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## Wounded Warrior Care and Transition Policy Trip Report

**SITE VISIT:** Army Medical Command (MEDCOM) Chaplain's Symposium, San Antonio, TX

**PURPOSE:** In conjunction with the oversight function of the WWCTP office, staff attended this symposium in order to better understand the challenges all caregivers face when supporting their Wounded Warriors. Compassion fatigue, caseloads, allowing time for self care and developing resiliency tools are emerging themes. Families, medical/non-medical professionals and chaplains experience when performing the role of Caregivers. The symposium addresses these themes.

**DATES:** January 25-28, 2010

### HOST ORGANIZATION POINTS OF CONTACT:

Chaplain (COL) Gordon Groseclose, Chief of the Department of Pastoral Ministry Training (DPMT) at the Army Medical Center School

(b)(6) DPMT

(b)(6) DPMT

### VISIT OVERVIEW:

- Conference was the first-ever Warrior Transition Battalion (WTB) Chaplain's Symposium
- Organized by the DPMT at the Army Medical Center School
- 40 attendees (Chaplains and Chaplain's Assistants) from WTBs and hospitals around the country. Most Chaplains are Retired Recalls
- Focus was to develop a standard of spiritual care through annual training, an AKO Community website, Individual Religious Support Plans and Warriors in Transition (WTs) Spiritual Assessments
- Agenda included:
  - Briefing by Soldier with Post-traumatic Stress Disorder (PTSD) and wife
  - Modules on:
    - ✓ active reflective listening
    - ✓ self care
    - ✓ admission and case management process
    - ✓ Medical Board process
    - ✓ Care for WTU Cadre
    - ✓ Spiritual assessments and individual care plan
    - ✓ Wounded Warrior grants
    - ✓ Psychological first aid and crisis management
    - ✓ PTSD/TBI treatment modalities
    - ✓ Religious care plans
  - Best practices discussion
- Visit with 17 care coordinators and Wounded Warrior Program staff; including Recovery Care Coordinators (RCC), Federal Recovery Coordinators (FRC), Army Wounded Warrior Program (AW2) Advocates and Navy Safe Harbor non-medical care managers and staff.



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## OBSERVATIONS

### ***Soldier with PTSD and wife***

- Briefing by (b)(6) and (b)(6) on their experience with his PTSD and how chaplains can be helpful
- (b)(6) reminded Chaplains to never assume a Soldier will share any information with spouse
- (b)(6) was a Family Readiness Group leader, but had not information on PTSD
- If you want to win the battle against PTSD, spouses need to be a part of it
- "Perception" of PTSD is not always reality, e.g. Soldiers with PTSD are perceived to be drunks and bums but many Service members and families
- Education on what to expect when spouse diagnosed with PTSD is critical to understanding the healing process
- (b)(6) said the worst thing you can tell a Soldier is the Army no longer needs him
- Developing "Battle Plan" to survive after retired from Army. Not confident about quality and accessibility of VA care
- Did not have Comprehensive Transition Plan, or if he does, did not recognize it as a long-range plan
- The most helpful aspects of the recovery from (b)(6) and (b)(6) were learning to maintain a positive attitude; focusing on the Unit, rather than on self; setting and working toward goals; keeping the faith; and never turning your back on your husband

### ***Active Reflective Listening***

- Presented by CH (LTC) Bruce Messinger, Director, BAMC Clinical Pastoral Education Center
- Important because someone needs to listen with unconditional love in a way that says "you are important enough for me to listen"
- Guided discussion and exercises on developing open (v. closed) questions and reflective responses

### ***Care for Self***

- Presented by (b)(6) Resiliency Subject Matter Expert, Soldier and Family Support Branch
- Highly interactive training on how to avoid burnout/compassion fatigue
- Identified personal stressors, how to identify burnout, setting boundaries and developing a holistic plan for dealing with life's stressors that incorporated physical, spiritual, emotional, mental and social skills

### ***WTB Admission and Case Management Process***

- Presented by (b)(6) WTB Bravo Company Supervising Case Manager
- WTB has population of 600. Nurse Case Manager (CM) ratio is 1:20. Part of Triad.
- Soldier's MISSION is to heal
- CM establishes medical plan for each Soldier which is incorporated into CTP
- Recovery Team consisting of Triad, Non-medical case managers (AW2 Advocate, Squad Leader, Platoon Leader) meets weekly to discuss WTs



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- Unaware of how many Warriors in Transition (WTs) were in DES Pilot

**Medical Board Process**

- Presented by (b)(6), Disability Physician, Health Care Operations Department
- Discussion of the Medical Board Process, as well as brief overview of the Disability Evaluation System (DES) Pilot
- Briefer mentioned the DES Pilot takes longer than the current system, which WWCTP staff clarified as incorrect

**Care for WTB Cadre**

- Presented by (b)(6) WTB Charlie Company Platoon Leader
- Detailed Cadres' stressors and how chaplains could help
- List of stressors included:
  - Families – often the Cadre is the only reliable “family” to Soldier
  - Rank – some have problems interacting with enlisted and NCO care managers
  - Taskings – short-notice requests create stress
  - Trainings – expecting Wounded Warriors to complete regular Army trainings, when the curriculum may not be appropriate for them
  - Dealing with loss – Cadre is stressed when a Wounded Warrior dies
  - Appointments – it is Cadre’s responsibility for ensuring a Wounded Warrior makes all appointments
  - Accountability – Cadre must know where all Wounded Warriors are by 0900
  - Drugs and alcohol – Wounded Warriors may turn to drugs and alcohol to escape from problems
- Training often conflicts with medical/non-medical appointments
- Chaplains most effective when working with WTs family
- SFC noted that Cadre tour has been extended from two years to three. WWCTP staff follow up with BG Cheek’s office confirmed that this is not Army policy

**Spiritual Assessments**

- Presented by (b)(6) Command Chaplain, U.S. Army Medical Command
- Provided an evidence-based spiritual assessment tool that all MEDCOM Chaplains are now expected to use
- Tool will provide baseline against which to measure Wounded Warrior’s progress
- Can be administered by Chaplain, Chaplain’s Assistant or Squad Leader
- Goal is to make the tool web-based, so data can be compiled
- Not part of CTP

**Psychological First Aid, Crisis Management, and Community Integration**

- Presented by COL Gordon Groseclose, Chief of DPMT
- Practice “Psychological First Aid”
  - Allow Soldier to remember, mourn, tell their story
  - Allow Soldier to reconnect with spouse, family, unit, community

**Wounded Warrior Care Project (Augusta, GA)**

- Presented by Laurie Ott, Executive Director
- Detailed the organization’s efforts including:
  - Fundraising for Fisher House
  - Transition Roundtable – job fair, vocational rehabilitation, veterans courts, housing
  - Recreational therapy, including kayaking



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- Veterans Curation Project – training and employment program teaching Wounded Warriors curation skills
- Peer mentor program (planned for future)

**PTSD/TBI Treatment**

- Presented by (b)(6) LCSW for Army Battlemind/Comprehensive Soldier Fitness Program
- Discussed elements of building relationships and organizational stress, including:
  - Environment – work space, equipment and appearance
  - Roles – workload, role ambiguity and role conflict
  - Relationships – creating ones that are respectful, open, available, accessible and approachable
  - Myths – addressed common misconceptions such as “I am the only one going through this”
- Offered that Social Workers' roles are similar to Chaplains'. Recommended closer interface between two programs

**Religious Care Plan**

- Presented by (b)(6)
- Similar to a professional Individual Development Plan
- Helps prioritize ministry with WT Soldier
- Helps establish Chaplains' roles and responsibilities
- Provides intentional support
- Assess population being served
  - Data on WTs can be collected by Chaplain's Assistant
  - Data on population will help develop care plan
- Tools to run a Chaplain's office: Mission Essential Task List, Standard Operating Procedure and Mission/vision statements

**Best Practices**

- Chaplains provided thoughts on what has worked within their ministries:
  - “Intentional walking around” – interacting with Soldiers and families on an informal basis
  - Bible study, Chaplain's Night or Pancake breakfast - provide food and hold where Wounded Warriors live
  - Suicide Recovery Retreat for high-risk Soldiers - help them with public speaking skills, which builds confidence and provides forum for their stories
  - High-risk Spouse Network – give spouses time away, with training in the morning and spa in the afternoon
  - Marriage enrichment cruise – 5 day cruise focused on couples interactions and their communication skills
  - Memorials of Faith – trip to Washington, D.C. to visit memorials and Arlington National Cemetery in order to connect to why the Soldiers and families made the sacrifices they made
  - Camp Cope – to help children build coping skills
  - Some Chaplains engage Wounded Warriors to support the Chaplain's office by volunteering. Gives the Warriors a sense of purpose. Some have become Chaplains or Chaplain's Assistants



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**Care Coordinators Meeting**

- Met with Services' Recovery Care Coordinators (RCCs), DOD/VA Federal Recovery Coordinators (FRCs), Army AW2 Advocates and Navy Safe Harbor non-medical care managers and staff
- Caseloads ranged from 34 to 60
- The actual number of cases mattered less than the acuity
- Some of the common issues their Wounded Warriors face are finances, caregiver job training and local transportation to appointments
- Complexity of Post 9/11 GI Bill eligibility and transfer options presents challenges to Wounded Warriors and care managers. Thorough training for care coordinators on this new law is critical to providing appropriate information to the Wounded Warrior
- Very difficult to get information from VA on status of benefits claims
- Many referrals due to own informal processes (outreach or personal relationships)
- Feeling burdened by paperwork and administrative processes. Desire for system integration
- Some AW2 Advocates were unclear about status of CTPs for their WTs. However, AW2 Advocates were included in TRIAD meetings
- Wounded Warriors are still getting multiple case managers and are either unclear who to go to or playing case managers off each other

**TAKE AWAYS:**

- (b)(6) has conceptualized a five day retreat for Wounded Warriors and families called "Family Integration Training" (FIT). It would encompass discussion of diagnosis/prognosis, learning life integration and problem solving skills and provide an understanding of the medical and non-medical support available to families. FIT would be run by chaplains, with help from doctors, case managers and others
- The staff ran a group discussion of "ups" and "downs" at the end of each day, to capture instant feedback on the training. Very effective to capture initial reactions and adjust course immediately, as appropriate
- The Chaplains will continue to have discussions and share information on an AKO Chaplain Community site. Will include identified "Best Practices" from Symposium on website
- (b)(6) asked every presenter how Chaplains can better serve their programs
- (b)(6) requested input from WWCTP staff on success of symposium
- While the Assessment Tool and Plan are critical elements of spiritual care, it needs to be thought through how they are integrated with the Comprehensive Transition Plan
- Leadership staff aware of challenges of recognizing and ministering to WTs with PTSD
- Working to enhance workforce by bringing in Chaplains with additional specialties as well as additional MOS's such as pastoral counseling
- Use of Chaplains' Assistants was emphasized to assist with additional requirements necessary to standardize Chaplain ministry within the WTBs
- Cadre staff mentioned that Cadre positions were not always filled expeditiously; Squad Leaders overwhelmed; these high visibility positions subject to continuous scrutiny
- Chaplains often conflicted with ministering to the WTs and to the Cadre



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- Chaplains may or may not be included in Recovery Teams/Meetings. Depends on WTB

**RECURRING THEMES**

- Firing ranges located in close vicinity to WTB/WTU. Soldiers in WTB/WTU complained about having flashbacks or negative reactions when training occurs.
- Platoon-Sgts must flag overweight WTB Soldiers. WT's Profile states no PT or requires medicine with a side effect of weight gain but requires height and weight checks. Many WTs are flagged for being overweight and, therefore, not eligible for promotion or awards.

**RECOMMENDATIONS:**

- Include Aw2 Advocates/RCCs in Chaplain Training (CH Groseclose supports)
- Include break-outs to develop individual Religious Care Plans (CH Groseclose agreed to concept)
- Integrate care for self training into all professional caregiver trainings across the Services
- Incorporate end-of-day "ups" and "downs" re-cap in Recovery Care Coordinator training
- Incorporate "Best Practices" from participants in all training venues
- Identify a VBA liaison for RCC, FRC, AW2 Advocates and other care managers to contact directly and/or provide care managers access to VBA database
- Establish policy that includes Chaplains as part of Recovery Team developing CTP and attendance in weekly team meetings
- Review current height and weight regulations for Soldiers in WTBs

**WWCTP STAFF ATTENDING:**

Susan Roberts, Principal Deputy for Care Coordination  
(b)(6) Communications Consultant