Mark Flower Co-Fonder of Dryhootch of America, Peer Coordinator Veterans Treatment Initiative Milw. Co. Court, a Veterans Advocate and a big supporter of the Peer Support Movement in the State of WI.

Everything in its proper place... Except the past...
"A veteran – whether active duty, national guard or reserve, retired, or discharged from any of these – is someone who, at one point in their life, wrote a blank check made payable to ‘The United States of America,’ for an amount of ‘up to and including my life.’"

Author Unknown
The Combat Zone

Mission Focused

Spiritual Changes

Physical Changes

Battlemind

Group Camaraderie

Family Separation

Military Identity

- values

- standards

- muscular skeletal stress

- environmental hazards

- combat injuries

- anxiety

- disrupted sleep

- threat awareness

- confrontation with death, mutilation, and injury

- loss of trust and innocence

Issues confronting veterans

- 25 million veterans of the U.S. Armed Forces alive today (7.5 % are women).

- 37 million dependents (spouses and dependent children) of living and deceased veterans.

- Veterans + dependants = 20% of the U.S. population.

- Most veterans living today served during times of war.

- Vietnam Era veteran = 7.9 million

- Since 9/11, 1.6 million veterans have served in Iraq or Afghanistan. 700,000 have deployed 2 or more times

Impact of Iraq War (Operation Iraqi Freedom/New Dawn)

During tour:

- 47% saw someone wounded or killed, or saw a dead body

- 40% felt they were in great danger of being killed during their tour

After returning home:

- 14% had an experience that left them easily startled

- 6% wanted help for stress, emotional, alcohol or family problems

- 2% had thoughts of hurting someone or losing control

- 1% had thoughts that they might be better off dead or could hurt themselves

- 19% were bothered by finding little interest or pleasure in doing things

- 14% were bothered by feelings of depression or hopelessness

- 9% had an experience that gave them nightmares or that they thought about when they didn’t want to

- 3% worried about serious conflicts with their spouse, family or close friends

10,000 returning every month
The Transition: Civilian – Military - Civilian

- 90% Civilian
- Raised mainly in Corporate America
- Only Active Duty was for schools
- Pvt Fam Programs / Family care experience
- Unexpected call up (Even if you “know”)
- Little or no military support system
- Military experience and skills may be limited to 2 days a month (ie. medic)
- May be in critical civilian positions (no job when they return)
- Typically do not ask for help until it is too late; last resort
- Support systems do not understand the military culture

Stressors During Deployment

- Lack of/too much communication
- Lack of freedom of movement
- Environmental / climate changes
- Isolation & boredom
- Poor sleep patterns
- Home-front worries
- Repetitious & routine duties
- Separation from loved ones
- Unclear / misunderstood mission
- Uncertain redeployment date
- Operations Tempo
- Cultural Differences
- Lack of personal time
- Threat of attack
- Observation of atrocities
- Taking of life, watching others die
- Recovering the dead
- Breaking of personal moral code
- Experiencing abuse or harassment
- Poor Leadership

WAR COPING SKILLS

HOME COPING SKILLS
War vs. Home – Mission Oriented

**WAR**
- Once a mission is assigned other, unrelated tasks are unimportant
- Decisions need to be quick, clear, accurate
- No time for discussion
  - “one person talks - everyone listens”

**HOME/JOB/SCHOOL**
- Multiple competing tasks cause confusion
- Anger towards those who get in the way of mission
- Difficulty participating in cooperative decision making
- Frustration with others
  - “everyone talks - everyone or no one listens”

Civilians = 9000+ decisions  
Service Members = 3000

War vs. Home – Talking

**WAR**
- Difficulty talking
  - “can’t be seen as weak”
- Little or no time to talk about powerful events
- Can change world view and of self BUT unable to articulate changes
  - “I didn’t feel safe anymore”

**HOME/JOB/SCHOOL**
- More comfortable talking with battle buddies
  - “Civilianeze” foreign language
- Being unable to talk may keep sm/vet from feeling a part of home life
  - Social chatter a waste
  - Very direct communication (cold, not friendly)
  - Give little information
  - “strong feelings of frustration because nobody to talk with, or to, and nobody understands”

War vs. Home – Safety and Trust

**WAR**
- Vigilance pays off
- Never relax
- Assume everyone is the enemy
  - “suspicious of others and things you have known & trusted”

**HOME/JOB/SCHOOL**
- Avoid getting involved
- Suspicious of everyone
- Test people to earn trust
- Always on guard
- Isolative
  - Difficulty attending activities, going out in public, feeling safe with anyone but other service members.
  - “being suspicious isolates you”
War vs. Home – Emotions/Anger

**WAR**
- Control emotions
- Numbing (it don’t matter)
- Anger useful, protective, is a survival skill

**HOME/JOB/SCHOOL**
- Insensitivity to others
  - “look hot headed, hard headed”
- Decreased ability to read others emotions
  - “you look / act emotionless”
- Decreased emotional enjoyment
- Irritability/defensiveness
- Increased aggression
  - “fed by constant frustration”
- Increased alcohol/drug use to avoid feeling emotions
  - “NOT talking about your emotions in war (strength) only leads to CAN’T talk about emotions at home (weak)”

War vs. Home – Hypervigilence

**War – Hypervigilence**

- A year or more of daily hypervigilence
- Inability to relax
- Sleep changes
  - too little / too much
- Difficulty functioning without the adrenaline rush, CRASH
- Dreams
- Monitoring environment/perimeter
- Attempts to relive the “RUSH”

**Home/Job/School**
- Inability to relax
- Sleep changes
- too little / too much
- Difficulty functioning without the adrenaline rush, CRASH
- Dreams
- Monitoring environment/perimeter
- Attempts to relive the “RUSH”

Common Emerging Issues

- Motor vehicle accidents
- Reintegration difficulties (family)
- Divorce/Relationship Issues
- Domestic Violence
- Drug addiction/Alcoholism
- Medical & Mental Health problems
- Military Sexual Trauma (MST)
- Traumatic Brain Injury (TBI)
- Combat Operational Stress Reaction (COSR) vs. Post Traumatic Stress Syndrome (PTSD)
- Suicide
- Homelessness
Motor Vehicle Accidents

Attempts to relive the “RUSH”

Hypervigilence: “Adrenaline RUSH”

Reintegration: How have family members changed?

- More independent
- Used to making their own decisions
- New friends/relationships
- Children may be significantly different
- New routines
- New perspectives
- Changes in the environment
- “I was angry for months, my wife and kids had grown without me”

Emotions/Anger---FAMILY

Talking about emotions at home (strength)

<table>
<thead>
<tr>
<th>WAR</th>
<th>HOME/JOB/SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control emotions, try not to be or show anger</td>
<td>May want to return to pre-deployment emotional exchange immediately</td>
</tr>
<tr>
<td>May hold back emotions from SM to protect them</td>
<td>Difficulty understanding and dealing with SM change in emotional responses</td>
</tr>
<tr>
<td>May “dump” or share all emotions with SM esp. if no other support systems</td>
<td>May hold back as a defensive response to SM</td>
</tr>
<tr>
<td>May have increased emotional needs due to stress</td>
<td>Could lead to domestic violence</td>
</tr>
</tbody>
</table>
ALCOHOL & DRUG USE

• Increased use noted among returning service members
• Self-medicate
• Sleep
• Increase feelings of invincibility
• Avoid feelings
• Means of social support
• Excuse for behaviors
• Decreases potential for eventual reintegration
• May lead to job loss, family loss, legal problems, suicide

Figure II-14: Overlapping of Multiple Health Issues

2009 Rates of PTSD in Veterans

Vietnam Veterans
1983 15% of men and 9% of women were found to have PTSD at the time of the study. Approximately 30% of men and 27% of women had PTSD at some point in their life following Vietnam.

Persian Gulf War
9% to approximately 24%. These rates are higher than what has been found among veterans not deployed to the Persian Gulf.

Iraq War and Afghanistan
12.5% had PTSD, a rate greater than that found among these soldiers before deployment.
COSR: expected and predictable emotional, intellectual, physical, and/or behavioral reactions from exposure to stressful events

**PHYSICAL**
- Fatigue
- Jumpiness
- Aches and pains
- Upset stomach, nausea
- Diarrhea or constipation
- Changes in eating
- Changing sleep patterns

**EMOTIONAL**
- Frustrated / angry
- Lowered self-esteem
- Worried
- Keyed up
- Guilty, ashamed
- Depressed / withdrawn
- Grief
- Numb
- Tearful
- Confused
- Sense of loss of control

**BEHAVIORAL**
- Zoning out in meetings/class
- Failing deadlines/exams
- Arguments/fights with others
- Tardiness / absenteeism
- Denial there are problems
- Avoiding “triggers”
- “I don’t care” attitude
- Hides true feelings
- Intimacy and relationship difficulties
- Job/Family difficulties
- Increased irritability/anger

**SEVERE**
- Flinching
- Startle reaction
- Shaking/Trembling
- Limbs/Eyes/Ears don’t work normally / “right”
- Spaced out

**VS. PTSD**
- Exposure to an extreme traumatic stressor
  - Actual or threatened death or serious injury or other threat
  - Witnessing such event
  - Same event experienced by a family member or other close associate.
- Person’s response to event must involve intense fear, helplessness or horror.
- Symptoms
  - Increased Arousal
  - Persistent avoidance
  - Persistent re-experiencing
  
  Duration: longer than 30 days

**Military Sexual Trauma**
Sexual assault or repeated, threatening sexual harassment that occurs while the Veteran was in the military
- Perpetrators are usually known to the victim
- Victims are typically young
- The military is like a family
- The military is hierarchical and authoritarian
- Military culture places a premium on strength, self-sufficiency and loyalty
- Victims are in conditions of relative entrapment (restricted freedom of movement)
- Re-exposure and re-victimization are likely
**Traumatic Brain Injury**

A blow or jolt to the head or a penetrating head injury that disrupts the function of the brain.

- **MILD:** 80% a brief change in mental status or consciousness
- **MODERATE:** 10%
- **SEVERE:** 10% extended period of consciousness or amnesia after the injury

**SYMPTOMS**
- Impaired hearing, vision, speech
- Balance problems
- Fatigue
- Seizures
- Memory loss
- Concentration or processing difficulty
- Organizational problems
- Spatial disorientation

May Mirror PTSD

**Significance**

- Approximately **300,000 veterans** of the Iraq and Afghanistan wars – nearly 20% of the returning forces – are likely to suffer from either PTSD or major depression.
- Additional **320,000 of the returning veterans** from Iraq and Afghanistan may have experienced traumatic brain injuries during deployment.
- By fiscal year 2005, the VA’s own statistics indicated that PTSD was the fourth most common service-related disability for service members receiving benefits.
- While there is no cure for PTSD, early identification and treatment of PTSD symptoms may lessen the severity of the condition and improve the overall quality of life for veterans suffering from this condition.

**Suicide**

**Suicide rates:**
- **2013: 201**
- **2011: 283**

- Suicide rate 7.5 x the national average
- Approx 1000 attempts each month by veterans who are receiving some type of treatment
- 154 in 1st 155 days of 2012

**One veteran attempts suicide every 80 minutes**

Source: Center for a New American Security Report 2011
Homelessness

30% of the homeless are veterans – approx 150,000

Civil Legal Needs

http://dryhootch.info/

The Comfort Zone

Empowerment & Self Direction
- goal setting

Hope
- spiritual resolution and integration of healthy existential identity

Strength Based & Peer Focused
- new social, vocational, and recreational interests

Individualization
- incorporation of military identity into new identity

Holistic
- maintenance of psychological balance including stable sleep, mood regulation, anxiety control, and healthy coping skills

Respect
- of self and others to achieve successful relationships and intimacy

Responsibility
- lifelong health care priority

Hope
- spiritual resolution and integration of healthy existential identity

Respect
- of self and others to achieve successful relationships and intimacy

Holistic
- maintenance of psychological balance including stable sleep, mood regulation, anxiety control, and healthy coping skills
“Help the Veteran define their NEW mission.”

Peer Support

Is...
- Based on shared experiences
- Sharing Resources & knowledge
- Emotional Empathy
- Social Support
- Advocacy
- Often Informal

Is not...
- Therapy
- Treatment
- Counseling

“As hard as you trained to go into the combat zone, you need to train equally as hard to return to a comfort zone.”