



# **No Citizen-Soldiers Left Behind**

## *Innovative Strategies for Overcoming Stigma and Treating Returning National Guard Veterans*

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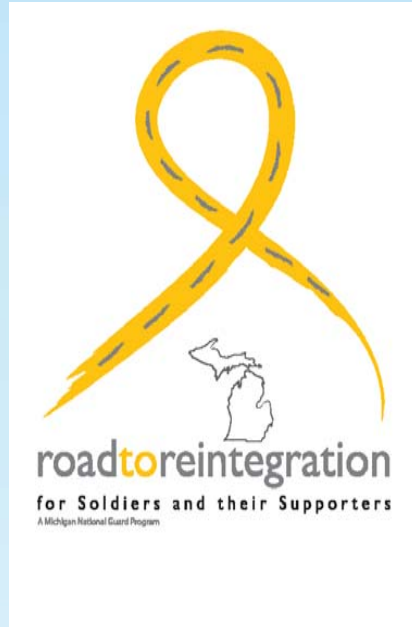
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**Gregory Dalack, M.D.**

- **Acknowledgements**
  - WBV colleagues
- **Need to prioritize**
  - National Guard, Reserves, Citizen-Soldiers
  - Comorbidity
  - Changing culture by using culture
    - **Buddy-to-Buddy**
      - Family
      - Resiliency
    - “Voices
- **National Dissemination**



# THANKS!



# America's National Guard and Michigan's National Guard

- Largest deployment since WWII
- ~35 - 40% of all troops in Iraq and Afghanistan
- Example: Michigan ARNG
  - Deployed > 9,000 Soldiers since 2001
  - 90% of MI ARNG components deployed
  - Returning soldiers dispersed
- Innovative approaches needed



125 Infantry & 126 Cavalry  
Unit Dispersion



- Causes are similar for all military personnel
  - Battlefield
  - Evacuation
  - Back home
    - Financial stresses
    - Foreclosures
    - Children concerns





# Downrange Funerals



# Evacuation Exposure

## IED, GSW, MORTARS, MVA

Courtesy of Thomas Fluent, M.D.







Airmen Unloading Fallen Soldiers In Dover, Delaware

Courtesy of Thomas Fluent, M.D.

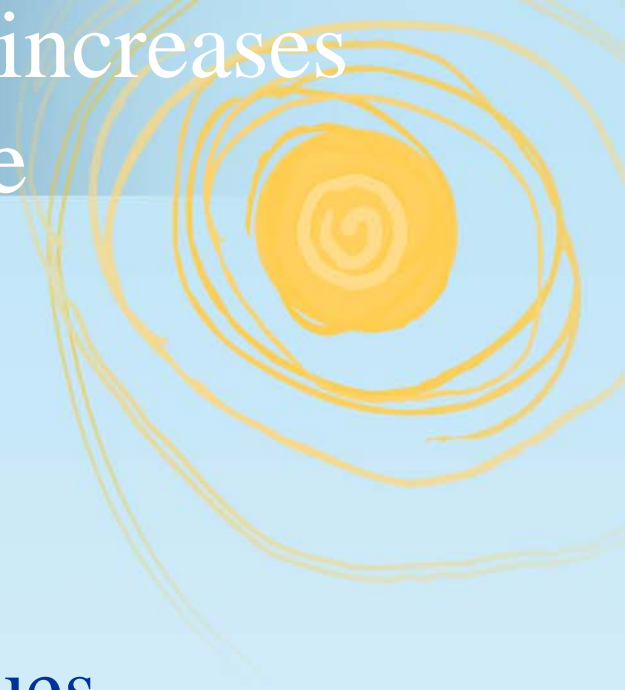



# Honoring the Families



# And “stress” occasionally increases after coming home

- Jobs having disappeared
- Foreclosures
- Debt
- Children and family re-entry issues
- Increasing substance use/abuse



- Prevalent and equally severe to other branches
  - Co-morbidity is the norm (clinical problems present in multiple forms)
    - PTSD, depression, sleep disturbances, substance abuse and suicidal thoughts generally co-occur
    - Treat individuals, **NOT** diagnostic labels
  - Suicide thoughts occur in meaningful percentage of returning veterans
- 



- **Estimated 3,500 soldiers in MI ARNG need help**
  - 40% with one or more diagnoses
    - Comorbidity is the norm
  - 8% with suicidal thoughts



# **But most citizen soldiers have a different experience than active duty upon returning home**

- Resources less available for National Guard
- Stigma may be even greater
- Geographic dispersal common
- Buddies less available



Yet, only 50% with  
need sought ANY help

THIS is a crucial barrier in the  
attempt to “find and treat problems  
early and effectively.”



# Why don't the remaining 50% seek help?

- General Anderson summarized reasons for MIARNG
  - Do not want it in military records (27%)
  - Unit leadership might treat me differently (20%)
  - Too embarrassing (17%)
  - Harm career (17%)
  - Costs (15%)
  - Do not know where to go to get help (6%)
  - No providers in my community (6%)
  - Transportation (5%)

**What to do?**

# Innovative Strategies Needed

- Welcome Back Veterans provided opportunity to develop innovations
- Peer-to-peer outreach and linkage perceived to be crucial
  - **Changing culture by using culture**
    - “If you haven’t been there, you don’t get it.”
    - “Another veteran who has been there makes it okay to get help”
  - When personnel are inadequate, peer-to-peer may be an essential starting point
    - **“Buddy-to-Buddy” program developed**

# “Buddy-to-Buddy” Goals

- Identify returning soldiers with need
- Enhance treatment enrollment
- Improve adherence outcome
- Train community resources
- For those requiring, refer to professionals
- Follow-up
- Buddies! Families! Resiliency!

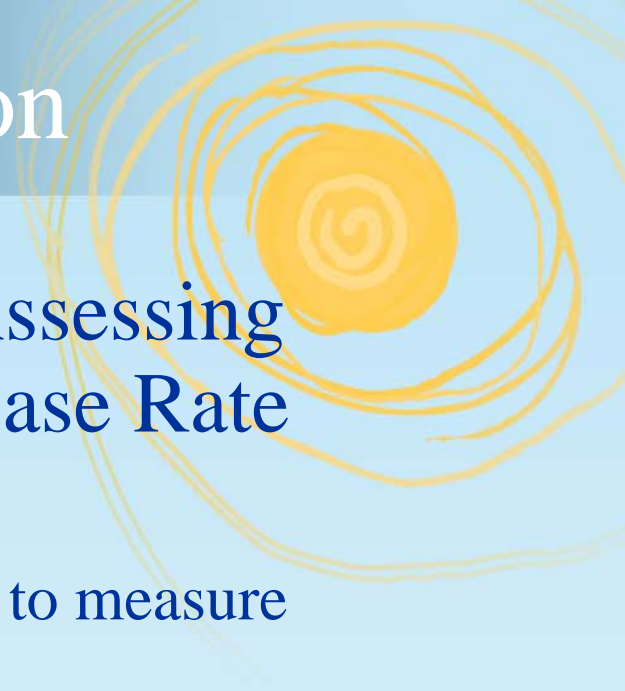


# Suicide Prevention is major goal

- Rates continue to increase slowly
- Since start of 2009 (December, 2009 data)
  - 339 killed in action
  - 343 deaths by suicide
- New innovations needed
  - Buddy-to-Buddy Suicide Prevention (B2B-SP)
    - Based on “Question, Persuade, Refer”



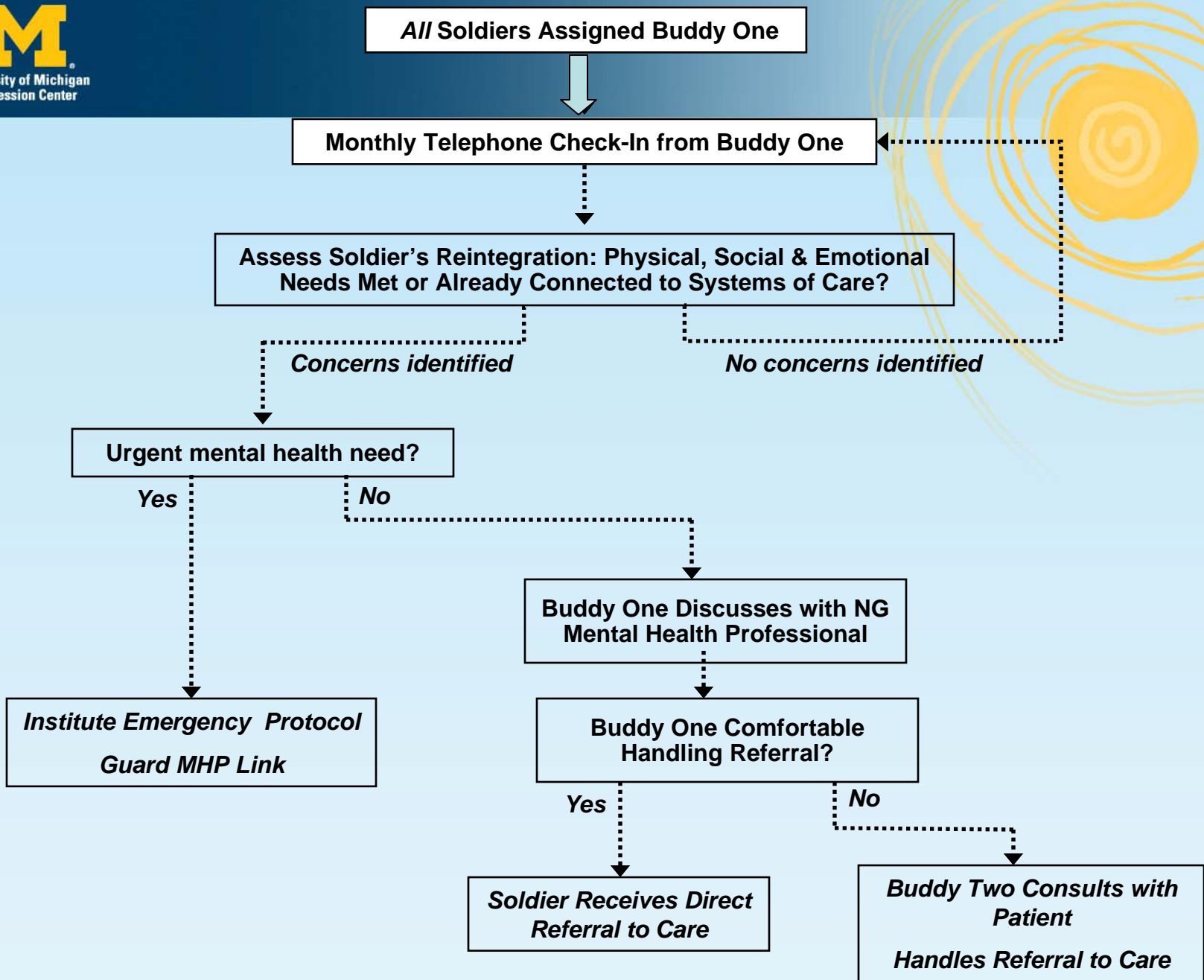
- Essential Requirements When Assessing Outcome Measures With Low Base Rate
  - Large samples
    - National Dissemination of programs to measure effectiveness
  - Measurement of preceding risk variables
    - Suicide ideation
    - Suicide acts
    - Prior history of suicide
    - Depression, PTSD, substance misuse
  - Standardized Scale
    - C-SSRS: Columbia Suicide Severity Rating Scale



- First tier (Buddy Ones)
  - Soldiers within unit
  - Overseen and operated by MI ARNG
  
- Second Tier (Buddy Twos)
  - Veterans outside of Guard
  - Overseen by University of Michigan staff







# Buddy One Training

- 3 hours
- Manual → →
- Quick Reference card
- Support and retraining
  - Financial drill weekends
  - Consultation
- Military Leadership needed



## BUDDY★TO★BUDDY


A PROGRAM OF PEER SUPPORT AND OUTREACH  
FOR VETERANS OF THE MICHIGAN ARMY NATIONAL GUARD

B1 MANUAL



- “Check-in” calls
- Recognize signs suggesting need for evaluation
- Know Resources
  - JFSAP psychologist
  - Guard psychiatrist
  - Chaplains
  - Buddy Twos
  - R2R Systems of Care (military and community resource providers)
- Crisis training
  - “What do you do in cases of emergencies?”
- “Your job is not to give help, it’s to get help”

# Is B2B Meeting Goals?

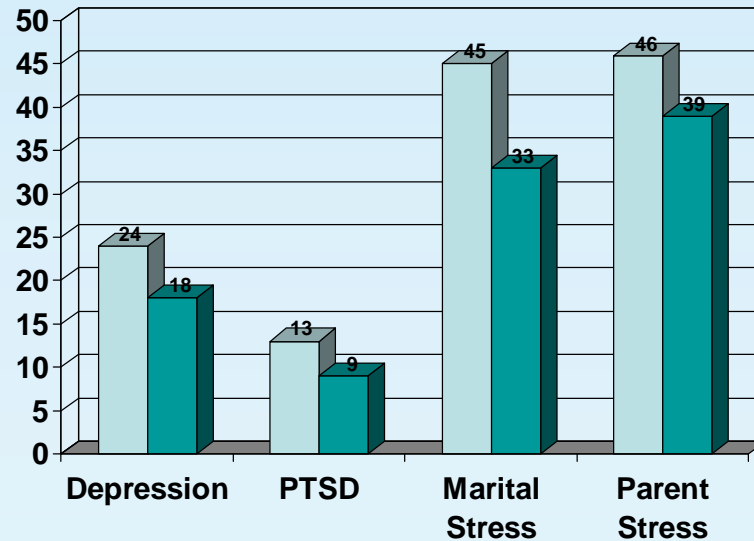
- ❖ 200 Buddy One and 10 Buddy Twos trained
  - ❖ 554 Soldiers Surveyed
    - ❖ 90% understand intent
    - ❖ 65% receive regular calls from their Buddy
    - ❖ 65% feel comfortable talking to their Buddy
    - ❖ 53% used resources or services suggested by Buddy
    - ❖ 21% referred to treatment by buddy
  - ❖ Treatment sought wherever available and eligible
    - ❖ VAH (registration encouraged for all)
    - ❖ Military
    - ❖ Community resources (these ARE essential to address the 50%)
    - ❖ Expertise, ability to overcome stigma-resistance and availability count the most for the 50% avoiding help
- 



# Buddy-to-Buddy's Role in Suicide Prevention

- Earlier identification of worrisome behavior
  - Those who know the soldier can judge best
- Legitimization of needing and seeking help
- Knowledge of referral sources and “easing the way”
- Follow up helps adherence and longitudinal follow-up
- Involvement of families also needed

# Percentage of Families Reporting Distress Post-Deployment



Legend:  
□ Soldier  
■ Spouse

# Soldiers and families speak about the importance of involving families

- Current services are not enough
  - “We need more help.”
- We need help sooner
  - “Before problems spiral out of control”
- Do more for our families that stay behind
  - “They have the toughest job”

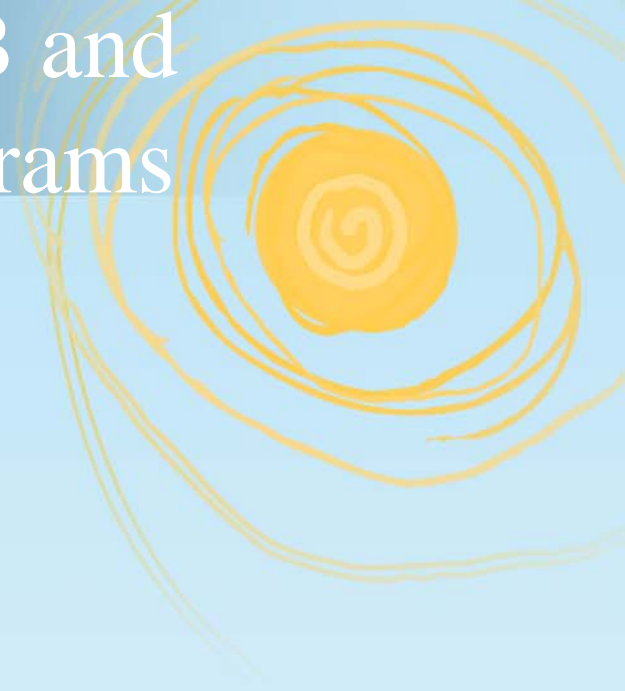


- **Pre-Deployment Briefing Weekends**
  - Coping With Separation “Round Robin”
  - Parenting Essentials Workshop
  - Staying connected across the miles
  - Soldier-Child bonding
  - Youth activity – how to talk about feelings
- **Post-Deployment Family Reintegration Weekends and Welcome Back Interventions**
  - Parenting Guidebook
  - Parenting Workshop
  - Support Group for Spouses

**WBV materials available**



# Synergy between B2B and Military Suicide Programs



- Goals
- Culture
- Minimizing stigma
- Intervening earlier
- Similar emergency protocols
  - QPR, ACE, ACT, Etc.
- More attention needed for co-occurrence
  - Depression is linked with >80% of suicides

# B2B Augmentation of Military Suicide Programs

- Assigns someone rather than informal check-in
- “Out of the unit” option for veteran-to-veteran support in addition to “in-unit”
- Standardized basic communication skills training program
- Telecare interventions enhance geographic distribution
- Match referral resources to veteran’s needs/preferences/stigma barriers

# Indirect Suicide Prevention Outcome Measures

- Increased
  - Treatment Engagement
  - Treatment Retention and Adherence
  - Functional status
- Decreased
  - PTSD and Depression symptoms
  - Alcohol misuse
  - Risk-taking
  - Impulsivity



# Direct Suicide Prevention Outcome Measures

- Decreased suicide thoughts
- Decreased suicide acts
- Decreased suicide risk measures
  - Documented by C-SSRS
- Decreased deaths by suicide

**No use of "suicidality"  
as a term**







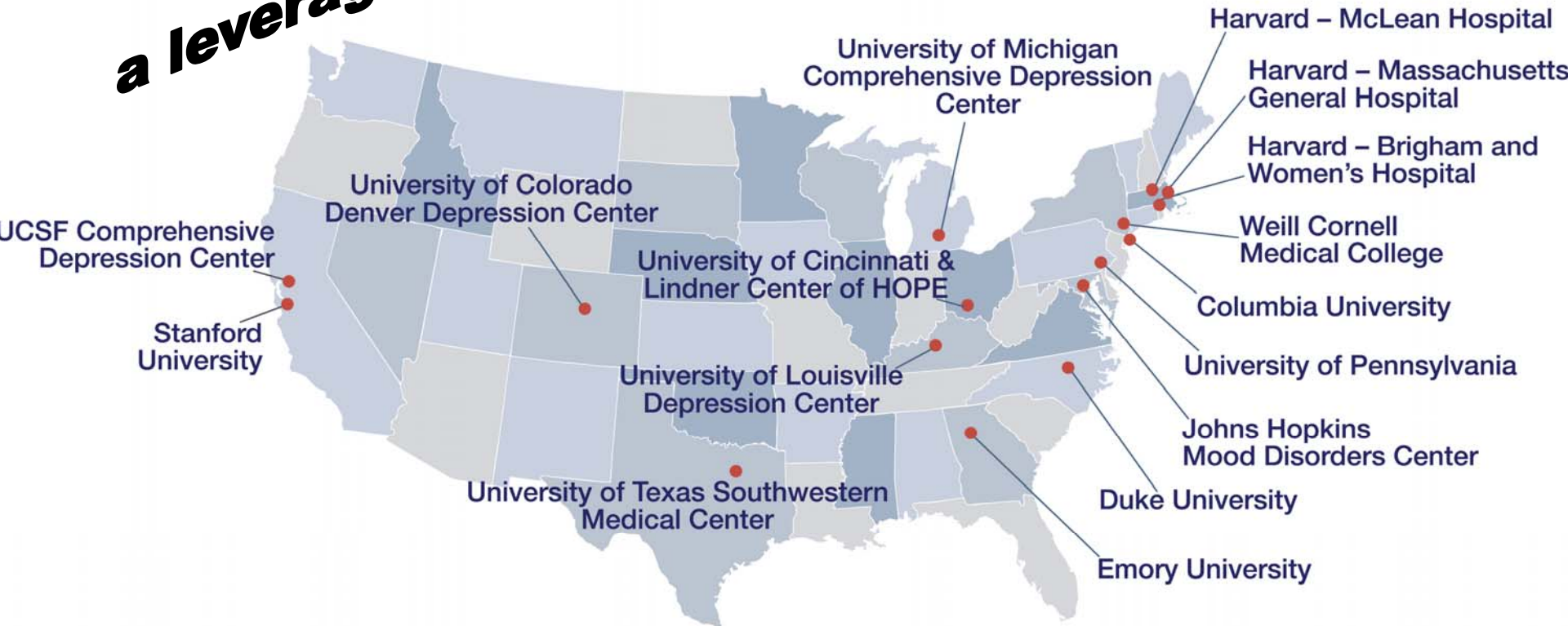
- Separated veterans
- Training community providers
- Examine effectiveness
- Dissemination to other States

# How to disseminate? Leveraging better than “reinventing the wheel”

**National Network of Depression Centers:  
a leveraging opportunity**

[www.NNDC.org](http://www.NNDC.org)

National Network of Depression Centers



# *Collaboration and partners are everything*





# “Voices” also needed: Gary Sinese





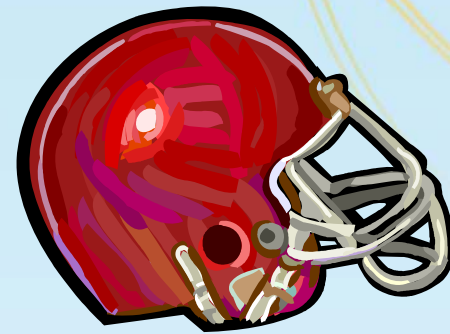
# “Voices” also needed: Dallas Cowboy Cheerleaders



Courtesy of Thomas Fluent, M.D.

# “Under the Helmet”

- Athletes and Veterans have much in common
- Program developed by University of Michigan Depression Center and Welcome Back Veterans aims to mobilize commonalities, enhance “voices” and decrease stigma



# Maintenance Medication “Voices” emphasizing importance”

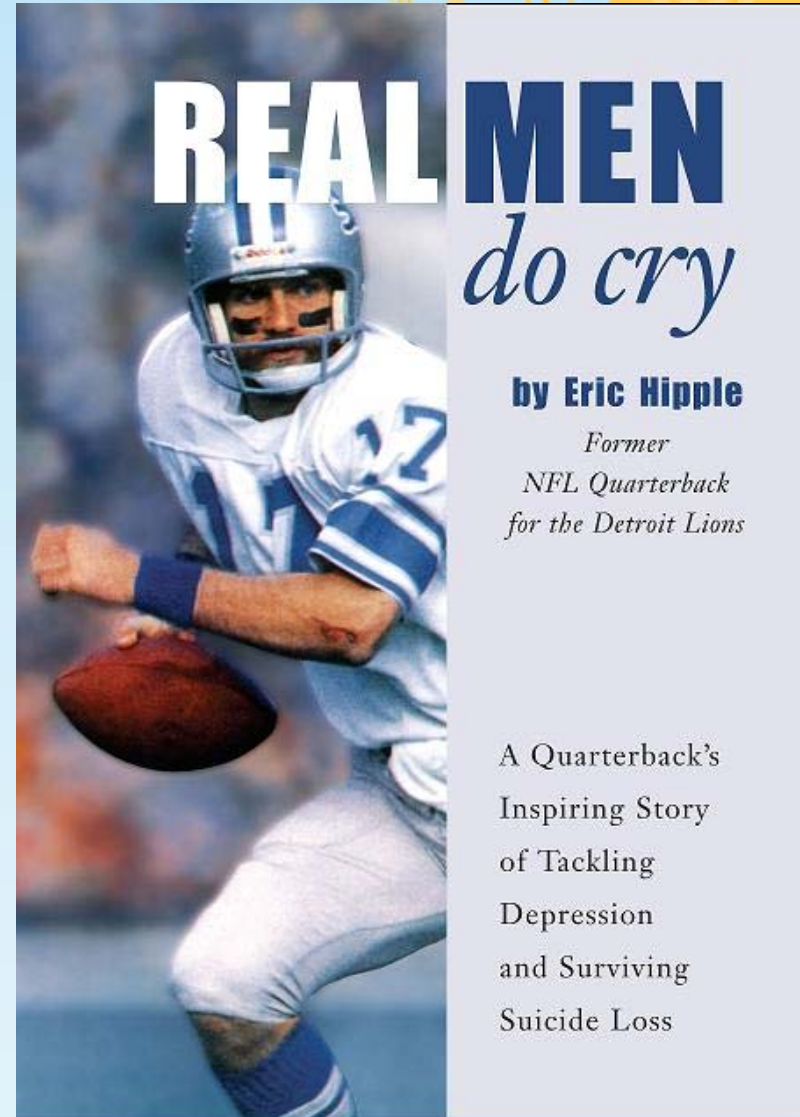
- Shawn Andrews, a two-time Eagles Pro Bowl offensive lineman, told reporters that he was suffering from depression and was taking medication.
- Last season, he said he stopped taking his medication.
- “I was feeling great, I was like, this thing is over,” Andrews said. “Man, things went south. I’ve never been a big fan of medication, but at this point it’s very crucial for me.”
  - Shawn Andrews, talking about medications and depression





# “Voices”

- Eric Hipple
- AFSP Lifesaver Award
- Many presentations to military branches



with Dr. Gloria Horsley and Dr. Heidi Horsley



**We have tremendous voices but need  
still more.**

**We WILL win this fight**



- **Need to prioritize**
  - **No Citizen-Soldiers Left Behind**
  - **Comorbidity is important**
  - **Changing culture by using culture**
    - **Buddy-to-Buddy**
      - **Family**
      - **Resiliency**
    - **“Voices**
- **National Dissemination**



# Thank you

*Go Blue!*

