



**SAMHSA's Resource Center to Promote
Acceptance, Dignity and Social Inclusion
Associated with Mental Health**

Mental Health for Military Families: The Path to Resilience and Recovery

August 3, 2010



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Archive

This Training Teleconference will be recorded. The PowerPoint presentation, PDF version, the audio recording of the teleconference, and a written transcript will be posted to the SAMHSA ADS Center Web site at <http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>.



Disclaimer

The views expressed in this training event do not necessarily represent the views, policies, and positions of the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



Questions

At the end of the speaker presentations, you will be able to ask questions. You may submit your question by pressing “*1” on your telephone keypad. You will enter a queue and be allowed to ask your question in the order in which it is received. On hearing the conference operator announce your first name, you may proceed with your question.



If you are a veteran or a family member experiencing an emotional crisis, please call:

- **Veterans Suicide Prevention Hotline** at 1-800-273-TALK (8255), Veterans Press 1
- **Military One Source** at 1-800-342-9647

Both of these numbers are available **24 hours/day, 7 days/week.**





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There is evidence that the high rates of trauma experienced by those stationed in the Southwest Asia theaters will result in increased demands on the Department of Defense (DoD), the Department of Veterans Affairs (VA), and community health care systems as these service members return, move back to civilian status, and become eligible for VA health benefits. As the number of OIF/OEF veterans grows, their continued care is a national health care concern.

— Mapping the Landscape of Deployment Related Adjustment and Mental Disorders, 2006



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History of Posttraumatic Stress Disorder (PTSD) Names

- 1760s, “nostalgia”
- Napoleonic wars, “exhaustion”
- American Civil War, “soldier’s heart” and “effort syndrome”
- WWI, “shell shock”
- WWII, “battle fatigue” and “combat fatigue”
- Vietnam, “post-Vietnam syndrome”



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The Unseen Wounds

- Economic distress
- Substance abuse and addiction
- Impact on children
- Impact on spouses and partners



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Three Characteristics of the “De Facto” System

- Financing—public and private payers
- Duration of Care—services for acute and long-term treatments
- Settings—where treatment is given



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Four Factors of the “De Facto” System

- Specialty Mental Health
- General Medical / Primary Care
- Human Services
- Voluntary Support Networks



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History of Mental Health Services

Moral Treatment

- **Date:** 1800–1850
- **Setting:** Asylum
- **Focus:** Humane, restorative treatment

Mental Treatment

- **Date:** 1890–1920
- **Setting:** Mental hospital or clinic
- **Focus:** Prevention, scientific integration

Community Mental Health

- **Date:** 1955–1970
- **Setting:** Community mental health centers
- **Focus:** Deinstitutionalization & social integration

Community Support

- **Date:** 1975–Present
- **Setting:** Community Support
- **Focus:** Mental illness as social welfare problem (housing, work, etc.)

Mental Illness

- **Date:** Future
- **Setting:** Everywhere
- **Focus:** Recovery-focused; recognition that mental illness is treatable like physical wounds



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Veterans Readjustment Counseling Services (Vet Centers)

- 230+ distributed across U.S.
- History linked to Vietnam vets
- Cost efficient mental health treatment programs that include families
- Majority of clinicians are vets



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Military Mental Health Treatment Efficacy and Programs

- Institute of Medicine reviews evidence-based treatments and programs.
- New military programs include resiliency training and mental health combat teams.
- New treatment modalities include herbal supplements, massage, MDMA, etc.



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The Politics of PTSD

- Recent VA directive regarding PTSD stressor verification
- Mental health compensation and care—what is the cost of war?
- DSM-V coming in 2012; revised diagnoses?



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Recommendations

- System-wide adoption of evidence-based assessments, diagnoses, and treatments
- System-wide recognition and inclusion of recovery philosophy and principles
- More transparent collaboration among military and veteran mental health agencies and those agencies/organizations in the public and private sectors, including stakeholder voices
- More clinical research and resources



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Mental Health in the Military: What happens when you come home?

Steve Robinson

Retired Non-Commissioned Officer

Gulf War Veteran Advocate



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Current Issues Confounding Care in the Military Setting

- The majority of people returning from war readjust to society without much assistance, but this war looks different.
- Mission First. What does that really mean?
- Stigma is discrimination!
- There is a lack of occupational understanding.



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Current Issues Confounding Care in the Military Setting

- Do the math: current operating tempo + 2 wars + doctor-to-patient ratio = increased risk
- Multiple treatment models are not available in military mental health
- The head of the snake is what we do right or wrong in the DoD before the transition back to society.

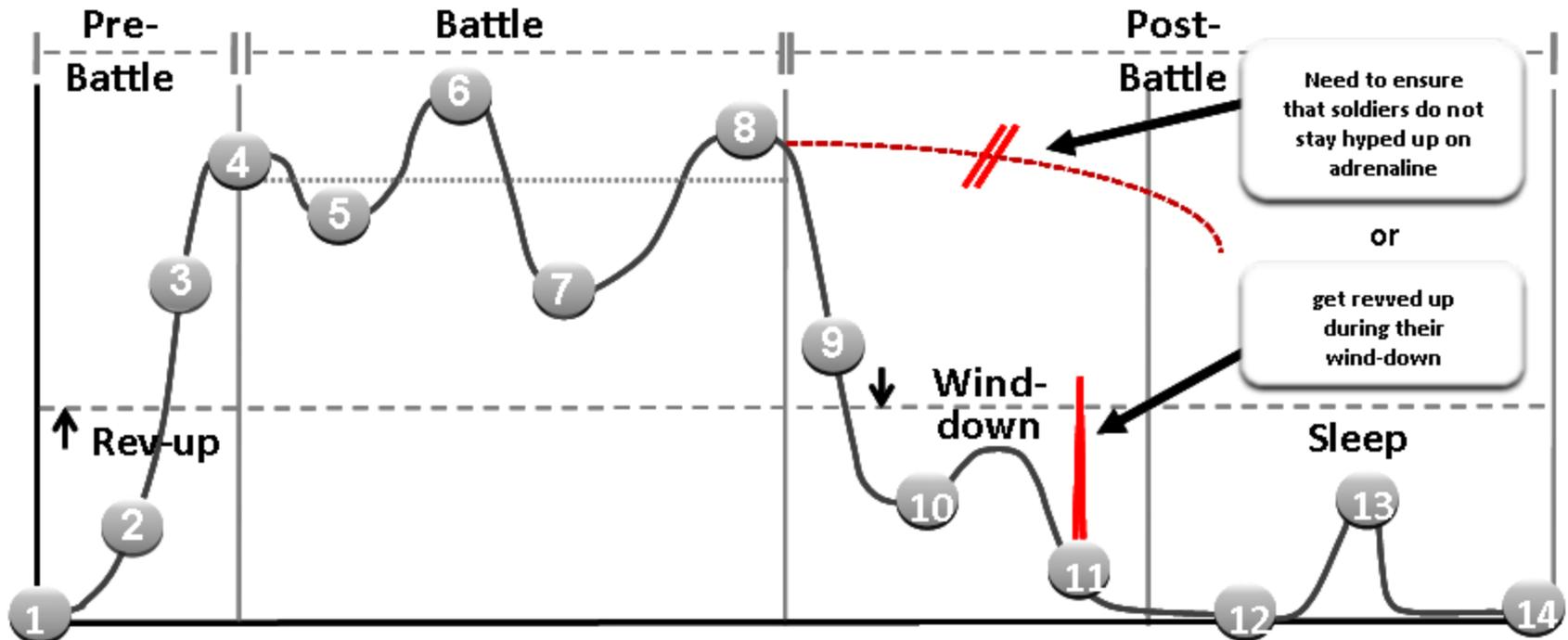


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Deployed Soldier Rhythm: 24-Hour Period





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Hope:

There is hope if we can change the culture.

- Proven resiliency techniques exist. The problem is the low adoption rate; we need to reframe the discussion.
- Education on how the brain and body react to war must be enforced the same way mandatory marksmanship training is. Neurophysiology 101.
 - Some examples: awareness, breathing, and simulation techniques; grief management, acceptance training, and the 24-hour cycle of operations



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Family Support

- Everything we teach the service member must be taught to and reinforced by the spouse/extended family.
 - Military families must have formal education and information on what to expect and how to survive the deployment cycle.
 - PBS and This Emotional Life, a family guide to deployments is currently in development.



Family Support

- We must consider the following:
 - What is the plan for the kids? Do you know age-appropriate ways to help them cope?
 - The war also impacts the family support network—moms, dads, brothers, and sisters. Do all family members know how to be helpful and how to look for signs?
- Create a family mentor network:
 - Coalition for Iraq & Afghanistan Veterans
 - National Military Family Association
 - Blue Star Families





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Self Empowerment

- Effective strategies for reducing, preventing and addressing mental health challenges begin with self empowerment:
 - Own your experience. Don't let it own you!
 - Awareness, knowledge, action = AKA
 - Choose a “mental mentor,” a peer you trust or vet you look up to.
- Why does peer-to-peer support work?
- What does a prepared service member and family look like (before, during, and after deployment)?



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Resilience

- Resilience and Optimal Brain/Neurological Functioning
- Resilience and Stress/Anxiety Disorder/Depression
- Maintaining Emotional Stability, Health, and Well Being
 - Individual Differences in Resilience When Recovering from an Anticipated Threat
 - Resilience and the Prevention/Mitigation of Depression and Anxiety Disorders



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Resiliency Orientations

- Focus Outward: Good Problem-Solving Skills
- Focus Inward: Strong Inner Self
- Resilience Assessment and Response Tips



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Some Key Resiliency Dimensions

- Intimacy, Family, and Friendships – Impact of Building Close, Secure Relationships at the Family Level, Neighborhood Level, and Community Level (Concentric Circles Model)
- Higher Meaning Making and Intentional Living
- Spirituality
- Generosity



Some Key Resiliency Dimensions

- Humor and Laughter
- Assertiveness
- Problem Solving and Decision Making
- Equanimity, mental or emotional stability or composure arising from a sense of temporal detachment from reality





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The Economics of Optimal Brain and Neurological Functioning

- Leveraging optimal brain functioning to interrupt the link between stress, disease/disorders (e.g. anxiety disorders, depression, cardiovascular disease, stroke, hypertension, etc.), and ineffectiveness
- Boosting Resilience
- Increasing Performance Capacity and Vitality
- Preventing Disease



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The Science of Behavioral Health and Emotional Regulation

Three **C**'s of a Stress-Resistant Immune System:

Control

Commitment

Challenge



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The Science of Behavioral Health and Emotional Regulation

- A Sense of Control Over our Response to Life Events
 - Internal locus of control
 - “...owning your experiences rather than being owned by them.”





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The Science of Behavioral Health and Emotional Regulation

- A Sense of Commitment to Something Beyond our Ego, Such as Family, Service, Values, Life Philosophy, or Spirituality
 - focus on “... *being there in the long run for people and purposes that need us.*”
 - focus on meaningful work
 - focus on relationship/partner fidelity



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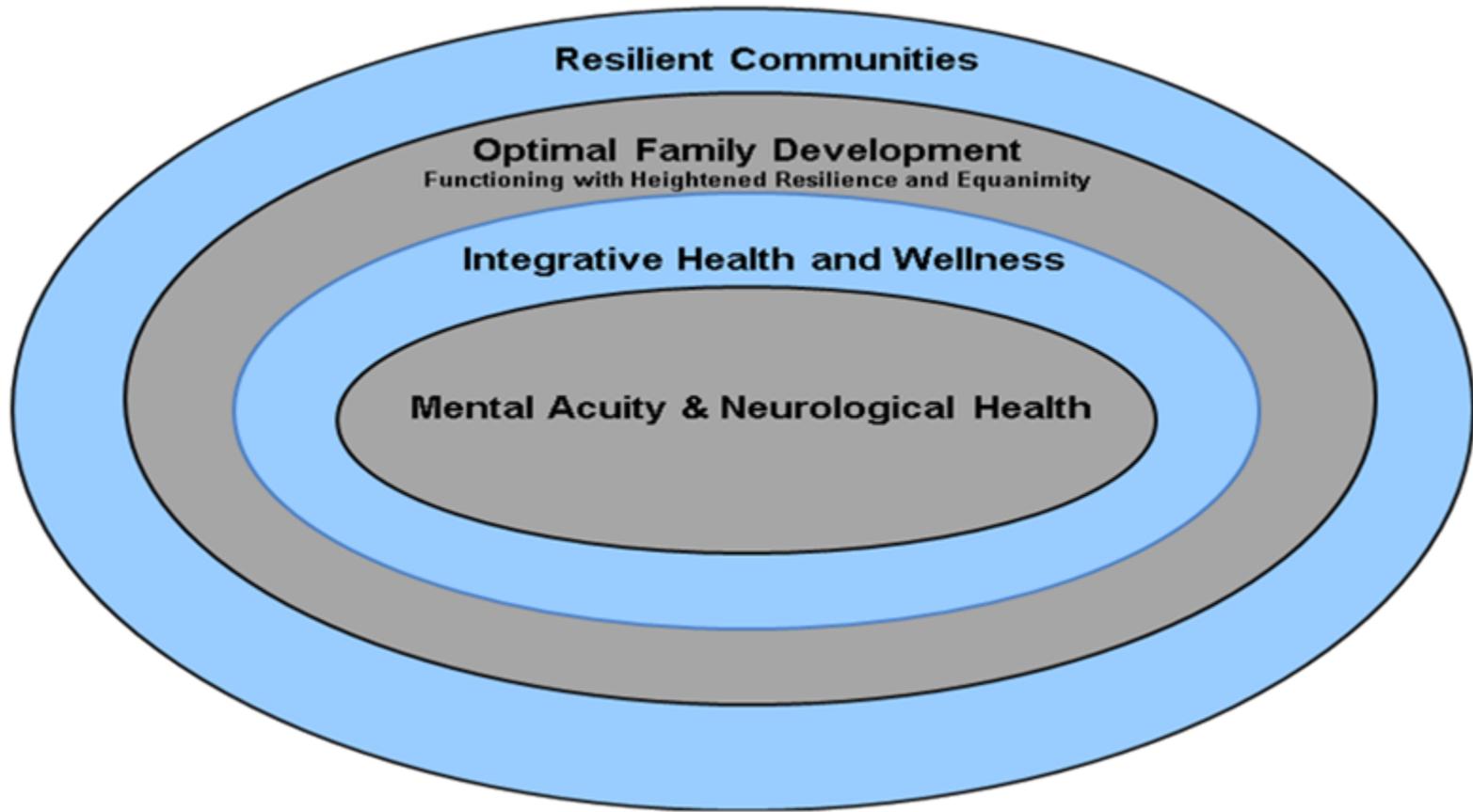
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The Science of Behavioral Health and Emotional Regulation

- A sense of Challenge and Learning Opportunity When Confronted With a Stressor



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The Path to Resilience and Recovery: A Family Member Shares Her Family's Story

Sheri Hall



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How Our Story Begins

- Jeff's goal was to have a career in the military.
- He received a National Guard Scholarship to attend college.
- He graduated August 1997, received commission, and re-entered the Army as an officer.
- Sheri supported Jeff in his chosen career.



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Before Deployment

Jeff's Outlook as He Prepared for Deployment

- Excited about combat
- Committed to victory
- Fearless to a fault
- Expecting a long deployment

How Family Prepared for Jeff's Deployment

- Talked as a family and helped him pack his bags
- Tried to prepare children for possibilities and explained how they could maintain contact with dad
- Never discussed possibility of psychological injury





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During Deployment

- Jeff's family faces and must cope with multiple deployments
- His family is confident that he can take care of himself and will do everything possible to stay safe.
- Faith plays an important part in coping.
- Jeff is redeployed 10 months after first deployment ends; preparation for redeployment begins almost immediately upon return home.



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During Deployment

- Even when Jeff returns home, his family is in deployment mode.
- Jeff is deployed to Iraq for a total 24 months between 2003 and 2005; Jeff is home only 7 months, with the balance spent preparing for deployments.
- Sheri serves as Family Readiness Group Advisor to 30 other military wives/mothers, in addition to her family responsibilities.



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After Deployment

2006, Mental Health Problems Emerge

- Jeff returns from 2nd deployment a different man.
- Jeff is assigned to Joint Readiness Training Center to prepare young recruits for Iraq; he feels like he has left one battlefield for another.
- His family begins to see warning signs that mental health problems are emerging (anger, hurtful words, far off look, feeling of distance, desire to be alone).



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After Deployment

- Sheri suggests Jeff get help, but he is reluctant; he goes to therapy once but isn't happy with the help (medication only).
- Over the next couple of years, problems continue and become much more serious.
- The family tries to carry on as normal.
- The children, now teenagers, know something isn't right.



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After Deployment

2008, Crisis Point

- Despair and hopelessness set in.
- Jeff begins to experience suicidal thoughts and recognizes that he needs help.
- Jeff wants nothing to do with anything that had mattered before.
- Feeling useless, Jeff says his family should leave so they can be happy again.
- He wants to die so no one will have to worry about him.
- Sheri tries to protect the children; she does not share about the suicide risk or that dad wants the family to leave.



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After Deployment

April 2008–August 2008

- Extended family starts asking questions and suggests prayer will solve everything.
- Sheri realizes it is more complicated, distances herself from family, and focuses on keeping Jeff safe and helping him heal.
- Jeff and Sheri recognize the need to do something; a local therapist refers Jeff to Walter Reed for a specialized treatment program.



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Road to Treatment

- In July, Jeff is evaluated at Walter Reed; he feels some improvement and hope when accepted into a program—no longer suicidal.
- Jeff enters the program in August 2008.
- Jeff asks Sheri to go through treatment with him, an important first step in healing together.
- For the first time in more than 2 years, they feel hopeful that there is a solution.



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The Program That Made a Difference

Specialized Care Program Track II at the Deployment Health Clinical Center (DHCC) of Walter Reed

- Intensive, 3-week, multidisciplinary treatment program for returning service members with deployment-related behavioral health concerns
- Goal of reducing co-occurring health concerns, such as depression, substance abuse, and domestic violence
- Access to other referral sources within the Walter Reed system

Source: DHCC Web site (http://www.pdhealth.mil/clinicians/scp_trackII.asp)

Please **visit the Web site** for more detailed information about this important, life-saving program.





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The Program That Made a Difference

Specialized Care Program Track II—Behavioral Health and Self-Care Strategies and Treatment

- Cognitive-behavioral therapy
- Group exposure therapy
- Physical reactivation
- Stress management (relaxation training, massage therapy, yoga)
- Education-based self-care focus with relapse prevention followup

Source: DHCC Web site (http://www.pdhealth.mil/clinicians/scp_trackII.asp)

Please **visit the Web site** for more detailed information about this important, life-saving program.



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After Treatment

September 2008, Reintegration

Home

- Jeff and Sheri come home and apply what they learned.
- Family recognizes that Jeff is not cured—that healing is a process and it will take time to heal—but Jeff is no longer suicidal.
- Jeff and family are concerned about what lies ahead but take it one day at a time.
- Sheri learns to be aware of certain triggers.

Work

- Jeff educates his peers.
- His boss understands and eases him back into work.



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Using Our Experience To Help Others

September 2008–Present, Advocacy

- One month after treatment, Sheri and Jeff are invited to speak at a National Institutes of Health conference.
- They have thirteen speaking engagements between September 2008 and June 2010.
- Jeff and Sheri participate in two initiatives sponsored by the Defense Centers of Excellence (DCoE):
 - Theater of War (<http://www.theater-of-war.com>)
 - Real Warriors Campaign (Jeff and Sheri's video is on the Web site: <http://www.realwarriors.net/multimedia/psas/hall59.php>)



The Next Chapter

2010, A New Assignment

- In February, Jeff is handpicked to be Director of the newly created Resilience Training Program, designed to create better soldiers and help families.





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Health Restored: Our Family on Vacation



*Getting help doesn't
have to end your
career. In fact, it
may save it and
your family.*



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Additional Resources

- U. S. Department of Veterans Affairs
 - Mental Health home page <http://www.mentalhealth.va.gov/Services.asp>
 - National Center for PTSD <http://www.ptsd.va.gov>
 - Vet Centers <http://www2.va.gov/directory/guide/vetcenter.asp>
- U.S. Department of Defense Military Health System Mental Health home page http://www.health.mil/Themes/Mental_Health.aspx
- Substance Abuse and Mental Health Services Administration Veterans home page <http://www.samhsa.gov/vets>
- Defense Centers of Excellence For Psychological Health and Traumatic Brain Injury (DCoE) <http://www.dcoe.health.mil/Default.aspx>
- Real Warriors Campaign <http://www.realwarriors.net>
- Wounded Warrior Project <https://www.woundedwarriorproject.org/content/view/415/876/>



Additional Resources

- U.S. Army Medical Department Resilience Training <https://www.resilience.army.mil/>
- Department Of Defense Deployment Health Clinical Center
http://www.pdhealth.mil/clinicians/scp_trackII.asp
- Understanding Military Culture When Treating PTSD, information for clinicians
http://www.ptsd.va.gov/professional/ptsd101/flash-files/Military_Culture/player.html
- Military OneSource www.militaryonesource.com
- Iraq and Afghanistan Veterans of America <http://iava.org>
- Vets4Vets <http://www.vets4vets.us>
- Vietnam Veterans of America <http://vva.org>
- Veterans Suicide Prevention Hotline 1-800-273-TALK, Veterans Press 1



Additional Resources

- National Military Family Association <http://www.militaryfamily.org>
- Blue Star Military Families <http://www.bluestarfam.org>
- Families Overcoming Under Stress <http://www.focusproject.org>
- Military Wives Network <http://www.MilitaryWives.com>
- Tragedy Assistance Program for Survivors, Inc. <http://www.taps.org>
- Our Military Families, an organization for children of National Guard and Military Reserve families <http://www.ourmilitarykids.org>
- Operation Enduring Families, a free, online family education curriculum for OIF/OEF families www.ouhsc.edu/oef
- This Emotional Life <http://www.pbs.org/thisemotionallife/military-families>



Additional Resources

- Sesame WorkshopTalk, Listen, Connect <http://archive.sesameworkshop.org/tlc>
- Seeds of Hope Books offers materials for teenagers in military families
<http://www.seedsofhopebooks.com>



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For More Information, Contact

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- R. Thomas Deloe, thomas.deloe@samhsa.hhs.gov, 240-276-2404



Speakers

Tom Berger, Ph.D.

Dr. Tom Berger is a life member of Vietnam Veterans of America (VVA) and founding member of VVA Chapter 317 in Kansas City, Missouri. After serving as chair of VVA's national PTSD and Substance Abuse Committee for almost a decade, he joined the staff of the VVA national office as Senior Policy Analyst for Veterans' Benefits & Mental Health Issues in 2008 and was appointed Executive Director of the VVA Veterans Health Council in June 2009. Dr. Berger is a member and former chair of the VA's Mental Health Consumer Liaison Council and is also a member of the VA's Mental Health Quality Enhancement Research Initiative Depression Executive Committee (MHQUERI). Additionally, Dr. Berger holds the distinction of being the first representative of a national veteran service organization to be a member of the VA's Executive Committee of the Substance Use Disorder Quality Enhancement Research Initiative (SUD QUERI). Dr. Berger served as a Navy Corpsman with the 3rd Marine Corps Division in Vietnam from 1966 to 1968. Following his military service and upon the subsequent completion of his postdoctoral studies, he held faculty, research, and administrative appointments at the University of Kansas in Lawrence, the State University System of Florida in Tallahassee, and the University of Missouri–Columbia. His professional publications include books and research articles on posttraumatic stress disorder (PTSD). Dr. Berger now devotes his efforts full time to veteran advocacy at the local, State, and national levels on behalf of VVA.

Speakers

Steve Robinson

Steve Robinson is a retired Non-Commissioned Officer and Gulf War veteran who served 20 years in the U.S. Army. After retiring in October 2001, he became an advocate for veterans. As a subject matter expert, Robinson has testified numerous times before the U.S. House and Senate on matters pertaining to suicide, PTSD, and the mental health and resiliency of U.S. service members. He also shared his knowledge and experience in the PBS documentary *This Emotional Life*. Additionally, Robinson has served in director-level roles for several nonprofits, through which he monitored the programs and policies of the DoD and VA. Robinson has also served in a program outreach and development role with the Swords to Plowshares Iraq Veteran Project. His military decorations include the Defense Meritorious Service Medal, Army Meritorious Service Medal, Army Commendation Medal with four oak leaf clusters, Army Achievement Medal with four oak leaf clusters, Humanitarian Service Medal, and many others. Robinson strongly believes that self-care and veteran-to-veteran peer support programs are essential to improving mental health outcomes for service members.



Speakers

Sheri Hall

Mrs. Sheri Hall, a military spouse, married Jeffery Hall in January 1991 and moved to Kitzigen, Germany. She followed Jeff through Reserve Officers Training Corps (ROTC) at Emporia State University and has spent most of her time as a military spouse volunteering for various organizations both on and off military installations. She was a Family Readiness Group Advisor for two year-long deployments in support of Operation Iraqi Freedom. She and Jeff attended the Deployment Health Clinical Center's Specialized Care Program Track II to address the effects of PTSD. They have also participated in many conferences for the Defense Centers of Excellence (DCoE) for Psychological Health and Traumatic Brain Injury. These include the Annual AMSUS Conference, Force Health Protection Conference, Real Warriors Resilience Conference, and VA/DoD Suicide Prevention Conference. Both Sheri and Jeff have been involved as panelists with the Theater of War, and they also work closely with the Real Warriors Campaign helping to break down the walls of stigma associated with getting treatment for PTSD and traumatic brain injury. Mrs. Hall's awards include the Molly Pitcher Award and the Commander's Service Award. She and Jeff have two teenage daughters, Tami (17) and Courtney (16).



Survey

We value your suggestions. Within 24 hours of this teleconference, you will receive an e-mail request to participate in a short, anonymous online survey about today's training material which will take 5 minutes to complete. Survey results will be used to determine resources and topic areas to be addressed in future training events.

Survey participation requests will be sent to all registered event participants who provided e-mail addresses at the time of their registration. Each request message will contain a Web link to our survey tool. Please call **1-800-540-0320** if you have any difficulties filling out the survey online. Thank you for your feedback and cooperation.

Written comments may be sent to the Substance Abuse and Mental Health Services Administration (SAMHSA) ADS Center via e-mail at [http://promoteacceptance@samhsa.hhs.gov](mailto:promoteacceptance@samhsa.hhs.gov).



Archive

This Training Teleconference was recorded. The PowerPoint presentation, PDF version, the audio recording of the teleconference, and a written transcript will be posted to the SAMHSA ADS Center Web site at:

<http://www.promoteacceptance.samhsa.gov/teleconferences/archive/default.aspx>.





Contact Us

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*The moderator for this call was **Jane Tobler.***



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