



Returning Veterans Meeting: Findings Report

Convened by the *Psychotherapy & Spirituality Institute*
and *Intersections International*

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Context of the Meeting

Veterans of the Iraq and Afghanistan wars, like generations before them, face substantial difficulties when they return home. Publicly called heroes, veterans are often left on their own to deal with the psycho-spiritual trauma of war. These wars are being fought street to street in a setting where all civilians are potential enemies. Improvised explosive devices inflict devastating injuries that are survived because of advances in field medical treatment. Soldiers who survive these catastrophic injuries face long term rehabilitation and an uncertain future. Economic injuries of deployment are amplified by the current world economic crisis. The US economic reality further complicates housing and employment issues that have always been issues for veterans.

The signature wounds of the wars have been identified as Post-Traumatic Stress disorder (PTSD) and Traumatic Brain Injury (TBI). Both wounds have long term implications that are not fully understood, even as the suffering described as PTSD echoes the experience of previous generations. The subtlety of some brain injuries causes them to be overlooked or misdiagnosed in the terrible irony that the signature wounds can closely resemble, and include, each other. Behavioral manifestations of war injuries cause additional barriers to employment. The VA estimates that 38% of the homeless people in the United States are veterans. Suicide rates among veterans continue to rise.

The 2007 document “Achievable Vision: Report of the DOD Task Force on Mental Health” states:

The system of care for psychological health that has evolved over recent decades is insufficient to meet the needs of today’s forces and their beneficiaries and will not be sufficient to meet their needs in the future. (ES, p.2)

Development of community-based approaches to psycho-spiritual care of veterans and their families is crucial given the gaps in care. The Psychotherapy and Spirituality Institute (PSI) and Intersections International have come together to design psychological and spiritual services for veterans and their families in the New York City area. Our particular strength and focus is on addressing the mental and spiritual wounds of war.

PSI is a non-profit, inter-faith organization of licensed therapists addressing both the psychological and spiritual needs of people in New York City and beyond since 1975. PSI has a long history of working with faith community leaders in the city and has done extensive trauma work following the terrorist attacks on the World Trade Center on September 11th. Intersections International, a global initiative of The Collegiate Churches of New York, is a multi-faith, multicultural field of partnerships, relationships, collaborative projects, programs and emerging theory and practice related to the ongoing transformation of society. One of the program areas of Intersections includes reaching out to veterans and refugees from the

Iraq/Afghanistan wars. PSI and Intersections are working on the development of a scalable pilot program that will be available to veterans and their families over an extended period of time.

The first step taken by the two organizations was to convene a meeting on October 16th and 17th, 2008 in New York City to bring together veterans and people working in service to veterans. The objectives of the meeting were to:

1. Strengthen the network of existing program leaders by convening a meeting of people who might not otherwise meet.
2. Provide a forum for listening to the needs, experiences and recommendations of returned veterans as a crucial part of program development.
3. Identify characteristics of effective programs, challenges to programming and priorities for future work.
4. Create a series of recommendations to be considered by PSI, Intersections and other organizations dedicated to responding to the psychological and spiritual needs of veterans and their families.

Meeting Participants

Invited participants brought diverse backgrounds, experience, and expertise to the meeting. People working hard within the VA as chaplains and therapists sat next to veterans who felt abandoned by the VA system. Military and civilian chaplains, psychotherapists, faith community leaders, returned veterans of four wars, artists, writers, advocates, direct service providers, leaders in post-conflict transformation, and educators each brought their own perspective to the meeting. Participants came from across the United States and from South Africa. Earlier in the week, a consultant to PSI attended the annual meeting of the International Conference of War Veteran Ministers (ICWVM) to gather their perspective after 20 years in ministry to veterans. (A full listing of participants and their backgrounds appear in the Appendix)

Process

Participants first met informally over a social hour and dinner. After brief welcoming remarks and introduction to the project, the participants were asked to introduce themselves, identify the organization to which they belonged, and name their personal connection to veterans needs.

Brief, poignant sentences describing public and private pain, quickly created a sense of common purpose and commitment. Among the personal connections to the issue:

- Veterans of Vietnam, Desert Storm, Iraq and Afghanistan spoke of the impact of the war in their lives, relationships, and sense of purpose.
- Children and grandchildren of World War I and II veterans spoke of suffering felt and observed in silence.
- A man told of his father's dying plea for forgiveness 50 years after World War II ended.
- A survivor of torture and terrorism spoke of the need for healing of all parties involved in violence.
- Peace advocates, conscientious objectors and veterans of the wars they sought to end revealed a common commitment to transformation.
- Parents of soldiers expressed their concern for their sons and daughters in combat, and for the burdens they will carry through the years.
- The school nurse on a military base described the anxieties of children whose parents are deployed or recently returned from the war. She keenly understands the impact of war on children because her husband, also present, is a military chaplain recently returned from Iraq. He spoke of the joys and challenges of his homecoming.
- The painful legacy of substance abuse wove its way through several comments.
- Chaplains, therapists and healers of all kinds referred to their relationships with individuals and the desire to bring their gifts to the long healing process as happening "one set of eyes at a time."
- The introduction process presented and personalized themes that proved to be at the heart of our work together.

Friday began with presentations by Joe Wheeler of Iraq Veterans Against the War, Wendy McClinton from Black Veterans for Social Justice and Father Michael Lapsley, founder of the Institute for the Healing of Memories in South Africa. Each briefly spoke about his/her personal experiences of war and current work. Following their remarks, participants worked at tables and identified programs and attitudes that effectively address veterans' needs. After a plenary session discussing those programs and their implications, a second round of table conversation focused on what we have learned from ineffective programs. The third session of the day was a process of identifying priorities and possibilities for future programming. We ended the day singing a song of lament and hope that was created on the spot.

The “We” of Healing

There was an unexpected power and experience of healing that arose from the meeting process. Beyond concrete identification of needs and potential programs, the process created space for storytelling, support and creativity. The ongoing dialogue facilitated authentic connection between people, all of whom are working in their particular organizations and areas of expertise, often under great stress. At the heart of trauma is a debilitating sense of isolation and powerlessness that is experienced by caregivers, albeit in a muted way. The synergy and sense of common purpose that formed as participants listened to each other created a model in and of itself. Multiple approaches, disciplines, and communities are needed to address the wounds of war. Forming diverse partnerships that listen deeply and move toward intentional, cooperative action can begin with relatively simple interactive processes. Jonathan Shay, VA psychiatrist and author of the seminal book *Achilles in Vietnam* notes that healing occurs when stories are told in a trustworthy and holding environment. Participant evaluations indicated that the meeting created such a context and expressed a desire for more time, ongoing communication, and creative ways of expanding the dialogue. The most consistent recommendation was to facilitate similar meetings whenever, and wherever possible. After the meeting, a Colonel back from the war for three weeks observed “I wish everyone could have this kind of meeting as part of their homecoming.”

The Narrative of Need and Resilience

When Joe Wheeler’s daughter was born, he experienced what is universally identified as a profound experience of love and connection. 36 hours after holding his daughter for a precious, short time, Joe was in the war zone. Joe’s heartbreak at leaving his infant daughter speaks to the everyday, unacknowledged losses brought by the war. Joe was assigned to a region where Iraqi scud missiles were landing regularly. It was early in the war, and there seemed to be a great possibility that the missiles forces carried chemical or biological weapons. Dressed in protective gear, the soldiers experienced constant terror that Joe says “brought out the worst in us.” It also created lasting physical, emotional, and spiritual wounds that are serious and compounded by time.

When Joe came home, he took a five-question screening instrument and was told that he had PTSD. Like many veterans, Joe told himself that other people had experienced much worse situations in the war, and decided that he did not need further assistance. Joe recognizes that his experience is not uncommon for many reasons.

- There is shame associated with the PTSD diagnosis because its pathological framing leads to judgment and a sense of personal failure. We need understand PTSD not as pathology, but as an injury as old as the written descriptions of battle.
- The internal and external stigma around receiving assistance is a huge obstacle to healing. Describing himself as unattached to a macho image, Joe nonetheless could not

accept the little help that was available early in the war. Two years of nightmares, inappropriate emotional response, and “lots of people telling me that something was wrong” led Joe to realize the depth of his war injury.

- Joe’s work with veterans, including telling his own story, is difficult. It causes headaches and nightmares to continue, but Joe has chosen it as his work.
- Joe identified survival as primary among veterans’ needs. Long term healing is possible only if there are accessible services that recognize and address the complex reality of suicidality. “First of all,” he said, “we need to survive. We should not lose to suicide more veterans who have so much to give to the community. We need to make it possible for people to live through grassroots outreach and program development. We do not need to make grandiose plans, we just need to ask what we can do to make it easier to stay alive.”
- Suicide is being chosen by veterans who are on the verge of redeployment and the current services, i.e. hotlines, are not meeting those soldiers’ needs.

Suicide among veterans has short term and long term implications. The high suicide rate of Vietnam veterans continues 35 years after the end of the war. Perhaps no story captures that reality more vividly than one told by a widow at the ICVWM meeting. Her husband was a decorated Vietnam veteran who lost both legs in the war. He struggled with PTSD throughout his life, however, his distress intensified with the Gulf War. Distraught over the wars in Iraq and Afghanistan and in continual pain from his physical injuries, the man took his own life in February of 2005. Before inflicting the fatal gunshot wound, he went to great lengths to make sure that his body was found by strangers, and not his family. His death was a casualty of several wars.

Wendy McClinton intimately knows the day to day survival challenges faced by veterans. Honorably discharged after ten years of military service, Wendy was homeless with her three children and cut off from access to medical care when she approached Black Veterans for Social Justice for assistance. Founded by African American Vietnam veterans to address their unmet and largely ignored needs, BVSJ assisted Wendy with transitional housing and helped her navigate all aspects of her transition. Wendy went on to earn two Masters’ degrees and is now the Executive Vice President of Black Veterans for Social Justice. She works with a staff of 226 people who provide a variety of services for any veteran or family member, of any race. One of the key BVSJ services continues to be transitional housing and assistance in accessing community services. Grassroots organizations with limited resources are stretching themselves to meet the transitional needs of veterans on all levels. Recognizing and strengthening those organizations is crucial to addressing gaps in care.

BVSJ is currently working to empower and meet the specific needs of the 1.7 million female veterans. Women suffer the same signature wounds as men. Women suffer an underreported and largely unaddressed third signature wound: military sexual trauma.

- 14.5% of women returning from Iraq report sexual trauma.
- Under military reporting procedures, it is incumbent upon the victim to prove that the sexual assault took place. This is often impossible for a host of reasons, including stigma and fear of retribution against women still in the military. Given the difficulties in reporting sexual injury, it is widely believed that the actual incidence of sexual trauma is much higher than 14.5%
- There is a great need for health care providers to understand the realities of military sexual trauma, including the dynamic that it may not be immediately reported or revealed.
- Women returning home must deal with child care issues, gaps in benefits for families, lack of transferrable employment skills and their own health issues at the same time.
- Women and men may need separate services in trauma healing.
- There are no government services available to people who were dishonorably discharged. Given that many of those discharges are rooted in combat trauma, this lack of services affects people at high risk of destructive behavior.

The issue of dishonorable discharge dovetails with manipulation of diagnosis to sever the link between veterans' distress and combat. The most common form of that practice is to diagnose a pre-existing personality disorder instead of PTSD. Veterans in some cases agree to that diagnosis rather than return to combat, unaware that they are signing away access to services.

Father Michael Lapsley, SSM paid a dear price for speaking out against the horrors of apartheid. Following imprisonment, torture and expulsion from South Africa, Father lost both his hands and an eye when, in 1990 he received a letter bomb. He also suffered a traumatic brain injury that did not manifest itself for seven years. Father Lapsley underwent a transforming journey from victim, to survivor, to victor. His was a deeply spiritual process of healing and meaning making. Father Lapsley was a founding member of the Chaplaincy Project for the Trauma Centre for Victims of Violence and Torture out of which the South African Healing of Memories Institute was founded in 1998. Healing of Memory Workshops create a safe, supportive space in which participants, guided by trained facilitators, tell their stories. The intent and environment

of storytelling is vitally important. This explicitly spiritual undertaking gives voice not simply to intellectual descriptions of events, but the underlying narrative of heart and soul. Stories are received by respectful listeners who are, in turn, moved and transformed. There is a focus on how individual stories are affected by the history and actions of their nation. The process dissolves distinctions between groups of people and builds community around the truth that whether victim or perpetrator, we are all affected and diminished by violence. The experience of the Institute for the Healing of Memories further articulates the need for healing experienced by veterans and nation alike.

- That we are so deeply disturbed by war is testimony to our humanity.
- People can be functional and still burdened by pain, guilt and shame
- People who may be regarded as heroes need an opportunity to talk about what they are ashamed of, haunted by, and needing to forgive.
- Meaning making is more difficult when there is not a clear sense of purpose in battle.
- Outreach is needed because many, many people suffer in silence.
- The dynamic of violence on national and international levels is also present on the intra and interpersonal level.
- We have historically relied on experts and undervalued the wisdom of the ages in trauma healing.

Honoring the Work, Recognizing the Challenges

The table discussions identified a number of programs and efforts underway to address veterans' psycho-spiritual wounds. This part of the process was an opportunity to acknowledge and honor that work. At the same time, the discussions identified attitudes of the heart and mind that are most congenial to healing processes and largely absent from ineffective programs. Those attitudes include:

- Think outside of a particular discipline.
- Eliminate distinctions between professionals and people needing service by depathologizing veterans' distress.
- Cease to think in terms that separate "we" from "they."
- Empower vets and their families by including them in program design.
- Speak in common language, not the jargon of our disciplines.
- Break the atmosphere of secrecy around the war and veterans' pain.

- Provide consistent and empowering care, not intermittent and inappropriate care.
- Meet people where they are physically, geographically, and spiritually.
- Listen with compassion, recognizing the difference between healing and curing.
- Adapt a strength-based approach that acknowledges the resiliency of veterans and their families.
- Develop person to person, peer based support programs that are proven to be highly effective.
- Acknowledge and challenge assumptions about veterans and their families.
- Bear witness and being change in the listening process.
- Frame this as soul work recognizing that the Divine is present in the process.

Programs and approaches identified as particularly effective embody these attitudes. Ineffective programs are those with a top down leadership style, confusing bureaucracies that bind both veterans and those who seek to help them, a failure to listen to the people affected by the wars, and a lack of community-based services. Familiar ways of managing veterans' affairs do not meet the complex needs of the current situation and a failure to educate the public about the needs of returning vets significantly contributes to the gap in services. The programs and approaches described below were identified as particularly effective.

Meaning Making Processes

Participants identified a number of creative approaches to meaning making. Logotherapy is an effective process for placing experience within a larger frame of meaning. Key partnerships between mental health providers and faith communities have proved helpful in bridging treatment and meaning making modalities. Holding mind, body, and spirit as one requires a multi-disciplinary approach that is being effectively done in a number of settings. Liturgy, ritual, art, song, lament, memorial services and rites of forgiveness are powerful sources of healing. Spiritual practices such as meditation, prayer, mindfulness, connection to a faith community are important resources for vets. Local faith communities thus have an important role to play in meaning making for veterans, their families, and the community at large.

Healing Retreats

A number of effective retreat models exist, all of which incorporate storytelling and ritual. Chaplains Religious Enrichment Development Operation (CREDO) creates a healing environment for military chaplains. ICWVM conducts weekend retreats that provide space for storytelling, ritual and a commissioning ceremony for a new mission in life. The Healing of Memories model can be applied in retreat settings, as is the storytelling and reconciliation work of psychologist Edward Tick. Retreat settings allow veterans to reframe their experiences together and find healing symbolic expression of their stories

Warrior Transition Programs

Military programs that address transition issues on either side of deployment have been in place since the beginning of the wars. Recognition of a need to further develop those programs and link them with long term transitional issues is currently underway. Programs offered for families of returning vets offer a language to talk about their experience

Grassroots, Community-Based Programs

Advocacy groups on the local, state and national level are effectively making veterans needs public. Support groups, community networking, creative writing workshops, and development of community-based veterans' support systems are addressing gaps in service. The suicide prevention program in New York City is working well. Grassroots groups in Colorado are partnering with General Mark Graham of Fort Carson to reexamine dishonorable and personality disordered based discharges. General Graham lost one son to the war in Afghanistan and another son to suicide during officer's training. This work is a clear and powerful example of the linkage between private pain and public action. Curricula for community-based trauma education exist and are being taught in a number of different settings, some of it taught by clergy and primary care givers.

Military Chaplains

Chaplains bring ritual, prayer, faith tradition, pastoral counseling and presence to the field of battle and in transition times. Chaplain services have developed programmatic approaches that identify stressors and provide resources for alleviating the pain. Greater understanding of the complexity of need is leading to more program development. Military Chaplains are themselves witnesses and veterans of combat situations and, as such, have their own experience to process. CREDO is one program that addresses those needs.

VA Programs

The VA has established a number of programs to address the psycho-spiritual needs of veterans. Mandatory treatment provides veterans with a structure that facilitates management of symptoms. The Veterans Community Outreach Initiative (VCOI) connects chaplains with civilian leaders of faith communities to discuss the role of congregations in meeting veterans' needs. The Uniform mental health service package is an important resource. Mental health professionals in the VA health care system are working with a number of treatment modalities to address complex issues. Free standing, VA-funded community veterans mental health clinics, that will preserve the veteran's confidentiality, are addressing the issues of stigma and accessibility. Chaplains and others are working on the development of materials that demystify the system and facilitate access to it. Many more services are available to Iraq and Afghanistan veterans than to those who returned from Vietnam psychologically, physically and spiritually wounded. Regrettably, there is some discord between the veterans groups because of the enhanced services.

There is a general acknowledgement that one of the significant gaps in care relates to accessibility of services at the VA. There are many contributing factors at work including funding, confusing systems, benefit backlogs, limited women's services and geographic inaccessibility. These factors are the source of many challenges for those working within the system. Nonetheless, VA staff members are working to bridge gaps in service in a variety of ways. It is important to note that the VA consists of three distinct organizations: Veterans Health Administration, Veterans Benefits Administration and the National Cemetery Administration, something that is not clearly understood by veterans or the general public. Many of the veterans who "fall through the cracks" are most in need of services, and least likely to approach the VA.

Technology

There are several computer programs available that address veterans' issues. My Healthy Vet (www.myhealth.va.gov) is a website that helps vets to navigate the VA system. Many grassroots organizations have websites, though a clearing house connecting these organizations and providing information about services does not yet exist. Facebook and other internet communities connect veterans in ways unavailable to previous generations. While there is an important caution around the potential of technology to be isolating, online resources exist that bring veterans into dialogue with each other. Not Alone (www.notalone.org is a website that provides interactive information, interviews with returned veterans and access to counseling). Avenues of communication facilitated by technology are an important and developing resource.

Media

Media reports on veterans' issues, notably the CBS report on suicide in November of 2007 have brought issues to public attention and impacted policy decisions. Stories told through multi-media outlets are keeping the costs of war in consciousness, even as significant questions arise about bias in the overall coverage of the war.

Veterans Court

The Buffalo Veterans' Court is an alternative for veterans who have committed nonviolent offenses. The Court recognizes the relationship between combat stress and law breaking behavior. Treatment with effective peer to peer counseling is mandated. To remain under the jurisdiction of Veterans' Court, individuals must remain sober, lead a law-abiding life, and find a stable job or schooling. Veterans' Court provides access to treatment for those who have, for whatever reason, not been able to find care in other venues. Intervention within the criminal justice system averts provides treatment, averts a criminal record and redirects veterans toward more productive expression of their pain.

Expansion of GI Benefits

Access to education facilitated by the expansion of GI benefits is a positive step. It is estimated by the College of New York City that over the next ten years, 10,000 veterans will be settling and pursuing education in the five boroughs. Preparation of educational institutions to address the unique and complex needs of veterans is important. A grassroots organization in Colorado is currently working with colleges and universities to understand those needs; clearly more outreach of that type is needed.

Uses of the Arts

The arts have provided symbolic expression and healing for individual and societies throughout human history. Music, dance, movement, theater, poetry writing, drama, visual arts and craft have enormous healing potential and are being utilized in a number of programs. Integration of the expressive arts as a healing modality in therapeutic and spiritual settings is effective and growing.

Recommendations for Future Programming

The recommendations made by the group fell into six general and interrelated categories: Psycho-Spiritual Healing Support, Storytelling, Education, Advocacy, Networking and Methodologies. The attitudes and dispositions described above (pp. 12-13) were recommended as foundational for any program development.

Psycho-Spiritual Healing Support:

Edward Tick, among others, describes PTSD as a soul wound. This understanding has vast historical precedent and provides a context broad and deep enough to capture the nature of war injuries and the mysteries of healing. Healing the wounds of war is a spiritual process. Psycho-spiritual support is a foundational element in all recommendations about program development. Specific recommendations are to further develop and make accessible the following:

- Healing of memories workshops
- Weekend transition retreats
- Expressive arts and spiritual practices as part of all healing modalities
- Creative writing process including expression of lament
- Ritual and symbol
- Community memorial rituals
- Individual psychotherapy and couple counseling

Storytelling

Storytelling needs to be done with the intention of healing and be received by a respectful community. Telling the story is continuous and difficult, even for those who are highly verbal. Ritual, music and other elements of psycho-spiritual support create story-telling opportunities and are methodologies that facilitate a healing process. Specific program recommendations for storytelling include:

- Create storytelling places all over NYC where people can come to tell their story, train listeners, could happen on the same day every month.
- Host a meeting in local churches for telling the story about their military service
- Have a conversation, one veteran at a time
- Use the media to tell stories
- Consider publication of stories in a book, or online

Education

Creating community approaches to healing requires education on many levels and for different groups. Development and utilization of existing trauma-based curricula with particular application to the following target groups is a strong recommendation:

- Psychotherapists
- Leaders of Faith Communities
- Primary care providers
- Social service providers
- Colleges and universities
- Veterans and their families
- Military Chaplains and those involved with transitions

Advocacy

Education needs to be connected with advocacy on behalf of veterans and their families. Action steps for communities are important and include:

- Pastoral outreach to veterans who are no longer eligible for government benefits
- Provide marriage support through community, VA, military and faith communities.
- Create opportunities for veterans to tell the stories

- Integrate veterans support groups in community settings such as soup kitchens
- De-stigmatize and reframe PTSD and other forms of suffering at every opportunity.
- Advocate for funding of veterans' programs
- Continue programs that help veterans negotiate the VA system
- Use the media to keep the needs of veterans and their families in the public eye
- Work for provision of sexual abuse trauma counseling and medical care for women veterans
- Improve connections between the DOD and the VA prior to discharge to immediately link veterans with available services
- Improve and develop resources for suicide prevention

Networking

Linking the people and programs in service of veterans and their families increases effectiveness and availability of services while at the same time creating a sense of community. Networking is an ongoing process accomplished through a number of actions and resources including:

- Facebook
- Continue and expand the dialogue begun at the meeting through electronic resources
- Links between websites
- Convene local support groups
- Create multiple outlets/activities where vets can gather such as book clubs, sports teams, etc.
- Identify, coordinate, publicize and distribute lists of available services

Methodologies

Programming needs to be developed in a way that privileges and incorporates the voices of veterans and their families. Additional methodological recommendations are:

- Pilot test any project with the real targeted customers
- Have metric-based evaluation of programs; create data bank of research and findings

- Be strength and resiliency based
- Know and collaborate with veterans service programs
- Multidisciplinary approaches
- Think big, act locally
- Aggressively pursue funding from broad range of sources

Conclusions

As evidenced by participant evaluations, the gathering met and exceeded the objectives established by PSI and Intersections International. The recommendations are expansive and provide goals, methodologies and best practices for program development. The sponsoring organizations are in the process of evaluating which recommendations can most appropriately be implemented given the specific skills and capacities of the two groups.

This report was convened by the *Psychotherapy & Spirituality Institute* and *Intersections International*.

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