

# Resiliency Programs in the National Guard: Collaborative Views from Michigan

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# Mission

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**MISSION:** MI ARNG provides well trained and motivated forces to the Governor and Combatant Commanders in order to support Homeland Defense and the Global War on Terrorism.

# Vision

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**VISION:** We are citizen Soldiers trained to meet the challenges of the Future.

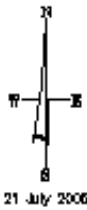
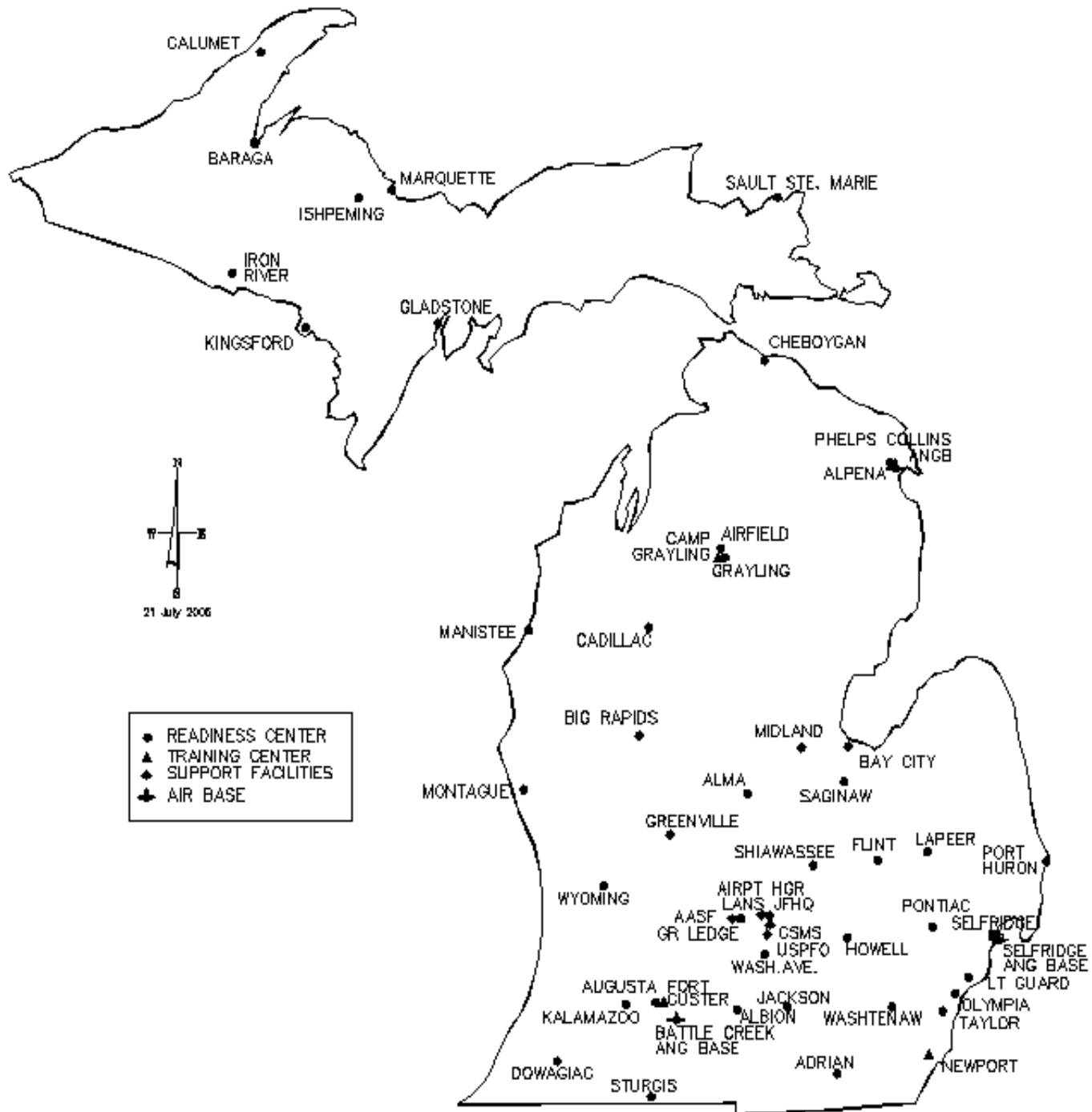
# Michigan Army National Guard

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- **STRENGTH: 9039 (104.35%)**
- **DEPLOYED: 772**
  - OIF
    - IRAQ – 402
    - KUWAIT – 11
  - OEF – 63
  - Medical Hold – 35
  - OTHER – 261

(as of 12/21/09)

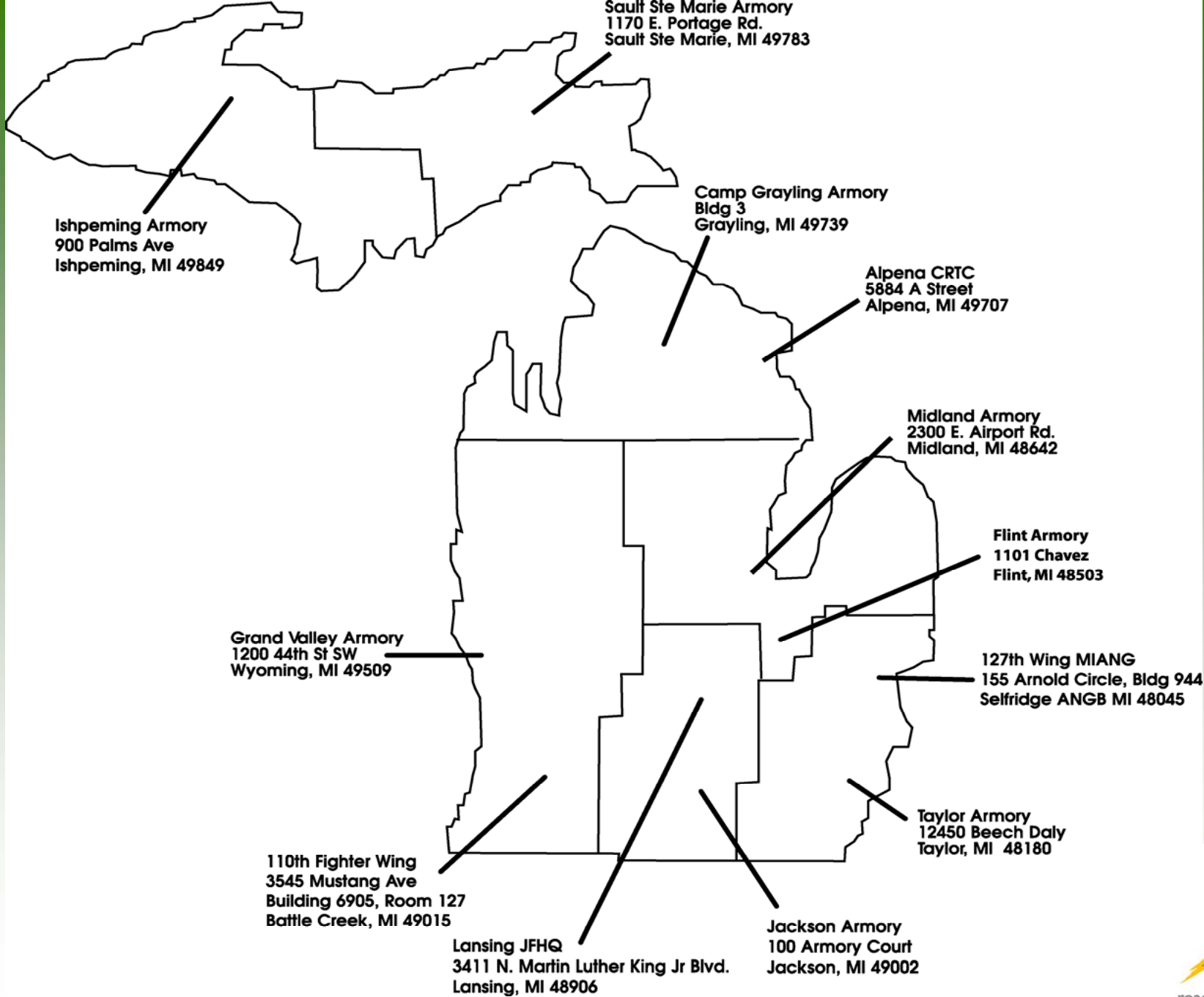




- READINESS CENTER
- ▲ TRAINING CENTER
- ◆ SUPPORT FACILITIES
- ✚ AIR BASE







# Mental Health Concerns

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**Soldiers – 40% report 1 or more mental health problems**

- 11% PTSD / Combat
- 21% Depression
- 5% Suicidal Thoughts
- 20% Hazardous Alcohol Use

**Spouses/Significant Others – 34% report 1 or more mental health problems**

- 17% PTSD / Stressful Life Event
- 22% Depression
- 10% Suicidal Thoughts
- 3% Hazardous Alcohol Use

# Barriers to Accessing Care

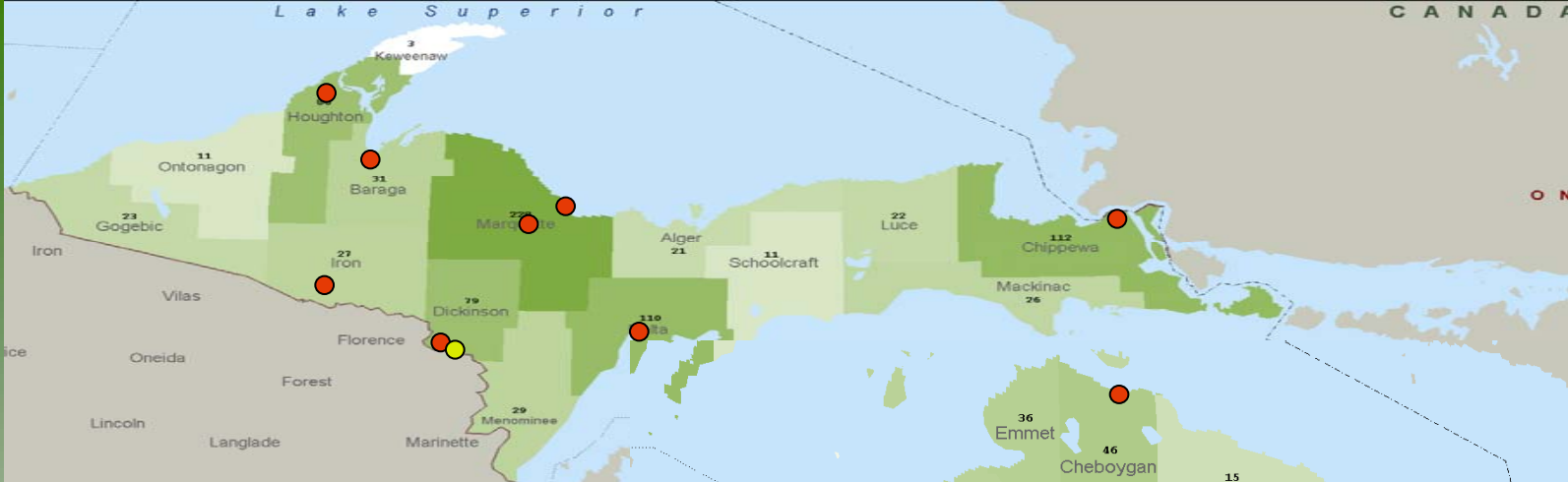
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MH Problem (n=133)

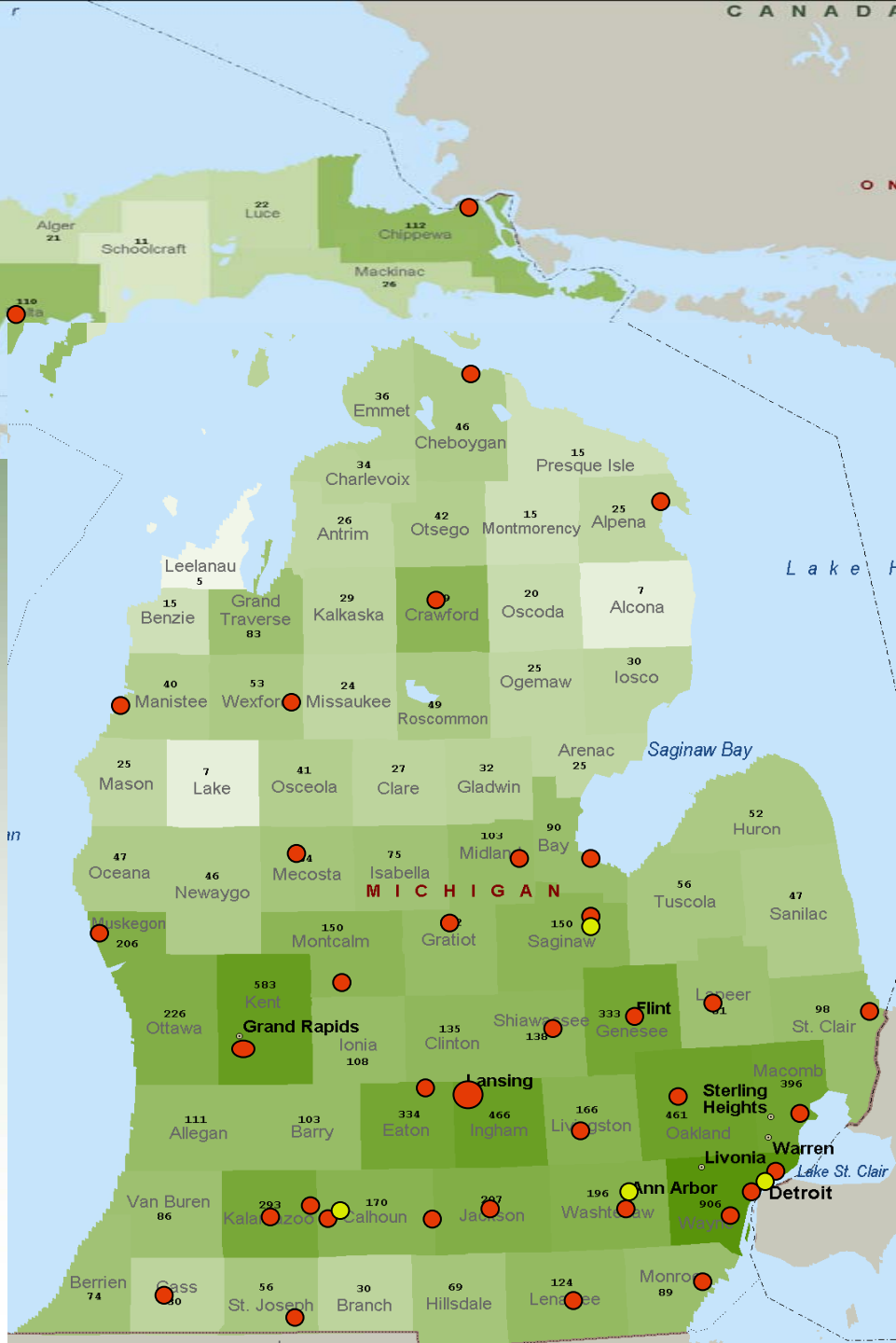
No Problem (n=196)

- I don't want it to appear on my military record (45% & 22%)
- Members of my unit might have less confidence in me (29% & 12%)
- My unit leadership might treat me differently (28% & 13%)
- I would be seen as weak (31% & 9%)
- It might harm my career (25% & 11%)





- **MING Armories**
- **VA Medical Centers**





# RoadtoReintegration

## Evaluation and Continuous Improvement

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- **R2R Events (581 Soldiers AT)**
  - Participation in R2R demob in 2005 (22%) 2009 (93%)
- **Pre-Deployment Essentials (143 Soldiers & Supporters)**
  - Connected with at least one other person (99%)
  - Put a name and face with individuals that may provide useful services (99%)
  - Glad soldier/child interaction was on agenda (97%)
- **Reunion and Reintegration Workshop (204 Participants)**
  - Found discussions useful because they heard others were going through the same thing (94%)
  - Found R2R beneficial and would recommend to other returning units and families (99%)

# RoadtoReintegration

## Evaluation and Continuous Improvement

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- Buddy to Buddy
- Trained Buddy (44 AT)
  - Successfully referred soldiers to SOC (44%)
  - The soldiers are receptive to my calls (67%)
  - Report soldiers tell me what is really going on in their lives (65%)
- Soldiers receiving B2B calls (554 AT)
  - Concerned about the confidentiality of calls (41%)
  - Talk with my Buddy about what is going on in my life (65%)
  - Used resources or other services suggested by my NG Buddy (53%)

# RoadtoReintegration

## Evaluation and Continuous Improvement

- **581 Soldiers surveyed during Annual Training**
  - Participation in R2R demob in 2005 (22%) 2009 (93%)
- **Pre-Deployment Essentials (143 Soldiers & Supporters)**
  - Connected with at least one other person (98.6%)
  - Put a name and face with individuals that may provide useful services (99.3%)
  - Glad soldier/child interaction was on agenda (96.6%)
- **Reunion and Reintegration Workshop (204 participants)**
  - Found discussions useful because they heard others were going through the same thing (93.7%)
  - Found R2R beneficial and would recommend to other returning units and families (98.5%)

# Peer Intervention RoadtoReintegration

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## Buddy to Buddy Program

- Peer connection and support
- Reduction of stigma
- Improved access to care
- Early intervention
- Promote soldier and family resilience
- Soldier retention

# Suicide Prevention for Citizen-Soldiers (Army National Guard)

## *The Buddy-to-Buddy Strategy*

**John F. Greden, M.D.**

Rachel Upjohn Professor of Psychiatry and Clinical Neurosciences  
Executive Director, University of Michigan Comprehensive Depression Center  
Chair, National Network of Depression Centers (NNDC)  
Research Professor, Molecular and Behavioral Neurosciences Institute

**Marcia Valenstein, M.D.**

**Jane Spinner, MSW., MBA**

**Gregory Dalack, M.D.**

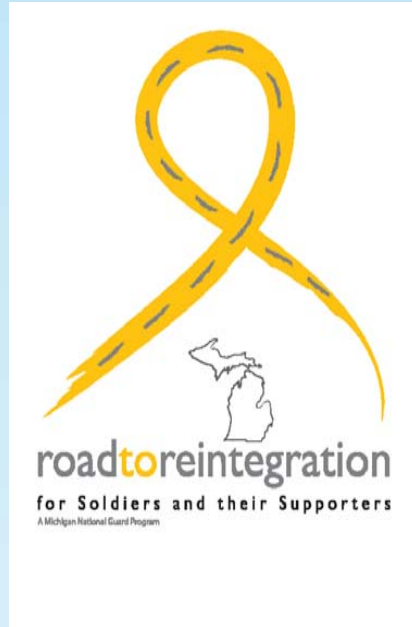
# MAJOR MESSAGES

- Acknowledgements
  - WBV colleagues
  - ARNMD
- Special Issues
  - National Guard
  - Comorbidity
  - Difficulties of assessing suicide intervention
- Innovative Approaches
  - Buddy-to-Buddy
    - Family
    - Resiliency
- National Dissemination





# THANKS!

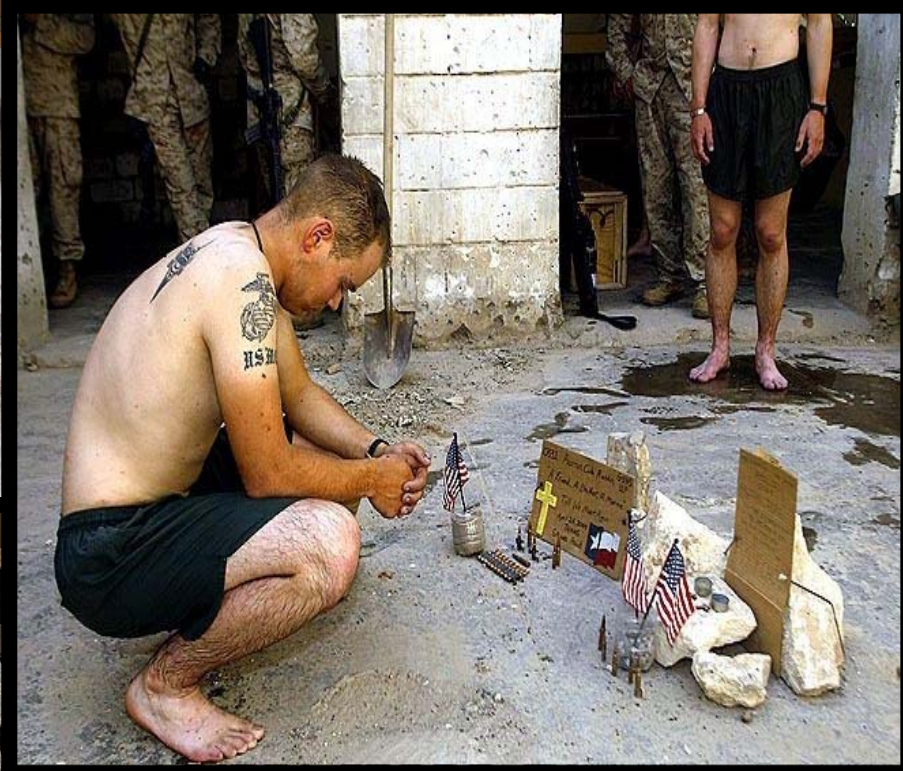




- Causes are similar for all military personnel
  - Battlefield
  - Evacuation
  - Back home
    - Financial stresses
    - Foreclosures
    - Children concerns



# Downrange Funerals



# Evacuation Exposure

## IED, GSW, MORTARS, MVA

Courtesy of Thomas Fluent, M.D.



# Honoring the Families



- “Stress” often continues after coming home
- Jobs disappear
- Foreclosures
- Debt
- Children and family re-entry issues
- Increasing substance use/abuse



# National Guard Post-deployment Mental Health Consequences

- 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
- **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

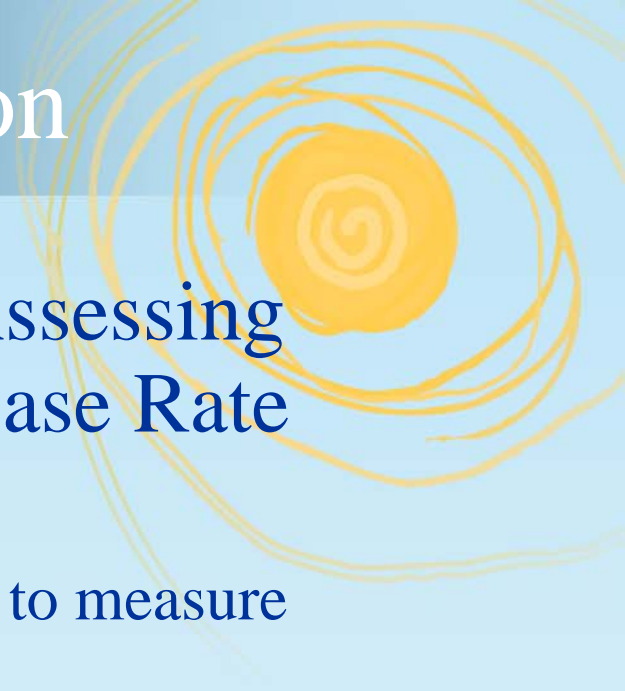
- Identify returning soldiers with need
- Enhance treatment enrollment
- Improve adherence outcome
- Train community resources
- For those requiring, refer to professionals
- Follow-up
- Buddies! Families! Resiliency!

# 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”



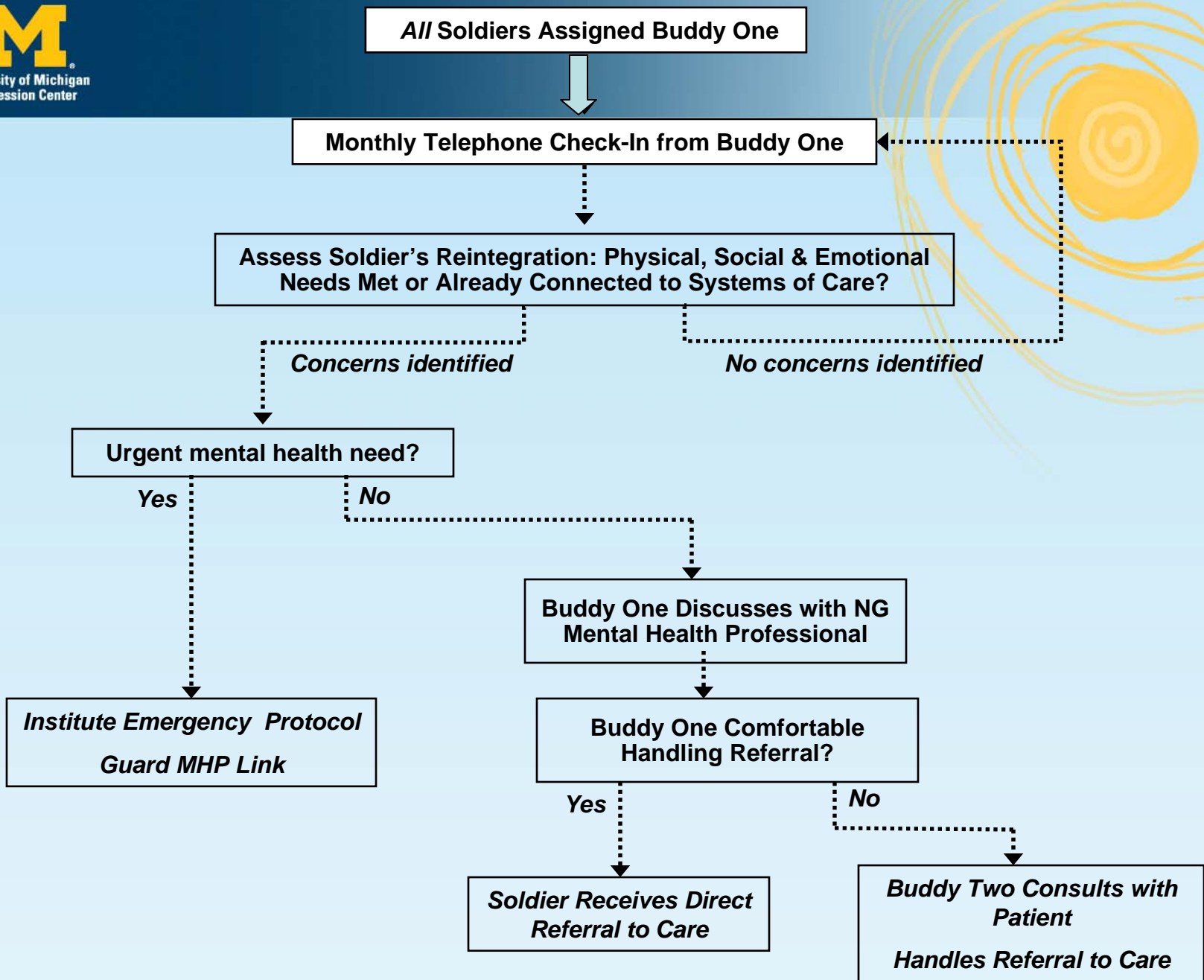
- Essential Requirements When Assessing Outcome Measures With Low Base Rate
  - Large samples
    - National Dissemination of programs to measure effectiveness
  - Measurement of preceding risk variables
    - Suicide ideation
    - Suicide acts
    - Prior history of suicide
    - Depression, PTSD, 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”

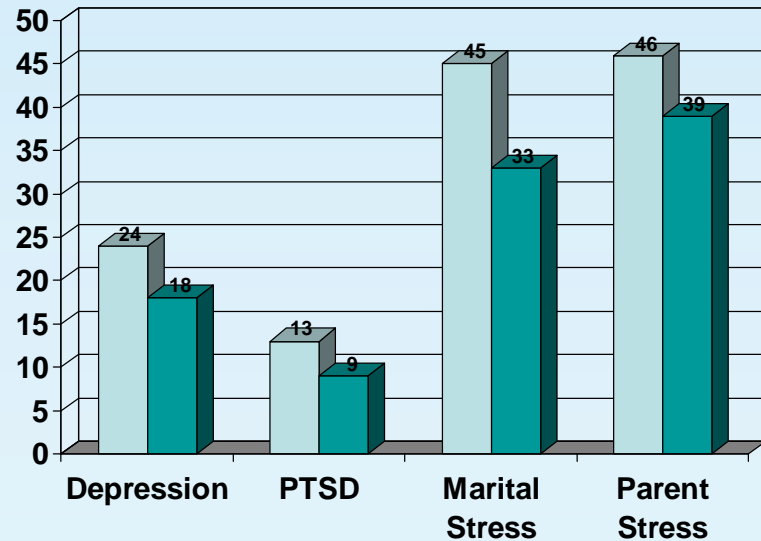
# Is B2B Meeting Goals?

- ❖ 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
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# 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
  - Etc.

# B2B Augmentation of Military Suicide Programs

- Assigns someone rather than informal check-in
- “Out of the unit” option
- Standardized basic communication skills training
- Telecare interventions enhance geographic distribution
- Match referral resources to veteran’s needs/preferences/stigma barriers
- **“Your job is not to give help, it’s to get help”**

# 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**



# Future Needs



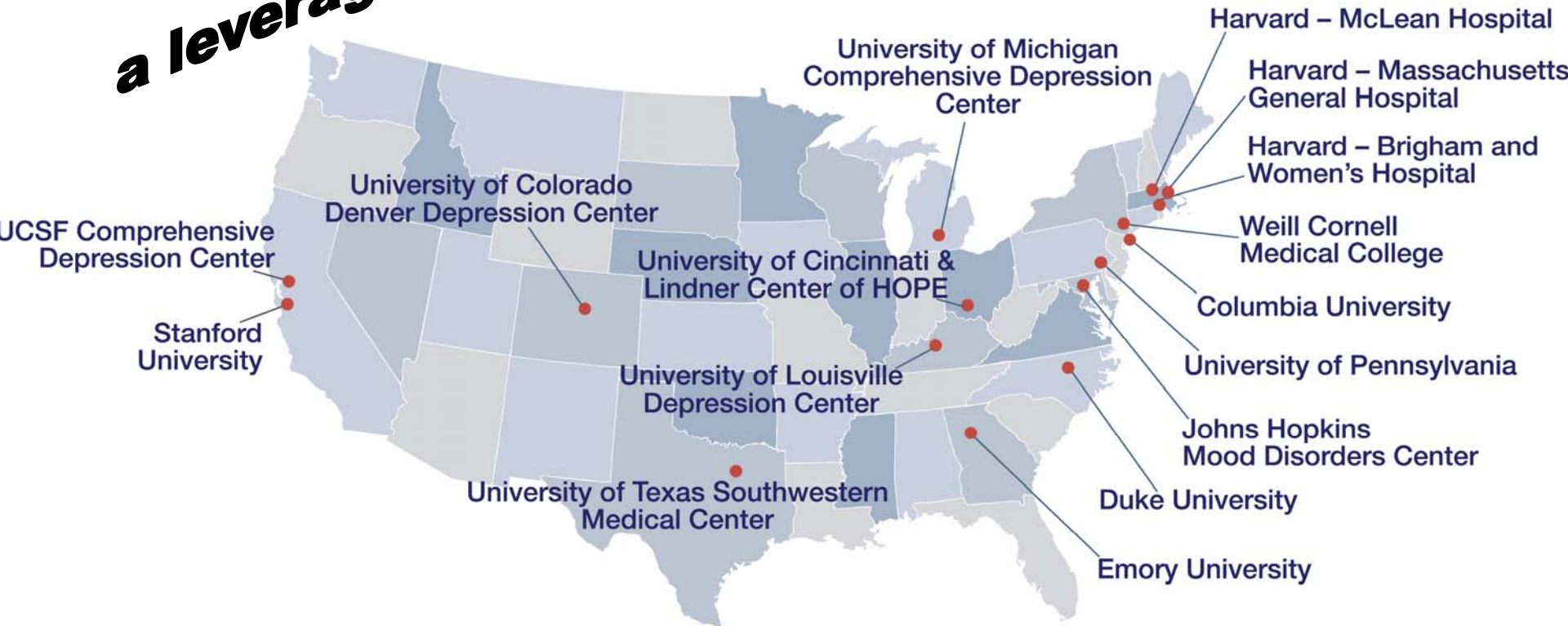
- Training community providers
- Examine effectiveness
- Dissemination to other States
- More “voices”

# 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





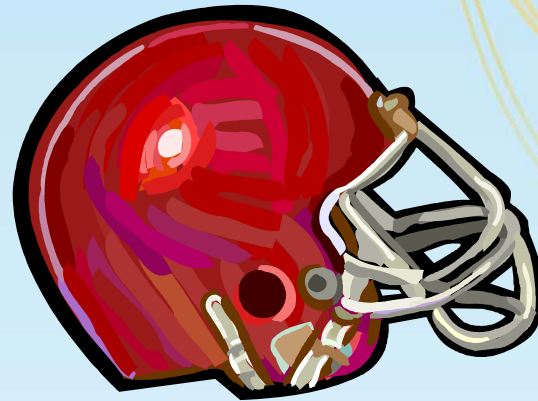
# “Voices” also needed: Dallas Cowboy Cheerleaders



Courtesy of Thomas Fluent, M.D.

# “Under the Helmet” and “Vets Helping Vets”

- Athletes and Veterans have much in common
- Two programs developed by University of Michigan Depression Center and Welcome Back Veterans
  - “Under the Helmet”
  - “Vets helping Vets”
- Goals
  - Mobilize commonalities
  - Enhance “voices”
  - Decrease stigma





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

**We WILL win this fight**

Merci!

Go Blue!

