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Article 87

Care of War Wounded: Counseling Considerations

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Brian M. Jenkins gave recent testimony on the Ft. Hood catastrophe before the Commission on Homeland Security and Governmental Affairs of the United States Senate. He stated the following poignant thoughts (2009):

The long duration and nature of the conflicts we confront today create exceptional challenges to members of our armed forces. The stresses show up in the form of breakdowns, suicides, self-mutilations, and sometimes, homicides. This by no means excuses the actions of Major Hasan. It does suggest that we are going to have to be extraordinarily sensitive to the mindset, morale, and mental well-being of the men and women in uniform. (p. 3)

The Ft. Hood incident, combined with post-deployment data on military personnel engaged in Iraq and Afghanistan, capture the immediacy and complexity of the existing need for clinicians of all disciplines to extend best practice to those affected. Counselors are increasingly called to provide care to those persons who are considered wounded by war, the current estimate being nearly one-third of more than 1.6 million military deployed to Iraq and Afghanistan since 2001 (RAND Center for Military Health Policy Research, 2009). The psychological toll or “invisible wounds” (Tanielian & Jaycox,

2008) of this one international conflict far exceed the physiological death and injury data (Sammons & Batten, 2008).

This article gives counselors a comprehensive overview of the unique needs of military personnel and their families as they engage in the recovery process of the psychological trauma of war and offers resources to guide counselors in providing effective care. The National Center for Post-Traumatic Stress Disorder of the Department of Veteran Affairs (2004) stated “it is essential that all health care professionals – civilian or military – who care for casualties... have at least rudimentary and relevant military knowledge” (p. 1).

The Landscape of Current Military Realities

The cycles of deployment have changed and have become increasingly unpredictable over multiple, indeterminate rotations in shorter periods of time (Johnson et al., 2007; Lincoln, Swift, & Shorteno-Fraser, 2008). The Presidential Task Force on Military Deployment Services for Youth, Families and Service Members (Johnson et al., 2007) reported that approximately 700,000 children in America have parents deployed to war zones. Many authors illuminate the risks of military families experiencing repeated attachment/separation distress and complicated demands around continuity in child-rearing, familial roles, safety, adjustment, and reintegration periods amidst active duty (Collins & Kennedy, 2008; Hall, 2008; Lincoln et al., 2003; Sammons & Batten, 2008; U.S. Army Center for Health Promotion & Preventive Medicine, 2008). Additionally, Boss (2006) described the term *ambiguous loss* as the character of deployment uncertainty, loss defined as vague, unclear, unpredictable, and indeterminate. Consider repeated goodbyes inherent in changeable mobilization dates, the practicalities of reorganization of familial time and tasks demanded for deployment survival, the disruption of relational continuity resultant from any absence within the family unit, and the effect of combat exposure upon adaptation to reintegration (Huebner, Mancini, Wilcox, Grass, & Grass, 2007).

The APA Presidential Task Force (Johnson et al., 2007) reported how the demographics of the “twenty-first century military” have shifted in diversity to include ethnic minorities comprising over 25% of active duty personnel, women comprising 16% of voluntary force, and three out of every five deployed military having spousal and/or parenting obligations (p.10). The report also highlighted the shrinking number of military psychology and mental health personnel trained to address deployment associated needs of affected families as creating “several negative outcomes including reduced access to care, increased stress among those psychologists remaining on active duty, and consequently, reduced retention rates” (p. 11). This Task Force “did not find evidence of comprehensive, system-wide research efforts to address questions of importance to the clinical needs and care of military personnel and their families” (p. 11). Limited data can be found to augment understanding of unique exposures like those within the Global War on Terror, intervention effectiveness of efforts attempting to address individual and familial needs, characteristic special needs of populations such as women and other minorities, impact upon nontraditional partners and extended/blended families, and outcomes of serving in combat zones on clinicians themselves (Johnson et al., 2007). Clearly, the cycles of deployment, the diversity of those deployed, and the shortages of

services for military families have converged to form a marked crisis of care for this population.

Noteworthy Knowledge to Frame Counseling Assistance

What follows are extractions of relevant knowledge found within the current psychological literature that might be viewed as a beginning context for counselors who provide service to military personnel and their families. The inclusions are not meant to be exhaustive, but rather to prompt counseling interest in learning more about how to address the specific needs of our current military.

Family Adaptation to Stress

Military-induced separation has been foundationally understood from the seminal work of Hill's (1958) ABC-X model. In this model, A is the stressor event, B represents the family's strengths, C is the perceptual interpretation attached to the stressful event, and X is the interaction factor of A, B, and C. The meaning the family places upon the event, in conjunction with resources internal and external to the unit, determines a crisis or coping experience by the affected family. Military families can respond with significant resilience as the result of the community culture central to the traditions of service life. The interpretations of meaning include beliefs such as:

we are important to this country and to the success of this military effort; we are survivors; we stand beside each other; we honor our way of life and our contributions to the nation; we have organization through our protocols and rules and these keep us safe; we will self-sacrifice for our country; we can be adaptable; we will go wherever and whenever called; and we bounce back regardless of circumstance. (Whiting & Moody, 2009, p. 9)

In spite of polytraumatic injuries veterans and affected family systems endure, counselors should have awareness of the facets of coping and resilience many display (Gibbs, Martin, Kupper, & Johnson, 2007). Boss (2006) suggested fostering resilience in situations of ambiguous loss, like the loss characteristic of deployment cycles, through means such as seeking meaning, revising attachment, reconstructing identity, accepting ambivalence, and finding hope. Whiting and Moody (2009) proposed that counselors might ask the following questions when servicing military families:

How can I view deployment as noble and for the greater good as opposed to arrogant and irresponsible? Who will I be as the family changes with deployment cycles? Where can I master control over aspects of these circumstances that impact me? How will I manage my separation from one I love and need? How do I construct hope within this situation? (p. 9)

These answers might be pivotal for reconciliation and recovery. Such answers, according to Neimeyer (2002), can structure a view of a survivor story necessary for coping, a prediction of future well-being. A strength-based approach to military families may be seen as an effective lens within which to begin intervention.

The tenets of coping that promote mediating influence and resilience include the bedrock values of the military family and community, including self-sacrifice, duty,

pride, allegiance, organization, and caring for others within our community, and are natural attitudes and attributes of the military (Whiting & Moody, 2009). Counselors are encouraged to work within these ideals as beginning points for mediation of the stress of military life and to familiarize themselves with interventions as described by Hammer, Cullen, Marchand, and Dezsofi (2006), Weins and Boss (2006), and Neimeyer and Levitt (2001). A caution should be noted, however, that the younger military families have less familiarity with military culture and may not have embedded their values in the organizational demands of the military. Assistance with these families must take this into account.

In conclusion of this segment of the article, the literature reported the following things of relevance to counselors understanding what adaptation of the stress of military families includes. They are as follows:

- Deployment cycles have distinct phases, each with its own specific stresses (Johnson et al., 2007) and should be understood by counselors as a fairly predictable progression of needs.
- Pre-deployment involves anticipation and preparation for altered life and can be experienced with denial, anger, interpersonal tension, and protective distancing due to impending loss (Stroul, 2007).
- Well-organized and flexible family units, who plan in advance for their needs after deployment, cope the best (Stroul, 2007) and counselors can assist with family advance planning.
- Deployment brings critical adjustments for the family around practicalities of daily life, safety concerns, childcare, and increased responsibilities amidst the strain and worries of separation and combats (Stroul, 2007) and is an opportunity for counselors to advocate, educate, and refer.
- Sustainment during active duty requires the family to reorient to routines, patterns, and schedules, and to extend assurances that meet the concerns of children, adolescents, and adults (Johnson et al., 2007; Stroul, 2007). Counselors can educate about the proactive assessment of distress in children and can assist the family in keeping functional momentum going and mobilizing appropriate resources.
- The return from duty and redeployment phase is often fraught with ambivalence, joy and apprehension around reintegration with the family, and readjustments necessary to accommodate all that has happened to the deployed individual and the unit in her/his absence (Collins & Kennedy, 2008; Johnson et al., 2007). Mental health issues, such as depression, anxiety, and post-traumatic stress; aggression, sometimes in the form of domestic violence and child abuse; addiction; cognitive impairment, such as evidenced in traumatic brain injury (TBI); and grief over a multitude of losses, sometimes including disability, permanent impairment, and death are but a few of the possibilities of issues resulting from combat return and counselors need additional preparation to adequately respond (Hayden & Wheat, 2009).

Services for Military Families

It is clear that many services are needed in response to the increasingly complex needs of military families (Johnson et al., 2007). The National Child Traumatic Stress Network (NCTSN) was initiated in 2000 as a national resource for traumatized children and their families in the United States whose intention was to increase the care standards and access to services for this population. The National Center for Post-Traumatic Stress Disorder had been mandated in 1989 to be a consortium of academic sites whose intention was to study the psychological and physiological results of traumatic stress events. Jointly, these sites collaborated to produce a guide for psychological first aid care delivery in the aftermath of disaster and terrorism (Brymer et al., 2006). *Psychological first aid* has the purpose of training disaster responders in ways accepted to mediate the early reactions of those impacted by trauma in such a way as to reduce the interference of the initial distress on adaptive coping. These principles improve short and long-term adaptive functioning and coping in traumatized persons and should be understood by all counselors as foundational tenets of crisis intervention. The strengths of this approach were articulated as including the following things (Brymer et al., 2006):

- “Psychological First Aid includes basic information-gathering techniques to help providers make rapid assessments of survivors’ immediate concerns and needs, and to implement supportive activities in a flexible manner.
- Psychological First Aid relies on field-tested, evidence-informed strategies that can be provided in a variety of disaster settings.
- Psychological First Aid emphasizes developmentally and culturally appropriate interventions for survivors of various ages and backgrounds.
- Psychological First Aid includes handouts that provide important information for youth, adults, and families for their use over the course of recovery”. (p. 6)

The Special Forum on Services for Youth from Military Families (Stroul, 2006) included multiple recommendations for service delivery to this population. Of significance was the suggestion for partnerships to coordinate community systems of care and for education about the mental health needs in military families. The disconnection of service delivery and the gap in systematic training of mental health providers regarding the special needs of this group have created a serious call for counselors to become more informed and effective. Many communities have been establishing models of service delivery that might be utilized to support military personnel (Johnson et al., 2007; Stroul). Stroul reported “efforts also are underway to provide consultation to school counselors who are noticing performance and discipline problems among deployed dependents and recognizing the need to provide services and supports to students whose parents have been wounded, physically or psychologically” (p.6).

It is important for counselors to recognize the changing portrait of blast injuries now common in current warfare. “These polytraumatic injuries most frequently include traumatic brain injury (TBI) plus injuries to several body systems, ... complex pain syndromes, and posttraumatic stress disorder (PTSD)” (Collins & Kennedy, 2008, p. 993). Patients with such injuries often need intensive and extensive rehabilitation, may complete with longer term disabilities, and have families who must adapt to resulting

severe alterations in operational functioning (Collins & Kennedy; Johnson et al., 2007). Rehabilitation is designed to increase independence and reintegration into the community, an interdisciplinary effort at best. Most recommendations of service in the literature espoused collaborative approaches, patient and family-focused processes, community coordinated efforts, and action/solution/strength-based interventions (Boss, 2006; Center for the Study of Traumatic Stress, 2009; Collins & Kennedy; Hall, 2008; Johnson et al.; Lincoln, Swift, & Shorteno-Fraser, 2008; National Center for Post-Traumatic Stress Disorder & Walter Reed Army Medical Center, 2004; Stroul, 2006).

Collins and Kennedy (2008) noted the implementation of the Polytrauma System of Care (PSC) by the Department of Veterans Affairs. This effort includes in and out-patient rehabilitation services, address of specialized needs of polytraumatic patients, family involvement in treatment, and life-long intervention. Cognitive-behavioral interventions, along with Eye Movement Desensitization and Reprocessing (EMDR), are endorsed evidence-based clinical practices (National Center for Post-Traumatic Stress Disorder & Walter Reed Army Medical Center, 2004). Collins and Kennedy endorsed the use of the medical family therapy approach which employs family systems, cognitive-behavioral, and narrative means. Counselors might also utilize the concepts described by Boss (2006) aimed at helping families find meaning, mastery, identity, and hope when confronting ambiguous loss. The National Center for Post-Traumatic Stress Disorder (2004) offers comprehensive information on the general treatment and early intervention screening/efforts with combat impacted individuals and families. Additionally, counselors can find valuable information on specific population concerns such as work with refugees, military women, ethnic minorities, and those with mental health diagnoses. Advanced training and interdisciplinary collaboration are recommended if counselors become primary therapists with polytraumatic clients.

One final message clearly articulated in the literature is one of the barriers to behavioral health care for military service members and their families. Obstacles to obtaining care were reported to include “three broad categories: availability, accessibility, and acceptability” (Johnson et al., 2007, p. 40). According to these authors, services need greater coordination within the military and the wider community in order for quality and utilization to increase.

Resources to Assist Counselors

Counselors may access a number of resources to expand their knowledge of the needs of contemporary military personnel and their families (see Appendix). Hayden and Wheat (2009) offered these practical resources to counselors at the fall 2009 ACES National Conference as they discussed the gap in preparation found within counselor education programming. Counselors have strong advocacy and educational opportunities with this population and can become catalysts for expanding compassionate care and wider spread understanding of the complex, timely, and unique needs of current military members and the systems behind them. Counselors are ethically challenged to become knowledgeable about these issues, the best care practices for this population, and the need for contributions from interdisciplinary teams of researchers and practitioners.

References

- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York: W.W. Norton.
- Brymer, M., Jacobs, A., Layne, C., Pynoos, R., Ruzek, J., Steinberg, A., & Watson, P. (2006). *Psychological first aid: Field operation guide*. (2nd ed.). Washington, DC: National Child Traumatic Stress Network & National Center for PTSD.
- Center for the Study of Traumatic Stress. (2009). CSTS – About You: Military Children and Families. Retrieved from <http://www.centerforthestudyoftraumaticstress.org/aboutyou.militarychildren.shtml>
- Collins, R. C., & Kennedy, M. C. (2008). Serving families who have served: Providing family therapy and support in interdisciplinary polytrauma rehabilitation. *Journal of Clinical Psychology: In Session* 64(8), 993-1003.
- Gibbs, D. A., Martin, S. L., Kupper, L. L., & Johnson, R. E. (2007). Child maltreatment in enlisted soldiers' families during combat-related deployments. *Journal of the American Medical Association*, 298(5), 528-535.
- Hall, L. K. (2008). *Counseling military families: What mental health professionals need to know*. New York: Routledge.
- Hammer, L. B., Cullen, J. C., Marchand, G. C., & Dezsofi, J. A. (2006). Reducing the negative impact of work-family conflict on military personnel: Individual coping strategies and multilevel interventions. In C. A. Castro, A. B. Adler, & C. A. Britt, (Eds.), *Military life: The psychology of serving in peace and combat (Four Volumes)*. Bridgeport, CT: Praeger Security International.
- Hayden, S., & Wheat, L. S. (2009, October). *Loss and military families: What counselor educators need to know*. Session presented at the meeting of the Association for Counselor Education & Supervision, San Diego, CA.
- Hill, R. (1958). Generic features of families under stress. *Social Casework*, 49, 139-150.
- Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., & Grass, G. A. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations*, 56, 112-122.
- Jenkins, B. M. (2009). *Going jihad: The Ft. Hood slayings and home-grown terrorism*. Arlington, VA: RAND Corporation.
- Johnson, S. J., Sherman, M. D., Hoffman, J. S., James, L. C., Johnson, P. L., Lochman, J. E., Nicols-Howarth, B. (2007). *The psychological needs of U. S. military service members and their families: A preliminary report*. Washington, DC: American Psychological Association.
- Lincoln, A., Swift, E., & Shorteno-Fraser, M. (2008). Psychological adjustment and treatment of children and families with parents deployed in military combat. *Journal of Clinical Psychology: In Session* 64(8), 984-992.
- National Center for Post-Traumatic Stress Disorder & Walter Reed Army Medical Center. (2004). *Iraq war clinician guide* (2nd ed.). Washington, DC: Department of Veterans Affairs.
- Neimeyer, R. A. (2002). Making sense of loss. In K. J. Doka (Ed.), *Living with grief: Loss in later life* (pp. 295-312). Washington, DC: Hospice Foundation of America.

- Neimeyer, R. A., & Levitt, H. (2001). Coping and coherence: A narrative perspective. In C.R. Snyder (Ed.), *Perspectives on coping*. New York: Wiley.
- Pavlicin, K. M. (2003). *Surviving deployment: A guide for military families*. St. Paul, MN: Elva Resa Publishing.
- RAND Center for Military Health Policy Research. (2009). *Invisible wounds of war*. Retrieved from <http://www.rand.org/multi/military/veterans>
- Sammons, M. T., & Batten, S. V. (2008). Psychological service for returning veterans and their families: Evolving conceptualization of the sequelae of war-zone experiences. *Journal of Clinical Psychology: In Session* 64(8), 921-927.
- Stroul, B. (2007). Services for Youth from Military Families – Summary of the Special Forum Held at the 2006 Georgetown University Training Institutes. Washington, DC: Georgetown University Center for Child & Human Development, National Technical Assistance Center for Children’s Mental Health.
- Tanielian, T., & Jaycox, L. H. (Eds.) (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Arlington, VA: RAND Corporation.
- U.S. Army Center for Health Promotion and Preventive Medicine. (2008). *Guide to coping with deployment and combat stress*. Aberdeen Proving Ground, MD: Author.
- Weins, T. W., & Boss, P. (2006). Maintaining family resiliency before, during and after military separation. In C. A. Castro, A. B. Adler, & C. A. Britt, (Eds.), *Military life: The psychology of serving in peace and combat (Four Volumes)*. Bridgeport, CT: Praeger Security International.
- Whiting, P. P., & Moody, E. E. (2009). In the wake of combat: Stories of survivorship and coping. *The ADEC Forum*, 35(4), 9-10.

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Appendix

Books and Manuals

- Andrews, B. (2007). *I miss you: A military kid's book about deployment*. Amherst, NY: Prometheus Books.
- Boss, P. (2006). *Loss, trauma, and resilience: Therapeutic work with ambiguous loss*. New York, NY: W.W. Norton & Company.
- Department of Veteran Affairs. (2004). *Iraq war clinician guide* (2nd ed.). National Center for Post-Traumatic Stress Disorder. Retrieved from http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_iwcgguide.html
- Grant, R. (2007). *I love a war veteran: A handbook for families, veterans, and professionals dealing with the effects of combat stress and trauma*. Oakland, CA: Author.
- Hall, L. K. (2008). *Counseling military families: What mental health professionals need to know*. New York: Routledge.
- Moody, E. E. (2008). *First aid for emotional hurts*. Nashville, TN: Randall House Publications.
- Pavlicin, K. M. (2003). *Surviving deployment: A guide for military families*. St. Paul, MN: Elva Resa Publishing.
- Pavlicin, K. M. (2007). *Life after deployment: Military families share reunion stories and advice*. St. Paul, MN: Elva Resa Publishing.
- Slone, L. B., & Friedman, M. J. (2008). *After the war zone: A practical guide for returning troops and their families*. Philadelphia: Da Capo Press.
- U.S. Army Center for Health Promotion and Preventive Medicine. (2008). *Guide to coping with deployment and combat stress*. Aberdeen Proving Ground, MD: Author.
- U.S. Army Sergeants Major Academy. (2003). *Spouse's handbook*. Ft. Bliss, TX: Author. Retrieved from http://www.soc.mil/Fam_Support/spouse_handbook/spouses.doc
- Veterans and Families. (2008). *Homecoming preparedness for veterans and families: A self-help guide to ease the transition from deployment and from military to civilian life*. Retrieved from <http://www.veteransandfamilies.org>
- Whealin, J. M., DeCarvalho, L. T., & Vega, E. M. (2008). *Strategies for managing stress after war: Veteran's workbook and guide to wellness*. Hoboken, NJ: John Wiley & Sons, Inc.

Journal Articles

- Betz, G., & Thorngren, J. M. (2006). Ambiguous loss and the family grieving process. *The Family Journal: Counseling and Therapy for Couples and Families*, 14, 359-365.
- Collins, R. C., & Kennedy, M. C. (2008). Serving families who have served: Providing family therapy and support in interdisciplinary polytrauma rehabilitation. *Journal of Clinical Psychology: In Session* 64(8), 993-1003.

- Erbes, C. R., Polusny, M. A., MacDermid, S., & Compton, J. A. (2008). Couple therapy with combat veterans and their partners. *Journal of Clinical Psychology: In Session 64*(8), 972-983.
- Faber, A. J., Willerton, E., Clymer, S. R., MacDermid, S. M., & Weiss, H. M. (2008). Ambiguous absence, ambiguous presence: A qualitative study of military reserve families in wartime. *Journal of Family Psychology, 22*, 222-230.
- Fraga, L. (2007). Coming together around military families. *Zero to Three*, 27, 5-6.
- Goldman, L. (2004). Counseling with children in contemporary society. *Journal of Mental Health Counseling, 26*, 168-187.
- Gorman, L. A., & Fitzgerald, H. E. (2007). Ambiguous loss, family stress, and infant attachment during times of war. *Zero to Three, 27*, 20-26.
- Huebner, A. J., Mancini, J. A., Wilcox, R. M., Grass, S. R., & Grass, G. A. (2007). Parental deployment and youth in military families: Exploring uncertainty and ambiguous loss. *Family Relations, 56*, 112-122.
- Landau, J., & Hissett, J. (2008). Mild traumatic brain injury: Impact on identity and ambiguous loss in the family. *Families, Systems, & Health, 26*, 69-85.
- Lincoln, A., Swift, E., & Shorteno-Fraser, M. (2008). Psychological adjustment and treatment of children and families with parents deployed in military combat. *Journal of Clinical Psychology: In Session 64*(8), 984-992.
- Noppe, I. C., & Noppe, L. D. (2004). Adolescent experiences with death: Letting go of immortality. *Journal of Mental Health Counseling, 26*, 146-167.
- Sammons, M. T., & Batten, S. V. (2008). Psychological service for returning veterans and their families: Evolving conceptualization of the sequelae of war-zone experiences. *Journal of Clinical Psychology: In Session 64*(8), 921-927.

Websites

Association of Death Education & Counseling – www.adec.org
Department of Defense assistance – www.militaryonesource.com
Information and links to support groups – www.iraqwarveterans.org/ptsd.htm
Military Family Network – www.emilitary.org
Military Ministry – Spiritual development tools and PTSD resources –
www.militaryministry.org
National Center for PTSD, Department of Veterans Affairs - www.ncptsd.va.gov
National Military Family Association – www.nmfa.org
Post-war help and message board – www.marineparents.com
PTSD checklist – www.pdhealth.mil/guidelines/appendix4.asp
PTSD manual created by Vietnam Veteran – www.ptsdmanual.com
The Military Child in Transition and Deployment – www.militarystudent.dod.mil
Tragedy Assistance Program for Survivors (T.A.P.S.) – www.taps.org
U.S. Air Force – Combat stress and trauma –
www.afcrossroads.com/medical/veterans.cfm
U.S. Air Force Life Skills Center – www.afspp.afms.mil
U.S. Army assistance – www.armyonesource.com
U.S. Army – Chain teaching and downloads – www.behavioralhealth.army.mil
U.S. Army – Child/teen/family videos and training – www.battlemind.org
U.S. Army Center for Health Promotion and Preventive Medicine – www.chppm.com
U.S. Army Health – www.hooah4health.com
U.S. Marine Corps – Combat Operational Stress Control – www.usmc.mccs.mil/cosc
U.S. Marine Corps – Leaders Guide for Managing Marines in Distress –
www.usmc.org/LeadersGuide/index.htm
Veterans and Families Homecoming Support Network – www.veteransandfamilies.org