



Reaching Out to Returning Troops and Their Families: Building Capacity of Community-Based Services

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Reaching Out to Returning Troops and Their Families: Building Capacity of Community-Based Services

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Introduction

More than two million U.S. troops have been deployed to Operation Iraqi Freedom (OIF), Operation Enduring Freedom (OEF) and Operation New Dawn, and the current question remains: When military troops return home, are families and communities ready (Kaufman, 2010)? Helping troops transition back with their families and resume their lives in a healthy, holistic manner is still a major concern after a decade of war.

The stakes are high. A Rand Corporation study (Tanielian & Jacox, 2008) indicates that 14% of troops return home with Post Traumatic Stress Disorder (PTSD), 14% with Major Depression, and 19% with some level of Traumatic Brain Injury (TBI). With as many as one in every three troops returning with one of these major conditions, the number of troops at risk underscores the importance of service innovations to fill the gaps between soldiers' service needs and use of services and access to existing and quality care systems. The importance of reaching beyond the traditional service providers such as the Department of Defense (DoD) and the Veteran's Administration (VA) systems cannot be underestimated. This is especially true for Guard and Reserves who often return to rural areas where these traditional service providers are not present.

Studies also indicate that when troops' problems are not addressed, families and loved ones are at-risk, and volunteers and professionals must scramble to learn how to respond (Friedman, 2006; Romberg, 2007; Taft, Street, Marshall, Dowdall, & Riggs, 2007). The needs of the returning troops and families are already spilling

over into the community where service innovations and community-based organizations are needed.

This study was conducted in Texas, where the issue is of critical importance because more than 100,000 troops have returned after deployments (Texas Veterans Commission, 2010). The state ranks third in the number of military personnel serving in the wars and is home to Ft. Hood, the largest military installation in the U.S. This study explores community and organizational factors impacting service delivery, outreach, and capacity-building in a group of primarily nonprofit, voluntary organizations that provide services to troops and families in Texas. The article reports on a study of 80 statewide programs that provide services to troops and families and that were funded by a partnership of community foundations.

Three key questions are explored:

1. What are the characteristics of programs serving troops and families?
2. What services and outreach methods are working well for the programs?
3. What are their technical assistance needs?

The purpose of this exploratory study is to describe what exists and what could be improved so that our troops and veterans can more successfully transition to civilian life with their families and communities. Based on the findings, the authors make recommendations for practice.

Literature Review

The wars in Iraq and Afghanistan have taken a toll on military personnel, their families, and communities. The unique characteristics of these

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wars have resulted in signature wounds both visible (loss of limbs and physical disfigurement) and invisible (mild Traumatic Brain Injury and Combat Stress; Tanielian & Jacox, 2008; Wright, Cabrera, Adler, Bliese, Hoge, & Castro, 2009). Roadside bombs, engagement with a ruthless enemy, harsh conditions, inadequate dwell time, and multiple deployments are only some of the factors that have posed new physical and mental health challenges for our military and their families. Although there are excellent programs within the Department of Defense and Veteran's Affairs Administration, the needs of those returning from the battlefield are complex and pressing and these organizations in many instances cannot keep pace with the needs (Iraq & Afghanistan Veterans of America, 2008; Tanielian & Jacox, 2008; Veterans for America, 2007). According to the Department of Defense (DoD) Task Force on Mental Health (2007) the psychological needs of service members are "daunting and growing." One report indicates that at Ft. Hood, Texas, alone the Army needs about 25% more mental health professionals (Pena, 2009). Another compounding factor is the heavy use of Guard and Reserve, who often return home to more rural areas with little access to services (Price & Price, 2006; Kline, Falca-Dodson, Sussner, Ciccone, Chandler, Callahan, & Losonczy, 2010). Even on DoD military bases and in the VA system, too few professionals are equipped to handle the needs of troops once home; this is compounded by less than ideal dwell times and multiple deployments creating added pressure for services (Department of Defense, 2011; Tanielian & Jacox, 2008; Veterans for America, 2007).

Community-based services for troops, veterans, and their families are needed if services to fill existing gaps and future needs are to be addressed. Indeed, effective partnerships with the DoD and VA are essential, which will require building capacity at the community level to serve military personnel and especially wounded warriors and their families (Huebner, Mancini, Bowen, & Orthner, 2009; Bowen, Mancini, Martin, Ware, & Nelson, 2003). However, building capacity for a community-based response is not easy; doing so requires resources and represents many challenges for health, mental health, and human service pro-

fessionals as well as a variety of key community stakeholders (Graddy & Wang, 2009). In addition, working with military personnel around transition issues represents unique challenges (Bryan, 2011). Many returning troops and families are reluctant to seek help due to a variety of reasons, including the stigma of seeking help, cultural issues in service systems, previous help-seeking experiences, and concerns about the impact of help-seeking on job performance, peers, and the unit. Also playing a role is the lack of information about services (Gould, Greenberg, & Hetherington, 2007; Hotopf, Hull, Fear, Browne, Horn, & Iversen, 2006; Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004; Bowen, Martin, Mancini, & Nelson, 2000; West, Mercer, & Altheimer, 1993).

Over the past several decades, access to services has been identified as a key domain in programmatic performance reviews and in program evaluation in general (McFall, Malte, Fontana, & Rosenheck, 2000). Such access is impacted by a number of organizational factors, service system factors, and individual client factors as well (Gould, Greenberg, & Hetherington, 2007). However, one of the key issues in serving military personnel is the stigma reported by many troops against accessing mental and physical health services. In his hallmark study, Hoge and his colleagues (2004) reported that even among troops needing help the most, a stigma exists against accessing needed services. Hoge and colleagues call for increased efforts in outreach and education as well as a change in service models. Specifically, they call for a proactive outreach effort to engage military personnel in need of services in order to overcome the impact of the culture on deterring troops from seeking help. This is challenging because military culture supports rugged individualism and self-reliance, and changing this culture to be more supportive of help seeking has proven difficult. This general attitude about help-seeking is not easy to change (Bryan, 2011; Defense Centers of Excellence, 2011). Although upper levels of the military have recognized the positive connections between getting help for stressful reactions to combat and maintaining a volunteer force that is healthy and strong, it has

been difficult to change the culture (Bryan, 2011; Hoge, 2010). In addition, the issue of confidentiality has not been successfully dealt with so as to assure soldiers that when they do seek help, it will not have a negative impact on their careers. Concerted action to overcome the cultural, policy, and leadership issues in seeking help can only be resolved through concerted outreach (Freidman, 2006; Friedman, 2004; Hoge et al., 2004; Spera, 2009). Once established, this reluctance for seeking help follows the troops into the community when they transition as veterans.

With growing numbers of troops returning from the war, the community is already reporting that multiple and complex needs such as depression, combat stress, joblessness, and homelessness are rapidly spilling over into the community and outstripping the ability of existing services and trained professionals to respond adequately (Lambert & Morgan, 2009). How to help the community build capacity and respond appropriately is crucial to our efforts to be able to adequately address our wounded warriors' needs. Community participation and partnerships to help address this public health challenge are essential, not just an optional alternative (Bowen et al., 2003). We need to look for new ways to build partnerships between and among civilian community organizations and military organizations.

Methodology

Background. The organizations in the study sample (N=80) were funded by a statewide partnership formed in 2006. Called TRIAD (Texas Resources for Iraq-Afghanistan), the partnership consists of three community foundations whose goal is to develop the state's capacity to help returning OEF and OIF troops and their families. The collaboration was formed when a donor sought to support military personnel returning from the wars and their families by contributing funds for the purpose of helping develop community-based programs in Texas for this population. The partnership covered the geographical area of the state, and each partnering community foundation was responsible for soliciting and reviewing program proposals from its identified catchment area. These boundaries were loosely formed

around major bases in the state: Ft. Hood in Killeen, Ft. Sam Houston in San Antonio, and Ft. Bliss in El Paso. The partnership requested assistance from the researcher to try to understand more about these organizations and what type of technical assistance the partnership might need to provide the funded programs.

Sample. The sample (N=80) of statewide primarily non-profit organizations included all of the organizations that were funded during a two-year period from 2007-2008 in an initial round of funding. The partnering foundations had each solicited proposals during several funding cycles for their regions since the 2007 initiation of the capacity-building effort. The three foundations provided the researcher email addresses for the main program contacts. Fifty-eight programs (N=58) responded to the survey for a 72.5% response rate. A response was defined as completing any part of the survey.

Survey Instrument and Implementation. A Web-based survey of funded community-based service providers was implemented in October 2008 to examine a number of organizational and community factors regarding outreach and other capacity-building factors. The areas of inquiry included five key areas: (a) organizational characteristics, (b) staffing descriptions, (c) services, (d) outreach efforts, and (e) technical assistance needed. The instrument contained 29 items reviewed and approved by foundation personnel. The survey consisted of close-ended questions, rating scale questions, and open-response questions. After approval from the University's Institutional Review Board, a link to the survey was sent out via email and a reminder email was sent three weeks later. The first page of the survey provided information about the purpose of the study, the voluntary nature of participation, and the methods used to ensure anonymity.

Analysis. The researchers analyzed the descriptive data from the close-ended and rating-scale questions using standard statistical methods. They examined the qualitative data from the open-ended questions by coding and re-coding to identify emergent themes. In addition, the researchers reviewed organizational documents and followed up with a sub-sample of the organizations by tele-

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Table 1. *Organizational Characteristics (N=58)*

<i>VARIABLES</i>	<i>Number</i>	<i>Percent</i>
<i>Location (52 responses)</i>		
• Urban	15	28.85%
• Rural	4	7.69%
• Both	33	63.4%
<i>Proximity to Military Base (41 responses)</i>		
• On a base	8	19.51%
• Near a base	21	51.22%
• Hours away	12	29.27%
<i>Previous Military Experience (54 responses)</i>		
• Large Numbers	19	35.19%
• Small Numbers	33	61.11%
• Did Not Serve	2	3.70%

phone to obtain additional information. Peer review and triangulation assisted in ensuring the trustworthiness of the data (Miles & Huberman, 1994).

Results

The majority of the responses came from programs in agencies that had a long history of providing services to the community. Thirty organizations (56.7%) were established before 1990, 11 (20.7%) during the nineties, and 12 (22.6%) since 2001. The agencies represented in the survey were geographically distributed in the following areas: northern region within Ft. Hood catchment area (24.07%); western region within the Ft. Bliss catchment area (51.85%); and the central and southern region within the Ft. Sam Houston catchment area (40.74%).

Organizational Characteristics. As Table 1 illustrates, the organizations varied in their location, proximity to a military base, and previous experience with the military population. The majority of the organizations reported that they had program services in both rural and urban areas, with only a small percentage serving only a rural area. More than 70% of the organizations were either located on or near a military base. For the

most part, the organizations had not had a lot of experience delivering services to military personnel. About 65% reported previously serving military and families in small numbers or having no previous services for the population. Although these were not new agencies, providing services to the military population was a relatively new service effort for them.

Staff. Table 2 provides a descriptive view of the staff in these programs that serve returning troops and families. The majority of programs (72.55%) had fewer than five paid staff. Most programs (72.27%) also used volunteers. In the majority of programs, at least one staff member spoke Spanish or the program had access to a translator. Only 16% of the programs had more than six staff members who spoke Spanish. Most programs had some staff members and volunteers with prior military experience. Eight programs (14%) had no staff or volunteers with prior military experience.

Services Offered. There are a multitude of services offered through these programs. The study tried to capture some patterns; Figure 1 depicts the range of services offered. In more than 23 programs (almost half of all the respondents), these services included (a) information and refer-

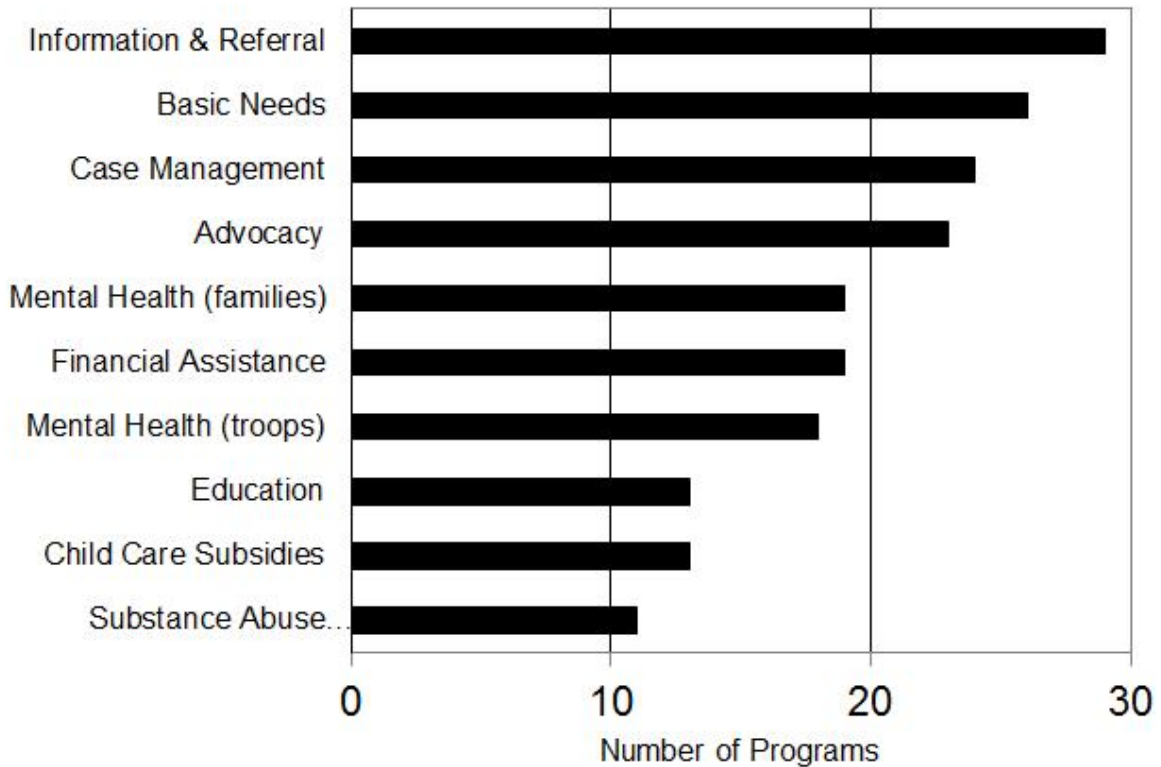
rals (29), (b) basic needs (26), (c) case management (24), and (d) advocacy to receive services from other agencies (24). The services offered least include (a) Web-based educational services (2), (b) employment training (4), (c) financial literacy and debt management (4), and (d) retreats for peer support/family integration (4). In rank order, other services offered by some of the programs were (a) mental health services to families

(19), (b) mortgage/rent/utility assistance (19), (c) financial assistance (19), (d) mental health services to troops (18), (e) educational groups (13), (f) adaptive sports programs (7), (g) home repairs (7), and (h) telephone counseling (7). There were no services in common offered across every program. Rather, every program seemed to have its own focus, with information and referrals as the primary service offering.

Table 2. Staff Characteristics

<i>VARIABLES</i>	<i>Number</i>	<i>Percent</i>
<i>Paid Staff (51 responses)</i>	5	9.80%
• 0	32	62.75%
• 1-5	5	9.80%
• 6-10	6	11.76%
• 11-20	3	5.88%
• 21+		
<i>Volunteer Staff (53 responses)</i>	20	37.73%
• 0	16	30.19%
• 1-5	2	3.92%
• 6-10	7	13.20%
• 11-20	8	15.09%
• 21+		
<i>Spanish-Speaking Staff/Volunteers (54 responses)</i>	13	24.07%
• 0	14	25.92%
• 1	13	24.07%
• 2-5	6	11.11%
• 6-10	3	5.55%
• 11+	3	5.55%
• Translator Available	2	3.70%
• Unknown		
<i>Prior Military Experience Staff/Volunteers (54 responses)</i>	8	14.81%
• 0	14	25.92%
• 1	13	24.07%
• 2-5	4	7.41%
• 6-10	8	14.81%
• 11+	6	11.11%
• All	1	1.85%
• Unknown		

Figure 1. Types of Services Offered (N=50)



The organizations also reported that clients’ wait time was minimal with around 48% reporting no wait time. When asked to characterize the frequency of contact with clients in terms of the typical case, 43% reported having as many sessions as needed until goals were met, approximately one third of organizations reported having 1-3 sessions with clients, about 19% reported having 4-6 sessions, and about 9% reported more than 8 sessions. Eighty percent of the programs reported that they followed up with clients and approximately 36% of the programs reported providing follow-up services because clients still reported having needs.

The majority of the programs served smaller numbers of clients. Of the programs that served troops, 65% served fewer than 50 returning troop

members a year, and 71% of the vet-focused programs served fewer than 50 veterans. Similarly, 56% of the programs with family components served fewer than 50 military families. Statewide, there were only three programs that served large numbers of troops, veterans, or families.

Outreach efforts. The survey asked the programs to list the top three factors that contributed to their success in recruiting military clients. Five responses appeared most often:

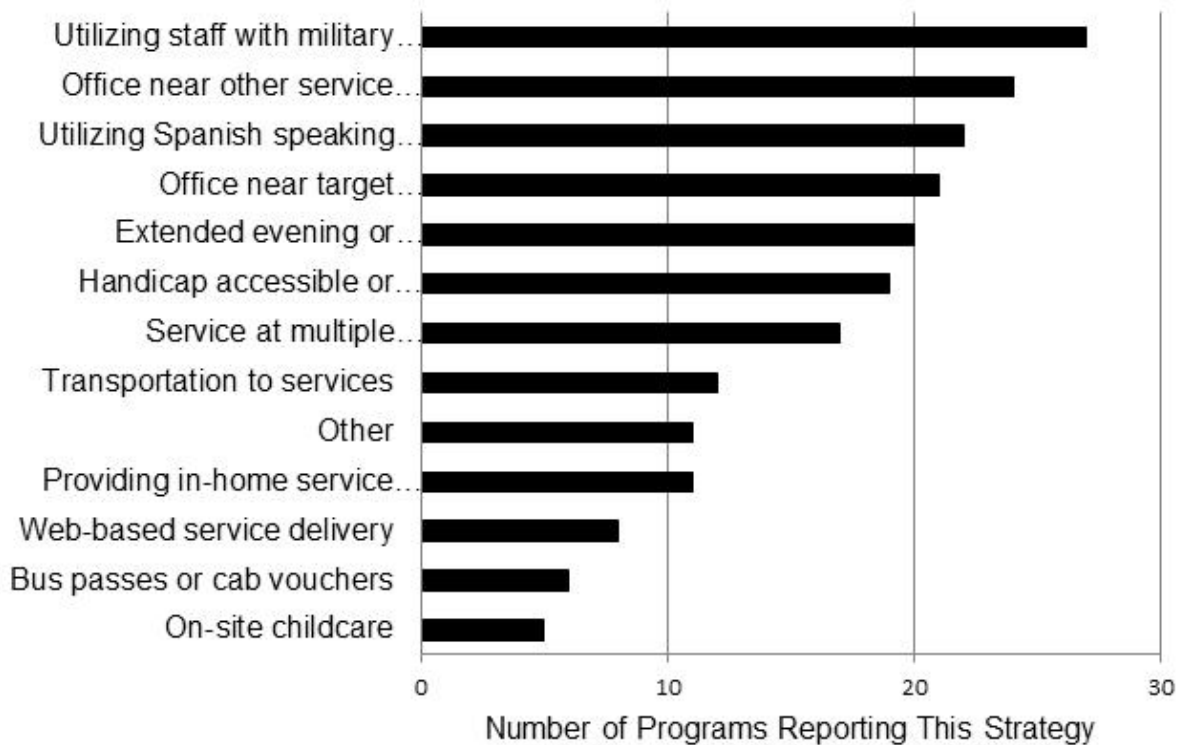
- Partnerships/Agency Networking
- Relationships with Local Military
- Understanding Military Lifestyle
- Family Involvement
- Advertising

Programs used a variety of strategies to recruit military clients. The most frequently mentioned strategies were: establishing relationships with the military community, speaking to military service groups, posting materials on Web sites, collaborating with faith-based communities, creating and disseminating written materials, and developing client peer networks. When programs were asked if each of these top strategies was successful, 100% reported that establishing relationships with the military community was a very successful or moderately-rated strategy. Eighty-two percent reported that creating and developing materials was successful, and 65% reported that developing client peer networks was successful. Other ideas mentioned less frequently included (a) offering flexible weekend and evening hours, (b) using newspapers, (c) displaying information at events, (d) participating in homecoming activi-

ties, (e) speaking at events, (f) training peer networks, (g) using television spots, (h) using board members, (i) using Web-based social networking, (j) direct mail, (k) follow-up calls, and (l) home visits.

The top five challenges that made it difficult for programs to recruit military clients were (a) the military mindset/stigma against asking for help, (b) getting information out to the targeted population, (c) not being located in the military community, (d) the need to develop strategies for outreach, and (e) lack of transportation services. Programs used a variety of strategies to reduce barriers to participation. Figure 2 illustrates the range of strategies and the number of programs employing each strategy. Clearly, utilizing staff with military experience, locating the office near other service programs and near the target community, and using Spanish-speaking staff were

Figure 2. *Strategies for Reducing Barriers (N=46)*



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the most frequently reported strategies.

Technical Assistance Needs. Following the questions on outreach, the survey asked questions about the top areas of need for technical assistance. The most frequently cited needs were (a) conducting research on how to recruit military families, (b) conducting research to identify prospective funders, (c) training staff to understand military families, (d) fund-raising techniques, (e) program evaluation techniques, (f) grant proposal writing, (g) overview of the VA and TRICARE systems, (h) use of Web-based technologies, and (i) training staff to learn about other programs.

When questions about technology needs were probed further, the majority of respondents wanted assistance with learning about database use for evaluation planning, developing and using a Web site, and technology planning.

Discussion and Recommendations

Although this study was a pilot study in one state and cannot be generalized to others, the study does offer some critical insights that need to be considered in developing community capacity and partnerships for serving military personnel and their families. Respondents recognized the importance of partnerships and the need to build and understand the existing veteran service network. The needs of returning troops and their families are often too complex, and the numbers too overwhelming, to be addressed separately by the military or the community alone. More partnerships and stronger relationships are needed if military personnel and families are to heal and move forward with their lives (Greendlinger & Spadonni, 2010; Selber, 2010). This study also supports the community capacity-building model proposed by Bowen and his colleagues (2000) and the recommendations of Huebner and colleagues (2009).

As reflected in respondent responses, community-based agencies often need technical assistance to develop the infrastructure needed to manage efficiently and respond to funder demands for accountability, and further develop their capacities to respond. Yet these community-based agencies are local and often more accessible to populations in need of services and potentially able to respond

rapidly when needs are identified. In addition, respondents identified the need for assistance in developing technology resources for outreach. How to develop their capacity to do more outreach to veterans and address the other needs for resource development identified in the survey are important issues for states and national groups to respond to and assist with. This is especially true for responding to needs for Guard and Reserve, who frequently are located in rural areas that lack state and federal resources and have underdeveloped service organizations. Developing these community-based agencies' capacity is important in developing a responsive safety net for military personnel and their families. If communities are to be better able to respond to the needs of veterans transitioning, there must be more systematic efforts to provide consistent and focused technical assistance to help the veteran service organizations respond.

Future research on other existing and larger networks of community-based and state level services to veterans and their families is also needed. The communities across the nation have now had more years of helping troops and their families transition after deployments. Additional focus on service organizations that serve Guard and Reserve populations and their families, as well as those that serve female veterans, should also be a priority. In addition, research is also needed on peer-to-peer networks of services that are being rolled out in states such as Texas and other regions. These networks represent a second wave of services that are being used by more veterans and their families, and little research is being conducted on their effectiveness and capacity to respond. Such peer-to-peer efforts require partnerships for referrals to be most successful, and this dimension of their development should be examined.

In addition, even with troop drawdowns in the near future, there will continue to be troops and families dealing with not only transition issues but also the longer-term impact of multiple deployments and combat-related stress. This enhances the likelihood that community-based and state resources for this population will continue to need assistance to respond to the demand for ser-

vices that will follow. The importance of training service providers such as social workers and other mental health professionals is also apparent in survey responses about technical assistance needs. Continuing education on issues of military cultural competency and understanding systems of care for this population, as well as how to build partnerships for developing community capacity, will be needed. Moreover, the nations' universities are not prepared to meet the demands for graduates ready to work with military personnel and their families at the present time. An overall plan to respond to the need to teach students how to provide best practice care to the military population is essential.

There will be other wars in our country's future, but the current wars have posed unprecedented challenges for our volunteer military community. As research continues to show, the costs of the OEF/OIF conflicts in terms of their toll on our military community continue to mount. Although we have learned much from other wars in terms of costs and service standards, these well-known costs may be the tip of the iceberg (Tanielian & Jacox., 2008; West et al., 1993). Service delivery, outreach, and capacity-building in community-based organizations are important if we are to encourage our troops, wounded warriors, veterans, and their families to seek help when it is needed. Our job as health care professionals, human service providers, and citizens is to make sure our military and veterans receive evidence-based help in a timely, effective manner so that we as a society can help meet this public health challenge. What we have learned after many conflicts is that mental health issues such as combat stress and medical challenges such as mild Traumatic Brain Injury do not go away on their own; they require a long-term commitment that is not negotiable in the political arena. Troops on the battlefield leave no one behind. It is our moral obligation to not leave them behind to heal alone. We must all address the wounds of war and struggle to give meaning to the sacrifices that have been asked of and given by our troops, veterans, and their families. These warriors deserve nothing less.

References

- Bowen, G., Martin, J., Mancini, J., & Nelson, J. (2000). Community capacity: Antecedents and consequences. *Journal of Community Practice*, 8(2), 1-20.
- Bryan, C. (2011). Circumventing mental health stigma by embracing the warrior culture: Lessons learned from the Defender's Edge program. *Professional Psychology: Research and Practice*, 42(1), 16-23.
- Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury. (2011). Report: Best Practices Identified for Peer Support Programs. Arlington, VA. Retrieved from http://www.dcoe.health.mil/Content/Navigation/Documents/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf
- Department of Defense. (2011). Report to Congress: Mental Health Personnel Required to Meet Mental Health Care needs of Service Members, Retired Members and Dependents. Washington, D.C. Retrieved from http://www.dcoe.health.mil/Content/Navigation/Documents/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf
- Department of Defense. (2007). Task Force on Mental Health: An achievable vision: Report of the Department of Defense Task Force on Mental Health. Falls Church, VA: Defense Health Board.
- Friedman, M. (2006). Posttraumatic stress disorder among military returnees from Afghanistan and Iraq. *American Journal of Psychiatry*, 163, 586-593.
- Friedman, M. (2004). Acknowledging the psychiatric costs of war. *New England Journal of Medicine*, 351(1), 75-77.
- Gould, M., Greenberg, N., & Hetherington, J. (2007). Stigma and the military: Evaluation of a PTSD psycho-educational programme. *Journal of Traumatic Stress*, 20, 505-515.
- Graddy, E. & Wang, L. (2009). Community foundation development and social capital. *Nonprofit and Voluntary Sector Quarterly*, 38(3), 392-412.
- Greendlinger, R., & Spadoni, P. (2010). The National Center on Family Homelessness. Retrieved from <http://www.familyhomelessness.org/media/174.pdf>.
- Hoge, C., Castor, C., Messer, S., McGurk, D., Cotting, D., & Koffman, R. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351(1), 13-22.
- Hoge, C. (2010). *Once a warrior always a warrior*. Guilford, CT: Globe Pequot Press.
- Hotopf, M., Hull, L., Fear, N., Browne, T., Horn, O. & Iversen, A. (2006). The health of UK military per-

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- sonnel who deploy to the 2003 Iraq war: A cohort study. *Lancet*, 367, 1731- 1741.
- Huebner A., Mancini, J., Bowen, G. & Orthner, D. (2009). Shadowed by war: Building capacity to support military families. *Family Relations*, 58, 216-228.
- Iraq & Afghanistan Veterans of America (IAVA) (2008). Issue report: Battling Red Tape: Veterans Struggle for Care and Benefits. Washington, D.C. Retrieved from http://iava.org/files/VeteransWaitingForCareAndBenefits_0.pdf .
- Kaufman, K. (2010, February). Position paper from presentation to Congress, Washington, D.C.
- Kline, A., Falca-Dodson, M., Sussner, B., Ciccone, D., Chandler, H., Callahan, L., & Losonczy, M. (2010). Effects of repeated deployment to Iraq and Afghanistan on the health of New Jersey Army National Guard troops: Implications for military readiness. *American Journal of Public Health*, 100(2), 276-283.
- Lambert, S. & Morgan, M. (2009). Supporting veterans and their families: A case study and practice review. *The Family Journal: Counseling and Therapy for Couples and Families*, 17(3), 241-250.
- McFall, M., Malte, C., Fontana, A., & Rosenheck, R.A. (2000). Effects of an outreach intervention on use of mental health services by veterans with posttraumatic stress disorder. *Psychiatric Services*, 51, 369-374.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis* (2nd ed.). Thousand Oaks, CA: Sage.
- Pena, O. (2009, February 1). Ft. Hood plans new mental health training. *Killeen Daily Herald*. Retrieved from <http://www.kdhnews.com/news/story.aspx?s=31020>
- Price, J., & Price, D. (2006). Revisiting social work and the American military family. *Families in Society*, 1-12. Retrieved from <http://www.familiesinsociety.org/Show.asp?docid=3584>
- Romberg, B. (2007). Give an Hour Mission Statement. Retrieved from <http://www.giveanhour.org/skins/gah/home.aspx?mode=user>
- Selber, K. (2010, Summer). Preparing university communities to serve those who served us: Texas State University's student veteran initiative. *National Association for Rural Mental Health. NARMH Notes*, 2(1), 7-9. Retrieved from <http://www.narmh.org/publications/notes/sum10NARMHnotes.pdf>
- Spera, C. (2009). Spouses' ability to cope with deployment and adjust to Air Force family demands: Identification of risk and protective factors. *Armed Forces & Society*, 35, 286-306.
- Taft, C.T., Street, A.E., Marshall, A.D., Dowdall, D., & Riggs, D.S. (2007). Posttraumatic stress disorder, anger, and partner abuse among Vietnam combat veterans. *Journal of Family Psychology*, 21(2) 270-277.
- Tanielian, T., & Jacox, L. (Eds.). (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Arlington, VA: Rand Corporation.
- Texas Veterans Commission. (2010). Press Release, Austin, TX, February 25, 2010.
- Veterans for America. (2007). *Trends in the Treatment of America's Wounded Warriors*. Washington, D.C.
- West, L., Mercer, S., & Altheimer, E. (1993). Operation Desert Storm: The response of a social work outreach team. *Social Work in Health Care*, 19(2), 81-98.
- Wright, K.M., Cabrera, O.A., Adler, W.B., Bliese, P.D., Hoge, C.W., & Castro, C.A. Stigma and barriers to care in soldiers postcombat. *Psychological Services*, 6, 108-116.