

Coming Home: Supporting Military Service Members, Veterans, and Their Families

Discussion Guide

The show will be filmed in a panel format with free discussion between the show host and other panelists. This discussion guide is not to be considered as a script. The information and resources provided in this discussion guide are provided to assist panelists in show preparation. The questions identified in each panel section will be asked by the show host. Panelists will respond to questions asked by the host, and they will also comment and add to information presented by other panelists in a discussion format. Panelists will bring their own keen anecdotal experiences to the show as well as references from scientific studies from the field.

Show Description: Our nation has pledged unequivocal support for active duty military service members and veterans. Meeting our obligation to our service members and veterans also means supporting their families. All have made remarkable sacrifices in serving their country, and have both clear and compelling needs as they reintegrate and face the future. Along with peer support and peer counseling, strategies centered on the family are the most urgent and effective approach to supporting the difficult transition to everyday life. Many service members deal with mental health problems attributable to their military experience, and many turn to substance use in response to their pain. Help for service members, veterans, and their families must encompass not only treatment for mental and substance use disorders but also the support elements that sustain recovery—employment, health and well-being, housing, and education. This show will describe the challenges facing those who have served and their families, the support available from both the U.S. Department of Veterans Affairs (VA) and civilian behavioral health systems, and the need to expand family-centered services.

Panel 1: The Urgent Need to Support Military Families

Key Questions:

- 1. Why is strengthening military families an important national priority?
- 2. How many service members have been deployed to Iraq and Afghanistan? How many of those deployed are married? How many have children?
- 3. What is the definition of "family" and what are the different types of military families that need support?
- 4. How many service members returning from deployment experience post-traumatic stress disorder (PTSD) or depression? How many are returning with a traumatic brain injury (TBI)?
- 5. What is the rate of substance use among service members (active duty, National Guard, Reservists, and veterans)?
- 6. How does military deployment impact the mental health of spouses and children of service members?
- 7. Where does separation from family rank as a concern of service members who are deployed?
- 8. What is the divorce rate among active duty service members? How is divorce related to substance use or mental health conditions among returning service members?
- 9. What is the suicide rate among active duty service members and veterans?

Strengthening Military Families as a National Priority

Source: The White House. (January 2011). Strengthening our military families—Meeting America's commitment. White House Report.

From

http://www.defense.gov/home/features/2011/0111_initiative/Strengthening_our_Military_January_2011.pdf (accessed May 21, 2012).

- The President has made the care and support of military families a top national security policy priority. We recognize that military families come from the active duty Armed Forces, the National Guard, and the Reserves. Military families support and sustain troops fighting to defend the nation, they care for our wounded warriors, and they survive our fallen heroes.
- The well-being of military families is an important indicator of the well-being of the overall force. At a time when America is at war and placing considerable, sustained demands on its troops and their families, it is especially important to address the family, home, and community challenges facing our all-volunteer force.
- For years to come, service members, veterans, and their families will continue to face unique challenges, and at the same time will have great potential to continue contributing to our communities and country.

Number of Service Members Deployed to Iraq and Afghanistan and Number of Spouses and Children Impacted

Sources: The White House. (January 2011). Strengthening our military families—Meeting America's commitment. White House Report

Flake, E. M., Davis, B. E., Johnson, P. L., and Middleton, L. S. (2009). The psychosocial effects of deployment on military children. *Journal of Developmental & Behavioral Pediatrics*, 30, 271–278.

- Since September 11, 2001, more than two million service members have deployed to Iraq or Afghanistan. The duration and the frequency of deployments are unprecedented since the establishment of America's all-volunteer force in 1973.
- Fifty-five percent of the force is married and 70 percent have children (40 percent have two children).
- There are approximately 700,000 spouses of active duty service members and an additional 400,000 spouses of Reserve members. More than 700,000 children have experienced one or more parental deployments.

Source: Martinez, L., and Bingham, A. (November 11, 2011). U.S. veterans: By the numbers. ABC News report on data from the Department of Defense Manpower Data Center. From http://abcnews.go.com/Politics/us-veterans-numbers/story?id=14928136#4 (accessed May 21, 2012).

• In the decade since the September 11, 2001, terrorist attacks on the World Trade Center, 2,333,972 American military personnel had been deployed to Iraq, Afghanistan, or both, as of August 30, 2011. Of that total, 1,353,627 have since left the military and 711,986 have used VA health care between fiscal year 2002 and the third-quarter fiscal year 2011.

According to the Defense Manpower Data Center, nearly half, or 977,542, of those who have served in Iraq or Afghanistan have been deployed more than once.

• There are currently (as of November 2011) 2,317,761 men and women in uniform. Of this total number, 1,348,405 have been deployed since the September 11 attacks. About 58.2 percent of those currently in uniform have served a deployment since 9/11.

Definition of Family and Types of Military Families

Source: The Addiction Technology Transfer Center Network. (January 2005). Family treatment—Part 1: Family counseling in addiction treatment. Addiction Messenger, 8(1). From http://www.attcnetwork.org/userfiles/file/NorthwestFrontier/Vol.%208%20Issue%201.pdf (accessed May 21, 2012).

- For practical purposes, family can be defined by the individual's closest emotional connections. Anyone who is instrumental in providing support, maintaining the household, and providing financial resources and with whom a strong and enduring emotional bond exists may be considered family.
- The concerns surrounding the "military family" encompass a wide range of circumstances and relationships, including:
 - o A husband and wife where one is a service member;
 - o A husband and wife where both are service members;

- A couple who is not married where one or both is a service member;
- o A couple (married or not married) with children;
- A single parent family (raising the issue of child care when the military parent is deployed);
- o The parental relationships of a service member and the spouse/partner; and
- Extended family relationships of a service member or spouse/partner (e.g., aunts, uncles, grandparents, cousins).

Rates of PTSD and TBI Among Service Members Returning From War

Source: RAND Center for Military Health Policy Research. (2008). *Invisible wounds: Mental health and cognitive care needs of America's returning veterans*. Tanielan, T., and Jaycox, L. H., eds. From

http://www.rand.org/multi/military/veterans.html (accessed May 21, 2012).

- 18.5 percent of all returning service members in a survey of service members returning from Iraq or Afghanistan meet criteria for either PTSD or depression; 14 percent of returning service members meet criteria for PTSD, and 14 percent meet criteria for depression.
- 19.5 percent of returning service members reported experiencing a probable TBI during deployment.
- The Rand study of service members returning from Iraq or Afghanistan indicated that about one-third report symptoms of at least one of the following conditions: PTSD, major depression, or TBI.
- About 7 percent meet criteria for a mental health problem and also report a possible TBI.
- If these numbers are representative then of the 1.64 million deployed (as of 2008), the study estimates that approximately 300,000 veterans who have returned from Iraq and Afghanistan were suffering from PTSD or major depression, and about 320,000 may have experienced TBI during deployment.

Prevalence of Substance Use Among the Military and Veterans

Source: National Institute on Drug Abuse. (July 2009; revised April 2011). Topics in brief: Substance abuse among the military, veterans, and their families. National Institutes of Health. From http://www.nida.nih.gov/tib/vet.html (accessed May 21, 2012).

 Substance use among Iraq and Afghanistan war veterans is a large concern, with aggregated data from the Substance Abuse and Mental Health Services Administration's annual household survey revealing that from 2004 to 2006, 7.1 percent of veterans (an estimated 1.8 million persons 18 or older) met criteria for a past-year substance use disorder. • Problems with alcohol and nicotine abuse are the most prevalent and pose a significant risk to the health of veterans, as well as to the Reserve component and National Guard soldiers. At greatest risk are deployed personnel with combat exposures, as they are more apt to engage in new-onset heavy weekly drinking, binge drinking, and to suffer alcohol-related problems, as well as smoking initiation and relapse. Within this group, Reserve and National Guard personnel and younger service members are particularly vulnerable to subsequent drinking problems. And although alcohol problems are frequently reported among veterans, few are referred to alcohol treatment.

Source: Office of the Command Surgeon and Office of the Surgeon General United States Army Medical Command. (February 14, 2008). *Mental Health Advisory Team (MHAT-V). Operation Enduring Freedom 8, Afghanistan.* From http://www.armymedicine.army.mil/reports/mhat/mhat_v/Redacted2-MHATV-OEF-4-FEB-2008Report.pdf (accessed May 21, 2012).

• In 2007, 8 percent of soldiers in Afghanistan reported using alcohol during deployment and 1.4 percent reported using illegal drugs/substances.

Impact of Military Deployment on Spouses and Children of Service Members

Source: Lesser, P., Peterson, K., Reeves, J., et al. (2010). The long war and parental combat deployment: Effects on military children and at-home spouses. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(4), 310–320.

• The cumulative impact of multiple deployments is associated with more emotional difficulties among military children and more mental health diagnoses among spouses.

Source: Mansfield, A., et al. (January 2010). Deployment and the use of mental health services among U.S. Army wives. *The New England Journal of Medicine, 362*, 101–109. From http://www.nejm.org/doi/full/10.1056/NEJMoa0900177 (accessed May 21, 1952).

 The deployment of spouses and length of deployment were associated with mental health diagnoses. As compared with wives of personnel who were not deployed, women whose husbands were deployed received more diagnoses of depressive disorders, sleep disorders, anxiety, and acute stress reaction and adjustment disorders.

Source: Gregory, H., Gorman, M. E., and Hisle-Gorman, E. (2010). Wartime military deployment and increased pediatric mental and behavioral health complaints. *Pediatrics*, peds.2009 2856v1-peds.2009-2856.

 A 2010 study reports an 11 percent increase in outpatient visits for behavioral health issues among a group of 3- to 8-year-old children of military parents and an increase of 18 percent in behavioral disorders and 19 percent in stress disorders when a parent was deployed.

Source: Chandra, A., et al. (December 2009). Children on the homefront: The experience of children from military families. *Pediatrics*, 125(1), 16–25. From

http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-1180v1 (accessed May 21, 2012).

• After controlling for family and service-member characteristics, children in this study had more emotional difficulties compared with national samples. Older youth and girls of all ages reported significantly more school-, family-, and peer-related difficulties with parental deployment. Length of parental deployment and poorer non-deployed caregiver mental health were significantly associated with a greater number of challenges for children both during deployment and deployed-parent reintegration. Family characteristics (e.g., living in rented housing) were also associated with difficulties with deployment.

Source: Center for Behavioral Health Statistics and Quality, Data Spotlight. (November 10, 2011). Youths living with a veteran father are more likely to use illicit drugs, tobacco, or alcohol. *National Survey on Drug Use and Health*. U.S. Department of Health and Human Services. From http://www.samhsa.gov/spotlights/WEB SPOT 055.pdf (accessed May 21, 2012).

According to the National Survey on Drug Use and Health, from 2002 to 2010, an annual
average of 2.8 million youths ages 12 to 17 lived with a father who had served in the
Armed Forces (i.e., Army, Navy, Marine Corps, Air Force, Coast Guard). Compared with
youths whose fathers were not veterans, children of veteran fathers were significantly
more likely to have used illicit drugs, tobacco, or alcohol.

Impact of Deployment on Service Members—Concern About Family Separation

Source: Office of the Command Surgeon and Office of the Surgeon General United States Army Medical Command. (February 14, 2008). Mental Health Advisory Team (MHAT-V). Operation Enduring Freedom 8, Afghanistan. From http://www.armymedicine.army.mil/reports/mhat/mhat_v/Redacted2-MHATV-OEF-4-FEB-2008Report.pdf (accessed May 21, 2012).

- In a 2007 survey of service members deployed in Afghanistan, being separated from family was reported as among the top three concerns of being deployed.
- In this same survey, 9.8 percent of soldiers on their first deployment screened positive for a mental health problem, whereas 14.2 percent of soldiers with a previous deployment screened positive.

Source: Military.com. Communication During Deployment. From http://www.military.com/benefits/resources/deployment/communication-during-deployment (accessed May 21, 2012).

 Deployed service members are better able to communicate with spouses, family, and loved ones now than in the past due to modern communications technologies, including the use of e-mail, text messaging, cell phones, Internet postings, and Internet-based phones. While these communications can be helpful in relieving stress and maintaining relationships, they can also be a source of stress due to the service member having greater information on the problems and situations being experienced by family and loved ones back home.

Divorce and Suicide Rates in the Military

Source: Tarrant, D. (December 21, 2010). Stress of separation takes its toll on military families. *The Dallas Morning News*. From

http://www.dallasnews.com/sharedcontent/dws/dn/latestnews/stories/121910dnentprivateba ttles.355290e.html (accessed May 21, 2012).

- The divorce rate for active-duty military personnel has risen from 2.6 percent in 2001 to 3.6 percent in 2009, when there were an estimated 50,000 military divorces, the Pentagon reported. That is slightly higher than the civilian divorce rate of 3.4 percent.
- Since the 9/11 terrorist attacks, 787,000 Guard members and reservists have been called to active duty, the most since World War II. A half-million have deployed to Iraq and Afghanistan—and 200,000 have served multiple tours. Nearly 100,000 Guard members and reservists are currently serving on active duty. Members of the nation's reserve component leave behind careers and families. Their spouses and children do not have a built-in support structure, as do full-time active duty service members who live on military installations.
- Relationship issues may be understated when measured only by divorce rates. Some
 estranged couples in the military remain married to continue receiving higher housing
 payments. In addition, a civilian spouse who divorces a service member loses his or her
 military health coverage.

Source: Bannerman, S. (January 23, 2009). Broken military marriages: Another casualty of war. AlterNet. From http://www.alternet.org/sex/122198/broken military marriages: another casualty of war/ (accessed May 21, 2012).

Military marriages are at increasingly high risk of failure. More than 13,000 military marriages ended (in 2008) and combat is the cause. A study published in *Armed Forces & Society* reveals that male combat veterans were 62 percent more likely than civilian males to have at least one failed marriage. While divorce rates among returning male combat veterans are high, divorce rates for women in the Army and Marine Corps are nearly three times that of their counterpart male soldiers and Marines.

Source: Gomulka, Capt. G. T. (January-February, 2010). Saving military families. *Military Review*, 90(1), 111–116. From http://web.ebscohost.com/ehost/detail?hid=22&sid=71df52d3-05bc-421e-9bc0-09bef85e7f9b%40sessionmgr14&vid=1&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d (accessed May 21, 2012).

 Because of the number of divorces and suicides that take place after service members leave the armed services, military divorce and suicide rates are far greater than current statistics reveal. Dr. Ira R. Katz, VA deputy chief patient care services officer for mental health, reports, "Suicide prevention coordinators are identifying about 1,000 suicide attempts per month among the veterans we see in our medical facilities." Source: Glantz, A. (May 9, 2008). The truth about veteran suicides. *Foreign Policy in Focus*, 9 May 2008.

Reasons for high divorce and suicide rates in the military include: 1) the young age at
which many servicemen and service women marry, 2) financial problems that contribute
to stress and lead to complications in relationships, and 3) multiple long-term
deployments, particularly in combat zones, that can result in medical and mental
problems, including PTSD.

Source: Substance Abuse and Mental Health Services Administration. (Draft October 2010). *Leading change: A plan for SAMHSA's role and actions 2011–2014*. U.S. Department of Health and Human Services. From

http://www.samhsa.gov/about/sidocs/SAMHSA_SI_paper.pdf (accessed May 21, 2012).

• The Army suicide rate reached an all-time high in June 2010, and for the first time, in 2008 and 2009 respectively, suicide rates among soldiers and Marines exceeded the expected national average.

Source: U.S. Department of Defense. (July, 15, 2010). Army releases June Suicide Data. From http://www.defense.gov/releases/release.aspx?releaseid=13715 (accessed May 21, 2012).

• Suicide among veterans accounts for as many as one in five suicides in the United States.

Source: Centers for Disease Control and Prevention—Surveillance for Violent Deaths—National Violent Death Reporting System, 16 States, 2007. Surveillance Summaries, May 14, 2010. MMWR 2010;59 (No. 4).

Panel 2: Support Needs for Military Families Before, During, and After Deployment

Key Questions:

- 1. What is the "deployment cycle" and why is it important for military families to receive support throughout the cycle?
- 2. What are some of the family issues associated with pre-deployment and what are some ways of addressing those issues?
- 3. What family issues arise during deployment and what are some ways of addressing those issues? How can extended family and friends be supportive during this time?
- 4. After a service member has experienced trauma during deployment and has received a diagnosis of PTSD, is it possible for the service member to be deployed again?
- 5. When service members return from deployment, why is reintegration with families and transition to civilian life so challenging?
- 6. What strategies can military families use in meeting the challenges of postdeployment? How can extended family and friends be supportive after service members return from deployment?
- 7. If not treated, or if not treated properly, what are the consequences of PTSD, depression, and TBI on military families?

The Deployment Cycle

Source: Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (December 3, 2010). A handbook for family and friends of service members—Before, during, and after deployment. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Vulcan Productions and Public Broadcasting Service (PBS), produced in collaboration with the television series "This Emotional Life." From

http://www.dodlive.mil/index.php/2010/12/family-focus-a-handbook-for-family-and-friends-of-servicemembers/ (accessed May 21, 2012).

- While most service members spend their entire careers training for combat deployments, their families and friends usually do not. Typically, family and friends are not trained to handle the emotional challenges of the deployment experience.
- This handbook has been designed to address a subject that's not discussed enough: the
 full spectrum of emotions that accompany military deployment. That means not only
 looking at post-deployment integration but also examining the other parts of the
 equation: pre-deployment as well as the deployment itself.
- For each phase of the deployment cycle, it is critical to address relationships, communication, self-care, and being informed.

Family Issues Associated With Pre-Deployment

Source: Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (December 3, 2010). *A handbook for family and friends of service members—Before, during, and after deployment*. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Vulcan Productions and Public Broadcasting Service (PBS), produced in collaboration with the television series "This Emotional Life." From

http://www.dodlive.mil/index.php/2010/12/family-focus-a-handbook-for-family-and-friends-of-servicemembers/ (accessed May 21, 2012).

Issues that may arise during pre-deployment include the following:

- Emotional distancing. Service members may emotionally and physically distance themselves from loved ones in order to make leaving easier and may focus on bonding with their colleagues.
- **Pre-deployment tension.** It is common for couples to argue and experience tension prior to deployment. Getting legal, personal, banking, and housing affairs in order can be stressful.
- Worry about consequences of deployment. Service members and their spouses or
 partners may worry about a range of issues that may arise from deployment: how they
 will stay connected, will the relationship survive the experience, what will happen if the
 service member is injured, how children will cope with the service member being
 deployed.

• Strategies for addressing pre-deployment issues include:

- Making time to be together intimately;
- Communicating your love for one another, finding creative ways to express your appreciation;
- Spending time as a family—creating family memories;
- o Being candid in discussing deployment with children in age-appropriate ways;
- Seeking counseling services or attending retreats to directly address issues and concerns; and
- Exploring ways that the spouse or partner will practice self-care during deployment such as establishing personal goals, physical fitness, good nutrition, getting peer support, and establishing healthy daily routines.

Family Issues During Deployment

Source: Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (December 3, 2010). A handbook for family and friends of service members—Before, during, and after deployment. Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Vulcan Productions and Public Broadcasting Service (PBS), produced in collaboration with the television series "This Emotional Life." From

http://www.dodlive.mil/index.php/2010/12/family-focus-a-handbook-for-family-and-friends-of-servicemembers/ (accessed May 21, 2012).

- Spouse/partner relationships._ The prolonged separation during deployment can strain even the best of relationships. Spouses or partners can feel "left behind," overwhelmed by the challenges of being on their own, and worried about the safety of the service member.
- Parenting. Children may react negatively to deployment resulting in emotional disturbance or behavioral problems. Parenting during this time can be stressful.

• Strategies to help spouses/partners and children cope include:

- Staying in communication through the phone and Internet, giving children their own phone or Internet time;
- Writing letters to the service member even if you are able to communicate by phone and Internet as well;
- Sending care packages;
- Having children write letters and participate in preparing care packages;
- Maintaining a routine for children as a way of countering stress and anxiety;
- Involving children in skill-building activities on an age-appropriate basis (e.g., chores, sports, arts and crafts, dance, music, Girl Scouts/Boy Scouts);
- o Maintaining relationships with friends and family;
- Connecting with other military spouses and partners, sharing your feelings and being supportive of others who are going through the deployment experience;
- o Getting involved in volunteer organizations in the community;
- Taking care of yourself, engaging in enjoyable activities, not being hard on yourself if you have negative emotions; and
- Not hesitating to get professional support from primary care physicians,
 counselors, or others if you are struggling with anxiety, loneliness, or sadness.

- Ways that extended family and friends can be supportive include:
 - o Participating in sending care packages;
 - Having face-to-face contact with the family; maintain a strong relationship; and
 - Sending letters to the service member.

PTSD and Multiple Deployments

Source: Watson, J. (March 23, 2012). Army: *PTSD treatable, some diagnosed return to war*. *Associated Press*, available at *Colorado Springs Gazette*. From http://www.gazette.com/articles/ptsd-135707-return-san.html (accessed May 21, 2012).

- The Army diagnosed 76,176 soldiers with PTSD between 2000 and 2011. Of those, 65,236 soldiers were diagnosed at some stage of their deployment. Many returned to the battlefield after mental health providers determined their treatment worked and their symptoms had gone into remission, Army officials and mental health professionals who treat troops say. The Army does not track the exact number in combat diagnosed with PTSD nor those who are in combat and taking medicine for PTSD.
- Military officials say they have to rely on their mental health experts to decide whether someone is mentally fit to go back into war, and they cannot make a blanket policy of not redeploying troops diagnosed with PTSD. The provider makes a recommendation, but the ultimate decision to deploy a soldier rests with the unit commander.
- Army Secretary John McHugh told Congress this week that "We have in the military writ large over 50,000 folks in uniform who have had at least four deployments." Some have served double-digit deployments, where they witnessed traumatic events.

Family Issues Associated With Post-Deployment and Reintegration

Source: Source: Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury. (December 3, 2010). *A handbook for family and friends of service members—Before, during, and after deployment.* Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, Vulcan Productions and Public Broadcasting Service (PBS), produced in collaboration with the television series "This Emotional Life." From http://www.dodlive.mil/index.php/2010/12/family-focus-a-handbook-for-family-and-friends-of-servicemembers/ (accessed May 21, 2012).

- Re-establishing intimacy. After the joy and celebration of returning home subsides, couples face challenges in "getting to know each" again, reviving close communications, and re-establishing intimacy. Often, service members have been strongly impacted by their deployment experience, especially combat, and feel that they are "a different person."
- PTSD, TBI, and/or depression. These all-too-common impacts of the deployment experience can make reintegration with family especially challenging. The returning service member may have a range of feelings that make relating to their spouse or partner difficult—impacts resulting from experiencing trauma, a loss of a sense of purpose, loss of cohesion with fellow soldiers, or worry about transition to civilian life.

• **Parenting.** One of the greatest adjustment challenges in post-deployment is in the area of parenting. Returning service members sometimes reassert their role as a parent by spoiling children or disciplining them too strictly. The spouse or partner can feel resentment after having run the household by himself or herself for so long.

• Strategies for coping with post-deployment issue include:

- Committing to relearning problem-solving skills as a couple, accessing resources that address the issue of "becoming a couple again," making time for each other:
- Expecting that this will be a challenging process, being understanding and forgiving;
- Discussing openly the distribution of family roles in running the household and being parents;
- Trying to recognize and acknowledge the physical and behavioral health problems that the service member may have (e.g., PTSD, TBI, depression,) and seek medical and professional help;
- When physical and behavioral health problems surface, researching these conditions to better understand pain, depression, anxiety, sleep disturbance, or other serious problems;
- Allowing for periods of adjustment, such as encouraging the service member to spend time with his or her colleagues; and
- o Having the returning service member spend one-on-one time with children to reconnect and re-establish the parent-child relationship.

• Ways that extended family and friends can be supportive include:

- Being understanding and patient while the service member goes through a reintegration adjustment period, expressing a willingness to listen to them talk about their experiences but not being surprised if there is a reluctance to do so; and
- Being supportive in encouraging the service member to seek medical and professional help to address physical and behavioral health issues.

Consequences of PTSD, Depression, and TBI on Service Members and Their Families
Source: RAND Center for Military Health Policy Research. (2008). *Invisible wounds: Mental health and cognitive care needs of America's returning veterans*. Tanielan, T., and Jaycox, L. H., eds. From

http://www.rand.org/multi/military/veterans.html (accessed May 21, 2012).

- Unless treated, PTSD, depression, and TBI can have far reaching and damaging consequences. Individuals afflicted with these conditions face higher risks for other psychological problems and for attempting suicide. They have higher rates of unhealthy behaviors—such as smoking, overeating, and unsafe sex—and higher rates of physical health problems and mortality. Individuals with these conditions also tend to miss more work or report being less productive.
- These conditions can impair relationships, disrupt marriages, aggravate the difficulties
 of parenting, and cause problems in children that may extend the consequences of
 combat trauma across generations.

Panel 3: Strategies and Programs for Supporting Military Families

Key Questions:

- 1. What are the priority goals of the President's Strengthening Our Military Families initiative?
- 2. What specific behavioral health care system improvements are being targeted in the President's Strengthening Our Military Families initiative?
- 3. How does the President's Strengthening Our Military Families initiative address the serious problem of suicide among service members and veterans and other "psychological fitness" concerns?
- 4. What is the focus of the Substance Abuse and Mental Health Services Administration (SAMHSA) initiative on military families?
- 5. What are the key challenges in the existing health care system for supporting service members returning from deployment? What are the access and quality issues that the President's initiative and SAMHSA's initiative on military families seek to address?
- 6. What do civilian behavioral health providers need to know when serving members of the military?
- 7. Since many service members returning from war have experienced trauma, understanding trauma is important for civilian behavioral health providers. What is "trauma-informed care"?
- 8. How significant of a problem is employment for service members once they leave the military? What can be done to address this problem?
- 9. Are there any programs in place to prevent the behavioral health issues associated with the hardships of military deployment?
- 10. Are there programs focusing on service members and veterans to prevent substance use? How about suicide prevention?
- 11. Are there treatment programs in place for veterans with co-occurring mental health and substance use disorders?

Priorities in the President's Strengthening Our Military Families Initiative

Source: The White House. (January 2011). Strengthening our military families—Meeting America's commitment. White House Report.

From

http://www.defense.gov/home/features/2011/0111 initiative/Strengthening our Military January 2011.pdf (accessed May 21, 2012).

- The report emerging from this initiative was prepared by an Interagency Policy
 Committee involving representatives from the staffs of all Cabinet Secretaries, with
 oversight from the NSS and Domestic Policy Council, and in response to Presidential
 Study Directive/PSD-9. The initiative calls for a government-wide effort in four priority
 areas:
 - Priority # 1: Enhance the well-being and psychological health of the military family;

- Priority # 2: Ensure excellence in military children's education and their development;
- Priority # 3: Develop career and educational opportunities for military spouses;
 and
- o Priority # 4: Increase child care availability and quality for the Armed Forces.

<u>Behavioral Health System Improvements Targeted in the President's Strengthening Our Military</u> Families Initiative

- Need 1.1—Increase behavioral health care services through prevention-based alternatives and integration of community-based services. This involves six action steps:
 - 1. A multiyear strategy to promote early recognition of mental health conditions;
 - 2. Policy workshops focused on leveraging the use of federal grant monies to strengthen behavioral health care systems;
 - 3. Increase the quality of care provided by the Department of Defense (DoD) through its health care system;
 - 4. Improve the capacity of hospitals in rural areas to deliver mental health and other health services;
 - 5. Implement counseling options through DoD that are free, convenient, and confidential to encourage self-initiated treatment and improve military families' quality of life; and
 - 6. Through the VA, develop new and expand existing family caregiver support programs for family caregivers of seriously ill or injured service members and veterans.

<u>Suicide Prevention and "Psychological Fitness" Concerns in the President's Strengthening Our</u> Military Families Initiative

- Need 1.2—Build awareness among military families and communities that psychological fitness is as important as physical fitness. This involves four action steps:
- 1. Accelerate efforts to prevent and address suicide through a joint effort of the DoD and the Department of Health and Human Services (HHS);
- 2. Through a partnership between DoD, HHS, and the VA, leverage partnerships with professional associations and academic institutions to ensure military culture is included in core curricula and published standards;
- Through a DoD and HHS partnership, leverage the reach of the popular media industry to reduce misleading and inaccurate depictions of behavioral health conditions and people who seek psychological treatment, particularly veterans and military families; and
- 4. Through a partnership between DoD and the Department of Interior, provide expanded opportunities for military families to use Interior lands and recreational facilities for recovery.

SAMHSA's Strategic Initiative on Military Families

Source: Substance Abuse and Mental Health Services Administration. (2011). *Leading change:* A plan for SAMHSA's role and actions 2011–2014. (HHS Publication No. SMA 11-4629). Rockville, MD: U.S. Department of Health and Human Services, 2011. From http://store.samhsa.gov/shin/content//SMA11-4629/01-FullDocument.pdf (accessed May 21, 2012).

- National Guard, Reserve, veterans, and active duty service members, as well as their families who do not seek care from DoD or the VA, do seek care in communities across this country, particularly from state, territorial, local, and private behavioral health care systems. These groups are the focus of SAMHSA's Military Families Strategic initiative.
- As the federal agency with the mission to reduce the impact of mental illnesses and substance abuse on America's communities, SAMHSA will provide support and leadership to improve the behavioral health of the nation's military families through a collaborative and comprehensive approach to increasing access to appropriate services, preventing suicide, promoting emotional health, and reducing homelessness for military service members, veterans, and their families. The goals of the initiative are as follows:
 - Goal 3.1: Improve military families' access to community-based behavioral health care through coordination with TRICARE®, DoD, or Veterans Health Administration services;
 - Goal 3.2: Improve quality of behavioral health prevention, treatment, and recovery support services by helping providers respond to the needs and culture of military families;
 - Goal 3.3: Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health;
 and
 - Goal 3.4: Develop an effective and seamless behavioral health service system for Military Families through coordination of policies and resources across federal, national, state, territorial, local, and tribal organizations.
- SAMHSA's support of behavioral health systems serving service members, veterans, and their families works with states, territories, and tribes to strengthen behavioral health care systems for service members, veterans, and their families. This initiative provides support through the provision of technical assistance (TA) and the promotion of ongoing interagency collaboration. For more information on the initiative, see Military Families Fact Sheet at http://www.samhsa.gov/militaryFamilies/factSheet.aspx.

The Existing Care System—Access and Quality Issues

Source: RAND Center for Military Health Policy Research. (2008). *Invisible wounds: Mental health and cognitive care needs of America's returning veterans*. Tanielan, T., and Jaycox, L. H., eds. From

http://www.rand.org/multi/military/veterans.html (accessed May 21, 2012).

• In recent years, the capacity of DoD and the VA to provide health services has increased substantially, particularly in the areas of mental health and TBI. However, gaps in access and quality remain. There is a large gap between the need for mental health services and the use of those services.

- Military service members report barriers to seeking care that are associated with fears about the negative consequences of using mental health services. The Rand survey results (Invisible Wounds) suggest that most of these concerns center on confidentiality and career issues, and so are particularly relevant for those on active duty. Many felt that seeking mental health care might cause career prospects to suffer or coworkers' trust to decline.
- The VA faces challenges in providing access to returning service members, who may face long wait times for appointments, particularly in facilities resourced primarily to meet the demands of older veterans. Better projections of the amount and type of demand among the newer veterans are needed to ensure that the VA has appropriate resources to meet potential demand. These access gaps translate into a substantial unmet need for care. The Rand survey found that only 53 percent of returning troops who met criteria for PTSD or major depression sought help from a provider for these conditions in the past year. The gap is even larger for those reporting a probable TBI: 57 percent had not been evaluated by a physician for a brain injury.
- The Rand study identified gaps in the delivery of quality care. Of those diagnosed with PTSD or depression and who also sought treatment, over half received a *minimally* adequate treatment (defined according to the duration and type of treatment received). The number who received high-quality care (treatment supported by scientific evidence) was smaller.
- The study also identified gaps in the care systems' ability to promote and monitor quality care. In particular, there is room for improvement in the organizational tools and incentives that support delivery of high-quality mental health care.

What Civilian Service Providers Need To Know

Source: Cogan, S. D. (Fall 2011). What military patients want civilian providers to know. *SAMHSA News, 19*(3). Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. From http://store.samhsa.gov/product/SAMHSA-News-What-Military-Patients-Want-Civilian-

<u>http://store.samhsa.gov/product/SAMHSA-News-What-Military-Patients-Want-Civilian-Providers-to-Know/SAM11-193</u> (accessed May 21, 2012).

- Service members agree that civilian providers, while professionally competent, often
 lack an understanding of the warriors' way of life as well as their experiences, challenges
 and language. That lack of knowledge and appreciation is often the reason military
 patients discontinue treatment with a community-based behavioral health service
 provider after only one visit, say experts.
- Insight into the military culture is often just a click away. For example, civilian providers can learn about the warrior culture, the issues around deployment and the stress and trauma of combat through online webinars, speaker series, and online interactive courses—both for credit and non-credit. Private-sector therapists can also participate in in-person trainings held year round across the country.

Trauma-Informed Care

Source: National Center for Trauma-Informed Care Website

http://www.samhsa.gov/nctic/

• Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

- The goal of trauma-informed care is to create trauma-informed environments in the
 delivery of a broad range of services, including mental health, substance use, housing,
 vocational or employment support, domestic violence and victim assistance, and peer
 support.
- When a human service program takes the step to become trauma-informed, every part
 of its organization, management, and service delivery system is assessed and potentially
 modified to include a basic understanding of how trauma affects the life of an individual
 who is seeking services.
- Trauma-informed organizations, programs, and services are based on an understanding
 of the vulnerabilities or triggers of trauma survivors that traditional service delivery
 approaches may exacerbate, so that these services and programs can be more
 supportive and avoid retraumatization.

Employment of Veterans

Source: Zoroya, G. (March 21, 2012). *USA Today.* Some go extra mile to hire growing pool of jobless veterans. From

http://content.usatoday.com/topics/topic/Organizations/Government+Bodies/Bureau+of+Labor-Statistics (accessed May 21, 2012).

- As the nation grapples with finding work for its newest generation of combat veterans, job experts say that basic roadblocks persist for those willing to hire them: how to find these veterans and how to train them in new, nonmilitary skills.
- Nearly 30 percent of male veterans ages 18 to 24 were out of work last year, compared with a 17.6 percent rate among civilian peers, according to a Bureau of Labor Statistics report.
- Unemployment last year was 12 percent for men who served during the Iraq and Afghanistan wars, compared with 9.3 percent among civilian males.
- Women were even worse off: 36 percent of young female veterans were jobless in 2011, compared with a 14.5 percent rate among young women 18 to 24.

Prevention Related to Military Deployment

Source: Gomulka, Capt. G. T. (January-February, 2010). *Saving military families*. *Military Review*, 90(1), 111–116. From http://web.ebscohost.com/ehost/detail?hid=22&sid=71df52d3-05bc-421e-9bc0-09bef85e7f9b%40sessionmgr14&vid=1&bdata=JnNpdGU9ZWhvc3QtbGl2ZQ%3d%3d (accessed May 21, 2012).

- The Yellow Ribbon Program, conceived by Major General Larry Shelito and Chaplain John Morris, trains personnel and families to deal with deployments through 1) family prep academies—60 days before deployment, 2) family readiness academies for family members—30–60 days before service members return from deployments, and 3) reintegration training events after deployments for service personnel and their families.
- To be successful, predeployment and postdeployment programs need to help service
 and family members express their feelings. The Survival Guide for Marriage in the
 Military, used in the Beyond the Yellow Ribbon Program, provides topics that stimulate
 discussion among married couples. This program is highly successful in reducing
 relationship problems following deployments. It has become the national model
 throughout the military.

<u>Air Force Reserve Command Drug Reduction Program</u> http://www.afrc.af.mil

• In August 2010, the Center for Substance Abuse Prevention's Center for the Application of Prevention Technologies (CAPT) delivered substance abuse prevention specialist training for Air Force Reserve Command (AFRC) drug demand reduction program managers and Drug Testing Program administrative managers. The training is customized to reflect both state-of-the-art prevention practice and the unique nature of the AFRC environment. The training provides intense focus on multiple areas of prevention practice, ranging from grounding theory to practical implementation to evaluation. Training evaluation results demonstrate that the 2010 AFRC training succeeded in increasing the prevention-related knowledge and capacity of the 19 participating specialists. CAPT provided another successful customized prevention skills training to the AFRC prevention technicians in July 2011.

Substance Abuse Prevention Activities—Collaboration of State Agencies and the Military
Source: National Association of State Alcohol and Drug Abuse Directors. (February 15, 2011).
Addressing the substance abuse prevention needs of young service members, reservists, National Guard, and veterans.

- In a recent review of substance abuse prevention services and interventions available to members of the armed forces, NASADAD discussions with state alcohol and drug agencies revealed a number of prevention-related activities that can be broadly categorized as:
 - State-military collaboration;
 - o Direct trainings and other assistance to providers;
 - o Information dissemination; and
 - o Outreach.

Activities include state agency collaboration with the VA, participation in conference
planning involving prevention, reaching children of service members with substance
abuse prevention messages, enforcement of underage drinking laws, facilitating
members of the National Guard in attending substance abuse prevention specialist
training, and information dissemination on evidence-based practices in prevention.

Treatment Program for Veterans With Co-Occurring Mental and Substance Use Disorders Source: Real Warriors in the News. From http://www.realwarriors.net/go/1740 (accessed May 21, 2012).

• The Veterans Inpatient Priority project at the Rosecrance Harrison campus offers priority admission to veterans with co-occurring substance use and mental disorders.

<u>Suicide Prevention Targeting Service Members and Veterans</u>
Source: The National Action Alliance for Suicide Prevention. From http://www.actionallianceforsuicideprevention.org (accessed May 21, 2012).

 The National Action Alliance for Suicide Prevention recently added a new task force to address suicide prevention efforts for service members and veterans, recognizing them as a high-risk population for suicide. The Action Alliance is a public-private partnership forged in September 2010 to advance the National Strategy for Suicide Prevention.

Panel 4: Research in Progress and Resources for Military Families

Key Questions:

- 1. What is being done to learn more about behavioral health issues involving the military and their families and to develop effective strategies and programs to help?
- 2. How can the care system for PTSD, depression, and TBI be improved?
- 3. How can the DoD, the VA, and the public health care system collaborate to improve programs and services to active duty service members, veterans, and their families?
- 4. In addition to SAMHSA's military families strategic initiative, what SAMHSA programs are in place that can help service members and veterans?
- 5. What resources are available to help organizations and individuals address the behavioral health needs of military families?
- 6. What resources are available to assist veterans and their families with employment?

Research Underway Related to Trauma, Stress, and Substance Use Among Service Members, Veterans and their Families

Source: National Institute on Drug Abuse. (July 2009; revised April 2011). Topics in brief: Substance abuse among the military, veterans, and their families. National Institutes of Health. From http://www.nida.nih.gov/tib/vet.html (accessed May 21, 2012).

- To gain a fuller understanding of these burgeoning issues, the Millennium Cohort Study—the largest prospective study in military history—is following a representative sample of U.S. military personnel from 2001 to 2022. Early findings highlight the importance of prevention in this group, given the long-term effects of combat-related problems and the ensuing difficulties experienced in seeking or being referred to treatment, likely because of stigma and other real and perceived barriers. To fill this need, a host of government agencies, researchers, public health entities, and others are working together to adapt and test proven prevention interventions, as well as drug abuse treatments, for potential use with military and veteran populations and their families.
- While the National Institute on Drug Abuse (NIDA) is striving to expand its portfolio of research related to trauma, stress, and substance use and abuse among veterans and their families, a number of promising projects are already being funded. These include studies on smoking cessation and PTSD, behavioral interventions for the dually diagnosed, substance use and HIV progression, and virtual reality treatment of PTSD and substance abuse. Additionally, NIDA's National Drug Abuse Treatment Clinical Trials Network is developing, in conjunction with researchers from the Veterans Administration, a protocol concept on the treatment of PTSD/substance use disorders in veteran populations.
- Further, efforts are under way to make it easier for veterans to access treatments. Research on drug courts, for example, is now being applied to developing courts for veterans, the former having demonstrated their effectiveness in addressing nonviolent crimes by drug abusers and ushering them into needed treatment instead of prison. Because the criminal justice system is a frequent treatment referral source for veterans, such specialized courts may give them the opportunity to access the services and support they may not otherwise receive. While New York has the only court that exclusively handles nonviolent crimes committed by veterans, other states are considering establishing such courts.

Source: Walter Reed Army Medical Center http://www.dvbic.org/Locations/Activities/Walter-Reed-AMC,-DC--Local-DVBIC-Activities.aspx

 The Walter Reed Army Medical Center is conducting a study called Traumatic Brain Injury and Substance Use Disorders Among Injured Soldiers. The purpose of this pilot study is to evaluate the extent and timing of the relationship between recent TBI and substance misuse among injured service members.

Source: MIT Lean Advancement Initiative and Collaborative Initiatives Websites http://lean.mit.edu/

• The MIT Lean Advancement Initiative, in collaboration with MIT Collaborative Initiatives, is partnering with the U.S. Military Health System (MHS) to develop innovative recommendations for transforming the military psychological health care system related to post-traumatic stress in support of service members and their families.

- The MHS is a global medical network within the DoD that works to ensure the highest standard of health care for all U.S. military personnel and their families through innovative research, training, and service provision.
- The Post-Traumatic Stress Innovations U.S. Military Enterprise Analysis project is analysing the national military psychological health system's current state using both quantitative and qualitative information and methods and mapping enterprise-level policies, decisions, and their interactions. The 3-year project, which includes extensive fieldwork, will make recommendations for architecting a more effective and efficient future military psychological health care system.
- The goal of this analysis is to identify key system gaps in recognizing and treating PTSD and to develop a comprehensive set of recommendations to address those gaps.

Veterans/Service Members Data Visualization Project

Source: Presentation by Jamie Taylor and Steve Sullivan, Cloudburst Consulting Group

- The Data Visualization Project is being conducted by the Military Families Initiative TA
 Center funded by SAMHSA. Data from the Veterans Electronic Health Care Record pilot
 sites, the VA, and other data sources from systems of care serving veterans are being
 analyzed to determine the number of veterans living in specific geographic areas and
 the prevalence of their health, behavioral health, and social needs.
- Data visualization tools are critical in providing neutral evidence for policy formation and helping state and local planners identify and adapt evidence-based practices to the specific cultural and community norms of targeted populations.
- Data visualization is being applied to map PTSD, TBI, homelessness, unemployment, and suicide ideation.

Recommendations for Improving the Care System for PTSD, Depression, and TBI

Source: RAND Center for Military Health Policy Research. (2008). *Invisible wounds: Mental health and cognitive care needs of America's returning veterans*. Tanielan, T., and Jaycox, L. H., eds. From

http://www.rand.org/multi/military/veterans.html (accessed May 21, 2012).

- Increase and improve the capacity of the mental health care system to deliver evidence-based care. There is substantial unmet need among returning service members for care of PTSD and major depression. The DoD, the VA, and providers in the civilian sector need greater capacity to provide treatment, which will require new programs to recruit and train more providers throughout the U.S. health care system.
- Change policies to encourage more service members and veterans to seek needed care.
 Many who need care are reluctant to seek it. Service members and veterans need ways to obtain confidential services without fear of adverse consequences.

- Deliver evidence-based care in all settings. Providers in all settings should be trained
 and required to deliver evidence-based care. This change will require implementing
 systems to ensure sustained quality and coordination of care and to aid quality
 improvement across all settings in which service members and veterans are served.
- Invest in research to close knowledge gaps and plan effectively. Medical science would benefit from a deeper understanding of how these conditions evolve over time among veterans as well as of the effect of treatment and rehabilitation on outcomes. The United States needs a national strategy to support an aggressive research agenda across all medical service sectors for this population.

Collaboration Between DoD, the VA, and the Public Health Care System

Source: Berglass, N. (November 2010). The imperative of a new approach to warrior and veteran care. Center for a New American Security. From http://www.cnas.org/files/documents/publications/CNAS AmericasDuty Berglass 0.pdf (accessed May 21, 2012).

- The DoD and VA should institute a comprehensive interagency continuum-of-care model which establishes and enforces clear paths of communication and collaboration within and between the two departments. The departments should work together to set joint, consistent standards for addressing warrior and veteran needs; identify, plan, and source programs and services that address all points along the continuum of need; and invest in strategic partnerships with outside agencies. Other governmental departments and agencies that serve military constituents and that have a presence in communities to which veterans return should also be integrated as stakeholders in the effort.
- Meeting the needs of service members and veterans is a proposition that far exceeds
 the current capacities of DoD and VA. Both must prioritize and find effective ways to
 partner with nonprofit players and capitalize on the resources they have to offer.

SAMHSA Programs Supporting Military Families

Source: SAMHSA Military Families Strategic Initiative Fact Sheet http://www.samhsa.gov/militaryFamilies/factSheet.aspx

 SAMHSA's support of behavioral health systems serving service members, veterans, and their families works with states, territories, and tribes to strengthen behavioral health care systems for service members, veterans, and their families. This initiative provides support through the provision TA and the promotion of ongoing interagency collaboration.

Source: http://www.samhsa.gov

- The Access to Recovery program facilitates development of state vouchers to centralize assessments and referrals for recovery support services.
- The Recovery-Oriented Systems of Care program helps local communities develop and deliver integrated services that build on the personal responsibility, strengths, and

- resilience of individuals, families, and communities to achieve sustained health, well-being, and recovery.
- The Recovery Community Services Program (RCSP) funds grassroots community
 organizations to support recovery services that help people initiate and/or sustain
 recovery from alcohol and drug-use disorders. Some RCSP grant projects also offer
 support to family members of people needing or seeking treatment or those currently in
 recovery.
- The Health Care for the Homeless program includes grantees who are serving veterans.
- Assertive Adolescent Family Treatment grants includes grantees who are reaching out to
 adolescents of military families. In its grant announcement, SAMHSA encouraged all
 applicants to consider the unique needs of adolescents in military families and families
 of returning veterans in developing their proposed project.

Source: National Action Alliance for Suicide Prevention (NAASP) Website http://actionallianceforsuicideprevention.org/?page_id=7

Because social connectedness is vital to an individual's mental and emotional wellbeing, SAMHSA is pleased to be a part of the expansion of Partners in Care, a program to engage members of faith-based communities in creating a sense of community for National Guard members and their families. The program, originated by Chaplain (Colonel) Sean Lee of the Maryland National Guard, will be adopted by five other states under the auspices of the Military/Veterans Task Force of NAASP. SAMHSA will distribute the Partners in Care materials that they develop to the National Guard to help additional states as well.

Resources for Military Families

After Deployment Website http://afterdeployment.org

Afterdeployment.org is a website addressing post-deployment challenges, including
psychological health concerns, substance abuse, employment issues, reconnecting with
family and friends, spiritual guidance, and living with physical injuries. The website also
features a Peer-2-Peer forum for service members and families.

Resources for Military Families Facing Multiple Deployments
Source: Defense Centers of Excellence Brochure

http://www.dcoe.health.mil/Content/Navigation/Documents/Resources%20for%20Military%20Families%20Facing%20Multiple%20Deployments.pdf

• This brochure contains a comprehensive list of resources for military families.

Military OneSource
http://militaryonesource.com

 Military OneSource was created to help with a wide variety of needs for service members and their families. This is a free service provided by DoD for active duty, Guard, and Reserve service members and their families.

Veterans Suicide Prevention Hotline

1-800-273-TALK, Veterans Press 1

http://www.suicidepreventionlifeline.org/Veterans/Default.aspx

• The VA's <u>Veterans Health Administration</u> has founded a national suicide prevention hotline to ensure veterans in emotional crisis have free, 24/7 access to trained counselors. To operate the Veterans Hotline, the VA partnered with SAMHSA and the National Suicide Prevention Lifeline. Veterans can call the Lifeline number, 1–800–273–TALK (8255), and press "1" to be routed to the Veterans Suicide Prevention Hotline.

Veterans Crisis Line

http://veteranscrisisline.net/

Available in the United States since 2007 and responsible for more than 17,000
emergency rescues of veterans at imminent risk of taking their own lives the Veterans
Crisis Line can now be accessed in Germany, the Netherlands, Belgium, the United
Kingdom, and Italy by active-duty military, family members, and civilians. The lifeline
will soon be available in other European countries and parts of Asia. Military members
anywhere with Internet access, however, can chat online with qualified counselors.

National Child Traumatic Stress Network (NCTSN)—Military Children and Families Knowledge Bank

Source: NCTSN Website

http://nctsn.org/resources/topics/military-children-and-families

• This website provides access to information for military family members, mental health and medical providers, educators and others on the stressors facing military families and children. It offers effective options for coping and intervention.

National Center for PTSD

http://www.ptsd.va.gov/index.asp

• The National Center for PTSD within the VA aims to help U.S. veterans and others through research, education, and training on trauma and PTSD.

<u>A Handbook for Families and Friends of Service Members</u> http://store.samhsa.gov/product/SMA10-EMLKITM

Created as a companion to the PBS series "This Emotional Life," A Handbook for Family
and Friends of Service Members explores the stressors and feelings individuals may
encounter throughout the different phases of deployment. The handbook aims to
provide solutions for service members and identifies outside tools and resources that

may be useful to friends and family members before, during, and after deployment. Topics including what to expect during deployment and skills to strengthen or repair relationships were designed to help service members and their friends and families develop skills to become more resilient throughout deployment.

Children of Military Service Members Resource Guide

Source: Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury http://www.dcoe.health.mil/Content/Navigation/Documents/DCoE%20Children%20of%20Military%20Service%20Members%20Resource%20Guide.pdf

- A new children's resource is available for parents, other family members, and health care providers. This guide is a quick-reference tool that addresses the mental and emotional well-being of military children. Whether concerns are associated with deployment, rehabilitation, or reintegration—aspects that are common with military service—they can be challenging for the entire family unit, especially children. The resource guide is one way to help recognize and respond to the psychological and emotional health needs of children of military families.
- Age-appropriate resources listed in the guide include books, films, websites, and social media support groups on topics such as:
 - o Deployment;
 - o Homecoming;
 - o Grief;
 - o Mental and emotional health; and
 - Moving.
- One of the resources listed under mental/emotional health featured in the children's
 guide is the Sesame Workshop's Talk, Listen, Connect initiative, intended for preschoolage children. This multiphase, bilingual, multimedia initiative guides families through
 multiple challenges, such as deployments, homecomings, and changes that occur when
 a parent comes home.

<u>Practical Approaches to Effective Family Intervention After Brain Injury</u>
http://journals.lww.com/headtraumarehab/Abstract/2010/03000/Practical Approaches to Effective Family.6.aspx

Rehabilitation professionals have become increasingly aware that TBI has a long-term adverse impact on family members as well as on survivors. Family members often have a critical supporting role in the recovery process, and researchers have identified a relationship between caregiver well-being and survivor outcome. Drawing from the fields of family therapy, cognitive-behavioral therapy, and individual psychotherapy, this article provides information to help clinicians effectively serve families. First, historically important and widely cited publications are reviewed and their implications for practice are discussed. Recommendations for developing successful therapeutic alliances are provided along with a rationale for their importance. Descriptions of common challenges and issues faced by families are presented along with corresponding therapeutic goals. Intervention principles and strategies, selectively chosen to help family members achieve therapeutic goals, are discussed. The article concludes with a

presentation of ideas to help practitioners and systems of care more effectively help family members adjust and live fulfilling lives.

<u>A Guide to Guidelines for the Treatment of PTSD and Related Conditions, Journal of Traumatic</u> Stress

http://onlinelibrary.wiley.com/doi/10.1002/jts.20565/abstract

• In recent years, several practice guidelines have emerged to inform clinical work in the assessment and treatment of PTSD. Although there is a high level of consensus across these documents, there are also areas of apparent difference that may lead to confusion among those to whom the guidelines are targeted—providers, consumers, and purchasers of mental health services for people affected by trauma. The authors have been responsible for developing guidelines across three continents (North America, Europe, and Australia). The aim of this article is to examine the various guidelines and to compare and contrast their methodologies and recommendations to aid clinicians in making decisions about their use.

Real Warriors, Real Battles, Real Strength http://www.realwarriors.net

 The Real Warriors Campaign is an initiative launched by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury to promote the processes of building resilience. Their website includes resources on psychological health, TBI, suicide prevention, and postdeployment resources.

Iraq and Afghanistan Veterans of America (<u>IAVA</u>) http://iava.org/content/health

IAVA is the nation's first and largest group dedicated to the troops and veterans of the
wars in Iraq and Afghanistan, and their civilian supporters. IAVA's mission is to improve
the lives of Iraq and Afghanistan veterans and their families. IAVA's Community of
Veterans is the first and only online social network exclusively for Iraq and Afghanistan
veterans.

The Program for Anxiety and Traumatic Stress Studies http://www.patss.com/

 The Program for Anxiety and Traumatic Stress Studies is a specialized program within Weill Cornell Medical College's Department of Psychiatry. Led by JoAnn Difede, Ph.D., a pioneer in the field of anxiety disorders, the Program for Anxiety and Traumatic Stress Studies offers a state-of-the-art approach to patient care that brings innovation to triedand-true therapeutic techniques.

VA, Vet Center

http://www.vetcenter.va.gov/

• The Vet Center Program was established by Congress in 1979 out of the recognition that a significant number of Vietnam era vets were still experiencing readjustment problems. Vet Centers are community based and part of the VA.

Coming Home Project

http://www.cominghomeproject.net/

• The Coming Home Project is a nonprofit organization devoted, since 2006, to providing compassionate expert care, support, education, and stress management tools for Iraq and Afghanistan veterans, service members, their families, and their service providers.

<u>Health Promotion, Risk Reduction, and Suicide Prevention</u> http://www.army.mil/article/42934/

• On July 29, 2010, the Army released the Health Promotion, Risk Reduction, and Suicide Prevention Report, the result of a focused 15-month effort to better understand the increasing rate of suicides in the force. This candid report is intended to inform and educate Army leaders on the importance of recognizing and reducing high-risk behavior related to suicide and accidental death, and reducing the stigma associated with behavioral health and treatment. This report represents the next phase in the Army's ongoing campaign to promote resiliency in a force that has been at war for nearly a decade.

Specialized Training of Military Parents (STOMP)

With a population of 1.5 million active duty military members, each day around the
globe, there are an estimated 540,000 active duty sponsors caring for a family member
with special medical or educational needs. STOMP is the only National Parent Training
and Information Center for military families providing support and advice to military
parents without regard of the type of medical condition their child has.

National Military Family Association http://www.militaryfamily.org/

 The National Military Family Association supports military families, speaking up on behalf of military families and empowering husbands, wives, and children to understand and access their benefits. Based on input from members, the association meets the needs of service members and their families with insightful recommendations, innovative programs, and grassroots efforts to better the quality of life for military families. <u>Employment for Veterans—Institute for Veterans and Military Families (IVMF)—Syracuse</u> University

http://vets.syr.edu/index.html

- The IVMF at Syracuse University engages in a variety of activities to help veterans and their families, focusing on employment, education, and research. The IVMF and the Center for a New American Security convened a best practices summit to identify, classify, and ultimately disseminate practices that promote preparedness and employment of veterans and their family members, philanthropy in business and industry related to veterans, engagement or employment within the veterans community, and proposed solutions. The invitation-only summit was held in New York City aboard the USS Intrepid.
- The IVMF website contains numerous research briefs on employment, well-being, families, and education.
- The IVMF has issued an employment brief, which draws from academic literature to suggest a robust, specific, and compelling business case for hiring individuals with military background and experience. The report details the results of a comprehensive review of literature from business, psychology, sociology, and organizational behavior to illustrate foundational elements around which employers can formulate a research-informed logic for recruiting and developing military veterans in the civilian workforce. The business case is based on 10 research-informed propositions on the value of a veteran in a competitive business environment.

A link check was run on all the external websites listed in the discussion guide to identify and fix any broken links as of 5/21/12. However, we acknowledge that website URL's change frequently and may require ongoing link checks for accuracy. Last Updated: 5/21/12