



HENNEPIN COUNTY VETERANS COURT MENTOR PROGRAM TRAINING MANUAL



PEER MENTORING MANUAL INDEX

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Mission Statement of the Veteran's Court Mentoring Program

The Mission of the Veteran's Mentoring Program is to provide peer to peer assistance to veterans involved in the Hennepin County Veterans' Court. The program will help identify veterans, offer them assistance, assess their needs, and help them solve their problems. We will support the veteran through their readjustment to civilian life, assist the veteran navigate through the court, treatment, and veterans benefits, and act as a mentor, advocate and ally.

"This [peer mentor] relationship promotes and fosters through encouragement a "can do" attitude in the veteran, that the veteran can accomplish their goals in treatment, that the veterans are not alone and that the mentors are there for them. "

BUFFALO (New York) VETERANSCOURT: Mentoring and Veterans Hospital Program
Policy and Procedure Manual

"Up to a third of veterans returning from combat may experience depression or posttraumatic stress disorder (PTSD) often along with alcohol misuse or aggressive behavior co morbidity. . ."

Modern Medicine, Tuesday, June 8, 2010 (HealthDay News)

FACILITATORS

**Missy Williams-Veterans Mentor Coordinator
Metropolitan Center for Independent Living**

**Molly Black-Veterans Mentor Trainer
National Alliance on Mental Illness**

**Chuck Decker-Career Probation Officer
Hennepin County Dept of Community Corrections and Rehabilitation**

**Stewart Mednick-County Veteran Service Officer
Hennepin County Human Services and Public Dept Veteran Services
Office**

**Connie Sponsler-Garcia-Training and TA Manager
Battered Women's Justice Project**

EMERGENCY CONTACTS

911- for any immediate emergency or life threatening occurrence.

**Missy Williams 651-603-2027 (office) or 651-955-2801 (cell)
MCIL Peer mentor coordinator/trainer**

**Molly Black 651-645-2948 ext 112
Peer mentor trainer**

**Chuck Decker 612-348-4205 (office) or 612-246-2198 (cell)
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**Connie Sponsler-Garcia-612-824-8768 ext 108
Battered Women's Justice Project Trainer and Manager**

War-Zone-Related Stress Reactions: What Veterans Need to Know

Traumas are events in which a person has the feeling that he or she may die or be seriously injured or harmed, or events in which he or she witnesses such things happening to others. Traumatic events are of course common in the war zone, but they are common in the civilian world too, so that in addition to war zone experiences, many military personnel will have experienced one or more traumatic events in their civilian lives.

When they are happening, traumas often create feelings of intense fear, helplessness, or horror. Often in the days and weeks that follow trauma, there are longer-lasting stress reactions that can be surprising, distressing, and difficult to understand. By understanding their traumatic stress reactions better, War Veterans can become less fearful of them and better able to cope with them.

While reviewing the list of effects of trauma below, keep in mind several facts about trauma and its effects:

- It is very common to have problems following exposure to war or other trauma. But traumatic stress reactions often become less frequent or distressing as time passes, even without treatment.
- Veterans with PTSD often worry that they are going crazy. This is not true. Rather, what is happening is that they are experiencing a set of common symptoms and problems that are connected with trauma.
- Problems that result from trauma are *not* a sign of personal weakness. Many mentally and physically healthy people experience stress reactions that are distressing and interfere with their daily lives at times.
- If traumatic stress reactions continue to cause problems for more than a few weeks or months, treatment can help reduce them.

Traumatic war experiences often cause many of the following kinds of (often temporary) reactions in Veterans:

Unwanted remembering or re-experiencing

Almost all Veterans experience difficulty controlling distressing memories of war. Although these memories are upsetting, on the positive side, the memories provide

an opportunity for the person to make sense of what happened and gain mastery over the event. The experience of these memories can include:

- Unwanted distressing memories as images or other thoughts
- Feeling like it is happening again (flashbacks)
- Dreams and nightmares
- Distress and physical reactions (e.g., heart pounding, shaking) when reminded of the trauma

Physical activation or arousal

The body's fight-or-flight reaction to a life-threatening situation continues long after the event is over. It is upsetting to feel like your body is overreacting or out of control. However, on the positive side, these fight-or-flight reactions help prepare a person in a dangerous situation for quick response and emergency action. Signs of continuing physical activation, common following participation in war, can include:

- Difficulty falling or staying asleep
- Irritability, anger, and rage
- Difficulty concentrating
- Being constantly on the lookout for danger (hyper-vigilance)
- Being startled easily for example, when hearing a loud noise (exaggerated startle response)
- Anxiety and panic

Shutting down: Emotional numbing

When overwhelmed by strong emotions, the body and mind sometimes react by shutting down and becoming numb. As a result, Veterans may have difficulty experiencing loving feelings or feeling some emotions, especially when upset by traumatic memories. Like many of the other reactions to trauma, this emotional numbing reaction is not something the Veteran is doing on purpose.

Active avoidance of trauma-related thoughts and feelings

Painful memories and physical sensations of fear can be frightening, so it is only natural to try to find ways to prevent them from happening. One way that most Veterans do this is by avoiding anything people, places, conversations, thoughts, emotions and feelings, physical sensations that might act as a reminder of the trauma. This can be very helpful if it is used once in a while (e.g., avoiding upsetting news or television programs). But when avoidance is used too much, it can have two

big negative effects.

First, it can reduce Veterans abilities to live their lives and enjoy themselves, because they can become isolated and limited in where they go and what they do. Second, avoiding thoughts and emotions connected with the trauma may reduce Veterans abilities to recover from it. It is through thinking about what happened, and particularly through talking about it with trusted others, that survivors may best deal with what has happened. By constantly avoiding thoughts, feelings, and discussions about the trauma, this potentially helpful process can be short-circuited.

Depression

Most persons who have been traumatized experience depression. Feelings of depression then lead a person to think very negatively and feel hopeless. There is a sense of having lost things: one's previous self (I'm not the same person I was), a sense of optimism and hope, self-esteem, and self-confidence. With time, and sometimes with the help of counseling, the trauma survivor can regain self-esteem, self-confidence, and hope. It is important to let others know about feelings of depression and, of course, about any suicidal thoughts and feelings, which are sometimes a part of feeling depressed.

Self-blame, guilt, and shame

Many Veterans, in trying to make sense of their traumatic war experiences, blame themselves or feel guilty in some way. They may feel bad about some thing(s) they did or didn't do in the war zone. Feelings of guilt or self-blame cause much distress and can prevent a person from reaching out for help. Therefore, even though it is hard, it is very important to talk about guilt feelings with a counselor or doctor.

Interpersonal problems

Not surprisingly, the many changes noted above can affect relationships with other people. Trauma may cause difficulties between a Veteran and his or her partner, family, friends, or co-workers. Particularly in close relationships, the emotional numbing and feeling of disconnection that are common after traumatic events may create distress and drive a wedge between the survivor and his or her family or close friends. The survivor's avoidance of different kinds of social activities may frustrate family members. Sometimes, this avoidance results in social isolation that hurts relationships.

Others may respond in ways that worsen the problem rather than help recovery. They may have difficulty understanding, become angry with the Veteran,

communicate poorly, and fail to provide support. Partners and families need to participate in treatment; by learning more about traumatic stress, they can often become more understanding of the Veteran and feel more able to help. Some kinds of traumatic experiences (e.g., sexual assault) can make it hard to trust other people.

These problems in relationships are upsetting. Just as the Veteran needs to learn about trauma and its effects, people who are important to him or her also need to learn more. As the survivor becomes more aware of trauma reactions and how to cope with them, he or she will be able to reduce the harm they cause to relationships.

Physical symptoms and health problems

Because many traumas result in physical injury, pain is often part of the experience of survivors. This physical pain often causes emotional distress, because in addition to causing pain and discomfort, the injury also reminds them of their trauma. Because traumas stress the body, they can sometimes affect physical health, and survivors may experience stress-related physical symptoms such as headaches, nausea or other stomach problems, and skin problems. The Veteran with PTSD will need to care for his or her health, seek medical care when appropriate, and inform the doctor or nurse about his or her traumas, in order to limit the effects of the trauma.

- United States Department of Veterans Affairs, www.ptsd.va.gov

Hennepin County Court Mentor Program

Hennepin County Veterans' Court Mentoring Program

Roles and Responsibilities

Mentor Coordinator

The Mentor Coordinators at Metropolitan Center for Independent Living and the National Alliance on Mental Illness-Minnesota provide oversight and essential coordination of the mentoring program. The role of the Mentor Coordinator is to recruit, train, supervise, and coordinate mentors within the Veteran's Court Program. The Mentor Coordinator is responsible for recruiting potential mentors, screening candidates, and selecting individuals to become Veteran Mentors. The Mentor Coordinator will be responsible for training selected candidates in skills to facilitate a mentoring session and skills specific to the Veteran's Court Program. The Mentor Coordinator will also be responsible for individual and group supervision as well as scheduling mentors to be present during the Veteran's Court proceedings. The mentor coordinators also must coordinate all activities with the Judge and the Court Coordinator. The probation officer is responsible for criminal background checks and will provide a paper copy to MCIL for its records. The mentor coordinators will have the mentor signs a transportation waiver, accountability statement, and confidentiality statement.

Duties and Responsibilities:

1. Recruit and train volunteer Veteran's Court mentors.
2. Assist in the retention of volunteer mentors.
3. Organize and conduct training for volunteer mentors.
4. Assist in supervision of mentors.
5. Assist in the development of specialized training projects for the program.
6. Perform all other duties as assigned by the sponsoring agency.
7. Assist Mentee/Mentor in finding their local county veterans' service office.

Volunteer Veteran Peer Mentor

The role of the Volunteer Veteran Mentor is to act as a coach, guide, role model, advocate, and a source of support for the individuals s/he is working with. The mentor is intended to support the mentee as s/he progresses through the court process. This includes listening to the concerns of the veteran and making general suggestions, assisting the veteran determine what their needs/goals are, and acting as a support for the veteran at a time when they may feel alone in a way that only another veteran can understand. It is the main role of the mentor to support the mentee through their goals and throughout the court system.

Duties and Responsibilities:

1. Attend four hour training at MCIL and three hour training with Hennepin County Probation Officer.
2. Attend court sessions when scheduled.
3. Participate in and lead mentoring sessions with veterans when assigned by the mentoring coordinators.
4. Be supportive and understanding of the difficulties veterans face.
5. Assist the veterans as much as possible to resolve their concerns around the court procedures as well as accessing veteran benefits.
6. Be supportive and helpful to the other mentors within the program.
7. Commit to at least 12 months of mentoring.
8. Log times and activities.

Requirements:

1. Be a veteran of one of the branches of the United States Military, including the Army, Marine Corps, Navy, Air Force, Coast Guard, or their corresponding Reserve or Guard branches
2. Adhere to all of the Hennepin County Veterans' Court policies and procedures
3. Commit to program participation for a period of twelve to eighteen months
4. Complete the required training procedures.
5. Participate in additional trainings throughout time of service
6. If the mentor has a criminal history, s/he must have completed all court requirements.
7. Sign transportation waiver.
8. Sign confidentiality and ethical standards documents.

Desirable Qualities:

1. Willing listener
2. Encouraging and supportive.
3. Tolerant and respectful of individual differences

Veteran Peer Mentors Standards

The primary obligation of the Peer Mentor is to the veteran. In all relationships, the Peer Mentor will protect the veteran's welfare and will diligently seek to assist the veteran toward his/her goals.

The Peer Mentor will not transport mentees in personal vehicles.

If there are conflicts between the veteran's interests and the interests and welfare of the community, the Peer Mentor will protect the veteran, unless by doing so there is a real and imminent danger to him/herself or others.

If illegal behavior of the veteran is destructive to himself/herself and/or community, the Peer Mentor will report to the Peer Mentor Coordinator or Probation Officer, after advising the veteran that this must be done.

The Peer Mentor will keep confidential any information acquired concerning the veteran, unless the information could be harmful to the veteran or the community.

Information essential to advancing the goals of the veteran will only be given to individuals, which the veteran has identified, in writing, on a Release of Information form.

The Peer Mentor will try to persuade the veteran to report knowledge of crimes or planned crimes to the appropriate law enforcement authorities.

In situations where it is necessary to share information with others in order to advance the goals of the veteran, consent of the veteran or guardian will be secured before release of such information.

Only those persons identified by the veteran will be given information about the veteran. In a crisis situation, the Peer Mentor will give only essential information needed to help the veteran to the appropriate crisis resource service.

Veteran records will be safeguarded to insure that unauthorized persons shall not have access to them.

The Peer Mentor will maintain objective and professional standards in his/her personal relationships with the veteran.

The Peer Mentor will refrain from urging the veteran's acceptance of values, lifestyles, plans, decisions, and beliefs that represent only the Peer Mentor's personal judgments and/or values.

The Peer Mentor will, in serving the veteran, function within the limits of his/her defined role, training, and technical competency.

A Peer Mentor will refrain from promising greater results than can reasonably be expected.

A Peer Mentor will not misrepresent role or competency to the veteran or to others.

A Peer Mentor will refer the veteran to other agencies/organizations, only after contacting the Peer Mentor Program Coordinator, as the veteran's needs dictate.

A Peer Mentor will know the limits or the extent of services that may be offered to the veteran.

A Peer Mentor will not exploit the veteran or the Peer Mentor/veteran relationship for agency or personal advantage.

A Peer Mentor will act responsibly on the veteran's behalf in emergency situations.

A Peer Mentor will not accept a fee, gratuity, or gift from veterans for services given.

A Peer Mentor will not become involved with veterans in any monetary or business arrangements or commitments beyond those required for delivery of services.

Sexual relations or harassment of any kind with veterans will not be tolerated. If reported that this has happened, an investigation will be thorough, and a possible vulnerable adult report will be made

Verbal and physical abuse or violence will not be tolerated. Any kind of violence or abuse to either the veteran or the peer mentor should be reported to Peer Coordinator immediately who will investigate the circumstance and take appropriate actions befitting the incident.

I HAVE READ AND UNDERSTAND WHAT IS EXPECTED OF ME

VETERAN MENTOR SIGNATURE Date

MENTOR COORDINATOR SIGNATURE Date

Code of Confidentiality

As I participate with veterans, I will respect their right to total privacy concerning the details of their lives. I will not discuss their names, addresses, backgrounds, family relationships or the nature of their problems. As a volunteer, I must limit my discussion to the specific duties and responsibilities outlined in my job description. That is, I can talk about what I do but not with whom I do it. I understand that my confidentiality continues even if I cease to be a volunteer with the Metropolitan Center for Independent Living.

As I participate in the VETERAN PEER MENTORING Program, I will respect its rights to be presented in a positive and favorable light to others. As a volunteer I am a responsible member of the agency and a powerful force in the community. If I have problems with my commitment, I will look first to the agency for support and resolution. In this way my work will be thoughtful, accurate and supportive.

Mentors will, to the best of their ability, ensure confidentiality and privacy in regard to history, records, meetings, and all discussions about the veterans they serve. Disclosure can be made only to the Peer Mentor Coordinator or Parole officer if the mentor feels that a mentee is threatening to harm self or others. The mentor must first contact the police if it is an emergency and then the peer mentor coordinator. If the mentor is unsure whether to take action, they should consult with the peer mentor coordinator or the parole officer. Only information about the safety and the unsafe situation may be disclosed at this time. The principle of confidentiality must be maintained in all programs, department, functions and activities.

SIGNATURE

DATE

WITNESS SIGNATURE

DATE

PEER MENTORING IS NOT

- Being “Dear Abby”, peers don’t give advice
- Using the peer relationship to change the veteran’s values, attitudes and/or beliefs (if changes do occur it should be the veteran’s choice not yours).
- Swooping in and solving all the veteran’s problems. This robs the veteran of dignity and the chance to learn from their mistakes.
- Being sympathetic. Spending the entire time telling the veteran “poor you” makes it unlikely he/she will do anything to change their situation, since problem gets attention.
- “Just chatting and having coffee.” The mentor and the veteran are going to have to work very hard to produce the changes the veteran is to achieve goals.

HOW CAN PEER MENTOR HELP?

A peer can significantly accelerate the transition to independent living for the veteran with a disability. The most apparent benefit is the realization that the peer mentor has confronted similar issues, feelings, barriers and experiences and can empathize with what the veteran is going through.

Peer mentoring enables the veteran recognize that he/she still has choices and this will help the veteran with a disability regain a sense of direction and control over his/her life. There are many ways you can help others to understand themselves:

- **Attend**, listen carefully to what the veteran is saying
- **Explore** the veteran's feelings by adding personal understanding of the situation. Do this briefly. Don't go on and on about your experience.
- **Encourage** the veteran to solve the problem by affirming his/her good ideas and plans of action. If the veteran's ideas and plans are not good, discuss what might happen if the veteran follows that course of action.

Peer Mentoring takes place between a peer volunteer and a veteran. If it is to be successful, the peer must guide the veteran through the process of exploration, understanding and action. By attending (or listening) the mentor helps the veteran explore his/her inner feelings and encourages him/her to solve problems.

Help the Veteran Achieve Goals

1. Engage the veteran in self-exploration. Invite conversation by asking the veteran to identify his/her concerns.
2. Attend. Listen to and observe what the veteran says and does not say. Try to understand what the veteran is experiencing and processing or using this information.
3. Respond. Restate what the veteran has said to make sure both understand the veteran's concerns. Respond with empathy, respect, and genuineness.
4. Personalize. Encourage the veteran to examine what he/she sees, thinks, desires, and does, and the feelings produced.
5. Initiate change. Motivate the veteran to be actively involved in setting goals and developing an agenda of change to achieve them. Changes can be small, especially at the beginning. Set the veteran up for success.
6. Evaluate change. Recognize and evaluate the changes the veteran has made in achieving goals.
7. Celebrate change.

COMMUNICATION AND LISTENING

One-on-one (interpersonal) communication skills

The challenge is to apply these skills, especially when confronted with anxious, impatient, or confrontational veterans.

Be responsive	While this is often difficult with busy schedules, it is important to put the mentee's goals first. The mentor should schedule times to be available, respond to phone calls, e-mails, and other inquiries in a timely manner, develop back-up mechanisms for responding when unavailable.
Be engaging	"Be alive!" Share eye contact with the mentee. "Be an active listener." It is most important to focus attention on the request or issues at hand. Paraphrasing and other methods are helpful so that the veteran knows the mentor is interested. This approach is usually results in the most effective and efficient outcome.
Be pleasant	A smile and some humor go a long way toward breaking the ice, easing anxiety, defusing conflict, and thereby increasingly the channels of communication.
Be patient	"Treat impatient people with patience" is one of the most difficult skills in interpersonal communication, but one of the most important. It is important to give the mentee the opportunity to vent before trying to get to the root of the problem and find solutions.
Be clear	Clarity of communication is critical. Active listening and paraphrasing are a critical first step. Make sure the mentee is clear about the role of the mentor and mentee, when the next meeting is and the next steps to achieve the goal.
Be positive	Be careful about this. Being positive can often be seen as denying the veteran's distress. Being supportive is better. The attitude should be "We can work through this together."
Be realistic	While it is important to be positive, it is critical to be realistic and break things down to one step at a time!
Be a problem solver	All of these skills amount to being a problem solver, or are all involved in trying to reach your mentee's goal. Helping people solve their problems through responsiveness, engagement, patience, clarity, and a positive, empathetic and realistic approach is the best way to perform the role of peer mentoring.

Listening Skills

1. Mirroring or Reflective Listening - accurately reflect back what you heard. Mirroring allows a person to restate his/her message until it is correctly understood. *"What I heard you say is ..."* *"Is this accurate? Is there more?"*
2. Empathy - imagine the feelings that someone is experiencing. *"I can imagine you must feel..."* *"I understand that you feel..."* Do not say that you understand exactly what the veteran is feeling, because you can't.
3. Validation - communicate that the information you have received makes sense. Validation is a temporary transcendence of your point of view, that allows the other person's experience to have its own reality. To validate does not mean that you agree with the other's position or that it represents what is true for you. It merely recognizes that in every situation an objective view is not always possible. *"I can see that..."* *"That makes sense to me that you would think or feel that..."* *"I can understand that..."*

Such phrases convey to the person that they are not crazy, that they have their own logic and that it is a valid way of looking at things. Mirroring and validation makes the person feel understood and promotes trust. You **do not** need to offer solutions to "fix" the person. By demonstrating empathy and validation of the person's emotional responses is in itself healing and will facilitate recovery.

4. Reflective Responses - reflect the feeling you hear as an observation, not as a statement of fact. Examples of reflection of feelings responses.
 - "You feel (emotion) about (fact)"
 - "It sounds like..."
 - "It seems like..."
 - "Are you telling me that...?"
5. Minimal Encouragement – be tuned into what the person is describing and be sensitive to what the person wants to discuss so you don't steer them in the wrong direction. It does not mean allowing the person to ramble from topic to topic. Examples of minimal encouragement include:
 - Repeating a key word or two
 - "Then?"
 - "And?"

- “Could you tell me more?”
 - “How do you feel about that?”
 - “What does that mean to you?”
6. Silence is a positive communication tool that peer mentors need to be comfortable with. Individuals can use silence to sort through feelings and thoughts. Silence can also be a resting point before continuing on to a new communication. Silence may indicate that the person is coming to a decision or clarifying the situation. There are no set rules for how long a silence can or should last.
7. Open-Ended Responses - give encouragement and assistance in communicating. This lets the person determine the direction the conversation is going. Responses are general rather than specific and may be either complete or incomplete statements or questions that cannot be answered with a simple yes or no. Examples of open-ended responses include:
- Please say more about it?
 - Please explain a little more about...?
 - How did you feel about that?
8. Paraphrasing - figure out the essence of what the person has just said and restate it in a briefer form without changing or assuming the person’s meaning. Used properly paraphrasing can:
- Communicate that you understand or are at least trying to understand what the person is saying.
 - Give the person a chance to correct or clarify what they just said and perhaps understand it better him/herself.
 - Clarify a situation by restating it in a more concise and ordered manner.

Paraphrasing is helpful in:

- Clarifying confusing comments.
 - Tying a number of comments together.
 - Highlighting issues by stating them more concisely.
 - Checking your own perceptions.
9. Summarizing - review, condense and clarify. It is similar to paraphrasing and reflecting but covers a longer period of time, a wider range of feelings or content and a wider range of the peer mentor’s input. Summarizing is used to put a large amount of data into a more compact and coherent form. It helps the person to focus on what is important to them, serves as a catalyst for further

exploration and helps both the veteran and the peer mentor check their perceptions to maximize understanding. Summarizing can be used when a discussion has been rambling, confusing or lengthy, when mutual assessment is needed before going on to another phase or at the end of a session to emphasize what has transpired and what can be learned from it.

Other Communication Techniques

1. Get the message behind the statement - Listen for the message behind the statement, this is very important because it can be a major way in which you can help the person to sort out his/her confusing feelings and begin to get more clarity back.
2. Stay with the Person's Feelings - Getting hung up with facts or the progression of events will not help the person feel better. Help the person identify their feelings by reflecting back the feelings you are hearing.
3. Express Your Concern - Many of the points already mentioned will automatically do this. Simply hearing what the person says and feels will demonstrate your attentiveness and caring. Other comments like "I hear how sad you are feeling" will also show him/her that you are with them.
4. Support the Person's Strengths - The veteran may have difficulty realizing that he/she has any strength left. Use any opportunity to reinforce the person's strengths that you hear or see. For example, "It seems to me that you showed a lot of strength in that situation."
5. Assess the Person's Resources and Support System - The veteran will be stronger when they can allow themselves to get what they need from as many sources as necessary. Asking for help and being dependent ARE NOT the same thing.
6. What is the Person Avoiding? Be aware of what the veteran is trying to avoid talking about. When the person is doing a lot of avoiding, it is a good clue that the topic is painful. Even though it is your job to point out to the veteran that he/she is avoiding a topic and to offer the opportunity to talk about the topics, never force the person to discuss things that they are not ready to face.
7. What Are You Avoiding? Be aware of what you are avoiding, this may reinforce the person's beliefs that their problem is too scary, embarrassing, painful, etc. to discuss.

8. Hostility Toward You Try to remain calm and not get defensive, even though it may be difficult. The person may be displacing their anger from someone else onto you. Do not avoid the anger; the person's hostility must be worked through. You may be a safer target for the person's anger than the individual with whom they are actually angry at. Draw the line at abusive comments. Explain that such comments are not appropriate and that the meeting will end if the veteran continues.

Don't Give Advice

Advice means to suggest, urge, move, persuade, guide.

Often a peer mentor listens to the first few things the veteran says, decides what is really bothering the veteran and then offers advice about what to do. **This is not helpful.**



- It is based on too little information
- The peer has not taken the time to fully understand the veteran
- The veteran may have tried the idea and found that it didn't work.
- It gives the veteran the feeling that the peer is wiser.
- It takes the responsibility for solving the problem away from the veteran and gives it to the peer. The veteran does not own the problem anymore, the peer does.
- If the advice does not work the veteran can blame the peer.
- If the advice does work the veteran can't feel good because he/she didn't have much to do with the solution.
- Giving advice makes the veteran dependent on the peer. It does not let them become independent and learn to solve their own problems.

The only time advice giving is useful is in a real emergency, when the veteran doesn't have the information, time or strength to make decisions. Examples: suicide intervention, when there is a need for medical care, after an assault, etc.

Phrases, prompts

Things to say and not to say....

Questioning/Probing: Questions for information and clarity are vital, but questions that are loaded, excessive or moralizing are not necessary. Everyone needs to reveal him/herself at his/her own pace and can do so once trust and rapport have been established. If the person has difficulty speaking, use “door-openers”, reflecting feelings, communicate understanding and help the person go on.

Offering Advice/Solutions: Offering advice or solutions implies that you think you know more than the veteran does about what is right. It also shows that you are not listening, since advice is based on your experience **not** the veteran's. What the individual needs is direction to look at all possible alternatives and to consider the pros and cons of each. The veteran will then be able to make a decision on his/her own.

Making Judgments/Criticizing: Making judgments and/or criticizing are demeaning. You may not agree with how the veteran handles a situation, but critical comments will not make the veteran change and will probably cause the veteran to close off his/her feelings from you. You can be honest without putting the veteran down and still support him/her by conveying what you say with respect.

Sympathizing, Reassuring, Excusing: When you empathize with the veteran be careful that you are not sympathizing. You don't want to belittle the person's feelings or take them lightly. Do not reassure a veteran in order to calm him/her down. You want to help the veteran change, not just feel better. Let reassurance and support, grow out of your attitude and the way you communicate your concern.

“Why” Questions: “Why” questions have a negative effect because people often feel defensive when “why” questions are put to them. Support can occur without questioning the veteran. Ask yourself if the “why” question really needs answering or if it's just curiosity. If it needs to be answered, rephrase the question to eliminate the “why”.

Roadblocks to Communication

- Ordering
- Directing
- Commanding
- Warning
- Threatening
- Promising
- Moralizing
- Preaching
- Using “Should”
- Using “Ought”
- Advising
- Giving Solutions/Suggestions
- Lecturing
- Giving Logical Arguments
- Judging
- Criticizing
- Disagreeing or Agreeing
- Blaming
- Praising
- Name Calling
- Labeling
- Stereotyping
- Interpreting
- Analyzing
- Consoling
- Reassuring
- Sympathizing
- Probing
- Questioning
- Interrogating
- Withdrawing
- Distracting
- Using Sarcasm
- Humoring

Being a Good Listener

1. Attitude is important. Stay calm and communicate that calmness to the individual.
2. Stay Focused. If you are busy thinking about what you will say next, you may miss what the person is saying. What you miss may give a whole new angle to the entire conversation.
3. Show interest and involvement. Eating, drinking, interrupting etc. indicates that you have other things on your mind.
4. Know that what is meant often involves more than what the words that are said. Look for clues of what the person is trying to say, in tone of voice, facial expressions and overall behaviors.
5. Expect the individual to use words differently than you would. Try to get at what the person means.
6. Recognize that any anger or frustration is not directed at you. Do not take offense to anything that may be said.
7. Be comfortable with silences. Silence does not mean that nothing is happening; the individual may be sorting through their feelings and emotions.
8. Use minimal encouragement to keep dialog moving. For example “I see...” “Yes....” and “Mm-Hmm...”. These responses allow you to convey that you are interested and let the individual know that you are still with them.
9. Turn off your cell phone or pager. Keep your attention on the conversation with the veteran.

Establishing Healthy Boundaries

What is a boundary?

- Emotional and physical space between you and another person.
- Demarcation of when you and another begin and where you begin and another ends.
- Limit or line over which you will not allow anyone to cross because of the negative impact of its being crossed in the past.
- Established set of limits over your physical and emotional well being, which you expect others to respect in their relationship with you.
- Emotional and physical space you need in order to be the real you without pressure from others to be something that you are not.
- Emotional and physical perimeter of your life, which is or has been violated when you were emotionally, verbally, physically and/or sexually abused.
- Healthy emotional and physical distance you can maintain between you and another so that you do not become overly enmeshed and/or dependent.
- Appropriate amount of emotional and physical closeness you need to maintain so that you and another do not become too detached and/or overly independent.
- Balanced emotional and physical limits set on interacting with another so that you can achieve an interdependent relationship or independent beings that do not lose their personal identity, uniqueness and autonomy in the process.
- Clearly defined limits, within which you are free to be yourself with no restrictions placed on you by others as to how to think, feel or act.
- Set of perimeters, which make you a unique autonomous and free individual who has the freedom to be a creative, original, idiosyncratic problem solver.

Signs of Ignored Boundaries

- Everyone follows the “rule”, they do everything together and they all think, feel and act in the same way. No one is allowed to deviate from the norms. Uniqueness, autonomy, and idiosyncratic behaviors are seen as deviations from the norm.
- If the veteran feels their physical and/or emotional space being violated , they may blank out.
- The veteran has detached from people and feels separate from everyone.
- The veteran sees themselves as a victim and becomes overly defensive to ward off any further violation.

- The veteran has a “chip on his/her shoulder” that declares, “I dare you to come too close”.
- The veteran’s goal is keep their boundaries safe by not being seen or heard.
- The veteran builds a wall or puts up barriers to insure that other people cannot invade their emotional or physical space.
- The veteran feels that nothing they think, feel or do is their own business.

WHAT IS A CRISIS?

There is no cut and dried criteria for a crisis. One person's idea of a crisis may be different from yours. Because people's reactions to events vary, you can't always anticipate a crisis or know if someone you are working with is going through a crisis.

Indications of a crisis

1. Is there a radical negative change in the veteran's mood or behavior? Being depressed can be expressed in many ways:
 - Sleeping a lot or very little. Disturbed sleep patterns.
 - Experiencing excessive fluctuations in appetite (either way). Weight gain or weight loss.
 - Becoming increasingly isolated and feeling withdrawn and/or extreme sadness.
 - Becoming dependent on alcohol or drugs. Feeling worthless and/or hopeless.
2. Is the veteran giving verbal cues about suicide? For example statements like "what's the point?" "I wish I were dead", "nobody needs me", etc. Don't discount these pieces of information if they occur or hope that the mood will pass. Always assume that the threat is serious and respond directly. Remember, even though this may be frightening, you may be one of the few people he/she feels comfortable in telling just how difficult things have been. If you push them aside and don't respond to their cries for help he/she may become more isolated and hopeless.
3. Is the veteran talking about harming others? Contact the peer coordinator or parole officer. If the danger seems to be imminent, call 911.

Best Ways to Respond:

- Remain calm, even if the other person is sharing things that scare you, he/she is doing so because he/she trusts and/or feels comfortable with you.
- Use the listening skills you have developed and take the time to really try to hear what the person is saying. The person may view you as a role model and someone who can help him/her out of the situation.

- Remember that you aren't responsible for the person's actions or for making things "RIGHT". By using decision making skills you can help him/her look at positive alternatives.
- Don't make promises that come from wanting to make everything okay. you may be making promises you don't intend to keep once the crisis is over.
- Use your personal experiences to show the veteran that things are temporary and can be weathered.
- Know your limits. If you are not sure what those are or if you have other questions or concerns, call the Mentor Coordinator or the Parole Officer. Your supervisor can provide you with support plus help you decide if professional help should be sought.

If you feel that your efforts are getting nowhere, are not enough or you don't know what to do, it is a good idea to approach the idea of seeking professional help. It is important that the person takes your suggestion as an expression of concern and caring on your part and not as rejection or wanting no part of the problem. If the person refuses outside help and you feel that he/she could be a threat to him/herself or others or if you are uncertain, call your supervisor and discuss the situation. If you are sure the person is seriously contemplating suicide or another severe action call a crisis hotline or the person's therapist (if they have one). This is one situation where it is acceptable to breach confidentiality. When calling a crisis line or the police be sure you give them the person's name, location and phone number, a short summary of what the person is dealing with and whatever additional background information you think would be helpful.

Your help in responding to a crisis, hearing concerns and helping find resources to address them is one of the strongest ways you can say that you care and that you value the person. That knowledge can help people rebuild the strength they need in meeting any challenges they may face in the future.

DEPRESSION

What is Depression?

It is a common problem which severe and long lasting feelings of sadness or other problems get in the way of a veteran's ability to function. Unlike a mood that comes and goes, depression is a persistent problem that affects the way a veteran eats, sleeps, feels about things, and self esteem.

Common Symptoms of Depression

- Feeling sad or down more days than not
- Things in their life are no longer enjoyable
- Changes in sleeping, eating, and concentration
- Hopelessness
- Irritability
- Generalized anxiety that doesn't go away
- Persistent physical symptoms or pains that persist despite treatment.
- Symptoms typically last about 2 weeks without letting up. If they don't, the veteran should contact a professional psychologist or psychiatrist.

Working with a Veteran Who has Depression

- Depression is a serious illness and the veteran is probably working with a professional therapist. If not, suggest the veteran contact the Community Veteran Service Officer for referral to a psychologist.
- Prolonged depression may be the result of chemical imbalance in the brain.
- Listening to the veteran and offering understanding is very helpful. Again, don't offer advice and solutions. Listen and help the veteran set goals.

Depression and Suicide

- Suicidal thinking and behaviors is one of the risk factors for **lethal** domestic violence. Homicide-suicide accounts for 27-32% of deadly domestic violence incidents in the general population.
- Combat exposure, PTSD, depression, substance abuse, and/or TBI increase the risk of suicide.
- War experiences and combat stress reactions can lead a depressed person to think about hurting or killing themselves. Combat-related guilt is strongly related to suicidal behavior.
- Male combat veterans are twice as likely to die from suicide as their civilian counterparts.

POST TRAUMATIC STRESS DISORDER

What is PTSD?

PTSD is an anxiety disorder that can occur after a veteran has been through a traumatic experience such as combat exposure or sexual assault. During these events a person feels like their or another's life is in danger and has no control over what is happening. Often, veterans relive combat experiences in dreams and hallucinations. They may experience "survivor guilt"; guilt that they survived and their colleagues didn't.

A lot of veterans who develop PTSD get better on their own. About one third continue to have symptoms. Sometimes PTSD symptoms may not occur until months or years later.

PTSD symptoms often are similar to those of depression and TBI. They interfere with daily activities and interrupt work and home life. Things that can trigger PTSD include hearing a car backfire, seeing a car accident and watching the news. PTSD can lead to anger, which can result in violent behavior or abuse. It can help to have a time out. Women in the military are experiencing combat more often than in the past. They are at more risk of developing PTSD because of sexual harassment or sexual assault than men.

Common Symptoms of PTSD

- Reliving the event through flashbacks
- Nightmares
- Avoiding certain situations
- Emotional Numbness
- Hypervigilance
- Depression
- Anger outbursts
- Guilt, shame, blame
- Isolation

Working with Veterans with PTSD

- Many veterans experience PTSD as a common reaction to the experience of war. PTSD is a serious but treatable condition that can occur after experiencing a traumatic event(s) that involved death or injury to self or others.
- PTSD symptoms that don't decrease over a few months can cause problems in daily life and intimate relationships. PTSD can make someone hard to be with.
- Remind the veteran that PTSD is a common reaction to extreme stress.
- Having PTSD does not mean the veteran is crazy.
- This is not a personal weakness. PTSD is the result of chemical imbalance.
- Listen and don't give advice

SUICIDE

Suicide and Veterans

- Combat exposure, PTSD, depression, substance abuse, and/or TBI increase the risk of suicide.
- About 50 veterans discharged from Iraq or Afghanistan committed suicide each year between 2002 and 2006.
- War experiences and combat stress reactions can lead a veteran to think about hurting or killing themselves. Combat-related guilt is strongly related to suicidal behavior.
- Male combat veterans are twice as likely to die from suicide as their civilian counterparts.
- At least 349 men and women on activity duty and in the reserves committed suicide in 2009.

Warning Signs of Suicide

- Talking or joking about suicide.
- Statements about being reunited with a deceased loved one.
- Statements about hopelessness, helplessness, or worthlessness. Example: "Life is useless." "Everyone would be better off without me." "It doesn't matter. I won't be around much longer anyway." "I wish I could just disappear."
- Preoccupation with death. Example: recurrent death themes in music, literature, or drawings. Writing letters or leaving notes referring to death or "the end".
- Suddenly happier or calmer.
- Loss of interest in things the veteran cares about.
- Unusual visiting or calling people the veteran cares about - saying their good-byes
- Giving possessions away, making arrangements, setting one's affairs in order.
- Self-destructive behavior (alcohol/drug abuse, self-injury or mutilation, promiscuity).
- Risk-taking behavior (reckless driving/excessive speeding, carelessness around bridges, cliffs or balconies, or walking in front of traffic).
- Having several accidents resulting in injury. Close calls or brushes with death.
- Obsession with guns or knives.

Working with Veterans Who Seem Suicidal

- Don't panic- Be empathetic, not sympathetic. The veteran should not be aware if anxiety you may be experiencing.
- Ask the veteran if s/he has thought about suicide. If so, does the veteran have a plan?
- If you're uncomfortable contact the Peer Coordinator, parole officer, local hotline or emergency number.
- Reattribution. A statement commonly heard is "it's all my fault", help the veteran redistribute the responsibility for the events and situations.
- Have the veteran talk about the advantages and disadvantages of maintaining or changing the suicidal belief or behavior.
- Make a contract with you that the veteran will not hurt themselves. If they agree then you could call them at a prearranged time or have them call you at a prearranged time. They could also be asked to contact a hotline at a prearranged time.
- If the veteran has a therapist and has refused to contact the therapist, ask the person if you can call their therapist and then have the therapist call them.

DOMESTIC ABUSE/VIOLENCE

Veterans and Domestic Abuse/Violence

Most returning military personnel have readjustment and stress issues, most do not become abusive to their partners and/or families. Domestic violence may occur if the veteran has a history of controlling behavior and/or physical violence before deployment. It can also occur if there was no history violence before deployment.

What is Domestic Abuse/Violence?

Domestic abuse/violence is a pattern of behavior resulting in emotional or psychological abuse, economic control, and/or violence toward:

- A current or former spouse
- Someone with whom the abuser shares a child in common
- A current or former intimate partner with whom the veteran shares a home or has shared a home.

Some acts of domestic violence are crimes:

Assault	Threats to kill or cause bodily harm
Stalking	Sexual assault
Verbal abuse/harassment	Use of weapons
Strangulation	Intimidation
Violation of Orders of Protection or Conditions of Release	

Domestic abuse includes neglect, controlling finances and isolation.

Common Risk Factors for Lethal Domestic Violence

- Abuser has access to a gun.
- There has been an increase in the frequency of violence and severity of injuries.
- There was police involvement in the prior year.
- Abuser has violated a Protective Order
- Abuser has threatened homicide or suicide, verbalized plans to commit homicide or suicide.
- Abuser used a weapon or threatened to use a weapon in prior incidents.
- Abuser has raped the victim.
- Abuser beat the victim while she was pregnant.
- There was a recent unwanted separation where the victim obtained a protection order or filed for divorce.
- There has been a change in custody arrangements, and the abuser has limited access to children and partner.
- Victim has entered a new relationship.
- Chronic substance abuse by the domestic violence perpetrator poses an increased risk for dangerous/lethal violence.

- Suicidal thinking and behavior.
- Veterans with a prior history of abusive and controlling behavior toward their partner, and are now experiencing PTSD or TBI, pose an increased risk of dangerous re-assault.

Working with Veterans Who have Committed Domestic Violence

SUBSTANCE ABUSE

Substance Abuse and Veterans

Some combat veterans “self-medicate.” They drink or abuse drugs to numb out the difficult thoughts, feelings, and memories related to their war zone experiences. Drugs include alcohol, tobacco, street drugs or prescription drugs. Staying sober or clean is very difficult.

Substance abuse combined with mental illness and/or PTSD can lead to suicide.

Warning signs of substance abuse

- Frequent, excessive drinking or drug use.
- Having thoughts they should cut down.
- Feeling guilty or bad about drinking or using drugs.
- Others becoming annoyed or criticizing how much the person is drinking or using drugs .
- Problems with work, family, or other regular activities caused by drinking or drug use.

Working with Veterans Who Abuse Substances:

- The veteran needs to recognize the need for help.
- Most often, veterans cannot “kick the habit” by themselves. Encourage veterans to seek medical help and join groups such as Alcoholics Anonymous.
- Acknowledge the difficulty of quitting and encourage the veteran to keep on trying.

Traumatic Brain Injury

Veterans and Traumatic Brain Injury

Many more veterans are returning from Iraq and Afghanistan than in previous wars. Part of this is because of improvements in medical technology, allowing more veterans to survive brain injuries that would have been fatal in previous wars. Service members also are more likely to have TBI because of blast exposures from improvised explosive devices, suicide bombers, land mines and so forth. Brain injuries are frequently not diagnosed soon after the injury occurred. The presence of a TBI may aggravate PTSD stress reactions and vice versa.

Symptoms of Brain Injury

Some symptoms of mild TBI are similar to those of PTSD including:

- sleep problems
- poor memory
- anxiety
- depression
- irritability
- anger
- poor impulse control
- increased verbal/physical aggression
- headaches
- dizziness
- fatigue
- blurred vision
- intolerance to noise and light.

Working with Veterans with TBI

- Remember, brain injuries can produce lingering symptoms that interfere with social and occupational functioning. Veterans may need to be reminded of things such as appointments and meetings.
- Be patient.

VETERANS COURT/MCIL VETERANS MENTOR PROGRAM GOAL SETTING CONTRACT

Consumer Name

Mentor Name

Date

What are your goals? (You don't need to have four goals.)

1.

2.

3.

4.

Set a deadline for completing each of your goals:

1.

2.

3.

4.

Why do you want to reach these goals?:

List the obstacles in your way, and how you plan to overcome them:

1.

2.

3.

What are three qualities you have which will help you reach your goals:

1.

2.

3.

Mentee name (print please)

Mentee's signature

Date

Mentor's Name (print please)

Mentor's Signature

Date

MCIL Coordinator Signature

Date

MCIL Independent Living Manager

Date

HENNEPIN VETERANS COURT/MCIL VETERANS MENTOR PROGRAM PROGRESS REPORT FORM

Mentee Name_____

Mentor Name_____

Date met_____ Time_____ Length of Visit_____

Type of meeting (circle one)

Phone

In person

Where did you meet?

Goals worked on?

Explain any problems or concerns you have?

Do you have any concerns regarding your relationship with mentee?

Do you feel safe while with your mentee/or do you feel that mentee is safe from any harmful situations? Explain.

Peer Mentor Signature:

Date

VETERANS COURT/MCIL VETERANS MENTOR PROGRAM TIME SHEET

Date	Mentee	Place	Time (from to)	Duration

Total Hours _____

Peer Mentor Signature Date

.....
For Office Use Only

Peer Mentor Coordinator Date

Amount to be paid:_____

MCIL IL Manager Date

RESOURCES FOR MENTORS AND MENTEES

MyHELPList

Information and Assistance for Military Service Part I and Family Members During Tough Economic Times

MILITARY RESOURCES *Our Best Online Portals, Call Centers and Locator Services !*

Military OneSource

24/7 Call Center

You name it. We can help!

1-800-342-9647

www.MilitaryOneSource.com

MilitaryHOMEFRONT

DoD programs, policies, news and events.

www.MilitaryHOMEFRONT.dod.mil

www.MilitaryINSTALLATIONS.dod.mil

Joint Family Resource Center (JFRC)

On-demand counseling, educational materials and programs provided to support command sponsored deployment, personal finance and transition programs at no cost to commands.

Command leaders should call:

1-888-256-9920

<http://jfsap.mhf.dod.mil/request>

Joint Family Support Assistance Programs (JFSAP) for Guard and Reserve

For state JFSAP staffs, regional coordinators and other key points of contact, call:

1-800-342-9647

www.GuardFamily.org

www.defenselink/ra

Transition Assistance Advisors (TAAs)

Veterans benefits counseling, information, assistance and community referrals.

See full listing of TAAs in Resource Section of

www.TurboTAP.org

TurboTAP.org

Personal finance, transition assistance and benefits information for active duty, National Guard and Reserve service and family members.

www.TurboTAP.org

Deployment Health & Family Readiness Library

Online family readiness resources, deployment cycle support articles, and physical, environmental, occupational, and mental health fact sheets for deployers written in "plain English."

<http://deploymenthealthlibrary.fhp.osd.mil>

Wounded Warrior Resource Center

Specialized support for wounded, ill and injured servicemembers and their families.
1-800-342-9647

www.MilitaryOneSource.com

MyArmyBenefits

Online calculators and comprehensive military benefits information of value to all military servicemembers.

1-888-721-2769

www.myarmybenefits.us.army.mil

Military Chapels and Chaplains

Call Military OneSource: 1-800-342-9647 for referrals or visit DoD's locator service:

www.MilitaryINSTALLATIONS.dod.mil

**ADDITIONAL
MILITARY RESOURCES****Military Relief Societies**

Personal and family financial counseling, emergency loans, consumer advice and basic assistance. Active duty, National Guard and Reserve are eligible to use these programs.

For the office nearest you, visit:

www.MilitaryINSTALLATION.dod.mil

or call **Military OneSource:**

1-800-342-9647

Army Emergency Relief (AER)

www.aerhq.org

1-800-769-8951 or 1-866-878-6378

Air Force Aide Society (AFSC)

www.afas.org

Navy/Marine Corps Relief Society (NMCRS)

www.nmcrs.org

703-696-1481

Military OneSource

1-800-342-9647

For the family support center nearest you:

www.MilitaryINSTALLATION.dod.mil

Army Community Services (ACS)

www.MyArmyLifeToo.org

Airman and Family Readiness Flights

www.AFCrossroads.com

Navy Fleet and Family Services (FFSC)

www.nffsp.org

www.LIFELines.navy.mil

Marine Corps Community Service (MCCS)

www.usmc-mccs.org/installation

Joint Family Support Assistance Program

supporting the National Guard and Reserve
National Guard

www.GuardFamily.org

Reserve Components

www.Defenselink/ra

1-888-777-7731

National Suicide Prevention Lifeline

Support and assistance for military
personnel, veterans and their families

1-800-273-TALK (8255)

www.suicidepreventionlifeline.org

Military Pay, Compensation & Benefits

Information about military pay, compensation, benefits, sources of assistance and easy-to-use online calculators.

Compensation & Benefits Handbook

www.TurboTAP.org

Defense Finance and Accounting Service (DFAS)

www.defenselink.mil/militarypay/pay/calc/index.html

DoD Pay and Compensation

www.defenselink.mil/militarypay/index

Military Pay Calculator

www.MyPay.gov

MyArmyBenefits Calculators

<http://MyArmyBenefits.army.mil>

Retirement Calculator

www.defenselink.mil/militarypay/retirement/calc/index.html

Survivors Benefit Plan

www.defenselink.mil/militarypay/survivor

WarriorCare/National Resource Directory

www.WarriorCare.mil

<https://www.nationalresourcedirectory.org>

GOVERNMENT RESOURCES

Small Business Administration (SBA)

Military Reservist Economic Injury
Disaster Loan Program, Patriot (cont)

Express Loans for military spouses,
Veteran Business Outreach Centers,
Small Business Development Centers.

www.sba.gov

Social Security Administration (SSA)

Military Service and Social Security fact sheets.

<http://www.ssa.gov/pubs/10017.html>

Thrift Savings Plan (TSP)

Retirement savings plan for military personnel offers tax-free investments prior to withdrawal of funds.

www.tsp.gov

1-TSP-YOU-FRST

ORGANIZATIONS**BY TYPE OF ASSISTANCE****Banking****Association of Military Banks of America (AMBA)**

Financial education materials, resources and links.

www.ambahq.org/resources.htm

540-347-3305

Defense Credit Union Council

Directory of Local Credit Union Branches, financial resources, links and financial policy information.

www.dcuc.org

202-638-3950

Charitable Organizations**American Legion**

Heroes to Hometowns program, veteran affairs services, family support centers, general assistance, reunions and awards.

www.legion.org/homepage.php

www.legion.org/national/contact

American Supports You (Website)

Connects military servicemembers and families to organizations that provide a wide range of support, assistance, adaptive equipment, scholarships and other helpful resources.

www.americasupportsyou.mil

Angels of Mercy Program

Clothing and supplies for wounded servicemembers.

www.supportourwounded.org

703-938-8930

Children of Fallen Heroes

Housing, college grants and scholarships for children and spouses of fallen heroes.

www.cfsrf.org

301-865-6327

United Services Organizations (USO)

USO Centers, Internet and email access, libraries, reading rooms, recreational activities, regional veterans services, and family services.

www.uso.org

703-908-6400

Yellow Ribbon Program

Food, clothing, shelter, medical assistance and education for veterans.

www.yellowribbonfoundation.com

1-888-99-4VETS

Children and Youth Services**Armed Services YMCA (ASYMCA)**

Child care, hospital assistance, military spouse support, food services, computer training, health and wellness support and holiday meals.

www.asymca.org

1-800-597-1260

703-313-9600

Boys & Girls Clubs of America

Youth centers provide educational, recreational, cultural, and social activities for military youth.

www.bgca.org

Junior Achievement

Financial education and resources that encourage young people on such concepts as work readiness, entrepreneurship and financial literacy.

www.ja.org

Jump\$tart Coalition for Financial Literacy

Financial literacy publications, websites and links to improve the personal financial education of children, teens and young adults.

<http://www.jumpstart.org/states.cfm>

Consumer Information**Consumer Federation of America (CFA)**

Support provided through CFA website includes a newsletter, publications, resource center and promotion of special events.

www.consumerfed.gov

202-387-6121

Council of Better Business Bureaus (BBB)

Information that protects service members from unscrupulous businesses, BBB reliability reports, BBB Auto Line, BBB MilitaryLine, and dispute resolution services.

703-276-0100

www.bbb.org

Military Sentinel (FTC)

Identifies and reports on consumer protection issues.

<http://www.consumer.gov/military/>

Consumer Credit Counseling

Center for Responsible Lending

Credit counselor locator service, home foreclosure and legal assistance, payday loan calculator, policy and technical assistance, coalition building and research
www.responsiblelending.org
202-349-1850

InCharge Institute of America

Military Money Magazine, no-cost/reduced-fee debt elimination programs and "Military Money Minute" radio broadcasts.
www.inchargefoundation.org
www.militarymoney.com
1-800-565-8953

National Foundation for Credit Counseling (NFCC)

Consumer credit counseling services including homeowner, money and credit, bankruptcy education and counseling, debt management planning assistance, and free and low cost general assistance.
www.nfcc.org
1-800-388-2227

Financial Education

American Financial Services Association (AFSA)

Education Foundation

Responsible money management tools, advice for understanding credit, credit management support, free MoneySkill online course.
www.afsaef.org
www.moneyskill.org

American Institute of Certified Public Accountants (AICPA)

Financial calculators, tips, recommendations and personal finance referrals.
www.feedthepig.org

Financial Planning

Certified Financial Planner

Board of Standards (CFP Board)

Recommends how to choose a financial planner, set financial goals and get started on a financial plan. CFP maintains a financial planner database.

<http://www.cfp.net/learn>

<http://www.cfp.net/search>

Financial Planning Association (FPA)

Helps consumers find a financial planner and financial educational materials.

www.fpaforfinancialplanning.org

www.plannersearch.org

National Association of Personal Financial Advisors (NAPFA)

Maintains a financial planner search service for "Fee-Only" comprehensive financial advisors nearest you.

<http://www.napfa.org/consumer/index.asp>

<http://www.napfa.org/consumer/planners/index.asp>

Employment Assistance

Association for Financial Counseling & Planning Education (AFCPE)

Offers fellowships for military spouses to attain the Accredited Financial Counselor (AFC) certification.

www.afcpe.org

(614) 485-9650

Career One-Stop Centers (Dept of Labor)

Local Veterans' Employment Representatives (LVER) and Disabled Veterans Outreach Program (DVOP) counselors provide career and employment support for military service and family members at state employment offices.

www.careeronestop.org

1-877-348-0502

MILSpouse (Department of Defense)

Comprehensive resources that provide support, information and referrals for Military spouses seeking portable careers and employment opportunities.

www.MILSpouse.org

REALifelines (Department of Labor)

Offers support for wounded, ill, injured and disabled service members, search engine for civilian careers, an online resume-writer, and a military-to-civilian skills translator.

www.hirevetsfirst.gov/REALifelines

202-693-4700

1-800-USA-JOBS

TurboTAP.org (Department of Defense)

Employment hub, military friendly employers, transition assistance guides, checklists, decision support planning tools and benefit email alerts.

www.TurboTAP.org

Military Spouse Career Advancement Accounts (CAA) (Department of Defense)

Provides funding for licensing and credentialing training programs that provide portable careers for military spouses.

www.CAA.MILSpouse.org

Warriors to Work Program

Job search assistance for wounded warriors transitioning to civilian jobs.

<https://wtow.woundedwarriorproject.org>

1-877-TEAM-WWP

Wallstreet Warfighters Foundation

Paid training for Wall Street Careers.

info@wallstreetwarfighters.org

1-888-439-3935

Healthcare

Army Wounded Warrior Program

Support programs for wounded soldiers who incurred an injury or illness after 10 September 2001 or in support of the Global War on Terror (GWOT)

<http://aw2portal.com/Default.aspx>

Blinded Veterans Association

Field Service Program, Volunteer Service Program and Scholarship Program.

www.bva.org

1-800-669-7079

Caring Bridge

Free online service that allows military families to remain updated on their servicemember's medical condition while in a military hospital or major medical center.

www.fisherhouse.org/caring/aboutCaring.shtml

Veterans Affairs Health Care Program

Primary care, specialized care and related medical and social support services.

<http://www1.va.gov/HEALTH/index.asp>

Wounded Warrior Project (WWP)

WWP Solider Ride Program, TRACK Operation Outreach, Warriors to Work, WWP Outdoors, Patient and Family Support WWP Packs, and WWP Peer Mentoring.

www.woundedwarriorproject.org

Yellow Ribbon Fund

Volunteers of Walter Reed and Bethesda Medical Centers help injured servicemembers enjoy their community through outreach activities and services.

www.yellowribbonfund.com

240-223-1180

Housing Assistance

Fisher Houses and Programs

Temporary housing on the grounds of major military or VA medical centers for families and caregivers of individuals admitted to the hospital, Caring Bridge Program status updates, scholarships for children and spouses, Hero Miles (free airline tickets for family members of an OIF/OEF ill or injured servicemember), and Newman's Own organizational grants.

www.fisherhouses.org

Homes for Our Troops

Builds or adapts homes for handicapped accessibility at no cost to veterans.

www.homesforourtroops.org

508-823-3300

1-866-7 TROOPS

Hope NOW

Hope NOW is an alliance between HUD approved counseling agents, servicers, investors and other mortgage market participants that provide free foreclosure prevention assistance.

www.hopenow.com

1-800-995-HOPE

HUD (Housing and Urban Development) Hope for Homeowners Assistance Program

Provides help for homeowners at risk for foreclosure and housing educational materials.

www.hud.gov

1-800-225-5342

Insurance

National Association of Insurance Commissioners

Military Sales Online Reporting System, oversight for state and local insurance companies, and insurance company rankings.

www.naic.org/government_relations.htm

1-866-470-NAIC

Department of Veterans Affairs (VA)

Insurance programs that specifically provide insurance benefits for veterans and service members who may not be able to get insurance from private companies because of the extra risks involved in military service or a service connected disability.

www.insurance.va.gov

Investments**Investor Education Foundation**

Information that increases investor literacy and promotes savings and investing.

www.saveandinvest.org

North American Securities Administrators Association (NASAA)

Investor Awareness Quiz, NASAA Fraud Center, Investor Bill of Rights, Investing Online Resource Center, and investor alerts and tips.

www.nasaa.org

202-737-0900

Legal Assistance**Services On Military Installations**

Trained legal professionals provide wills, powers of attorney, advanced medical directives and legal assistance services to military service members and their families free of charge. For the office nearest you: call Military OneSource 1-800-342-9647 or visit DoD's locator service:

www.MilitaryINSTALLATIONS.dod.mil

Savings

Military Saves & America Saves

A social marketing campaign aimed at persuading, motivating, and encouraging military families to save money every month, and to convince leaders and organizations to be aggressive in promoting automatic savings.

<http://www.militarysaves.org>

<http://www.americasaves.org>

Servicemember Organizations

Navy League of the United States

Scholarships, youth mentoring programs, awards, Navy League Hiring Center for veterans, employment opportunities, educational programs, and outreach.

www.navyleague.org

703-528-1775

1-800-356-1560

Marine Corp League

Help for wounded Marines, scholarships, awards, health and comfort items, youth programs, and veterans medical center activities .

www.mcleague.org

703-207-9588

1-800-625-1775

Scholarships

Financial Aid for Military Spouse Education

Scholarships, grants and assistance programs for higher education for spouses of servicemembers.

http://www.dantes.doded.mil/Dantes_web/library/docs/counselorsupport/FOSSM.pdf

National Military Family Association (NMFA)

Scholarships, rights and benefits education, deployment and family support, camps, retreats.

www.nmfa.org

Scholarships for Military Children

Scholarships for military children regardless of servicemember's status.

www.militaryscholar.org

Tax Services**Military One Source**

Free income tax filing, tax calculators, tax advisors and counseling services, and income tax preparation course.

www.militaryonesource.com

1-800-342-9647

Internal Revenue Service (IRS)

Tax information for military members and their families.

<http://www.irs.gov/newsroom/article/0,,id=97273,00.html>

Travel**Operation Hero Miles**

Allows troops and service members stationed in Iraq or Afghanistan to visit their loved ones on leave at no cost; allows family members and spouses to visit their wounded servicemembers in military hospitals across the country at no cost.

www.heromiles.org

SOURCES

IndependenceFirst , 600 W Virginia Street, 4th Floor, Milwaukee, WI 53204
(414) 291-7520 (V/TTY), dlangham@independencefirst.org, www.independencefirst.org

American Veterans with Brain Injury, <http://www.avbi.org/index.html>

Defense and Veterans Brain Injury Center, <http://www.dvbic.org/About-DVBIC.aspx>

Emedicinehealth, http://www.emedicinehealth.com/substance_abuse/article_em.htm

The VVA Veteran, The Official voice of Vietnam Veterans of American,
<http://www.vva.org/veteran/0210/veteran0210.html>

Military OneSource.com, <http://www.militaryonesource.com/>

United States Department of Veterans Affairs, <http://www.va.gov/>

Modern Medicine, June 11, 2010

National Alliance on Mental Illness, www.nami.org