



Concerned Significant Others

eLibrary
Reference
Materials

Concerned Significant Others

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1.1 INTRODUCTION: WHAT IS THIS E-LIBRARY AND WHO IS IT FOR?

This e-library contains information to help military family members understand and anticipate some of the challenges during the reintegration period. The tools and information provided are for anyone close to a recently deployed service member, including family members, partners, and friends.



1.2 THE JOYS AND CHALLENGES OF HOME

After months of worrying and waiting, your service member is finally home. With the excitement, relief, and pride come other feelings as well. Often, people don't realize that transition to life "back home" after deployment can be a tough, complicated process.

If reintegration has not been the joyful experience you expected, you are not alone. Many struggle with issues related to homecoming. Although you may be struggling now, you can overcome the challenges of homecoming.

1.2.1 Common War Zone Experiences

There are many reasons why service members may not talk about their deployment experiences. They may fear it will change their family's view of them. Some try to protect their families from the horrible, deployment-related memories. But to understand the challenges of homecoming, you need to have an idea of what the service member went through in the war zone. And, if possible, you should understand why they would prefer not to share.

During deployment, service members may engage in stressful or life-threatening missions. Many live through gunfire as well as blasts from improvised explosive devices (IEDs) or rocket-propelled grenades (RPGs). They often witness the injury or death of others, including friends and enemies. In many cases, service members must assume that they are constantly vulnerable to attack

Even when not directly under fire, service members must remain ready to react quickly to danger. Sleep schedules are irregular and meals are repetitive. They have little time for privacy.

1.2.1 Common War Zone Experiences (cont.)

Contact with loved ones back home can be difficult at times, making home seem far away. Even during downtime, service members live in a foreign climate and culture without the comforts of home.

After living this way for a while, getting back into a routine and “normal” state of mind back home can be hard. The military trains service members to be safe, courageous, and successful. But some of the necessary skills for the war zone make coming back home more difficult. For example, taking all precautions before a trip can save your life in the war zone, but at home can frustrate your family.

To prepare for
the **tough parts**
of homecoming transitions,
you should know
what to expect.

1.2.2 Expectations For Homecoming

Many people want to believe the family will quickly return to “normal” after the homecoming. That rarely happens. While the service member has been deployed, children have grown and others have had to learn new skills or take on new responsibilities. New friendships and new routines may have formed. Even families that have been through multiple deployments find each homecoming brings new and different challenges.

Families are often so excited to see the returning service member that they plan big celebrations or invite a constant stream of visitors. Some service members appreciate this. Others prefer some time to relax and enjoy some quiet. Children eagerly waiting for the return of their parent may get upset when that parent prefers some time alone.



1.2.2 Expectations For Homecoming (cont.)

Your service member has probably thought about coming home for a very long time. Different things make service members say they miss home. Sometimes they long for the companionship of friends and family, other times it may be certain foods or places. Meeting the expectations built up by those longings can seem impossible.

Mismatched expectations about homecoming almost always come with some amount of stress. After being apart for so long, rebuilding your relationship, your routines, and your shared goals will be challenging. This is not a reflection on the quality of your relationship. It's the reality of the transition period.

You should try to openly discuss your homecoming expectations with your service member. The discussion will help you both decide whether your expectations are realistic.



1.2.3 Common Reactions to Deployment

Time spent in a war zone is a life-changing experience. Experiences during deployment can build resilience and increase responsibility, leadership, and teamwork.

But, once out of harm's way, service members need time to mentally and physically adjust to the experiences they've had in the war zone. Some continue to feel on edge or amped up even after they return home. These temporary reactions to being in a combat situation are normal. Some of the most common reactions are listed below:

Physical Reactions	Emotional Reactions	Behavioral Reactions
<ul style="list-style-type: none">•Problems sleeping (falling asleep, staying asleep, being tired during the day)•Fatigue•Stomach upset•Eating difficulties•Headaches•When triggered to think about deployment:<ul style="list-style-type: none">•Sweating•Increased heart rate•Faster breathing	<ul style="list-style-type: none">•Nervous, worried, fearful, anxious•Sad, hopeless about the future•Edgy, easily annoyed, irritable, angry•Guilty, ashamed•Rejected, abandoned•In shock, numb, unable to feel happy or excited•Jumpy, easily startled•Not trusting others, detached, disconnected•Unease when there is nothing happening	<ul style="list-style-type: none">•Drinking, smoking, or drug use (including prescription drugs used in ways other than prescribed)•Trying to control situations•Having nightmares while asleep or flashbacks while awake•Avoiding triggers and reminders of deployment•Having problems at work or school•Having difficulty paying attention•Being on high alert and on guard all the time•Checking for safety•Withdrawing, isolating, preferring quiet time to gatherings•Aggressive or unsafe decisions (e.g. while driving)•Loss of spirituality or purpose

Most of those who experience the reactions above will feel better within a few days or weeks. They will have to learn to feel safe and comfortable at home again, which can take time. Some will have these reactions in more extreme forms or for longer periods of time. This is not a sign of mental or physical weakness. If these issues are severe, or if they linger for months, the service member may have Post-traumatic Stress Disorder (PTSD) or other problems best handled by a professional. We'll discuss those issues later, in the section called "Professional Help for Your Service Member." Take heart – combat stress reactions are treatable.

1.2.3.1 The Impact of Problems At Home

Everyday life at home can prove difficult for the returning service member. Out of practice with everyday life issues, the service member may react more strongly with anger or fear. These reactions can surprise, anger, or scare family members and friends. Be patient and communicate openly when everyone is calm. If the service member continually overreacts or resorts to violence, you should seek help from professionals.



1.2.3.1 The Impact of Problems At Home (cont.)

You may ask questions about deployment that your service member is not ready to answer. As service members begin to mentally and emotionally process their deployment, some may be more comfortable reaching out to members of their unit or people with similar experiences. Some may not feel as social as they once were. If the withdrawal is severe or lasts a long time (What's considered "a long time"?), seek help and consultation from professionals.

As you renegotiate roles and reestablish intimacy with a service member, relationship problems can emerge. Focus on communication. Being clear, open, honest, and compassionate will lead to an easier transition. Professional counselors can be extremely helpful in navigating the difficulties of rebuilding relationships.

In the upcoming "Keeping Peace in a Post-War Home" workshop on afterdeployment.org, you can learn skills for managing all of these difficult situations.

FAMILY MEMBERS CAN FEEL SHUT OUT, LONELY, AND DISAPPOINTED. AS A FRIEND OR FAMILY MEMBER, DO NOT TAKE WITHDRAWAL PERSONALLY.

BE PATIENT AND PROVIDE SUPPORT WHEN THE SERVICE MEMBER TRIES TO REENGAGE.

1.2.3.2 Problems Outside Of The Home

Returning service members and recent veterans may have difficulty managing various parts of their lives outside of the home. In the war zone, they had a clear and specific mission, and many issues simply did not come up. For example, while dealing with finances is important, it was not a concern while deployed. They may also face problems at work, difficulty engaging with civilian populations, trouble in public places, and aggressive or dangerous behaviors (such as driving). If your service member is behaving in ways that are not safe, protect yourself and your family from harm. For example, if the service member's driving is erratic, don't put children in the car until that service member has re-mastered civilian driving methods.

POSITIVE REACTIONS INCLUDE:

- **MORE MATURE**
- **MORE CLOSE FRIENDS FROM DEPLOYMENT**
- **MORE CONFIDENCE AND PRIDE**
- **MORE STRUCTURED AND ORGANIZED APPROACH TO SCHEDULING AND DOING TASKS**
- **MORE APPRECIATION FOR TIME AT HOME AND TIME WITH FAMILY/ FRIENDS**
- **MORE DEDICATION TO THEIR JOB AND TO THE MILITARY**
- **MORE SKILLED AT TAKING CARE OF TASKS QUICKLY**

1.2.3.3 Positive Reactions After a Deployment

Service members take on incredible amounts of responsibility and must work effectively as a team when deployed. Family members often report that their service member has "improved" in some important ways. These positive reactions are common and often coexist with negative reactions.

Many service members strongly believe in their mission, feel closer than ever to their personal values, and forge close bonds while deployed. This may explain why so many service members miss the war zone and return for multiple tours. This response may make family members feel rejected or upset, since it's hard to imagine any one would prefer a war zone to home. But, to best understand the service member's perspective, you must accept the positive and negative parts of military service, deployment, and homecoming.

Don't be blindsided by asking service members what they miss about deployment. If they prefer not to answer, don't nag or push. You can

express your opinions on family issues, but don't take it personally if your service member has a different perspective.



**IF YOU HAVE KIDS,
ASK FOR THEIR
EXPECTATIONS, HOPES,
AND FEARS ABOUT YOUR
SERVICE MEMBER'S RETURN
HOME.**

**FIND MORE ABOUT THIS
IN THE FAMILIES WITH KIDS
SECTION OF:
*afterdeployment.org***



1.2.4 Helping Your SM Manage Homecoming

If your service member has not yet returned home, prepare for the joys and challenges of homecoming.

Read about what to expect and think through how you will manage difficulties. Websites like this one can provide you information about common homecoming struggles. Online chat rooms and forums may also provide good information about what people experience when their Service Member returns. You can share your experience (or read about others' experiences) on ***afterdeployment.org's*** forum. There are also many books on this subject. Discuss the homecoming with others who've been through it. Just remember that everyone's experience is different.

Discuss homecoming expectations openly and honestly with your service member before he or she returns. Discuss any changes made during the deployment, and talk about plans for reshuffling household responsibilities. Together you can figure out ways to celebrate the service member's return.

Don't put off your own life while your service member is deployed. Stay active and healthy so you don't become resentful. Preparing for the homecoming challenges will be easier if you are in good mental and physical condition.

Expect a "honeymoon" period when your service member first comes home. But don't expect it to last. The excitement of the return can make everyone forget about the challenges during deployment. But once this passes, more complicated feelings may emerge. The service member may show symptoms of the reactions listed in the last section. You may feel angry, resentful, or underappreciated. Be direct and honest with your service member about issues that emerge and your commitment to the relationship.

If you are the parent of a service member, respect the maturing process that your child has been through. Avoid falling into old patterns. Be aware of boundaries and give your child some space. This doesn't mean you have to avoid your child. But you should limit your demands, and take "no" for answer if your service member isn't ready to be with you all the time or share experiences.

1.3 TAKING CARE OF YOURSELF AND YOUR FAMILY

In this section you will learn why it is important to practice self-care so that you can also help take care of your service member. You will learn tips on managing homecoming challenges and tips on how you can keep yourself strong for the challenges ahead.

1.3.1 Quick Tips For Keeping Peace In A Post-War Family

- **Don't force your Service Member to talk about things.** As discussed above, there may be a number of reasons your service member does not want to share stories about their deployment experiences. If you are interested and feel you can handle the details, let your service member know, but don't push things.
- **Educate yourself.** Read books, websites, or any other materials you can find. Knowing what to expect after deployment can help ease tensions. You'll find plenty of great resources in our Links, Books, and Blogs section. Share what you learn, but don't try to diagnose your service member on your own. Your amateur diagnosis may be both inaccurate and offensive, depending on the delivery.
- **Suggest a visit with a chaplain for extra support.** Most chaplains only discuss religious themes if asked, so it's okay if your service member is not religious. Chaplain visits are kept confidential and are not noted in the service member's medical record.
- **Offer to go with your service member to meet professionals, chaplains, and others helping with their readjustment.** Don't be offended if they'd rather go alone.
- **Encourage your service member to reach out to others instead of isolating.** Service members need social support. Even veterans from other eras can comfort returning service members.
- **Make sure your service member has some pleasant events planned in his or her schedule.** This is an important part of reintegration.
- **Be supportive: tell your service member how you feel.** Express your confidence that the readjustment period will end sooner or later.
- **Help them put their experiences and feelings into words.** Don't argue, interrupt, or act disgusted. Make sure you understand what you've been told by repeating it back. Ask questions to show interest, but don't be pushy.
- **Engage in activities that require talking together.** If your service member has gotten used to the military's "need to know" communication style, conversations may be a challenge. Conversations about other topics may be easier to start with.
- **Remind your service member to make "one-on-one" time with each significant person in his or her life.** Big gatherings are fun, but they're not ideal for reconnecting with people.
- **Share and renegotiate roles.** You do not have to go back to the way things were before deployment, nor do you need to rigidly hold on to the way things were during deployment. Instead, be flexible, compromise, and expect to talk about this often.



1.3.2 The Importance of Taking Care Of Yourself When Your Service Member Struggles

If you're worn-down, resentful, or angry, you won't be much good to anyone. Take care of yourself while going through the readjustment period. This will help you stay strong for the challenges of homecoming. The following are reminders on how to take care of yourself so that you will have the energy to help your struggling service member.

1.3.2 The Importance of Taking Care Of Yourself When Your Service Member Struggles (cont.)

Stay Physically Healthy

- Exercise
- Get Enough Sleep
- Do not use drugs or alcohol
- Eat healthy foods in the right proportions

Keep Yourself And Your Family Safe

If you have serious concerns about your service member, or if you experience any physical or emotional abuse, get help immediately.

Seek Support

- Talk to others in similar situations. This can be done in person, on the phone, or online.
- Get professional help if challenges at home require it. It takes strength to ask for the help you need.
- Prepare answers in advance for difficult questions you might be asked about your service member. Don't get caught off-guard.

Add Positives To Your Life

Do something pleasant every day. This is like putting a deposit into a emotional “bank account”, so you can make a withdrawal in times of high stress. To avoid getting overdrawn, you need to have some positives built up.

The pleasant events can be anything, large or small. When doing something pleasant, keep your mind from wandering. Soak up the positive moment while it lasts!

1.4 PROFESSIONAL HELP FOR YOUR SERVICE MEMBER

Everyone goes through an adjustment period when service members return home. While some homecomings are easier than others, each one requires time, patience, and flexibility.

But some homecoming transitions require more. If your service member's reactions are severe, last for months at a time, or are more than you can handle, consider seeking professional help with the service member.

There are many resources that can help!



1.4.1 Where's The Line? Knowing When Your SM Needs Professional Help

If you answer “yes” to any of the following questions, you should consider professional help for your service member (SM) as soon as possible.

- ✓ SM has had intense conflicts with family members and/ or others frequently.
- ✓ SM has regularly failed to meet obligations or follow through on responsibilities at home.
- ✓ SM has missed school, work, religious services, or other community activities.
- ✓ SM has missed deadlines for school or work.
- ✓ SM has performed poorly at school or work.
- ✓ SM is often depressed or angry.
- ✓ SM thinks about suicide or personal harm.
- ✓ SM thinks about deployment experiences all the time, or is easily reminded of those experiences by different triggers.
- ✓ SM is on “high alert” all the time and is always watching for signs of danger.
- ✓ SM frequently has nightmares.
- ✓ SM cannot get a good night's sleep.
- ✓ SM cannot concentrate or pay attention to anything. (Answer “yes” if it's more true now than it was before deployment.)
- ✓ SM has dizziness, balance problems, nausea, vomiting, blurred vision, sensitivity to light or sound.
- ✓ SM is physically violent towards you or others.
- ✓ SM drinks or uses drugs more than he or she did before deployment.
- ✓ SM has frequent headaches.
- ✓ SM has completely shut down and spends most time alone, refusing to talk to others.

1.4.1.1 Post-traumatic Stress Disorder

Many of the common reactions to deployment described above are symptoms of Post-traumatic Stress Disorder (PTSD) if they are intense, frequent, and chronic enough. To be diagnosed with PTSD, a service member must have three different types of problems:

- **Remembering the deployment experience(s) frequently.** Whether the memory is a thought, a physical sensation, nightmares, or flashbacks. This is called re-experiencing and is like re-living the same horrible experience again and again in your mind.
- **Avoiding reminders of the deployment experience(s).** People with PTSD will avoid all kinds of things – people, places, things, conversations, thoughts, situations – so they won't be reminded of the awful thing that happened. They even may shut off completely and stop feeling pain, fear, or other emotions because these feelings are too hard to handle.
- **Staying on “high alert” all the time.** People with PTSD may keep a close watch on their environment for signs of danger and make decisions aimed at decreasing risk. People on “high alert” often have trouble sleeping, making them jumpy or irritable.

If the problems *interfere* with the service member's life,

including relationships, work, or other responsibilities,

it's time to seek help.

1.4.1.1 Post-traumatic Stress Disorder (cont.)

Does Every Service Member Have PTSD?

No. Many people who experience a traumatic event, like those in a war zone, never get PTSD. Scientists don't know why some people develop PTSD and others don't. PTSD is not an indication of weakness. Suffering from PTSD may depend on the trauma of the event, whether they were physically injured, the intensity of their reaction at the time of the event, whether a friend or fellow service member died or was injured, how out of control they felt at the time of the event, and how much support they got afterward.

How PTSD Affects Family Members?

PTSD can make a service member seem like a different person. Reactions to people with PTSD range from sympathy (feeling sorry that they are suffering) to anger (feeling irritated at certain behaviors).

Other Problems That Require Professional Help

While it's the most commonly reported problem, PTSD is not the only behavioral health concern that leads service members to seek professional care. The problems below are all relatively common as well, and all are treatable.

Depression

Feeling "down" occasionally is normal. To be considered depressed, a person must feel down or sad more often than not. Most of the time, people with depression lose interest in things they used to enjoy. They often feel tired throughout the day, may develop unhealthy eating or sleeping habits, and may feel hopeless about the future. There are also resources for managing depression on afterdeployment.org.

Suicidal Thoughts and Suicide

Intense reactions to war experiences can lead people to think about harming or killing themselves. If you sense that your service member feels this way, call the Outreach Center immediately (866-966-1020).



Violence and Abuse

Verbal abuse includes threats, yelling, swearing, and criticizing. Physical abuse includes pushing, grabbing, hitting, and throwing things. If you see these behaviors in your service member, call the Outreach Center immediately (866-966-1020). Keep yourself and your loved ones safe while you get the help you need.

Drinking Too Much or Using Drugs

Service members may try to find ways to cope with stress in the short-term. Alcohol and drugs are one way people can shut down complicated feelings or feel more relaxed. But these short-term solutions create more problems in the long-run. Your service member's drinking or prescription drug use may be a problem if:

- They drink or use drugs frequently or excessively.
- They remark that they should cut down.
- They feel bad about drinking or using.
- Others are annoyed with the increased substance use and make comments about it.
- They drink at unusual times – like alone or in the morning – to calm down.
- They have trouble at work, school, or home because of using or drinking.

Using alcohol and drugs to cope is a habit. Like other habits, substance use can be treated with motivation, planning, and hard work. Like PTSD and depression, substance issues are best treated by seeking help from a professional. In the upcoming workshops for families on afterdeployment.org, you'll find clear and specific guidance on getting care for your loved one. There are also resources for managing alcohol and drug use on afterdeployment.org.

With help from
health care professionals,
service members
can treat
their problems.



1.4.1.1 Post-traumatic Stress Disorder (cont.)

Concussion or Mild Traumatic Brain Injury (mTBI)

Concussion is one of the most common deployment injuries, because so many service members are exposed to blasts. But service members may suffer a concussion from other things, like falls and accidents. “Concussion” and “mild traumatic brain injury” (mTBI) are the same thing. When talking about a high school football player you would probably call getting hit in the head a concussion. Your service member may describe the experience as “getting my bell rung,” “seeing stars,” or “getting knocked out.”

Doctors describe these injuries as “mild” because concussions are not usually life threatening. But the effects of a concussion can be serious. Service members with a concussion often experience problems in their thinking (such as memory or concentration), their

moods and behaviors (such as irritability or quick mood changes), and their senses (such as headaches and fatigue). Many of the symptoms look similar to PTSD. The symptoms unique to concussions are:

- Headaches
- Fatigue
- Dizziness, balance problems, nausea, and vomiting
- Sensitivity to light or sound

These symptoms are usually temporary, but can last for days, weeks, or even longer. Usually people recover on their own within weeks or months of the original injury. A few people don’t get better on their own and need professional treatment. If your service member shows symptoms of a concussion for more than 3 months, or if the symptoms are severe, consult with a professional. For more information on concussion (mTBI) see the TBI program on afterdeployment.org.

1.4.2 The Basics Of Professional Help After Deployment

Treatment for behavioral health concerns is like treatment for any other kind of problem. To diagnose the problem, a professional will first talk to the patient. That professional may offer some type of assessment to get a more accurate look at the symptoms. Assessments are not tricky or misleading; in most cases they are straightforward and address specific problems the patient might have. Once the professional determines the nature of the problem, he or she will explain it to the patient and figure out what can be

done to get past it. Psychologists, social workers, and counselors can offer directed talk therapy for the problem if needed. Psychiatrists, primary care physicians, and in some cases, nurses, can offer prescription medications for some problems as well. Depending on the situation, the professional may suggest therapy, medications, or both. The patient is never under any obligation to participate in a treatment. But patients should discuss options with their provider, rather than making decisions alone. Many providers are flexible and can help make informed decisions about what treatment to pursue.



1.4.2 The Basics Of Professional Help After Deployment (cont.)

In general, **talk therapy** for post-combat issues falls in the category of Cognitive Behavioral Therapy (CBT). In some forms of CBT, called cognitive therapy, the patient learns to dismantle thoughts that make it hard to get through the day. In other forms of CBT, called **exposure therapy**, the patient talks about traumatic events over and over until those events lose their power. Both approaches are highly effective and are recommended by Department of Defense (DoD) and Department of Veteran's Affairs (VA).

Why Do Service Members Often Refuse Care?

There are a number of reasons your service member may not want professional help.

- Many people believe that mental illness isn't real or that it's a sign of weakness. These beliefs are incorrect and can be harmful. Seeking help is a sign of strength because it shows that you are willing to do what needs to be done, even if you have to swallow your pride.
- Some people believe these kinds of problems will go away on their own. But the disorders discussed here can take a long time to heal, and some may never go away on their own. Service members should get the help they need sooner rather than later.
- Occasionally, people believe if they go for professional help, they will be drugged, hypnotized, talked down to, or kept in treatment forever. The DoD and VA both strongly recommend the use of proven treatments. Modern forms of intervention are brief and specific to the symptoms of the patient. If your service member prefers to work with a chaplain instead of a behavioral health worker, that's fine.
- Some service members believe seeking help for behavioral health problems will affect their military service or clearances. In fact, the DoD prefers that troubled service members seek treatment so they can prepare for their next mission. New rules for security clearances say that service members do not have to report combat-related behavioral health treatment.

1.4.3 Quick Tips For Suggesting Professional Help To Your Service Member

Telling service members that they need professional help isn't easy.

Look for tips on this delicate topic in the upcoming workshops for families and partners on afterdeployment.org.

1.4.4 Finding Assistance For Your Service Member And Your Family

There are many services available to service members and their loved ones.

FAMILY SUPPORT PROGRAMS:

Family Assistance Centers

Located at armories across the US, these centers were created by the National Guard but exist to assist all members and families of all branches of military. For instance, if your son or daughter is deployed from Arkansas but you live in Miami, you can go to any Florida FAC and get help. For the location nearest you, visit: www.jointservicesupport.org/fp/

Army Community Services (ACS):

www.armymwr.com

US Air Force Services agency:

www.afsv.af.mil/

Air Force Reserve Family Readiness:

800-22-8, ext-2(am–pm) (ext-0089 after duty hours)

www.afrc.af.mil/library/airmanfamilyreadiness/index.asp

Marine Corps Community Services (MCCS):

www.usmc-mccs.org

Army Family Team Building (afTB):

www.myarmylifetoo.com

Family Readiness Groups (FRG):

Army units have groups of volunteers to help communications with families of deployed troops. Your FRG should contact your family but if it doesn't, you can locate them through your service member's unit.

Vietnam Veterans Wives (VWV):

<http://www.vietnamveteranwives.com> Provides PTSD counseling, safe retreats for wives during times of crisis, a national hotline, and assistance to families of incarcerated veterans. Membership is open to all family members and significant others of anyone who served in the military during any period.

VA SERVICES:

The U.S. Department of Veterans Affairs (www.va.gov/)

VA is the largest healthcare system in the U.S., with facilities located in every state. VA now offers more services for family members, such as healthcare services to eligible TRICARE family members, bereavement counseling for parents, spouses, and children of Armed Forces, reservists, and National Guardsmen, family and marital counseling, and caregiver support groups for spouses of veterans with disabilities and chronic illnesses. Service members should complete VA Form 0-0EZ to sign up.

Healthcare: 877-222 VETS (8387)

Benefits: 800-827-000

Benefits for family Members: <http://www.va.gov/healtheligibility/familymembers/#champva>

VA Medical Centers

The VA services soldiers/ airmen, including the Guard and Reserves. Veterans can receive free services for military-related problems for the first five years following deployment, and co-pay based on eligibility after that. The VA has many community-based outpatient clinics (CBOCs) within the community as well as their medical centers. Find a facility near you. Each medical center has:

- An OEF/ OIF Program Manager to help all recent returnees
- Health and mental health services, including mental health practitioners trained in state of the art Cognitive Behavioral Treatments for PTSD
- Women Veterans Program Manager
- Social Work Services
- VA Chaplains

Vet Centers (www.va.gov/rcs)

- Readjustment Counseling Service
- Toll free: 800-905-4675
- Assist veterans and their family to making a successful post-war adjustment, offering:
 - Readjustment counseling (including PTSD treatment)
 - Marriage and family, benefits, bereavement, alcohol and drug counseling
 - Job services and help obtaining services at the VA and community agencies.
- There are no co-payments or charges for Vet Center services. Services are confidential.

1.4.4 Finding Assistance For Your Service Member And Your Family (cont.)

OTHER FEDERAL, STATE AND COMMUNITY RESOURCES:

Military OneSource (www.militaryonesource.com)

(user id: military; password: onesource)

Helps military members, veterans, and families deal with life issues. Service members and their families can speak to a master's-level consultant.

Toll free (in the US): 800-2-9

Toll free (outside the US): (country access code) 800-2-9(dial all numbers)

International toll free: 800-464-8107

Military OneSource's "Deployment" publications:

<https://www.militaryonesource.mil/>

Veterans Service organizations (VSos)

VSOs can help you complete necessary paperwork and navigate the VA system. They include organizations like the American Legion, the VFW, AMVETS, Disabled American Veterans (DAV), and more.

Directory of Veterans Service organizations Web site: www1.va.gov/vso

State Resources:

All states have a variety of programs and resources for veterans and their families. Most states have an information and referral line. Or call your local:

- Agency or Department of Health and Human Services
- State's Office of Veterans Affairs ([NASDVA](#))
- Veteran representatives in the offices of legislative officials
- Employer Support of the Guard and Reserves ([ESGR](#))
- [Veterans Transition Assistance Representative](#)