PRE-DEPLOYMENT AND ANNUAL TRAINING PROGRAM (first draft)

This is a working document. You are encouraged to add comments, strikeouts, input, opinion, etc. Please make sure to highlight or color font, etc to ensure recognition of changes/input.

(SCAN AND EMAIL, OR EMAIL COMMENTS TO: mike@summitforsoldiers.org)

Overview of Proposal:

This would be a 5-part training/tracking process, which begins with an online Annual Training Module that includes a "basic" overview and understanding of PTS and Suicide, resources and how to respond. It would also have scenarios/video/interactive Q&A.

The next step would be a one-day "Classroom" based in-depth program that would be taught to everyone "pre-deployment" this could also be incorporated into CLS courses, and all medics/corpsman should have this component introduced into "basic MOS/NEC" training.

The "Accountability and Integrity Agreement" (or whatever it gets titled) would be an agreement of understanding discussed and acknowledged, with family, unit leader, and individual, regarding course of action upon return to ensure screening and follow up if necessary. This would need to be signed and entered into service record prior to deployment or training.

The fourth component would be a "field-assessment" or "Mental Health First-Aid" that each individual would know basic field assessment and how/when to escalate care/evaluation. This would follow the "self-aid, Buddy-aid, Corpsman-aid" concept, and would be taught during pre-deployment training, CLS, and "hip-pocket" field training.

The final component would be a "Stress Tracker" that each individual would maintain, entries would include things like, combat engagements, traumatic experiences, witnessed death or injury, long periods of "non-kinetic" patrol, etc. This could be verified through COC/Unit tracking/reporting systems already in place (TIC reports, Patrol reports, logs, etc). This would be an official dated record that can be relied upon for post deployment assessment and screening, VA claims, etc. This would be a record that can be utilized as "confirmation" after discharge should issues develop later.

Questions and Obstacles:

1. Who is most susceptible to Post Traumatic Stress?
2. Do you have to experience “combat” to develop it?
3. How do we define and what do we consider “combat”?
4. How do we separate the difference between PTS, readjustment, and behavioral issues?
5. What percent of Active Duty Suicides are troops that have Deployed?
    a. If deployed, did they experience combat or traumatic event?
    b. If deployed, did they go on “non-kinetic” patrol/s?
    c. If non-combatant, did their base/FOB/etc experience any type of threat?
    d. If not deployed, did they work in a visually threatening environment, such as, graves registration, hospital tending to wounded, etc?
6. How do the demographics break out for the 6000 veteran suicides a year?
    a. What percent saw combat or traumatic experience?
    b. What percent deployed?
    c. What percent have been struggling with issues stemming from their service?
    d. How long after discharge did they commit suicide?
7. What percent of people claiming PTS truly have it?
8. What about those that exploit the system, claiming to have PTSD and have “met” the requirements. How do we deal with this issue?
9. If it becomes easier to be classified with PTSD, won’t there be more people exploiting the system?
10. Shouldn’t the military screen better, for more mentally tough recruits?
11. Can you mentally “train” to prevent PTSD?

Push Back:

1. Time Consuming
2. Will attract more “malingering”
3. One more thing to worry about.
4. It is not needed.
5. Member will not be accountable to it.
6. Increased Burden
7. Cost Consuming, we need equipment not another training program.
8. We already have programs
9. It won’t work
10. People need to “suck it up”, if you can’t handle the job you shouldn’t do it.

Logistics of the Program:

1. The program should not cause more trouble than good.
2. It should not be overly time burdened.
3. It should be simplified and easy to follow.
4. It should be cost effective.
5. It should increase combat readiness, not decrease.
6. It should Reward and not Penalize

Proposed five part process:

1. Annual Online Training (NKO, AKO, etc)
2. Pre-deployment Workup and Training
3. “Accountability and Integrity Agreement”
4. Field Assessment/Mental Health First-aid
5. “Stress Tracker” to be used for Post Screening.

Benefits of Program:

1. Troop who is informed and better prepared for the process of dealing with a traumatic event.
2. Downward trend in the STIGMA and MYTHS that prevent treatment of mental health issues.
3. Mission Ready Member
4. Increased Unit Integrity and Accountability
5. Quicker Assessment leads to quicker treatment, which leads to a quicker return to duty.
6. Decrease in issues related to un-treated PTS.
7. Better Job Performance
8. Decrease costs incurred verses un-treated individual.
9. Decrease Suicide rate.

Objectives:

1. Member will have a good understanding about what is PTSD, signs and symptoms, typical timelines and who is at risk.
2. Member will be fully informed about the effects and consequences of untreated PTSD.
3. Member will understand the Stigma and Myths surrounding PTSD and how to address it.
4. Member will understand the resources available to them and their family. and when and how to access them.
5. Member will understand about suicide awareness and the emergency resources available, and how to access them.
6. Member will understand the purpose of their “Individual Stress Reporter” and what and hen to track.
7. Member will know how to conduct a basic assessment of battle buddy and key factors that should be past up the Chain of Command/Medical for further evaluation.
8. Member will understand the purpose of the pre-deployment “Accountability and Integrity Agreement”

Tools to build program:

1. Personal Experience and Input from:
    a. Folks that have struggled with PTS or other service-related mental health issues.
    b. Family members of those that have struggled.
    c. Unit Leaders
    d. Unit Medical Staff
    e. Mental health care Professionals
2. Peer reviewed Medical Publications
3. VA Health Systems flip-books
    a. Suicide Prevention
    b. PTSD
    c. TBI
4. Unit Leader Resources
    a. USMC Managing Combat Stress
    b. Suicide Prevention for Unit Leaders
    c. DOD one-sheet publications

Timeline:

1. Distribute Working Document and solicit input
2. Gather Input and Resources.
3. Compile and Categorize information
4. (If 5-part program is agreed upon approach, then)
    a. Begin organizing first draft annual training module, and distribute for review/edit.
    b. Begin developing first draft “Stress Tracker” and “Accountability/Integrity Agreement” and distribute for review/edit.
    c. Begin developing first draft pre-deployment training program and distribute for review/edit
5. Repeat above until refined to an “acceptable” program
6. Present to higher level Military Officials for review/Input
7. Find beta sites
8. Begin approaching government/congressional resources.
9. Modify and Finalize program.
10. Introduce and begin Implementation.