

The Wisconsin Warrior Project is a collaborative effort designed to engage veterans groups, community organizations, mental health professionals and the general public in learning about the mental health and other issues facing veterans and their families and providing direction in continuing to disseminate this information to the larger community. The Wisconsin Warrior Summit is the initial step in this effort.

Sponsored by:

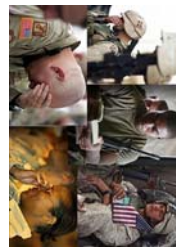


For additional information:

www.WIWarriorProject.org

(414) 276-3122

Wisconsin Warrior Project



Wisconsin Warrior Summit

A conference for mental health professionals, community organizations, veterans, and their families

Thursday, October 22, 2009

Milwaukee County War Memorial
750 N. Lincoln Memorial Drive
Milwaukee
8:30 a.m. to 4:00 p.m.

"Helping the veteran & their family who survived the war, survive the peace..."

www.WIWarriorProject.org



Wisconsin Warriors Summit, October 22, 2009



The Wisconsin Warrior Summit is dedicated to coordinating a comprehensive community response to the mental health needs of veterans and their families.

Through keynotes and breakout sessions, which will feature the voices and perspectives of veterans themselves, the Summit will inform clinical professionals, veterans and their families, as well as community social service organizations and the general public on the needs of veterans and their families, and the treatment and programs in place to support them.



Limited free parking will be available in the surface lot on the North side of the War Memorial Center. Additional parking is available for a fee in nearby lots.

Disability-related accommodation requests must be made by October 15. Contact Disability Rights Wisconsin at (414) 773-4646.

For additional information about the Summit, visit our web site:

www.WIWarriorProject.org

or call (414) 276-3122

(Mental Health America of Wisconsin)

- 8:30 Registration
- 9:00 Keynote Speaker: Mr. John Scocos, Secretary of the WI Department of Veterans Affairs (just returning from his 2nd tour in Iraq)
- 9:20 "Shot Between the Eyes- The View from the Veterans", *Dryhootch*
- 10:00 "We Train Them for the Combat Zone, but Who Trains Them to Be a Civilian?"
Dr. Michael McBride, PTSD Trauma Leader, Zablocki VA Medical Center & veteran of Iraq
- 10:45 Break
- 11:00 "How a Community Can Support Our Warriors and Families: A Panel Discussion"
- 12:00 Lunch
- 1:15 Breakout Groups A
- 2:30 Breakout Groups B
- 3:30 Break
- 3:45 Next Steps: Action Plan and Call to Action

BREAKOUT SESSIONS

Sessions will be grouped based on interest to ensure the most people can attend their preferred breakouts. On the registration form please indicate the two sessions you are most interested in. This is for planning purposes only. You will not be committed to the sessions you select.

1. Legal and Criminal Issues for Veterans
2. The Warrior and Addiction (Alcohol and Other Drug Abuse)
3. Challenges Facing the Warrior: Homelessness, Financial, Housing, and Employment
4. Death of a Warrior: How a Family Copes
5. Warrior on Deployment: Support for Vets and Family
6. Peacekeepers from the Front Line to the Blue Line: Law Enforcement Officers Called to Deployment
7. Soul Wound, Warrior Spirit: A First Nations Perspective on Healing the Injuries of Warfare
8. The Woman Warrior
9. Reclaiming Life After War: Building Resilience
10. Recognizing Changes: Post Traumatic Stress Disorder, Traumatic Brain Injury, Suicide and Pain
11. Treating Stress Disorders: Current (and Future) Treatments
12. Military Families: Navigating the Road Home

Registration deadline: October 15.
Space is limited. Cost- \$35
(Includes continental breakfast and lunch)

- To register and submit secure payment with a credit card: www.WIWarriorProject.org
- To pay by check, enclose registration form and a check made payable to MHA of Wisconsin. Mail to:
MHA of Wisconsin, 734 N. 4th St., Suite 200, Milwaukee, WI 53203, Attn: Registration

Check below to request a fee waiver and attend at no charge:

- I am a vet or family member.
- I am not attending as an employee of an organization and am not able to pay the fee.

Please print:

Name _____

Affiliation (if any) _____

Title (if applicable) _____

Address _____

City/State/Zip _____

Email _____

Phone _____

Vegetarian meal? ____ Yes ____ No
(Request must be made with registration)

Please indicate the numbers of the two sessions you would be most interested in attending :

Session # _____ and session # _____