

Montana model for PTSD detection to face first major test

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One of the largest troop deployments in the state since World War II will test the Montana model for combat stress assessment and treatment over the next couple of years.

It is a particularly important test because Montana's model of preparing families for deployment, assessing soldiers for post-traumatic stress disorder and mobilizing crisis response teams to help traumatized soldiers has become the nation's model.

"This would have been great stuff to have had on my first deployment," said Lt. Col. Ryck Cayer, commander of the 219th RED HORSE, who is facing his fourth tour of duty abroad. "I wish I'd had this kind of knowledge going in the first time."

This year, more than 1,000 soldiers from the Montana National Guard are scheduled for overseas deployment. That includes about 700 members of the 163rd Infantry Battalion, which is slated for a second tour of duty in Iraq, and another 100 members of the Montana Air National Guard's 219th RED HORSE field construction squadron from Great Falls.

The Guard's RED HORSE unit will be joining its active-duty sister unit, the 819th RED HORSE based at Malmstrom Air Force Base, which is expected to add about 240 more troops to the number of people from Montana units who will deploy abroad this year.

"This is one of our largest mobilizations since World War II, rivaling the numbers we sent overseas in 2004-2005," said Col. Jeff Ireland, director of manpower and personnel for the National Guard in Helena.

The National Guard's determination to take better care of its soldiers who deploy was a result of the suicide of a former infantryman, Chris Dana from Helena, in March 2007.

Dana was one of approximately 700 soldiers from the 163rd Infantry who served in Iraq in 2004-05. Once he returned home, he began isolating himself. When he could no longer handle Guard drills, he received a less-than-honorable discharge and shot himself a few days later.

In a state with one of the nation's highest percentages of veterans per capita, Dana's death spurred calls for reform, which the Guard responded to immediately.

Early on, the Montana National Guard concluded that one of the best ways to help its service members would be to strengthen their families, according to Holly Wick, family program coordinator for the Montana Air National Guard on Gore Hill.

Under the Guard's Yellow Ribbon program, before the soldiers leave they and their families spend a weekend together in a civilian setting, where they are briefed on the kinds of assistance available to families during deployment. That information previously had been provided only to the soldiers, who typically were more focused on their upcoming duty assignments, Wick said.

"Our members going through that are ecstatic because they have a whole lot of new knowledge about educational benefits and counseling benefits, stuff they didn't know was available to them," said Chief Master Sgt. Bob Reiman of the 219th RED HORSE Squadron.

"This program has been very, very successful in the Montana Guard," Wick said. "We do after-action reports, and most of the comments say they're getting good information that they never got in past, so they're better informed and feel as though they're being better taken care of by the military.

"They tell us they're getting better use of benefits and entitlements because the word is getting out better," she added.

Once the soldiers deploy, Yellow Ribbon managers track their families while the service members are gone.

"All of the families who have a deployed service member we talk with at least once a month," Wick said. "It's a very hands-on endeavor."

"My hope is that these programs will make it easier for a soldier or an airman to deploy without having to worry about their families and how they are being taken care of," Ireland said. "We want them to have a better understanding of the help available to their families."

"New resources and benefits are available now that were never available during my previous deployments," Cayer said. "It's a great program because it takes care of my people."

Yellow Ribbon also kicks in when the soldiers and airmen return home as a way of reintegrating them into their families and communities. The drill weekends for the first three months after combat also feature family briefings in a civilian setting, and are designed to allow service members to maintain their military support system with their spouses and families joining in.

"In years past, we would come back, get 90 days leave and be pushed out into society," Reiman said. "There were briefings, but the guys just wanted to be with families."

Among the Yellow Ribbon briefings are several on PTSD, alerting soldiers and their families of the danger signs such as hyper-vigilance, irritability, nightmares, flashbacks and excessive reliance on alcohol or drugs, as well as how to seek help if a service member displays those signs.

To make sure service members don't drop through the cracks, the Montana National Guard set up a system under which all service members returning from combat receive a mental health assessment — not just a self-report questionnaire — every six months for the first two years after their return.

"We've had problems with suicide and depression previously," Reiman said. "Combat is a new thing for many of these soldiers, and there's a lot of stress. It's a great benefit for returning airmen to provide an avenue to get them help.

"We can't judge them," he added. "We just have to give them help."

Montana's evaluations are conducted by TriWest Healthcare Alliance, which provides military medical care in its 21-state Western Region.

In the past year and a half, TriWest has provided clinical evaluations for 1,239 service members, referring 341 of them for further treatment and counseling, said TriWest spokesman Scott Celley of Phoenix.

"Personally, the guys that had been deployed to combat zones were certainly all affected if they saw any kind of action at all," said Rick Kuka, a Great Falls counselor who did many of the assessments for TriWest. "I saw some soldiers — this past year I saw two or three — that were determined to be nondeployable because their symptoms were so severe."

Many of the service members denied they were having problems, but Kuka said he learned to ignore the denial.

"Of the hundreds of guys that I talked with, every one of them had symptoms, things like hypersensitivity and irritability," he said. "And we had policemen and firemen and EMTs (emergency medical technicians) whose previous experiences may have contributed to their PTSD."

Kuka also noted that many of the soldiers he saw were members of the 163rd Infantry and had been home for nearly five years at that point.

"I saw many soldiers who had differing degrees of PTSD, but I was very impressed that many of the guys who needed help were already hooked up to help prior to my seeing them," Kuka said. "I diagnosed a much smaller percentage for first-time help or for a return to counseling."

But it's not just the clinical care that TriWest provides. By being present on drill weekends, counselors can observe behaviors and be present to field questions from service members or their buddies.

"We've had a number of PTSD issues," Reiman said. "Our people have been able to get the help they need with the programs the Guard is offering, and that's been a blessing to us.

"There's no blemish on their careers," he added. "We've told them to come get the help, and there will be no ramifications to their careers."

Yellow Ribbon has been a program unique to Montana, but language added to the recent federal Defense Reauthorization Bill by Sen. Max Baucus, D-Mont., will make mental health checkups mandatory for the first two years after combat for all of America's soldiers.

The legislation directs the Secretary of Defense to set such programs up within 180 days of enactment of the legislation, which would be April 28. The legislation — which is expected to cost \$220 million over five years — would apply to the National Guard and the Reserves, as well as to all active-duty service members.

According to a RAND Corp. study last year, one in three combat veterans will return home with PTSD, traumatic brain injury or major depression requiring treatment.

Army Vice Chief of Staff Gen. Peter Chiarell said in November that the 211 suicides in the Army in 2009 had surpassed the record rate of 2008. He called the problem the toughest he had faced in his 37 years of service.

Veterans Affairs Secretary Eric Shinseki said the suicide rate for male veterans ages 18-29 has increased 26 percent from a two-year study conducted in 2005-2006.

"Of the more than 30,000 suicides in this country each year, fully 20 percent of them are acts by veterans," Shinseki said at a suicide prevention conference recently.

"That means, on average, 18 veterans commit suicide each day," he added. "Five of those veterans are under our care at VA. So losing five veterans who are in treatment every month, and then not having a shot at the other 13, who for some reason haven't come under our care, means that we have a lot of work to do."

After Chris Dana's suicide, his father, Gary Dana, said the National Guard threatened his son with military discipline if he didn't continue to attend his monthly drills, but it never sent anyone out to ask what was wrong.

Montana's then-Adjutant General Randy Mosley vowed to change that.

Now when a guardsman begins dropping out of his drill responsibilities or when a family member or a friend reports a concern, the Guard activates a crisis response team to check out the situation.

Typically, the team consists of the commanding officer, a senior noncommissioned officer, a member of the family support unit, the personnel officer and a chaplain who can work with soldiers informally or conduct a formal intervention to refer a service member to counseling.

Crisis response teams in Helena conducted 19 formal interventions in 2008, and formal interventions in 2009. In Great Falls, teams intervened five times in 2008 and four times in 2009.

"These are the ones that actually made it to the formal status, but there were many other occasions where the team assisted people informally before a situation reached formal status," Ireland said.

He remembered one case in which a soldier told his superiors he was having difficulty watching a suicide prevention training film. When it became clear that he was having thoughts of suicide, a crisis response team was convened immediately.

"Fortunately, it was during a drill weekend so plenty of help was available," Ireland said. "The unit was fully involved, and we got him treatment through the VA. Then there was a period of follow-up, after which it was concluded that he was continuing along the road to recovery."

Ireland said he is pleased the number of formal interventions is decreasing, but isn't sure whether that is because of improved assessment and training or because the state's units are nearing the end of the last major deployment cycle.

"On our after-action reports, we're hearing that their service member's mental health seems to be more important to the military than previously — not just physically and financially, but mentally and emotionally as well," Wick said. "We're hearing this particularly from service members who had been deployed previously."

The scheduled deployments this year will test whether the Montana National Guard has made the necessary reforms, Ireland said.

"The thing I fear the most is that no matter how much we do, it will never be fail safe," Ireland said. "But the thing we have to feel comfortable about when we go to bed at night is that we have done absolutely everything in our power to make sure that we have provided as much help to our soldiers as we possibly can."