

**ICF MACRO
MILITARY SHOW**

(Music) The Substance Abuse and Mental Health Services Administration presents the Road to Recovery. This programming aims to raise awareness about substance use and mental health problems, highlight the effectiveness of treatment and that people can and do recover. Today's program is: *Military Families: Access to Care for Active Duty, National Guard, Reserve, Veterans, Their Families, and Those Close to Them.*

MS. IVETTE TORRES: Hello, I'm Ivette Torres and welcome to another edition of the *Road to Recovery*. Today we'll be talking about behavioral health issues among military families. Joining us on our panel today are Kathryn Power, Director, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Rockville, MD; Captain Joan Hunter, Director of Psychological Health, U.S. Public Health Service, detailed with the National Guard Bureau, Arlington, VA; Hector Zayas Recovery Coach and Consultant, Orlando, FL; Dr. Bradley Karlin, National Mental Health Director for Psychotherapy and Psychogeriatrics, Office of Mental Health Services, Department of Veterans Affairs Headquarters, Washington, DC.

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Kathryn, more than 2 million troops deployed to Afghanistan and Iraq. What are some of the behavioral health issues related to the vets that are there, and the returning vets?

MS. KATHRYN POWER: First of all, when we use the term "behavioral health," we generally are talking about a broad range of mental and emotional and substance abuse disorders and/or problems. We know that anyone who has been in combat will probably suffer from trauma and anyone who has been in a combat situation will have effects of that trauma. So, the first thing we really want to pay attention to is: How have the individuals who have served in combat absorbed that trauma and become resilient to that trauma?

In addition, we are seeing a variety of behavioral adjustments having to do with post-traumatic stress, having to do with depression, having to do with suicide ideation. And of course, the reintegration issues when people come back from combat and move back into their families and try to sustain some normality of family life; we see behavioral issues going on within the families. So, there's a host of issues that are happening for these individuals.

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MS. IVETTE TORRES: And, Dr. Karlin, exactly what types of symptoms are associated with some of these disorders? Let's take PTSD, for example.

DR. BRADLEY KARLIN: So with PTSD, post-traumatic stress disorder, there are certain clusters of symptoms that we typically see, including what we first call avoidance symptoms. So, individuals with a post-traumatic stress disorder may avoid places or circumstances that may remind them of the traumatic event that they experienced during war time or other situations that might have been the precursor, if you will, to the post-traumatic stress disorder. Individuals with PTSD also often experience numbing symptoms, if you will, to block the pain associated with the post-traumatic stress disorder and so, sometimes individuals will engage in certain behaviors to block that numbing.

They'll not confront the emotional experiences that they may have, try to stuff it down. Sometimes alcohol or substance use is a way to try to block those emotional pain symptoms. And another common type of symptom that individuals experience with PTSD is hyper-vigilance

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symptoms, where individuals might be sometimes easily startled, for example, especially in circumstances that might serve as a reminder of the traumatic event.

MS. IVETTE TORRES: And so, one of the things that I want to say is it's just not the person that is on active military, but there's also the vets, there's National Guard, there's Reserves; so, we're talking about a whole host and spectrum of categories within the military of men and women that are affected, correct?

MS. KATHRYN POWER: I think it's very important, Ivette, that we stress that the populations that we really are concerned about, is that whole gamut, as you've indicated. It is individuals who have served on active duty and may still be on active duty. It is individuals who are in the National Guard, who are a special group of people who actually belong to a State militia. We have individuals who have served in reserve components of each of the individual services who may or may not be in active status. And then we have a whole host of the family members who come into relationships and have relationships with those individuals

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who may be attached to an active-duty military base, who may not have any connection.

And then we have veterans, and we have veterans who are disbursed all across the United States and may or may not have access to VA services. So it is a very important definitional issue.

MS. IVETTE TORRES: That's right. And, Captain Hunter, Kathryn just mentioned the families. How does the family, then, approach an individual who may have a problem? What are some of the issues that they need to be aware of?

CAPT. JOAN HUNTER: My experience in the National Guard has been that PTSD and mild traumatic brain injuries affect the whole family. One person may be the person who has the disorder or the stress symptoms, but it goes throughout the whole family. The work that you do, and taking care of someone with PTSD, the family benefits from that.

MS. IVETTE TORRES: Hector, You were military, you served in the military, and now you're working with some of the individuals that are experiencing some of these behavioral

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health issues. You want to talk a little bit about your own experience?

MR. HECTOR ZAYAS: Sure. I've spent quite an extensive amount of time in the military and recently discharged last year. And I've made it a commitment—being long-term recovery myself—made it a commitment to go ahead and reach out to these folks that are suffering from these issues, that are relying on substance use as an escape mechanism, if you will, so I try to help them out.

MS. IVETTE TORRES: Were you involved while you were in the military, and how did it happen?

MR. HECTOR ZAYAS: I was in full-blown alcoholism while I was in the military and had extensive, obviously, experience in treatment through that and I got to a point where now my time is to pay back by giving back to that community, especially military and veterans that we had discussed across the board. And I just don't want anybody to experience what I had, and that was a personal collapse, so I take great pride and honor in helping those, to let them know that there are things to actually do about it and not

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have a fear-based type of attitude at all times, to go ahead and pursue help at all costs.

MS. IVETTE TORRES: I want to talk about a little bit on the issue of homelessness. Dr. Karlin, how acute is the issue of homelessness within the military?

DR. BRADLEY KARLIN: Certainly among veterans, there is a sizeable homeless population, and this has actually been a priority of the Department of Veterans Affairs to reduce homelessness. To address homelessness, though, it's not just a matter, of course, of providing housing. That is one important aspect.

But it's also critical to address the mental health problems that a lot of homeless individuals have. And so we have, in VA, a variety of programs that address both aspects and oftentimes very much together, where we have residential treatment programs that specialize in providing individuals with that secure and safe surrounding, while they're initially receiving intensive care that they may need. And then following that, there is a range of additional services for homeless individuals so that they can get their lives back. And that doesn't only include

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shelter and emotional health; it's an important part, but also, work. To facilitate this process, VA has recently established a National Center for Homelessness Among Veterans.

MS. IVETTE TORRES: When we come back, I want to continue on the topic of homelessness. We'll be right back.

[AD] For more information on **National Recovery Month**, to find out how to get involved, or to locate an event near you, visit the **Recovery Month** Web site at recoverymonth.gov.

Tashawnya McCullough, Outreach Coordinator for Grace After Fire in Texas, talks about the services that are provided at their organization.

FS: The mission of Grace After Fire is women veterans reaching out to other women veterans and supporting those women veterans. We're here to make sure that woman veteran knows how to get to the VA, how to find a professional who can help her with whatever issues she has, whether it's needing counseling, or therapy, or to take care of her physical ailments.

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Kimberly Olson, Executive Director at Grace After Fire,
discusses the benefits of providing services to military
personnel and their families.

FS: We know at Grace After Fire, if we get ahold of the
female and we make her well, never underestimate the
lengths she will go to to make the rest of her family well.
These women are not broken; they may be bent and bloodied,
but they are not broken. Helping the veteran doesn't just
help the veteran, it helps his children, who then grow up
and contribute to the society; helps the veteran's parent;
helps all those that come in contact with the veteran. And,
wherever that veteran lives, it fundamentally helps that
community at large.

MS. IVETTE TORRES: Kathryn, let's continue on the thought of
homelessness and, when a member returns, what can the
family do to really support that member and to be vigilant
about some of the signs?

MS. KATHRYN POWER: Well, I think that when Dr. Karlin was
mentioning the VA's efforts in homelessness, I was reminded

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that the VA has really developed a program that is new in many ways for the VA that's picking up some of the strategies and some of the outreach and some of the connection of some of the programs that the Department of Health and Human Services and HUD have used for several years, and it's wonderful that we really actually have a partnership now between the Department of Veterans Affairs and HHS and Housing and Urban Development.

And one of those engagement strategies is trying to make sure there is outreach to the individual military member and their family member in some ways to make sure that they are employed, as Dr. Karlin indicated, and that they have the kind of support services around them that they need. All of these homelessness programs are looking at not only housing issues, but also supported employment opportunities and also family support opportunities.

MS. IVETTE TORRES: Captain Hunter?

CAPT. JOAN HUNTER: There's another population in the National Guard that I think needs to be highlighted here. And that is, not all of the National Guard are considered veterans.

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So, they may not be able to participate in some of the VA programs. That's why our relationship with SAMHSA and Kathryn's group, the memorandum of understanding that we have between the National Guard and SAMHSA is so important because it connects with the community. And the communities, through SAMHSA and our relationship, that's where the National Guard is. It's the governor in the State and it's the militias, as Kathryn mentioned, so a vast majority of folks that we're seeing in the psychological health program, they've never been deployed. So, it's very important for us to look at community resources, as Kathryn mentioned.

MS. IVETTE TORRES: Absolutely, and Hector, you're in the thick of it in the community. Take us through a cycle of some of the folks that you work with.

MR. HECTOR ZAYAS: The most important part, when we think about these veterans and when it comes to homelessness, for me, the key is how do we get the information to them? It's hard for them to get to a phone or seek, because the level of hopelessness, it is just completely eroded. So I try to get to them in a way that they will go ahead and seek and lead

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them to the local VA facility. Now, some VA facilities in local places, they may not have a facility to take these people. I mean, this is what they talk about at certain times; we don't have a place nearby and transportation, a lot of factors that fall into this.

What I try to do is get involved at a level that they don't get left by the wayside because the programs are there, but we need to get them involved and bring them forward so they can go ahead and have access to all these.

MS. IVETTE TORRES: So, what I'm hearing is that Veterans Affairs and other services associated with the military has some programs but also that everyone can avail other programs, correct, Kathryn?

MS. KATHRYN POWER: Absolutely, Ivette, and I think one of the most important things that I think we represent here today in talking with you about this issue is that we are beginning to see that the military-civilian relationship has to change. And it is significant that it is changing and it is significant that the Department of Defense, the

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Department of Veteran Affairs, are no longer closed systems.

And, in fact, those systems have, I think, appropriately acknowledged that there may be people in the community and we need to work together to make sure that we are reaching out together with communities, and that means talking to the civilian population and the civilian providers, and the civilians have to feel the same way. That they can have conversations with the military treatment facility providers with the VA, and that whole dialogue, I think, is emblematic of a new way of thinking, and I think it's extremely important and very, very favorable for the behavioral health world to understand that.

MS. IVETTE TORRES: And Dr. Karlin, do families need to know they need to be persistent?

DR. BRADLEY KARLIN: Family members are so key to everything we're talking about because, oftentimes, it's the family member that is the first and sometimes the only individual to begin to identify that something's wrong. And so family members in so many cases, I think, are the unrecognized

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assets, if you will, in terms of getting the treatment that individuals may need to those individuals.

So it is critical that professionals within the Department of Veterans Affairs, within SAMHSA and other agencies, are engaging with family members to provide the education, to provide the information that those family members might need to first identify that there is a problem and then to know what to do so that help can be received, both for the individual and for the family members.

MS. IVETTE TORRES: Well when we come back, I want to continue on the thought of the cost to society of not meeting the needs of all of these individuals as well as some of the programs that are available to have families continue to access treatment. We'll be right back.

[Music]

MS. IVETTE TORRES: Capt. Hunter, as I was noting, there are some definite consequences of not treating the veterans and the rest of the military family that needs services.

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CAPT. JOAN HUNTER: Absolutely. We're finding more and more of our population in the National Guard has never deployed. And our suicide rate in the Army National Guard doubled from 2009 to 2010, so there were huge, drastic, tragic consequences for not getting assistance. And, I wanted to point out that the National Guard has put in 54 directors of psychological health in all our States and Territories. We have Yellow Ribbon programs. We have transition assistance advisor programs. The Yellow Ribbon program is a reserve component program we use in the National Guard that brings service members together at various points through the deployment process, and it allows them, with their family members, to come back and start talking about reintegrating into civilian life. Anyone who has ever deployed, whether it's outside of the United States or even to a disaster here, is going to be affected by that deployment. And that will have an impact on the family.

So, Yellow Ribbon events are meant to bring them back, tell them about what benefits they have, what's out there for them, and to really get eyes on individuals so they can follow up individually with that person about the program or the challenge that they might be dealing with.

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MS. IVETTE TORRES: Kathryn, I know that other agencies—and let's talk about SAMHSA—has a strategic initiative specifically designated for military families.

MS. KATHRYN POWER: That's correct, Ivette, we do. And our administrator, when she came on board a year ago, said this is a population that we need to pay attention to, even though there is really nothing in law and there's no appropriation that says we should become involved in this. But we had discovered, frankly, from our substance abuse and mental health grantees at the local level, that we did have individuals who were coming into community-based agencies and seeking help. So, the first thing we had to do is we had to recognize the fact that even the civilian agencies weren't asking people, "Do you have a DD214, have you ever served in the military, have you ever been in combat?"

The reality was that we needed to get the civilian providers thinking about this population and then directing them appropriately to VA facilities and to TRICARE and to DoD active-duty facilities, as appropriate. And then there

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are people who didn't want to go to those facilities or who needed care, and we saw them coming into our grantees through our family program, which was the issue about the family members, the one who's paying attention.

So, we have grantees in our systems of care program, which deal with children with emotional disturbances, and we were hearing that they were not getting care the way they wanted care in the community. So, our strategic initiative is to pay attention to this population and to emphasize it as a priority, to build the collaborations with the Department of Veterans Affairs, with the Department of Defense, with the National Guard bureau, and to keep on collaborating until we get to the point where we can show that every service member who is eligible and who needs service will get it, no matter where it may be. And we want to see that happen in every community at the local level and at every State level.

MS. IVETTE TORRES: And, Dr. Karlin, the President also has an initiative. You want to talk a little bit about the presidential initiative on issues related to military families?

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DR. BRADLEY KARLIN: We've been very fortunate because Congress has recently enacted legislation that has broadened VA's authority to provide mental health and counseling services to family members. This has been a wonderful gift to the agency in so many ways, because now we're able to work directly with family members in a way we haven't been able to do before. So, within VA now, we are disseminating and implementing a variety of family counseling and couples counseling services.

We're now able to work with family members to help them on certain emotional issues that they might be struggling with because we know if we help the family members, that will then help the veteran, the individual as well.

MS. IVETTE TORRES: Kathryn?

MS. KATHRYN POWER: The VA was one of 16 departments whose secretaries signed off on the President's report, called *Strengthening Military Families*. And those 16 secretaries pledged that they would approach this population with the highest priority over the next few years. It's a very

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significant move. And that means that all of those 16 cabinet-level agencies have pledged to do something in the four areas of the report.

And those four areas, very briefly, are increasing the psychological health of military service members and their families, strengthening childcare education and military schools; strengthening opportunities for spousal employment; and making sure that all individual service members have access to services everywhere.

MS. IVETTE TORRES: And, Hector, where the rubber meets the road, when you're dealing with the problems in the local area, you know ... What are some of the needs that still remain to be filled?

MR. HECTOR ZAYAS: Well, all of this is very admirable. I'm glad that there are things beyond service, beyond active duty, but everything begins during active-duty time. So, I also focus on making sure and just dialogue, even with the active-duty forces, because there are services there, too. There's family advocacy, there's the chaplain system, there's all sorts of counseling for financial, personal,

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those services are already in the active-duty force. We need, or I would like to see that continue to be advertised across every military installation and honed in because we need to try and attack or make the problem recognized earlier and do the best they can prior to just ...

MS. IVETTE TORRES: While they are deployed.

MS. HECTOR ZAYAS: Right, or beyond. Once they come back- I'm sure there are some areas in some installations, depending on the leadership; the leadership plays a big role here.

CAPT. JOAN HUNTER: After 2 years that we have had the psychological program in the National Guard, we've seen over 5,000 individual service members. The number one concern is family and marital concerns. So, for those that are local to their communities and their families, they have to make that connection, as Hector mentioned. It has to be connected back with the State, but the Guard bureau and the States themselves have lots of programs in place that mimic, are very similar to active duty, as Hector mentioned.

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MS. IVETTE TORRES: And when we come back, we're going to be talking a little bit more about services and about supporting military families. We'll be right back.

[AD] Male VO: I didn't know it would be so hard. It's easier to heal others than to heal myself.

Female VO: If you or someone you know has a drug or alcohol problem, you are not alone.

Male VO: Recovery was the hardest job I ever had and the most important.

Female VO: For information and treatment referral, call 1-800-662-HELP. Brought to you by the U.S. Department of Health and Human Services.

MS. IVETTE TORRES: Kathryn, as we left off, you wanted to add a few more comments.

MS. KATHRYN POWER: I did, I thought what Hector and Captain

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Hunter said was very important, and the first thing that Hector mentioned was, the issue about the active-duty individual. The individual who comes into the military and has a military experience, and Joan talked about the fact that the National Guard has really recognized what that experience is and the National Guard has really taken the leadership. I would challenge the other services to do what the National Guard has done.

Because, in reality, those of us who have served in the military and have been on active duty, we never talked about emotional health, we never talked about psychological health. We were never skilled in resiliency training. And the fact that the military services are now paying attention to that is hugely important, but we have a very long way to go. So I think people need to understand in both the civilian and military communities that we have to encourage that the military should accept the fact that their emotional life is a part of their overall health.

And I am actually very happy that the services are beginning to do some of that and particularly that the

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National Guard is taking the lead on that. Is that your experience as well?

MR. HECTOR ZAYAS: Yes, I personally believe that some progress has been made. It has to go across the board and it's very tough. We've been in a war for a long time and sometimes it feels like catch up at certain points. But the important thing is that we're recognizing, we're doing something, but it has to start immediately at that active-duty level, as soon as they return, have things in place. And while they're gone, to take care of their families, because they need to know that their loved ones are okay in the back, and so forth.

MS. IVETTE TORRES: Dr. Karlin?

DR. BRADLEY KARLIN: One key issue that we've been talking around but haven't really centered on yet, related to these discussions, is stigma. And we know that there is a significant barrier that gets in the way of individuals getting the help that they need. We now have treatments that work and work quite well, but individuals often don't get those treatments because of stigma. Because of a

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psychological barrier that prevents individuals in many cases from getting the care that they need, due to fear of reprisal, due to fear of emotion or not being able to seek gainful employment.

Sometimes there's a perception, "If I go seek help, then I might not be able to get the job I need or I might not be able to advance in my military career the way I would like to." So it is so important that as a Nation, that we're talking more openly about mental health issues and supporting individuals. Not overly supporting them in the extent that we're labeling individuals as having mental disorders when they don't, as well—it's important to recognize that.

A lot of people come back from serving in the military that don't have mental disorders, but they might have some adjustment difficulties. So it's really important, no matter where they are in terms of their level of need, that individuals are identifying with them, meeting them kind of where they are, so to speak, and really engaging with them to try to figure out the best place for them to get the help that they might need.

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MS. IVETTE TORRES: Captain Hunter?

CAPT. JOAN HUNTER: We have put our directors of psychological health outside of the medical community, because we didn't want or believe that someone would seek assistance from someone who is going to determine whether they were fit for duty. And we wanted to take that component away. Otherwise, we'd be forcing them underground, so to speak. And, it's important, and I think because we put our directors of psychological health in places where Yellow Ribbon, transition assistance, is available, they become part of a larger team in the National Guard, to support both our airmen and soldiers.

DR. BRADLEY KARLIN: The wonderful thing the Department of Defense has done, I just want to acknowledge, is develop the Battlemind Program. And I would encourage individuals to check out this wonderful resource. The Battlemind Program is accessible through the Internet, and it's individuals who served in military, talking about their experiences, talking about their emotional difficulties and what their stories were and how they ultimately overcame the difficulties they were experiencing.

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MS. IVETTE TORRES: I want to go back to SAMHSA, and I know that the military initiative is going to have some programs linked to it. I just want you to briefly mention them.

MS. KATHRYN POWER: Certainly. The Strategic Initiative on Military Families is really embedded in our work and through our vehicles. And our vehicles are what are known as request for assistance, or RFAs, which reflect competitions for grants and also through our contracts. And what you'll see across SAMHSA's portfolio, particularly in 2011 and going into 2012, we are embedding military families as a priority for those programs.

But people should be looking out for all of SAMHSA's request for assistance grant and contract opportunities, because they will all prioritize in some way, shape, or form military service members, veterans, and their families, for those people who may be in need of care, who may not be getting services, in the DoD facilities through TRICARE, or through the VA.

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MS. IVETTE TORRES: And we're getting to the end of our show, and I would be remiss not to mention ***National Recovery Month***, celebrated every September. We want to encourage everyone to go on the Web page and to look at all the wonderful materials that we have. www.recoverymonth.gov. Thank you for being here, great show.

[Music]

The Road to Recovery Television and Radio series educates the public about the benefits of treatment for substance use and mental health problems as well as recovery programs for individuals, families, and communities. Each program engages a panel of experts in a lively discussion of recovery issues and successful initiatives from across the country.

To view or listen to the Road to Recovery Television and Radio Series from this season or previous seasons visit recoverymonth.gov and click on the Multimedia tab.

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