

The Warriors Guide to Worlds at War

As a Clinical Tool/Reference Text

Although I take full responsibility for presenting this information, these findings come from psychiatrists, psychologists, and therapists working on a day-to-day basis with OIF/OEF Veterans in Warrior Transition Battalions, Vet Centers, and Clinics around this nation.

Mission Objective:

- To develop a Trust Bond between Veteran and Therapist.
- To reinforce to the client, that he or she is reacting normally, to his or her battlefield experiences.
- To demonstrate “HOW” the military skill set may be effectively adapted to civilian society.
- To promote resilience by reminding Warriors of their strength and abilities.
- To bring the Warrior a measure of peace in his or her life

Defining book topics by section:

(It is strongly recommended that you review the 1-9 Section Summary for further insight prior to a client session.)

Section One: Baptized in Blood

- 1-1 **My Friend the Beast:** Discusses the primal side of human nature. How to identify the emotions and learn to control the urges for violence and self-abuse.
- 1-2 **To Feel the Kill:** Discusses how human beings react (symptoms) to killing their own kind. Covers many aspects of killing including the strong desire to continue killing, the corresponding numbing effect and losing touch with humanity.
- 1-3 **Death Before Dishonor:** Discusses suicide and Death. Give examples of ways to cope with the urges to end your own life and the lives of others.
- 1-4 **Between Two Worlds:** Explains the Battlefield “Right of Passage” and how the Warrior changes forever. Discusses survivor guilt and the bonds of friendship that few besides Warriors understand. Defines the Warrior World and the Civilian World.
- 1-5 **Death is a Calling:** In depth discussion of how Warriors look at death. And why they feel the way they do.
- 1-6 **Home is Where the War is:** Develops a perspective of why Warriors like war and topics of war...what makes them comfortable and uncomfortable.
- 1-7 **The Warrior Trust Bond:** Discusses the extremely powerful bond of friendship Warriors have for one another. Also discusses survivor guilt from this perspective and why it is so hard to adapt to a non-military world.

- 1-8 **The Dragon Has Awakened:** Discusses WHO the Warrior has become and what to watch out for to avoid the Beast controlling their life.

Section Two: Freeze, Flee, or Fight

- 2-1 **You Ain't Who You Used to Be:** This topic reinforces that the Warrior has changed. Discusses pre-war friendships, relationships, examines the effects (symptoms) of war, and encourages seeking help.
- 2-2 **Predator and Prey:** Discusses the classes of society to build self-confidence, and remind the Warrior of his or her strengths.
- 2-3 **Normal is as Normal Does:** Encourages seeking counseling and understanding that War needs to be left on the battlefield.
- 2-4 **Adapting to an Alien Landscape:** A perspective from those who have walked the trail before; examples of how to replace adrenaline and how to re-develop being in touch with humanity.
- 2-5 **Mean and Green Don't Mean Stupid:** Some basic encouragement for the Warrior and education for civilians.

Section Three: A Vision for the Future

- 3.1 **Your Journey To The Summit, Warrior Tools for Survival:** Fifteen Tools to adapt the military Skill Sets to Civilian Society. These are based on actual Skills that WORK, and have been time tested by Combat Warriors!

Evaluating Effectiveness:

This of course will vary between clinicians and facilities. The following is a composite of questions that have been used to evaluate and adjust approaches for therapy, trust building and communications:

- Requesting a written testimonial from the patient has been used for evaluation of how the patient related to the topics covered.
- A questionnaire has been used for evaluation. Questions are tailored to each clinician but examples are as follows:
 1. How did the stories in the book relate to your own experiences?
 2. Which topics did you identify most with?
 - a. Killing the enemy.
 - b. Killing children.
 - c. Loss of friend.
 - d. Rage/Uncontrolled anger.
 - e. Need for that Adrenaline Rush of Combat.
 - f. Wanting to continue killing/looking for a victim.

- g. Feeling abandoned when back stateside.
- h. Need to cut the pain with alcohol and or drugs.
- i. Feeling numb inside to emotions.
- j. Not trusting anyone.
- k. Can't tell who the enemy is now.
- l. No one understands me anymore.
- m. Everyone is afraid of me now.
- n. I'm in physical and mental pain.
- o. Having flash backs and nightmares all the time.
- p. Can't get close to my wife, kids or family anymore.
- q. Am hyper-vigilant, waiting for a mortar round to go off any second.
- r. Can't drive my car, afraid of IEDs/Ambushes

Additional Considerations for Discussions with Our Afghanistan and Iraq Troops:

- **Primal Side of Human Nature:** Brain physiology and discussion of what emotions are involved. How the Primal Side is nurtured in boot camp, unleashed in battle in order to survive and then must be brought under control. Discuss Techniques/Tools for control in order to Re-Map the brain, bring the Primal Side under control.
- **The Warrior World and the Civilian World:** Understanding the conflict of these two worlds and how to cope with it. Discussions of the effects of conflict such as depression.
- **Killing:** The emotional impact of killing another human being. The issues of killing women and children. The moral dissonance (conflict) that occurs. The desire to continue killing. The Guilt over not ever killing enough of the enemy and why. Developing a sense of "It's OK to feel bad about killing; that's normal". "You must in fact continue doing it, but it's good to understand the emotions involved".
- **Guilt:** The guilt over making a decision that ended in the death or injury of a fellow Warrior. Things you could have done but didn't do. The guilt over feeling you didn't have the ability to stop something that resulted tragically.
- **Survivor Guilt:** How it's normal to feel guilty for being stateside while your unit is deployed. How it's normal to feel guilty to be alive when your friends are dead. Why you didn't get "Hit" when your friends did.
- **Loss:** How it's normal to feel loss over the death of the best friends you've ever had. Stages of grieving need to be covered and explained in detail.

- **Death and Suicide:** Explain the obvious, how death is an accepted part of the Warrior's Creed. How you feel cheated not to die when your fellow Soldiers are killed. Understanding the normalcy of these feelings. Understanding the uniqueness of Suicide to a Warrior. Death before Dishonor. How it is not what your Brothers and Sisters want for you to end your life, and yet discuss the severe physical and emotional pain that goes along with war experiences. For some the pain is too great.
- **Trust:** The degrees and/or levels of Trust. How trust is earned and yet a high level of tolerance is needed in civilian life. Discuss methods of evaluating trust and establishing boundaries for self-protection.
- **Friendship:** Goes hand in hand with Trust, but this topic would discuss civilian friendship and especially address the family and/or relationships with others. Again discussing false expectations and self-defeating standards.
- **War Itself:** Discussing the atrocities of war. Participating in the atrocities of war. Mutilation and viciousness in battle. The effects of being in a foreign country, living in a life-threatening environment, watching death and destruction and never expecting to make it back alive.
- **The Anti-Climatic Return Home:** How to adapt to disappointment with family and previous friends. The feelings of not belonging to anything but the Military and Military Family Unit. Feelings of abandonment and how to cope with that.
- **Becoming a New Individual:** Using your Warrior Skills to adapt to civilian society and relying on your strength as a Warrior to overcome any problem without violence. Developing a Vision for the future and not expecting only to die in battle.
- **Substance Abuse:** Building upon the physiology discussions, an explanation of chemical abuse and dependency to escape from and kill pain brought on by Combat; self-medication. Note: This is tailored to the client/patient.

Example Procedure now in use with both The Warrior's Guide to Insanity and The Warrior's Guide to Worlds at War:

Submitted by a Combat Trauma Clinician (CTR) working with clients in the field with Veterans and Active Military

- **The first approach,** depending on the individual and where I determine they are in dealing with their PTSD issues, is to read the book chapter by chapter. Then we discuss how they feel they have been impacted by each chapter's topic.
- We then explore the correlation between the chapter's topics and how they feel about the same issue they face, or how they have been affected and how they are dealing with it at this time. The main point, is for the Veteran to develop an understanding that they have been affected and have the resources and the personal power to deal with the negative impact that war has had on them and in their lives.

- It is important the Veteran admits the ways they have been dealing with issues have not been helping them. Some individuals need to go over this repeatedly and others are able to comprehend it rapidly.
- One of the most important things that it is necessary for the Veteran to understand is that they are the catalyst for change and growth in their lives and they have to do the work to make that change occur.
- The Veteran needs to accept that they are capable of change and no one else is going to do it for them. They must be willing to make the efforts to help themselves get healthier, and use the tools and skills they have been introduced to. They must also accept that repetition is one of the most important aspects of success in this process, especially in internalizing the coping skills and tools.
- **The second approach** is to have the Veteran read the entire book and then come back and discuss the insights gained; what they have learned about how PTSD has affected their lives and if they really want to make changes. I then have the Veteran outline what coping skills and tools they have learned from the book to make changes in their lives and how they are going to use them.
- It is important that they look at how they deal with things now and that these ways of doing things have not been working for them. This approach is used for a Veteran who is more intellectually capable and who has the ability to process things more on their own. It is also necessary to have this individual realize the importance of repetition and self-esteem enhancement for success.
- **The most important aspect of using this tool**, or any other tool, is to first gain and build the **Trust Bond** with the Veteran. Then help them realize they are capable of making change. And that change, although scary, will improve the quality of their lives and the lives of their families.

Short Briefing: You may find this helpful.

Similarities and Differences between Vietnam Combat Veterans and Combat Veterans from the Afghanistan and Iraq Wars

Vietnam Combat Veterans:

- When returning stateside, Vietnam Veterans felt their blood and brethren had been sacrificed without true purpose.
- They felt ashamed from their actions in War, and were made to feel even more ashamed by the American public.
- Self-esteem plummeted, self-abuse rose at an alarming rate, often ending in suicide.
- They felt abandoned by their government.

- They felt abandoned and rejected by the very people they walked out onto the battlefield to protect.
- They felt hopelessly overwhelmed.
- Their core principles of Freedom were in question, enhancing their own feelings of isolation, uncertainty, abandonment and confusion.
- They tried and failed to blend with the society they soon came to hate: growing long hair, beards, becoming homeless, struggling to adapt.
- They tried to become invisible, never mentioning their participation in the War. They were ashamed to be Warriors.
- Except for other Combat Veterans at Vet Centers, they received little or no help. PTSD was not clearly understood.
- They were grossly misunderstood and condemned for who they had become, for what War had made them.

The overall reaction of Warriors from Vietnam was “**Withdrawal**”. They withdrew from society, isolated themselves in whatever manner possible, and were forced to carry their agonizing pain in silence. They were feared as monsters and forgotten by society at large.

Afghanistan and Iraq Combat Veterans:

- Although the reactions to war are similar to those mentioned above with Vietnam Vets, the overall reaction of Combat Warriors from the Afghan and Iraq Wars is “**NOT**” withdrawal.
- The overall reaction is “**CONFRONTATION**”!
- Multiple deployments have created an extremely high state of intense rage. These Veterans have all the same symptoms as Veterans from Vietnam, but more intense.
- The diagnosis of PTSD is even more difficult now with new Veterans who have gone through a Concussion Injury (TBI)
- They may appear to be calm and collected at one moment and yet given the right trigger (and threat level) they instantly react in a state of full Combat Adrenaline Rage.

Be sure to go to www.sgtbrandi.com for more information. This site was designed by Combat Warriors from the Afghan and Iraq Wars.

If I can be of any further assistance please contact me at any time.

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