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

Ivette Torres: Hello, I am Ivette Torres and welcome to another edition of the *Road to Recovery*. Today, we will be talking about our military service members, veterans, and their families; and providing support for their substance use and mental health problems. Joining us in our panel today are: Jennifer Crane, Operation Enduring Freedom Veteran, Outreach Assistant, Give an Hour, Coatesville, Pennsylvania; Dr. Barbara Cohoon, Deputy Director, Government Relations, National Military Family Association, Washington DC; Dr. Mike Haynie, Executive Director and Founder, Institute for Veterans and Military Families, Syracuse, NY; A. Kathryn Power, SAMSHA Strategic Initiative Lead for Military Families and Regional Administrator Region 1, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, Boston, Massachusetts.

Kathryn, there's approximately 2.3 million active military men and women and about 22 million vets. Talk to us a little bit about why military families are important to our national security.

A. Kathryn Power: Well, I think that one of the most important reasons that we are paying attention to the military family is because we know that this particular conflict is taking a major toll on military service members and their families. I think it's Mrs. Obama who uses the statistic, saying that 1 percent of the people are doing 100 percent of the fighting. And I think that statement really resonates with all of us across the United States who really want to understand and help the military family members who have served in the defense of our country to come back into their communities and to really be integrated and fully reintegrated into their communities. And I think that we all carry a sense of ownership and a sense of responsibility about that community. And no longer are military families isolated. And no longer should people who have served in the military only be either in military communities. We really have to embrace them as a national community: in our neighborhoods, in our

schools, and, in that way, I think, we show our respect for the work that they have done. And, in fact, we want to embrace and be joyful about their service. And, at the same time, help them become the civilian members as they leave the military, the civilian members of the community that they can. I think it's all part of our national defense, it's all part of our national security.

Ivette Torres: Excellent. Barbara, and broaden for us the definition of what a military family is.

Dr. Barbara Cohoon: In the past, we looked at military families as being the spouse of the active duty military service member and their families, but now it's so much broader. We have a lot of our service members, both active duty and reserve component, are single or about 50 percent. And, so, therefore, we are looking at mom, dad, stepmom, stepdad, siblings that are involved as well. We have partners: those that are together, not necessary in marriage but are living together. And of course, now, with the passage of *Don't Ask and Don't Tell*, we have that particular partner going on as well. We also have communities that also are very engaged. When their service member or their guardsman or reservist goes off to Iraq or Afghanistan, we have found the communities wanting to be very involved as well as Kathryn had mentioned. So, we consider them, too, as far as being part of the broader family that takes care of our families. So our definition of family has really expanded.

Ivette Torres: So, Jen, let's start talking about, given those parameters, what are the dynamics that happens in that military family, and what do we need to begin to look out for?

Jennifer Crane: It's a very isolating feeling, for not only for the service member but also for the family. And, in my case, I'm not only a veteran but my brother is also a veteran. So I got to be on both ends of the spectrum. And, also I'm married now, and my husband was not with me when I deployed—we were just friends. But he is actually getting to feel the repercussions of my deployment even though we weren't together when I was overseas. So the span is huge, you know, it goes not only from the people who you are with and a part of your life then but it's the aftermath and the people who are with you years later. So we not to forget about that as well. For me, when I was deployed, you know, the being taken away from the family aspect, and it being another part of my life was very, very isolating—you feel kinda, very lost, but you have your military family to fall back on. So, in some

way, it was actually easier for me because I had those people that loved and supported me and that I knew that my life depended on. My family, on the other hand, spent, you know, every minute of every day wondering where I was and what I was doing and if I was OK. So it's extremely stressful during the deployment, but the aftermath of it is probably the hardest part.

Ivette Torres: You mean when the person comes back actually, and what does a member, Kathryn, experience once they come back?

A. Kathryn Power: Well, I think with the case of the current conflict, and certainly, over the last 10 years in Iraq and Afghanistan, anyone who has been in theater has experienced, I'm sure, some level of trauma. Personally, the service members are facing that, of course, but the families and the communities need to be ready to understand what that means. So, the universality of trauma, I think, is a very important part of understanding what this community might have, in terms of their conditions.

Ivette Torres: And Mike, what does a family need to look for because oftentimes the symptoms that the military service member might feel are not visible?

Dr. Mike Haynie: This is a really complex issue because, I think, not only you know, we talked about experiencing trauma in the context of war, but, I think, an issue that is underappreciated in the context of the challenges facing many of our veterans is this idea of transitioning from a military life to a civilian life. The military is really good at using artifacts, symbols, ceremonies, things like that, to sort of intertwine my individual identity with that of being a military member. "I am a Marine." To illustrate the point, a young Marine was wounded and then because of his injuries had to transition out of the military. And in talking to him about that transition, he said, "You know, one of the things that I really struggled with is, while I was in the Marine Corps, I would introduce myself to people, you know, my name is John, I'm a Marine," and he said that "All of a sudden, I realized that in this moment in time that I'm not a Marine anymore," and he said, "I stopped introducing myself to people because I didn't know what to say. Because I didn't know how to define who I was."

Ivette Torres: So, his entire identity...

Dr. Mike Haynie: ...was wrapped up in being a marine or being a ranger or whatever it is, and I think this really is a discontinuous transition from military life to civilian life.

Ivette Torres: And when we come back, I wanna be able to talk to Jen because you've had experiences that were quite unique when you returned and we are going to start talking a little bit about substance use and some mental health issues. We'll be right back.

[Music]

Male Narr:

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* website at recoverymonth.gov.

Male Narr:

Arianna Day, Southern Regional Resource Coordinator for Maryland's Commitment to Veterans in La Plata, MD, talks about her program and how they assist Military members, veterans, and their families.

Arianna Day: At Maryland's Commitment to Veterans our focus is mental health and substance abuse treatment services to ensure that veterans and their families are accessing those services to reach out to our program, but we are really here to insure that veterans and their families are accessing the benefits that they are entitled to. We are also here to connect them with not only federal resources and state resources but also with their communities.

Male Narr:

Roberta Becker, Family Member of a Veteran Client at Maryland's Commitment to Veterans, discusses how the program helped her and her family.

Roberta Becker: My son Jason had, you know, after 9/11, felt like he needed to go serve his country, went over. He came back from there. He started to use recreational drugs, and, thank goodness, I got Arianna Day's name and her program was just phenomenal.

Male Narr:

Arianna Day continues.

Arianna Day: My father served in the military and it was his career, and so for me the military has always been a second family. In working with this program, it was just a great opportunity for me to show my appreciation for the life that I was given as a child of the military.

Ivette Torres: Jen, you previously were alluding to some of the issues that you had upon your return from, from your deployment. Do you want to cover some of those for our audience?

Jennifer Crane: Absolutely. When I came home from overseas, I was very sick. That was the first thing that I lost a ton of weight while I was deployed from dehydration and bad nutrition and everything else. And I came home and I had already started to have nightmares and flashbacks. And I had already isolated myself from my family. I began that process actually while I was deployed. So, when I walked in the door, my family saw me, everybody was happy and crying and I was just very numb. I did not feel anything. I did not want to be there. I wanted to be back overseas—that was where I felt I belonged. I no longer belonged in my own life back in the United States. So, I very quickly decided that I was going to figure out a way to get rid of the nightmares. I was going to try to figure out where I fit in this thing called family. And I started using drugs. I ended up homeless. I did that on and off for about 3 years. I abused anything to kind of get rid of what I was feeling. I was also a self-mutilator. It allowed me to feel some kind of emotion, some kind of pain, I guess, it was the inward pain that I couldn't express I was able to do outwardly. And I eventually ended up in a substance abuse program. I then found out that I had chronic post-traumatic stress disorder. I ended up in the program for that and 5 weeks into my program, I left the program and I started using again. I ended up getting involved in solicitation. I was homeless again, living out of my car.

Ivette Torres: And how did you come out of that?

Jennifer Crane: It was amazing actually. Right after that period of time, it was only about 3 months,

and I ended up getting arrested, and I said, "I'm going to get my life together." So, I did. I went through a drug court program. I got counseling. I got on the right meds. I did what I needed to do. And I started talking about it. And started really feeling what I had been through. And I eventually just started to get better with time.

Ivette Torres: Very good. Barbara, How should we be working with the families in order to continuously provide support?

Dr. Barbara Cohoon: Tthe family needs to be prepared right from the get-go, before the deployment actually even happens. As far as the family getting together, that includes the service member who is forward deploying. A lot of the services have programs as far as for families to go to a pre-deployment briefing. There's a lot of information through the Department of Defense, as far as on the websites. As well, there's Military One Source, as far as programs. So, families need to get prepared before the deployment happens. Get their wills in order, medical power of attorneys, who's going to pay the bills while they're gone. Then once the service member forward deploys, then the families also need support. Not only as far as with the military, but from their communities as well. And just before they come back, some of the services will actually provide pre-return, like a reintegration type program, and it is very important for families to go to that as well and engage. And they are taught signs and symptoms, what to look for if someone's having, you know, traumatic brain injury, or showing posttraumatic stress. And where to go as far as for help. And what sort of resources are available. The VA even offers a program called Coaching into Care, which is available as far as for families, to then reach out to them and they'll help them, guide them, assist them in getting the veteran now into care as far as through the VA. So there are a lot of areas which families can go to, but sometimes they don't know what they don't know. And there is so much out there that they just don't know where to go.

Ivette Torres: Very good. Mike.

Dr. Mike Haynie: Well, and I think one of the things was just brought up is the other side of a very positive coin, meaning that there are lots of programs out there now in a position to help. But one of the things you hear from veterans and military families over and over again is there are so many

programs, there is so much information that it really becomes a challenge trying to identify what the right channel of support is for their particular issue, their particular problem.

Ivette Torres: Kathryn in, in terms of substance use disorder and mental health issues, behavioral health issues, what is important for families to know and how can they help the service member?

A. Kathryn Power: Well, I think that the most important thing is for people to, as Barbara suggested, to get educated and to get smart. And frankly, most people whether they are civilian or military are not that well educated about what behavioral health conditions look like. In other words, what are the signs and symptoms of someone who may have a substance abuse or addiction disorder? What are the signs and symptoms of someone who has a mental illness, or who may have a mental health problem? And frankly, that is one of the things that the Substance Abuse and Mental Health Services Administration is pushing is that we really want people to become more knowledgeable about that through programs like Mental Health First Aid, which is a wonderful, Red Cross-like, ah, training program. In about 2 or 3 days, in which you become smart about what mental health conditions look like in humans and how they manifest themselves.

Ivette Torres: And when we come back, I want to be able to continue this topic because I think this is very important the public understand the dynamic of what is going on. We will be right back.

[Music]

Ivette Torres: So, Mike, you wanted to add a little bit after Kathryn.

Dr. Mike Haynie: I think as we talk about community and the extent to which we can address some of these ideas around isolation with the support of the community, I think there's also another challenge here that the community didn't go to war, you know, 1 percent of the country went to war and the Peer Research Group released a study just a couple of months ago where they actually surveyed Americans. And upwards to 80 percent of Americans said that they really don't understand the issues and challenges facing the community of veterans. So I think as we talk about addressing issues like suicide

and the extent to which we need to educate the family, it's critical that we also broaden that focus with regard to educating all of America with regard to the issues facing this community. So, that there really can be that broad-based community support.

Ivette Torres: Kathryn?

A. Kathryn Power: I think there is this issue relative to the discussion of suicide that is important. And I think it is the difficulty, the discrimination, and the myths about the way in which you have to engage to talk about suicide is one thing we have to overcome. And that's particularly true in the military because of the warrior culture. And the military itself is shifting their own philosophy and values and saying it's acceptable to talk now about the fact that you might be considering suicide. You have to understand that that may be going on in the military. And the great thing about the fact that, that military members become depressed, also think about suicide, which is a normative experience in many ways, that what is available 1–800–273–TALK, which is the National Suicide Prevention Lifeline and when anyone calls that number, if they are a veteran or want to be connected with a veteran, they hit the #1 and they are immediately connected to Canadaigua, New York, and the host of trained counselors on the phone. So, we are able to get people connected immediately and walk them through the crisis. And I think having those kinds of resources available and that the community knows about is one way to combat the issue.

Ivette Torres: And Barbara, you were noting before, during the break, that essentially it's not just the service man or woman—it really goes beyond that it extends into the family in terms of the, the threats that suicide poses?

Dr. Barbara Cohoon: Well, our families have been under stress for at 10 years of war and plus and what research has been showing is that our families are having increased need and request for mental health services. Also, seeing an increase in alcohol and drug abuse, especially when the service member is deployed. Our study found that depending on how well the communication was going on between the non-deployed spouse and the children dictated as far as how well the household did but also how well the children did. And if the non-deployed spouse was experiencing any sort of mental

health issues that in itself increased issues within the children. They have not been tracking what's happening as far as our families. Are our suicide rates up as far as with our spouses and with our children? Are our attempts up with those particular populations as well? We appreciate the fact that there is a lot of focus on our service members, our Guard and Reserve, and our veterans, but also too, our families have been under a tremendous amount of stress; they, too, are experiencing issues.

Ivette Torres: Jen, I want to go back to Give an Hour. Talk a little about that program and what it tries to do.

Jennifer Crane: Sure, Give an Hour is a national nonprofit and we provide free mental health care to post 9/11 veterans, their families, and the communities. So, it's anybody who's been impacted by the current conflicts overseas. What happens is that they can come to our website and they search our provider database and they can find somebody who's willing to donate therapy to them. We have psychiatrists, psychologists, social workers, R.N.s, L.P.N.s, we have a whole entire gamut of people who are willing to donate their services to try to help out our military families and communities.

Ivette Torres: Well, that is very honorable. Kathryn, along with that, the President has made the services to military families a priority. Talk to us a little bit about what SAMHSA is specifically doing under the Strategic Initiative.

A. Kathryn Power: Part of the President's Initiative included pulling together the 16 cabinet secretaries to create a report called Strengthening Military Families. And SAMHSA represented HHS the Department of Health and Human Resources in that group. And our SAMHSA initiative is really derivative of that report and that report's focus. And in that report, the first goal was to strengthen the psychological health of military service members, veterans, and their families. And so the Department of Health and Human Services, as a partner, basically, with the VA and with the Department of Defense pledges to do whatever it can to support the psychological health of this population. So, SAMHSA has taken on the military service members, veterans, and their families as an initiative to

focus specifically on the behavioral health issues for this population. And to insure that any individual

who needs it has access to appropriate behavioral health services. And those services are what are

considered evidenced-based practices that are focused on recovery.

Ivette Torres: And when we come back, we will be continuing our chat about the resources available

to help our military men and women. We will be right back.

[Music and Sound Effects]

Female VO: I felt broken. I needed help for my addiction and depression. Now, through recovery, I

am rebuilding my life.

Crowd VO: Join the voices for recovery. It's worth it.

Male VO: For more information on prevention and treatment referral, call 1–800–662–HELP.

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Ivette Torres: Barbara, I heard you wanted to make a comment at the end of the last panel.

Dr. Barbara Cohoon: I did. So, SAMHSA is doing a wonderful job through their state policy

academies as far as educating providers along with Military One Source about military culture. And

so, our association has been asking for, let's make sure that we have, either a CEU that's out there for

providers to go and take on our military culture. And actually, the Department of Defense has created

one. But also, making sure that a curriculum gets built with in all the schools that offer courses for

behavioral health providers or even for our family practice doctors. So they understand what military

culture is and so that's within their practice from then on. But SAMHSA has a wonderful state policy

academy not only as far as educating about the military being out there, but the states themselves

getting together talking about ways in which they can make things better for the military.

Ivette Torres: Kathryn.

A. Kathryn Power: Of the state policy academies, we have had 3, and 23 states have been through them already. And so, each of those states now has a strategic plan on how they are going to address the behavioral health needs of their returning veteran and military service member population. And we find that the state leadership then gets connected with their adjutant general, they get connected with, Give an Hour, they get connected with the Yellow Ribbon, they get connected with all of this sort of state resources that are in that particular state. And then it gets to be a much more collaborative approach and you hopefully have a much more focused attention. And so, we're looking forward to another policy academy in September for another 10 states. So we're really excited.

Ivette Torres: Excellent. Mike, I want to go back to you. Talk to us about where the systems still need to be improved.

Dr. Mike Haynie: You know we are only a couple of decades into an experiment with an all-volunteer military in this country. And, you know, I truly believe that if we fail this generation of veterans, that experiment with an all volunteer military will fail as well. For me, I guess, as somebody who spends the majority of my time running programs for veterans, working with this generation of veterans, sometimes I wonder if we're preaching to the choir. You know, the people who are showing up at these meetings and conferences are the ones who already understand. Because I'm not convinced that there is as broad understanding among citizens as to the issues and challenges impacting this community. And, I think until we get there, it will be an uphill battle.

Ivette Torres: And Kathryn, also that augurs for more coordination of services, which you were specifically addressing so that, the state, the local municipality, the national programs, begin to really understand what resources are available and we can maximize—

A. Kathryn Power: That's correct and I think that one of the things that we've found is that for too long there were closed systems. DoD had a closed system, the VA had a closed system, and then there was the rest of the healthcare system in the world. What we're absolutely discovering is that they cannot do it alone, they should not do it alone, those closed systems have to open their doors and

windows, they have to have partnerships in the community. I think we have to encourage the civilian

community to understand more, to understand better.

Ivette Torres: Barbara, I'm going to you and ask you if you had a magic wand, what do you think

would be the priority in terms of what needs to change and improve or what do we need to continue to

do in order to provide better services?

Dr. Barbara Cohoon: We need to make sure that we are building resilience in our military families,

so that they can handle whatever comes their way. I always use the terminology, focus up stream. In

other words, let's care for them while they are still on active duty. Give them the tools that they need in

order to be able to survive not only as to access to good family support programs, but also make sure

that they have access to education and a portable job, so that no matter what comes their way, so if

there is an injury or an illness the family is able to handle all that. What keeps me up at night though is

what is the long-term impact of this war? We have no idea. I mean the high percentage of our veterans

with traumatic brain injury that have been experienced through their time in theater. What are the long-

term impacts for that as far as the high percentage of post-traumatic stress. But what about our

children? I mean, who's going to care for them when their adults and they're not in the military? It's

going to be the communities who are going to be out there as far as for us. What about the parents or

what about the spouses now that are divorced?

Ivette Torres: So it's the entire family... Very, very good point.

Dr. Barbara Cohoon: Right. So it's really looking at reintegration. And making sure that our

communities are also aware of the support and are also providing support for us.

Ivette Torres: Jen.

Jennifer Crane: I personally think that it is all about community collaborations. And, you know, that

is a big, big missing piece right now.

Ivette Torres: Kathryn.

A. Kathryn Power: I think as we continue to strengthen our families and we are out in the civilian

communities more and more, that is a big part of this educative process. I also think that this is a

promise. We've made a promise to this generation and we need to do everything we can. I wanna see

more employers, willing to open up their employee ranks to veterans. If people work, and they feel a

sense of belonging, I think that's our promise to them and we have to do that and it's the civilian

community that has to do that, it's not the military community.

Ivette Torres: Mike.

Dr. Mike Haynie: For me, it's about education, I think at the end of the day. In the scope of issues that

we're dealing with in the context of this community. I think education is well positioned to advance the

post-service life course of this Nation's veterans. There's a window of opportunity with the current

post-9/11 GI Bill. But, we haven't done a great job implementing that, and I'm talking about both

government and institutions of higher education. You know, right now, for example, 8 of the top 10

recipients, as institutions of GI Bill money last year were online for profit universities that have a

dropout rate of higher than 65 percent. And they are not held accountable. We need to hold them

accountable.

Ivette Torres: Very good. I want to remind our audience that September is National Recovery Month

we want to encourage you to go online at www.recoverymonth.gov and find all of the wonderful

materials, so everyone can get engaged. And during September, also support military families and vets

in their struggle to come back, be reintegrated into society, and get the necessary help that they need

and they deserve. It's been a great show, thank you very much.

[Music]

Male VO:

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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