



**Guide To**  
**Post Traumatic Stress Disorder**

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### PTSD COMMITTEE MEMBERS:

Committee Chairwoman: Emily Afuola, New Jersey

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### *DEDICATION:*

*To all of our gold star families: in memory of the heroes that we all have lost. With each step we take forward in the fight of PTSD, we take it with hope and determination to find a way through the darkness in your loved one's memory...To those of you who are walking this path, it may seem like you are alone, but, I promise you are not! For we the Blue Star Mother's are walking with you each & every step of the way, there is help, do not give up, no matter how dark it might seem, there are people out here who care about you...*

### **I Stand Guard**

As he sleeps upon the couch  
I stand guard  
Even though I can touch him  
He is not necessarily here  
The stillness envelops the both of us  
While I sit in my chair  
He is quiet for a while then  
He begins to stir  
His arms jerk occasionally  
And he mumbles out something  
I cannot understand  
I brush his forehead and he quiets again  
I now sit on the coffee table  
Watching his face  
Wondering where he is  
His brows furrowed  
His jaw set tightly  
He turns onto his side  
Draws himself into a fetal position  
He moans out so I lay my hand  
Against his cheek  
I feel moistness there from tears  
He has shed in his sleep  
He opens his eyes and blinks  
He sits up and looks around in confusion  
I sit next to him  
When I open my arms to him  
He lays his head upon my chest  
I hold him in my arms and we rock  
I know where he is now  
He knows he is safe for the moment  
Until he falls asleep again  
Then I will stand guard

### **Who is this child of mine?**

One day I sent my baby off to war  
 We all knew what he was fighting for  
 And then one day, he came back to me  
 He was not the same we all could see  
 He tried to be the one that we had sent  
 Behind his eyes he hid all his torment

My daughter joined the army and put her time in  
 We waited patiently until she come home again  
 The nights that she did sleep we kept all the lights on  
 From early evenings dusk until last of mornings dawn  
 Her fear, it did not leave when she was on safe soil  
 The rest of her young life, for peace of mind she'll toil

My boy, the day he left he was such a handsome man  
 Proud to wear the uniform and fight to save our land  
 We knew the day would come that he'd be near  
 Now that he is home I know that he's not here  
 He lashes out at every thing his anger is so strong  
 It makes no matter to him we've done nothing wrong

A child of mine I sent to war  
 To me returns someone I know no more  
 The blank face stares he gives to me  
 I wonder what it is he really sees  
 The simple tasks I ask he do  
 He always starts but never gets through

The alcohol, the drugs they use  
 They seem to need for one day to get through  
 Loud laughter is what we might hear  
 While they are waiting for the enemy to near  
 Though outsiders they see nothing wrong  
 We see the weak where once was strong

## **WHAT IS THE CAUSE OF PTSD?**

Medical and mental health professionals do not know why some people have PTSD reactions to traumatic situations and other people don't. We do know that it does **NOT** say anything about the strength or character of the person suffering. Again, there is no relationship between how strong a person is and these symptoms; many people who are brave or strong end up with PTSD symptoms after going through a traumatic experience.

## **WHAT ARE THE SYMPTOMS OF PTSD?**

PTSD varies widely in how severe it can be, from mild and short lasting to severe and chronic. These reactions can cause problems in getting along with family and friends, functioning on the job or at school, or adjusting to the transition back to civilian life. Remember, immediately following a traumatic experience, most people commonly experience symptoms. If these symptoms persist continually after the event, they may indicate the veteran has PTSD.

The common reaction to trauma usually subsides within a few weeks. This can include an upset stomach, being jumpy, easily agitated, feeling numb, and other issues like this. However, these items dissipate in a short period of time.

PTSD symptoms can come on stronger and last much longer than normal trauma reactions. It is caused from witnessing or participating in a traumatic event. These events can affect two people standing side by side completely differently. It is very common for those serving in a combat zone to show signs of trauma; it is the severity that needs to be kept track of to see if it is common trauma or PTSD.

PTSD is a very progressive illness that can become more severe if it is left untreated. It can take over the victim and make it too hard for them to comprehend or handle much at any one time. Those suffering from PTSD may also suffer from other physical medical issues as they continue with the effects of the illness because stress brings on physical symptoms.

PTSD cannot be cured, it can be treated, and those suffering need to attempt to learn ways of handling their specific issues they are experiencing. Many think they can fix it all by themselves; often this slows the mending process down because they may only come up with quick/temporary fixes. Most likely they can not learn this on their own; they need professional guidance through counseling and doctors.

The earlier the symptoms are noticed and noted the earlier the evaluation and treatment can be started. The symptoms must be watched so they do not get out of control to the point of harming himself or someone else.

## THREE TYPES OF REACTIONS OR “SYMPTOMS” MAKE UP PTSD.

### 1. RE-EXPERIENCING

Sometimes after a service member has returned from combat, they may continue to think about things that happened or feeling as if one is still in combat/war-zone. They may have nightmares about events they have witnessed or actual combat situations. At times, they may feel as though they are actually back in the war-zone. Others report that upsetting images of the war-zone can flash into their mind making it difficult to think or concentrate. Sometimes these images are “triggered” by reminders, such as sights, sounds or smells that remind them of their combat experience.

### 2. AVOIDING REMINDERS AND NUMBING OF EMOTIONS

It seems normal to not want to think about distressing thoughts and to avoid upsetting reminders. However, individuals with combat stress reactions or PTSD often go to great lengths to prevent recalling memories or discussing their past experiences. They may also avoid reminders of their experience. They may appear to withdraw emotionally or physically from family and friends and be numb and detached. Not wanting to discuss the traumatic event, feeling detached from others, feeling shut down emotionally. They may resist or even become angry when asked to talk about their feelings or behaviors. They may use alcohol, drugs, or prescription medications to avoid thinking or feeling. This avoidance is a reaction to their combat experience and is not a sign that they are no longer committed to their family and relationships.

### 3. AROUSAL

The service member may have difficulty letting their “guard down.” Sometimes service members describe feeling jumpy or easily startled. They may drive aggressively. They might closely examine people or places to look for signs of danger or attack. They may be overly protective of children and fear for the child’s safety. Having a hard time relaxing or always “on guard,” unable to concentrate, excessive concerns about security, getting angry easily, Feeling keyed up can also make it harder for them to sleep and concentrate and can cause irritability. Even if the person does not have PTSD, these symptoms can cause problems. Acting early can prevent symptoms from becoming worse and negatively influencing relationships, careers and the family’s well-being.

## THERE ARE FOUR DIFFERENT TYPES OF PTSD

They are mainly defined by when the symptoms start coming forth and the duration they remain.

The four types are:

1. **Acute**: shows signs soon following the traumatic event and then dissipates within six months.
2. **Chronic**: shows symptoms of the illness soon after the traumatic event, but goes on a prolonged course lasting more than six months time.
3. **Delayed**: the onset time frame does not start for six months or longer following the traumatic event.
4. **Delayed & chronic**: this type does not start showing signs for the first six months, but

then may last a long length of time.

**SOME OF THE MORE COMMON ASSOCIATED SYMPTOMS PTSD CAN CAUSE:**

<b>Physical</b>	<b>Behavioral</b>	<b>Emotional</b>
Fatigue	Pacing	Anxiety
Nausea	Restless	Panic
Chest pain	Outbursts	Guilt
Twitches	Emotional	Survivor guilt
Thirst	Anti-social	Fear
Weak	Suspicion	Denial
Insomnia	Paranoia	Confused
Nightmares	Inability to rest	Irritability
Breathing problems	Inability to sleep	Depression
Muscle tremors	Loss of interest in hobbies	Intense anger
Grinding teeth	Increased alcohol	Agitation
Profuse sweating	Drug use	Withdrawal
Pounding heart	Suicidal thoughts	Apprehension
Intestinal upsets	Cover-up	Poor self-esteem
headaches/migraines	not being honest	Hyper-vigilance (on guard)
Loss/gain of weight	Compulsive	Feeling of being alone
Irritability	Using poor judgment	Feeling accused
Light headed	Arrive late to gatherings (so no one can come up behind them)	No trust in others
Difficulty concentrating	Poor time management	Nightmares
Forgetting things	Continuous mission mode	Reoccurring flashback
Chronic pain	Obsessive	Reliving war experience
Never hungry	Financial issues unstable	Phobias: of stores, buildings, phones,& unfamiliar people
Nervousness	Driving erratically	
Uncontrollable shaking	Communication problems	Feeling a need to have pain to remember those fallen
Nervousness	No organization	
Constantly cold	No follow through action	
Making self sick	Barricading self so no one can enter their comfort zone	
	Cleanliness (personal & environment)	

These could possibly very well be some signs that you loved one might exhibit:

Recurrent and intrusive distressing recollections & or nightmares of the traumatic event, including images, thoughts and perceptions (seeing a comrade's dead body or experiencing flashbacks of the sounds of explosions and screaming). Intense

psychological distress when exposed to cues or reminders of any aspect of the trauma. Extreme physical reactivity (e.g., racing pulse, sweating, intense fear) when exposed to any cues or reminders of the trauma.

**Any type of suicidal thoughts, talking of despair, hopelessness.**

At this time we need to stress if your loved one shows any type of suicidal intentions, **do not let them go without taking action**. Is he/she talking of harming himself or someone else? If you think that there is even a chance of this type of thinking taking place, ask the person. You will **NOT** be suggesting the action to them.

**IF YOU CANNOT TALK THIS PERSON OUT OF THESE ACTIONS DIAL 911 IMMEDIATELY! THESE THREATS SHOULD NOT BE TAKEN CASUALLY.**

This person is not thinking clearly and may attempt to harm someone. Make sure, if this action needs to be handled, that it is stated immediately to the medical doctor that this person is contemplating suicide or harming another individual.

### **TREATMENT TIMELINE**

As the survivor starts showing signs of post traumatic stress, time is of the essence to receive proper treatment that will benefit them the most. The following is a condensed timeline that will help walk you through what to do and what will take place.

1. A loved one or yourself starts to recognize there maybe a problem.
2. If still in the military speak to a first sergeant, or someone above you in rank. You may also speak to a chaplain, as they will listen to what is happening or what you feel is happening.
3. If the symptoms last longer than a couple weeks start recording the symptoms so you will have a record. If it dissipates within the couple weeks it may be traumatic stress and not go any further, if it continues you maybe on a path that you will need treatment for PTSD.
4. Seek help with a professional
5. At this point, depending on the severity, medication may be prescribed
6. Start treatment, this may include: education on PTSD, training for relaxation, coping suggestions, discussions, assessments, and counseling sessions. The treatment may start before, during, or following the evaluation.
7. Receive an evaluation: to receive an evaluation the symptoms must persist for one month or longer (reason for keeping a record as #3 suggests) and must interfere in their functioning capability.
 

An evaluation may include:

  - a. An interview: this is a short interview to see how your life is affected
  - b. An assessment: this can be 8-1 hour sessions or more. It will include covering your history, your experience (stressors) that affected you, and your symptoms. The assessment is done in depth. Family members may be asked to provide additional information.

- c. A Global Assessment of Functioning Scale may be completed. This is a rating from the assessment and interview to be used as a diagnosis tool.

Counseling: counseling sessions will be set up on an on going basis, as the professional so deems necessary. They may be held as an individual session, group session, or both. There are many other programs available for the survivor if they so desire or want more help and support. They may ask at the base hospital facility or the nearest VA/Vet Center.

Phone numbers: it is extremely important to request phone numbers to have on hand for any emergency situation that might rise. These numbers should consist of at least one of the following: the counselor and or doctor, emergency treatment facility (hospital, clinic if there is one on base) including for the VA or you may request contact numbers for all of these facilities. You should have a copy of these to keep for yourself and for a loved one. Do **Not** wait until they are needed and you don't have them, you may never need them, but don't take that chance.

### **PTSD verses Personality Disorder within the military:**

Many military members that feel they have PTSD are often told they have personality disorder instead. Once this decision has been reached and accepted it is hard to have the findings changed. Here are the differences between the two:

PTSD must be confirmed that, if in a war zone, it is combat related. This is accomplished easily by letters of support from yourself, comrades, family, commanders, etc. that can tell how you were prior to this event(s) and how it affected you. This may take a few months, but is well worth the time. If the sufferer redeploys with symptoms and is diagnosed with PTSD, the Department of Veterans Affairs needs to care for them if their symptoms persist. This means they would receive continued care for this illness forever. It may also mean they are possibly eligible to receive a status for disability. This is decided through evaluations, letters, and other paperwork most of it consists of military forms.

Personality disorder is considered a pre-existing condition. This illness would be apparent over the member's youth or adolescence years. It is not considered military related. This is one reason the evaluation covers the history of the patient, to see if there is any evidence in this area. If evidence is revealed, a discharge may be and probably will be recommended for the member. This process is much faster than an evaluation process for PTSD. If personality disorder is questioned, it only requires one psychologist's findings to make the decision and it can be made in just a couple days. By being discharged with a personality disorder finding, this means you will not be eligible for disability benefits for this illness. Veterans Affairs may offer treatment, but at your own expense.

## **PTSD AND THE FAMILY OF THE SURVIVOR.**

Through time, love, & understanding those suffering with PTSD can get better. As your family goes through the journey with the effects of PTSD please remember that statement.

When someone returns suffering with PTSD symptoms it is not only that person that it affects, it may affect all those around them. The family may feel hurt, frustrated, discouraged, or alienated as their loved one goes through different symptoms of the illness. The family is also likely to be the main source of support for the military member.

### **SO HOW CAN THE FAMILY HELP?**

1. Learn about the illness through books, videos, trained professionals (VA, Vet Centers, and doctors)
2. Encourage the survivor to seek help; don't pressure them to do so though.
3. Provide a belonging and support feeling for the survivor.
4. Participate in treatment, not only for the survivor but for family members also.
5. Offer sympathy, but don't baby them.
6. Listen as the survivor talks, but don't pressure them to tell more than they feel capable to handle, let them know you will be there if they wish to tell you anything else, it will come as time goes on.
7. Talk of how the illness affects your family and what the whole family can help do to make it an easier time frame.
8. Talk with someone when you need to, this includes when children of the member need to understand what is happening in their life, whether it is a friend you can open up to or a professional including your family minister.
9. Be patient, don't try to rush the survivor into a normal life.
10. Ask the survivor for their input so they feel included in decisions.
11. Use respect and don't be judgmental during the adjustment time as everyone has changed. Age has progressed, responsibilities have been established, and control and dependency has shifted. It will take time for all members to adjust.
12. Watch for signs of symptoms, some need medical attention.

### **Where can the family receive help?**

**[For more information, contact the National Suicide Prevention Lifeline at 1-800-273-TALK \(8255\) or 1-800-SUICIDE \(National Suicide Hotline\)](#)**

<http://www.suicidepreventionlifeline.org/>

<http://www.ptsdsupport.net/links.html>

<http://www.armyg1.army.mil/hr/suicide.asp>

<http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx>

1-800-833-6622 ([www.armyfamiliesonline.org](http://www.armyfamiliesonline.org))

1-800-464-8107 ([www.armyonesource.com](http://www.armyonesource.com)) - 6 Free Counseling Sessions

Mental Health Self Assessment Program for the Military

<https://www.militarymentalhealth.org/chooselang.asp>

The National Center for PTSD (NCPTSD) aims to advance the clinical care and social welfare of U.S. Veterans through research, education and training on PTSD and stress-related disorders. This site is an educational resource on PTSD and Traumatic stress, for veterans and also for mental health care providers, researchers and the general public.

<http://www.ncptsd.va.gov/ncmain/index.jsp>

The Veterans Coalition is a great resource for information.

[http://www.theveteranscoalition.org/educational\\_material/ptsd.htm](http://www.theveteranscoalition.org/educational_material/ptsd.htm)

Information for family members on the effects and dealing with PTSD.

[http://psychcentral.com/library/ptsd\\_family.htm](http://psychcentral.com/library/ptsd_family.htm)

Download forms on how to deal with stress, war and other issues.

<http://www.centerforthestudyoftraumaticstress.org/factsheets.shtml#military>

Homecoming after deployment: Dealing with changes and expectations.

<http://depression.about.com/od/combatrelatedptsd/a/homecoming.htm>

Iraq war Veterans site was created to help Iraq and Afghanistan war veterans. They have lots of info many issues like PTSD and many other things.

<http://www.iraqwarveterans.org/>

Military.com PTSD Overview

<http://www.military.com/benefits/resources/ptsd-overview>

Resources for returning Veterans

<http://www.ptsdcombat.com/>

Sleep problems and PTSD

<http://www.athealth.com/Consumer/disorders/sleepPTSD.html>

Download a Homecoming preparedness guide to assist your Veteran with the transition from Military to Civilian life.

<http://www.veteransandfamilies.citymax.com/home.html>

U S Department of Veterans Affairs

[http://www.state.nj.us/military/saa/contact/colleges-universities\\_cd.html](http://www.state.nj.us/military/saa/contact/colleges-universities_cd.html)

Locate Facilities

<http://www1.va.gov/directory/guide/home.asp?isFlash=1>

VSO (Veteran Service Organizations)

<http://www1.va.gov/vso/>

**\*\*To determine the status of a pending VA claim, you can call 1-800-827-1000 and follow the recorded instructions. \*\***

**Army Medicine:**

<http://www.armymedicine.army.mil/>

**The Army Center for Substance Abuse Programs:**

<https://ssob.acsap.hqda.pentagon.mil/sso/pages/index.jsp>

**Army G1 Suicide Prevention:**

<http://www.armyg1.army.mil/hr/suicide.asp>

**Army Health Care:**

<http://www.army.mil/wellbeing/healthcare.html>

**"Courage To Care" fact sheets, Uniformed Services University of the Health Sciences:**

<http://www.usuhs.mil/psy/courage.html>

**Defense Health Board:**

<http://www.ha.osd.mil/DHB/default.cfm>

**Deployment Cycle Support:**

<http://www.pdhealth.mil/dcs/default.asp>

- **Pre-Deployment:**  
[http://www.pdhealth.mil/dcs/pre\\_deploy.asp](http://www.pdhealth.mil/dcs/pre_deploy.asp)
- **Re-Deployment:**  
[http://www.pdhealth.mil/dcs/re\\_deploy.asp](http://www.pdhealth.mil/dcs/re_deploy.asp)
- **Post Deployment:**  
[http://www.pdhealth.mil/dcs/post\\_deploy.asp](http://www.pdhealth.mil/dcs/post_deploy.asp)

**Force Health Protection:**

<https://fhp.osd.mil/portal/index.jsp>

**Health Care for Veterans:**

<http://www1.va.gov/health/>

**Mental Health Advisory Team:**

<http://www.armymedicine.army.mil/news/mhat/mhat.html>

**Mental Health Advisory Team II:**

[http://www.armymedicine.army.mil/news/mhat/mhat\\_ii/mhat.cfm](http://www.armymedicine.army.mil/news/mhat/mhat_ii/mhat.cfm)

**Mental Health Advisory Team III:**

[http://www.armymedicine.army.mil/news/mhat/mhat\\_iii/mhat-iii.cfm](http://www.armymedicine.army.mil/news/mhat/mhat_iii/mhat-iii.cfm)

**Mental Health Task Force:**

<http://www.ha.osd.mil/DHB/mhtf/default.cfm>

**Military Home front: Supporting Our Troops and Their Families:**

<http://www.militaryhomefront.dod.mil/>

**Military Once Source:**

<http://www.militaryonesource.com/skins/MOS/home.aspx>

**Military One Source: 800-342-9647** They provide 24 hour service with information and referrals.

**National Institute of Mental Health:**

<http://www.nimh.nih.gov/healthinformation/ptsdmenu.cfm>

**Post Deployment Health Assessment:**

[http://www.pdhealth.mil/dcs/DD\\_form\\_2796.asp](http://www.pdhealth.mil/dcs/DD_form_2796.asp)

**Post Deployment Health Reassessment Program:**

<http://www.pdhealth.mil/dcs/pdhra.asp>

**PTSD, US Department of Veterans Affairs:**

<http://www.ncptsd.va.gov/ncmain/information/>

**TRICARE Defense Enrollment Eligibility Reporting System (DEERS) Information:**

<http://www.tricare.mil/deers/default.cfm>

**TRICARE Military Healthcare:**

<http://www.tricare.mil/>

**TRICARE Reserve Component Benefits and Eligibility:**

<http://www.tricare.mil/reserve/>

**US Army Center for Health Promotion and Preventive Medicine:**

<http://chppm-www.apgea.army.mil/dhpw/Population/combat.aspx>

### *A Mother's Reflections:*

As my son returned stateside from his 14 month deployment my first thoughts were he returned home physically alright! We already knew he was showing signs of combat PTSD while still in Iraq, he already had spoken to his battalion chaplain while there to relief some of the issues at hand.

I had completed hours of research to find out as much as I could about this illness, on how to help him through the different symptoms before he came home. This has all been a great help as we have gone through different problem areas and I recognized what was happening and discussed it with my son on how to attempt to “fix it” or work to get that particular issue under control. Not all those suffering realize they have a problem and so the earlier it is recognized the easier it is to receive help and start a counseling program. We were lucky that my son knew something was not right and requested assistance getting through it all.

We have our ups and downs, but things are always getting better in the long run. Some days are better than others, but we make it through each one with a better outlook, more or less thinking okay this is one item we seem to at least have under control, the earlier we can get it under control and start treatment, the easier his life will be to move forward.

Hopefully having a lot of information available in one booklet will help you find an easier path to follow.

Yes, this is an illness that needs to be recognized more with the medical field and military then it is now, once it is recognized better guidance can be offered. Sometimes it seems like it is a slow process, as it can be at times.

He knows I am here if he wants to talk, needs some comfort or an embrace, and when his old self shines through and we really have a good laugh I know he is working on his goal for achieving a normal life again. But, this comes working as a team with his counselors, him, family support and as we make each step forward this gives us hope for the future.

**Nancy Spoerke**

### *A Mothers Silent Agony*

After two years of being in Iraq I knew that my son Dan had come home a different person, I mean what person wouldn't after going through what all of these brave men and women do.

It was Christmas just after his return from his second deployment I picked him up from the airport and when I saw him my heart just fell, not only was he home but he was alive and he was safe and he was not injured or so I thought, this was when I seen just how much my son had changed and how things were different, but boy I did not know how different.

I knew about PTSD, I knew how it affected people and what the signs were as I grew up around Veterans of other wars and I knew this was a possibility, well really a probability, but deep inside you just hope it is the readjustment to life back in the states, the stuff not happening here, normal life (what ever that is) then came the reality of it. I got a taste of who Dan had become, he was angry and agitated, he paced around like a caged animal and he was so keyed up I thought he was going to explode. At night I could hear him and I thought he was on his phone a few times and I would go in to ask him to talk quieter and he would be asleep, he was having nightmares. So again I thought this was something that maybe time would take care of.

Dan returned to his base and we discussed the issue and he admitted he was having some problems but he would try to deal with them. Of course Soldiers never want to feel weak and they feel if they come forward to their command that it may just be the end of everything, so Dan chose to wait.

By March Dan had decided it was time to seek help as everything he was going through was affecting his whole life, his girlfriend was telling him to get help, his friends were telling him and as they explained it to him they were not wanting him to get help for them, they only wanted him to get help for himself. He had to want to do it for him. So he did.

Being active duty Dan went to SRP and he told them everything, he let it go and explained how it is affecting his life, his well being and how he can not be a productive Soldier as long as this is happening and that he needs help. There is more to this but I do not want to take up more of the booklet just remember this:

Please, if you are active duty military and you are having any problems do not be afraid to reach out for help. Go to your Chaplain, your NCOs, and your Command and ask for the help you need. There are people that will listen and who care. If you know of another military person who is having problems please reach out to them and help them get the resources and help they need.

**Merinda Mullins**

Hi, I just wanted to mention a couple of things, I think most of you know what has happened with my son. It is an ongoing battle that we face every day, but, we face it together as a family with hope & a lot of faith in God

Also, I wanted to thank my team, who have worked very, very hard along side of me going over, checking, rechecking facts trying to decide what was the most import and how best to present it, without them this booklet could not have been made possible. I treasure their friendship, their dedication, their wiliness to forge a new path while dealing with their own adversity, but most of all **their smarts LOL.**

As each of us were starting out, it was very difficult, we were scared, felt alone, reaching out for something and we did not even know what we were reaching for, yet we knew we needed help. Our hearts and minds were racing like a train, so scared that we would have to tell ourselves to breath. But, with this booklet we hope, sincerely hope, you will not feel that. You will feel like we are here reaching out, holding on to you, until you can become stronger, go forward with PTSD and find the help you need to do what you have to do to make sure your love one will get the help they need.

My hopes for our future is that we may never lose another one to this illness, we may become stronger as a nation, united as a country, to take care of our beloved military, past present & future, to provide for them like they have always provided for us.

God Bless & Please Thank Your Military Member for Their Service to Our Country & yours as well.

**Emily Afuola**

**PTSD Chairwoman – Blue Star Mothers of America**

I would like to give a special thank you to my friend, Tomasina for the beautiful poems she contributed, and she is a very talented military mother, one that I am so proud to know her & her work.

Tomasina Bruns  
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