The Unique Behavioral Health Challenges for National Guard and Reservists' Families: What Are the Issues? What Are the Service Gaps and Opportunities?

The webinar will begin at 1 PM (ET)

Call-in Number: 1-800-832-0736  Conference Room: 2884179

Webinar Website:
http://gucchdtacenter.georgetown.edu/resources/2012calls.html

If you need assistance, call: 202-687-0308 or email irvinema@georgetown.edu
National Technical Assistance Center Webinar Series

The Unique Behavioral Health Challenges for National Guard and Reservists’ Families: What are the Issues? What are the Service Gaps and Opportunities?

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According to Defense Manpower Data Center 2010 Demographic Report, there were 2,018,892 total Selected Reserve and family members (42.5% Select Reserve members, 58.5% family members).

Women comprised 17.9% (153,071) of the Selected Reserve force.

Overall, the average age of the Select Reserve force is 32.2 years. The average age for Reserve officers is 40.1 years, and the average age for Select Reserve enlisted personnel is 30.8 years.

Approximately 71.2% of officers and 44% of enlisted personnel report being married.

About 34% of the Active Duty are married with children and 9.3% are single parents.
2010 Race Demographic for Reserve Component Military

Note: 9.5% of the active duty are of Hispanic Ethnicity.
Source: Department of Defense 2010 Demographics Report
• Increase Danger
• Waiting, worrying and grieving
• Loss of freedom/control
• “Duty First” and its impact on family
• You are military 24/7 working and socially
• Fear of talking about a vulnerability.
• Lack of privacy
• Frequency of moves
• Relocation issues/starting over
• Intermittent separation

What are the Challenges?

- Multiple deployments into harsh combat zones
- Combat Trauma/Injury/Death
- Military Sexual Trauma
- Racism, discrimination, bullying, hazing of diverse populations
- Psychological and Physical Health
- Reintegration and Recovery
- Suicide, Homelessness, Job Difficulties
- Potential for disparities in access to quality care as a result of insurance coverage or biases in differential diagnosis
- Interaction among these factors resulting in distrust, alienation, avoidance of care
- Barriers to advancement
Families and children

- Large numbers of married service members and service members with children.
- Responsibility for physical and psychological healthcare.
- Service member, spouse, children can all share strong identification as Military Family.
- Family shares service member with military.
- Roles and responsibilities can shift rapidly in the family as a result of military life/deployment.
- Families may contend with separation from parent/partner (physically, psychologically)
- Family’s resilience can support service member’s resilience.
Effects of Deployment on Family

- Any at given time, there are approximately 250,000 children with a deployed parent or deployed parents.
- Stress related to deployment can be worsened if parent affected by psychological health issues or physical injury.
- Studies and reports suggest that 10-20% of service member might be impacted by psychological health issue.
- Some reports suggest traumatic brain injury at or above 20%.
- Over 43,000 with physically injured.
- Extended and repeated separations from a primary caregiver in the context of danger.
- Altered family roles and responsibilities.
- School and community transitions.
- Increased stress on caretaking parent.
Risk Factors

- Rigid and unhealthy coping strategies
- Pre-existing family problems
- Guard/Reserve members
- Geographically Separated (i.e. Rural)
- Pre-existing psychiatric or developmental problems
- Higher exposure (multiple deployments, single parent or dual parent deployments, complicated deployments)
- Lack of social/resource connectedness (National Guard, Reserve component, dispersed and rural, few friends/family available)
- Lack of access to support resources/stigma associated with help seeking
- Family and parenting risk factors (anger, disconnection, marital conflict, poor financial support)

From Defense Centers of Excellence (DCoE)
Protective Factors

- Deliberate, active coping strategies
- Flexibility in gender roles (i.e., the ability to assume roles more commonly assumed by the opposite gender)
- Positive outlook
- Spiritual practice or community
- Strong leadership support
- Economic resources and access to tangible resources when needed
- Open communication based on empathy and respect
- Proactive planning and preparedness for deployment
- Finding meaning and a sense of purpose in military service
- Collaborative problem-solving
- Strong community and social support.

- Defense Centers of Excellence
What are some Potential Solutions?

- Culturally Informed Practices (incorporates contemporary and traditional/culturally-specific healing approaches)
- Community based providers trained in military cultural issues
- Trans-cultural experiential competence (understanding the interaction between issues of race, ethnicity, gender, sexual orientation and military experiences for the individuals, their families and communities)
- Addressing and overcoming stigma
- Addressing health enhancement or resiliency factors
- Understanding of patient expectations
- Inclusion of family and community (to provide support to the SM/Veteran and to support for their behavioral health needs as well)
MILITARY PROGRAMS IN THE CIVILIAN COMMUNITY
Military Families Learning Community: Goals and Objectives

http://learn.nctsn.org

- NCTSN Learning Center
- Expert based Speaker Series
- Partnerships/Communities of Practice
  - NCTSN, DoD/TRICARE, Department of Veterans Affairs
- Goals include:
  - Provide information and resource sharing with community providers to serve military families throughout the country.
  - Implement and disseminate adapted evidenced based interventions and prevention.
  - Joint planning and coordination.
  - Partnerships with offers opportunity for financial sustainment.
National Child Traumatic Stress Network (NCTSN)  
Military Families Learning Community  
www.nctsn.org

• Working with USUHS CSTS, identify and develop evidence based practices and interventions to support military families and children.
  – Bibliography
  – Provide developmental guidance and training on military on NCTSN Learning Center.

• Email Distribution for routine dissemination of information to sites.

• Military Families Knowledge Bank (mfkb.nctsn.org)
  – Searchable, organized directory dedicated to military family and child resources
Traumatic Grief in Military Children
Information Series

Target Audience
- Parents, caregivers, family members
- Educators, school personnel
- Medical providers

Description
- Provides culturally competent materials for educating families, medical professionals, and school personnel about how to better serve military children who are experiencing traumatic grief

Format
- PDF
THANK YOU!
Behavioral Health Challenges for National Guard and Reservists’ Families

MSG Stephanie Weaver
SAMHSA’s 8 Strategic Initiatives

1. Prevention of Substance Abuse and Mental Illness
2. Trauma and Justice
3. Military Families—Active, Guard, Reserve, Veteran
4. Health Reform
5. Recovery Support
6. Health Information Technology for Behavioral Health Providers
7. Data, Quality, and Outcomes—Demonstrating Results
8. Public Awareness and Support
Support America’s service men and women—Active Duty, National Guard, Reserve, and Veterans—together with their families and communities by leading efforts to ensure needed behavioral health services are accessible and outcomes are positive.
• **Goal 3.1**: Improve military families’ access to community-based behavioral health care through coordination among SAMHSA, TRICARE, DoD, and Veterans Health Administration services.

• **Goal 3.2**: Improve the quality of behavioral health prevention, treatment, and recovery support services by helping providers respond to the needs within the military family culture.

• **Goal 3.3**: Promote the behavioral health of military families with programs and evidence-based practices that support their resilience and emotional health and prevent suicide.

• **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, Tribal, and local organizations.
The National Guard and Reserve Numbers

- Over 450,000 National Guard Members (Air and Army)
- Over 370,000 Reserve Members (Army, Air, Navy & Marine)
- In All 50 States, D.C., Guam, Puerto Rico, Virgin Islands
- Over 58,000 currently activated
What’s the Difference in the Guard/Reserve?

National Guard
- Medical
  - Tricare reserve and dental coverage at a cost
  - Some no cost Mental Health resources (not normally familiar with military culture)
  - No Substance Abuse services
  - VA only if deployed

Active Duty
- Medical
  - Free Medical, Dental, Mental health, and substance abuse Tx
  - Eligible for VA even if not deployed
What’s the Difference in the Guard/Reserve?

**National Guard**
- Deployments
  - Both State and Federal Mission
  - 12-18 Months
  - Limited “train-up” time
  - Old, out-dated equipment

**Active Duty**
- Deployments
  - Only Federal
  - 12-18 Months
  - Full time training
  - Most current equipment
NG/Reserve Deployment Stress Factors

- Less preparation time
- Less cohesive units
- Less task specific training time
- Little to no support for family members left behind
- Potential loss of civilian job upon return
- Unable to relate combat experience with others at home
NG/Reserve Deployment Stress Factors

• Often unaware of or don’t understand what benefits they have
• Combat to cul-de-sac in 48 hours
• During out-processing following deployment, briefings fall on deaf ears; members just want to go home
• Uncertainty of being re-deployed
• Stigma attached to seeking help
Connecting with Troops

Do:

• Learn basic military culture
• Reach out to Veteran Service Organizations
  – VFW, IAVA, VVA, etc.
• Connect with Military Families
  – They are usually the first to identify issues

Avoid:

• Providing your opinion of the conflicts
Resources

- SAMHSA’s Service Members, Veterans, and their Families TA Center
  - Provides TA to state level entities for improving the BH needs of Military/Veterans, and families
  - www.samhsa.gov/militaryfamilies

- Community Provider Treatment Locator Website for National Guard and others
  - www.communityproviders.samhsa.gov

- Veterans Crisis Line (800-273-8255; Press 1)
  - Partnership with SAMHSA and National Suicide Prevention Lifeline
  - http://www.veteranscrisisline.net/

- Access to Recovery (30 States/Tribes) most have identified a priority to serve Military/Veteran and families
  - Voucher program for SA Treatment and recovery support services

- Jail Diversion for Military/Veteran population
  - Jail Diversion programs from arrest to re-entry in 13 States (CO, CT, GA, FL, IL, MA, NM, NC, OH, PA, RI, TX and VT)

- National Child Traumatic Stress Network
  - Resource center focused on Child Trauma and Military/Veterans, and families
Questions?

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National Guard Counterdrug Liaison to SAMHSA
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Office 240-276-2233
Established in 2008 to serve Virginia's 823,000 veterans

A legislatively mandated program operated by the Virginia Dept. of Veterans Services, in partnership with the Virginia Dept. of Behavioral Health Developmental Services and the Virginia Dept. of Rehabilitative Services.

Mission: To monitor and coordinate behavioral health and rehabilitative services and support through an integrated, comprehensive and responsive system of public and private partnerships. VWWP facilitates these services for veterans, members of the Guard and Reserves (not in active federal service), and their families especially those affected by stress related conditions or traumatic brain injuries resulting from military service.

Web: http://www.wearevirginiaveterans.org/
• Veterans of Any Era or Conflict
• Members of the Reserves and National Guard
• Veterans suffering stress-related and mental health issues relating to service on active duty
• Family members of Veterans- spouses, children, parents and other caregivers
Five Regional Consortia

- Coordination of services
- Funds for counseling as needed - individual, family, substance abuse
- Referral for TBI evaluation and treatment
- Veteran Peer led Combat Support Groups
- Family Support Groups
- Resource and Referral Information
- Linking with DVS and VSO Claims agents
- Couples and Veterans Retreats
- Peer-level one-on-one support
Contact Information

Catherine Wilson, Executive Director
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Camilla Schwoebel, Region I Director
camilla.schwoebel@dvs.virginia.gov
Resources for Families

www.nationalresourcedirectory.gov
www.ptsd.va.gov/public/reintegration/guide
www.mentalhealthamerica.net/reunions/resources.cfm
www.militaryhomefront.dod.mil
www.cfs.purdue.edu/mfri/pages/military/spouses_1_pdf
www.afcrossroads.com/famseparation/guide
http://www.ouhsc.edu/Safeprogram/ (living with family mbr with PTSD)
http://cs.mhf.dod.mil/content/dav/mhf/qol
www.supportyourvet.org
http://iava.org
www.militaryonesource.com
Family of Heroes:
Avatar-Based Resiliency & PTSD Training for Veteran Families in Virginia

www.familyofheroes.com
Kognito Interactive  www.kognito.com
Online, role-playing resiliency training simulation where family members learn essential skills to manage common challenges facing families in adjusting to post-deployment life.

1. Managing expectations,  
2. Identify post-deployment stress  
3. De-escalating arguments, negotiating responsibilities  
4. If needed, motivating the veteran to seek help for PTSD, TBI, or thoughts of suicide

Technology/Features:  
• Accessed on any computer with an internet connection  
• Takes 1-hour (broken to modules)  
• Fully private and confidential  
• Integrated local resource list (VA and non-VA)
Demonstration

Conversation Challenge 1: The Argument

Intensity: 5

You're always so gloomy and depressed.

I'm worried. You seem a little down lately.
Questions?
Next Webinar:

Treasure Hunting: Securing Funding for Early Childhood Mental Health Services and Supports

January 17th at 1pm ET

Register at NTAC Webinar website:
http://gucchdtacenter.georgetown.edu/resources/2012calls.html
IMPORTANT LINKS

Evaluation Form:  
https://www.surveymonkey.com/s/TACenterWebinarEvaluation

Webinar Website:  
http://gucchdtacenter.georgetown.edu/resources/2012calls.html

Data Matters:  http://www.gucchdgeorgetown.net/data/