

Transcript

Episode #:	36
Guest:	Greg Reger, PhD
Title:	PTSD Resources for Active Duty, National Guard, and Reserves members

Dr. Colleen Becket-Davenport:

Welcome to the PTSD Bytes podcast, where we talk to experts about post-traumatic stress disorder and mental health, and how technology like mobile mental health apps can help. This is your host, Dr. Colleen Becket-Davenport, a clinical psychologist at the Veterans Affairs National Center for PTSD.

Dr. Colleen Becket-Davenport:

On today's episode, we'll be talking about PTSD resources for active duty, National Guard, and Reserve members. I'm joined today by Dr. Greg Reger, who's a clinical psychologist, Lieutenant Colonel, and Behavioral Health Officer in the Washington State Army National Guard. He's also the Deputy Associate Chief of Staff for the mental health service at VA Puget Sound. Welcome, Dr. Reger.

Dr. Greg Reger:

Thanks. It's great to be here.

Dr. Colleen Becket-Davenport:

So, I think it's always helpful to start by making sure we all understand the terms that we're going to be using today. For those who aren't familiar, can you explain what we mean when we say active duty versus National Guard or the Reserves?

Dr. Greg Reger:

So active duty service members are full-time professional military personnel. The Reserves are mostly made up of part-time service members. So Reservists can be put on active duty state orders or active duty federal orders, and during those orders they become full-time military personnel. The National Guard is part of the Reserve component, but it makes up our state militias. In other words, the National Guard is also mostly part-time service members, but also serves their state as well as their nation.

Dr. Colleen Becket-Davenport:

So for the rest of the interview, I'll stick to referring to them as active duty or Reserve component service members. Now I think a lot of people often associate PTSD with combat during military service. So first, do only active duty service members experience combat?

Dr. Greg Reger:

No, active duty, Reservists and National Guard all include units training to serve in combat, and all those units regularly deploy. During one of America's combat operations or a war, any of these could and would serve in combat.

Dr. Colleen Becket-Davenport:

Which leads me to my next question. So, in our podcast episode about PTSD myths, one thing we talked about is how lots of different experiences can lead to PTSD, not just combat. So, what other experiences might active duty service members have that could potentially lead to PTSD?

Dr. Greg Reger:

Many service members courageously serve in positions that come with some risk. As you point out, certainly combat is the most obvious, but as we know, trauma can involve a broad range of events that stem from threatened serious injury or threatened death. So in military service, this could include, any range of training accidents, those involved with helicopter or airplane air crews can be involved in, certainly military vehicle accidents. Sexual trauma or physical assaults can occur both in military and civilian contexts. So there's a broad range of types of exposures to trauma that can occur besides just combat.

Dr. Colleen Becket-Davenport:

And what about Reserve component service members? Do they face the same risks as active duty service members when it comes to PTSD?

Dr. Greg Reger:

I think for the most part, the risks are similar. The primary difference is would probably be that with less time on full-time, active duty orders, Reserve component service members would have less exposure to military-related traumatic events. But that's offset by a lot more time in civilian life, which comes with its own risks of trauma. So if you think about our full-time military personnel, they are living and working within the structure of the military, and that comes with accountability, supervision, battle buddies and peers to notice when someone isn't doing well or having some kind of behavioral health challenges. Reservists and Guard members spend most of their time outside of this military structure.

Dr. Colleen Becket-Davenport:

Interesting, so they spend less time with people they're serving with. And I wonder how you think this impacts Reserve component service members?

Dr. Greg Reger:

When you don't spend as much time together, you don't get the same kind of social support and friendships. Particularly when a Reserves component service member joins a new unit for the purpose of a deployment, they are enduring deployment-related stress and post-deployment adaptation without the built-in support of an established military family.

Dr. Colleen Becket-Davenport:

Absolutely. And in my experience working with members of the Guard, it seems like they also face some additional challenges seeking treatment for PTSD. So can you speak to that a little?

Dr. Greg Reger:

Absolutely. One of the unique challenges Reserve component service members face is access to behavioral health resources. Every service member who's on active duty for at least 30 days has access to DOD military treatment facilities that come to them at no cost for the healthcare they need. Now, I'm not suggesting there's no barriers or other challenges for active duty personnel to get the healthcare they need. But there are special barriers for many Reservists. With traditional Reservists or Guard members who need treatment for PTSD, they can't go to their military treatment facility, there's typically no DOD behavioral health clinic they can go to for care. Instead, behavioral health officers like myself, work with them to think through the use of their insurance, like TRICARE Reserve Select or their

civilian insurance through a civilian job. Sometimes we're thinking about using the VA if they're eligible, Vet Centers, or a range of community resources or nonprofits. It can be a real challenge identifying behavioral health resources, which is even more challenging in the rural areas where many of our Reservists live.

Dr. Colleen Becket-Davenport:

You said that they could go to the VA if they're eligible. So what makes them eligible or ineligible for VA care?

Dr. Greg Reger:

Well, let me start by saying, I used to have this fantasy of coming to a clear and thorough understanding of VA eligibility. The truth is anyone listening who wonders if they're eligible for VA should go talk to an eligibility counselor at a VA medical facility. They should check with their local VA for eligibility in their situation.

Dr. Colleen Becket-Davenport:

You make a good point. It's a very complex system. And of course, this is the PTSD Bytes podcast. So we have to ask, are there any technology-based resources that you might recommend?

Dr. Greg Reger:

Of course! Some service members I meet with would benefit from self-care, or maybe they would benefit from initiating formal treatment, but while they wait, they can start some self-care. Three common problems we see among Reserve component service members is problems with stress, anger, and sleep difficulties. All three of these have very well-designed VA apps to help. Insomnia Coach is just phenomenal. Service members who are motivated to use it can basically get world-class cognitive behavioral therapy for insomnia instantly, and at no cost. For service members with challenges around anger, Aims for Anger Management is another well-designed app for a common presenting problem we see. And stress is extremely common. For that, Mindfulness Coach is a favorite app among many.

I have to also say that it's extremely helpful to be sitting with Guard members at risk for suicide, and have them install the VA's Safety Plan app to help them develop an easy-to-access safety plan so that it's already in place while we work together to link them to care. That app is phenomenal and really supports the treatment planning that we do to make sure that's in place as we go about our work.

Dr. Colleen Becket-Davenport:

We've talked about all of those apps in previous episodes, so I'm so glad to hear that you're finding them helpful to recommend to service members. I'm also curious, when you suggest an app as a tool for PTSD or other mental health concerns, what kinds of responses do you get from service members?

Dr. Greg Reger:

I used to worry that service members would feel cast aside, like we were saying, we can't see you, or we don't wanna see you here, have an app instead. I've actually never heard that. My biggest concern these days would actually be that most people who are recommended self-care mobile application may not use it at all or if they do use it, they won't use it frequently enough to be as effective as it could be. So while I love these tools, we all need to continue to find new ways to incorporate staff, healthcare professionals, new models to support service members who want to engage with these awesome tools.

Dr. Colleen Becket-Davenport:

Do you have any tips or suggestions for service members who think they may benefit from mental health help? Anything someone listening can do right now?

Dr. Greg Reger:

I would encourage those interested in self-care apps to find ways to structure their use of the app to ensure they can get the most out of it. An incredible amount of time and resources have gone into building these apps and they're loaded with effective strategies. It almost certainly will help, just predict that you won't use it frequently enough to get the most out of it. So knowing that's a real risk, make a plan. If you're engaged with a counselor that you can't meet with as often as you'd like, you could talk to them about building in use of the app between sessions with check-ins when you do meet about your use of the app to help incorporate it into your treatment. Things like that, that will help build in the structure to get the most out of these tools.

Dr. Colleen Becket-Davenport:

Love that. It's important that we make use of all of the tools at our disposal. Thank you so much for joining me, Dr. Reger.

Dr. Greg Reger:

Of course. It's been fun and thanks for having me.

Dr. Colleen Becket-Davenport:

And as a reminder to our listeners, you can learn more about free VA mental health apps, like Mindfulness Coach, Aims for Anger Management, Insomnia Coach, and Safety Plan by visiting www.ptsd.va.gov/mobile.

Dr. Andrea Jamison:

Hello, this is Andrea Jamison and I'm the executive producer of the PTSD Bytes podcast. Catch new episodes by following or subscribing to PTSD Bytes on your preferred podcast app. Show notes and more information are on our website, www.ptsd.va.gov/podcast. Thank you for joining us.