

Background: "Lessons Learned"

During the Persian Gulf War, many units were deployed on short notice. When this occurred, immediate human services to personnel and their families were lacking, resulting in unresolved conflicts for staff being sent to their duty stations. There were situations where personnel became casualties of the stress resulting from unresolved family, personal, financial, job, etc. issues not being resolved prior to deployment. As a result, some staff were prematurely returned from duty prior to completion of their mission or tour of duty while others were not as effective as they could have been if issues were initially resolved prior to deployment.

Actual case examples:

- An Army Reserve physician whose creditors would not obey the existing laws regarding their procedures when he was called to military duty. When the soldier returned to civilian work his financial losses were significant causing him to lose his medical practice.
- A person whose husband stated he would divorce her and give the children to her parents to raise if she was deployed.
- A parent with an unstable child who could not provide the emotional support when deployed and could not arrange for this support on short notice. The child committed suicide.

Interdisciplinary Interventions

The HARRT multidisciplinary interventions can result in optimal personnel proactive reaction to the psycho-social-vocational-family-financial realities of deployment. This can result in enhanced and optimal performance while deployed.

HARRT interventions have at its core "*Choice Theory Psychology*" by William Glasser, M.D. The HARRT helps to examine the many complex facets of a person's life (civilian job, family needs, personal and family health, financial, spiritual, psychological, etc.), identify strengths and areas needing improvement, identifying possible alternatives (choices) for improving, and learning how to make "good" choices in life.

First HARRT Team Members (certified Jan 2001):

COL Bart Billings, Psychologist & Instructor
MAJ Joseph Bird, Clinical Social Worker
COL Candace Burns, Nurse
1LT Jeffrey Burnsed, Chaplain & Counselor
MAJ William Clark, Chaplain
CPT Kathleen Dunn, Physician, PM
MAJ Tammy Fish, Social Worker
Dr. Anthony Fox, Chaplain & Counselor
LTC Garnell Gladden, Medical Service
SSG Lisa Graves, Psych Tech
COL Lorraine Johnson, Psych Nurse
MAJ Paul Nobles, Clinical Social Worker
SGT Charles Perkins, Psych Tech
SGT Chris Pinero-Cuevas, Chaplain Assistant
MAJ Alice Randall, Nurse
LTC Ken Robinson, HARRT Administrator
MAJ Michael Tilus, Chaplain
MAJ Twanda Young, Family Readiness Officer

Human Assistance Rapid Response Team (HARRT)



Bart P. Billings, Ph.D.
Founder / Director
Primary Instructor

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Human Assistance Rapid Response Team (HARRT)

Purpose

- To support Commanders in determining readiness of unit personnel for deployment.
- HARRT provides human services support (medical, legal, mental health, religious) on an on going basis to military units which will result in identifying problem areas that may interfere with future deployment.
- To prevent short or long-term concerns over family, legal, medical, psychological, and religious difficulties that are inherent when a person is removed from their daily life activities on short notice and deployed.
- To prevent short or long-term concerns and the inherent difficulties (civilian jobs, family, legal, medical, psychological, religious, etc.) with deployment for both active duty and reserve personnel.
- To enhance performance of soldiers called to active duty.

References

DoD Directive 6490.2, "Joint Medical Surveillance," 30 August 1997.

DoD Instruction 6490.3, "Implementation and Application of Joint Medical Surveillance for Deployment," 07 August 1997.

DoD Inspector General Report No. 96-079, "Evaluation Report on the Management of Combat Stress Control in the Department of Defense," 29 February 1996.

HARRT Services

HARRT will provide the following services for Commanders:

- Evaluation of unit personnel relative to personal and family readiness to deploy, e.g. include as part of MOBEX
- Education to units on the normal psycho-social-vocational reactions and subsequent difficulties following notification of being called to active duty.
- Individual interventions with personnel that will be most affected by future deployment.
- Group interventions with military units that are preparing to deploy.
- Coordination with unit Family Readiness POC and local civilian medical, legal, mental health, family service and spiritual support systems.
- Interventions with dependents and the civilian community when needed as part of working with military personnel.

HARRT Team Composition:

- Physician
- Attorney
- Nurse
- Social Worker
- Psychologist
- Chaplain
- LPN
- Medical Specialist
- Psychologist Technician
- Chaplain Assistant
- Legal Assistant

Requesting HARRT

- The first HARRT team trained and certified was in Jan 2001. The 332nd Medical Brigade sponsored training.
- Any command can request HARRT support via a message to:
Dr. Bart P. Billings (Phone) 760 438-2788
2704 Cazadero Drive (Fax) 760 931-9611
Carlsbad, CA 92009
bbillings@omnisonic.com

Frequently Asked Questions

1. *Why should a commander be concerned about personal / family readiness?*

There are ample AARs. / "Lessons Learned" documenting the premature return, as well as suicide from deployment of personnel with unresolved family, personal, psychological problems that exacerbated during deployment. HARRT evaluation and intervention can support resolution prior to deployment.

2. *When should I request a HARRT visit?*

A commander can request the HARRT team at any time. Integration into the regular work schedule provides an excellent opportunity for this readiness evaluation.

3. *Isn't this the same as what the Combat Stress Team does?*

No. The HARRT team works with the Commander to evaluate individual soldier and overall unit readiness for deployment. HARRT assists individuals prepare their family and themselves for an absence.