Working Together to Meet the Needs of Army National Guard Soldiers: An Academic-Military Partnership

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The conflicts in Afghanistan and Iraq have greatly increased the number of veterans returning home with combat exposure, reintegration issues, and psychiatric symptoms. National Guard soldiers face additional challenges. Unlike active duty soldiers, they do not return to military installations with access to military health services or peers. The authors describe the formation and activities of a partnership among two large state universities in Michigan and the Michigan Army National Guard, established to assess and develop programming to meet the needs of returning soldiers. The process of forming the partnership and the challenges, opportunities, and benefits arising from it are described. (Psychiatric Services 61: 1069–1071, 2010)

The mental health needs of U.S. military veterans returning from Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) are substantial: 25%–40% of veterans returning from these conflicts report significant mental health symptoms or interpersonal difficulties (1,2). Psychiatric morbidity, particularly posttraumatic stress disorder (PTSD), depression, and substance use disorders, has a significant impact on these soldiers’ mental and general health status, role functioning, and employment (3).

High rates of suicide among veterans have become a pressing concern (4), as have family difficulties (5) and the stigma surrounding the use of mental health services (1). Improved screening, facilitated connection to services, and increases in the availability of evidence-based treatments are needed. To achieve this, a coordinated response from military, U.S. Department of Veterans Affairs (VA), academic, and community organizations is necessary. Partnerships among these groups can facilitate the engagement in treatment of soldiers and families, provide evidence-based services, and expand the evidence base to improve outcomes (6,7).

During several periods of the OEF and OIF conflicts, National Guard soldiers have constituted between 40% and 50% of U.S. fighting forces (8). Most National Guard soldiers do not return to guaranteed employment and do not live on or near military installations. They return to civilian communities, where they rapidly reintegrate into the civilian workforce and depend on their community’s supports and mental health services. For these citizen-soldiers, additional innovation is required in developing and providing services.

In Michigan, the Michigan Army National Guard (MIARNG), the VA, and university faculty from Michigan State University (MSU), and the University of Michigan (UM) initially had separate efforts to assist returning National Guard soldiers. Over the course of four years, an increasingly close and active partnership was forged to jointly assess and meet the needs of returning MIARNG veterans and their families. In this column, we describe how we have worked together on projects aimed at assessing soldier needs and assisting with reintegration. We also discuss challenges and obstacles faced when forming the partnership and our continued efforts to synergize.

Initial steps
Before the September 11, 2001, attacks, MIARNG’s concerns were fo-
cused on enlisting, training, and equipping a strategic reserve force. Af-
ter September 11, 2001, MIARNG became increasingly aware of the chal-
lenge faced by their civilian soldiers returning from OIF and OEF deploy-
ments. A new, emerging, and critical focus for the National Guard became 
the reintegration of soldiers after return from deployments.

**Linkage with MSU**
The collaboration between MIARNG and MSU was the result of a graduate 
student’s (LG) interest in military families. Her research interest was sup-
ported by faculty from the Departments of Human Development and 
Family Studies, Epidemiology, and University Outreach and Engagement.
A conference meeting in 2005 between MIARNG leaders and MSU faculty and graduate students led to a 
collaboration to develop and deliver programming during weekend reinte-
gration events that followed unit demobilization and to develop referral 
options for community resources where needed. Activities like these are 
part of the military’s Yellow Ribbon program to support soldiers and their 
families throughout all phases of the deployment cycle.

MIARNG launched its first two-
day reunion and reintegration work-
shop for soldiers and their supporters 
in 2006. These workshops were im-
plemented with a small staff from the 
state family program office, chaplain 
support, faculty and clinical interns 
from MSU, and volunteers from the 
private sector. These two-day events, 
held at a retreat location approxi-
ately 45 days after the MIARNG 
soldiers’ return home, aim to assist 
soldiers and their supporters with 
reintegrating back into civilian work, 
family, and community life. Attend-
ance is mandatory for soldiers and 
optional for family. Programming in-
cludes education about depression, 
suicide, PTSD, addictions, traumatic 
brain injury, and information about 
community resources and entitle-
ments. In facilitated process groups, 
soldiers and their families have an op-
portunity to talk openly about their 
reintegration experiences.

In 2007, with the support of an in-
ternal MSU grant, survey data were 
collected at these weekends to un-
derstand how MIARNG soldiers and 
their families were faring postdeploy-
ment. These data were summarized 
and discussed with MIARNG leader-
ship to guide and change program-
matic efforts. Further input came 
from members of the MIARNG-
MSU collaboration, who were all ac-
tively involved in delivering pro-
grams. Additional input was gained 
from two Vietnam veteran advocates 
who were active in reintegration 
weekends and provided informal 
peer outreach to soldiers.

**Linkage with UM-VA**
UM Medical School faculty, several of whom also had appointments with 
the VA Ann Arbor Healthcare System, be-
came involved with the MIARNG and 
MSU faculty in the summer of 2008.
UM activity was spurred in 2007 by a 
U.S. philanthropist with ties to the 
UM. His initiative (“Welcome Back 
Veterans” [WBV]), sought to involve 
the general population in a nation-
wide campaign to support Centers of 
Excellence in developing and provid-
ing services for returning OIF and 
OEF veterans. WBV partnered with 
Major League Baseball and the Mc-
Cormick Foundation to administer 
procured funds through its gift and 
grant process.

UM-VA faculty initially planned to 
develop an inventory of current serv-
ice activities extant in 2007 for veter-
ans in Lower Michigan. The informa-
tion gathered made UM-VA faculty 
aware of the broad array of commu-
nity initiatives that were already in 
place but not accessible in a central-
lized location.

These efforts were aided by the li-
aison activities of a UM psychiatry 
fellow (RL) who was also a member of 
MIARNG. Through him, UM-VA 
project leaders became aware of 
MIARNG’s work with MSU and the 
reintegration workshops. MSU col-
leagues and MIARNG leadership 
were consulted about their program-
ning preferences, and a grant was 
funded through the WBV–McCorm-
ick Foundation initiative, which 
provides important seed monies to 
develop a more systematic peer-out-
reach program and additional family 
initiatives for MIARNG veterans.

**Partnership building**
Utilizing the principles of communi-
ty-based participatory research (9), 
group members from each institution 
met regularly so each party could 
contribute to developing a shared 
mission, setting goals and priorities, 
and developing new programming for 
returning soldiers. This group also 
provided oversight for program im-
plementation and evaluation. MSU 
and UM-VA staff regularly attended 
reintegration weekend events to 
spend time with MIARNG soldiers 
and to facilitate breakout groups. In 
addition there were joint UM-VA and 
MSU brainstorming sessions, regular 
in-person monthly meetings with all 
group members, and numerous e-
mails or telephone conference calls 
among collaborators.

Challenges in forming the partner-
ship included the National Guard ethos that it was “important to take 
care of our own” and feeling be-
sieged at times by offers of assistance 
from disparate community groups. The 
relatively flat management structure and informal atmosphere 
of academic departments also 
contrasted with the hierarchical military 
structure. Guard leadership were 
sometimes frustrated about who was 
in “command” in the university 
structure or bristled when academics 
accessed high-level officers without 
“going up the chain of command.” In 
addition, both the MIARNG and 
WBV sponsors were reluctant to 
consider the idea of conducting re-
search evaluations as part of pro-
gram development. It was clear that 
research was secondary and would 
need to follow program implementa-
tion. Trust was facilitated through 
forming a clear joint agenda and re-
peatedly demonstrating commit-
ment and respect.

As the partnership evolved, it be-
came clear that the academics had a 
new opportunity to deliver services 
designed to have a direct impact on a 
population in need. In turn, the Na-
tional Guard found that the academ-
ics had useful knowledge about men-
tal health treatment and program 
evaluation. Academic partners also 
had expertise in writing grant applica-
tions, which brought more resources 
to MIARNG programs.
Collaborative activities

Surveys and needs assessment
UM-VA and MSU combined evaluation activities to further inform intervention development. They documented baseline symptoms and services used by sequential waves of MIARNG soldiers. Surveys also asked about soldiers’ treatment preferences, assessing to whom soldiers turned when they experienced mental health symptoms or other life difficulties. These data informed programming needs and allowed MIARNG to obtain funding for services from higher National Guard echelons.

A comprehensive compilation of community agencies and providers was developed, including information about experiences and expertise in treating military populations, fees and insurances, and types of treatment offered. This guide was distributed to National Guard personnel.

Family programming initiatives
Family programs that focused on parenting, family reintegration, and dealing with stress were offered at reintegration events. Additional predeployment programming was included to prepare families for their loved one’s deployment and to connect them to services, providers, and other families with similar experiences.

Peer outreach and linkage
Based on MIARNG programming preferences and the military culture that supports “leaving no one behind,” a proactive, systematic peer-outreach and linkage program, called Buddy-to-Buddy, was developed. Peer outreach was thought to be well suited to address the stigma associated with treatment seeking. A UM-VA faculty member (MV) with expertise in developing peer support programs with veterans and other populations led the planning. Also involved were the two Vietnam veteran peer advocates. Their prior activities and influence throughout the MIARNG helped the new program gain acceptance. Buddy-to-Buddy was implemented in January 2009 for returning MIARNG soldiers. Each returning soldier is assigned a first-tier Buddy (Buddy One) from within the same unit. Buddy Ones are trained in communication techniques and systematically telephone returning soldiers in their panel to identify those who may benefit from further evaluation. Soldiers and Buddy Ones also are able to access second-tier Buddies, who are volunteer veterans trained in motivational interviewing techniques, are well versed in VA and other local mental health resources, and receive regular supervision by UM staff. Buddy Two volunteer veterans help soldiers who might be ambivalent about care, have difficulty accessing treatment resources, or require more complex treatment coordination.

Effectiveness evaluation
After services projects were implemented, a joint research agenda began to be developed. On the basis of the collaborative’s priorities, research applications to more rigorously evaluate the Buddy-to-Buddy program were submitted and funded by the VA Health Services Research and Development office.

Lessons learned
The important mental health needs of returning soldiers and their families attract the interests and energies of a wide range of professionals. Collaboration required flexibility and humility to adapt and change initial individual and institutional aims into joint aims.

We recognized the need to integrate different cultures. The academic institutions had similar aims for their respective involvement, but their institutional cultures differed in some ways. The goals and timeline of the MIARNG were dramatically different from those of either academic partner, and the MIARNG had a culture less tolerant of the research focus and leadership ambiguities that typically characterize academic endeavors. The final product has benefited from these somewhat disparate cultures: program development and implementation moved at a more rapid pace than is typical for academia, and an evaluation and research component has been developed to a greater extent than might ever be planned by a military organization. It was critical to establish trust between university partners and the MI-ARNG, including all levels of commanders and civilian staff working in the family programs office. There has been no substitute for ongoing face-to-face work to blend efforts and achieve mutually desired goals.

The joint mission and shared gratification in working effectively to assist returning soldiers and their families have sustained and enhanced the motivation and energy of each team member and continually fueled the collaborative’s resolution to work together to meet the needs of soldiers and families who have given and sacrificed so much to serve their country.

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