



## OPERATION YELLOW RIBBON – SYMPOSIUM

March 23, 2010

*Solutions for Transition from Battlefield to Home Front for Returning Military & Their Families*

### WRAP-UP DOCUMENT (Session Summaries)

#### **Session I-A: Education/Vocational Training**

Panelists: David Hughes, Lipscomb University – Yellow Ribbon Program  
Elaine Katz, Kessler Foundation  
Jessica Pace, U.S. Dept. of Veterans Affairs Education Service  
Major Ed Pulido, Folds of Honor Foundation

#### **Comments from panelists:**

David Hughes – The Yellow Ribbon program helps veterans navigate the transition from military to student life. All ages of veterans are welcome. Currently, there are 30 students enrolled in the program at Lipscomb.

Jessica Pace – Post-9/11 GI Bill: education fairs, toll-free number website, online applications, counselors to speak with service member, collaboration with Yellow Ribbon schools, scholarships for orphaned children, outreach to service members at various times post-deployment

Major Ed Pulido – The Folds of Honor Foundation partners with PGA of America for Patriot Golf Day, the Foundation's major fundraiser. The Foundation provides scholarships for educational purposes to the spouses and children of fallen military members. Over 1,000 scholarships have been presented so far.

#### **What challenges are being faced?**

- Private vs. public educational institutions – Are these institutions ready for veterans? Veterans can face issues with PTSD and TBI, especially when they enter a new school.
- 80% of veterans are going back to school, yet only 40% graduate
- Biggest thing is outreach/awareness...creating a strategic plan.
- Mental, holistic, emotional support on campus.
- Fort Carson has the 2<sup>nd</sup> largest wounded warrior battalion, yet the WTU has difficulty connecting to the point person in their AW2 recovery care unit.

#### **Strategies and solutions:**

- The educational institutions must educate staff and the campus to be ready for these disabilities: have a liaison and/or office of career and disability services for support on campus, special technology (ADA), Veterans Café, etc. Online learning is being looked into; however, in order to get a residence/housing stipend through the VA, the program participants must take one residence course on campus.

- Tactics of awareness- communication- adopting veterans in the community- work with the larger groups, and use the trusted groups within those communities from a federal level down to a community level.
- Yellow Ribbon schools are creating support groups and recreation as well as vocational rehab opportunities. At Lipscomb, the university connects the veterans to the community through a Career Advocate as a link to community resources.
- Community development- micro level to local network
- Creating more peer-to-peer program advocate systems – who asks what is it that you need?
- Health and Human Services – public service announcements
- Lipscomb created a Veterans Café, a way for these students to meet for discussion and support groups.

**Other organizations/outreach programs mentioned:**

- Thanks USA
- Success for Veterans- Wal-Mart- 20 institutions-= online programs for veterans
- Patriot Foundation
- Student Veterans Association
- University of Illinois wheelchair games
- AW2 Wounded Warrior programs
- Rotary & Elks Clubs support grants for education for veterans
- TurboTap.org (joint project of Dept. of Defense, Dept. of Labor, VA)
- Pathway Field (PTSD related) - 3<sup>rd</sup> party texting outreach to follow up in regards to how the veterans are doing in classes

**Session I-B: Role of & Support for Caregivers/Family of Wounded Warriors**

Panelists: Wesley Bauguess, 82<sup>nd</sup> Airborne Wounded Warrior Committee  
 Tiffany Calhoun, Wounded Warrior Project – Caregiver Retreats  
 Ed Edmundson, father of injured veteran  
 Mike Zeiders, Quality of Life Foundation

**What challenges are being faced?**

- Transition from combat to civilian is very difficult for wounded service members and families.
  - Caring for a wounded service member is expensive.
  - Important for caregiver to continue supporting wounded
  - Veterans Affairs (VA) didn't know what to do at first. They did not seem prepared to deal with the returning injured service members.
  - VA providing health care (Home Health Care)
  - Many receive different nurses each time. This creates discomfort among the wounded and their families.
  - Many families aren't aware that a *recovery coordinator* exists.
- How do caregivers maintain willpower?
- More information needs to be available to family on how to cope and what to expect

## Strategies and solutions:

- Having a mentor or advocate help the family right away in the hospital with coping strategies and what to expect would be a tremendous help.
  - Information must be more readily available for families and wounded. They should not have to search for literature and appropriate resources. It should be standard protocol to have this information given to them as soon as possible.
  - There is a 95% divorce rate among wounded service members and their spouses. This statistic is evidence that couples need help re-adjusting upon the reintegration process. This can be through mentor and counseling support as well as fellow caregiver support.
- Seeing the willpower of other caregivers helps tremendously.
- Continuing to give back to wounded military personnel can help caregivers feel satisfaction and keep them motivated.
- Becoming a member of relevant organizations creates a sense of belonging
- Spiritual:
  - It is important to keep families together after warriors return – and when they don't return. Local churches can create belonging and acceptance to these families.
  - Churches must communicate to other churches to be more responsive. Rather than being completely separate, combining forces to help these military families can only be a good thing.
- Counselors must be trained to show more empathy to wounded warriors and their families. Many times, a lack of trust and discomfort is felt because the counselors are not sensitive to various issues.
- Train wounded how to live independently if at all possible.
- Help with families and keeping them together. This also may help slow divorce rates and prepare them for the journey ahead.
- Non-profit organizations have been tremendous help and are essential for injured service members and caregivers.
- The Wounded Warrior Project has been very helpful for wounded service members and their families.
- Organizations need to start collaborating to make resources readily available and not a hassle to obtain.
- There are many wounded veterans who may not actively try and find help. Advocates must actively search for these wounded, and aid in helping them.
- Knowing *which* resource directory to go to.
- Receiving *appropriate care* for injuries.
- **Quality of Life Foundation**
  - *“Four guiding principles to shape programs for families” – Quality of Life Foundation ([www.quolfoundation.org](http://www.quolfoundation.org))*
    1. Ensure access to highest quality medical and rehabilitative care from injury to home to maximize service member recovery and independence.
    2. Prevent families from becoming financially strapped, emotionally drained, and physically exhausted while providing bedside care.
    3. Prepare the family and home environment for a successful transition home.
    4. Support the family after transition home with quality of life services and rapid resolutions to emergency needs.

- Research by the Quality of Life Foundation determined that the most significant gap between resources and needs for a family of a catastrophically injured service member occurs after they make the transition to home-based care. During this phase, families literally move away from the safety net of 24-hour hospital staff support and the in-person contact with their federally funded case managers. Most times the family assumes 24/7 care-giving roles for the veteran and resume the responsibilities of running a home.
- The Quality of Life Foundation is putting advocate resource persons in communities to help (Community Resource Coordinator Program).

### **Session II-A: Post-Traumatic Stress Disorder**

Panelists: Carla Joy Bell, Fort Campbell Warrior Transition Battalion  
 Sarah Wade, Wounded Warrior Project – Project Odyssey  
 Brig. Gen. Robert Holmes (Ret.), U.S. Air Force  
 Dan Shannon, injured veteran

#### **What challenges are being faced? – *“PTSD is as individual as a fingerprint.”***

- Military members are trained to be “tough,” not show weakness, and “not talk about it.” There is a lack of mental fitness trained in the military.
- Lack of education and available literature about PTSD
- Family members and those close to the individual dealing with PTSD are also affected. Lack of trust and a stressful home environment can make it even harder for everyone to cope.
- The long-term journey of these challenges is not addressed as much as short-term solutions.
- PTSD can result from more than just combat trauma (e.g. sexual abuse).
- Medical professionals may not understand what is happening in the combat environment, which in turn may create misdiagnoses.
- Government and non-government organizations/programs are very separate, which creates a lot of gaps and complications when trying to receive help.
- Those dealing with PTSD have a hard time relating to mental professionals, families, and support groups.
- What kind of focus is being put on the children? Seeing a parent dealing with PTSD can be very stressful for children. Not enough attention is being put toward children and how they also must learn to cope with this.
- Military members may not be allowed to re-deploy once they have received treatment. This can cause service members to refuse treatment.

#### **Strategies and solutions:**

- Effort must be made to understand that this is a real disorder
- Service members affected by PTSD and their families must not ignore it, but rather start dealing with it. Access to immediate help must be put forth by not only the government but also by other organizations that specialize in this. There should not be a waiting line for help.
- Those close to service members struggling with PTSD must be educated, compassionate, patient, and great listeners to help.

- More education and literature needs to be available and easily accessible for PTSD. There is plenty of literature and helpful resources available, but can be complicated to find.
- Military members have said that PTSD can be seen as a weakness by the military. This notion is “preposterous” as PTSD is a normal occurrence to those involved in traumatic situations. The military must step up their mental fitness among service members. This may help decrease the amount and intensity of PTSD seen among its service members.
- The government must continue to learn and adapt. Society and the people in it are constantly changing. This means the government must also continue to adapt to these changes, and listen to what the service members and their families are saying.
- More needs to be focused on the healing process rather than the disability %.
- Everyone must start taking care of each other, rather than dealing with problems personally. More group therapy may help with this. Having others who know where you are coming from, and who show great empathy can possibly help.
- It’s not just the family members who need to be educated about PTSD, but also everyone from top to bottom in the military. Teaching the military about PTSD must be a standard practice, rather than extracurricular.
- For many, PTSD is viewed as the end of the road. However, if perceived as a treatable condition, more support and confidence may be seen.
- PTSD is a physical condition that one must deal with. Start treating the physical pain and move on to the source mentally.
- Beginning to screen soldiers before they leave and when they get back is starting to be done by the military. This may help target those who are more prone to get PTSD in a combat environment, thus increasing more awareness.
- Accumulation of traumas may build up over time; it may not always be one traumatic event. Families and service members must pay attention to any possible signs of PTSD not only upon arrival, but years down the road.
- Therapeutic recreation needs to be more easily available, as these have shown to be very successful in the healing process. It helps individuals realize what they can do rather than what they can’t.
- Recognizing that PTSD is a normal occurrence to people, not a stigma.
- Non-government organizations need to start working with the government to help soldiers and families. A collaboration of network needs to be seen, not separate entities.
- We may not need *more* programs, but rather a better collaboration to help people realize they may exist in the first place. An easier avenue to these resources must be seen.
- All aspects of the military must be taken into consideration (National Guard, etc.)

### **Closing thoughts:**

- Families and communities are involved with war, so in turn we must deal with this as a nation.
- Start to be more resilient as a nation.
- Education and awareness is a top priority for military members and their families.
- Treat everyone as an individual with this condition, as everyone has different needs.

## **Session II-B: Housing**

Panelists:      Joey Bozik, injured veteran  
                  Joe Dillard, The Shield Foundation  
                  Mary Ross, Operation Stand Down  
                  William White, VA Central Office – Loan Policy & Valuation

### **Comments from panelists:**

Joey Bozik – Post injury, Joey and his wife felt “liquid, like living out of a backpack” as they moved around to various rental properties. They couldn’t even imagine coming home to their own house until they were the recipients of a specially built home. Collaboration with the builder was key in designing the spaces to ensure the home was accessible.

Joe Dillard – The Shield Foundation has a goal of providing 50 homes to injured veterans. They work with foreclosed properties, modifying them to make them accessible. They use model similar to that of Habitat for Humanity, and recipients of the homes must have financial counseling before entering home ownership.

Mary Ross – Safety first is a basic need. One of the challenges is finding affordable housing in a neighborhood that is a positive influence. Home ownership may not be for every veteran, especially those who suffer from PTSD, TBI, etc.

Bill White – For 39 years, the VA has had a Guarantee Home Loan section – no down payment, special adaptive housing up to \$325,000, assistance with foreclosure avoidance. For more information, visit [www.homeloans.va.gov](http://www.homeloans.va.gov), or email [William.white1@va.gov](mailto:William.white1@va.gov).

### **What challenges are being faced?**

- Veterans previously homeless or recently deployed from duty have issues paying their bills, especially after a home loan has been given to them.
- The transition to homeownership can be difficult for veterans to sustain on their own.
- California, Arizona and Florida have the highest number of foreclosures and some of the largest numbers of returning veterans.
- Financing/credit requirements

### **Strategies and solutions:**

- Community bankers’ support
- Nonperforming assets properties (foreclosures) – Get them off the banks’ books, and get veterans and their families in them.
- Partnership for women/children left behind- surviving spouse. Children may not have access to a parent veteran loan. Work is being done to change that.
- Partner with local Rotary and Kiwanis clubs and mentors in the community, and connect veterans to these support groups.
- To help support veterans and their home economics after they are in a home, organizations must continue to work to evolve the 10-20% discount for utilities some counties provide, or even seek more opportunities such as free electricity programs.
- The VA does not require perfect credit.

### **Other organizations/outreach programs mentioned:**

- Helping a Hero (Texas) – has completed 26 homes. A counselor follows the family for one year. Home placement is in neighborhoods with a stable influence. The organization also works with employers to help them understand that these are wounded warriors.
- US Cares – One service is to work to provide financial assistance with items such as utilities.
- Rebuilding Together
- HUDVet
- Operation Home Front.net
- Habitat for Humanity

### **Session III-A: Therapeutic Recreation**

Panelists: Julia Ray, DSUSA – Wounded Warrior Disabled Sports  
Capt. Cheri Ruiz, Fort Carson Warrior Transition Battalion  
Torrey Shannon, wife of injured veteran  
Sarah Williams Volf, Challenge Aspen Military Opportunities (C.A.M.O.)

### **Comments from panelists:**

Capt. Cheri Ruiz – Programs have to keep the three F's in mind: Family, Future and Finance. "Recreational opportunities change the road to recovery for these soldiers".

Torrey Shannon – Her husband, like many returning military members, is an "alpha male." He suffers from PTSD and has found adaptive sports to be an outlet, effecting recovery and how he interacts with family and friends. Therapeutic recreation helps provide a "life's not over" mentality.

Sarah Williams Volf – Every new C.A.M.O. program builds on an existing program through participant feedback and testimonials and keeps in mind injury-specific needs and a "never say never" attitude.

### **What challenges are being faced?**

- Barriers have been found within the VA system – lack of funds allocated to recreational programs. Nonprofits are really taking the lead in an operational standpoint in order to continue sustaining these programs.
- It takes more than one organization to work with the disabled veteran population in order to get them to the programs' location.
- Dept. of Defense did not create programs, leaving nonprofit organizations/service programs, and/or occupational therapists to take on this responsibility.
- Families/caregivers need to be able to go on the therapeutic recreation trips as they offer a place for both parties to feel supported and grow together.
- Disabled veterans find it a challenge when they can only attend one program a year within the same organization.
- Follow up with participants
- Getting the word out about free adaptive programs
- Adding more adaptive recreation chapters as a connection in communities

### **Strategies and solutions:**

- Fort Carson has Army Performance PTSD counselors and case managers that follow soldiers who enter the Warrior Transition Battalion.
- Organizations are partnering to solve transportation issues.
- The ultimate goal of adaptive learning experience programs is self sufficiency: connecting veterans/family/caregivers to programs that exist in their own communities.
- Pushing veterans past their threshold and teaching problem solving skills helps moves them out of their comfort zone.
- Independence, self sufficiency
- Veterans who participate in recreation have proven to be twice as likely to be employed.
- Collaboration to develop programs in the veterans' own communities
- Participants are encouraged to turn around and support a fellow soldier in transition through volunteering, creating a ripple effect of positive impact.

### **Other organizations/outreach programs mentioned:**

- Solider Ride (through Wounded Warrior Project)
- Warrior Games 2010 – Fort Carson, CO
- Life Quest
- Challenge Athletes Foundation
- Blue Star Mothers- VAVS- Grand Junction, CO (new TBI and PTSD-related art and music therapy)
- Veterans Airlift Command- provides travel free to veterans

### **Session III-B: Jobs/Hiring**

Panelists: Col. Mary Carstensen, AW2 & National Org. on Disability  
Wendy Gardner, Corrections Corporation of America  
Elaine Katz, Kessler Foundation  
Bill Patrowicz, Warrior Works  
Heather Robertson, Dollar General  
Lisa Stern, America's Heroes at Work

### **What challenges are being faced by employers?**

- The location of these wounded veterans is complicated. While many are still in various hospitals, after they leave, they can be very difficult to locate.
- What is the best route of recruitment? For many of the wounded veterans in hospitals, rehabilitation and healing is the first order of business, not a job.
- Many organizations are reluctant to hire returning military because they don't know what to expect: personality issues, possible PTSD, unable to get along with non-military, outbursts associated with PTSD, etc.

### **What challenges are being faced by wounded service members and their families?**

- Many disabled service members are told to go home and not work. This may create financial difficulties for the service member and family.
- Returning service members struggle to translate military experience onto a civilian resume. This can potentially create poor resumes and bad reputations in the job and hiring process.

- Many of these wounded veterans have a hard time figuring out what they can do and what they are capable of doing in the work force.
- Finding the necessary and appropriate resources. Many do not know where to look, or may need help when looking for jobs.
  - After hiring, wounded service members may have special needs and require more attention than a regular worker.
  - Severely disabled veterans may need caregivers on the job site with them at all times.
- Family members may have trouble finding a job also, as many are caregivers for wounded service members.
- There are large amounts of “false starts” by injured military members in the job world. This means they may not live up to expectations, or may take longer than average transitioning and learning.

**Strategies and solutions for employers:**

- Locations to recruit
  - Organizations may start recruiting in smaller places such as community hospitals, vet centers, rehabilitation clinics. These resources can prove to be very advantageous for both parties.
- Focus on slower transitions and the learning process when hired. This may help with “false starts” and negativity toward hiring disabled service members.
- Figure out what jobs injured military members can do, and start recruiting for those specific jobs. This may speed up the hiring process.
  - Many organizations are offering jobs in telecommunication for service members. The majority of these jobs can be done at home.
- Many organizations and the government must help to make various job opportunities and the resources to find these jobs more readily available. Collaboration between companies and the government may help make an easier process.
- If the employer is aware of all the disorders and problems the injured service members have upon entering a job, precautions and steps can be taken to ensure things run smoothly.
- Sometimes talking to a spouse or caregiver about jobs for the wounded service members may work out best, as service members may be unwilling to do it themselves.
- Hire qualified veterans for roles that they are experienced in (leadership skills, teamwork) and take advantage of their networks of military members for other possible hiring. Other service members looking for work may feel more comfortable and can relate with these leaders. (Example: David Hughes, an injured veteran, serving as the Veterans’ Liaison for the Yellow Ribbon Program at Lipscomb)

**Strategies and solutions for wounded service members and their families:**

- Ensure that all injured military members receive proper career and job hunting advice from trained counselors and advocates. This is a solution that could be put forth with collaboration between the government and organizations.
- American Recovery and Reinvestment Act (<http://www.homeloans.va.gov/varecovery/>)
- Make sure that the spouses and other family members receive appropriate career advice also as this transition affects them, too.
- There are new opportunities for spouses to find jobs that focus on “portable” careers.

- Injured veterans may have trouble remembering or knowing how to go about job hunting. If there are no family members or close individuals to help them, an advocate must be made “easily” available for them. It should not be a struggle to find help.
- Look at local communities for job resources which aren’t being utilized. Do not fully depend on government services for help, and take advantage of local career and job resources available.
- All disabled service members and their families should know what they are entitled to when entering the civilian work force. This information should be a top priority during the transition back to civilian life.

### **Session IV-A: Traumatic Brain Injury**

Panelists: Terran Cooper, Shepherd Center – SHARE Initiative  
 Dr. Holden MacRae, Pepperdine University  
 Adrienne Rumph, Defense & Veterans Brain Injury Center  
 Sarah Wade, Wounded Warrior Project – Project Odyssey

#### **Comments from panelists:**

Terran Cooper – All of the services provided by the SHARE Initiative of the Shepherd Center work together to address pain, psychosocial, anger management and PTSD issues.

Holden MacRae, Ph.D. – Dr. MacRae is working with Dr. Dan Johnston on the Peak Solider Program and in researching the effects of Omega 3 fish oil in neuron protection as it relates to treatment for minor and mild TBI victims.

Adrienne Rumph – Adrienne works to raise awareness about TBI as well as assist with community reintegration programs, research and training. Program services include a residential program for which the average stay is three months, though some stay twelve months (all for free). They generally continue to see a veteran for up to two years after he/she returns home. The issues most often seen are those of chronic pain and substance abuse.

Sarah Wade – Though TBI seems to be much more identified on a moderate to severe level than it was at the time of her husband’s combat injury six years ago, there are still gaps: lack of communication between doctors; lack of timely repeated training, caregiver packets and constant support, and an effective means of dealing with the ever-changing nature of an individual’s TBI, which evolves with the duration of injury.

#### **What challenges are being faced?**

- “Doctors need to talk to each other: we have to all work together.”
- PTSD and TBI go hand and hand. The two need to be treated together.
- Lack of evolving (never static), consistent care of the patient.
- Case managers’ communications: The VA pays for one specialist and then another rehab team, and the two don’t talk to one another to discuss needs, issues, etc. What happens when there is no one to manage the case managers? The TBI patient gets lost in the process.

#### **Strategies and solutions:**

- Dr. Dan’s Nutritional Armor newsletter with current information for families

- Education regionally through conferences and through one on one counseling from the Defense and Veterans Brain Injury Center
- Regional care coordinators performing standard 2, 4 and 6- month follow up with the option for follow up for up to two years after injury

**Additional therapies:**

- Three-year loan of TBI equipment
- Army Center – Fort Bragg
- Medical Research Program – big concentration- hematomas, inflammation
- Brain Stay Neuron Biofeedback – service members being retested
- Air Force – San Antonio Hyperbarics
- Audio processing – activate neurons in the brain post-injury (Germany) to help with anxiety.

**Other organizations/outreach programs mentioned:**

- Brain Injury Association of America
- BrainLine.org – organized by provider, family/caregiver, specific needs
- Defense Centers of Excellence
- Intrepid Fallen Heroes Fund – National Intrepid Center of Excellence

**Session IV-B: Deployment & Reintegration Impact on Family**

Panelists: Mike Britton, Fort Campbell Warrior Transition Battalion  
 Mike Goodrich, NGB Transition Assistance  
 Dominick Shannon, son of injured veteran  
 Dave Topp, Military Family Research Institute

**What challenges are being faced?**

- **During deployment, families naturally change.**
  - Spouses will take on new responsibilities and children will grow older. The service member is also changing, as being involved in war is very different than a civilian life. A common expectation is that when the service member returns home, everything will be back to normal and the same as it was before.
  - When at war, the service member may be involved in very stressful and potentially life threatening experiences. They become accustomed to being in a constant state of alertness.
  - Back home, the families are also experiencing a change in lifestyle. Most of the family members have to take on new responsibilities. They must learn to adapt to a lifestyle without the deployed service member around.
- **Homecoming and reintegration**
  - When the service members arrive back home, it is important for the family members to be prepared.
  - Even if they are unwilling to admit to these changes or problems, those around them will notice them. As many service members claim, admitting to personal problems wasn't something taught in the military, but rather to be "tough" and "deal" with it. This stubborn mindset can stick with them even after leaving the military and coming back home.

- **For many of these veterans, it can be very difficult to relate to anyone about what they are feeling.**
  - How is anyone else back home able to understand what they are feeling when they have never seen war? This is another reason why many hold in their feelings and are unwilling to open up to anyone.
  - The only others they can relate to are their fellow military. Personal stories have shown that these service members may look to spend a majority of their time with them and not their family, thus creating an unstable home life.
  
- **Personality disorders such as PTSD, depression and high anxiety not only affect the veteran but also the family.**
  - When they don't know what changes have occurred and what is going on mentally in the service members, more and more stress and discomfort occurs.
  - There is a 95% divorce rate among disabled veterans.
  - Many families are not educated with PTSD and other personality disorders which may occur among deployed service members.
  
- **Resources**
  - Resources for families and service members may be complicated to receive. For many families, they are not properly informed of what to expect during deployment and reintegration.
  - Upon reintegration, help for families and service members may be unknown or a great distance away.

#### **Strategies and solutions:**

- **When the service members arrive back home, it is important for the family members to be prepared.**
  - Family members can help the returning service member by learning and becoming more educated about what sort of environment and experiences these returning service members have been through. Showing great empathy is very important. Meeting with counselors or other families who have experienced a service member at war are great ways for families to learn what to expect and coping strategies.
  - Reintegration and transition back home can be especially challenging if the service member is injured and disabled. Again, families must become educated and prepared for dealing with challenges. Preparing their house with adaptive technologies and accessible resources is very crucial for a successful transition.
  
- **Returning service members and adjusting**
  - When the service members are returning home, everyone must learn to be patient and very supportive. The whole family must learn to trust each other again, and adjust back to a healthy family life.
  - Many service members may be reluctant to talk about their experiences. They should not be forced to talk about their combat experiences. However it is very important for them to have someone they feel comfortable talking to, someone who is not judgmental and can understand them. These resources may include other service members or counselors. Attending these meetings with them can help bring better understanding of personal feelings and experiences for the whole family.

- Stressful combat experiences may create mental issues with those returning from war. It is crucial that the family becomes educated and aware of these potential issues. PTSD is a major issue with returning service members. The government and many other organizations provide information and other helpful resources for families and service members to help with awareness and coping strategies. PTSD is a normal reaction for those involved in traumatic situations, and everyone must realize this. It should not be seen as a stigma. Being that it is a normal reaction, everyone must be aware of it.
- **Resources and successful programs**
  - Resources for families and returning service members must be made easily available. Many do not realize what programs are available, where to go, who to see. If possible, collaboration between various organizations and the government may help those in need. Resource directories that exist, such as Challenge America, should be available for all service members and their families. There should be no trouble receiving the appropriate access to resources which may help successful reintegration.
  - Many programs are available for families and service members. For example, therapeutic recreation for the whole family can bring everyone together. These experiences can help the veteran and family escape stress and have some fun. There are many healthy programs which may help with reintegration and the adjustment process. As previously mentioned, resource directories can help guide families to appropriate programs.
  - Many families do not know, or have trouble with, benefits to which they may be entitled. This can create financial problems which affect the whole family. Again, issues such as this should not be hard to find for families. There should never be a problem receiving benefits and the access to beneficial resources. This is an issue that has been a problem for a long time, and the government must start taking proper steps in order to solve this. Other non-governmental organizations can also step up and help guide families toward proper resources and knowledge about benefits.