

# Southcentral Foundation

## SOLDIER'S HEART TRAINING

We are pleased to invite you to apply for Southcentral Foundation's Soldier's Heart training. This five-day educational training is designed for veterans and first responders who have experienced post-traumatic stress. It aims to reduce the symptoms of post-traumatic stress, provide community to talk about shared experiences, and re-categorize post-traumatic stress as a normal response to extreme events. This training is named "Soldier's Heart" in honor of a common title used by physicians during the Civil War.

June 1-7, 2018  
3210 Lark Street  
Anchorage, Alaska

- Presenters share personal stories and teach topics from a curriculum designed to address matters faced by first responders and veterans who have experienced trauma.
- Based in Anchorage with travel for seasonal recreational activities.
- This is an educational experience, not a clinical, medical, or diagnostic program. Staff does not record notes and the training does not affect your medical record.
- Free of cost; transportation, food, and lodging are included during the training.
- In order to create a supportive environment, alcohol, marijuana and illegal substances are prohibited during the training.
- Participants will be invited to provide feedback to help improve the training.
- Soldier's Heart is not a professional development training.

To apply, submit the attached application to [soldiersheart@southcentralfoundation.com](mailto:soldiersheart@southcentralfoundation.com) or via confidential fax (907) 729-5405 by May 1, 2018. For more information or questions, the Soldier's Heart Program at (907) 729-6671.

Thank you for your interest in attending a Soldier's Heart training. We look forward to the possibility of partnering with you to strengthen families in Alaska.

Sincerely,

Soldier's Heart Staff

phone: (907) 729- 6671  
confidential fax: 907-729-5405  
[soldiersheart@southcentralfoundation.com](mailto:soldiersheart@southcentralfoundation.com)



# SOLDIER'S HEART TRAINING APPLICATION

## PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_  
First Middle Last

Name you prefer on your name tag: \_\_\_\_\_

Sex: ☐ Female ☐ Male

Ethnicity: ☐ Alaska Native ☐ American Indian ☐ Caucasian ☐ Asian

☐ Black/African American ☐ Hispanic ☐ Other:

DOB: Number of children: Number of children living with you:

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Partner

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In order to participate, do you need help paying for transportation to Anchorage?

No ☐ Yes ☐ If yes, amount:

Phone: \_\_\_\_\_ Work ☐ Home ☐ Family ☐ Other

Alternative Phone: \_\_\_\_\_ Work ☐ Home ☐ Family ☐ Other

Email Address: \_\_\_\_\_

The best time to contact me is: \_\_\_\_\_

Do you have any food allergies? ☐ Yes ☐ No If yes, what foods:

Are you a Southcentral Foundation employee? ☐ Yes ☐ No

How did you learn about Soldier's Heart?

☐ Personal invitation from:

☐ Advertisement/Flier

☐ Family/Friend

☐ Other:

## CAREER HISTORY

### Military Status

- ☐ Civilian
- ☐ Reservist or National Guard
- ☐ Retired
- ☐ Active Duty

### Military Branch

- ☐ Army
- ☐ Marines
- ☐ Navy
- ☐ Air Force
- ☐ Coast Guard
- ☐ Public Health Service

### First Responder Status

- ☐ Retired
- ☐ Active

### First Responder Department

- ☐ Police
- ☐ Fire & Rescue
- ☐ Trooper
- ☐ EMS
- ☐ Other:

If applicable, at which military installation are you currently stationed? \_\_\_\_\_

Military Rank: \_\_\_\_\_

If applicable, what was your separation date? \_\_\_\_\_ Total Years in Military: \_\_\_\_\_

Military Occupation Specialty: \_\_\_\_\_

Have you been deployed? ☐ Yes ☐ No If yes, where and when: \_\_\_\_\_

Do you require physical assistance while you are staying with us?

(Assistance with dressing, bathing, eating, etc.)

- ☐ Yes, I DO need assistance during my stay.
- ☐ No, I DO NOT need assistance during my stay.

In order to be ambulatory, do you require any of the following?

- ☐ Wheelchair
- ☐ Crutches
- ☐ Prosthesis
- ☐ Service Animal
- ☐ No, I DO NOT require the above to be ambulatory.

Are you able to physically participate in recreational activities?

- ☐ Boating/Fishing/Archery
- ☐ 4 Wheel ATV Riding
- ☐ Hiking/Trails
- ☐ Skiing/Snowboarding
- ☐ No, I do not wish to participate in recreational activities.

Is there anything we have not asked that you would like to address?

- ☐ Yes
- ☐ No

If yes, please explain :

## SMALL GROUP QUESTIONNAIRE PART A

1. What do you hope to gain from attending this training?

2. Please share any current crisis in your home (i.e., active in a divorce or addiction, family tragedy, in grief, etc.).

3. Did you have a traumatic military or first responder experience?

☐

Yes

☐

No

a) If yes, how does it affect you (i.e., does it affect your dreams, your behavior, your relationships, etc)?

4. Were you injured while serving?

☐

Yes

☐

No

a) If yes, what type of injury(s) did you sustain?

5. Does your injury cause you any physical manifestations we should know about (such as dizziness, fatigue, poor concentration, difficulty hearing, irritability, headaches, nausea, difficulty sleeping, sensitivity to light or noise, etc.)?

☐

Yes

☐

No

a) If yes, please explain:

6. Please check if you have ever encountered or been around any of the following (check all that apply):  
See the last page for definitions of trauma and abuse.

- ☐ Domestic Violence
- ☐ Physical Abuse
- ☐ Verbal Abuse
- ☐ Sexual Abuse or Sexual Assault

7. Have you ever been diagnosed with a severe behavioral health disorder?

- ☐ Yes
- ☐ No

a) If yes, please explain:

8. Have you ever been hospitalized for a behavioral health disorder?

- ☐ Yes
- ☐ No

a) If yes, what's the current status of this?

9. Are you currently in outpatient treatment for a behavioral health issue?

- ☐ Yes
- ☐ No

a) If yes, please explain: ☐

10. Have you ever been habituated or addicted to prescription or illegal drugs?

- ☐ Yes
- ☐ No

a) If yes, what is or was your drug of choice?

b) If abstinent, how long have you been since you last used? ☐

11. Are you currently or have you previously participated in a substance abuse treatment program?

- ☐ Yes
- ☐ No

a) If yes, please explain:

12. Have you ever had any suicidal thoughts?

- ☐ Yes
- ☐ No

13. Have you thought of harming yourself in the last three months?

☐ Yes

☐ No

a) If yes, please explain:

14. Are you currently taking any medications that might impair your physical or mental functioning?

☐ Yes

☐ No

a) If yes, please explain:

15. Are you currently in a relationship in which you fear you may be harmed?

☐ Yes

☐ No

a) If yes, please explain:

16. Are you currently in a relationship in which you fear you may harm someone else?

☐ Yes

☐ No

a) If yes, please explain:

17. Do you currently have a restraining order against you?

☐ Yes

☐ No

a) If yes, please explain:

18. Do you currently have a restraining order against someone else?

☐ Yes

☐ No

a) If yes, please explain:

## SMALL GROUP QUESTIONNAIRE PART B

Below is a list of experiences that veterans and first responders may have in response to stressful situations. Please mark the circle that best describes how you relate to the statement. Mark one circle per question. Please do not modify the question or explain your responses. Answering yes to any of the questions does not disqualify you from attending.

A. In the last 7 days ...	Not at all	Somewhat	Often	Most of the time
I feel like my future seems hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I find it hard to concentrate on things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It seems like pleasure and joy are gone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am no longer interested in things I used to be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sadness and unhappiness come to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel as if I have failed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I just don't feel alive anymore.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think about death and dying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



B. In the last 30 days ...	Not at all	Somewhat	Often	Most of the time
Repeated, disturbing memories, of a stressful military/ experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeated, disturbing <i>dreams</i> of a stressful Military/first responder experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting or feeling as if a stressful experience was happening again?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling very upset when something reminded you of a stressful military experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having physical reactions (e.g., heart pounding, Sweating, trouble breathing) when something reminded you of a stressful military experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Avoid thinking about or talking about a stressful military experience or avoid having feelings related to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble remembering important parts of a stressful military experience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling distant or cut off from other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling emotionally numb or being unable to have loving feelings for those close to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling as if your future will be cut short?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble falling or staying asleep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling irritable or having angry outbursts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Being "super alert" or watchful, on guard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling jumpy or easily startled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C. In the past 12 months...**

YES NO

Have you sometimes felt afraid, panicky, nervous, or scared?

☐ ☐

Do you often find yourself in situations where your heart pounds and you feel anxious and want to get away?

☐ ☐

Have you physically harmed or threatened to harm an animal or person on purpose? (Note: Do not include hunting, fishing etc.)

☐ ☐

Have you gotten into trouble at home or in the community, because of using alcohol, drugs, or inhalants?

☐ ☐

Have you missed work because of using alcohol, drugs, or inhalants?

☐ ☐

Have you ever had six (6) or more drinks at any one time?

☐ ☐

Does it make you angry if someone tells you that you drink or use drugs or inhalants too much?

☐ ☐

Do you think you might have a problem with your drinking, drug, or inhalant use?

☐ ☐

**D. Below is a list of symptoms associated with brain injuries. If you have been injured, please respond to the following questions.**

**Since my injury I have experienced ...**

Not at all

Somewhat

Often

Most of the time

Feeling dizzy

☐ ☐ ☐ ☐

Loss of balance

☐ ☐ ☐ ☐

Poor coordination, clumsy

☐ ☐ ☐ ☐

Headaches

☐ ☐ ☐ ☐

Nausea

☐ ☐ ☐ ☐

Vision problems, blurring, trouble seeing

☐ ☐ ☐ ☐

Sensitivity to light

☐ ☐ ☐ ☐

Hearing difficulty

☐ ☐ ☐ ☐

Since my injury I have experienced ...	Not at all	Somewhat	Often	Most of the time
Sensitivity to noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Numbness to tingling on parts of body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change in taste and/or smell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loss or increase of appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor concentration or easily distracted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Forgetfulness, can't remember things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty making decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slowed thinking, can't finish things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue, loss of energy, easily tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Difficulty falling or staying asleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Feeling anxious or tense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritability, easily annoyed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor frustration tolerance, overwhelmed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I understand that the Soldier's Heart Training is an educational program for veterans and first responders who have experienced post-traumatic stress and aims to remove the stigma associated with PTS and to re-categorize it as a normal human response. I understand this training is not intended to substitute for mental health, addictive, medical, pastoral, legal, or other professional services. I understand this is not a clinical, medical or diagnostic program and that as an educational program, no documentation, notes, nor recording of mental health information are conducted. I also understand that if expert assistance is required, I should seek the services of a competent professional.

I understand that due to the nature and content of this training, and in order to create a supportive environment, participants are asked to forego the use of substances or unhealthy "numbing" methods (such as alcohol, marijuana, illegal substances and pornography) which may impact your ability to be entirely present for the process of the training. I understand that I may not room with my spouse and that family, guests, and visitors are not allowed on-site or in my room. I understand in order to be approved in the application process; I must agree to participate by being present throughout the entire training.

Submitting this information does not mean I have been accepted to attend this training. By my signature, I am indicating that I read and understand these statements and verify that all information on this form and any accompanying documents are true to the best of my knowledge.

APPLICANT'S SIGNATURE

DATE

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

By filling out this form, I authorize Southcentral Foundation to contact the following individual in the event of a medical or emotional emergency.

### Emergency Contact Person

Full Legal Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_

State \_\_\_\_\_

Zip: \_\_\_\_\_

If applicable, name of friend/relative with you at Soldier's Heart Training

Name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

### Special Considerations During an Emergency

Please list any illnesses, special needs, or disabilities:

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## LIABILITY RELEASE FORM

In consideration of my electing to and being able to participate in the small group sessions at the Soldier's Heart scheduled for \_\_\_\_\_ (date), I \_\_\_\_\_ (print name of applicant), for myself, my heirs, executors, successors and assigns, hereby completely and unconditionally release and agree to defend, indemnify and hold Southcentral Foundation (SCF), and the respective boards of directors, officers, executive team members, leaders, presenters, employees, and other representatives, from and against any and all claims, costs, causes of action, expenses, judgments, and liabilities of any kind whatsoever resulting from, arising out of or in any way relating to:

(a) My participating in the small group sessions during Soldier's Heart Training

(b) Any individualized care or small group sessions in which I may be involved which use any methods or materials developed by SCF;

(c) My use of any information, methods or materials learned at or obtained through the small group sessions or the Soldier's Heart; or

(d) The actions or omissions of any family members, including but not limited to minor children, and close personal friends who accompany me to the place where the small group sessions are to take place, regardless of whether the family member or close personal friend participates in the small group.

At Soldier's Heart trainings, personal stories of both harm received and harm caused are shared as part of the process. I am aware that hearing stories may result in experiencing triggers, various emotional and/or physical responses, and present at varying levels of difficulty for people.

By signing below, I agree to the terms and conditions as explained in the paragraphs above.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature of  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDIA RELEASE

For value received, receipt of which is hereby acknowledged, I hereby give Southcentral Foundation ("SCF") permission to publish and otherwise use, without charge or compensation, photographs, video, film or audio tape recordings SCF or its agent takes of me, the undersigned individual:

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(Print name of applicant being photographed, videotaped, filmed, audio tape recorded)

I understand that "tape recordings, photographs, video or film " means all audio, cinematic (moving images), or still photographic images, whether film, videotape, audio tape recordings, transparencies, negatives, prints, digital data, or otherwise, all reproductions in any form in any media, and all derivative works based on any of the foregoing.

I understand that "publish" means to reproduce and to distribute throughout the world, in any media whatsoever and by any and all means, methods, processes, whether now known or hereafter invented, including but not limited to printing copies on paper and maintaining digital copies on SCF's World Wide Web site on the Internet.

I understand that the photographs, videotape, film, and audio recordings of me may be used in conjunction with my name and I hereby consent to such usage. I hereby waive any right that I may have to inspect and approve the finished product or copy that may be used in conjunction therewith.

I understand that all photographs, videotape, film, and audio recordings of me, and all rights therein, including copyrights, are and shall remain the sole and exclusive property of SCF or its agents.

I understand that the photographs, film and videotape of me may be used by SCF in its news releases and advertisements, its publications, its printed material, and on its Web site, including, but not limited to, annual reports, brochures, newsletters, radio recordings, educational and instructional materials, video and/or audio presentations, recruitment, illustrations, art, exhibits and displays.

I understand I have the right to withdraw my consent and to stop the photo session, videotaping, filming or audio recording; and that I also have a right to rescind my consent **a reasonable time before** the photos, videotape, film or audio recordings **are reproduced for distribution**.

I hereby release and discharge SCF, its officers, directors, employees, agents, and subcontractors, if any, from any and all liability, claims, damages, expenses, and demands arising out of or in connection with the publication or other use of the photographs, videotape, film, or audio recordings of me, including without limitation, any and all claims for libel or invasion of privacy.

I further understand and agree that this Consent Agreement contains the entire agreement between the Parties to this Agreement; that the terms of this Agreement are contractual and not merely recital; that this Agreement is intended to be as broad and inclusive as permitted by the State of Alaska; that, if any portion of this Agreement is held invalid, the balance shall, notwithstanding, continue in full legal force and effect; that this Agreement is binding upon me, my heirs, executors, administrators, assigns, legal representatives and anyone claiming through or under me; and that this Agreement shall inure to the benefit of the licensees, successors, assigns and legal representatives of SCF.

I further state that I carefully read the foregoing Consent Agreement and know and understand the terms of the same. I agree that this Consent Agreement contains an authorization for SCF to copyright, use and publish photographs, videotape, film, or audio recordings of me without compensation. Nevertheless, this Agreement is entered into freely and voluntarily and is intended to bind me and my heirs, executors, administrators, assigns and legal representatives.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Street Address City, State, Zip Code, Telephone:

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## DEFINITIONS OF TRAUMA AND ABUSE

Trauma and abuse can result from bad things that happen to us (e.g. war and domestic violence) as well as from the absence of things in our lives (e.g. lack of joy at home, abandonment, malnutrition).

**Sexual Assault:** the use of physical force of a sexual nature or anything that forces a person to join in unwanted sexual contact, including rape, exhibitionism, and voyeurism.

**Domestic Violence:** A pattern of coercive behaviors used to establish control over another person through fear, intimidation, emotional abuse or social isolation; often including the use of or threat of physical or sexual violence. Domestic violence victims most often feel like they are walking on eggshells because they never know when more violence will come. Domestic Violence can occur with members outside of your direct household and often involves behaviors in multiple categories of abuse including, but not limited to, Physical Abuse, Verbal Abuse, Emotional Abuse, Social Abuse, Financial Abuse, and Spiritual Abuse.

**Physical Abuse** is any kind of physical harm – from hair pulling, squeezing, hitting, slapping, pushing and kicking, to use of bodily actions and weapons to threaten, punish, dominate, restrain, control or injure another person.

**Verbal Abuse** is when words are used to threaten, intimidate or distance another. It can take on many forms including criticizing, use of sarcasm, yelling, harsh scolding, name-calling, belittling, ranting, and crude or foul language. Disparaging comments disguised as jokes, continual blame-shifting, being argumentative, or excessive nagging are examples of verbal abuse.

**Physical Sexual Abuse** is much broader than intercourse, penetration or masturbation. It includes any touching, rubbing or patting that is meant to arouse sexual pleasure in the offender.

**Verbal Sexual Abuse** can include sexual comments about the child's body, suggestive comments, lewd remarks or sexual threats.

**Spiritual Abuse** is the misuse of God, the Bible or religious beliefs to manipulate or control another person. This may include misuse of Scriptures outside the intent of the meaning to control or manipulate. For example, parents who use Scripture to intimidate and get certain behavior from children ("honor your Father and your Mother") or spouses who demand submission or sex ("Your body is not your own"). Other forms of spiritual abuse can include leaders who portray God as a severe judge who demands perfection in thought and deed, implying a person will never measure up or be accepted.

**War Trauma** occurs as a result of witnessing or enacting the horrifying scenes of war. War Trauma is a broad category that ranges from acute stress reactions that are time limited to Post-Traumatic Stress which may last for many years. It normally develops after exposure to a terrifying event or ordeal in which severe physical harm occurred, was witnessed, or was threatened to occur. Traumatic events that may trigger War Trauma in combat include violent personal assaults to oneself or others, military combat and accidents.

**Post-Traumatic Stress (PTS)** is a common response that occurs when a person is exposed to a traumatic event. Any of the abuses and/or traumas listed above can result in PTS, regardless of age or gender.