DEPARTMENT OF DEFENSE BLOGGERS ROUNDTABLE WITH CHRISTOPHER ROBINSON, COLONEL, AIR FORCE, DEPUTY DIRECTOR FOR PSYCHOLOGICAL HEALTH, DEFENSE CENTERS OF EXCELLENCE FOR PSYCHOLOGICAL HEALTH AND TRAUMATIC BRAIN INJURY (DCOE); MEG KRAUSE, STAFF SERGEANT, U.S ARMY RESERVE; STEPHANIE WEAVER, MASTER SERGEANT, NATIONAL GUARD COUNTERDRUG LIAISON, SUBSTANCE ABUSE AND MENTAL HEALTH ADMINISTRATION VIA TELECONFERENCE SUBJECT: REAL WARRIORS CHALLENGE TIME: 12:59 P.M. EDT DATE: THURSDAY, JUNE 9, 2011

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LIEUTENANT TIFFANY WALKER (Office of the Secretary of Defense Public Affairs): OK. Hello, it is -- oops, sorry. Who joined the line?

MIKE ROBERT (SP): Hi, this is Mike Robert (sp) with the Real Warriors Campaign.

LT. WALKER: OK. Hi, Mike. Mike, are you going to be asking any questions today or just monitoring them for writing? MR. ROBERT (SP): Just listening.

LT. WALKER: OK. All right, Mike.

OK. Well, hello, everyone. I'd like to welcome you all to the Department of Defense Bloggers Roundtable for Thursday, June 9th, 2011. It is 1 p.m. Eastern Daylight Time. My name is Lieutenant Tiffany Walker with the Office of the Secretary of Defense Public Affairs, and I will be moderating the call today.

Today we are honored to have as our guest Air Force Colonel Christopher Robinson, who's a very qualified doctor and a deputy -- also the deputy director of psychological health for the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, also known as DCoE; and Staff Sergeant Meg Krause. We also have Master Sergeant Weaver on the line, and the Real Warriors -- sorry, Real Warriors Staff Sergeant Meg Krause from the U.S. Army Reserve, who will share her story of seeking care for her invisible wounds and the tools and resources that helped her the most.

A note to our bloggers on the -- on the call today, please remember to clearly state your name and blog or organization in advance

of your question. Respect the general's time and keep your questions succinct and to the point.

Now we'll take an opening statement from our invited guests. Go ahead, Colonel.

COLONEL CHRISTOPHER ROBINSON: Hi. Good, morning everybody, this -- or good afternoon, I mean. This is Colonel Robinson over at DCoE. Thanks for the nice invitation, and thanks for the nice introduction and the invitation to speak today.

So I'm looking forward to hearing Sergeant Krause's story and then to highlight some of the things that we're doing here at DCoE to help address stigma as well as hearing from some of the folks out there on other things that we might need to be doing that we're not doing right now.

So that's all I really have in terms of introduction.

Hello?

MS. : Hello? Hello?

LT. WALKER: Master Sergeant Weaver, did you join the call?

MASTER SERGEANT STEPHANIE WEAVER: I'm on the call, yes.

LT. WALKER: Oh, OK, sorry. I thought I lost you guys there for a second.

Master Sergeant Weaver, did you have anything to add to Colonel Robinson? SGT. WEAVER: I just want to say thank you for allowing SAMHSA to be part of this. I have the distinct privilege of being a National Guard liaison to SAMHSA, so I help identify some of the behavioral health issues that happen to exist within the National Guard and Reserve component. So thank you all for your time.

LT. WALKER: All right. Thank you, Master Sergeant Weaver. And now for Staff Sergeant Krause.

STAFF SERGEANT MEG KRAUSE: Hi, everybody. This is Staff Sergeant Krause. I am currently serving as the medical noncommissioned officer with Delta Company of the 450th Civil Affairs Battalion in Riverdale, Maryland.

I joined the service in 2001 shortly after 9/11. And after some rigorous medic training from the United States Army, I was stationed at Landstuhl Regional Medical Center in Landstuhl, Germany, where I helped care for returning service members coming back from Operations Iraqi Freedom and Operations Enduring Freedom at the time.

After a couple of years there, I PCS'd to Fort Campbell, Kentucky, where I was assigned to the 1st Brigade Combat Team. And from there, I ended up boots-on-ground in the middle of Iraq. I will say

this: Iraq was a life-changing experience for me, one that I expected to be life-changing but never expected to be as altering as it was. I came home in 2006 and immediately jumped into college at Penn State University and absolutely loved it. I was confident in my ability to cope with what I had seen and done in Iraq. I was happy to be in school. I was thrilled to have the support of my family and my friends and really interested in the education that I was getting at the time.

So it comes as no surprise, I suppose, that that meant I was probably the last person to recognize the fact that I was actually struggling. After two years of going to school and having joined the Reserves after getting my feet under me in school, it became evident to everybody around me that the amount of alcohol that I was drinking was probably obscene despite the fact that I was writing it off as your standard college student move; the fact that my tardiness and my inability to show up to classes was becoming a problem, whereas I thought I was just getting short timers and getting ready to graduate; and my attitude was rapidly disintegrating from the noncommissioned officer I was and the sister and daughter and friend that I had been known for for so many years.

So after the beginning of a downward spiral, my unit began to take notice and my friends began to take notice and my family began to take notice and began to let me know, hey, Meg, you need to get your act together here. I had a soldier sit me down one day on Reserve weekend and say, listen, Sergeant Krause, here are the signs and symptoms; you're exhibiting all of them; you're not really helping this unit out too much right now; I think you need to go get help. And as much of a slap in the face as that was and as much of something as you don't want to hear that can be, it still wasn't enough, and it -- more spiraling, more bad decisions landed me in my first sergeant's office for not showing up to drill.

And we finally had a discussion. And what my first sergeant said to me was, hey, listen. I've been there. I still remember the smell of the .50 cal. I've gone and sought help. And I and this unit need you to go ahead and do the same thing.

And we had one of the best discussions I can ever remember having with the chain of command. And I walked out of that office, and the next day, got promoted, and was able to go to the VA and seek the help that I needed, and discover that I was only going to be a stronger soldier and a stronger NCO by getting the care that I needed, and admitting that I needed help rather than failing to cope in the manners that I thought I was.

So I'm participating in the Real Warriors campaign now to ensure that the success story that I hope everyone sees me as can be the same success story for my fellow servicemembers across the country and even overseas now. It is absolutely vital not only that leadership understand that strong leadership and support of these initiatives are the best way to provide services to their soldiers and help their soldiers, and it is also vital that servicemembers understand that there is absolutely no shame in seeking help and, in fact, getting help is the only way you're

going to be able to address any of the other issues that you may be facing in life -- and hopefully provide them with the encouragement they need to stand up and get the help they need.

LT. WALKER: Thank you very much, Sergeant Krause -- is that correct?

SGT. KRAUSE: Krause, yeah.

LT. WALKER: Krause, thank you very much. I apologize for pronouncing that incorrectly.

SGT. KRAUSE: Oh, please don't worry. I corrected a drill sergeant in basic one time, and I've never done it since.

LT. WALKER: Well, we really appreciate your candid opening statement. I know I certainly do as a member of the military. I think it's wonderful that you're speaking out and joining the Real Warriors Campaign.

We'd like to open up the floor to any questions at this point. I'm going to go down the list in the order of the bloggers that called in. I'd like to make sure that I have everybody. First off, Amy. Second, Dale. Third, Sergeant Salzer. Fourth, Jessica Tuck. Fifth, Karen Henrickson. Did I miss anybody?

Nope? OK. Well then, we'll go ahead and start with Amy. Amy, if you'd like to go ahead?

Q: Yeah, Colonel Robinson, this question is primarily for you, although if someone else feels like they have an answer, feel free to jump in.

Let me take this opportunity to ask you about secondary PTSD issues -- excuse me for my jumbled words. We recently did a story at military.com -- and I'm sorry, my name's Amy Buschak and I'm with military.com -- on secondary PTSD and a study that was -- that is going to be released that says that it is misunderstood and therefore overdiagnosed in spouses.

And I'm wondering if you've found that to be true, just in your practice and through what you do, and why or why not?

COL. ROBINSON: So just so I'm -- just so I'm clear -- so by secondary PTSD, you're talking about someone who's not directly witnessed a trauma but hears about it from someone else, but then are traumatized by hearing about it?

Q: Right, and then displays many of the PT symptoms that you would call PTSD symptoms, but never actually experienced the trauma. So if I had it, I would be having dreams about my husband's experience.

COL. ROBINSON: Right, right.

Q: Or, you know, along those lines.

COL. ROBINSON: Well you know -- and I'm not sure because I think you said that it's overdiagnosed. Is that correct?

Q: That's what this study claims, yes sir.

COL. ROBINSON. The study is saying that it's overdiagnosed. OK.

Well, you know, I'm not sure about that, and I'd be very interested in looking at your study. But I know that there is such a thing as secondary PTSD. In fact, during my deployment to Afghanistan, we saw medical folks that were working in the operating room at Bagram that -- you know, they really were never -- never left the FOB, yet were having a lot of PTSD symptoms because of the -- of some of the things that they were seeing with the injured that were coming in.

We also see this sometimes in mental health providers because you hear a lot of these type of stories and, you know, just day after day of listening to these traumatic events can have an impact on you. So it doesn't -- and it's a great question because it doesn't necessarily just have to be those that are exposed to combat. It can be other things too, such as hearing about it from your spouse or friend, or some other avenue.

But yeah, I'd be interested in hearing about your paper about it being overdiagnosed.

Q: Thank you.

COL. ROBINSON: Mm-hmm.

LT. WALKER: OK. Up next we have Dale.

Q: Good afternoon. This is Dale Kissinger from militaryavenue.com.

I have a question for Staff Sergeant Krause. When you went to Penn State, and you were struggling, and they sent you to the VA, how were you received at the VA?

SGT. KRAUSE: (Coughs.) Pardon me.

How was I received at the VA, as in how did the doctors treat me? Or --

Q: Right.

I mean, I'm a disabled veteran, and I've been to the VA. And I'm just curious what your experience was after your first sergeant said you need to have treatment and here's where to get it.

SGT. KRAUSE: Sure.

Q: (Inaudible) -- really stepped up, but I'm curious what your current experience is.

SGT. KRAUSE: My experience with the VA has without a doubt been phenomenal. I have no complaints whatsoever. And I've even switched VAs since then because I've moved to Washington, D.C.

So when I finally ended up getting a ride to the VA -- you have to understand, the VA was 45 minutes from where I was in school, the nearest VA hospital. So my roommate and her boyfriend drove me down in the middle of the night that night because I had made more poor decisions and drunk a few too many drinks and had a massive flashback that landed me face-first in a pigpen in State College, Pennsylvania. And that's when I sort of rolled over and realized, all right, maybe what first sergeant is saying is starting to make sense here.

So, called for help; long story short, they took me to the VA. It was probably 3:00 in the morning. The emergency room was somewhat empty. But they got me right in. They got people out of bed to come in and do my screenings and talk to me rather than throwing me in a ward overnight and waiting for someone to come in in the morning to speak with me, despite the fact that it was a Saturday night. They went over a treatment plan with me. They tailored my treatment plan to the fact that I was, A, 45 minutes away and, B, trying to finish school. So they made every effort to ensure that the prescriptions that they put me on were those that they didn't feel would impact my ability to study or take tests or get my classes wrapped up, because I was about, I think, maybe four weeks from graduation at that point. And they also set me up with appointments at a closer VA clinic where a psychiatrist and a psychologist were going to start rotating out once a week to meet me in that clinic so I didn't have to drive as far to the VA hospital.

I had a phenomenal experience.

I've since transferred to the VA here in Washington, D.C. The initial entry point of getting all of your records transferred and getting into the new VA and finding a new doctor, psychologist in particular, was a little difficult, in the sense that there are a number of appointments and screenings that you have to go to to get triaged into the proper system.

But once that went through, I can't say enough about the gentleman that I've seen. We've got a great relationship. I know I can call him any time, even though I'm not seeing him regularly anymore. And I feel very good about the care that the VA has provided to me.

LT. WALKER: Well, thank you.

Staff -- or -- sorry -- Sergeant Salzer from the National Guard.

Q: Yes, hello. This is Sergeant Darron Salzer from the National Guard Bureau of Public Affairs. I guess this question is for Master Sergeant Weaver, or anyone else who can provide an answer.

But what resources are available through the Real Warriors Campaign for returning Guard members, who oftentimes live, you know, several hundred miles away from their Guard units? And are these tools and resources through this campaign different than the tools and resources that are already in place?

SGT. WEAVER: Well, I can speak somewhat to the resources that are available through SAMHSA, which is the Substance Abuse and Mental Health Services Administration. They are a federal agency that falls under the Health and Human Services. And they are connected to the community just like the National Guard is.

So some of the things they offer are for recovery support services and recovery treatment. When it comes to substance abuse, which I'm sure you know, National Guardsmen and reservists aren't always eligible for care or at least payment of that care when it comes to substance abuse treatment. So oftentimes they're going into the communities in order to receive that treatment.

And SAMHSA provided 30 states and tribes grants in order to be able to support a program called Access to Recovery, which is a voucher system that provides substance abuse treatment and recovery support services. Twenty-two out of those 30 recipients specifically identified military members; nineteen of those specifically for National Guard, identified those -- that population as their priority population. So that's one great benefit.

I think another one might be the Suicide Prevention Lifeline that SAMHSA sponsors, but partners with the VA. So when calling 1-800-273- TALK and then pressing 1, that call is then routed to the VA crisis hotline where they can receive the help that's necessary.

SGT. KRAUSE: Sergeant, it's Staff Sergeant Krause here. Do you mind if I jump in and throw a couple more at you?

Q: No, that's perfect. Go ahead.

SGT. KRAUSE: Wonderful.

The Real Warriors Campaign has a couple of great resources, and they did a phenomenal job of -- prior to launching this -- pardon me -- campaign, doing the research into recognizing that there are a significant population of National Guard and reservists who are not on base routinely and can't necessarily access those day-to-day resources that are available for active-duty service members.

So what they provide is a 24/7 outreach center that's staffed by trained health consultants rather by operators -- rather than operators who are going to route whoever calls in to different services and things like that -- that service members can call in to an 800-number or they can even do an online live chat with a health care provider, just so that they can get on and start talking about what's going on and have that health care provider give them either some ideas on how to cope or some

resources that might be in their local community that they can start leveraging or refer them to any of a number of other resources that DOD or DCoE or SAMHSA or the Guard provides.

SGT. WEAVER: Yeah, this is Sergeant Weaver. I just wanted to add -- that made me think of one more resource, so thank you. The -- SAMHSA actually has two different websites, one to be able to identify treatment resources for mental health and another one for treatment resources for substance abuse. Those are going to be combined, and it's in the testing phase right now. And it's specifically set up for the National Guard and Reserves so that they can type in their address or their zip code and they find a list of all the mental health, substance abuse treatment centers and physical health through the health resources services administration.

And they can map out the resources that are available around them, and it helps give an explanation of what exactly is there. So if I'm going into a clinic and I want either substance abuse or mental health help, I'm going to look for something that might be women-only, if that's where I'm feeling more comfortable. The descriptions will help me make that decision. Then I can call the clinic and see if I can get an appointment and get the assessment that's necessary for treatment.

Q: Thank you.

COL. ROBINSON: Staff Sergeant Salzer, this is Colonel Robinson over at DCoE.

Q: Sir.

COL. ROBINSON: So I just want to mention a couple of additional things too. And first of all, great question, because of one of the things we know is about, you know, 40 percent of the now almost 2 million people that have deployed in these conflicts since 2001, almost 40 percent of them are from the National Guard and Reserves. So we definitely know that it's an underserved population, primarily because, I think what -- I'm not sure who it was that mentioned about the -- some of the benefits issue, you know, when you go back and you get off your orders. But I do know that (aside ?) Congress is looking at this -- looked at this and recently passed a, in 2010, a -- some legislation about this, about allowing the Guard and Reserves -- Guard to maintain access to benefits.

But in addition to some of things that you've already heard, I also want to mention on the realwarriors.net website that we have a whole section on articles about reintegration, for example, and focus for everybody, but they're very applicable for Guard and Reserves. We have a mini brochure you can download as well that has seven tools in it that we can -- that you can get real easily.

Another thing I think that's good for geographically dispersed force, particularly the Guard and Reserves -- the National Center for Telehealth and Technology has mobile applications that you can download, it's a free app, and you can download to help access effective symptom

management tools. You know, on your -- if you have a smartphone or an iPhone. And we're also working real hard to educate some of our DOD leaders about this issue of stigma, and making sure people get the care they need; and the earlier they get the care the better.

The inTransition program -- which is separate from Real Warriors, it's not included with Real Warriors, but it's a separate program that we're doing -- is really to help folks that are in between providers. For example, someone who's either leaving the service or not going to have access to benefits, to making sure that they're connected, provider to provider, and that nobody falls between the cracks.

LT. WALKER: Well, thank you all for your comments on that. Jessica, you're next.

Q: Hi there. This is Jessica Tuck, I am a San Diego military family examiner and also a military blogger. And my question is for Sergeant Krause. I wondered if you could speak to maybe some of the unique challenges of being a female soldier in this environment, and whether or not that impacted your -- you recognizing any of the symptoms within yourself, or hindering you -- keeping you back from seeking help. And just what kind of impact that might have had on you.

SGT. KRAUSE: Honestly -- (chuckles) -- it didn't impact me at all. When I'm in uniform, I'm a soldier first --

Q: Right.

SGT. KRAUSE: -- and I'm ready for the world to start recognizing that. (Chuckles.)

Q: Mm-hmm, mm-hmm. (In acknowledgement.)

SGT. KRAUSE: So I made all of my choices based on my military knowledge and availability, based on my beliefs as a soldier, based on my strengths as a noncommissioned officer and based on my own personal feelings. None of it had anything to do with being a female.

Q: Right.

SGT. KRAUSE: I have been extremely fortunate in all of the commands that I have served in, never having been treated in any sort of special regard because I was a female or never having been discriminated against because I was a female, and so those thoughts truly have never really entered my mind when it comes to seeking help.

Yeah. That's about all I got for you. (Chuckles.)

Q: Good. Thank you.

LT. WALKER: OK, up next we have Karin.

Q: Yeah, this is Karin Henriksson with the Swedish newspaper Svenska Dagbladet. I have just an overall question which -- since it's

so -- been so many years now, do you have a feeling that society at large is really catching on and understanding the implications of these problems? That's number one. And number two, is there enough cooperation with civilian institutions or on -- or people who are really knowledgeable about these problems? Thank you.

COL. ROBINSON: Yeah, hi. This is Colonel Robinson at DCoE. So I guess the first question is about has society at large taken note of some of the troubles of our military. You know, it's a good question. I think that, you know, one of our previous leaders in this area has been quoted as saying never before has the burden of so many people been on the shoulders of so few for so long. So if you think about, now, almost 10 -- over 10 years of warm and you know, the military's a very, very small percentage of our population -- I think -- and this is just my own personal experience -- I think that society is very good about recognizing the sacrifices that these service members are making.

But I also think, in terms of stigma, that it's a larger issue than just the military. I mean, I think our society as a whole does not view people favorably if you seek mental health care. And I -- you know, there's some pockets that do. I think, like, some of the big cities, it's considered kind of chic if you go to a psychoanalyst or something like that. But for the most part, it's not.

So we're just a mirror of society at whole in terms of stigma -- so really working hard to make sure that our folks understand that it's OK to seek care, and earlier the better, and it takes courage to reach out, and those kinds of things. But we also have to educate them that, yes -- that there are, however, real consequences of -- you know, maybe Sergeant Krause can comment on this too, but if someone has -- you know, for example, if you work with nuclear weapons, or you're in the deployed environment and have a weapon, you know, we have to make sure that that person's safe. You know, we have to -- we have the burden to do that too.

So there are some -- you know, there are some consequences to seeking care. However, what we're trying to do is say, look, the good -- the benefits of seeking care outweigh the bad, and we will make sure that -- to mitigate those as -- the bad consequences as much as possible. One of the things that we do know now is that the people that seek care earlier have less career consequences. And it makes common sense if you think about it. If I have an alcohol problem, and I wait for, you know, months and even years to get care, it's likely that my life, including my work life, is going to deteriorate, versus if I seek care early, then it's likely that I'll have less career impact.

And I think hopefully that's -- I feel like that's what happened to Staff Sergeant Krause, which is really a good-news story.

So over.

LT. WALKER: Does anyone else have any comments on that?

SGT. KRAUSE: I -- it's Staff Sergeant Krause. I have a couple of comments, and I will keep them as brief as possible. But I think it's important to note, as the colonel was saying, that post-traumatic stress disorder is -- and post-traumatic stress in itself is not a new phenomenon with combat becoming a larger piece of our lifestyle these days. PTS and PTSD have been around forever either under different titles or, you know, affecting different populations, whether it's the emergency services population or even civilians who see bad car wrecks or those who were affected by the 9/11 incidents.

And so there have always been plenty of civilian resources to address these types of issues. And as I've watched my battle buddies return home overseas, it has been so heartwarming to watch not only the military mental health community stand up, but also the civilian mental-health community stand up in ranks and say, how can we help, what can we do? And I think what that means is that service members can come home today and can recognize the signs and symptoms and can access any of a number of different types of nonprofit, volunteer, Defense, VA, SAMHSA resources that are available to them based on their level of comfort and what they're looking to gain out of the help that they're seeking.

So the take-away from this needs to be there are plenty of resources out there and we are coming together in droves to provide those resources. And so we need to be able to continue to convince service members to start accessing them and finding the one that's going to help them so that they can continue to get the help they need.

SGT. WEAVER: This is Sergeant Weaver. I'd like to add a couple of things. Just wanted -- in regards to the community being involved -- you know, I think most people, whether they're in the behavior health field or not, are interested in helping this population. So the military veterans and their families -- everybody's trying to figure out what they can do to help.

And SAMHSA recognized that this is a priority population, and as such, they created eight strategic goals. Number three is military families. So they have an entire focus on military families and how they can connect this population with the civilian population and help them work together in order to be able to have resources that are available.

So one of the things that's really important to understand is, as a military member, when I walk into a clinic and I'm asking for help, first of all that's a big step for somebody in the military, and second, I'm probably going to be speaking in a completely different language. I'm probably going to be using words and acronyms and ranks that nobody's ever heard. So if I finally let my guard down just a little bit to go in and ask for help, and somebody's sitting on the other end of that table looking at me like I'm crazy and has no idea what I'm talking about, it's going to be very difficult for me to trust and connect with that individual.

So that's when military cultural competency comes into play, and having the civilian population and, more importantly, the clinical population understand military culture is very important. Peer-to- peer

is one of the most effective treatment resources that's out there. Unfortunately, that's not always available in a clinical setting, so having a basic understanding of military structure, military values, what day-to-day life is like on a deployment, or even when not deployed, those are things that should have -- clinicians should have a basic understanding in order to really help that military member.

So I think that's where the community can come in, step up, so they can help this population, is to learn more about military culture.

Q: Thank you.

LT. WALKER: All right. Thank you.

We've been around one time. We'll go back around to Amy. Do you have anything?

Q: Yeah. You started to talk about military families there just for a second, and I was hoping you could touch again on ways that -- or how the Real Warrior Campaign, rather, relates to military families and military spouses in particular.

But then, also, something you just said interests me, which was -- you know, this is the civilian population and clinicians and a particular need to have a basic understanding of how to help a military member. But I'm wondering if you know how to get them that understanding. It's one thing to say they need it and another thing to make it happen.

SGT. WEAVER: You know, that's a really great point. What I am very familiar with is that there are several agencies that are trying to put together cultural competency training.

One that's been around for a while and, from my viewing, seems to be the most comprehensive, from what I've seen -- again, I haven't seen them all -- but the Center for Deployment Psychology actually provides online military culture training that's available to anybody for free, or for a very small amount can actually provide CEUs for clinicians that need to check that block. And it also -- you know, on top of getting those CEUs, they're gaining the valuable information that they need in order to be able to help this population.

I think a lot of the professional organizations are now focused on being able to try and include military culture into training and certification courses. So at the graduate level, they're trying to put this piece or this component into that education process, so when they graduate and get licensed, they already have that background and have a better understanding when they're helping this population.

So I think those are two key points, and I think that there are plenty of others in the community that are working with the military to create their own.

Actually, as a matter of fact, in Tennessee, the Tennessee National Guard actually paired up with the Axis to Recovery program. In Tennessee, they created a program called Operation Immersion. Essentially, what it did was it brought local clinicians to the National Guard base. They stayed overnight in a barracks. They ate at the chow hall. They did physical training at 5:00 in the morning, and then they had an opportunity to listen to folks, just like Sergeant Krause, that explained their experiences to help them get a better understanding of who they were dealing with and what life was like when they were on deployment.

And they had family members there so that they could talk about what their experiences were while their spouse or family member was deployed, because we often talk about getting help for these military people, but their families are the ones sitting back here trying to take care of everything when they're deployed. And that reintegration piece is very difficult.

So again, I think that's why the focus now is more so on military families. And as a matter of fact, the president recently put out, I believe it was in March, put out a report, a Presidential Study Directive report entitled -- I think it was Strengthening Our Military Families. And that identified certain areas where they -- we needed to do a better job as a society with helping not only military members but their families, so we could have a healthy community, whether it was military or civilian or a mix of both.

SGT. KRAUSE: And Amy, there are a number of really fantastic resources for the military family on the Real Warriors website. Again, you know, realwarriors.net, there are a number of different sections for active duty National Guard and Reserve veterans health professionals, where health professionals can get some of that training that you were just asking about.

And then there's a section for families. And there are a number of different areas in there that discuss helping children cope, taking care of yourself, supporting service members, adjusting to changes through a deployment, providing additional resources.

And then there are online message boards and blogs that families can follow or families can contribute to, so they can find a support group for themselves while their loved ones are either away or are going through -- seeking the help that they need.

COL. ROBINSON: Yeah. And hi, everyone -- (inaudible) -- this is Colonel Robinson.

So just another thing that I want to mention about the realwarriors.net website -- that the video profiles of our profilees include both their -- you know, themselves, speaking their story, which are very powerful and we use a lot in some of our presentations to, you know, get the message out about reducing stigma. But also some of these video -- we have video profiles of their families talking about how they've struggled -- how the family members -- the spouses. Because I

think it was Staff Sergeant Krause who put it best when she said she was the last person to recognize her -- some of her symptoms.

So you know, that's not uncommon because we all, you know, tend to think -- especially in the military -- everything's fine, we're squared away, because that's the way we've been trained. However, we have people at home who might notice things well before we notice them and are encouraging us to take action. So go to the Real Warriors website and look at those video profiles as well as some of the articles that they have there that'll, you know, give you tips on things you can do.

SGT. KRAUSE: And sir, it's funny that you bring up those profiles because as a non-commissioned officer, I still use those profiles leading my continued little troops today, I -- you know --

COL. ROBINSON: Oh, good.

SGT. KRAUSE: I've got soldiers who are struggling right now. I sat one of them down in front of the computer a couple of months ago, and I just made her watch my profile.

COL. ROBINSON: Right.

SGT. KRAUSE: And she watched it once, and she kind of looked at me, and I said, you don't want to be there.

COL. ROBINSON: Exactly. SGT. KRAUSE: And she said no, no I don't. And she looked at the screen, and just pressed play it again and watched it three more times. I've had people email me from the other side of the world. They looked me up on AKL and said, Sergeant Krause, I just watched your profile. You've helped me realize that I can go get help. I'm going to go talk to the clinic today.

So those profiles are really the centerpoint of the Real Warriors Campaign. And they work. Absolutely, without a doubt, they work.

COL. ROBINSON: Well, and you know, one of the things you mentioned when you were speaking is about your first sergeant, who self-disclosed that he's been there before.

SGT. KRAUSE: Uh-huh.

COL. ROBINSON: And it's the same concept, that when -- once we are talking to someone who we feel like is not judging us but recognizes that they have been through some of the same things we've been through, we're more likely, then, to open up and talk to that person. So then --

SGT. KRAUSE: Completely agree. Completely agree.

COL. ROBINSON: Same thing in leadership tactic, as your first sergeant used.

SGT. KRAUSE: Well, and that's why I think that there's two audiences here. And I think the Real Warriors Campaign does such a great job because not only do they help the soldier realize that the stigmas are in their head --

COL. ROBINSON: Right.

SGT. KRAUSE: -- but it also helps the leadership realize that they're -- they can continue to support these soldiers and service members, and that there are specific things that they can do to help these service members get the help they need as well.

COL. ROBINSON: All right.

LT. WALKER: All right, thank you. That was a good discussion.

Dale?

Q: My follow-up question is with Colonel Robinson.

Are we seeing any stats or any information to say that, after all these resources that we've provided and all the resources for the troops that are serving our country, that we're making progress in this war against PTS (sic)? COL. ROBINSON: Yes, hi, Dale. It's Colonel Robinson again.

And you know, one of the things I'd encourage people to go take a look at now on the website is the JMHAT, the Joint Mental Health Advisory Team 7 report was just publicly posted, I think at the end of May, a couple of weeks ago. And you know, it's good news and bad news.

Some of the things that, you know, that are -- we're improving on are: The use of prescription medication is down; we're seeing people reporting fewer barriers to receiving care, meaning they're having more access to care and more access to prevention efforts; and then the training and some of the psychological health for some of our providers is improving.

On the negative side, though, you know, people are reporting more combat exposure, more psychological health problems than before. People are talking about multiple deployments. Sleep and chronic pain problems are increasing, and morale has come down.

So, you know, I can't say for sure what drives some of these things besides noting, again, that a small percentage of the population at war for 10 years is a lot to take. So I think that's a great resource to go look at because it also, you know, now this is the seventh report. So you -- it'll show -- if you go to the webpage, it'll show, you know, the first six and including this one now and you can see how things have changed over time.

Q: And is that on realwarriors.net?

COL. ROBINSON: No, that's on -- if you just -- yeah, if you go to the DCoE webpage, then you can -- you'll find it there. Or you just Google JMHAT 7 -- J -- the letters J-M-H-A-T 7.

Q: Thank you very much.

LT. WALKER: Well, thank you, sir. And we'll definitely put that link up. We'll link it to the Bloggers Roundtable that was on the DODLive post. And we'll continue with Sergeant Salzer, do you have anything else? (Pause.) I think he's left us. Jessica?

Q: Hi there. I had one more question about family members. Is there any specific steps that -- if a family member is the first one who recognizes that there might be some signs and symptoms in their service member, in their loved one, what can they -- and the loved one is very clearly kind of in denial, or not really wanting to seek help -- are there resources to help that family member cope? Like, are there any steps or any specific advice for that family member to kind of guide that person, that service member, to maybe seek help and let them know that it's OK, and that you're coming from a place of love and acceptance and true caring?

COL. ROBINSON: Yeah, hi, this is Colonel Robinson. Great question because, you know, we really do want to tap into these family members and their help.

And, you know, one of the -- a story I heard recently was about an example of a family member not being helpful. And that was someone who had returned -- a soldier had returned from the war and was drinking a lot more. And she thought it would be helpful -- the spouse thought it'd be helpful if she were to drink with him. So they would go out and get real drunk together -- not real helpful in that regard, because -- and I think Staff Sergeant Krause talked about alcohol not being a big assist in her recovery. So that's probably not a thing we want to do.

But, you know, there are -- there are -- there are some options people have. And one of the things I would start with is probably going to the outreach center and get a listing of your local resources. And, you know -- and you can actually talk to one of those consultants at the outreach center on how to engage with your spouse and your particular spouse's approach to things. You know, sometimes people get angry when they're in denial, and they get defensive and angry. And so you -- it's a delicate dance that you want to really be -- you know, maybe get some advice from that outreach center.

I'd also -- there's the Sesame Street Workshop. We have some resources on the DCoE -- you know, the Talk, Listen and Connect program that we have on the DCoE website --

SGT. KRAUSE: On Real Warriors too.

COL. ROBINSON: -- and it's on Real Warriors too -- is a great way to coach families on how to speak with their children and how to speak with the spouses of people who have -- either are struggling in

this way or who, you know, have actually lost their lives unfortunately -- how you would talk to the children about that. So that's another resource.

And then, you know, there's also local resources in terms of the military and, you know, talking to line leaders and/or chaplains and/or, you know, behavioral-health folks to try to get their opinion on how to help.

So those are just three things I thought of real quick.

SGT. KRAUSE: I can say this. And I think, you know, the colonel was touching on something very important to recognize, which is there's so much diversity in the service these days between what branch you join, what job you serve in, where you come from, where you're deployed to, where you're stationed, where you come home to that it really prevents anyone from being able to provide sort of a flow chart, right?

Did soldier deploy, yes or no? If yes, make this choice. You just can't do that.

But what my family at least did that really helped was, first of all they knew me. And then they tried multiple avenues of approach. Sometimes they tried being positive, sometimes they tried being matter-of-fact, sometimes they tried sitting me down and saying, you're two steps away from a Lindsay Lohan-style intervention, you know? And it took the support of them saying, listen, we understand, we know we don't get what happened, but we understand that you're going through something, we want to help, how can we help you -- and being able to constantly let me know that they are willing to help, even if I wasn't willing to accept it, so that when I finally did go seek the help I needed, I could pick up the phone at 3:30 in the morning and call my mom in tears, and she'd listen, you know, despite the fact that I was 26 years old, and, you know, should have been on my own at that point.

Q: (Chuckles.)

SGT. WEAVER: This is Sergeant Weaver. I just wanted to add one more resource. The Defense Centers of Excellence created a handbook for family and friends of service members before, during and after deployment. It's a great handbook that breaks it out into categories. It has a DVD with it. And they kind of go through the stages of deployment, so pre-deployment, deployment, post-deployment. And then it has a little tab for resources.

But it's a great resource for people to take a look at, read through, and have easy access to information about -- at least a better understanding of what the process is. Those can actually be ordered for free through the SAMHSA store. And that website is http://store.samhsa.gov. And you can do a quick search for handbook for family and friends of service members.

Again, that was created by the Defense Centers of Excellence, and it's a great tool that might be used by anybody. And they can go online and order it and have it shipped directly to their house for free.

LT. WALKER: OK. Thank you. We'll also put that one on the website so that you guys can get that. We'll have it up to date before we get out of here this afternoon, so that everybody has that -- those resources online with this associated post.

Thank you very much, Jessica. Karen, did you have any other questions? (Pause.) I think she's left us. Well that rounds out everybody's questions today. If I can just say thank you to everyone, we've had some great questions and comments. And as we need to wrap up the call, I'd like to ask the colonel if he has any final comments.

COL. ROBINSON: Yes. Thank you very much. This is always a good thing for us to be talking about this, as this is -- I mean, one of the -- one of the answers to this problem is to be upfront and talking about it like we're doing. I also wanted to mention one other good resource is the afterdeployment.org website.

It's -- there's some similarities between that and the Real Warriors website, but there's some differences too. And the afterdeployment.org is -- has a special emphasis on privacy, because you don't have to register. And then they have information; they have a self assessment tool that you can use, if people are not sure -- do I have symptoms of PTSD or do I have depression or substance abuse.

There's a self assessment that's, again, anonymous. And there's referral resources that are available as well. And they have video-based personal stories, and -- which is one of the similarities. But that's another good resource that I really want to put out there that I think people can use as well. So that's all for that.

LT. WALKER: All right. Thank you, sir. Master Sergeant Weaver, did you have anything else?

SGT. WEAVER: I did. I just wanted to provide a quick comment. I believe the statistic is somewhere around 70 percent of military families live off-post, which means they live in the communities that the rest of the civilian population lives in. And they're in need of services as well.

And while they may not feel comfortable finding them on-post or on- base, the communities are stepping up to provide those resources. And I think SAMHSA's doing a good job of connecting those resources with the military population. And we've been very grateful as an organization, through SAMHSA, to be able to connect with the Real Warriors Campaign in order to be able to push this initiative even further and really connect the military with the civilian population.

LT. WALKER: Thank you, Master Sergeant.

Staff Sergeant Krause? Staff Sergeant?

SGT. KRAUSE: Sorry, I was on mute.

LT. WALKER: (Laughs.) It happens to me all --

SGT. KRAUSE: I didn't want to accidentally interrupt somebody more important than me.

Yeah. You know, bottom line, as you've heard today on the call, there are wonderful, wonderful resources out there for servicemembers, veterans, their families -- to get the help that they need.

But you know, none of those resources are going to do the work. The servicemember and the veteran, they truly need to understand that they're going to have to do the work. And they need to find that strength inside themselves to stand up and say, I need the help. I'm going to do this. I'm going to get better so that I can be a better father, a better mother, a better sister, a better brother, a better student -- you know, a better NCO, a better leader -- and walk into one of these facilities or pick up the phone or jump online and start doing the work into getting themselves better, so that they can have the same successes that those profiles on the Real Warriors website can show.

LT. WALKER: All right. Well, again, thank you all. I appreciate all your comments.

And bloggers, participants, we'd like to send a special thank you for your time and efforts in contributing to the Bloggers Roundtable program.

This concludes today's event. Today's program will be available online at dodlive.mil, where you'll be able to access a story based on today's phone call along with source documents such as the audio file and a print transcript.

Feel free to disconnect at this time. Goodbye, everyone.

COL. ROBINSON: Thank you.

END.