from the Walmart Foundation, created **Engaging Veterans and Families To Enhance Service Delivery: A Tool Kit for Community-Based Organizations**. This publication offers tools, resources, best practices, lessons learned, and cutting-edge research to improve the effectiveness of community-based organizations' staffing, program design, delivery, and outreach and engagement of veterans and their families and friends.





Among the resources in this publications, readers will learn:

- How “texting campaigns” can reach veterans anywhere. How you need to change your intake process to support texting campaigns, and how to learn more.
- How to locate “invisible” veterans such as women who do not self-identify as veterans, and what to ask to discover an individual’s military service history.
- How to understand and use “trauma-informed” care (a non-medical method of providing emotional support) and how it can improve the effectiveness of veterans’ services in all areas (employment, housing, substance use treatment, and mental or physical health care).
- How community organizations serving veterans can mitigate staff burnout and lower staff turnover rates.
- How to identify cutting-edge models of service delivery that address the significant barriers to providing treatment to veterans, while engaging their families and friends.

The purpose of this publication is to improve the effectiveness and impact of the ever increasing number of non-governmental and community-based organizations working to meet the needs of veterans, especially those recently separated from military service. We urge you to share this Toolkit with other individuals or organizations. For additional information, other veteran resources or electronic copies please contact: The National Center on Family Homelessness 617-964-3834 or <http://www.familyhomelessness.org/resources>

II. Serving Today's Veterans

The number of returning veterans from Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) is expected to surge in correlation with President Barack Obama's announced withdrawal date of December 2011 from Iraq. Returning veterans will need specialized services from government and community-based organizations to ensure they do not fall through our nation's social safety net. Of the veterans who have returned, over one-third have been screened as being at-risk for Post Traumatic Stress Disorder (PTSD) and other mental health conditions.¹ PTSD is an "injury to the mind" in which a traumatic event causes lasting anxiety.² Despite the risk of developing PTSD only one-half of at-risk veterans will pursue any form of mental health assistance for their condition.³ Another common psychological injury suffered by

veterans is Traumatic Brain Injury (TBI), which is a noncongenital "insult" to the brain from an external mechanical force, possibly leading to permanent or temporary impairment of cognitive, physical, and psychosocial functions, with an associated diminished or altered state of consciousness.⁴ Together, PTSD and TBI can cause significant disruption to a veteran's life when he or she returns to civilian life.

The "new normal" of the Global War on Terror (GWOT) that includes the conflicts in Afghanistan (OEF) and Iraq (OIF) means an increasing number and length of deployments, greater reliance on National Guard and Reserve service members, and new roles for women in the military. The type of warfare in OEF/OIF increases the susceptibility of veterans to mental health problems. With the



enemy potentially anywhere at any time, service members need to be continuously on guard. This pace and type of warfare cause service members to be constantly stressed, frequently exposed to trauma and have minimal control of their surroundings. Successful in-theater medical treatment saves lives but increases the number of veterans with both physical and emotional wounds.⁵

Veterans with PTSD or TBI have an increased chance of developing emotional problems and substance abuse, and committing intimate partner violence (IPV).⁶ With the recent economic downturn, many veterans are struggling to find jobs. This is reflected in the June 2010 veteran unemployment rate of 11.5%, which is two percent higher than for civilians.⁷ More disturbing, OEF/OIF veterans are becoming

homeless at a faster rate than any previous group of new veterans.⁸

While there is heightened attention to the impact of PTSD and TBI on returning military service members, health and mental health services provided by the U.S. Department of Veterans Affairs (VA) are designed primarily for the veterans. Despite a growing body of research that shows how a veteran's social network supports a successful transition to civilian life, VA mental health services have only recently begun to include veterans' spouses.⁹ Current services do not consider the needs of all family members such as parents, siblings, romantic partners or friends, who are often the veteran's only supports. Services provided by community-based organizations, particularly mental health services, have been negatively impacted by reduced tax revenues

to state and local government. The capacity of existing community programs (and the ability to develop new programs) to support both veterans and a broader definition of "family" can be improved and benefits from philanthropic funding, although the amount and availability of these funds are also negatively affected by the uncertain economic climate.¹⁰

In response to the lack of services for veterans' family members, and lower than optimal utilization of government and community-based services, The National Center on Family Homelessness (The National Center), with funding from the Walmart Foundation, created *Engaging America's Veterans and Their Families To Enhance Service Delivery*. Community-based organizations play an important role in expanding the social safety



A Tool Kit
for Community-Based
Organizations

net to help ensure that veterans are able to get and keep jobs and do not turn to substance abuse, violence, or become homeless as they transition to civilian life. This publication offers tools, resources, best practices and lessons learned to improve the effectiveness of community-based organizations' staffing, program design, delivery, and outreach and engagement of veterans and their families and friends. Our goal is to strengthen the impact of the ever increasing number of non-governmental and community-based organizations working to meet the needs of our veterans.



III. Veteran Engagement and Service Delivery

A. Military Cultural Competency

Military cultural competency means understanding the issues, problems, values, and language associated with serving in today's military. Military culture is significantly different than civilian culture, with different values, attitudes, goals, and terminology. Today's civilian population knows less about military culture than in years past. This lack of knowledge is related to the shrinking number of veterans in comparison to years past, now just 14.5% of the population over the age of 18.¹¹

Non-military affiliated staff of community-based organizations, or anyone who interacts with veterans, will communicate more effectively if they have military cultural competency. Community-based organizations serving veterans can offer a more comfortable and welcoming environment if they are committed to maintaining military cultural competence. This is especially important when engaging veterans who may be suffering from PTSD or TBI as these veterans often feel isolated and may be reluctant to seek assistance. If a veteran with PTSD or TBI has the additional task of translating military lingo or explaining military structure to a service provider, he/she may feel more isolated, compounding the symptoms and

creating barriers to seeking mental health assistance.¹² Veterans who do not suffer from PTSD are also less likely to use services if a community-based organization lacks basic military cultural competency. For any organization, enhancing its staff's understanding of its consumers results in better and more efficient programs and services.

There are several options to become militarily culturally competent. First, community-based organizations can hire qualified veterans and military affiliated staff (e.g., spouse and family of active duty or National Guard/Reserve) who can guide and educate other staff about military culture. Please see the Resources section on page 47 for information about how to hire



A Tool Kit
for Community-Based
Organizations

veterans and spouses. If qualified veterans and military affiliated personnel are not available, it is possible to educate staff using a combination of “free” and “fee” based training. For example, the Department of Defense web site, www.defensemilink.gov, offers online military culture training and web links to other military affiliated organizations.

Fee-based, in-person and online trainings on military cultural competency are also offered through various organizations.

Military Cultural Competency Training

Swords to Plowshares, a non-profit organization, offers an in-person military cultural competency course called “Combat to Community.” The program can be tailored to meet the needs of mental health clinicians or law enforcement officials. The aim of the program is to “increase first responders’ knowledge and understanding of veterans so they may better interact with and care for veterans.”¹³ They offer tools and techniques to address the needs of professionals interacting with veterans. Please go to Combat to Community’s web site (www.combattocommunity.org) or contact Swords to Plowshares at (415) 252-4788.

Among the concepts covered in most free and fee-based military cultural competency trainings are:

- Differences among active duty, Reserve Guard, and National Guard services.
- Military terms and rank.
- Demographics of the military.
- Combat stress.
- PTSD, TBI, and (Military Sexual Trauma (MST) overviews.
- Glossary of terms and acronyms.

Please see page 48 in the Resources section for additional information on sources of military cultural competency training.

➤ **“Give an Hour”**, a non-profit network of mental health professionals who volunteer to donate an hour of free mental health services each week for military personal, their families, and the community has incorporated Department of Defense “free” military cultural competency trainings into their volunteer orientation. Mental health professionals who volunteer are encouraged to learn more about military culture through an online module and a separate handbook created by the National Center for PTSD. A handbook created for military servicemen and their families about deployment is also offered. This is an excellent resource for clinicians. These resources can be found on the “Give an Hour” website (www.giveanhour.org).

B. Effective Outreach and Engagement

i. Outreach Challenges

Community-based organizations and government agencies must successfully attract veterans in order to deliver program and services. Planning and offering services (e.g. transitional or supportive housing, job training and placement, domestic violence interventions, mental health counseling, medical services, jail diversion, substance use treatment, etc.) does not ensure the participation of veterans. Unlike the baseball diamond in *The Field of Dreams*, if you build it they will not come.

Veterans face barriers to successfully access services. The VA and its partner federal agencies, HUD, DOL and HHS, are actively seeking ways to expand services, including partnerships with community-based organizations, to better serve rural veterans and female veterans. However, even when services for veterans are available and easy to access, programs may still be underutilized.¹⁴ In a recent survey of returning OEF/OIF veterans, only half of those diagnosed with mental health conditions agreed to pursue mental health assistance.¹⁵ Barriers to outreach must be understood.

Veterans suffering from PTSD and/or TBI are targeted by community-based and government organizations, but they are difficult to engage. Many veterans with PTSD experience the symptoms of avoidance and emotional numbing. Some veterans may seem to lack

interest in their everyday lives and may avoid any reminders of the traumatic events they experienced in Iraq and/or Afghanistan.¹⁶

Sometimes, veterans may decide not to engage in community-based services due to strongly held views about receiving help for mental health issues. Military culture promotes strength, self-reliance, and independence. The need to be “tough” may negate the need to seek mental health and substance use services in community service settings or through the VA. Asking for help can be perceived as a sign of weakness within the mindset of military culture.¹⁷ Many veterans believe that civilian providers can not successfully address their problems due to a lack of military experience and the fact that they “have not been there.” A lack of commonality with providers can prevent veterans from engaging in services.¹⁸



A Tool Kit
for Community-Based
Organizations

Self-medication is a common substitute for formal health care assistance. It may be a short-term solution often accompanied by risky behavior. Some veterans seek an adrenaline rush to manage their feelings of numbness and constriction. Veterans engaging in adrenaline seeking behavior may have grown accustomed to being in dangerous situations in Afghanistan or Iraq, and find they are unable to transition to the calmer atmosphere of being home.

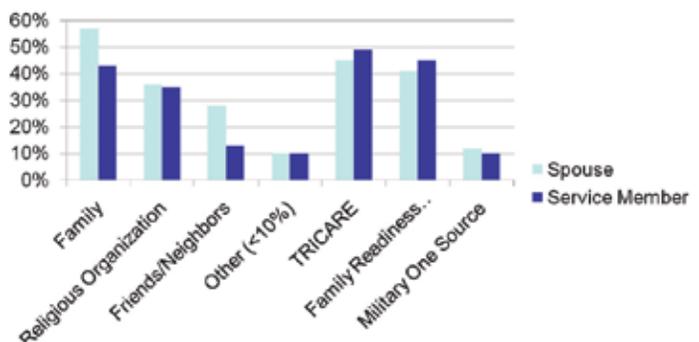
Another form of self-medication is ingesting legal and illegal substances to temporarily alleviate the symptoms of PTSD. For example, hyper-arousal symptoms can be diminished by drinking sufficient amounts of alcohol, which acts as a depressant.²⁰ Unfortunately, veterans suffering from psychological injuries tend to seek assistance only when

these activities interfere with their relationships with loved ones, housing and employment, and physical health.

Transitioning from a military lifestyle to civilian life can be extremely challenging. Reacquainting with loved ones, finding a civilian job, or treating physical wounds consume a large amount of time. The stress and time requirements of readjusting to home life may be enough to preclude an active search for mental health services. Some veterans may purposely avoid services because they want to disassociate themselves completely from the military.²¹

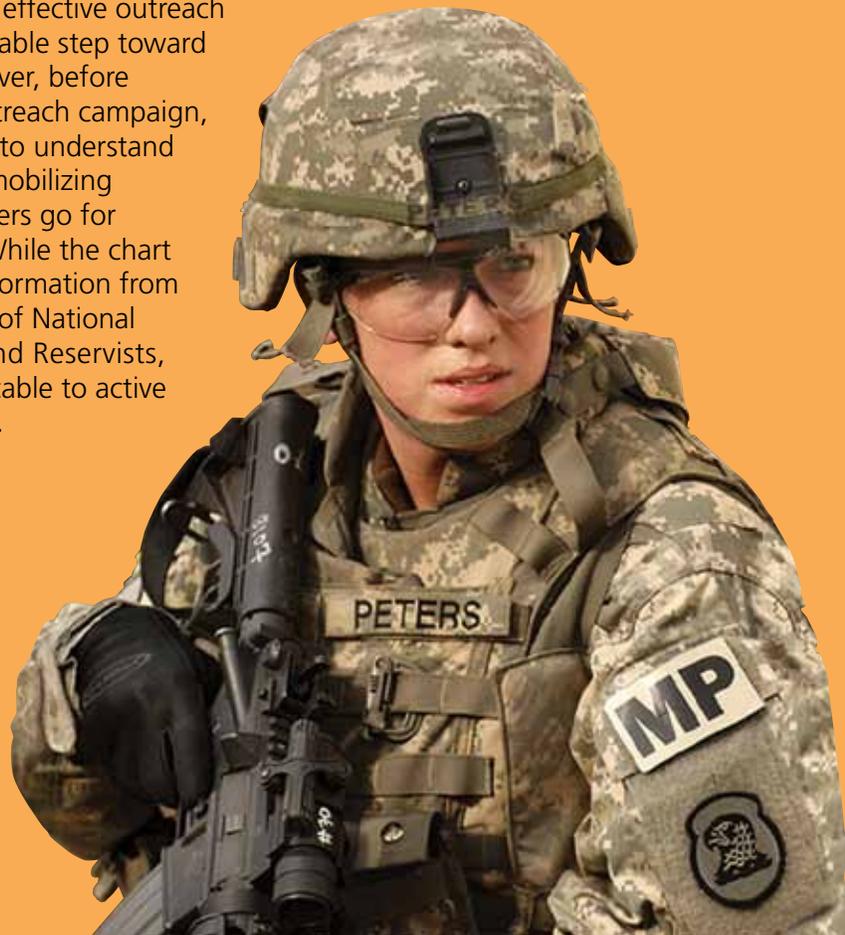
A recent Boston Globe article chronicled the experiences of several veterans who talked about their need for an adrenaline rush. One Marine veteran complained of the transition from a high stress environment to being home and encountering “peacefulness,” which had become unfamiliar. He got into barroom fights because it was the closest experience to combat he could find. One veteran said, “I was looking for that rush, and you just couldn’t find it.” Other veterans drove 90 miles per hour to achieve the exhilaration they needed.¹⁹

Where our demobilizing military members go for information²²



Negative perceptions about VA-based care, particularly among female veterans, as well as lack of access to VA facilities for rural veterans and those with eligibility issues (e.g., dishonorable discharge), can lead veterans to community-based organizations as a preferable, more easily accessible source of care. Community-based organizations can attract veterans and ease their concerns by understanding the barriers to service engagement, becoming knowledgeable about the norms of military culture, and paying attention to appropriate staffing and program design. Please see page 25 for tips on how community-based organizations find and recruit female veterans even when the women do not self-identify as veterans.

When all of this has been accomplished, effective outreach is an indispensable step toward success. However, before crafting an outreach campaign, it is important to understand where our demobilizing military members go for information. While the chart is based on information from a RAND study of National Guardsmen and Reservists, it is also applicable to active duty members.



RAND Study Deployment Experiences of Guard and Reserve Families Implications for Support and Retention

Service members and spouses turn to families first for information, then to faith-based groups, then to friends and neighbors. Family, faith-based groups and neighbors are likely to draw on community-based organizations and the internet for information. Because TriCare and Family Readiness are the top military resources now used, community-based organization serving veterans should be on the resource lists of these organizations.

A Tool Kit
for Community-Based
Organizations

ii. Maximizing Traditional Outreach to Veterans

Traditional media encompasses “tried and true” techniques to reach and engage veterans and their families. Traditional media consists of direct, one-way communication and marketing such as public service announcements, newsletters and e-newsletters, brochures, flyers, paid print (newspaper and magazine) and electronic advertising (TV, radio), free media (e.g., press releases, news media coverage of a program or event) and direct mail.²³ A successful traditional marketing campaign informs viewers and creates interest in the resources offered.

Traditional media campaigns for veterans need to engage two hard to find audiences: veterans

recently separated from service; and veterans’ families and friends. Family members and friends of veterans often are the first to identify the need for help even before the veterans realize it. Relatives or close friends of a veteran may be able to encourage the veteran to seek help early enough to mitigate the impact of physical and psychological wounds of war.

Public service announcements (PSA) are difficult to place but can be an effective way to reach veterans and their families and friends because they touch a wide audience with a consistently presented message. PSAs are delivered largely through traditional media channels, radio, TV and billboard or bus shelter signs. They are meant to educate, influence public opinion, and motivate viewers and listeners

to take action.²⁴ Media outlets regularly provide free air time or print space for PSAs due to their positive social effects, to enhance the perception of their community engagement, and as part of their corporate philanthropy. However, there are many challenges to implementing a PSA campaign. The demand for airtime or print space for PSAs has increased as the number of community-based and non-profit organizations has grown. At the same time, media outlets are allocating fewer resources to PSAs due to greater use of air time for self promotion.²⁵

A potential approach to an increasingly competitive market for air time/print PSA space is to win the endorsement of your state’s National Guard Bureau and Reserve and to partner promoting the availability of services. The military’s



A photograph of a man in a light green polo shirt carrying a young boy on his shoulders. Both are smiling. The background is a solid purple color.

significant recruiting budget makes them large scale consumers of radio and TV ads. A community-based organization's state military department may be willing to leverage its relationships with local media outlets to request PSAs that help veterans and their families.

Brochures, flyers, and posters are affordable and commonly used traditional media outreach tools.

However, military members separating from service often refer to the process as "death by brochure." Some lessons and best practices about creating effective brochures and flyers for veterans emerged from The National Center's Community Circles of Support for Veterans' Families (Community Circles) multi-state demonstration project in the communities of Fresno, CA and surrounding Central Valley towns and cities, San Diego, CA, Eugene, OR and the twin cities of Bloomington/Normal in rural McLean County, IL.

Effective Brochures and Flyers

Brochures

Lessons Learned	Best Practices
<p>Staff turnover made contact information printed on the brochure obsolete.</p>	<p>Use a title instead of a staff person’s actual name. Be sure the phone/e-mail is answered by staff dedicated to veteran service delivery.</p> <p>When using a name, leave enough space around the contact information section of the brochure to apply a sticker displaying current contact information.</p>
<p>If you have multiple program components and multiple audiences, create separate brochures custom tailored to appeal to a specific audience. Each brochure should have the consistent “look and feel” of the overall program.</p>	<p>Tell the reader what he/she can expect along with a “value proposition” (e.g., free child care and meals and travel reimbursement while gaining or improving skills, knowledge, housing, job, etc.).</p> <p>When providing mental health services use non-medical language.</p> <p>Use recognizable photographs from the local community in addition to stock photography.</p>
<p>Veterans are accustomed to DoD and VA language that is forceful. Participation is often mandatory. While veterans and families/friends often prefer services provided by community-based organizations, include endorsements and seals from endorsing National Guard Bureau/Reserves to increase comfort level.</p>	<p>Use language that is inviting and emphasizes choice.</p> <p>Use Frequently Asked Questions (FAQs) as an effective way to share facts.</p> <p>Use testimonials from peers of the target audience. When launching a new program, ask for testimonials about the need for these new services.</p> <p>Create Memorandum of Understandings or informal partnership with state National Guard Bureau or other veteran referral sources.</p>
<p>Integrate the strength of an easily updated 8 ½ x 11 flyer within the format of a higher quality but more static brochure.</p>	<p>Create a fold-up flap to create an inside pocket to secure a tri-fold 8 ½ x 11 flyer inside a brochure. This allows the inclusion of time sensitive or rapidly changing information (a new service or program) without reprinting the whole brochure.</p>

Effective Brochures and Flyers

Flyers

Lessons Learned	Best Practices
Flyers on bulletin boards in public places, armories, VA hospitals or clinics, and job placement agencies require veterans to have a pen and paper to copy the contact information.	<p>Create flyers with tear-off information tabs along the bottom of the flyers.</p> <p>Urge readers to enter the contact information into their cell phones.</p>
Ensure the flyer design retains program branding and the look and feel of the program's other outreach materials.	<p>Invest in developing an attractive, recognizable program logo.</p> <p>Use the same or similar headlines and text as in other program materials.</p>

Please see the Resources section on page 49 to compare and contrast Community Circles brochures. Traditional media—brochures, flyers, newsletters, print ads, or a print 'free' media article—allows for a "hard copy" of information that is tangible to the veteran or family member and friend. It can be carried on their person or hung on a refrigerator or a bulletin board and can be easily retrieved when it's time to seek services. Yet social media, which is discussed in the next section, is more readily shared. Combining traditional media and social media will support the greatest dissemination of messages about services.

iii. Outreach to Veterans in the Digital Age

Social media encompasses new methods of communication and the technologies that allow its portable usage anytime, anywhere. Social media delivers information, and allows readers to engage with the information and add to its content.²⁶ The advent of new technologies (e.g., web enabled “smart phones”, tablet/net book computers) and communication platforms such as blogging, Facebook, LinkedIn, and Twitter allow for a variety of ways to connect with each other. Veterans returning from OEF/OIF are generally in their mid-twenties, and are technologically oriented and savvy users of online and social media.²⁷

Three subgroups best define social media. The first, Web 1.0, is considered traditional online media outreach as defined on page 14. Web 1.0 includes email newsletters and other one-way communications that convey information but do not allow the recipient to interact with the content. The second subgroup, Web 2.0, marks the beginning of two-way interaction. It features the publishing of communication content on a blog, wiki, or other social network sites, and the re-publishing of that information with the addition of comments or content by readers. This augments the material published by the original author. The third subgroup, Web 3.0, refers to content and comment that is available via mobile internet and is accessed through cell phones. Web 3.0 includes mobile websites, texting, tweeting, and other methods of

sending information to a cell phone. Some veterans prefer to receive information through particular channels of social media, suggesting that all three subgroups should be utilized to engage as many veterans as possible.²⁸

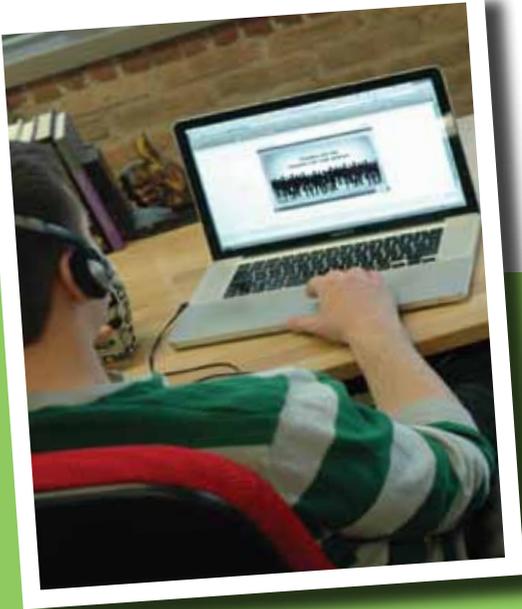
Social media, when developed correctly, builds an online community around an organization or an organization’s cause or a likeminded group’s common interests. Creating a blog or Facebook page allows an organization to disseminate information that can be discussed by multiple participants in an online community. The only qualifier for becoming a member of an online community is an interest in the topic. Geographic boundaries do not prevent participants from joining or engaging in online communities.³⁰ For instance,

Blog: A web site that contains an online personal journal with reflections, comments, and often hyperlinks provided by the writer.

Wiki: A web site that allows visitors to make changes, contributions, or corrections to other visitor’s publications.

Tweet: A post or status update on Twitter, a microblogging service.

Social Network Sites: Facebook, YouTube, MySpace, LinkedIn, Plaxo, etc.²⁹



“...young veterans aren’t meeting over games of pool at legion halls. They’re meeting online.”³²

multiple veterans from different parts of America can converse about a common experience such as PTSD.

Veterans perceive engaging in blogs and Facebook as a low-risk, low-cost way to learn more about an issue of interest or a service offered by an organization.³¹ Veterans may feel more comfortable approaching an organization for help with PTSD or TBI after they observe that other veterans with similar issues are involved online.

A cell phone “texting campaign” is a strategy for engaging technologically fluent veterans. A texting campaign involves sending a short text message to participants’ cell phones. Many returning OEF/OIF veterans do not have the resources to consistently access a computer. However, the decreasing cost of cell phones and cell phone services (including unlimited texting or packages of a number of texts per month) are making telecommunications a cost-effective and highly utilized means of communication. Text messaging is increasingly popular, with 2.5 billion

text messages sent daily within the United States.³³ Sending information directly to a veteran’s cell phone may be more effective than using e-mail. E-mail might be checked infrequently, and a veteran may be less likely to have a computer with an internet connection if he/she is unemployed, lacks stable housing, or does not have strong ties to family and friends. Also, by directly contacting a veteran by text message, information can bypass and be differentiated from email spam.³⁴ To maximize impact, texting outreach campaigns should generally be limited to a maximum of two times per month. For other helpful guidelines and resources to launch social media campaigns, see Resources on page 48 for a select listing of consultant websites/blogs.

Google AdWords is a social media service that helps attract people to an organization's website. Through AdWords, Google will post links of an organization's website on the first page of search results when someone uses an established search engine (Google, Bing, Yahoo, etc.) with a key phrase pertaining to that organization. Google will also place advertisements in its content network, which includes Ask.com, nytimes.com, and other popular websites. An organization's website link can also be tailored to a geographic area to attract people from that location. The cost of AdWords is based on a "pay-per-click" method. When an internet user clicks on a banner that displays an organization's link, the organization is charged a fee by Google. The cost of each click varies from a nickel to several dollars, depending on the competition

for use of the ad words.³⁵ This is a relatively simple and effective way to attract technologically fluent veterans to an organization's website. Google Foundation offers non-profits the opportunity to submit a proposal and to receive an amount of free "pay per clicks." Go to this link: <http://www.google.com/grants/details.html> and see resources on page 48 for more details about the application process.

There are several challenges to incorporating social media into an existing communications campaign and to using social media successfully. Most blogs are not self sustaining; participants in an online community will stop following a blog if fresh information is not regularly posted.³⁶ A moderator from the organization must constantly direct and manage blog conversations in real time. Blogs and Facebook page conversations

may become negative or shift to an irrelevant issue due to the open nature of the internet. Information can be incorporated in social media platforms from unauthorized and unwanted sources. All material an organization publishes on a social media platform must be carefully reviewed to avoid displaying inappropriate or confidential information.

Social media is a cost-effective and powerful way to reach large numbers of veterans who are geographically dispersed. However, traditional media should also be used in tandem with social media. Due to the freelance nature of social media outlets, there may be a lack of credibility associated with some social media sites or forums. Traditional media can lend a greater sense of integrity to campaign messages.³⁷



Quick Tips on Gaining Permission to Use Cell Phone Numbers

One challenge of conducting a "texting campaign" is gathering veterans' cell phone numbers and permission to use them. To facilitate this:

- Design intake forms (online and print) to collect mobile phone numbers and permission to send text messages.
- Offer an "opt out" feature.
- Demonstrate or sample the information to be received.

The chart below illustrates how social media outlets can engage with other communication platforms to extend a campaign's reach and amplify the power of campaign messaging. Blending multiple types of social and traditional media also give your audience multiple points of entry into the conversation.



iv. Connecting With Veterans, Families, and Friends

Community-based organizations must attract veterans to successfully deliver services. Outreach efforts require accurate, up-to-date contact information. The OEF/OIF veteran population presents unique challenges and changing needs as they separate from service. Veteran outreach workers note that in the first months after returning from multiple tours of duty in Iraq and/or Afghanistan, the typical veteran is not ready to settle down, recognize issues, or seek services. However, outreach does need to start immediately and there is no universal mechanism to reach the newly minted veteran.

A viable outreach plan includes:

- Hiring veteran and military affiliated staff who bring along their personal networks (see page 25 for information on how to recruit and hire veterans and military affiliated staff).
- Establishing working and referral relationships with government entities [e.g., Department of Defense, Yellow Ribbon Planners, state military departments (National Guard Bureau/Air & Army Reserves), US VA (including Vet Clinics), state and county VA officials, federal agencies (Housing Urban Development: HUD, Department of Labor: DOL, Health and Human Services: HHS, Department of Justice DOJ) and their community-based service providers with

grants to provide housing, job training and placement, mental and physical health, and jail diversion services to veterans (see Resources page 45 for possible referral sources).

- Creating working and referral relationships with private, public and community colleges' campus police, deans, and campus health services including mental health clinicians as well as Student Veterans Associations (SVAs).
- Joining local coalitions that address veterans' issues and include representatives from U.S. Congressional representatives' offices as well as representatives from organizations listed above.

➤ The Yellow Ribbon Reintegration Program is “a national combat veteran reintegration program to provide National Guard and Reserve members and their families with sufficient information, services, referral, and proactive outreach opportunities...” The program offers events for soldiers and their families during pre-deployment, deployment, demobilization, and post-deployment. Within the program's web site is a resource page with links to organizations that address the needs of service members. To be listed as a resource or participate in Yellow Ribbon events, contact your local National Guard Unit or your state's Joint Force Headquarters and ask to speak with their Yellow Ribbon Program Office.³⁹ <http://www.dodyrrp.mil>

- Networking and connecting with affinity groups that are veteran specific (see page 46 for resource lists) along with social groups that attract veterans (e.g., motorcycle clubs, large employers who may have employee affinity groups).
- Collaborating with faith-based organizations and area ecumenical councils.

Please refer to page 14 and page 18 for information about how community-based organizations can connect with veterans and their families and friends through

traditional and social media outreach.

Many community-based organizations already serve veterans but do not formally track veteran participation because their intake process does not ask for military service history. Even organizations that do want to capture their clients' veteran status may fail to recognize they have veterans in their midst because they frame intake questions too narrowly by asking "Are you a veteran?" instead of "Do you have any history of military service?" Discharge status and self-perception as well as possible trauma

connected to deployment and combat stress all impact whether or not a veteran chooses to identify themselves.

Creating these connections to referral sources requires a genuine commitment of time and a willingness to "give as well as take." An example of how one community-based organization was able to gain traction with military and VA referral sources comes from Lucy Zammarelli, Director of Mental Health Services, at Willamette Family, Inc. in Eugene, OR. She is also the *Community Circles* Project Director at a Walmart Foundation funded site that is part of a multi-state demonstration project with other funders (Blue Shield of California Foundation and *Welcome Back Veterans*, an initiative of Major League Baseball and the McCormick Foundation). Lucy was able to



Lucy Zammarelli, Director of Mental Health Services, Willamette Family, Inc, Eugene, OR.

A Tool Kit
for Community-Based
Organizations

gain trust and credibility with a wide variety of military, veteran and community-based referral services by offering to train other community-based and government staff on mental health, substance use and suicide prevention issues. She is also an established presenter of “Veteran & Family Issues” at the local public university and at community colleges; the course covers reintegration into family, school, job, and community life; overview of TBI-PTSD and coping with anxiety and depression. Although Lucy is not a veteran and has no military affiliation, her genuine passion in this area impelled her to seek training on relevant topics and hire veteran and military affiliated clinicians.

Building relationships by demonstrating expertise and program capacity show that a community-based organization is legitimate. Almost daily media attention to the issues facing our recent veterans attracts support and raises awareness, but also contributes to the rise of scams perpetrated against veterans and those who provide support to veterans. These scams create confusion about which resources to pursue. For example, a Californian man recently pleaded guilty to impersonating a Navy officer to collect money for a PTSD retreat called Liberty Spirits Farm, which does not exist.⁴⁰

To successfully recruit veteran participants, in addition to developing referral sources, there is often no other substitute than good old-fashioned “shoe leather”

i.e., going out to where potential participants are likely to be. This is particularly true for the “invisible” veterans. At the July 12-15 2010 conference of DOL VETs grantees, panelists at a presentation of Trauma Informed Care for Female Veterans shared the following tips for where to go to find women who may not identify themselves as veterans.





Create partnerships with community based organizations that serve women and seek permission to do in-person recruitment including participating in the organizations events by having an information table with staff (preferably female veteran or military affiliated).

Examples include:

- Head Start and/or other providers of child care (particularly subsidized care)
- Domestic Violence Shelters/ Organizations including Rape Crisis Hotlines
- Public Health Clinics and obstetrics/ gynecological practices or women's health hospital based services as well as hospital social workers
- Parent Teacher Associations or Councils in elementary schools
- Juvenile Justice and Family Court social workers



C. Enhancing Service Delivery

Community-based organizations have an increasingly important role in supporting returning OEF/OIF troops. Department of Defense (DoD) and Veterans Affairs (VA) and their federal agency partners increasingly rely on them to provide services for returning veterans, particularly as the federal government rallies behind President Obama's and General Shinseki's pledge to end veteran homelessness within five years. This responsibility will expand as the large scale demobilizations materialize. Numerous barriers to veteran participation must be acknowledged and overcome to maximize their participation.

The geographical dispersion of community-based organizations appeals to demobilizing military and veterans. Community-based

organizations' also have a perceived advantage over government agency based services among some veterans because they often can offer greater flexibility in program design and service delivery. Therefore these organizations play a key role in strengthening the social safety net for veterans who require job training and education, mental health services, substance use services, disability claim assistance, child care and housing support. Ideally, veterans would take advantage of both government social service and community programs as they transition to civilian lives.

We recommend three approaches to service delivery that can be used by community-based organizations. All three methods are non-medical approaches that deal with everyday concerns that affect a veteran's family, job, emotions, and other common issues. While longer-term medical interventions may

be needed to address concerns such as substance use and suicide, these three models do not require extended time commitments by the veteran or specialized medical training for the provider.⁴¹ These holistic and non-medical approaches diffuse trauma symptoms for veterans, instill a greater understanding of trauma-informed care among provider staff, improve communication, and lead to better program results.

i. Method One: Understanding Trauma- Informed Care

A traumatic experience involves an overwhelming threat to one's physical or emotional well-being and survival, and elicits intense feelings of helplessness, terror, and lack of control.⁴² Traumatic experiences can significantly alter a veteran's perception of themselves, their environment, and the people around them. Prolonged exposure to traumatic stress can impact all areas of a veteran's life, including biological, cognitive, and emotional functioning; social interactions/relationships; and identity formation. As traumatic experiences accumulate, responses to trauma become more intense and have a greater impact on functioning. Because veterans who have experienced multiple traumas do not relate to the world in the same way as those who have not had these

experiences, they require services and responses that are sensitive to their experiences and needs.

To enhance the effectiveness of services, we recommend that leadership and staff of community-based organizations commit to an organizational assessment and be trained in "trauma-informed" care.⁴³ A trauma-informed service system is "a human service or health care system whose primary mission is altered by virtue of knowledge about trauma and the impact it has on the lives of [veterans] receiving services."⁴⁴ Providing a trauma-informed service requires looking at all aspects of the service through the lens of trauma and comprehending how traumatic experiences impact veterans. Community-based organizations that understand trauma will be best able to respond to veterans' needs and avoid practices that re-traumatize the veteran.

Eight foundational principles have been identified about trauma and its impact. These constitute the principles of trauma-informed care.

- **Understand Trauma and Its Impact:** Understand how traumatic stress impacts veterans. Recognize that many behaviors and responses of traumatized veterans may seem inappropriate or unhealthy in the present, but represent adaptive responses to past traumatic experiences.
- **Promote Safety:** Establish safe physical and emotional environments in which basic needs are met, safety measures are in place, and responses by staff are consistent, predictable, and respectful.



A Tool Kit
for Community-Based
Organizations

- **Ensure Cultural Competence:** As described in Section III A of this Toolkit, understand how military culture influences a veteran's perception of and response to traumatic events and the recovery process. Have knowledge of military language, acronyms, paperwork, culture, and experiences of military service members and veterans for both men and women.
- **Support Veteran Control, Choice and Autonomy:** Help veterans regain a sense of control over their daily lives and build competencies that will strengthen their sense of autonomy. Keep veterans well-informed about all options for addressing traumatic stress; outline clear expectations about services and the commitment they are being asked to make to successfully use these services; provide opportunities for veterans to make daily decisions; and encourage them to participate in the creation of their personal goals.
- **Share Power and Governance:** Share power and decision-making with veterans. Allow them to make daily decisions about programs and services, and participate in the creation or review of policies and procedures.
- **Integrate Care:** Maintain a holistic view of veterans and the process of healing. Facilitate communication within and among service providers and systems of care.
- **Recognize that Relationships Heal:** Establishing safe, authentic, and positive relationships can be corrective and restorative to survivors of trauma.
- **Believe that Recovery is Possible:** Recovery is possible for everyone regardless of how vulnerable they may appear. Instill hope and facilitate peer-to-peer support by providing opportunities for traumatized veterans to interact with formerly traumatized veterans. Help veterans focus on strength, resiliency, and future-oriented goals.⁴⁵

“When you think veteran – you don’t think of women. As much as society is trying to change, it’s still a man’s world.”

Homeless Californian Woman Veteran

Homelessness Among Women Veterans

Approximately 7000 women veterans are currently homeless. They are younger than their male counterparts (average age of 47 vs. 61 years), more likely to identify as a racial minority, have lower incomes in their civilian jobs than their male counterparts, and experience higher rates of unemployment (16% for 18-24 year olds: higher than male veterans and double that of non-veterans). These factors contribute to an alarming growth rate in women veterans becoming homeless.

The National Center on Family Homelessness, with support from the U.S. Department of Labor Women’s Bureau, Region IX, has initiated a two-phase demonstration project to support California women veterans who are homeless and the community-based organizations

that serve women veterans. The first phase consisted of a listening tour with Californian homeless women veterans and community-based organizations.

Trauma and specifically Military Sexual Trauma (MST) was found to be the leading factor in the downward spiral that leads to homelessness for women veterans. Women and men in the all volunteer forces often experience trauma prior to enlistment. However it is a more common experience for female recruits. Their experiences of trauma (rates of 81% to 93%) are significantly higher than their civilian counterparts.

Early experiences of trauma in the lives of female military members are often compounded by MST because, according to the DoD, one in three military women have been sexually assaulted.

Phase Two of the demonstration project is an organizational guide to providing trauma-informed care for women veterans. The guide offers trauma-informed practices for female veterans who are homeless. The results of the listening tour conducted in the project’s first phase are included in the guide, which can be downloaded online from <http://www.familyhomelessness.org/resources>.

“There was a lot of sexual harassment and sexual assault that probably factored into my drinking more. I think my homelessness came from poor choices because of my drinking.”

“Some women come into the military with stuff from their childhood and that exacerbates, especially when you have to prove yourself equal to the guys. You think you’re fine but then something comes up”

CA Homeless Female Veteran

A Tool Kit
for Community-Based
Organizations

Community-based organizations that are trauma-informed, in comparison to those that are not, will provide veterans with higher quality care. Veterans who have suffered from traumatic exposure may view the world and other people as untrustworthy, hindering the provider-veteran relationship. Providers who are trauma-informed will know to be patient and persistently engage the veteran until trust can be established. Returning veterans may have behaviors, such as emotional numbing, that were useful in the past in coping with trauma, but are now detrimental to everyday functioning. Trauma-informed providers teach veterans to slowly replace negative behaviors with positive behaviors. Veterans who are trauma survivors require interventions that are not incorporated in traditional services because their symptoms do not fit into a “one size fits all” mental health system. A provider who is trauma-informed can tailor programs to each veteran’s specific needs.⁴⁶ Traumatized veterans require services that consider their needs holistically instead of defining them by their symptoms.

Children and Trauma

Children in military families face unique challenges in comparison to their non-military peers. Children of active duty military families have to cope with the stress of moving to new bases; having a frequently absent parent who then reintegrates into the family; or potentially manage a parent’s death or severe injury. Military children may become traumatized by these experiences.

The National Child Traumatic Stress Network offers guides for families, medical providers, and educators on how to tailor services to a child who has experienced a traumatic event associated with a parent serving in the military. Guides and other resources regarding military child trauma can be found at The National Child Traumatic Stress Network’s website: http://www.nctsn.org/nctsn/nav.do?pid=ctr_top_military.



Sesame Workshop’s Talk, Listen, Connect initiative offers bilingual resources and support to military families with young children facing challenging transitions in their life including coping with deployments, homecomings, injuries, and death. For more information and to download and view these resources, please visit sesamestreet.org/tlc. Major support for Sesame Workshop’s Talk, Listen, Connect initiative has been provided by Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury, Iraq Afghanistan Deployment Impact Fund of the California Community Foundation, BAE Systems, Walmart Foundation, American Greetings, and Military OneSource. Additional support has been provided by Lockheed Martin Corporation, New York State Office of Mental Health, McCormick Foundation, USO, Military Child Education Coalition, Joseph Drown Foundation, BNY Mellon, Oshkosh Defense, Department of Veterans Affairs – Vet Center Program, and Corporation for Public Broadcasting.

Veteran service providers need to monitor their own stress; this is called “self-care.” Providers cannot properly aid veterans if the stress in their own lives affects their ability to deliver quality services. Burnout may be manifested by physical or emotional exhaustion, especially as a result of long-term stress. Burnout may be the result of vicarious trauma. Vicarious trauma, or secondary trauma, is “the transformation or change in a helper’s inner experience as a result of an empathetic engagement with traumatized clients.”⁴⁷ Symptoms of burnout include: increased conflict with friends; feeling angry; feeling sad; being anxious; or having a short temper. Being trauma-informed includes taking care of one’s self. Veteran providers can relieve vicarious stress and prevent burnout in many ways including meditating, breathing exercises, writing in a journal, or getting a back massage. It is the responsibility of the service provider to care for themselves to ensure that the services they offer to veterans are effective.⁴⁸



Training in Trauma-Informed Care

The National Center on Family Homelessness and the Center for Social Innovation have partnered to create T3, an innovative training institute committed to improving the skills and knowledge of people working in health and human services. T3 is founded on the belief that a skilled workforce is critical to mounting a serious response to our nation’s complex social problems. Through self-paced online units, advanced skills courses, and onsite trainings, T3 offers evidence-based, skills-focused training on trauma, trauma-informed care, motivational interviewing, and other relevant topics.⁴⁹ Learn more at www.ThinkT3.com



Trauma-informed service providers will be able to see through the lens of understanding how trauma impacts veterans’ world view. This lens allows the service provider to focus on how to help the veteran establish control and security in their work and home environments so the veteran can experience success, rather than having service providers focus on what is “wrong” with the veteran.⁵⁰

A Tool Kit
for Community-Based
Organizations

ii. Method Two: Addressing Traumatic Stress

Cognitive behavioral therapy (CBT) is an evidence-based treatment for post traumatic stress disorder (PTSD) that aims to reduce symptoms by changing a participant's cognitive thought process. For example, a veteran who observes an event has immediate thoughts about the event that effect his or her emotions and behaviors. The thoughts after an event are formed subconsciously and automatically, and are derived from past experiences or past perceptions. CBT challenges the way participants interpret events by helping them to modify their past assumptions and change the way they interpret an event. The goal of CBT is to help veterans understand how thoughts after an event are formed from past experiences and change their thoughts if the thoughts are negatively affecting their behavior.⁵¹

CBT is based on guided self-questioning. By challenging a veteran's automatic thoughts, CBT compels the veteran to question his/her perceptions and cope with "triggers" that make the veteran experience unwanted symptoms. CBT teaches participants to: monitor their automatic thoughts; recognize connections between thoughts, affect, and behavior; reconsider automatic thoughts against reality; substitute more realistic automatic thoughts; and alter past dysfunctional perceptions that predispose the participant to wrongly interpret experiences.⁵²

PTSD symptoms (see page 36) cause fear, anxiety, increased arousal, anger, and irritability that interfere with a veteran's ability to reintegrate successfully into civilian life. These symptoms may be "triggered," by events or experiences that occur in a veteran's everyday life. A trigger includes an element from a past traumatic experience

such as sound, smell, or sight of an object or event. Triggers may cause a negative behavior such as avoidance which is expressed when a veteran circumvents certain places or refrains from undertaking certain activities, such as not wanting to visit crowded or public places. Avoidance may be a short-term solution to intense feelings. CBT identifies triggers of PTSD symptoms and teaches the veteran how to replace past disruptive perceptions with non-disruptive perceptions.⁵³

Veterans' assumptions about certain events are also derived from their perceptions of themselves and the world. Some veterans may feel guilt or shame associated with traumatic events that occurred during their time in the service. They may consider the traumatic event their own fault and believe they could have acted differently to avoid the traumatic event. After a traumatic event, a veteran's view of the world may become very pessimistic,



causing the veteran to develop trust issues.⁵⁴ CBT challenges negative self and world perceptions. The treatment helps the veteran realize he/she had no control over past traumatic events and is no longer in harm's way.

Multiple studies validate the effectiveness of cognitive behavioral therapy. A review of findings from 14 studies with a total of 649 participants, supports the efficacy of CBT. All 14 studies compared the use of CBT with those who did not receive CBT. The group that received CBT had significantly lower rates of PTSD symptoms after treatment. All 14 studies reported that participants had fewer reports of depression and in 11 cases that specifically targeted anxiety; participants had lower anxiety levels.⁵⁵

CBT offers veterans suffering from PTSD and mild Traumatic Brain Injury (TBI), (which have overlapping symptoms) a non-medical and evidence-based approach to strengthen their communications with loved ones, employers, and anyone else integral to their ability to function optimally in civilian life. Group CBT, that pairs a veteran with a relative (spouse, grandparent, parent, sibling, etc.) or friend (roommate or romantic partner), and online therapy are variations tailored to the needs of individual veterans (see page 40). Two examples of CBT presented next illustrate models in which treatment takes place face-to-face in an onsite setting. Later on in this section, we discuss CBT in an online therapy setting—a model that addresses accessibility of services such that are anonymous and convenient no matter where the veteran lives.

CBT In Action: Treating Traumatic Stress

Support from the Walmart Foundation permitted a very promising adaptation of CBT for treatment of veterans' with PTSD and mild TBI. The *Community Circles of Support for Veterans' Families* Cognitive Behavioral Conjoint Therapy (G-CBCT) for Traumatic Stress-Related Problems (TSP) was created by The National Center on Family Homelessness in partnership with Dr. Candice Monson (National Center on Post Traumatic Stress Disorder and Ryerson University) and Dr. Steffany Fredman (National Center on Post Traumatic Stress Disorder and the Boston VA Medical Center). Designed for use by community-based organizations in a multiple state, multiple site demonstration project, the intervention is targeted to veterans as well as geographically dispersed demobilizing Air/Army Reserve and



Community Circles project features specialized group therapy for veterans' families and includes other program components, including facilitated peer-to-peer counseling and/or recreational events. These peer to peer activities provide opportunities for military families to express their frustrations, share experiences, and relate to others who best understand their experiences and challenges. Community awareness campaigns are tailored to the local needs of each site. Activities include workshops, lectures, discussion groups for military members/veterans and their families, community social services providers, law enforcement groups, educators, faith-based groups, social organizations and the general public.

**A Tool Kit
for Community-Based
Organizations**

National Guard and their families. This clinical intervention—designed to support returning veterans with PTSD and mild TBI—pairs the veteran with a relative (e.g., spouse, parent, grandparent, or sibling) or a friend (including a romantic relationship). The veteran is able to choose anyone he/she is close to as the intervention partner, enhancing the commitment to complete the therapy and filling a service gap.⁵⁶ DoD and VA services are congressionally mandated to serve only veterans or, in some circumstances, spouses and children, leaving other family members and friends unconsidered.

Strong social supports for a veteran have been linked to fewer symptoms of PTSD.⁵⁷ However, PTSD symptoms may lead to decreased social supports. PTSD may cause considerable tension in a veteran's personal relationships, especially

with a wife or husband. The divorce rate for OEF/OIF veterans is twice the rate of the civilian population.⁵⁸ A veteran's husband or wife may compel the veteran to receive treatment in a dyadic setting to improve their relationship or save their marriage.⁵⁹ Furthermore, veterans may have not considered receiving treatment for PTSD until their significant other or other relatives and friends force them into it. This structure enables the dyad to address the symptoms of PTSD. Skills learned in the group decrease ambient interpersonal stress in the dyad's lives.

A group setting for the delivery of CBT treatment is advantageous for military veterans. In this setting, veterans realize they are not the only ones with PTSD problems. They can learn from others by considering how veterans in the group experience and address their PTSD

symptoms. In a group setting, most veterans are comfortable because military culture is based on unit or group cohesion. Also, veterans do not have to deal with poor military cultural competency or translating military lingo during conversations. The group setting also allows for the economic delivery of treatment, allowing more veterans to be helped per session in comparison to individual therapy.⁶⁰

Implementing the intervention requires two day in-person training for community-based Master's Degree level clinicians. They receive an intervention manual and out-of-group assignments, and twice-monthly telephonic clinical support as they conduct their group or individual couple sessions. The goals of *Community Circles* group clinical intervention for Traumatic Stress Problems are to (1) decrease PTSD symptoms, (2) improve the dyads



relationship, and (3) extend the gains of dyad personal growth to other relationships.

The intervention is delivered in two stages. The first stage provides the rationale for the treatment and educates the dyad about traumatic stress problems and how these problems affect relationships. During the second stage relationship satisfaction is enhanced through the use of improved communication skills. The therapy helps veterans become closer to their partners while addressing their PTSD symptoms.

The *Community Circles* experience highlights some important lessons about staffing a CBT group intervention.

- Groups are best facilitated by two Master's Degree level clinicians and are optimally staffed with both male and female clinicians.
- When possible, Master's Degree level clinicians should be veterans or military affiliated (relatives of military members or veterans).
- For veteran outreach efforts, highlight the skill levels of the clinicians and their military affinity (e.g., after the name and academic degree and title of the clinicians, list "retired," rank and service branch, and if military affiliated, list type of relative and relative's service branch and deployment status).

Group CBT Therapy for Traumatic Stress Problems (TSP)

Stage 1: Rationale for Treatment; Education about TSP and Relationships

Session 1 Introduction to Treatment

Session 2 Safety Building

Stage 2: Satisfaction Enhancement and Undermining Avoidance

Session 3 Listening and Approaching

Session 4 Sharing Thoughts and Feelings – Emphasis on Feelings

Session 5 Sharing Thoughts and Feelings – Emphasis on Thoughts

Session 6 Problem-Solving/ Decision-Making

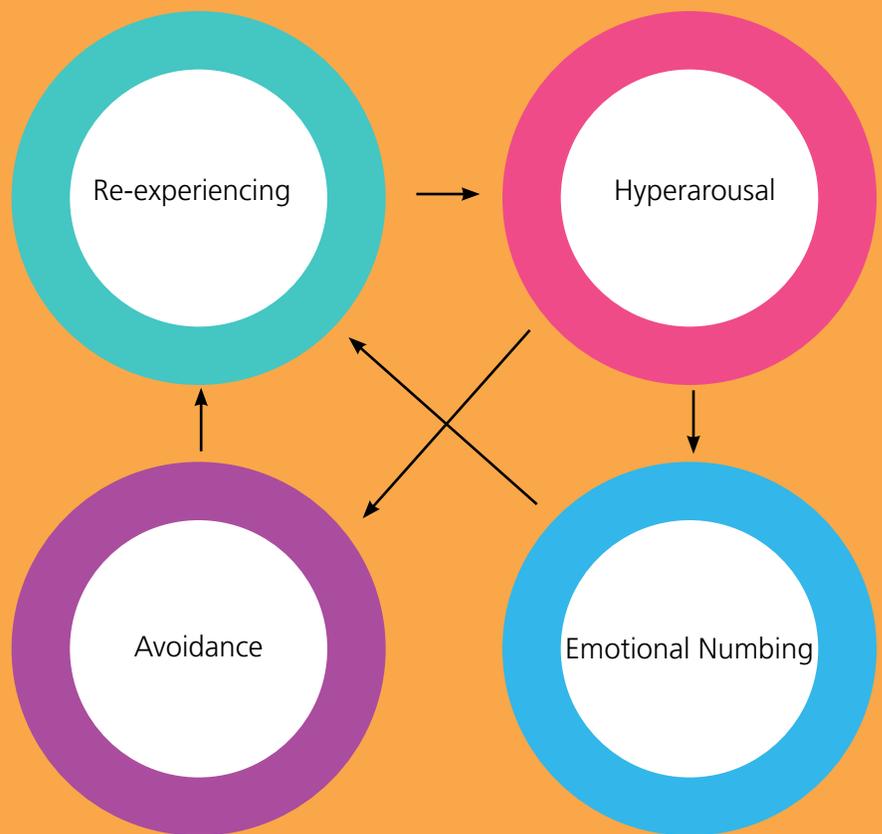
Session 7 Review and Reinforcement of Treatment Gains

**A Tool Kit
for Community-Based
Organizations**

The first stage of CBT Group Therapy for TSP focuses on psychoeducation, helping participants understand their experiences and identify the symptoms of PTSD. Once the symptoms are understood, triggers are discussed and identified, along with how dysfunctional automatic thoughts can be changed. PTSD symptoms often feed back into re-experiencing traumatic events and cause symptoms to increase; psychoeducation has the goal of ending this cycle.

Psychoeducation teaches the dyads how PTSD symptoms can negatively affect their relationship, how the veteran's coping behaviors may have been complicating the situation, and how mild TBI and PTSD are related.

Cycle of TSP Symptoms⁶¹



"The best part was that we both committed to doing this group."

Program participant

During the second stage, enhanced communication skills help the dyad to minimize the negative aspects of their relationship while increasing positive exchanges. The dyads address many of the symptoms of PTSD together. For example, they will participate in an activity they have normally avoided to force communication about triggers and PTSD. Facing avoidance behavior is an example of a homework assignment, which occur throughout the therapy. Activities and homework assignments encourage the dyad to address other PTSD symptoms and how they affect their relationship.

Subsequent sessions address the challenges the dyads will experience once therapy is completed. Applying communication skills learned during therapy to other relationships will be a challenge because others may not understand PTSD or be comfortable talking about how certain events

or actions make the veteran feel. Skills are taught to avoid lapsing into previous negative behaviors. The dyad completes the therapy by setting goals for their future.

The National Center's community-based partner, Willamette Family Inc. (WFI) had success with the group intervention for traumatic stress problems. WFI's experience suggests that five dyads is an optimal number for a group, and the attrition rate in any group therapy is typically at least fifty percent. Success was supported using stipends to offset the cost of transportation as well as quality child care and a free meal on days when the group met. With some adjustments and the addition of "make-up" sessions, some dyads successfully completed the intervention and asked to do it again!

Skills Learned

- Taking a Time-Out
- Breathing Calmly
- Enhanced Listening
- Paraphrasing
- Sharing Thoughts
- Sharing Feelings
- Problem Solving
- Decision Making

"(This Group) is life-altering."

Program participant

"I feel it (the group) helped in our communication and helped our marriage."

Program participant

"For the first time in my life I realized why I used drugs and alcohol and why I have argued with my wife."

Program participant

A Tool Kit
for Community-Based
Organizations

"I like that my mom can go with me. She wants to help but doesn't have any way to help me. It's frustrating."

CBT In Action: Preventing Interpersonal Violence

Strength at Home is a CBT designed to address the experiences of veterans, including but not limited to those with PTSD and mild TBI, that impair communication and conflict resolution to a point where there is a risk of interpersonal violence. The National Center's iteration of this model adapted *Strength At Home* for sites in Central Valley, CA funded by Blue Shield of California Foundation. The intervention pairs a veteran with a relative or friend in a group CBT intervention to prevent violence.

This CBT is also designed for dyads i.e., "couples." Ideally, they are seen in a group setting to break down isolation and to create a bonding experience that often leads to socialization when the intervention is completed. Sometimes the topics

bring up such strong emotions and experiences that the dyad will ask to be seen as an individual couple. The National Center's community based-organization partners accommodate these requests and also provide or refer participants to individual therapy or residentially-based, longer-term medical treatment when needed.

Strength At Home is a ten session model that includes out-of-session assignments, commonly referred to as "homework," that reinforce the intervention's tools and techniques. This helps the dyads strengthen communication and conflict resolution skills. Small incentives such as a three-dollar gift card for coffee reward and reinforce completion of homework.

Interpersonal violence includes physical abuse, psychological abuse, and sexual abuse. The *Strength at Home* clinical intervention is

designed for veterans who are at risk of perpetrating violence but not for those who are actively committing violence. Veterans suffering from PTSD have a greater probability of committing violence than those who do not have PTSD due to difficulty interpreting social information.⁶² Veterans suffering from PTSD may have trouble trusting others. A lack of trust developed during military experience may transfer to civilian life, causing veterans to try to control their relationships forcefully. Blaming themselves for a traumatic event or having caused a traumatic event can lower the veteran's self-esteem, which can lead to depression and interpersonal violence. The veteran may also have low "other-esteem" displayed as not respecting other individuals when socially interacting with them. When veterans return from war, they may try to compensate for

"My husband doesn't understand me anymore. Even I don't get it (PTSD). I want to be a part of this group."

insecurity developed during military service by attempting to dominate everything and everyone around them. Lack of trust, low self-/other-esteem, and insecurity can lead to violent conflicts between a veteran and a significant other.⁶³

Strength at Home treats the symptoms of PTSD and prevents interpersonal violence through three phases of therapy. The first phase is psychoeducation (see page 36) for PTSD and interpersonal violence. The second phase focuses on conflict management, and teaches veterans to control their anger and impulses. Many veterans hold perceptions that showing emotion is a sign of weakness. This is augmented by military culture, which trains its members to channel emotions into aggression to perform war fighting duties. CBT teaches veterans about types of anger, and how to express anger constructively. The third phase

teaches communication skills similar to the Community Circles clinical intervention for traumatic stress problems (see page 37). The intervention concludes by focusing on what the dyads have learned and their plans for the future.

It is common for those experiencing trauma to be emotionally passive until their emotions build up and they explode. When a veteran releases built up emotions they are susceptible to committing interpersonal violence. Through this intervention, veterans learn to express anger and emotions in an assertive positive way.⁶⁵ After successfully completing the intervention, veterans and their dyad partners have the skills to correct dysfunctional behavior and the skills to prevent the risk of violence.

Because of the strong stigma against seeking mental health services and admitting that

interpersonal violence is a threat or occurs, promotional materials for *Strength At Home* do not use any clinical or medical language. The sessions are described as “classes” aimed at building stronger relationships. Recruitment materials refer to enhancing communication, closeness and happiness in relationships after a deployment or separation from service, and easing the return to family and community. Earlier brochures and fliers for other *Community Circles* interventions were not as effective because the language was too clinical and did not clearly state what will benefit the veteran and their family member or friend. Please see Resources page 49 for samples of effective and less effective brochures and page 16 further discussion of lessons learned and best practices for engaging and motivating veterans to use community-based services.



Expressions of Anger⁶⁴

Passive Response: Expressing emotions but failing to respect one’s rights and feelings.

Assertive Response: Expressing emotions with mutual respect for the rights and feelings of one’s self and one’s partner.

Aggressive Response- Expressing emotions that violate the other person’s right to be treated with respect and convey a serious lack of concern for the person’s feelings and safety.

A Tool Kit
for Community-Based
Organizations

iii. Method Three: Online Therapy

Therapy online is a new way to treat PTSD and mild TBI. Research has demonstrated the effectiveness of this method of clinical intervention.⁶⁶ On-line mental health education, screening, and treatment is called interapy.⁶⁷ A significant proportion of veterans are coming home from OEF/OIF with PTSD and TBI.⁶⁸ The demographic profile of the OEF/OIF veterans is predominately composed of technologically fluent 20 to 30 year olds who search for information primarily on-line and may prefer the treatment of their symptoms on-line as well.

Active duty service members and their families have the option of receiving help with problems, such as PTSD and TBI, through Military One Source, which is accessible 24 hours a day, 7 days a week, and 365 days a year on-line and

telephonically. In addition to the 24-hour on-line and call resource center, Military One Source offers face to face counseling and additional information for the needs of a military family.⁶⁹ However, for veterans and their families struggling with PTSD and TBI, there currently is no equivalent comprehensive VA sponsored online program.

A range of options exist for recent veterans, who have returned from deployment, for receiving therapy. However, there are several disadvantages to pursuing an in-person course of treatment. Many veterans perceive being treated for mental health problems as a show of weakness in a military culture that favors strength.⁷⁰ In addition, veterans who live in rural communities at a distance from services, or who can't easily seek assistance during traditional working hours, may not have the time or

resources to consistently receive treatment from in-person therapy.

Interapy may be a solution to overcoming many obstacles of in-person mental health care. Veterans can participate in on-line treatment when it is convenient for them and at their own pace while still being able to manage their other responsibilities such as maintaining employment, being a student and/or rehabilitating physical injuries. The flexibility of interapy allows participants to receive therapy in a comfortable environment of their choice (e.g., their homes) if they have a computer with internet access, or at a public library or internet cafe.⁷¹ If at any point the participant does not want or can not continue with a therapy session they can simply exit the program giving the participant a greater sense of power over their own treatment. Interapy also offers the veteran a degree of anonymity.

Recent evidence supports the effectiveness of interapy. In one study participants who had suffered from PTSD significantly improved through online cognitive based therapy. The participants rated the treatment very favorably with 86% describing satisfaction with the interactive features of the interapy. Three months after the end of the treatment the results were maintained.⁷² In another case that compared interapy to in-person therapy the participants who underwent the interapy therapy had fewer symptoms of PTSD six months later than those who had in-person therapy. The participants were Department of Defense personal who were suffering from PTSD due to the 9/11 attacks on the Pentagon and returning veterans from Iraq and Afghanistan.⁷³

Interapy, featuring cognitive behavioral therapy or other therapeutic methods, is an exciting

and promising supplementary treatment model for the returning web-savvy OEF/OIF veterans. Many returning veterans do not report having mental health issues such as PTSD and TBI due to stigma.⁷⁴ If veterans were given an option to be treated online many more veterans may be willing to seek treatment. For some veterans, interapy may be more successful because they are more likely to complete interapy than in-person treatments. Hallmarks of effective interapy models include on-line interactions with a peer/social worker who motivates the participant to go from seeking information to taking and completing the on-line therapy. Interacting on-line the peer/ social worker can also make immediate referrals to in-person services if the veterans on-line responses demonstrate that they pose an imminent threat of harm to themselves or others.

One type of interapy is based on cognitive behavioral therapy and is illustrated by the service offerings of Prevail Health Solutions.

Prevail Health Solutions is an online service that offers behavioral health and wellness programs. Prevail offers a product called Vets Prevail that addresses PTSD for recent veterans through three types of care: cognitive based therapy, motivational interviewing, and peer support. Multimedia presentations deliver the cognitive based therapy. An instant message function allows veterans to talk with social workers and peers creating a supportive environment in which the soldier knows he/she is not alone. Also, the program encourages the veterans to engage in healthy activities to promote a successful transition to civilian life.⁷⁵ Prevail Health Solutions has 2,500 registered users as of 6/14/10.⁷⁶ Learn more at <http://prevailhs.com>.



A Tool Kit
for Community-Based
Organizations

Citations

- ¹ Miliken, C. et al. (November 14, 2007). Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War. *The Journal of the American Medical Association*.
- ² What is PTSD? (Accessed July 21, 2010). *National Center for PTSD*. Retrieved from <http://www.ptsd.va.gov/public/pages/what-is-ptsd.asp>.
- ³ PTSD 101: Military Culture. (Accessed July 21, 2010). Retrieved from http://www.ptsd.va.gov/professional/ptsd101/course-modules/military_culture.asp.
- ⁴ Dawodu, A. (March 30, 2010). Traumatic Brain Injury (TBI)- Definition, Epidemiology, Pathophysiology. *Medscape*. Retrieved from <http://emedicine.medscape.com/article/326510-overview>.
- ⁵ Cervil, R., et al. (2010). Understanding the Experience of Military Families and Their Returning War Fighters: Military Literature and resource Review. *The National Center on Family Homelessness*.
- ⁶ Cervil, R., et al. (2010). Understanding the Experience of Military Families and Their Returning War Fighters: Military Literature and resource Review. *The National Center on Family Homelessness*.
- ⁷ Riehckoff P. (July 9, 2010). New Veteran's Unemployment Rate Remains High. *Iraq and Afghanistan Veterans of America*. Retrieved from <http://iava.org/blog/latest-unemployment-numbers-release>.
- ⁸ Fairweather, A. (December 7, 2006). Risk and Protective Factors for Homelessness Among OIF/OEF Veterans. *Swords to Plowshares*.
- ⁹ Monson C. et al. (2009). Military-Related PTSD and Intimate Relationships: From Description to Theory Driven Research and Intervention Development. *Clinical Psychological Review*.
- ¹⁰ Cervil, R., et al. (2010). Understanding the Experience of Military Families and Their Returning War Fighters: Military Literature and resource Review. *The National Center on Family Homelessness*.
- ¹¹ Veterans:2000. (May 2003). *US Census Bureau*. Retrieved from <http://www.census.gov/prod/2003pubs/c2kbr-22.pdf>.
- ¹² Personal Communication to Peter Spadoni by Amy Fairweather, Swords to Plowshares. (July 7, 2010).
- ¹³ Swords to Plowshares: Combat to Community website (Accessed July 16, 2010). Retrieved from <http://www.combattocommunity.org/>
- ¹⁴ Damron-Rodriguez, J. et al. (March 2004). Accessibility and Acceptability of the Department of Veteran Affairs Health Care: Diverse Veterans' Perspectives. *Veteran Administration Greater Los Angeles Health Care System*.
- ¹⁵ PTSD 101: Military Culture. (Accessed July 21, 2010). National Center for PTSD. Retrieved from http://www.ptsd.va.gov/professional/ptsd101/course-modules/military_culture.asp.
- ¹⁶ What is PTSD? (Accessed July 13, 2010). *National Center for PTSD*.
- ¹⁷ Tanielian, T. and Jaycox, L. (2008). Invisible Wounds of War: Cognitive Injuries, Their Consequences, and Service to Assist Recovery. *RAND*. Retrieved from http://www.rand.org/pubs/monographs/2008/RAND_MG720.pdf.
- ¹⁸ Addressing Barriers to Mental Health Service for Military Populations Participating in the Global War on Terror. (May 1, 2009). *Mental Health America of San Diego County*.
- ¹⁹ MacQuarrie, B. (July 26, 2009). For returning Vets, A Tragic Toll on the Roads. *The Boston Globe*.
- ²⁰ Tull, M. (July 20, 2009). Self-Medication in PTSD. *About.com Guide*. Retrieved from <http://ptsd.about.com/od/relatedconditions/a/selfmedication.htm>.
- ²¹ Addressing Barriers to Mental Health Service for Military Populations Participating in the Global War of Terror (May 1, 2009). *Mental Health America of San Diego County*.
- ²² Millspaugh, D. and Ireland, K. Combating Operational Stress: Recognition and Action. *Chaplain Service: VA San Diego Healthcare System*.
- ²³ Nonprofitorgs, Web 1.0, Web 2.0, and Web 3.0 Simplified for Nonprofits. (January 28, 2010). Retrieved from <http://nonprofitorgs.wordpress.com>.
- ²⁴ Wikipedia: Public Service Announcement. (Accessed June 14, 2010). http://en.wikipedia.org/wiki/Public_service_announcement.
- ²⁵ Lang B., Goodwill B., A Word About Public Service Announcements. *PSA Bibliography*. Retrieved from <http://www.psaresearch.com/bib9600.html>.
- ²⁶ Ward, S. Social Media Definition. *About.com*. (Accessed June 14, 2010). Retrieved from <http://sbinfocanada.about.com/od/socialmedia/g/socialmedia.htm>.
- ²⁷ Federal DVA Pamphlet. Retrieved from http://www.dvs.virginia.gov/downloads/rptsnpubs_September_2009DVSClaimsRFIAppendixDFederalDVAPamphlet.pdf.

- ²⁸ Nonprofitorgs, Web 1.0, Web 2.0, and Web 3.0 Simplified for Nonprofits. (January 28, 2010). Retrieved from <http://nonprofitorgs.wordpress.com>.
- ²⁹ Retrieved from <http://whatis.techtarget.com> and <http://webtrends.about.com>.
- ³⁰ Current State of Military-Media Relations: Where Do We Go From Here? McCormick Foundation 10th Military-Media Conference. September 23-24, 2009.
- ³¹ Commonwealth Creative Associates. Digital Media and Direct Marketing Outreach Program Framingham. *Commonwealth Creative Associates*.
- ³² Siegel, R., (May 10, 2010). The Changing Veteran Poses Challenges for the VA. *National Public Radio*. Retrieved from www.npr.org.
- ³³ Conference Proceedings. Mansfield, H. (May 13, 2010). How to Launch a Mobile Campaign and Blog for Your Organization. Presented at the Third Annual Conference of the Coalition for Iraq and Afghanistan Veterans. San Francisco.
- ³⁴ Conference Proceedings. Mansfield, H. (May 13, 2010). How to Launch a Mobile Campaign and Blog for Your Organization. Presented at the Third Annual Conference of the Coalition for Iraq and Afghanistan Veterans. San Francisco.
- ³⁵ Google AdWords. (Accessed June 7, 2010). Retrieved from https://www.google.com/accounts/ServiceLogin?service=adwords&hl=en_US<mpl=adwords&passive=true&ifr=false&alwf=true&continue=https%3A%2F%2Fadwords.google.com%2Fum%2Fgaiaauth%3Fapt%3DNone%26ugl%3Dtrue&gsessionid=YK36izwesrwWoeNZmPSMLA.
- ³⁶ Current State of Military-Media Relations: Where Do We Go From Here? McCormick Foundation 10th Military-Media Conference. September 23-24, 2009.
- ³⁷ Current State of Military-Media Relations: Where Do We Go From Here? McCormick Foundation 10th Military-Media Conference. September 23-24, 2009.
- ³⁸ Commonwealth Creative Associates. Digital Media and Direct Marketing Outreach Program. Framingham. *Commonwealth Creative Associates*.
- ³⁹ Yellow Ribbon Campaign Program. (Accessed 2010 July 9). Retrieved from <http://www.dodyrrp.mil/>.
- ⁴⁰ The Huffington Post. James Kent Barbee: California Man Pleads Guilty to Posing as Navy Officer, Military Donation Scam. (April 13, 2010). *The Huffington Post*.
- ⁴¹ Strengthen Your Family With Marital Counseling. (Accessed July 20, 2010). Real Warriors. Retrieved from <http://www.realwarriors.net/family/care/maritalcounseling.php>.
- ⁴² American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.
- ⁴³ Harris, M. and Fallot, R.D. (Eds.) (2001). Using Trauma Theory to Design Service Systems. New Directions for Mental Health Services Series. San Francisco.
- ⁴⁴ Harris, M. (2004). Trauma Informed Servicerv. The Evolution of a Concept. Retrieved from <http://www.realwarriors.net/family/care/maritalcounseling.php>.
- ⁴⁵ Guarino, K. Organizational Guide to Providing Trauma-Informed Care to Female Veterans Experiencing Homelessness. The National Center on Family Homelessness. Unpublished.
- ⁴⁶ Guarino, K. et al. (2009) Trauma-Informed Organizational Toolkit. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, The Daniels Fund, The National Child Traumatic Stress Network, and the W.K. Kellogg Foundation. Retrieved from www.homeless.samhsa.gov and www.familyhomelessness.org.
- ⁴⁷ Figley, C. R. (2002). Treating Compassion Fatigue. In The Psychosocial Stress Book Series. *Brunner-Rutledge*.
- ⁴⁸ Volk K., et al. (2008). What About You?: A Workbook for Those Who Work with Others. *The National Center on Family Homelessness*.
- ⁴⁹ Retrieved from <http://www.thinkt3.com>.
- ⁵⁰ Jennings, A. (2004). Models for Developing Trauma-Informed Behavioral Health Systems and Trauma-Specific Services. *Abt Associates Inc*.
- ⁵¹ Monson C. M., Fredman, S. J., & Macdonald, A. (2009). *Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems: Out of Session Workbook*. Unpublished workbook.
- ⁵² Beck A., et al., (1979). Cognitive Therapy of Depression. *The Guilford Press*.
- ⁵³ Monson C. M., Fredman, S. J., & Macdonald, A. (2009). *Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems: Out of Session Workbook*. Unpublished workbook.

- ⁵⁴ Monson C. M., Fredman, S. J., & Macdonald, A. (2009). *Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems: Out of Session Workbook*. Unpublished workbook
- ⁵⁵ Andrew, B. (2009). Psychological Treatment of Post-Traumatic Stress Disorder. *The Cochrane Collaboration*.
- ⁵⁶ Veteran's Benefits. Title 38, 1782. January 23, 2002.
- ⁵⁷ Clapp J., Beck J. (2008 December 27). Understanding the Relationship Between PTSD and Social Support: The Role of Negative Network Orientation. *University of Memphis*. Retrieved from http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6V5W-4V7MSST-3&_user=10&_coverDate=03%2F31%2F2009&_rdoc=1&_fmt=high&_orig=search&_sort=d&_docanchor=&view=c&searchStrId=1392276338&_rerunOrigin=google&_acct=C000050221&_version=1&_urlVersion=0&_userid=10&md5=a98d1ee83073379d1f192aefb17f4c37.
- ⁵⁸ Conference Proceedings. Greendlinger, R. and Taft, C. (May 13, 2010). Communities Circles of Support for Veterans Families: Strength at Home. Presented at the Third Annual Conference of the Coalition for Iraq and Afghanistan Veterans. San Francisco.
- ⁵⁹ Personal Communication to Peter Spadoni by Dr. Steffany Fredman, National Center for PTSD and The Boston VA Medical Center. (June 25, 2010).
- ⁶⁰ Personal Communication to Peter Spadoni by Dr. Steffany Fredman, National Center for PTSD and The Boston VA Medical Center. (June 25, 2010).
- ⁶¹ Monson C. M., Fredman, S. J., & Macdonald, A. (2009). *Group Cognitive-Behavioral Conjoint Therapy for Traumatic Stress-related Problems: Out of Session Workbook*. Unpublished workbook.
- ⁶² Novaco, R. W. & Chemtob, C. M. (1998). Anger and Trauma: Conceptualization, Assessment, and Treatment. In V. M. Follette, J. I. Ruzek, and F. Abueg (Eds.). *Cognitive-Behavioral Therapies for Trauma*. Guilford.
- ⁶³ Taft, C. Strength at Home: Support for Veterans, Families, and Friends. Unpublished.
- ⁶⁴ Taft, C. Strength at Home: Support for Veterans, Families, and Friends. Unpublished.
- ⁶⁵ Taft, C. Strength at Home: Support for veterans, Families, and Friends. Unpublished.
- ⁶⁶ Litz, BT. et al. (2007). A Randomized, Controlled Proof-of-Concept Trial of an Internet-Based, Therapist-Assisted Self-Management Treatment for Posttraumatic Stress Disorder. *American Journal of Psychiatry*.
- ⁶⁷ Lange, A. et al. (2003). Intrapty: A Controlled Randomized Trial of the Standardized Treatment of Post Traumatic Stress Through the Internet. *Journal of Consulting and Clinical Psychology*.
- ⁶⁸ RAND. Press release, (April 17, 2008). Retrieved from <http://www.rand.org/news/press/2008/04/17/>.
- ⁶⁹ Department of Defense Military OneSource Online. Defense Web. (Accessed 6/14/10). Retrieved from http://www.defenseweb.com/display.aspx?Action=display_page&mode=User&ModuleID=8cde2e88-3052-448c-893d-d0b4b14b31c4&ObjectID=c206979e-a1ba-4e1a-8a8b-bb4ed3bddefe.
- ⁷⁰ Lange, A. et al. (2003). Intrapty: A Controlled Randomized Trial of the Standardized Treatment of Post Traumatic Stress Through the Internet. *Journal of Consulting and Clinical Psychology*.
- ⁷¹ Knaevelsrud, C., Andreas, A. (2007). Internet-Based Treatment for PTSD Reduces Distress and Facilitates the Development of a Strong Therapeutic Alliance: A Randomized Controlled Clinical Trial. *BMC Psychiatry*. Retrieved from <http://www.biomedcentral.com/1471-244X/7/13>.
- ⁷² Knaevelsrud, C., Andreas, A. (2007). Internet-Based Treatment for PTSD Reduces Distress and Facilitates the Development of a Strong Therapeutic Alliance: A Randomized Controlled Clinical Trial. *BMC Psychiatry*. Retrieved from <http://www.biomedcentral.com/1471-244X/7/13>.
- ⁷³ Litz, BT. et al. (2007). A Randomized, Controlled Proof-of-Concept Trial of an Internet-Based, Therapist-Assisted Self-Management Treatment for Posttraumatic Stress Disorder. *American Journal of Psychiatry*.
- ⁷⁴ Hoge, C. et al. (2004). Combat Duty in Iraq and Afghanistan, Mental Health Problems and Barriers to Care. *New England Journal of Medicine*.
- ⁷⁵ Prevail Health Solutions. (December 29, 2003). Selections from Briefing Materials. Chicago. *Prevail Health Solutions*.
- ⁷⁶ Personal Communication to Peter Spadoni by Michael Amiet, Prevail Health Solutions. (June 6, 2010).

Resources Appendix:

NOTE: The National Center on Family Homelessness does not endorse any specific training, services or providers, nor is responsible for the content found on the following websites.

Sources of Referrals/Connectivity to Veterans

Federal Referral Sources:

Department of Defense
<http://www.defense.gov/>

Military Home Front
<http://www.militaryhomefront.dod.mil/>

Yellow Ribbon Reintegration Program
<http://www.dodyrrp.mil/>

Department of Veterans Affairs
<http://www.va.gov/>

Vet Success
<http://vetsuccess.gov/>

Homeless Veterans
<http://www1.va.gov/HOMELESS/index.asp>

Center for Minority Veterans
<http://www1.va.gov/centerforminorityveterans/>

National Center for PTSD
<http://www.ptsd.va.gov/>

GI Bill
<http://www.gibill.va.gov/>

My HealtheVet
https://www.myhealth.va.gov/mhv-portalweb/anonymous.portal?_nfpb=true&_nfto=false&_pageLabel=mhvHome

National Resource Directory
<http://www.nationalresourcedirectory.gov/>

Army Career and Alumni Program
<http://www.acap.army.mil/veterans/veterans.cfm>

US Army Wonder Warrior Program
<http://www.aw2.army.mil/index.html>

Warrior Care
<http://www.warriorcare.mil/>

Marines: Manpower and Reserve Affairs
https://www.manpower.usmc.mil/portal/page?_pageid=278,1&_dad=portal&_schema=PORTAL

Department of Labor: Veterans' Employment and Training Services
<http://www.dol.gov/vets/>

United States Department on Health and Human Services: Substance Abuse and Mental Health Services Administration
<http://www.samhsa.gov/vets/index.aspx>

State/Local Referral Sources:

Network of Care for Veterans and Service Members: California and Maryland
<http://veterans.trilogyr.com/clients.cfm>

Links to State Office of Veterans Affairs
<http://www.va.gov/statedva.htm>

County Veteran Service Officers
<http://www.nacvso.org/modules.php?name=Content&pa=showpage&pid=10>

Town Veteran Service Officers
Contact local city/town

Adjutant General of State National Guard
Contact local state National Guard

Contact your Congressmen
<http://www.congress.org/congressorg/directory/congdir.tt>

Public, Private, Community Colleges
Contact Dean of Student Affairs

A Tool Kit
for Community-Based
Organizations

Military/Veterans Affinity and Service Groups:

American Red Cross

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

Veterans of Foreign Wars

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

American Legion

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

Network of Care for Veteran and Service Members: Library

<http://sandiego.networkofcare.org/veterans/library/index.cfm>

211, Information and Referral Search

<http://www.211.org/>

Service Women's Action Network

<http://www.servicewomen.org/index.asp>

Grace After Fire

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

Coalition for Iraq and Afghanistan Veterans

<http://coalitionforveterans.org/ciav/home/>

Iraq and Afghanistan Veterans of America

<http://iava.org/>

American Veterans

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

Military Officers Association of America

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

National Association of County Veterans Service Officers

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

Swords to Plow Shares

<http://www.stp-sf.org/>

Veterans Assistance Foundation

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

Wounded Warrior Project

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

National Association of American Veterans

<http://www.naavets.org/index.asp>

National Coalition for Homeless Veterans

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

National Military Family Association

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

National Veterans Foundation

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

Veterans of Modern Warfare

<http://www.vmwusa.org/index.php/about>

TurboTap.org

<http://www.turbotap.org/register.tpp>

Real Warriors

<http://www.realwarriors.net/>

After Deployment

<http://www.afterdeployment.org/web/guest/home>

Armed Forces Crossroads

<http://www.afcrossroads.com/index.cfm>

Warrior Gateway

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

Military.Com

<http://www.military.com/>

Army Emergency Relief

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

Navy-Marine Corps Relief Society

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

Air Force Aid Society

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

Coast Guard Mutual Assistance

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

Defense and Veteran Brain Injury Center

www.dvbic.org/index.html

Brain Line

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

Student Veteran Association

<http://www.studentveterans.org/index.php>

National Amputee Foundation

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

National Veterans Legal Services Program

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

Military Cultural Trainings Online:

Department of Veteran Affairs
National Center for PTSD
PTSD 101: Military Culture
http://www.ptsd.va.gov/professional/ptsd101/course-modules/military_culture.asp

Essential Learning
Military Cultural Competence
<http://www.essentiallearning.net/student/content/sections/Lectora/MilitaryCultureCompetence/index.html>

Center for Deployment Psychology
Course 101: Military Culture and Terminology
<http://www.deploymentpsych.org/training/training-catalog/military-culture-andterminology/>

In-Person Fee Based Training:

Swords to Plowshares
Combat to Community
<http://www.combattocommunity.org/>

*Sources to Hire Veterans/Veterans Caretakers/
Military Spouses:*

Military Spouses Corporate Career Network
<http://www.msccn.org/>

Recruit Military
<https://www2.recruitmilitary.com/>

Veteran Employment and Training Services
<http://www.dol.gov/vets/>

VetJobs
<http://www.vetjobs.com/>

VeteranEmployment.Com
<http://www.veteranemployment.com/>

VeteranJobs.Com
<http://www.jobs4vets.com/>

Veterans Green Jobs
<http://veteransgreenjobs.org/>

Military Job Zone
<http://www.militaryjobzone.com/>

Military Exits
<http://www.militaryexits.com/>

Walmart
<http://walmartstores.com/careers/7787.asp>

Other Resources:

The Department of Defense
<http://www.defense.gov/>

Give an Hour
<http://www.giveanhour.org>

The Iraq War Clinician Guide
<http://www.ptsd.va.gov/professional/manuals/iraq-war-clinician-guide.asp>

The Soldier/Family Deployment Survival Handbook
http://www.giveanhour.org/skins/gah/display.aspx?moduleid=2a285ab0-5db1-4f36-9b91-f2263c973c32&mode=user&CategoryID=b34c8bf1-e565-409d-9b84-65ef48936ef0&Action=download_resource&ObjectID=b1883cf2-1045-43c1-91b4-783a21bb73ea&IgnoreTimeOut=true

DoD, VA, State, and Community Partnerships in Service to New Veterans and Their Families
<http://www.apsa.org/portals/1/docs/svi/KudlerSAMHSA0808.ppt>

Presentations on Veteran Suicide and Returning Veterans
http://www.healthandperformancesolutions.net/Give%20An%20Hour/GAH_71008.html

http://www.healthandperformancesolutions.net/Give%20An%20Hour/GAH_62408.html

A Tool Kit
for Community-Based
Organizations

Army
<http://www.army.mil/>

Navy
<http://www.navy.mil/swf/index.asp>

Marines
<http://www.marines.mil/Pages/Default.aspx>

Air Force
<http://www.af.mil/>

Coast Guard
<http://www.uscg.mil/>

Military.Com
<http://www.military.com/>

Acronym Lists for Military Cultural Competency:

Department of Defense Dictionary of Military Terms
http://www.dtic.mil/doctrine/dod_dictionary/

MilitaryWords.Com
<http://www.militarywords.com/>

Military Acronyms and Abbreviations
<http://www.militaryacronyms.net/>

Social Media Consultants:

Heather Mansfield
DIOSA Communications
www.diosacommunications.com

Commonwealth Creative Associates
<http://www.commcreative.com/>
(877)620-6664

Google Adwords:

Google offers free advertising through Google Grants. To qualify for a Google Grant an organization must be 501(c)(3) non-profit and not have a website that solicits for car, boat, or real-estate donations. Other requirements of Google Grants can be found by following the link below. To be considered for a grant an application must be filled out containing sample search key words that would prompt an organization's ad to appear, a sample of the ad that would appear, and a brief statement about how an organization would benefit from the grant. Organizations can receive a \$10,000 dollar a month grant to be applied to Google Adwords. There is no set end date to the grant as long as an organization is actively engaging the Adwords program. Please follow the link to learn more:

<http://www.google.com/grants/details.html>

PTSD/ITBI: Overlapping Symptoms

- Sleep disturbances/insomnia/fatigue
- Irritability/anger/aggression
- Problems thinking and remembering
- Changes in personality
- Withdrawal from social, work, family activities
- Hypersensitivity to noise

(Drake, Defense and Veteran Brain Injury Center, 2009)

Brochures:

Other National Center for Homelessness Veterans Publications:

Understanding the Experience of Military Families and Their Returning war Fighters: Military Literature and Resource Review, January 2010.

http://www.militaryfamilylifeskills.org/downloadables/NCFH_MilitaryLitReview_web.pdf

Organizational Guide to Providing Trauma-Informed Care to Female Veterans

(to be released September 2010)

Community Circles of Support for Veterans' Families

Family support is essential to the well-being of deployed and returning troops, returning service members and active vets to their families for help and support. Yet, their family members are also deeply affected by the stress of deployment and the unique challenges associated with the troops' return, family readjustment, and community reintegration. To adequately meet the needs of these families, communities must understand their challenges and be prepared to respond accordingly.

With support from the Stewart Foundation, the National Center on Family Homelessness has developed a comprehensive, community-based program to address the needs of veterans and their families.

Specialized Family Support & Education Group

- Educate family members and their veterans about the impact of stress on relationships.
- Teach conflict management and communication skills.
- Improve individual and economic functioning.
- Provide peer support.
- Provide opportunities for military/veteran community building and mutual support.
- Serve as a referral source for additional services.
- Develop Resilience Training.
- Educate providers about specific service needs of military families and their veterans.
- Train providers how to use specialized assessment tools and implement appropriate interventions.
- Community Awareness Campaign.
- Educate the broader community about the experiences of veterans and their families including topics such as free treatment (free housing, traumatic brain injury, and post deployment mental and children's needs).
- Create an integrated, community-wide network for support of families and their veterans.

Program Components

Program Goals

- Enhance** relationships between military family members and their returning veterans through interventions designed to mitigate the impact of stress.
- Strengthen** connections among families and their veterans through peer-to-peer support.
- Train** service providers in specialized programming for families and their veterans.
- Educate** the community about the experiences of families and their veterans.

For additional information about the specific components of Community Circles of Support for Veterans' Families in your area, please contact the following:

Judy Zimmerman
National Family Program Director
827 Collins Ave.
Suite 1014162
Burlington, VT

Donna L. Woodie
Project Manager
2041 156-4010
dwoodie@stewart.org

Center for Community Circles of Support for Veterans' Families and providers

www.ncfh.org

www.familylifeskills.org

Please See Attached for Next Available Strength At Home Class Options

Frequently Asked Questions about Strength At Home

The Strength At Home program offers FREE two-hour classes per week for 10 to 12 weeks at San Joaquin Valley Veterans and other Central Valley, CA locations.

Classes include options for weekday evenings, weekday lunch or weekend time slots.

Refreshments, light meals and on-site child care are offered at no charge for participants. Stipends to offset the cost of attending classes are available.

To learn more, please contact:
 Jeffrey Davis
 San Joaquin Valley Veterans
 a branch of WVA/CA
 4625 E. Colton Ave. Suite 201
 Fresno, CA 93727
 558-620-8028
 jrdavis@wvaveterans.com
 www.jdv.org

Strength will answer any questions you may have and help you decide if the program is a good fit for you. Once you learn about the program, you may choose not to participate at any time.

Q: Am I eligible for this program?
A: We are offering Strength At Home to OEF/OIF veterans (as well as veterans from other conflicts) and Guard/Reserve with their choice of attending with a spouse, relative in line.

Q: What is required to participate?
A: On-line orientation and attend 10 weekly classes of 2 hours each and take part in brief assignments outside the classroom. To help us evaluate the program, we ask you to fill out questionnaires before, during and after the program and attend assessment sessions.

Q: When are classes offered?
A: Classes are offered at times to fit your schedule with options for weekdays, weekends and weekends.

Q: What about the costs to attend?
A: Stipends paid in cash between \$200 and \$240 are available based on number of classes attended and time to complete paperwork) and free-on-site child care, refreshments and light meals are provided for each class.

Q: Are these classes confidential?
A: Yes. Your information is confidential and protected at all times.



ACKNOWLEDGEMENTS

This was written by Risa Greendlinger and Peter Spadoni and with contributions from John Kellogg and Ellen Bassuk, M.D. A number of individuals provided feedback that greatly improved the quality and relevance of these materials, including Michael Amiet (Prevail Health Solutions), Myles Bristowe (Commonwealth Creative Unified Marketing), Bruce Bronzan (Trilogy Integrated Resources), Amy Fairweather (Swords to Plowshares), Steffany Fredman, Ph.D. (National Center on Post Traumatic Stress Disorder and The Boston VA Medical Center), Megan Grandin (National Center on Family Homelessness), Kathleen Guarino (The National Center on Family Homelessness), Megan Klein (Coalition of Iraq Afghanistan Veterans), Heather Mansfield (DIOSA Communications), Candice Monson, Ph.D. (National Center for PTSD and The Boston VA Medical Center), Yaniv Newman (Swords to Plowshare), Casey Taft, Ph.D. (National Center for PTSD and The Boston VA Medical Center), Barbara Van Dahlen (Give An Hour), Michael Vanderwood (Swords to Plowshares), and Katie Volk (The National Center on Family Homelessness). Bob Lukens, Logica Design, provided the layout and design.

The Tool Kit for Effectively Engaging and Delivering Services to America's Veterans and their Families is a product of The National Center on Family Homelessness on behalf of the *Community Circles of Support for Veterans' Families*, created and designed with funds from the Walmart Foundation.

The US DOL Women's Bureau Region IX funded a two part demonstration project for California homeless female veterans and the community-based organizations that provide them with services. This tool kit contains a summary of that project.

For more information on this initiative, please contact The National Center on Family Homelessness, 181 Wells Avenue, Newton Centre, MA; (617) 964-3834, www.familyhomelessness.org/resources

Public Domain Notice

All material appearing in this report is in the public domain and may be reproduced or copied without permission from The National Center on Family Homelessness and the Walmart Foundation. However, citation of the source is appreciated. No fee may be charged for the distribution of this material.

Recommended Citation

Greendlinger, R. and Spadoni, P. (2010). The National Center on Family Homelessness. Available at www.familyhomelessness.org/resources.



Funding for this tool kit provided by Walmart Foundation



A Tool Kit
for Community-Based
Organizations



THE NATIONAL CENTER ON
Family Homelessness
for every child, a chance

Funding for this tool kit provided by Walmart Foundation