# RETURNING FROM THE WAR ZONE

Created by experts at the National Center for PTSD, 2006

# A Guide for Families of Military Members

## HOMECOMING

The days and weeks after a homecoming from war can be filled with excitement, relief, and many other feelings. This guide is for military family members, like you. This guide is also helpful for friends and returning veterans themselves. Following the veterans return from overseas duty, the entire family will go through a *transition.* This guide will help each of you understand readjustment during homecoming.

Reintegration following homecoming involves taking time for the veteran, family and friends to become reacquainted. Talk and listen to one another to restore trust, support and closeness. There may be times when you and your returning veteran feel stress, uncertainty, concern, and distance from one another. It may feel as if the service member is still fighting a war, rather than truly being home. All of these emotions are a normal part of readjustment following deployment to a war zone. At first, these reactions may be difficult to deal with. Some service members have real difficulties and struggle during their transitions back home. Because many service members face redeployment back to overseas duty, it is especially important to address these difficulties during this time back home. Learning more can help your family cope. **In this guide you will learn about:**

- How expectations about homecoming may not be the same for service members and family members
- Ways to talk and listen to one another in order to re-establish trust, closeness and openness
- Information about possible problems to watch out for
- How to offer and find assistance for your loved ones
- What help is available and what it involves

A common expectation is that the family will be exactly the same as it was before the deployment. However, during deployment families naturally change. Children have grown and spouses have taken on new responsibilities. New friendships may have formed. War zone exposure is a life changing experience for those deployed. **Understanding what you might expect will help with the transition back to civilian life.** In this guide you will learn ways to cope better, and if problems arise, ways to find assistance.

## THIS GUIDE CONTAINS:

- WHAT IS A COMBAT STRESS REACTION?
- EXPERIENCES IN THE WAR ZONE
- EXPECTATIONS ABOUT HOMECOMING
- EFFECTS ON FAMILY LIFE
- WHAT ARE THE SYMPTOMS OF PTSD?
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## WHAT IS A COMBAT STRESS REACTION?

Understand that service members respond to experiences in a war zone in different ways. Some service members report feeling upset or "keyed up" even after they return home. Some may continue to think about events that occurred in combat, sometimes even acting as if back in a combat situation. These are **common "combat stress reactions"** (also called acute stress reactions) that can last for days or weeks and are a normal reaction to combat experiences. Below is a list of common reactions:

| Behavioral Reactions | Physical Reactions | Emotional Reactions |
|---|---|---|
| Trouble concentrating | Trouble sleeping, overly tired | Feeling nervous, helpless, or fearful |
| Jumpy & easily startled | Stomach upset, trouble eating | Sad, guilty, rejected or abandoned |
| Being on guard, always alert | Headaches and sweating when thinking of the war | Edginess, easily upset or annoyed |
| Bad dreams or flashbacks | Lack of exercise, poor diet or health care | Experiencing shock, being numb, unable to feel happy |
| Avoiding people or places related to the trauma | Rapid heartbeat or breathing | Feeling hopeless about the future |
| Work or school problems | Too much drinking, smoking, or drug use | Irritable or angry |
| Loss of intimacy or feeling withdrawn, detached and disconnected | Other health problems becoming worse | Not trusting others, being over controlling, having lots of conflicts |

**Most** service members, who experience combat stress reactions like those listed above, **will recover naturally over time**.

Others continue to struggle with memories of their combat experiences and their reactions. Research still does not tell us why some people struggle while others do not. BUT it is NOT because of any type of weakness. Combat stress reactions may create problems in relationships with partners, other family members, or friends; troubles at work; or troubles handling money. If the service member continues to experience these reactions and if it begins to cause problems for them or their family, it may become post-traumatic stress disorder or PTSD. Other operational stress injuries can also develop and are discussed later in this guide.

## EXPERIENCES IN THE WAR ZONE

During deployment, service members may have taken part in missions and operations that exposed them to very stressful or often life threatening experiences. It is important for families to understand what they have been through. Service members may have been shot at, seen the death or injury of American personnel or of civilian and enemy combatants, or even witnessed the death or injury of people they knew. IEDs (improvised explosive devices) are common; many convoys deal with piles of garbage blowing up just as they pass by. Many troops are on alert 24/7. Service members may have been injured as a result of bombings, blasts, weapons or

accidents, maybe even surviving with very serious injuries. All of these experiences and others occurred in a hot, dry desert environment without the normal comforts of home.

Frequent Combat Experiences Reported by Members of the U.S. Army, 2003

| | Afghanistan | Iraq |
|---|---|---|
| Being attacked or ambushed | 58% | 89% |
| Receiving incoming fire | 84% | 86% |
| Being shot at | 66% | 93% |
| Seeing dead bodies or remains | 39% | 95% |
| Knowing someone seriously injured or killed | 43% | 86% |

The military teaches service members skills that help them to survive and succeed in war. These same skills can cause problems at home. For example, secretiveness and control are very important in the war zone; however, communication and sharing the decision-making are necessary for good family relations.

## EXPECTATIONS ABOUT HOMECOMING

Families often want to hold barbecues and big welcome home parties for their loved one when they return. The service member often has mixed feelings about returning home because they now face a completely different day-to-day life than they have grown used to. Relaxing may be what they want, not a big party. Reworking "who does what", who handles the money now, who takes the kids to school, who mows the lawn; these issues will need to be dealt with. Make sure that all family members talk to each other about what they want and expect, even before returning home.

## EFFECTS ON FAMILY LIFE

One challenge everyone faces is **adjusting to changes in the family**; both the person returning from war and the family left behind have changed. War experiences have changed the person who was deployed. Children have grown and developed new skills in school. Spouses or other family members may have taken on more responsibilities and control in the family. Everyone needs to work and get used to a new family pattern that works for all involved. Be aware that problems in relationships that were already there before deployment may return.

Returning service members need to relearn how to **feel safe, comfortable and trusting again with family members**. This involves getting reacquainted and communicating with spouses, children, parents, friends, coworkers and others.

**Veterans**:
Remember that family members also need your understanding. While you were deployed they might have had to take on extra responsibilities, had to deal with problems without your help, or felt lonely. It also takes time for them to readjust.

The service member should **not feel forced to talk about his or her combat experiences**. They should be given opportunities to talk about the war and their reactions and feelings with people who will not be judgmental or negative. You should join in these discussions if you are invited to do so. Service members may be more comfortable talking with their buddies about their time at war. It may be helpful for the service member to speak with a counselor about his or her experiences, or about any concerns about

sharing the details of war experiences with family members. Family and friends need to remember not to take signs of withdrawal personally and to remember to be patient. Recovery takes time.

Sometimes the **everyday stress of family life can feel overwhelming** for the service member. He or she may become more irritated or react more strongly to common family issues. Anger and aggression are common combat stress reactions but these reactions may scare spouses and children, and even the service member. Continued angry outbursts or over-reacting to everyday situations might mean that you should get help.

**NOTE FOR VETERANS:**

Getting into arguments and fights with family members and others, often for minor reasons, can happen because of the angry or aggressive feelings that are common after a trauma. In addition to having more family conflict, those who return home from a war zone often feel disconnected or detached from others. Sometimes this has to do with not feeling able to tell other family members about what happened, not wanting to intrude on them by speaking about the war, or just thinking that no one will be able to understand. Sometimes this is related to having difficulty in feeling or showing positive feelings. Sometimes wanting to be alone or avoiding family gatherings creates isolation from family and friends. **Yet the support of these people is needed for a healthy recovery**. Even though you might feel like you want to withdraw, try to reconnect with family and friends.

Because the symptoms of PTSD change how you feel and act, traumatic experiences that happened to you can affect everyone else in the family. Family members react to the fact that their loved one has gone through a trauma. At the same time, **trauma symptoms can make you difficult to get along with or cause withdrawal.** It can be very hurtful and confusing for everyone in the family when these changes occur.

**SEX DIFFERENCES**

Men and women may have different ways of integrating back into the family. To cope with stress, men may isolate more and leave the home to be with friends or buddies. Women may need to talk about more of their experiences with their partners. Some male partners experience resentment or misunderstanding towards their returning woman veteran, and are reluctant to sympathize both with her accomplishments and difficulties during war. In a war zone, both women and men often have camaraderie with their buddies that may be difficult to recreate in civilian life.

**KIDS**

Men and women both may face challenges coming home to their children and kids can need time to reconnect. Children may feel resentment, abandonment, sorrow or anger when a parent leaves. During deployment, a child may have learned to rely more on the parent who remained at home. Homecoming may bring back the child's normal fears of separation. It's important for the veteran not to take these reactions personally, but instead to reassure the child. Communication within the family, or in counseling, is very important in helping the family as a whole.

**PARENTS**

Parents are also very important in the readjustment process yet they are often overlooked. Most of the information in this guide also applies to you. Even if your child is deployed from another state, every US state has Family Assistance Centers that assist ALL military family members in need.

### EFFECTS ON WORK FUNCTIONING

For some veterans, going back to work is hard because changes have happened at their job during deployment. He or she also might be getting their first civilian job and may have difficulty finding a job or a career to get started in. Following the excitement of deployment, he or she may find their old job boring. Combat stress reactions, such as feeling irritable or "on edge", having trouble sleeping, or problems relating to people, make going back to work very difficult or even seem like an impossible undertaking. The veteran may also worry that an employer (or future employer) might not want to work with somebody who is dealing with symptoms of PTSD or other combat stress reactions.

### EFFECTS ON OTHER FUNCTIONING

Some other areas where problems can occur: Money issues can add to stress at work or home, and **finances** are often complicated by deployment; Veteran's **sleep** is often disrupted and getting a full night of sleep is important to maintaining a healthy and happy life; **Aggressive driving** is common, and although adaptive in the war zone, causes problems at home. A veteran experiencing combat stress may also have **trouble concentrating,** which can affect many regular activities.

Effects of PTSD on Relationships

- Vietnam veterans with PTSD are three to six times as likely to divorce than Vietnam veterans without PTSD.
- Veterans diagnosed with PTSD, compared to those without PTSD, are more likely to be violent with partners and children, with rates as high as 63% for some type of physical violence in the past year.
- Partners of Vietnam veterans with PTSD reported markedly reduced satisfaction in their lives and greater demoralization compared to partners of Vietnam veterans not diagnosed with PTSD.

Problems with family relationships, relationships with other people or day-to-day life should not be overlooked. These difficulties can turn into marital separation and divorce, family violence, and caregiver burden. Communication is key to working through these problems. You may want to consider talking to a counselor for support and assistance.

## WHAT ARE THE SYMPTOMS OF PTSD?

You may have heard of PTSD, in relation to combat experiences or other intense or traumatic situations, but have questions about what it really means. Basically, the symptoms of PTSD include common reactions that immediately follow a traumatic event such as combat. **If these reactions continue long after the combat or traumatic event has finished, it can become PTSD.** PTSD varies widely in how severe it can be, from mild and short lasting to severe and chronic. These reactions can cause problems in getting along with family and friends, functioning on the job or at school, or adjusting to the transition back to civilian life.

Remember, immediately following a traumatic experience, most people commonly experience symptoms. If these symptoms persist months after the event, they may indicate the veteran has PTSD. Three types of reactions or "symptoms" make up PTSD.

**1. RE-EXPERIENCING.** Sometimes after a service member has returned from combat, they may continue to think about things that happened in the war-zone. They may have nightmares about events they have witnessed or actual combat situations. At times, they may feel as though they are actually back in the war-zone. Others report that upsetting images of the war-zone can flash into their mind making it difficult to think or concentrate. Sometimes, these images are

**SYMPTOMS OF COMBAT STRESS REACTIONS AND PTSD**

**1. RE-EXPERIENCING**
Continuing to think about combat or feeling as if one is still in combat

**2. AVOIDANCE AND NUMBING OF EMOTION**
Not wanting to discuss the traumatic event, feeling detached from others, feeling shut down emotionally

**3. AROUSAL**
Having a hard time relaxing or feeling "on guard," feeling jumpy, unable to sleep, unable to concentrate, excessive concerns about security, getting angry easily

"triggered" by reminders, such as sights or sounds or smells that remind them of their combat experience.

**2. AVOIDING REMINDERS AND NUMBING OF EMOTIONS.** It seems normal to not want to think about distressing thoughts and to avoid upsetting reminders. However, individuals with combat stress reactions or PTSD often go to great lengths to prevent recalling memories or discussing their past experiences. They may also avoid reminders of their experience. They may appear to withdraw emotionally or physically from family and friends and be numb and detached. They may resist or even become angry when asked to talk about their feelings or behaviors. They may use alcohol, drugs, or prescription medications to avoid thinking or feeling. This avoidance is a reaction to their combat experience and is not a sign that they are no longer committed to their family and relationships.

**3. AROUSAL.** The service member may have difficulty letting their "guard down." Sometimes service members describe feeling jumpy or easily startled. They may drive aggressively. They might closely examine people or places to look for signs of danger or attack. They may be overly protective of children and fear for the child's safety. Feeling keyed up can also make it harder for them to sleep and concentrate and can cause irritability.

Even if the person does not have PTSD, these symptoms can cause problems. Acting early can prevent symptoms from becoming worse and negatively influencing relationships, careers and the family's well-being.

## HOW OFTEN IS PTSD DIAGNOSED IN VETERANS?

Among American Vietnam theater veterans, 31% of the men and 27% of the women have had PTSD in their lifetime. Preliminary findings suggest that PTSD will be present in at least 18% of those serving in Iraq and 11% of those serving in Afghanistan. PTSD has been observed in all veteran populations that have been studied, including World War II, Korean conflict, Vietnam,

Persian Gulf, Operation Enduring Freedom and Operation Iraqi Freedom veterans. It also has been found in United Nations peacekeeping forces deployed to other war zones around the world. PTSD is not only a problem for veterans, however. It occurs both in adults and children who have been exposed to extremely stressful situations (such as assault, rape, disasters or serious accidents), men and women, Western and non-Western cultural groups, and at all socioeconomic levels. A national study of American civilians conducted in 2005 estimated that 7% of people have had PTSD in their lifetime.

> Although most veterans do not develop PTSD, a sizeable minority will have PTSD for some period of their life. Preliminary findings suggest rates of PTSD will be at least 18% for Iraq veterans and 11% for Afghanistan veterans (2005).

## WHAT CAUSES COMBAT STRESS REACTIONS OR PTSD?

Mental health professionals do not know why some people have PTSD reactions to traumatic situations and other people don't. We do know that it does NOT say anything about the strength or character of the person suffering. Again, there is no relationship between how strong a person is and these symptoms; **many people who are brave or strong end up with PTSD symptoms after going through a traumatic experience**.

PTSD is not a result of something the person wants or has chosen. In fact, we know that most people would not choose to have PTSD. Life factors that are related to PTSD include: greater exposure to life threatening situations, prior trauma, and poor social support. Remember, these are reactions that people sometimes experience after life-threatening situations that can often be dealt with given help.

## OTHER COMMON REACTIONS

**DEPRESSION**. Depression can vary from person to person, but generally, depression involves feeling down or sad more days than not, and losing interest in hobbies or activities that used to be enjoyable or fun. The service member may feel low in energy and be overly tired. Depression also involves a feeling of hopelessness or despair, or the feeling that things are never going to get better. Depression may be especially likely when a person has had personal losses connected with their deployment such as the death of close friends. This sometimes leads a depressed person to think about hurting or killing him or herself. Because of this, it is important for your family member to get help for depression. If you notice that your loved one seems to be feeling down most of the time or less interested in things they used to enjoy.

**SUICIDAL THOUGHTS.** War experiences and combat stress reactions, especially personal loss, can lead a depressed person to think about hurting or killing themselves. If you think your family member may be feeling suicidal, you should directly ask them. You will NOT be putting the idea in their head. If anyone you know has a plan to hurt themselves and the means to do it (e.g., I have a gun and will shoot myself), and cannot make a contract with you to stay safe, you should call 911 immediately. For more information, contact the National Suicide Prevention Lifeline at **1-800-273-TALK (8255) or www.suicidepreventionlifeline.org/**

**ANGER OR AGGRESSIVE BEHAVIOR.** Anger and irritability are symptoms of PTSD and often associated with fear or loss of control; someone who is physically tense tends to be angry as well. A typical example is over-reacting with anger to a slight provocation. Frustration over the

inability to control PTSD symptoms (feeling that PTSD symptoms "run their life") can make a person angry. Thinking about things that happened at the time of trauma (the unfairness of the situation) can also lead to anger.

Although anger is a natural and healthy emotion, it can be expressed in healthy or unhealthy ways. Intense feelings of anger and aggressive behavior can cause marital, relationship, and family problems, job problems, and loss of friendships. Because angry feelings keep people away, they also stop a person from having positive connections and getting help. Some service members may be especially over-protective of kids, or have angry reactions to normal child behaviors. These types of reactions may actually be the service member's own fears about possible dangers the children could be exposed to.

If anger or aggressive behavior is related to threatened or actual violence against members of the family or others, it is especially important to seek care from the police, or professional counselors (chaplains, behavioral health, primary care, nursing, family assistance program) to address the anger and combat stress reactions.

**ALCOHOL AND/OR DRUG ABUSE**. "Self-medicating" by drinking or abusing drugs is a common way many cope with upsetting traumatic stress reactions. Usually this is related to other readjustment concerns, as a person tries to deal with the difficult thoughts, feelings, and memories related to their war zone experiences by using drugs or alcohol to numb themselves. When a person wants to avoid the memories or feelings related to combat, alcohol or drugs may seem to offer a quick solution, but they actually lead to more problems. If you or your family member begin to lose control of drinking or drug use, it is important to get appropriate care.

**SELF-BLAME, GUILT, AND SHAME.** Sometimes service members, in trying to make sense of their war experiences, take too much responsibility for bad things that happened, for what they did or did not do or for surviving when others didn't (sometimes referred to as survivor guilt). Guilt and self-blame are common for those who have been through difficult combat situations, as the individual tries to make meaning of what happened. Understand that the individual may even feel as if they have committed a moral or religious wrongdoing, even if they were following orders.

## ROLE OF THE FAMILY IN PROBLEM SOLVING

Adult family members can help the returning veteran by learning and understanding some of the stressors and emotions a veteran may experience after being away from home for a period of time, especially when he or she has served in a war zone. Family members' most important role is to be genuine, loving, and supportive. You should be forward about expressing your own needs and expectations, rather than hiding them in an effort to protect the veteran.

At the same time, adult family members need to be supportive and respectful of the veteran's need for time to adjust. **Spouses or partners need to be prepared for change**, and be ready to get used to to sharing control of the family and important tasks and goals. It is important that partners and spouses show their trust in the service member's role as parent and support joint decisions.

Family members should be ready to learn and accept new skills or tools for coping used by the service member. For example, talking about likely "triggers" will allow both partners to

understand what might cause an upsetting reaction. A **positive attitude towards treatment and readjustment** can go a long way to making homecoming an easier transition.

It is also important to remember that **all individuals in the family count**. The spouse or partner at home should be prepared to seek counseling for themselves and children if needed. Oftentimes couples counseling can help make the needs of individual family members clearer. Parents and extended family also need to be taken into consideration.

## ENCOURAGING A VETERAN TO SEEK HELP

Family members are often the first to notice problems in a veteran's readjustment. You also need to watch for any negative impact on children and teens. While a veteran needs some practical time to readjust, problems that continue over months may be on the way to becoming negative habits and family patterns. If the veteran is using harmful strategies to cope with stress, such as drinking, drugs, withdrawal and isolation, or showing strong emotions that seem wrong in front of the family, consider encouraging the veteran to seek assistance. Try to communicate your concerns to the veteran with understanding and not blame.

Getting your loved one to seek help is not always as easy as you may hope. A study of soldiers returning from Iraq found that only 40% of those that were having mental health problems said they were interested in receiving help. Many returnees hesitate to receive mental health treatment for fear that it will hurt their image or even ruin their military careers. Family members' most important job may be to encourage the veteran to seek counseling and treatment, for everyone's' benefit. Effective treatments exist and early treatment can prevent worse problems from happening. Encouraging the veteran to seek help is a benefit for all concerned.

## HOW TREATMENT WORKS

Combat stress reactions usually go away over time. But, if they don't, a person might develop PTSD. The good news is that there are effective treatments for PTSD and the other problems mentioned above. Counseling for combat stress reactions or PTSD is really very practical and involves common sense steps.

- The person in treatment has regular conversations with a trained professional.
- They are helped to think about their current situation and how they want to change it.
- They learn more about PTSD and how it is affecting them and those around them.

In addition they may speak with other service members who served in combat operations, to give and receive support.

Many veterans receive treatment for PTSD in Veterans Affairs (VA) PTSD treatment programs and Readjustment Counseling Service Vet Centers. In the usual type of outpatient treatment the veteran comes into a clinic for individual appointments and maybe group sessions. For the most severe cases of PTSD, residential treatment, where the veteran lives in the treatment program for several weeks, is often recommended.

Treatment usually focuses on the following activities:

- Assessment. Treatment typically begins with a discussion with a counselor about problems the service member has faced since returning.

- Setting goals. The vet and counselor decide on goals to improve their life and what changes are needed to help achieve those things.
- Learning about PTSD. Through talking with the counselor and classes with other service members or vets, the person will learn about combat stress reactions and PTSD and how it affects them and their loved ones.
- Learning coping skills or "tools." There are a lot of skills that can help in recovery, including skills for lowering physical tension, skills for communicating better with family and friends, and skills for handling anger and conflict. Treatment involves learning new ways of dealing with the things that make the person frightened, depressed, angry, or sad.
- Looking at yourself. Treatment often involves the person in treatment learning to notice what he or she is thinking and feeling, how they act with other people, and what situations or thoughts trigger distressing emotions.

In addition, the service member or veteran may be offered additional treatment options:

- Medications. Treatment may involve talking with a psychiatrist or primary care doctor about possible medication. Medications can relieve anxiety, depression, irritability, and the nightmares or sleeplessness that often comes with PTSD. They can also make it easier to participate in other counseling activities.
- Telling the trauma story. Discussing traumatic combat situations and sharing feelings can be painful. There may be a concern that this pain may overwhelm the veteran with sadness, pain, grief, or anger. But talking about traumatic experiences can be very helpful for recovery if the person is able to talk to someone they learn to trust. It can make the service member take a fresh look at their experiences and their opinions about them. Often, this kind of therapeutic talking takes place over many meetings, and gradually veterans find that the memories become more controllable, and less painful or frightening.

Treatment may last a few weeks or months or for several years. Usually, contact with a counselor is more frequent at first, and gradually becomes less often as the service member learns different strategies for dealing with thoughts, feelings, memories, and relationships.

## COMMON THERAPIES USED TO TREAT PTSD

**COGNITIVE-BEHAVIORAL THERAPY (CBT)** has been shown to be the most effective treatment for PTSD. CBT involves working with cognitions, or thoughts, to change emotions, thoughts, and behaviors. There are several types of CBT:

- Exposure therapy uses careful, repeated, detailed imagining of the trauma (exposure) in a safe, controlled environment, to help the person face and gain control of the fear and distress that was overwhelming in the trauma.
- Cognitive Restructuring is an approach in which veterans identify and examine upsetting thoughts about their trauma, challenge those thoughts, and replace them with more balanced and accurate ones.
- EMDR (Eye Movement Desensitization and Reprocessing) involves elements from both treatments above; having people move their eyes back and forth while re-imagining the source of their trauma. Although research suggests that the eye movements are not necessary, EMDR is an effective treatment.

- Stress Inoculation Training reduces symptoms through anxiety reduction techniques, teaching coping skills, and correcting inaccurate thoughts related to the trauma.

**MEDICATION** can reduce PTSD symptoms as well as the anxiety, depression, and sleeplessness often experienced with PTSD. Several kinds of medication have been tested and shown to cause improvement in symptoms, and some others have shown promise. Medication can help relieve distressing symptoms and make it possible for you to participate in other types of talk therapy that have been shown to be effective.

## WHERE TO GO FOR HELP

Service members and their families may receive treatment for war zone related problems from a number of qualified sources. These include chaplain services, mental or behavioral health services located with hospitals or clinics, primary care physicians or nursing, and family assistance programs. Many veterans, including National Guard and Reserve members, and active duty service members will receive treatment for PTSD at the Department of **Veterans Affairs (VA)** and Readjustment Counseling Service **Vet Centers**. Most treatment is performed in an outpatient treatment setting in which the service member continues to live at home and attends individual appointments and groups.

### VA SERVICES

Make sure all service members **enroll**, even if there is no plan to use VA services. Once service members have returned from deployment, they are eligible to receive cost-free health care and readjustment services through the VA for any conditions related to combat service for two years following active duty. After two years, services are still available for a co-pay based on income. If a person served in the National Guard or Reserves and was deployed to a war zone, they are eligible for the same benefits. They must enroll to be eligible for these services. Fill out an application online at: www1.va.gov/health_benefits/

**VA HEALTH CENTERS.** VA health care centers are located across the country, and range from small, local clinics to large hospitals. At these facilities, service members can receive help for any problem, both physical and mental health problems. Many VA facilities have experts in PTSD and related problems your family member can talk with.

**VET CENTERS.** Another great place for getting help after returning home, Vet Centers are located throughout the country and are focused on helping veterans readjust to life after deployment and providing outreach. Many of the counselors are veterans themselves. They offer readjustment and mental health counseling, providing vets and their families with resources to handle post-deployment issues.

To access care at a VA or Vet Center, your family member will need to establish their status as a combat veteran by showing the Enrollment Coordinator at his or her local facility one of the following pieces of evidence:

- A **DD-214** indicating service in a designated combat theater of operations; or
- Proof of receipt of the Afghanistan Campaign Medal; Iraq Campaign Medal; Armed Forces Expeditionary Medal; Kosovo Campaign Medal; Global War on Terrorism Expeditionary Medal (does not include Global War on Terrorism Service Medal); or Southwest Asia Campaign Medal; or

- Proof of receipt of Hostile Fire or Imminent Danger Pay (commonly referred to as "combat pay") after November 11, 1998; or
- Proof of exemption of Federal tax status for Hostile Fire or Imminent Danger Pay after November 11, 1998.

To find out more information about benefits, or to locate the VA nearest you, call 1-877-VETS or go to www.vba.va.gov/EFIF, Vet Center, 1-800-827-1000 or www.va.gov/rcs.

### VETERAN SERVICE ORGANIZATIONS (VSOS)

Another great resource for individuals returning from a war zone is Veteran Service Organizations (VSOs). These organizations specialize in providing resources and assistance to military servicemen and women following deployment, and help bring individuals with similar experiences together. They also provide help with paperwork for benefits. These groups are often organized by branch of service, religion, ethnicity, war zone theater, purpose, and many other categories. Large organizations, such as the American Legion and Veterans of Foreign Wars (VFW) are focused on the needs of veterans in general. To find out more or become involved with one of these organizations, check out www.va.gov/vso.

## IN CLOSING

We hope you have found this guide helpful. Learning about what to expect when a loved one returns from a war zone, and about combat stress reactions and PTSD is an important first step to being able to recognize when help is needed. We want to emphasize that most combat related reactions are not permanent. In many cases, they will go away on their own. With early proper treatment, problems that impact your family and relationships may be minimized. When problems do continue, effective treatments are available. In most cases cognitive behavioral therapy (with or without medication) can either eliminate or at least improve stress reactions and functional problems, and help stop family disruption. Remember, combat stress reactions are like any other physical injury from war. There is a range of how severe these invisible injuries are, just like there is a range of how severe physical injuries are. If problems do persist, treatment may help everyone lead a happier, more well-adjusted life.

*For more information about stress-related disorders and resources for veterans and their families, see*
*www.ncptsd.va.gov*