

Suggested APA style reference: Reynolds, J., & Osterlund, L. C. (2011). *Advocating for military families: A counselor education model for promoting a culture of advocacy and action*. Retrieved from [http://counselingoutfitters.com/vistas/vistas11/Article\\_17.pdf](http://counselingoutfitters.com/vistas/vistas11/Article_17.pdf)

## Article 17

# **Advocating for Military Families: A Counselor Education Model for Promoting a Culture of Advocacy and Action**

Paper based on a program presented at the 2011 American Counseling Association Conference and Exposition, March 23-27, 2011, New Orleans, LA.

JoLynne Reynolds and Linda C. Osterlund

Reynolds, JoLynne, is a counseling professor and the assistant dean in the School of Education and Counseling. She has worked as a licensed professional counselor in school, community agencies, and private practice specializing in counseling children and families for over 25 years.

Osterlund, Linda C., is an assistant professor and coordinator of the Colorado Springs campus Graduate Counseling Program at Regis University. She helped launch the post-master's degree certificate in Counseling Military Families at Regis University. She has practiced as a licensed Marriage and Family Therapist for 20 years.

Today's military is a force of all volunteer patriots, who as a group reflect a wide range of social, cultural, religious, and ethnic diversity. The military itself has long been a unique systemic culture, characterized by a mindset and worldview not easily understood by civilians (Hall, 2008). Woven deeply in military culture is a valuing of strength and psychological resilience. Promotion of these values by the military are viewed as a necessity for the survival of our forces, but have also unintentionally created a pervasive stigma associated with signs of physical or psychological vulnerability or the need for mental health services among military service members. The Department of Defense Task Force on Mental Health stated that in the present conflict, the two most prevalent injuries for active service members are post-traumatic stress disorder and traumatic brain injury. Both of these disorders often coincide, creating a set of chronic symptoms that require an integration of interdisciplinary treatment methods. The Department of Defense (DOD) notes that the current military health care system is insufficient to meet the mental health needs of its active military service members. In a recent report, the DOD made a series of recommendations that stressed the importance of providing adequate resources to ensure a full continuum of mental health services in order to meet the needs of service members and their families in the future (Department of Defense Task Force on Mental Health, 2007; Jumper et.al, 2005).

It is staggering to comprehend that almost half of service men and women have serious medical and mental health needs after returning from active duty. Symptoms of post-traumatic stress, substance abuse and addictions, traumatic brain injuries, anxiety,

depression and suicidal ideation and suicide attempts are most commonly reported within this group (Department of Defense Task Force on Mental Health, 2007; Jones, Young, & Lepma, 2010; National Military Families Association, 2004).

Understandably, post-deployment adjustment to civilian life is a challenge for most service men and women. Although up to one-half of active service military and reservists report having problems and symptoms associated with stress, depression, psychosocial and relationship problems, most also report that they do not seek help for their symptoms. The stigma and shame attached to seeking mental health services continues to be a major barrier to treatment (Capella University, 2008; Department of Defense Task Force on Mental Health, 2007; Rotter & Boveja, 1999).

Military family members are also seriously affected by stress during the deployment cycle. Over 60% of our active service men and women are married with children. In fact, the number of spouses and children in military families is larger than the number of active duty personnel. Most military families are young parents, under the age of 25, and have young children under age 7 (National Military Families Association, 2004; United States Department of Defense, 2008). Spouses report stress throughout all stages of deployment, but have reported that the highest stress level for them is during the post-deployment stage when the servicemember is reintegrated into the family (Jumper et.al, 2005). Children of service members also suffer when a parent is deployed (Department of Defense Task Force on Mental Health, 2007) . In a recent study of military family needs, Chandra, et al. (2009) reported that children in military families exhibit more symptoms of anxiety and have more school and peer difficulties than children who are not in military families. Military children's anxiety and behavior problems also increase with the length of parental deployment (Center for Military Health Policy Research, 2009).

In response to these growing mental health concerns, the 2006 National Defense Authorization Act directed the Secretary of Defense to establish a task force to examine matters relating to mental health and the Armed Forces. In their executive summary, the task force stated the following: "The Military Health System lacks the fiscal resources and the fully-trained personnel to fulfill its mission to support psychological health in peacetime or fulfill the enhanced requirements imposed during times of conflict" (Department of Defense Task Force on Mental Health, 2007, p. ES-2).

An increasingly large number of civilian counselors and therapists are currently working to fill the gap for the needed psychological services through participation in EAP and TRICARE networks, but many more are needed (Department of Defense Task Force on Mental Health, 2007; Hall, 2008). However, a recent survey of mental health providers (Capella University, 2008) found that a majority of counseling professionals perceived having a lack of the knowledge and skills needed to work effectively with military families. In light of this, there is a pressing need for counselor education programs to equip counselors with the skills to work more effectively with and to advocate for improved mental health services for military families. These advocacy efforts should not only shape the counseling program's curriculum, but should include an examination of how faculty and students can work with the community to advocate for services and make lasting changes that benefit military families.

## **A Call for Advocacy and Action**

Regis University in Denver and Colorado Springs, Colorado, has strong ties to the military community. Currently, 46% of the counseling students enrolled at the Colorado Springs campus have a military connection (are active military, a veteran or military spouse). Several faculty members in the program are veterans, military spouses, or grew up in military families. Rising from their own experiences as well as the of the growing urgency for counselors to support these families, the faculty and students at Regis University began to explore how they could advocate for and make a difference in the lives of military families residing in the Colorado Springs and surrounding communities.

The overall desire of the Graduate Counseling Program was to create a comprehensive culture of advocacy for military families that would potentially transform an awareness of their needs into meaningful action and change for them as individuals, within the community, and throughout the broader world in which they live. Mirroring recommendations made by mental health professionals across the nation (Capella University, 2008; Toporek, Lewis, & Ratts, 2010) our group developed a plan of advocacy that would comprehensively respond to the counseling needs of military families. Using Bronfenbrenner's (2005) model of ecological systems theory, we developed a plan that would empower military service members and their families by providing programs and services throughout multiple systemic levels of support, inclusive of the microsystems, mesosystems, and ecosystems that make up their world.

The graduate counseling program faculty began their advocacy efforts at the mesosystemic level, by first conducting an examination of how best the university and community could work together to respond to the mental health counseling needs of military families. It was determined that initial efforts must include an assessment of how well we at the university were preparing our master's level counselors to work with military families. In conjunction with this, we also wanted to explore ways we could collaborate with the community to offer information and specialized training to established civilian counselors who may not feel equipped to meet the needs of military families. A third goal was to find ways in which the community could better meet military family member problems and concerns (at the microsystemic level) by exploring how we could work together to increase the availability and ease of access to counseling services. A fourth commitment was to impact the larger exosystem of these families, through active engagement with organizations and groups that could affect change in social policies that could benefit them.

## **Creating a Culture of Advocacy and Action**

### **Mesosystemic Interventions: Collaboration Between the University and the Community**

In order to graduate better prepared clinicians to work in the community, program faculty evaluated the current master's level curriculum in order to better infuse multicultural competencies that would address the needs of military families and wartime stress. Courses were revised to incorporate knowledge and skills relevant to the military culture. Appendix A represents the courses and the topics that were included for inclusion of military culture in the curriculum. Appendix B represents resources that were

recommended and used by faculty, students, and practitioners to work more effectively with military families. Several internship sites were also added to the program's list of approved internship placements that specifically focused on military families and their needs.

The faculty then worked with professionals and agencies in the community to determine needs and develop educational opportunities for counselors in the community. A subsequent collaboration between the university and the Center for Deployment Psychology resulted in a week-long training for over 200 Colorado practitioners in 2009 on "Addressing the Psychological Health of Warriors and Their Families: PTSD, Depression, and TBI." Plans are in progress to collaborate again with the Center for Deployment Psychology for next year's conference in Colorado Springs.

Based upon feedback from counseling students who were veterans, licensed therapists working with military personnel through the Army Wounded Warrior (AW2) program, and Regis University students doing their counseling internship at AW2, the university developed a post-graduate curriculum for counseling military families. The Counseling Military Families (CMF) certificate was developed and includes the following six courses: Counseling Military Families; Crisis, Trauma, and Loss; Substance Abuse Counseling; Family of Origins and Life Cycles; Marital and Couples Counseling; and Internship in Counseling Military Families. Community counselors are able to take one or more of the courses as special students in the program and the coursework is made available to current students who can choose to take courses as electives not included in their degree program.

The next activity we engaged in was to create an alliance between faculty and students with community professionals to create a military task force. The task force had a broad focus and was inclusive all university programs on campus with community professionals in order to explore together how to better support military families. The task force was led by the university's military liaison and counseling program faculty and included the participation of faculty, staff and students who were connected to the military, and professionals in the community who worked directly with the military. Community participants included retired and active duty Army and Air Force personnel, Army Family Readiness Group (FRG) coordinators, Chaplains, Veteran's Administration Rehabilitation Counselors, and Professional Counselors. Additional Colorado Springs community agencies who participated are identified in Appendix B. The taskforce held several meetings to develop a set of collaborative goals. An initial outcome of taskforce discussions was an agreement that military members and their family members not only need support, but desired opportunities to serve each other as well as the community at large. Other task force outcomes identified a need to support military students and their families on campus, financially, academically, and emotionally.

The university began to address the financial needs of the military community by establishing the Yellow Ribbon program, offering discounts to active-duty soldiers and preferred tuition rates for active military and their spouses. Some programs across the university were able to offer extended college credit for military service depending upon the area of study desired by the student (not available in the graduate counseling program). As a way to provide better support to students in military families, the task force recommended the creation of a chapter of the National Veteran's Honor Society for university military students. This initiative developed further to become a larger support

effort now called Salute SMART (Support Military at Regis Taskforce). The mission of the Salute SMART organization was and continues to be an organization that seeks to assist military students and their families by providing resources that support and enhance the pursuit of higher education. Support activities provided by Salute SMART now include opportunities to receive mentoring from other military connected Regis students, faculty and staff; participate in support groups; attend social events with other military students and military family members; receive academic tutoring from Air Force Cadets; receive tutoring for PTSD specific issues affecting academic performance; and the opportunity to join the Veteran's National Honor Society. Members can also participate in leadership and/or service activities. Some of these included an annual leadership development workshop where participants learned about leadership styles, mentoring, and advocacy; participation in "The Patch Project" where members collect patches and coins from service members that are displayed prominently in a shadow box on campus; and community service opportunities through the Peer Mentoring Program for the Veteran's Trauma Court (see Appendix B).

### **Microsystemic and Mesosystemic Interventions: Increased Mental Health Services for Military Family Members**

Along with the increase in support for the financial and academic needs of the military and their family members, the need for emotional support and increased availability of mental health services for all family members was identified. This need dovetailed directly with the mission of the university and the Regis Counseling Program which emphasized service to others, particularly underserved populations. The university partnered with community agencies to fund the construction of a Regis University Colorado Springs counseling laboratory to serve as a service learning center for work with military families. The counseling lab continues to function providing services for military families including assessment and referral services, a family resource center, and free counseling sessions to military family members. Counseling services offered to family members include up to 15 sessions of individual, group, couple, family, child play therapy, and/or adolescent counseling. Community counseling professionals with military family counseling experience partner with program faculty to provide students with skill development and supervision as they counsel military family members.

### **Exosystemic Interventions: Educating Professionals and the Broader Community**

Sharing the knowledge and skills developed by the counselors who work closely with military families in the lab and within the community is part of the ongoing efforts of students and counseling faculty in the program. In order to reach a broader professional mental health audience, program faculty and students have presented at national and regional conferences. Presentations thus far have been made to mental health clinicians at the American Association for Marriage and Family Therapy (AAMFT) national conference in Atlanta, Georgia, (Osterlund, Alvarez, Bancroft, & Hill, 2010); and at the Rocky Mountain Association for Counselor Education and Supervision (RMACES) in Jackson, Wyoming (Osterlund & Reynolds, 2010). Additional proposals have been accepted for the February 2011 Psychotherapy Associates Annual Advanced Winter Symposium in Colorado Springs, and the 2011 American Counseling Association's (ACA) Annual Conference in New Orleans. Counseling faculty have

worked with students to write articles related to their counseling with military families and have submitted these to professional journals and community newspapers. Efforts continue to explore ways in which to connect with the wider professional community and to find more opportunities to make systems more beneficial for military families.

### **Summary and Conclusions**

This case study provides a model for building a culture of advocacy between university counseling programs and community mental health providers that can benefit underserved populations. In this example, the collaborative efforts of the university and community resulted in a comprehensive culture of support, services, and social/political advocacy actions that benefited military families. The university, along with professional counselors and agencies in the community, successfully took actions on multiple systemic levels that created a greater awareness of military family mental health needs, increased educational opportunities to assist clinicians in working more effectively with military families, and created partnerships and combined resources to establish a community based counseling lab, resulting in an increase of mental health counseling services that are now available to the military families who need them.

As noted by several recent researchers, there is a need for more counseling programs to move beyond simple curriculum changes toward the creation of a culture of advocacy. A culture of advocacy not only creates a learning environment where faculty can share advocacy efforts with students in order to address needs of a population, but it ultimately provides a more contextual and meaningful way to develop counselor advocacy competencies (Durham & Glosoff, 2010; Toporek, Lewis, & Ratts, 2010).

### **References**

- Bronfenbrenner, U. (2005). Ecological systems theory. In U. Bronfenbrenner (Ed.), *Making human beings human: Bioecological perspectives* (pp. 106-173). Thousand Oaks, CA: Sage Publications.
- Capella University. (2008, July). *Joining forces America: Community support for returning servicemembers*. Retrieved from [http://joiningforcesamerica.org/JFA\\_report.pdf](http://joiningforcesamerica.org/JFA_report.pdf)
- Chandra, A., Lara-Cinisomo, S., Jaycox, L. H., Tanielian, T., Burns, R. M., Ruder, T., et al. (2009, Dec 7). *Children on the homefront: The experience of children from military families*. Retrieved from <http://pediatrics.aappublications.org/cgi/reprint/peds.2009-1180v1>
- Center for Military Health Policy Research. (2009). *Views from the homefront: The experience of children from military families. A RAND Fact Sheet*. Retrieved from <http://www.rand.org/news/press/2009/12/07/>
- Department of Defense Task Force on Mental Health. (2007). *An achievable mission: Report of the Department of Defense Task Force on Mental Health*. Falls Church, VA: Defense Health Board.
- Durham, J., & Glosoff, H. L. (2010). From passion to action: Integrating the ACA advocacy competencies and social justice into counselor education and supervision. In M. T. Ratts (Ed.), *ACA advocacy competencies: A social justice*

- framework for counselors* (pp. 139-149). Alexandria, VA: American Counseling Association.
- Hall, L. K. (2008). *Counseling military families*. New York, NY: Routledge.
- Jones, K., Young, T., & Lepma, M. (2010). Mild traumatic brain injury and posttraumatic stress disorder in returning Iraq and Afghanistan war veterans: Implications for assessment and diagnosis. *Journal of Counseling and Development*, 88, 372-376.
- Jumper, C. E., Evers, S., Cole, D., Raezer, J. W., Edger, K., Joyner, M., & Pike, H. (2005). *National Military Families Association Report on the Cycles of Deployment Survey: An analysis of survey responses April -September 2005*. Retrieved from <http://www.militaryfamily.org/assets/pdf/NMFACyclesofDeployment9.pdf>
- National Military Families Association. (2004). *Serving the homefront: An analysis of military family support from September 11, 2001 to March 31, 2004*. Retrieved from <http://www.militaryfamily.org/assets/pdf/Serving-the-Homefront-Report.pdf>
- Osterlund, L. C., Alvarez, R., Bancroft, A., & Hill, A. (2010). *A collaborative approach to counseling military couples*. AAMFT National Conference. Atlanta, GA.
- Osterlund, L. C., & Reynolds, J. (2010). *Curriculum for training post-master's degree counselors for working with military families*. Rocky Mountain Association for Counselor Education and Supervision Conference. Jackson Lake Lodge, WY.
- Rotter, J. C., & Boveja, M. E. (1999). Counseling military families. *The Family Journal: Counseling and Therapy for Couples and Families*, 7(4), 379-382.
- Toporek, R. L., Lewis, J. A., & Ratts, M. J. (2010). The ACA advocacy competencies: An overview. In M. T. Ratts (Ed.), *ACA advocacy competencies: A social justice framework for counselors* (pp. 11-26). Alexandria, VA: American Counseling Association.
- United States Department of Defense. (2008). *Demographics 2008: Profile of the Military Community*. Department of Defense. Alexandria, VA: U.S. Government.

*Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: [http://counselingoutfitters.com/vistas/VISTAS\\_Home.htm](http://counselingoutfitters.com/vistas/VISTAS_Home.htm)*

## APPENDIX A

### **Graduate Counseling Curriculum: Integration of Military Culture**

#### **I. Group Counseling**

- a. Military spouses & family members
- b. Wounded warriors
- c. Children of deployed
- d. Females in the military

#### **II. Legal and Ethical Issues**

- a. Confidentiality
- b. Domestic Violence/Substance Abuse
- c. Dangerousness
- d. Veteran's Trauma Court (Colorado Springs)

#### **III. Cultural Issues and Social Justice**

- a. Military culture, norms and statistics
- b. Stereotypes/prejudices, political views

#### **IV. Family Life Cycle**

- a. Stages of deployment/ARFORGEN
- b. Stressors & resources (FRP, FEP, MOB, RELO, SFR)
- c. Statistics
- d. Use of military families as case studies
- e. Impact of deployment on family life cycle

#### **V. Theories of Counseling**

- a. Evidence based for military post-combat
- b. CBT
- c. Exposure therapies

#### **VI. Abnormal Psychology**

- a. Stigma of mental illness within the military culture
- b. PTSD
- c. Traumatic Brain Injury (TBI)

#### **VII. Substance Abuse**

- a. Self-medicating behavior
- b. Issues related to psychiatric medications and deployment policies
- c. Alcohol use within the military culture

#### **VIII. Career Counseling**

- a. End of enlistment career issues
- b. Medical separation – career limitations
- c. Honorable/dishonorable discharge
- d. Role of ACAP (Army Career and Alumni Program)

#### **IX. Human Growth and Development**

- a. Impact of deployment on lifespan of individual
- b. Injuries, trauma



**X. Measurement/Appraisal**

- a. Diagnostic assessment within military culture
- b. PTSD/trauma , combat exposure assessments
- c. Relationship functioning/marital satisfaction scales

**XI. Marital Systems and Couple Therapy**

- a. Cycle of deployment/ARFORGEN
- b. Risk factors & stressors
- c. Family readiness & enrichment programs (FRP, FEP, MOB, RELO, SFR)
- d. Mobilization & deployment (spouse “battlemind”)
- e. Secondary trauma in spouse
- f. Domestic violence/substance abuse
- g. Grief/survivor outreach (SOS)

**XII. Counseling Children & Pre-Adolescents**

- a. Cycle of deployment/ARFORGEN
- b. Risk factors & stressors
- c. Family readiness & enrichment programs (FRP, FEP, MOB, RELO, SFR)
- d. Exceptional family member program (EFMP)
- e. New parent support (NPSP) & Family Advocacy (FAP)
- f. Childcare/Kids Chat

## APPENDIX B

### **Resources for Therapists Working With Military Families**

- Adler, A. B., Bliese, P. D., & Castro, C. A. (2011). *Deployment psychology: Evidence-based strategies to promote mental health in the military*. Washington, DC: American Psychological Association.
- Dekel, R., & Solomon, Z. (2007). Secondary traumatization among wives of war veterans with PTSD. In C. R. Figley & W. P. Nash (Eds.), *Combat stress injury: Theory, research and management* (pp. 137-157). New York, NY: Routledge Psychosocial Stress Book Series.
- Dirkzwager, A. J., Bramsen, I., Ader, H., & van der Ploeg, H. M. (2005). Secondary traumatization in partners and parents of Dutch peacekeeping soldiers. *Journal of Family Psychology*, 19, 217-226.
- Fals-Stewart, W., & Kelley, M. (2005). When family members go to war - A systemic perspective on harm and healing: Comment on Dirkzwager, Bramsen, Ader, and van der Ploeg. *Journal of Family Psychology*, 19, 233-236.
- Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C. R. Figley (Ed.), *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder* (pp. 1-20). New York, NY: Brunner/Mazel.
- Figley, C. R. (2005). Strangers at home: Comment on Dirkzwager, Bramsen, Ader, and van der Ploeg. *Journal of Family Psychology*, 19, 227-229.
- Hall, L. K. (2008). *Counseling military families: What mental health professionals need to know*. New York, NY: Routledge Press.
- Johnson, S. M. (2002). *Emotionally focused couple therapy with trauma survivors: Strengthening attachment bonds*. New York, NY: Guilford.
- Jongsma, A. E., Jr., & Moore, B. A. (2009). *The veterans and active duty military psychotherapy treatment planner*. New York, NY: Wiley & Sons.
- Lambert, S. M., & Morgan, M. M. (2009). Supporting veterans and their families: A case study and practice review. *The Family Journal*, 17(3), 241-250.
- Moore, B. A., & Kennedy, C. H. (2011). *Wheels down: Adjusting to life after deployment*. Washington, DC: American Psychological Association.
- Nathan, P. E. (2005). Bringing home the psychological immediacy of the Iraqi battlefield. *Pragmatic Case Studies in Psychotherapy*, 1, 1-3.
- National Center for Post Traumatic Stress Disorder. (n.d.). *Fact sheet: PTSD and problems with alcohol use*. Retrieved from [http://www.ncptsd.va.gov/ncmain/ncdocs/fact\\_shts/fs\\_alcohol.html](http://www.ncptsd.va.gov/ncmain/ncdocs/fact_shts/fs_alcohol.html)
- National Center for Post-Traumatic Stress Disorder & Walter Reed Army Medical Center. (2004, June). *Iraq War Clinician Guide*. Retrieved from [http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc\\_manual\\_iwcguide.html](http://www.ncptsd.va.gov/ncmain/ncdocs/manuals/nc_manual_iwcguide.html)
- Nelson Goff, B. S., & Smith, D. B. (2005). Systemic traumatic stress: The couple adaptation to traumatic stress model. *Journal of Marital and Family Therapy*, 31, 145-157.
- Pavlicin, K. M. (2003). *Surviving deployment: A guide for military families*. St. Paul, MN: Elva Resa Publishing.
- Petty, K. (2009). *Deployment: Strategies for working with kids in military families*. St. Paul, MN: Redleaf Press.

- Sherman, M. D., Zanotti, D. K., & Jones, D. E. (2005). Key elements in couples therapy with veterans with combat-related posttraumatic stress disorder. *Professional Psychology: Research and Practice*, 36(6), 626-633.
- Weiss, E. L., Coll, J. E., Gerbauer, J., Smiley, K., & Carillo, E. (2010) The military genogram: a solution-focused approach for resiliency building in service members and their families. *The Family Journal*, 18(4), 395-406.
- Whealin, J. M., Decarvahlo, L. T., & Vega, E. M. (2008). *Clinician's guide to treating stress after war: Education and coping interventions for veterans*. New Jersey: Wiley & Sons, Inc.
- Whealin, J. M., Decarvahlo, L. T., Vega, E. M. (2008). *Strategies for managing stress after war: Veteran's workbook and guide to wellness*. New Jersey: Wiley & Sons, Inc.

### ***Military Resources***

#### **United States Department of Veterans Affairs**

Federal agency responsible for providing health care and psychological support services for military veterans.

<http://www.va.gov>

#### **Vet Centers (U.S. Department of Veterans Affairs)**

No cost counseling agency for veterans spread throughout the country.

<http://www.vetcenter.va.gov>

#### **Military OneSource**

Clearing house website linking military service and family members with local resources.

<http://www.militaryonesource.com>

#### **U.S. Army Wounded Warrior Program**

Provides lifetime support services for veterans recovering from severe combat-related disabilities and trauma.

<https://www.AW2.army.mil>

#### **National Center for Posttraumatic Stress Disorder (PTSD)**

Leading PTSD research and clinical training institution.

<http://www.ptsd.va.gov>

#### **Give an Hour**

A non-profit organization providing free mental health services to U.S. military personnel and families affected by the conflict in Iraq and Afghanistan.

<http://www.giveanhour.org/skins/gah/home.aspx>

#### **Center for Deployment Psychology**

Research and clinical training programs focused on reintegration of service members and their families.

<http://www.deploymentpsych.org>

#### **Marriage and Family Counseling Collaborative (MFCC)**

A Component of the Building Bridges Outreach Network (Domestic Violence Resource Guide)

[brendagearhart@us.army.mil](mailto:brendagearhart@us.army.mil)

***Resources in Colorado***

**Colorado Veterans Resource Coalition**

Crawford House (housing for homeless veterans)

Local (Colorado Springs) nonprofit created to provide housing solutions for homeless veterans.

<http://www.cvrc-crawfordhouse.com>

**Denver Options (Operation TBI Freedom)**

Supports service members (and their families) diagnosed with traumatic brain injury.

<http://www.denveroptions.org>

**Soldier Life Center**

Counseling for military and their families. Contracted internship site for Regis Graduate Counseling program.

[www.soldierlifecenter.com](http://www.soldierlifecenter.com)

**Them Bones Veteran Community**

Comprehensive counseling services for veterans and their families (including correctional outreach program). Services are available in Ohio.

<http://www.thembonesveteran.org>

**The Home Front Cares**

Provides Colorado military community with a variety of critical support resources for families in financial distress.

<http://homefrontcares.org>

**Veteran's Trauma Court**

Advocates for veteran's in the legal system.

[www.ppmoaa.org/documents/VeteranPeerSpecialistApp.pdf](http://www.ppmoaa.org/documents/VeteranPeerSpecialistApp.pdf)

**Warrior Support Center**

The Warrior Support Center provides clinical counseling services for retired and active duty military personnel, their family members, and others in need of psychotherapy services.

[www.warriorsupportcenter.com](http://www.warriorsupportcenter.com)

**Welcome Home Warrior, Inc.**

Nonprofit based in Woodland Park, Colorado providing support/counseling programs for service members, veterans, and their families.

<http://www.welcomhw.org>