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An Officially Sponsored Educational Teleclass

Working and Communicating With Clients Home from Combat (LT-210)

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Teleclass Description and Objectives

Working and Communicating With Clients Home from Combat

When establishing a client relationship with a person that has returned home from combat, the professional organizer must quickly comprehend the client's living environment, mental state & physical challenges, as well as their communicating and processing styles. A fatal "disconnect" may occur if the client's non-verbal body language is missed. What interactive methods can the professional organizer utilize for the veteran client in unique and difficult situations? What are the best ways to help this client advance? Think about your loved ones that have returned from the front lines? How easy or difficult has their return to a civilian lifestyle been?

This class will teach the professional organizer to effectively communicate and interact with veteran clients that have returned home from Combat, both men and women. This presentation describes effective methods to establish the "communication bridge" compiled from the twelve years of personal experiences by Brenden McDaniel CPO-CD® cSMM

While "Working and Communicating With Clients Home From Combat" is geared towards experienced organizers, anyone interested in developing specialized, pro-active interaction and communication skills with veterans will benefit from this session.

Participants will learn:

- assessment skills for working with combat veterans
- some common challenges observed while working with combat veterans
- communication skills for working with combat veterans

Certificates Available: CD, LT, MH

Course Developer and Presenter Information

In 1998, Brenden was learning the Professional Organization occupation - - the hard way. His Mother's depression-fueled hoarding & poor health smothered the once-manicured home & yard he knew, growing up. Accumulated garbage and "stuff" from compulsive buying binges, decomposing food, mice feces & mold smothered the house & property. The gas service was shut off. Deeply embarrassed, Brenden struggled to help his mother clean up the property. Losing the will to live, she committed suicide in 2000.

Losing his mom, plus other personal complexities hit Brenden hard. Fortunately, individualized mentoring helped Brenden realize that his own pain and suffering could be re-energized to positively impact the lives of others. This drew Brenden to Professional Organizing, and to launch Action Organizing Services LLC®.

Brenden holds numerous accreditations through ICD, NAPO, and allied associations. He is a featured presenter & workshop facilitator throughout North America and a featured professional organizer on A&E's television documentary series – "Hoarders," TLC's "Hoarding Buried Alive," and Milwaukee Radio/TV features & call-in programs.

Facts of Middle East Conflicts

1.7 million American service members had served in Operation Enduring Freedom and Operation Iraqi Freedom – many reactivated for multiple & extended tours of duty.
(12/31/2008)

Operation Desert Storm

- The U.S. launches Operation Desert Storm to liberate Kuwait from Iraqi occupation (8/7/90).
- First US combat troops return home (3/8/91).
- Total “*Operation Desert Storm*” deployment (approx. 900,000 troops)

Operation Enduring Freedom

- The war in Afghanistan launched in retaliation of Al Qaeda Twin Towers “9/11” attack & removal of Taliban oppressors (10/7/01).
- Deployment - approximately 103,700 troops – (12/31/10).

Operation Iraqi Freedom

- Also known as the “2nd Gulf War” (“War in Iraq” & Operation Enduring Freedom) begins to overthrow Saddam Hussein (3/20/03).
- Current deployment (approx. 45,000 troops)
- The War in Iraq is now called “*Operation New Dawn*”.

Facts of Middle East Conflicts (continued)

Female Military

- 14% of the troops serving in the Middle East are women.
- The largest group of women veterans today served in OEF/OIF.
- More than 200,000 women have served in the military 2001-2008.
- Female veterans earn \$10,000 a year less than their male counterparts.
- 2,100 soldiers attempted suicide in 2007.
- The suicide rate for female soldiers triples when they go to war.

Mental Health - Impact

- Approximately 31% of soldiers have developed mental health conditions from PTSD (Post Traumatic Stress Disorder) and /or experienced Traumatic Brain Injury (TBI)
- Veterans exposed to depleted Uranium (similar to Agent Orange) experience cognitive and processing comprehension/retention.
- In 2007, one in five soldiers attempted suicide daily. (Army disclosure – 2008)
- PTSD Sufferers often have significant problems with concentration and motivation

Seven Stages of Deployment for Service People

Stage #1: **Preparation/Training**

In the first stage of the deployment cycle, an enlistee may be assigned to a boot camp, as well as military training. This stage may also include college (i.e. ROTC) and other education – supplementary or unrelated to a M.O.S. or Military Occupation Specialty.



Stage #2: **Mobilization**

Units or individuals are alerted for possible deployment and undergo preparation. During the mobilization stage, tasks consisting of administrative actions, briefings, training, counseling, and medical evaluations are completed to ensure all enlistees & their families are prepared for extended deployments.



Pre-Deployment or *Mobilization* is the preliminary training a service person has prior to assignment to a post or battalion. When the orders have been received, the anxiety & anticipations felt during this time can be extremely stressful for the service person, spouse, and rest of their family.

- Pre-Deployment *can be just as stressful* as the actual deployment.
- Before deployment, personal affairs need to be addressed.
(car loans, rent or mortgages, wills, family obligations, taxes, etc.)



Examples of forms for service people to use before being deployed can be found below.

<http://www.americanbar.org/content/dam/aba/migrated/legal/services/helpreservists/forms/checklist.authcheckdam.pdf>

<http://www.ameriforce.net/PDF/dg2009/034-036Deploy09.pdf>

(“Family Member Pre-Deployment Checklist” is shown on next page)

FAMILY MEMBER PRE-DEPLOYMENT CHECKLIST

This checklist should be reviewed/updated periodically and ALWAYS prior to a TDY or deployment. It is very important for the military family to keep copies of important documents and other valuable information in a safe place. It is equally important that the wife and husband jointly organize this file so that each knows how and where to find the documents when they are needed.

Your sponsor should have most of this information. PLEASE SIT DOWN WITH HIM/HER AND GATHER THIS INFORMATION AND THESE DOCUMENTS. THE HOUR YOU SPEND GOING OVER THIS WILL SAVE YOU TIME LATER ON. KEEP THE FOLLOWING DOCUMENTS IN A SPECIAL CONTAINER THAT YOU CAN DEFINITELY FIND IMMEDIATELY.

A system of "letter codes" may be used to identify the location of certain documents in order to simplify the process (e.g., A = Residence, B = Safe Deposit Box, C = Office, etc.). Designate letter codes below if so desired:

A = Home (specify location): _____

B = Home (specify location): _____

C = Office (specify location): _____

D = Safe Deposit Box (specify bank and branch): _____

At a minimum, the following documents should be included:

MEDICAL ✓

~ Are all the immunizations for each member of the family up-to-date?

Name:	Last Checked:

~ Do I know where all of these immunization records are maintained?

Name:	Location of Records:

Stage #4:

**Deployment /
Combat**

- Also known as “Employment stage,” units or individuals perform their assigned mission/combat in support of the Joint Force Commander for a prescribed period of time. Daily activities may include recurring administrative actions and briefings, training, and counseling for soldiers departing theater on emergency leave, R&R, and medical evacuation.



Stage #5:

**Re-Deployment /
Combat**

- Units / individuals re-positioned in-theater; transfer forces & materiel to support other operational requirements; or return personnel, equipment, and materiel to the home station or DEMOB station. The redeployment stage continues the process of reintegrating Service into their pre-deployment environments. Redeployment stage tasks include administrative actions, briefings, training, and counseling for Soldiers departing theater and family members at home station.

Stage #6:

**Post-Deployment /
Post-Combat**

- Post-deployment / Post-Combat is the stage of administrative actions, briefings, training, counseling, and medical evaluations to facilitate the successful reintegration of service people and DA civilians into their families and communities.



- Service people continue the process of reintegrating into their families, communities, and civilian jobs. The reconstitution stage begins after completing post-deployment recovery & administrative requirements. Administrative actions, briefings, training, counseling, and medical evaluations are completed during the reconstitution stage.



Post-Deployment Issues

- **Re-integration**
- **Family & Relationships**
- **Employment, School & Finances**
- **Readjustment**
- **Substance Use-Binge Drinking**
- **Disordered Eating**
- **Post-Trauma Issues**

Re-integration Issues

- **Family Roles & Relationships may have shifted**
- **Roles may need to be re-negotiated**
- **Expectations for self have changed**
- **Perceptions of others**
- **Events that have impacted pre-military lifestyle and daily living while on deployment**

Transitioning from the War Zone

Sources of stress - - -

✓ **“Stuff that happens” while deployed**

✓ **Returning to civilian life & employment from a war zone:**

Instinctive, adaptive survival skills required for conflict may interfere with good relationships & communication at home.

✓ **War may change a returning veteran’s beliefs about the nature of the world and mankind:**

Returning home after warfare can be difficult - - horrific war zone events are tough to forget or set aside - - especially witnessing or experiencing pain, death, or they are a former POW themselves.



Transitioning from the war zone (cont'd)

Examples of Emotional Control vs. Detachment

In A War Zone

Controlling emotions during combat is paramount for successful mission execution.

At Home

Failing to display emotions or anger around family & friends will impact your client's relationships.

Your client may be seen as detached and uncaring.

Good then - Bad Now

- - Transitioning the combat skill - -

In Combat - Emotional control is a required asset.

At Home - Emotional depravity is a damaging liability.

(Escalating “disconnects” with family, friends & colleagues - leading to failed relationships and isolation at home & workplace)



Nearly every veteran that has spent time in Iraq or Afghanistan has experienced something very stressful.

Studies of personnel deployed to these areas find traumatic experiences are quite common.

(i.e. being attacked or ambushed, handling or uncovering human remains, knowing someone who was seriously injured or killed)

If your family member had similar experiences in Iraq or Afghanistan, he or she is not alone.

What is Post-Traumatic Stress Disorder (PTSD)?

Definition taken from the National center for PTSD U.S Department of Veteran Affairs

Post-traumatic Stress Disorder (PTSD) is an anxiety disorder that can occur following the experience or witnessing of a traumatic event. A traumatic event is a life-threatening event such as military combat, natural disasters, terrorist incidents, serious accidents, or physical/sexual assault in adult or childhood. Most survivors of trauma return to normal given a little time. However, some people will have stress reactions that do not go away on their own, or may even get worse over time. These individuals may develop PTSD.

People with PTSD have symptoms from all three areas:

Re-Experiencing - - -

Reliving the trauma in some way such as becoming upset when confronted with a traumatic reminder, or thinking about the trauma when you are trying to do something else.

Advance/Numbering- - -

Avoidance of specific geographical locations, buildings & structures, persons & mindsets - - triggers involuntary memory recall of past traumas - - accompanied by numbness, sweating, panic attacks, and hyperventilating.

Hyper arousal - - -

“Walking on Eggshells: Staying on-guard, irritable, or startling easily.

Sleep distortions/Insomnia

In addition to the three scenarios described above, we now understand that biological changes are associated with PTSD. PTSD may trigger additional mental disorders such as depression, substance abuse, memory & cognitive impairment, and/or other mental & physical conditions. These problems may compromise the veteran’s ability to function in social or family life, including occupational instability, marital & family problems.

PTSD can be treated with psychotherapy (“talk” therapy) and medicines such as antidepressants. Early intervention & treatment is important to reduce the risk of long-term symptoms. Unfortunately, many people do not know (or deny) that they have PTSD will not seek treatment. This handout will help you to better understand PTSD and how it can be treated.

What is Post-Traumatic Stress Disorder (PTSD)?

(Continued)

Anyone who has gone through a life-threatening event can develop PTSD.

These events can include:

- 1. Combat or military exposure**
- 2. Child sexual or physical abuse**
- 3. Terrorist attacks**
- 4. Sexual or physical assault:**

(PTSD is five times higher in women & six times higher in men who have been sexually assaulted).

For every five female military persons that served in combat - - three have been sexually assaulted.

- 5. Serious accidents, such as a car wreck.**
- 6. Natural disasters (fire, tornado, hurricane, flood, earthquake, etc.)**

What is Post-Traumatic Stress Disorder (PTSD)?

(Continued)

**PTSD among civilians is higher in women:
9.7% vs. 3.6% have had PTSD over a lifetime**



Los Angeles Times / Lati Edozi via AP

What is Post-Traumatic Stress Disorder (PTSD)?

(Continued)

Who is likely to get PTSD?

Individuals are also more likely to develop PTSD if they ...

- Experienced an earlier life-threatening event or trauma
- Suffer from previous, recurring, or new mental health issue(s)
- Are less educated
- Are younger in age
- Are a female
- Lack social support
- Are struggling through recent, stressful life transitions

How long does PTSD last?

PTSD in people varies – affecting each individual differently - - without any predictability or sequence.

While PTSD usually occurs spontaneously after experiencing a traumatic event, the onset may be delayed for many years. **(I have found this in our older clients that served in the WWII, Korea, and Vietnam conflicts).** They describe a lifetime of only mild symptoms, while symptoms magnify following retirement. A PTSD catalyst may evolve from a severe medical illness/condition that the veteran or a loved one is experiencing. Another trigger may be rekindled memories from an organized military reunion or anniversary date. Many were triggered by the war in Iraq.

Overall, symptoms diminish for most patients within the first year. Conversely, treatment may reduce some symptoms while others last a lifetime. PTSD can involve periods where symptoms intensify - followed by intervals of remission. Approximately 30% of stricken veterans develop a chronic form of PTSD.

Traumatic Brain Injury (TBI) / Concussion

What is TBI /Concussion?

A TBI in the military theater occurs when a moving object outside the body hits the head with blunt force. This could happen when a head hits a windshield during a car accident – fragmented shrapnel entering the brain during a firefight - - or a hidden, improvised explosive device (IED) such as a land mine, is inadvertently tripped and detonated.

Individuals who sustain a TBI may experience a variety of effects, such as an inability to concentrate, an alteration of the senses (hearing, vision, smell, taste & touch), difficulty speaking, and emotional & behavioral changes. Typically mild TBI/ Concussion symptoms are not persistent and a full return to pre-concussion functioning is expected. Individuals with moderate, or severe, persistent symptoms can have a profound impact on the injured survivor & their caregivers.

TBI Symptoms may include:

**not to be expected in mild brain injuries*

- Constant headaches
- Confusion
- Light headedness or dizziness
- Changes in mood or behavior
- Trouble remembering or concentrating
- Repeated nausea or vomiting
- Vision or Hearing Difficulties
- Oftentimes the persistent symptoms of Mild TBI/Concussion are sustained by anxiety disorders and sleep problems following trauma

Physical Injury



Cause:

The Middle East conflicts have introduced more sophisticated forms of weaponry than in previous warfare. As a result, service members are sustaining severe & unique wounds. The Department of Defense (DOD) disclosed 8,810 service members have been wounded in action during OIF and 2,038 have been wounded in action during OEF (through 4/3/2010).

Survival rates are considerably higher numbers because of advancements in body armor, helmets, and improved battlefield medical care. Currently the survival rate for wounded service members is about 90% due to these improvements in equipment and the timely and effective application of emergency medical treatment. The improvised explosive device (IED) is the weapon of choice for the enemy, and is insidious in its utilization and often even more devastating in its long-term effects than gunshots due to the multiple and terrible wounds and burns it produces. These devices have resulted in amputations, Traumatic Brain Injuries (TBI), spinal cord injuries, and blindness.

Physical Injury (continued)



Examples of Physical Injuries:

- Leg, hand, foot and arm amputations
- Blindness
- TBI
- Spinal injuries
- Respiratory
- Impotency - birth deformities

Methods of Communication to use with the Veteran



- Listen to your veteran client(s). Make him or her feel secure.
- Understand that their non-verbal communication may “trump” what is not being verbally expressed, implied or intentionally “masked.”
- When the veteran states he or she is ready to act, “go for it” before the opportunity may be lost.

Methods of Communication to use with the Veteran (cont'd)

Verbal



- Ask the Veteran closed ended questions such as:
“Would you like the red one or the blue one?”
- **Never** argue or get into power struggles.
- **Never** ask about killing, death, etc, or intrusive questions about their deployment. **BUT do express gratitude and amazement at their willingness to serve.**
- Many painful emotions are converted to and expressed as anger- irritability is very common, especially if the veteran is having sleep problems.
- Encourage the Veteran to express his or her feelings (but don't push).
- Help them determine their short & long-term goals throughout the duration of the professional organizing sessions. Many veterans are still very “Black + White” + “Mission oriented”.
- Stay in touch – position yourself as their cheerleader & advocate.
- When an organizing “victory” has been achieved, take a moment to acknowledge it - - big or small. Develop ways they can treat or reward themselves after a certain amount of tasking has been achieved.

Methods of Communication to use with the Veteran (cont'd)



- Be sure to pay attention to your veteran client's body language.
- Watch for emotion & body visuals such as crying, item clinging, heavy breathing or prevailing attitude.
- Hold arms & hands naturally in an open position to show openness, readiness and willingness to offer help.
- Never have arms crossed or have hands behind the back or hips.
- Never move or react quickly, this may cause stress and anxiety.
- Never come up from behind.
- Minimize physical contact beyond a handshake unless you are sure it is welcome.



- Many veterans may feel better studying for school or organizing with music.
- A TV in the background may also put your client in a good state to study & organize.

Methods of Communication to use with the Veteran (cont'd)



- Their duffle bags, etc. may remain packed and untouched. This may be a story trigger and source of avoidance.
- Sensitively ask what their comfort level is with their items.
- Having a pet or cat for companionship.
- Using natural lighting (not fluorescent) or a light-box if there is not a lot of sun or daylight.
- Having a “Man/Woman Cave” – a room that may be a special place to relax, create, shoot pool or play ping pong, have a home theater, exercise - - display artwork, etc.
- Rearrange the furniture - - change the scenery!
- Paint the room(s) - - some colors may change moods (red, blue, green, white, pink . . .)
- Suggesting therapy if not already in treatment.
- If in treatment, offering to go to session(s) with your veteran client - - possible advocacy with the therapist.
- New pillows or sheets - - a nurturing possibility to make your client feel comfortable & safe.
- How does your client feel about windows? Do they want the room to be dark or light? Do they feel safer if the windows are blocked?
- Is there sensitivity to smells? Certain air fresheners may not be usable because of a chemical sensitivity evolving from equipment & ammunition substances.



*“With malice toward none; with charity for all;
with firmness in the right,
as God gives us to see right,
let us strive to finish the work we are in;
To bind up the nation’s wounds;
To care for him who has borne the battle,
and for his widow, and his orphan.”*

- - President Abraham Lincoln, Second Inaugural Address
(March 4, 1865)

Resources for More Information

BOOKS & PUBLICATIONS

Adsit C: *The Combat Healing Manual*: September 2007: BookSurge, LLC.

Chartrand, M. M., Frank, D. A., White, L. F., & Shope, T. R. (2008). Effect of parents' wartime deployment on the behavior of young children in military families. *Archives of Pediatric and Adolescent Medicine*, 162, 1009-1014.

Freidman PhD, M: *After the War Zone: A Practical Guide For Retuning Troops And Their Families*: May 2008: Da Capo Press.

Hall, L *Counseling Military Families: What Mental Health Professionals Need to Know*: June 2008: Taylor & Francis, Inc.

Military OneSource: 1-800-342-9647 <https://www.militaryonesource.com>

Meagher, I, *Moving A Nation to Care: Post-Traumatic Stress Disorder and America's Returning Troops*: May 2007: Ig Publishing.

Mental Health Advisory Team V. (2008). *Operation Iraqi Freedom 06-08*. Washington, DC: Office of the Surgeon, Multinational Force Iraq and Office of the Surgeon General, US Army Medical Command. Retrieved August 3, 2009 from http://www.armymedicine.army.mil/reports/mhat/mhat_v/Redacted1-MHATV-OIF-4-FEB-2008Report.pdf

National Military Family Association: 1-800-260-0218 <http://www.nmfa.org/>

Paulson, D: *Haunted By Combat*: September 2000: ABC-Clio, LLC.

Vega PhD, *Clinician's Guide to Treating Stress After War: Education and Coping Interventions for Veterans* / Edition 1: April 2008 Wiley, John & Sons.

VHA Office of Public Health and Environmental Hazards (January 2009). *Analysis of VA health care utilization among us Global War on Terrorism (GWOT) Veterans: Operation Enduring Freedom, Operation Iraqi Freedom*. Washington, DC: US Department of Veterans Affairs. Retrieved August 3, 2009 from http://sacramento.networkofcare.org/library/GWOT_4th%20Qtr%20FY08%20HCU.pdf

Resources for More Information (continued)

WEBSITES

Battlemind: www.battlemind.org

Clement J. Zablocki VA Medical Center: Milwaukee, WI: www.milwaukee.va.gov

Lioness Film by Meg. McLahan & Daria Sommers: www.lionessthefilm.com

Military OneSource: 1-800-342-9647 <https://www.militaryonesource.com>

National Center for Posttraumatic Stress Disorder: www.ptsd.va.gov

National Military Family Association: 1-800-260-0218 <http://www.nmfa.org/>

PDHRA Battlemind Training: www.battlemind.org

Sesame Workshop: www.seasameworkshop.org

United States Army -Deputy Chief Of Staff: www.armyg1.army.mil

US Dept of Health and Human Services Office of Woman's Health: www.womanshealth.gov

US Dept of Veterans Affairs Seamless Transition Home: www.oefoif.va.gov

US Dept of Veterans Affairs Woman Veterans Health: www.publichealth.va.gov/womanshealth

Wisconsin Department of Veterans Affairs Women's Program: www.WisVets.com