

Military OneSource Video — REACH-Spouse Session 2: Supporting Your Service Member's Mental Health and Well-Being

Program title: REACH-Spouse

Video transcript:

Marie Osborn, M.A.:

Hi, welcome, everyone. Thank you for coming here today, taking the time to be here. Before we get started, I'd like to introduce myself. My name is Marie Osborn. I am coming to you from Tucson, Arizona today. I have a husband who's a former Army Ranger and we have two children, a dog, and four chickens. So we have a busy, full life, and I understand you probably do too and I'm really glad you're here today.

So you're probably wondering what REACH-S stands for, what it's all about. So REACH-S stands for Resources Exist, Asking Can Help - Spouse. And it's all about taking care of ourselves before our problems get too overwhelming. So it focuses on self-care to a certain extent.

And so I don't even like to use the word training, it's really a conversation between us today. So I really wanna hopefully help that you feel comfortable speaking up and just engage in discussion as a group.

The goal today is really just to empower you and your service member to feel comfortable seeking help if they ever need it in the future. So I want you to leave here today with a new mindset that asking for help, seeking help is important, that it is best done early, and that we all have a duty to kind of take on the role of taking care of ourselves. Because when we are functioning well, everyone else gets a boost for their own functioning as well.

If you think about it, just like when we, you know, are riding an airplane and they say, "In the chance that oxygen masks come down, what are you supposed to do first?" They say, put yours on first, right? Yeah, and then you can help someone next to you. And it's kind of the same idea that you, you know, need to take care of yourself. We all have that individual responsibility, and then we are capable and, you know, situated to be able to help others.

We're gonna talk a lot about different resources that are available for you and your military spouses, the members around you. And some will apply to you, some will not, but they're a really great thing to be aware of. And so at the end of this, I'm gonna be distributing the handout that goes along with our session today, and it has a lot of really

great information that's DOD-wide, but also specific to each service branch as well. So I think you'll find a lot of valuable information that way. And one quick question. Is there anyone who might have a family where both people are in the military? Do we have anyone like that today?

Heidi:

Eventually.

Marie Osborn:

Eventually. Alright, great. Well, I'll keep that in mind as we go through our time. And if there's something that might apply for both of you, I'll definitely point that out.

So there are two REACH sessions. This is actually the second one, so if you haven't attended the first one, make sure that you do try to find a time for that because there's a lot of great information in that one as well.

All right, so next, we'll go through what we're gonna talk about today. REACH-S was developed by the Defense Personnel and Security Research Center, or PERSREC, which is part of the DOD's Office of People Analytics. It was really developed to help military spouses familiarize themselves with the available mental health resources for themselves and for their military members, and to encourage them to use it when they need them.

So the idea behind REACH-S is pretty simple, and it's just that if more of us reach out for help before our problems get out of control before they snowball, we can often start changing that mindset about mental health and help-seeking. But everyone has a role in changing that mindset, right?

So we're gonna start today with a discussion of the unique challenges that service members face. Then we're gonna be talking about some of the barriers they might encounter when considering seeking mental health help, and also bringing some awareness to the resources that are available. Then we're actually gonna make a practice call to Military OneSource. It's a really great demonstration to see how easy it is to access that resource. And then we're going to learn some suicide awareness basics and review some of the steps you can take as a bystander when someone you know is suicidal. Finally, we're just gonna discuss some key takeaways and wrap up and I'll remind you about that handout again.

Today's session should take about an hour and a half. If we get out sooner than that, great. And last thing before we begin, I just want us to feel like we're in a safe environment and I want you to feel comfortable discussing your concerns or experiences that you may go through. To that end, you know, I just ask that what is said in the group stays in the group. That'll help it feel like a safe space to share and we can respect everyone's confidentiality.

If you do need to step away from your computer or something like that, just give me a thumbs up or write in the chat that you'll be back or, you know, whatever's going on. And just as we go through our time today, I'm gonna ask you questions. Just feel free to speak up at any time or use the chat feature. So to start us off, I wanna get your thoughts on something. Why do you think that service members report having more mental health concerns than civilians? What challenges are they facing?

Elizabeth:

Their type of work environment.

Marie Osborn:

Work environment, in what way? Do you mind ...

Elizabeth:

Their challenges, like when they get deployed, they have to get deployed overseas, they're on call, they work an enormous amount of hours compared to civilians who get paid overtime.

Marie Osborn:

Right. Those are definitely also important dynamics. Heidi?

Heidi:

Yeah, also having, you know, jobs that you potentially can't talk about with your spouse. And like sometimes there's a lot of things that, you know, you have a rough day and you can come home and I can talk about my rough day, but he can't always talk about his rough day. And so there's a lot more bottling up of stuff going on.

Marie Osborn:

Right, so things that they go through and experience, they might not be able to share, but the experiences themselves can be pretty disruptive to their lives and difficult, sounds like. Thank you both for sharing your thoughts. Those are some really great insights.

So as you can see here, there are some challenges that all service members tend to face. You know, there's things related to military-related responsibilities, expectations of what they need to do, and that unpredictability of their schedule, the on-call part of things, right? Those frequent relocations, PCSing, that can cause a lot of stress for anybody, right? Separations from their family, the long days, the training, deployment, and then the reintegration part. That can be pretty difficult for some folks out there.

And they might even, you know, have experienced some combat-related trauma and that's a new stressor that they would have to deal with coming back home. And then access to care challenges. If they're on deployment, they might not get to see or speak with the same doctors that they were used to talking with, that kind of aspect. And the moving, just switching providers potentially can be pretty difficult for them to cope with sometimes.

And these, you know, challenges and general life stressors, if unchecked, if we don't address them somehow, can sometimes lead to mental health concerns.

So I'm gonna ask, what are some challenges that your service member or someone you know may have faced during your time as a military spouse

Elizabeth:

Death of a family member and not being able to actually go home, because they're not immediate family. They're not the mom, dad or grandparents, so ...

Marie Osborn:

That can be difficult. That definitely disrupts sometimes the grieving process for some people, and I understand that for sure. Heidi, did you have anything?

Heidi:

Yeah, we've definitely had that issue too. And then we have a really close friend that was, because my husband's never been deployed, thankfully, but he's been deployed multiple times and had a bunch of friends that have, you know, committed suicide because of issues and stuff. And so him having to deal with that, I know it's been a big challenge for him.

Marie Osborn:

Oh, yeah. Well, thank you both for sharing that. I definitely think those are definitely some of the ... You know, this list isn't exhaustive and you named a couple others that definitely are, you know, things that come up, some of the concerns that they might experience.

And really that's why we're here today to help you, in a way, help your service member overcome some of these challenges. When you have more awareness of the tools and resources available to them, you can remind them about it or suggest it if they ever need in the future.

So if reaching out for support can help service members achieve their personal goals in life, then why do so many of them avoid it? You know, why do our service members choose not to seek help sometimes? What are your thoughts on that?

Heidi:

They think it's weak to ask for help. That's fine. So they think it's weak to ask for help.

Marie Osborn:

OK. Liz, what were you gonna say?

Elizabeth:

That it's gonna strain their professional development, like ranking up.

Marie Osborn:

- Hmm. So career progression.

Elizabeth:

Yeah.

Marie Osborn:

Yeah. OK. I think those are ones that I have definitely heard before, and I think those are, you know, relevant concerns potentially. So what we're gonna see here, I want us to kind of frame our discussion here with an idea of what a barrier to care means. And it's really just a barrier or obstacle, real or perceived, that prevents a person from accessing needed help. And so understanding what the barriers are for our spouses in the military will help us understand why they might be reluctant to seek help, especially for mental health concerns. Does anything strike out at you when you are looking at this definition?

Heidi and Elizabeth

Real or perceived.

Marie Osborn:

Yeah. You both hit it right on. Yeah, that real or perceived is very, you know, dependent on the person. So what matters to one person might be different to another person, but as long as, you know, they feel it as real, then we need to, you know, work with them through what their reality is.

And it helps us to kind of frame our understanding of the barriers that service members are encountering. So let's look at some official data to see how barriers we discussed line up with some of these results. And you'll actually see that some of the concerns you expressed show up here.

All of our service members have taken or will have probably taken the Status of Forces Survey or the SOFS, which is the DOD-wide survey of service members. And results from the 2018 SOFS survey showed some of the top reasons why service members give or, you know, shared with why they did not seek help.

One of the top ones is that they typically prefer to be self-reliant. They wanna solve their own problems and handle it on their own. That next one, Heidi, you kind of touched on it, you know, perception of being broken or don't want to be seen as weak by their peers or leaders, and perhaps they're even embarrassed to ask for help.

And then the next one you see there is negative career impact, which Liz, you kind of touched on. They might fear that unit leadership might find out or treat them differently or consider that as part of their evaluation process for promotion.

And then our last one here is not knowing which resource to use. You know, just not knowing what's out there or trusting even what might be available for them. And looking at these percentages, are you surprised at all by them?

Elizabeth:

No, not really.

Marie Osborn:

No. Why not? What makes you think they're spot on?

Elizabeth:

Because I've heard most of them when talking about getting mental health.

Marie Osborn:

OK. Yeah. So now that we've discussed some of these barriers, we're gonna go into them just a little bit more and we're gonna spend time also talking about some solutions or resources that might help them overcome this barrier and get to the point where they feel comfortable seeking help so they don't hesitate. So when struggles come up that your service member might not be able to resolve on their own, what resources would they use? What would be their first step?

Elizabeth:

For mine, is they like actually go to the the gym and relieving some stress, exercising.

Marie Osborn:

Mm-hmm, nice. Yeah, and that's almost like handling it on their own to start with. Yeah, and that's sometimes one of the first steps we will all take to kind of clear our heads or to get some, you know, physical activity going. Thank you, Liz. Heidi, did anything come to mind for you?

Heidi:

Yeah, I know he reads a lot of, you know, books and just things that kind of help him put things in perspective or help give him an insight onto what's going on with him.

Marie Osborn:

Yeah, that looking for information, you know, in a book or maybe Google or, you know, finding something that they can read. Yeah, and what you'll see here is that, you know, 77% of service members prefer to handle things on their own when addressing a mental health issue. You know, and this could be part of the military culture, which is ... And it's kind of, you know, the first instinct for many of us over time.

What we don't want is to just kind of keep going on as usual, avoiding a problem completely, right? When we handle things on our own, what that truly means is actively taking steps to help get themselves through a problem, right? So if service members often prefer self-reliance, you know, that is what you'll see on this continuum on the peer self-care side of things.

And both of you actually kind of talked about some examples that kind of fall on that side of the continuum. Reading self-help literature made me think of you, Heidi.

Maintaining physical fitness, what you said, Liz. Talking to your spouse or your friend, right? They probably talk to you about things that are bothering them over time.

And then, you know, there's different apps that can help us, you know, work on our mood or our breathing, things like that. But what we're gonna see is that, you know, we're not experts on everything. Books might not be able to answer everything. and when that's the case, we need to start thinking about, you know, reaching out for help. And that's where we start to get into the shared care side of things. And that might mean for our military members speaking with their chaplain, talking to a health and wellness coach, or talking to a counselor. And that's where, you know, they're actively doing things on their side, but they're also getting that professional support that they need.

And then we'll get to the far side where medical care lands. And really that's just, you know, where you need some more medically based care or support like seeing a therapist or some medication prescription management with a psychiatrist, and if an emergency, going to the emergency room. And this continuum really, you know, runs the gamut.

And so there's a lot of things that we can do on our own, which is great. And you know, it doesn't even actually fall into the need of mental health all the time. Like who here thinks that if you get help for taxes, that might actually help your mental health?

Heid and Elizabeth:

Yeah.

Marie Osborn:

Heidi, yeah. Liz. Yeah. So there are many different ways to tackle and support our mental health, right? Looking at what's our stressors in our life and then finding resources that can help us with that, because they all come together, you know, to a sense of self and wellness.

So we're gonna explore some of these resources that we kind of point out on this continuum here. But, you know, as the big takeaway is just that there are some really great simple options to reach out for and then there are some that require professional support. And the thing that we might think about too is that if we can start working on things earlier, we might not need to get to the point of needing more professional support. Doing that kind of self-check or doing some of these early things can often, you know, get us back onto a path where we're feeling good.

So by the end of today, I really hope that you're feeling like you understand what resources are out there for your service member and that there are many options for them out there.

So one of the other barriers that was identified in the Status of Forces Survey was that the service members were worried about being perceived as broken or weak by their peers or their chain of command if they did reach out for help, and some even worried

about their family's perception of them, what others around them would think about them. And they often, you know, avoid getting the help that they need, because they don't want to appear weak. So what do you think that being broken means to your service member, and why would that perception not be helpful? What does being broken mean in their world?

Elizabeth:

That you can't handle your own job. So if you are a leader, you're not capable of actually leading if you're broken, right? Or if you say that you're like having a hard time.

Marie Osborn:

Mm-hmm, that's a powerful statement to worry about your, you know, something that guides your behavior. Heidi, what do you think it means in ...

Heidi:

Yeah, it pretty much same kind of thing that Elizabeth said that, you know, if they can't handle that, then how can you expect them to handle anything?

Marie Osborn:

Right. So how can you as a spouse start to do that culture change, that mindset shift that we're talking about, that seeking help is not a weakness and actually is a sign of strength, right? To overcome some of these barriers, to take that step is actually, you know, showing their strength in a way.

And so, you know, things to just think about is that if your service member seems to be short-tempered or anxious more than usual, you know, that there might be a sign that they need some help. Because really, you know, men having mental health issues doesn't mean that they are broken, it just means that they need some healing, right? If we can shift how we think about things and how they think about it, you know, there's room for improvement. Because really, mental health isn't a luxury, especially for our service members who defend our country. It is key and vital to their readiness just like any other aspect that they work on in their jobs.

You know, if they broke a leg, they wouldn't run 10 miles, they'd seek the treatment, you know, they'd go to the hospital and get it worked on. And, you know, if we can start to work on the mindset that it's just as important to get that worked on, a mental health concern as a physical concern. Because one of the key things is actually that if you can get to something early on, you're gonna have better outcomes and a reduced likelihood that other people actually find out about it. If they're concerned about their leadership finding out, if you can, you know, nip something in the bud early on, people won't find out. It won't get into a place where they start to worry about how it affects their career.

On a scale from 1 to 10, how likely would you be to encourage your service member to get help early on, now that you've kind of reviewed some of this? Elizabeth?

Elizabeth:

Definitely a 10.

Marie Osborn:

Good, I'm glad to hear that. Heidi?

Heidi:

Yeah, same.

Marie Osborn:

That's wonderful, because again, that early-on part of things really has a big difference on, you know, the course of just how they feel, right? But also first addressing some of these barriers that they are concerned about. So one key concern that I know that many service members have is whether seeking mental health treatment could affect their security clearance, you know, which is like their access to classified or sensitive information and how that might affect their career or what jobs they can do.

So I wanna ask you, do you know what percentage of security clearances are denied or revoked due to reported mental health issues only? What would you guess the percentage is?

Elizabeth:

Maybe an 8%, I wanna say? 8%.

Marie Osborn:

OK, great.

Heidi:

Yeah, I was thinking like 10%

Marie Osborn:

10%, OK. You were actually pretty close. You'll be pleased to see that actually the answer is less than 1% had their security clearances denied or revoked due to a mental health issue. You know, that's a really small percentage, and it indicates that your service members shouldn't be afraid of losing their security clearance as a result of seeking mental health issues only.

So I wanna clarify that this is just why we say only, in that if there are other things that go into the mixture, maybe substance abuse concerns or some illegal behavior, that percentage goes up. When it's just looking at mental health issues alone, the number is incredibly tiny. So seeking help early can have some positive career outcomes. The earlier that their mental health issue is addressed, the more likely the solution is a simple one and has less of an effect on their career.

Imagine, you know, just like going to a counselor once a week and they're addressing it versus it getting so bad that they needed inpatient support, which really does remove

them from their job or their daily routine, right? So think about it like that. And in addition, providers are less likely to have to contact their command if they self-refer and go in on their own. So taking that initiative on their own is a really great first step.

So if you think about it this way, if you had cancer, you'd wanna act early, right? To get better outcomes before it got to stage four. Stage four, you know, the outcomes are less potentially positive for people. And it's really the same if you kind of apply that to a military member's career. Addressing an issue before it becomes a larger problem is the best way to guarantee success.

And I do wanna say that if your spouse is in a career path with special reporting requirements, like they're in a PRP program or some other kind of program that requires them to report more stringently what they are going through or the treatments that they're participating in, there are some confidential resources that are useful for their case, like speaking with a chaplain who has total confidentiality. So I always just wanna say, even when you have that kind of role or that kind of job, there are still options out there for getting the help you need.

So how do we know when others need to seek help? And a lot of times it's when we start feeling stressed or we see our spouse acting more frustrated or stressed in some way and, you know, early symptoms of stress could just be difficulty sleeping, feeling really tired, being grumpy at home maybe with you, or having frequent arguments with people over little things.

Other symptoms can include feeling lonely, having headaches, or maybe turning to more alcohol use. These are all signs that maybe we need to think about getting some help or reaching out for help before our problems get worse. Sometimes these kind of things I've listed are the very first like indicators that maybe we're going through something or struggling with something. And really you know your spouse best, you see them when they're at home, where they feel comfortable and they might show their vulnerable sides, right? So you might be able to see some of these early signs and you can start a conversation with them. You know, "Honey, what's bugging you?" That kind of thing. And then see, you know, where it goes from there.

And remember, seeking help really doesn't have to be a formal process. It really just can be suggesting, "Hey, why don't you go talk to so-and-so about it? You know, that might help you get better perspective on the situation maybe." Or reading those self-help books, you know, sometimes that can really give us some perspective.

So now I wanna hear from you. What do you do to reduce stress?

Elizabeth:

Well, I meditate in the mornings and now I joined a meditation group with one of my professors that we actually like talk through and then meditate for about 20 minutes. So that really helps. And journaling.

Marie Osborn:

Mm-hmm. Those are great options for stress reduction. Heidi, what do you do?

Heidi:

Exercise, lucky enough to have a place to exercise through the pandemic. So yeah, definitely, that's a really nice stress reliever and also just something completely different to focus on to kind of get outta life for a minute.

Marie Osborn:

Right, yeah. I love that you two have some things that get you through your days or your weeks. That's really great to hear. Do you know what are stress relievers for your spouses? What do they do?

Elizabeth:

So mine does exercise and he also likes to play video games. He says that that's like his stress reliever, is getting lost in the video game.

Marie Osborn:

Right, right. Get away from his thoughts and focused on something else. Yeah. Heidi, what about you?

Heidi:

Same, video games and biking.

Marie Osborn:

OK, so combination of exercise and video games. Well, I'm glad you know that about them, because another sign that they might be getting stressed is just seeing if they're kind of going towards these stress relievers a little bit more than often. Does that make sense?

Elizabeth:

Mm-hmm.

Heidi:

Yeah, yeah.

Marie Osborn:

And that's when you can always, you know, just jump in, ask what's going on, and then hopefully after today, you'll have some awareness of resources that you could actually say, "Hey, have you thought about talking to so-and-so or looking up this thing? That kind of thing. And just the earlier on that they tackle something, you know, reduces impact to their career.

And the final barrier to care that we talked about there earlier was not knowing what resource to turn to, what was available to them. And there are so many out there, it sometimes can be hard to choose which ones like the optimal one for their situation.

So let's talk specifically about the various mental health resources available to service members, because I wanna highlight a few important distinctions between them. Quick note about this table, we have some asterisks and a plus sign and those are just showing that what can be done in the privacy of their home or when they're available in video, because face-to-face isn't an option right now. How many of you know the chaplain associated with your service member's unit?

Elizabeth:

I did until he just recently left.

Marie Osborn:

OK, all right. Oh, I'm glad you knew before. Hopefully you can make that connection again. Heidi, what about you?

Heidi:

Nope.

Marie Osborn:

Well, they're first on our list here because they have total confidentiality. So some of these barriers that we've talked about, chaplains can really help address in that sense. Installation chaplains not only work with military personnel but actually they can work with you or families as well, so they're a great option for you. They have that total confidentiality so, you know, anything shared with them they cannot legally share or talk to anybody else about. And what's great is they can do in-person or on the phone. And the other great thing is that you actually don't have to talk to them about a religious concern. They will talk to you about anything under the sun. So don't let that be a barrier or concern to speaking with them as well.

But I also wanna remind you, if you attend religious or church services outside of the unit, you know, those religious leaders are always a great support as well.

The next one we have here is the Military and Veterans Crisis Line. It's free, it's also confidential to anyone including military spouses and families. So it's another great resource for you too. But they really have people trained on working with veterans or military personnel or family of them to talk through a situation. What's great about them is you actually don't have to be in a crisis to call in and talk to them. So they're a really great resource through a lot of different situations. Now who has heard of Military OneSource before?

Elizabeth:

Yeah.

Heidi:

Me.

Marie Osborn:

Head nodding. Great. Well, they have a lot of different resource options. The one we're highlighting here is their non-medical counseling, because it can really provide support for a wide variety of topics, relationships, stress at work, financial concerns. They can really get you supported in that with their non-medical counseling and they can do it on the phone, in-person, video. And so it's really flexible resource, and they try to find providers who can meet on the person's schedule. So you know, if it needs to be after work or the weekend, they can often try to find someone who can accommodate that schedule.

And as you'll see there, they do have the duty to warn, which just means that if there are concerns about self-harm or safety to others or if there's illegal activity involved, they would have to report that type of thing. But they're a really great option, and what's nice is that they're free and you get 12 sessions per issue. So let's say you get through your 12 and a new issue comes up, you can start over again for another 12 issues. So it's a really great option for people.

How many of you have heard or used a military and family life counselor before?

Elizabeth:

I have.

Marie Osborn:

Have you ever heard about MFLC, Liz?

Elizabeth:

Yeah.

Marie Osborn:

Oh, that's great to hear. And, Heidi, you haven't yet?

Heidi:

No, I've heard of but have not used.

Marie Osborn:

OK, great. Well, I think they're a really great resource because they are super flexible. They also provide that same type of non-medical counseling. But they can meet you, you know, outside of your home, wherever you want. So if you wanna meet at a coffee shop and talk, that's where they'll do it. If you wanna go to a park and sit on a bench and just kind of enjoy nature and talk, they'll do that too.

I've heard some people really like them also because they don't take notes, and as they said, they don't have a paper trail. So people who are concerned about some of that

confidentiality often find this a really nice resource for them. And as I've pointed out, they're also a resource that you can use as well as a family. So I like to always talk about them as well.

Then we have our mental health clinic or our military treatment facilities for service members there. There's usually one like that on any installation that you're on for the most part. And the confidentiality level can be more on the partial side of things, depending on the duty to warn or if there's a concern about risk to mission. And if it was a command-directed evaluation, where the military member's leadership told them to go get help, they would provide a report back to leadership. And that's always something to think about too, is that if they went in early on their own, they wouldn't really have to worry about those reports back to leadership. So they're a great option, partly because they are usually pretty close to wherever your spouse is working right there. So that's a nice one. And they do it by telephone or video, typically.

And then lastly, the emergency room. You know, in a life or death situation, that's always where you can go, right? They do that crisis stabilization and they ensure that you are physically safe, and then from there, they would make sure that the follow-on support is in place. So I always like to highlight that one in too.

I know that was a lot of information I covered on the slide. Does anyone have any questions about these resources for your service member or when they would use them?

OK, great. So in the case that your service member still doesn't feel comfortable reaching out to a counselor or someone in person or some of those others we've talked about, there are mobile resilience tools, some apps that are dedicated towards focusing on mental health and wellness. And what's great about them is that you can access them on your phone 24 hours a day, right? So that's super handy.

The ones we're highlighting here are all free, they were developed by the DOD or VA, and you can get them on the Google Play store or the Apple Store. And these apps are really great for service members, but they're also, you know, meant for spouses and family members as well.

So what you'll see here is that this one on the end here, Mindfulness Coach, is for people who want to improve, guide and develop a mindfulness practice and kind of get you set up on understanding how it is done. And mindfulness is a really great stress reduction, because it helps you focus on the here and now, not worry about the what-ifs or worrying about the future. So it's a really great tool for people who have anxiety.

The next one there you see is Couples Coach. I love that icon there, but it's meant to be used in couples who want to improve their relationship, new ways to connect, and it's really kind of fun, dynamic app, so I really enjoy that one.

Another app that you see there is Mood Tracker, which helps track your mood over time, which is really great if you're kind of a numbers or a data-type focused person, you can track that and start to help you identify what might be triggers that lead to you

feeling stressed. What's fun is that it'll actually graph it for you too, which I love to see over time. Have any of you used apps like this or even these ones here?

Elizabeth:

Personally, no.

Marie Osborn:

No. OK.

Heidi:

My husband and I actually downloaded Couples Coach and have used it. We kind of got out of practice, but it was really, really cool. You could do like quizzes and stuff where you can see, you know, what he thinks versus what I think about things and there's like ways that you can communicate and like kind of give indications to each other about the way that you're feeling without actually having to say anything, which is really cool. And yeah, they've got like a love languages quiz in there, so I've read "5 Love Languages" multiple times, but he never has. And so we did that quiz and it was really interesting and insightful for both of us to kind of figure out those things about each other.

Marie Osborn:

Right. Well, I'm really glad to hear your experience with it was so positive.

I love that you can really speak from experience with these. There are others out there, of course, that are more on the paid side of things that are popular for a lot of people, like Calm, you might have seen their ads, you know. But there's a lot of different things out there, and what we really want you to just kind of take away from this is to know that there's stuff at our fingertips, you know, we all have our phones with us most of the time, and there are ways to help us get through a stressful situation when we're out and about too and kind of be on the self-care side of things, So they're all really great options as well. So I know we kind of touched on Military OneSource a little bit. Have either of you used or interacted with Military OneSource personally?

Elizabeth:

Yes.

Marie Osborn:

That's great. Did you know, as you can see here, that there are so many different options or programming that they can provide for service members and their families?

Like I mentioned, there's the non-medical counseling, but it's really much more than that. I mean, they're 24/7, which is a really great option for people who are CONUS or OCONUS, abroad, you know, on deployment. They really try to be flexible with the types of support or formats that they can provide to people to add that to that flexibility. You know, they can really help with all kinds of topics or issues, relocation, parenting, taxes, financial planning, there's just a bunch of different topics here.

You know, the financial counseling's really helpful, especially during tax season or if you've never made a budget before, they can kind of give you the framework and walk you through how you'd establish a budget.

The health and wellness coaching is great for service members who are trying to get in shape for their PT test sometimes, but it's also actually available for teenagers in families to kind of get on a health and wellness mindset from a young age. So they offer a lot of really great options. Are there any here that kind of spark your interest or you wanna know more about?

Elizabeth:

I like the adoption tab and the elderly care. That's surprising.

Marie Osborn:

Yeah, well, the adoption one is they try to help you get started on the adoption process. They try to find military-related financial assistance potentially for adoption. They will help you identify agencies that will also get you through the process and even connect you to some adoption support groups. So it's a really great place to start when you're considering adoption.

And with elder care, they really can connect elders, you know, oftentimes it's service member's parents or your parents with local resources for seniors, there's things called senior day care kind of to keep them busy during the day and cared for until they can come back at night to you. They can provide guidance on like what to consider as parents age and need long-term care and things like that. So it's a nice place to start when you're trying to understand what things to consider. Heidi, anything kind of strike your fancy or interest here?

Heidi:

Yeah, I'm definitely planning on talking to them this year about tax stuff because we moved and I'm working in a different state but also here, and so we've got taxes all over the place and, yeah. So definitely looking forward to calling them and hopefully getting some help with all of that.

Marie Osborn:

Oh, I'm glad that you're thinking about doing that. They have online e-filing software and they have tax consultants that can walk you through, you know, the unique dynamics that military families face. They can assist with a lot of things and they even will help you with the filing for three state taxes and one federal tax. So you know, they know that you all move around a lot and that kind of complicates things, and they can walk you through that. Well, I'm glad that you found some things that might be of use for you in the future.

So now I'd like to actually kind of demonstrate how easy it actually is to call Military OneSource. Can I have a volunteer who's willing to make the call with me? I'll explain what we're gonna do first. How about that? So what we'll do is we'll decide on a call

topic together, you know, maybe it's taxes, maybe not, or, you know, finding out more about elder care stuff or adoption, and then we can call them and I will let one of you kind of present the scenario and kind of ask any questions you might have, and then we'll just wrap it up. It won't take more than about five minutes at the most, and they actually do most of the talking. Do any of you feel comfortable doing that?

Heidi: I don't mind.

Marie Osborn:

Okay, Heidi, thank you so much for volunteering. So what topic do we want to call about?

Heidi:

Talk about taxes.

Marie Osborn:

OK, great. This is a busy time for them, so it'll be, you know, fresh in their mind. So that's a great topic to call about all. All right, so I'll get the call started and then I'll hand it over to you for your questions, OK?

Heidi:

Sounds great.

Donell:

Thanks for calling Military OneSource, this is Donell. This call is being recorded for quality assurance purposes. Is this acceptable?

Marie Osborn:

Yes, it is.

Donell:

Great. May I ask who am I speaking with?

Marie Osborn:

My name is Marie Osborn. I'm actually a REACH-Spouse facilitator and we're just going through a demonstration call right now.

Donell:

No worries. How can I assist, ma'am?

Marie Osborn:

Yes, I have a spouse with us who has some questions about taxes and I'm just gonna hand it over to her to ask and just, you know, we can skip some of the demographic information and just kind of talk about what resources might be available to her, all right?

Donell:

Absolutely.

Marie Osborn:

Wonderful. OK, Heidi, here you go.

Heidi:

Hey, Donell, my name's Heidi Patton. I was calling, obviously it's tax season, and we just moved last year and I work in a different state and also in the current state that we live in. And so I'm just kind of overwhelmed by all of the stuff that's going on with taxes and I'm not really sure how to proceed for filing this year.

Donell:

No worries, ma'am. What we could do is get you over and speak with a tax consultant. They could be best at answering your questions or better assisting you if you like.

Heidi:

OK, awesome. Yeah, that'd be great. Also, just before you transfer me, I'm just like, in addition to that, there's just a lot going on right now. I'm just feeling like super stressed and would love maybe some help with that, because I'm just feeling a little overwhelmed and kind of can't handle everything going on right now.

Donell:

Yes, so if you will, I don't know if you're totally aware of all the additional free services that we offer, but if you will allow for me to educate you on a few of our services, if you will.

Heidi:

Yeah, please.

Donell:

I don't know if you had the opportunity to visit our website, but I like to encourage you to take a look at our website, it's militaryonesource.mil. If you visit there, you'll learn about all the additional free services and resources to assist you or to better help you cope with stressful situation at times that you're encountering.

Heidi:

OK, thank you.

Donell:

So if that's something you'd care to do, we'd be happy to bring in these for our counseling services as well.

Marie Osborn:

OK, I think that's all we need to understand right now. What types of things, once she gets transferred to a financial consultant, what kinds of things would they do or what steps do they take there?

Donell:

Well, depending on the needs, again, we do offer free financial consultation services to better assist military members and their families with budgeting needs, college expenses, whatever the case may be, debt management, things of that sort. That's for the financial consultation piece. And, of course, we do have the tax preparation piece.

Marie Osborn:

Got it. OK, I think that's all we need for our time right now. We really appreciate your taking the time to talk to us today.

Donell:

No worries. And I hope you guys have a great weekend, and do keep in mind, we are 24 hours, seven days a week.

Marie Osborn:

Wonderful, thank you so much. Bye-bye.

Donell:

No worries, ma'am. Bye-Bye

Marie Osborn:

Well, I'm glad that call went so well. Now I'm gonna ask you to do something for me. Do you think you could put in these two phone numbers here? We have one for Military OneSource, and one for Veterans Crisis Line and Military Crisis Line. And I'm asking you to do that because I want them to be at your fingertips. You know, next time you're like, "Huh, I wonder about this," or "How could I figure this out?" You might go, "Oh wait, Military OneSource could probably help me figure this out." And it's right in your phone, you don't even have to do any kind of searching.

And the Military and Veterans Crisis Line, you know, you might encounter someone who's struggling, whether it's someone you know, another military spouse, you know, someone might benefit from having that number right on hand and you can just share it with them. And I really appreciate that you're taking the time to do that. So do you have any questions about the practice call or these contact numbers we've provided for you?

Elizabeth:

No.

Marie Osborn:

OK, great. So sometimes, despite our best efforts, we're not really able to prevent mental health stressors leading to a crisis from occurring in ourselves or our spouses, sometimes. And so if you or your service member aren't able to get ahead of a mental health issue, you might need to look at signs and symptoms of suicidality. And I recognize that this can be uncomfortable to talk about for some people. However, I have some tools that I hope will help you feel more confident and empowered and comfortable talking to someone, your spouse, a friend, or even a stranger sometimes if needed about this topic.

So first, the most basic thing to understand is that signs of suicidality can include verbal or written statements, changes in behavior, or, you know, extreme displays of emotion.

So we're gonna review some of these signs and symptoms of suicide risk to look out for in oneself and those around us. You know, some of them here, there's a long list, you know, expressing clearly a desire to die or wanting to kill themselves. You know, using drugs or alcohol to an extreme extent. Taking risks maybe with their driving or other things that might put them at risk.

Talking about feeling lonely, hopelessness, or showing rage about different things. Some people start to say their goodbyes and give some of their possessions away. And then, you know, they might also feel suddenly happy or relieved because they feel like they have a plan or something in place that will reduce their feelings of sadness.

So one thing I wanna point out is that none of these signs and symptoms individually necessarily point to a bigger issue. We all might encounter one of or two of these at different times in our life. However, when enough of them appear together, that's when it might be time to consider whether there's a risk for suicide. And that's when we should start thinking about having a conversation with the person about their mental health.

And so one way to start that conversation is to use the question, persuade and refer technique, which is on our next slide. So, you know, just as people who are trained in CPR or the Heimlich maneuver, those things save thousands of lives each year, people who are trained in the question, persuade and refer, or QPR, learn how to recognize the warning signs of a suicide crisis and they know how to question, persuade and refer to someone to the needed help.

QPR is designed to offer hope and an action plan that you can take when you're concerned that someone is at risk for suicide. You'll feel more confident in it, because it gives you the tools of how to respond in that stressful situation.

So let's go over each QPR step. The first is question. So if you believe that someone is struggling or maybe at risk, maybe you've noticed some of those signs and symptoms come up, just ask them directly, are you having any thoughts about suicide or hurting

yourself? Some people worry about asking this question, they are worried that it might give the other person the idea about or considering suicide when they hadn't before. But research actually shows that that's not really the case. If they've been thinking about it, it was already there in their minds. And asking this type of question is the most direct way to find out what the person's thinking. Most suicidal people want to tell their story, And just opening that with that question and getting them to talk can really provide a sense of relief to people.

I would suggest having active listening without, you know, interruptions or sharing judgments or opinions is really critical at this point. Let them talk when they answer your question. And so if they say yes to this question, right, you need to go on to the next step. And sometimes they might not tell the truth too, so if they said no, you might want to continue on anyways if you have a concern that it's actually something they're planning.

So that's when you get to the persuade step, and you say something like, "I care about you and I want to help. Will you go with me or let me go get some help for you?" And this is where you're making an appeal to your relationship, you know, your love or your friendship that you might have with someone. It helps them feel cared for when you use this persuasive statement with them and can start to give them a glimmer of hope. The goal of persuading, this step, is to form that positive relationship and see if we can get the person to say that they're willing to get help. This might be where you get some resistance, where they might say, "I don't need help," or "I don't need to go anywhere," but this is when you might just have to continue on talking and maybe circle back to asking another question that's similar to or relevant to the topic. But when you're in this step, giving them your full attention can really be key to helping them feel like they are heard, like maybe they matter, and that there maybe is some hope. And demonstrating that compassion helps.

The next step you'll get to is refer, and that's when you refer the person to the appropriate resource. And if you can, you personally go with them to whatever that is. So it could be an emergency room, or if they have treatment with a psychiatrist already, talking with them or going into an appointment with that person. It's really that warm connection and handoff, helping them feel like they're not alone, that you are there to support them, that you're gonna get resistance here too, potentially. And then if they don't wanna go to the ER, see if there are some baby steps or other resources they're willing to try, like calling the Military and Veterans Crisis Line or something like that. Something that they are willing to say yes to is a way to get to the refer portion. You know, and one big takeaway is that this is a process, so don't give up. You might have to go back to the questioning and persuading and referring again. It can take a little while for someone who really has decided what they wanna do or are unsure of certain parts of the process to getting or taking that first step to getting help. And really, what's great is that anyone can take and use the QPR technique, and it's a skill that you can have for the rest of your life and that's really powerful.

There is also something you'll see here called the Columbia Suicide Severity Rating Scale. And it can help you during your questioning process part of the QPR. It contains guidance on what to ask someone and it'll help you kind of gauge their level of risk for suicide. It's gonna be included in that handout that we're sending out today. So be sure to look that over at the end of this session. The CSSRS is complimentary to the QPR technique, and the questions that they suggest asking are all just yes or no questions, so it makes it really easy. So like an example question is, "Have you wished you were dead or wished you could go to sleep and not wake up?" So they have some really great questions, especially if you're kind of unsure what to ask or how to start the conversation. There's some really great guidance there to use.

Are there any questions or thoughts about the stuff we've just reviewed related to this? OK, I know it can be an uncomfortable topic for some people and I really appreciate that you're here listening and I hope that you feel like maybe you'll learn something new today with that. On the bottom there, we have the scale again. On a scale from 1 to 10, if you saw someone you care about, whether it's a friend or even your service member or a stranger in distress, how likely would you be to use the QPR process with them?

Elizabeth:

I'm pretty comfortable with that. I've had to use that in the past, so I would say 9 and 10.

Marie Osborn:

Oh, I'm glad to hear that, and I'm glad that you knew that and could use that skill with those people in the past. I'm glad to hear that. Heidi, what would your number be?

Heidi:

Yeah, I'm pretty comfortable talking to people about mental health stuff.

Marie Osborn:

Good, good.

Heidi:

So I'm pretty confident I'd hopefully be a 9 or 10.

Marie Osborn:

Glad to hear that too. It's uncomfortable, but sometimes we gotta take those steps when it's about, you know, our safety or health. So I really am glad that you feel comfortable and have maybe even used it in the past. So we've almost reached the end of our session today. I just have here highlighted a few key takeaways that I hope that you can carry with you after you leave our session today. I'm gonna do something a little different. I'm gonna ask the two of you to read one each of these takeaways and then I can read the rest out loud. Liz, do you mind starting?

Elizabeth:

Yeah, "Military life is demanding, but my service member has the knowledge and resources to rise above."

Marie Osborn:

Thank you. Heidi?

Heidi:

"Reaching out for help early will increase my service member's rate of success."

Marie Osborn:

Wonderful. All right, and then the last two are, "I know how to help my service member call a resource line," and "I know how to use the QPR approach to screen for suicide risk." I know these are here, but I was hoping to hear if there are any other takeaways that you're leaving today's session with, anything you'd like to share?

Elizabeth:

There's so many resources out there that, to be honest, it's like unaware of that you could actually call for and the lines that are direct.

Marie Osborn:

Yeah.

Elizabeth:

Cut some tape.

Marie Osborn:

Yeah, no one likes to have to be transferred five times to get the help that they need. Sometimes that turns people away, but when you know that there's another resource there that you could try, you know, that gives you some hope that there's a solution to whatever's bothering you. Heidi, any takeaways that you come away with?

Heidi:

Yeah, I just think it's great how, you know, easy it is to access all of these programs and how helpful they can really be, and yeah, exactly what you were just saying. Like I know that's a huge anxiety of mine when I have to keep like getting transferred to people and finally it's just like, OK, forget it.

Marie Osborn:

Yeah, yeah.

Heidi:

But Military OneSource especially, I know the number of times that I've been on calls with them now, it's super quick and really easy.

Marie Osborn:

That's wonderful to hear. I'm glad that you all found some value in today's session. So maybe some new things to think about or information you can share with your military spouse, your spouse in the military, or share with other spouses that you talk with maybe on a daily basis. I really appreciate you taking the time. I know it's not easy to fit sessions like this into our days sometimes, so thank you for attending and also participating, it makes my job a little bit easier, so thank you in that sense. If you haven't attended Session 1, try to attend it soon, because it's really great. It actually focuses on you as a military spouse and what your barriers are and resources for you. And also focusing on self-care and how important that is.

So I really hope that you can attend that one if you haven't as well. I'm going to send out that handout link and definitely take a look at all the resources there that we've compiled for you. I'm gonna stick around if you have any questions for me, but otherwise have a really great rest of your day.

Elizabeth:

Thank you!

Heidi:

Thanks, Marie!

Marie Osborn:

Thank you!