ARNG LEADER'S GUIDE

SOLDIER RESILIENCE

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Introduction

Purpose

Problems that Soldiers face can be detrimental not only to the readiness of the individual Soldier but, to the entire unit as well. This publication is designed to provide guidance and tools to all NCOs on what to look for, what to do, and specific resources for helping Soldiers. Consider this publication a *desk reference* for executing critical tasks to build resilience, manage risk reduction, and ultimately, to ensure all Soldiers in the unit are ready and resilient for every mission and everyday life.

Why is this important to the NCO?

Enhanced resilience, achieved by a combination of specific training and improved fitness in the five domains of health, can decrease post-traumatic stress, decrease the incidence of undesirable and destructive behaviors, and lead to a greater likelihood for post-adversity growth and success. It ensures continuity of effort among the disparate organizations which currently provide education and training, intervention, or treatment programs to Soldiers and their Families.

As NCOs and leaders, we have the tools, systems, and resources within our reach to identify, interdict, and direct our Soldiers towards a healthier and stronger existence both in and out of uniform.

Building Resilience in Your Soldiers

Sponsorship

What is Sponsorship?
Building Resilience in new Soldiers starts with the appropriate Sponsorship of Soldiers and their Families into the unit. Potential Soldier resilience issues can be alleviated through a well-designed program. An effective sponsorship program begins prior to the Soldier's arrival at the Recruit Sustainment Program (RSP). It continues with the Soldier's integration into the unit as a team member. New Soldiers need help with many tasks and advice on many topics. This is the first step every NCO takes to prepare and motivate Soldiers to become part of the team.

How It Works

RSP

- A sponsor is appointed (designating the Soldier's RRNCO as the primary sponsor).
- A secondary sponsor will be selected from a list of trained Cadre (the Soldier's FLL).

Unit NCO / First Line Leader (FLL) Responsibilities
The sponsor should be the new member's FLL or a suitable secondary selected from the Soldier's future squad, section, or team.

- Contact the Soldier no less than once a month either to inform the Soldier of any drill status change, or check for any problems the Soldier may have incurred since the last drill.
- After successful completion of IADT the new Soldier's next drill is their final weekend at the RSP.
- FLLs provide the Battle Hand-off from the RSP to the Soldier's new unit/sponsor.
- Introduce the Soldier to key personnel such as the Commander, 1SG, and full time support personnel.
- Brief the Soldier on unit history, lineage, honors, military justice, ARNG missions, and the Commander's polices.
- Ensure logistical coordination of clothing, equipment, or training aids necessary for the Soldiers' success.
- The goal is for the FLLs to ensure that newly assigned Soldiers properly receive their initial counseling and are integrated into the unit effectively.
- The FLLs should conduct an orientation interview determining goals, aspirations, expectations, wants, and desires that the Soldier expects of the ARNG.
- FLLs should conduct regular follow-up interviews to provide the following; an opportunity to identify problems, ensure records are up to date, all clothing items have been issued, initial incentive forms have been submitted for payment, and the Soldier is informed of all training events.

What can FLLs do to enhance the sponsorship of Families?

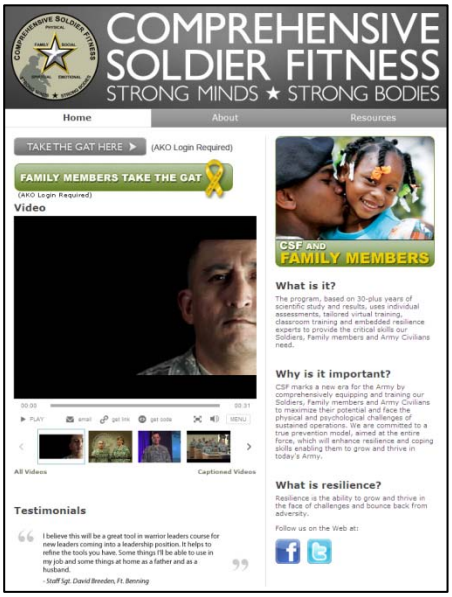
- Encourage the integration of Family sponsorship within the unit's sponsorship program.
- Participate in a Family Readiness Group (FRG).
- Encourage Soldiers and their Families to participate in the FRG.
- Attend all Family events.
- Encourage Soldiers to attend all Family events.
- Stay in close contact the FRG leader (or chairperson).

What can the FRG do to enhance readiness through Sponsorship?

- Provide a safety net so the command and FLL are aware of status changes.
- Call new spouses and welcomes them to the unit.
- Invite Families to FRG events.
- Ensure Families are invited to resilience building briefings and training.
- Provide a welcome packet containing key information directly to the dependents.
- Initiate and maintain a communication link before, during, and after separations caused by the military commitment.

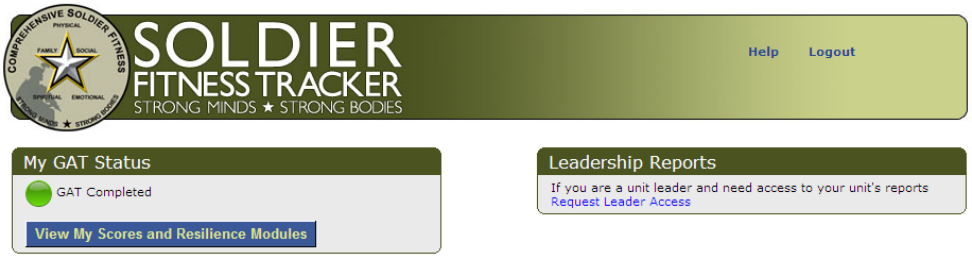
The Global Assessment Tool (GAT) (http://www.army.mil/csf/)

What is it?
The Global Assessment Tool (GAT) is a survey based instrument used to assess the dimensions of emotional, spiritual, social, and Family fitness. Developed by subject matter experts from the U.S. Military and Civilian Universities, the GAT is comprised of a series of questions, drawn from scientifically validated scales. Administered online via Army Knowledge Online (AKO), it takes about 10 to 15 minutes to complete, and rapidly estimates an individual's fitness in these dimensions of strength. The GAT has been fully implemented as of First Quarter, FY2010.

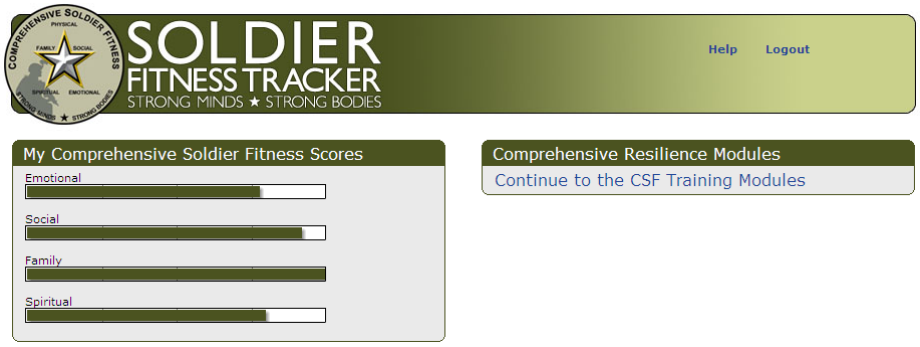


Individual GAT results are completely confidential. Question responses and dimensional scores will not be made available to anyone other than the individual taking the GAT. Additionally, the GAT will not be used as a selection tool for promotion, command or schooling. Primarily designed as a self-assessment for the individual, when personally identifying information is removed, the aggregate scores of the assessment will help the Army determine which training is most effective in building strength in these important areas. Among Soldier populations, the Soldier Fitness Tracker (SFT), which operates the GAT via AKO, is an integrating application; and has the capability to examine relationships between de-identified GAT data and training, deployments, location and other routinely collected information.

Why does it include the Spiritual Dimension questions?
The spiritual dimension questions on the GAT pertain to the domain of the Human Spirit - they are not religious in nature. CSF defines spiritual fitness as strengthening a set of beliefs, principles or values that sustain a person beyond Family, institutional and societal sources of support. Spiritual fitness provides a person a sense of purpose, meaning, and the strength to persevere and prevail when faced with significant challenges and responsibilities. It promotes general well-being, enhances self-confidence, and increases personal effectiveness.



How does this help a Soldier?
Used over time, from accession and at intervals over a career, the GAT will enable an individual to see his or her performance change in response to training, experience, and maturity. Additionally, the results are linked to Comprehensive Resilience Modules (CRM), most appropriate for his or her stage and current level of performance in each dimension.



Policies are being established to ensure enrollment, security of data storage and survey completion. Soldiers will periodically repeat the GAT throughout their career life-cycle as part of the ongoing process to assess strength and build resilience skills. Family members and DA Civilians are provided the opportunity to take the GAT beginning in the Second Quarter, FY2010.

What are Comprehensive Resilience Modules (CRM)?
Upon completion of the Global Assessment Tool, Soldiers, Family members and DA Civilians will be directed to a menu of online CRM.

CRMs will provide evidence-based training in each area of fitness available based on individual needs, as demonstrated by physical and psychological assessments. The Social, Emotional, Spiritual, and Family modules will consist of three levels for each dimension:

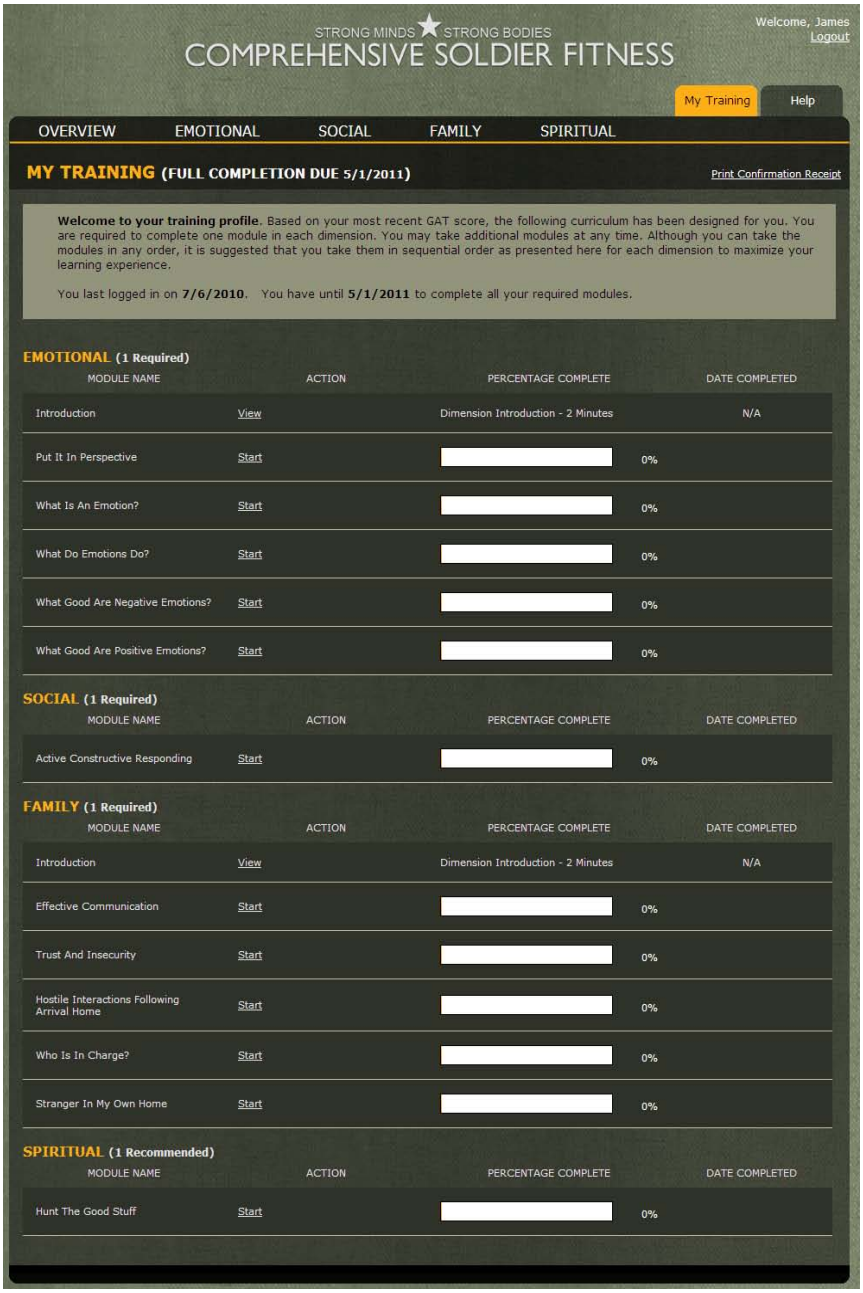
Social
- Active Constructive Responding

Emotional
- Introduction
- Put it in Perspective
- What is an Emotion?
- What do Emotions do?
- What Good are Negative Emotions?
- What Good are Positive Emotions?

Spiritual
- Hunt the Good Stuff

Family

- Introduction
- Effective Communication
- Trust and Insecurity
- Hostile Interactions Following Arrival Home
- Who is in Charge?
- Stranger in my own Home?



How are the CRMs accessed?

Training at each level will be offered virtually for maximum accessibility to all Soldiers, Family members and DA civilians. Where available, the menu will include local installation courses and programs that have been proven effective.

CSF has assembled workgroups of military and civilian experts for the Social, Emotional, Spiritual, and Family dimensions. These groups have identified the desired attributes, knowledge, skills, and behaviors for their respective dimensions. They will function to provide quality assurance for the training modules.

CRMs will utilize technology to integrate outcomes. The results will guide decisions about which programs will be supported, expanded, or eliminated. The CFMs will be linked with existing Army databases.

The utilization of this tool and process begins with a visit to http://www.army.mil/csf/, DA's Comprehensive Soldier Fitness Center. The Soldier simply clicks on "Take the GAT" and he or she is on their way!

The Personal Support Network

Following the steps below can guide your Squad through the formation of their own Personal Support Network. The entire Guard Experience will be greatly enhanced for your Squad members as well as their Families as they learn more about the commitment to the Guard, the training, lifestyle changes, and how to be there for their Soldier before, during and after deployment.

For the Friend of a Soldier

- **As a Recruit in the training phase**
  - Learn about the Army National Guard
  - Expect Changes
  - Be Available to your Soldier to Listen and Help
  - Be Involved
  - Be Supportive
  - Stay Connected
  - Talk with other Friends about your Soldier
  - Stay in your Soldier's "Loop"

- **As your Soldiers prepare to deploy**
  - Call on spirituality
  - Talk with other Friends about your Soldiers' upcoming deployment
  - Volunteer with ARNG and Family Support Organizations
  - Stay in your Soldier's "Loops"
  - Be understanding of your Soldier
  - Be a sounding board for your Soldier

- **While your Soldier is deployed**
  - Accept your feelings of apprehension
  - Stay busy
  - Rely on legitimate sources of information
  - Resist the temptation to investigate or pry for information
  - Reach out, volunteer to support deployed Soldiers' Families
  - Join the Care Package assembly line
  - Maintain OPSEC
  - Be Prepared for communication blackouts

- **As the Soldier is in post-deployment**
  - Expect the transition to be difficult at times
  - Learn about post-deployment stress
  - Take your time with your Soldier and yourself
  - Support your Soldier's transition back to civilian life
  - Be observant
  - Stay in contact with your Soldier's Family
  - Ask you Soldier about their experiences
  - Be patient
  - Be cautious with your expectations
  - Be alert for signs of behavioral change
  - Encourage social networking

For the Parents and Family of a Soldier

- **As a Recruit in the training phase**
  - Learn about the Army National Guard
  - Expect changes
  - Offer to help your Soldier prepare
  - Discuss expectations
  - Be involved
  - Be supportive

- **As your Soldier prepares to deploy**
  - Take care of yourself
  - Call on your spirituality
  - Find a support channel of your peers
  - Maintain your medical allies
  - Talk about it
  - Pitch in and help
  - Know the guard and know the Army
  - Manage the Family's expectations
  - Maintain OPSEC
  - Be prepared for communication blackouts

- **While your Soldier is deployed**
    - Accept your feelings and apprehensions
    - Keep sending that mail
    - Make care packages
    - Turn to Family readiness groups
    - Volunteer with ARNG and Family support organizations
    - Get professional support as needed
    - Strengthen your social networks on-line
    - Rely on legitimate sources of information
    - Resist the temptation to investigate or pry for information
    - Be a safe haven for your peers

- **As your Soldier is in post-deployment**
    - Continue to take care of yourself
    - Expect the transition to be difficult at times
    - Learn about post-deployment stress
    - Set a time to discuss sensitive issues if necessary
    - Be patient
    - Be cautious with your expectations
    - Be alert for signs of behavioral change

Soldier to Soldier (S2S) Program

Soldier to Soldier support is an essential component of bolstering resilience in our ranks. Today's Soldiers are the finest this nation has ever produced and more has been demanded of them and their Families in ways that they may have never expected. Many of our Soldiers experience minor, manageable issues but others face more serious challenges, including Family concerns, financial issues, legal issues, or emotional issues such as depression, post-traumatic stress disorder, and adjustment back to civilian life for those that have deployed. Sadly, these issues often lead to high risk behaviors such as domestic abuse, substance abuse, and suicides.

What is S2S?

- S2S is about peers being the first line of defense for peers
    - Buddy to buddy
    - Soldier to Soldier
    - NCO to NCO
    - Officer to Officer
- S2S works beyond the bounds of the chain-of-command
- S2S emphasizes awareness, recognition, and communication techniques

Fundamentals of S2S

- Observation (eyes on)
- Trust
- Confidentiality
- Understanding by someone who has "been there"
- Knowing when:
    - To lend an open ear
    - Systems of care are needed
    - To notify the chain-of-command or support professionals

How to Prepare Soldiers for S2S

- Basic awareness of resources available to Soldiers
- Be aware of the levels of support available to Soldiers
    - Volunteer support personnel
    - Chaplain & civilian clergy
    - Mental health professionals
    - Medical professionals
    - Civilian support agencies
- Talk about the importance of confidentiality with the exception of extreme situations
- Teach listening skills
- How to clarify or ask questions that seek clarification
- Talk about ethical issues
- Do problem solving drills to walk through situations they may face
- Emphasize peer support/buddy support limits and liabilities
- Demonstrate your support about confidentiality

Talk with and Train your Squad

Areas of Potential Concern (talk openly with your Soldiers)

- Alcohol and substance abuse
- Anger problems
- Burnout
- Cross cultural issues
- Domestic violence
- Education problems
- Experiences during deployment
- Feelings of depression or anxiety
- Financial problems
- Grief management
- Health problems (headaches, heart palpitations, not taking care of oneself, etc.)
- Legal problems
- Limits and liabilities
- Medical conditions
- Mental health problems
- Relationship issues
- Risky behavior (fighting, speeding, etc.)
- Sleep problems/nightmares
- Talk of suicide

Keys to Success with Peer Brainstorming Sessions

- Timing and location are important
- Not rank oriented
- Group discussions
- Situations should be anonymous
- Talk in the clear – Everyone has a voice

Sample Questions for Starting Dialog

- What has happened since you've been home?
- Catch me up on your Family?
- How have you been spending your time?
- What is a typical day like?
- What kind of work are you doing?
- What are you doing to take care of yourself? How is that going?
- What's it been like with your spouse or significant other after being away?

Building Blocks of Open-Ended Questions

- Tell me about…
- What do you think about…?
- What can you tell me about…?

- What would happen if…?
- What did you notice about…?
- How do you thing we could…?
- How did you…?
- How could you…?
- I wonder if there's another way to look at…?

Reflective Statements

- It sounds like you are feeling…
- In other words…
- So you feel…
- It sounds like you're not happy with…
- You're feeling that…
- You're having trouble with…
- You're struggling with…

Prepare Yourself

Follow-up on Known Situations & Monitor your Soldiers

- Events and situations that happened prior to deployment
- Events and situations that occurred during deployment (in theater and at home)
- Events and situations that have taken place since returning from deployment

Be Aware of Resources

- Chaplain
- Social Workers (military contracted or civilian agencies)
- Family Readiness Program Support Personnel
- Yellow Ribbon Reintegration Program (YRRP)
- Master Resilience Trainers (MRT) available to your unit
- State and Local Agencies (American Red Cross, Vet Counseling Centers, VA)

Talk with Your Peers

- What they are experiencing as an NCO
- Support agency points of contact
- Unit morale
- Team morale
- Techniques to foster peer to peer in the "new normal"

Employment Issues

What to Look For

- Repeated borrowing from friends and co-workers
- Repeated use of relief agencies for loans and grants
- Collection agencies contacting the unit
- Repossession of property and automobile
- Soldier is constantly at the armory – no-where else to go
- Soldier is not attending drill

What to Do

- Foster a team approach between the Soldier and unit leadership
- Refer to the Military Life Consultant for financial advice
- Refer to the Family Readiness Group leader for community support
- Provide Soldier a listing of job agencies
- Contact the states Human Resource Office for temporary positions
- Assist the Soldier in writing a resume

Soldier Employment Resources

Veteran's Administration
Soldiers may be able to take advantage of the Veteran's Administration's Hire-a-Vet program. Many individual states offer employment resources for Soldiers.

Employer Partnership Initiative
For more information, and to access the Employer Partnership Initiative Web site, go to: http://www.usar.army.mil/arweb/EPI/Pages/default.aspx. While searching for jobs at this site, a page will ask you to verify your membership in the Army Reserve and complete a referral form. To continue on and see the job listing, just fill out the form as a Guard member.

Employer Partnership Office
The EPO program website provides the initial interface between employers and Soldiers. Resume advice, job listings, and the "employer chat room," are among the tools available through the website located at http://www.usar.army.mil/arweb/EPO/Pages/default.aspx.

USAJOBS - http://www.usajobs.gov/
The USAJOBS web site is the main portal to Federal employment. You have the options of registering on-line and posting an electronic resume. You can also have their search engine look for career fields you define, and e-mail you the results daily, weekly or monthly.

Military.com - http://military.monster.com/ - provides a free job referral registration for National Guardsmen/Reservists/Veterans

Troops to Teachers - http://www.proudtoserveagain.com/ - is a U.S. Department of Education and Department of Defense program that helps eligible military personnel begin a new career as teachers in public schools where their skills, knowledge and experience are most needed.

US Border Patrol- http://www.cbp.gov/xp/cgov/careers/ - is currently hiring approximately 6000 new agents in addition to other employment opportunities.

Building Unit Resilience

Risk Factors

- Service in the ARNG is challenging and stressful.
- The ARNG's Soldiers are repeatedly called on to perform tough and challenging missions in remote locations.
- Frequent deployments away from home and Family have become the “norm.”
- Stress injuries may manifest themselves immediately or may occur long after exposure. That is why our Soldiers deserve a network that provides support when necessary.

Why is this important to Squad Leaders?

Senior military leaders have recognized that encouraging Soldiers to seek help is beneficial to the Soldier and the unit as a whole. This encouragement may be accomplished through suicide prevention training. Involving Soldiers in resilient efforts encourages resiliency.

When do you seek help for your squad members?

- Recognize when it is time for a Soldier to Seek help.
- Not everyone will have the same stress reactions, and these reactions can vary in intensity and duration from one person to another.
- When the transition to civilian life isn’t going well, getting treatment is often necessary to help turn things around.

What to Look For

- Symptoms aren’t getting better or have become worse after several weeks back.
- You’re concerned that you can’t control your anger.
- Your work performance isn’t what it should be.
- You’re withdrawn and isolated.
- You’ve developed unhealthy behavior patterns (excessive drinking or drug use, gambling, compulsive spending, etc.) as a means of coping with your experiences.
- You have one or more persistent symptoms of depression such as prolonged sadness, loss of interest in things you once enjoyed, chronic fatigue, or feelings of worthlessness.
- Your relationships with Family members and friends aren’t going well.
- People close to you have been urging you to get help.

Remember that treatment works. And the earlier a Soldier gets it, the better his / her chances are of preventing normal stress reactions from becoming self-destructive or turning into a more serious mental health problem like post-traumatic stress disorder (PTSD) as seen in the Red Zone of the Stress Continuum.

The NCO's Role in Stigma Reduction

Building unit resilience relies upon stigma reduction. Just the stigma alone can prevent Soldiers from getting the help they needs and deserve.

There is a tendency among some NCOs not to interfere in a unit member's personal life. Therefore as an NCO, a leader, you must take action and follow-through to preserve the combat effectiveness of the team.

Why Soldiers May Not Seek Help

- Fears negative response from peers, coworkers, or supervisors.
- Blames others for difficulties.
- Does not know where or how to get help.
- Has little confidence in helping professionals or counseling services.
- Fears seeking assistance will make things worse.
- Dual career demands, civilian job conflicts with military obligations, or childcare responsibilities limit the opportunities to get help. This includes taking advantage of prevention programs.
- Does not want anyone in personal business.
- Believes it easier to ignore than to than to make changes.

What to Look For

- Supervisors and peers may overhear, observe, or become aware of reactions that undermine a Soldier's resilience.
- The Soldier may not be performing up to standard, seems preoccupied with personal matters, may come in late, or ask for time off frequently to take care of personal issues.
- Soldier may appear depressed and withdrawn.
- Soldiers may allow appearance may begin to deteriorate.
- Soldier may be exhibit problems in a wide range of areas such as finances, anger control, general coping skills, or substance use.
- Family may contact the FRG or unit leaders complaining about the Soldier.

What to Do

- Establish a human connection in a non-intrusive, compassionate manner.
- Politely observe first, don’t intrude. Then ask simple respectful questions, so as to be able to discuss how you may be of help.
- Be prepared to be either avoided or flooded with contact by affected persons.
- Help Soldiers to articulate immediate needs and concerns; gather additional information as appropriate.
- Offer practical assistance and information to help address the immediate needs and concerns.
- Connect Soldiers as soon as possible to support networks; this includes both military and civilian community resources.
- Support positive coping by acknowledging the coping efforts.
- As an NCO you must to an active role.

How can NCO's promote help-seeking behavior?
In order to help Soldiers who are reluctant to seek help you may want to reassure the Soldiers, convincingly and genuinely, that you support them doing it because you have their best interests in mind.

When You Suspect an Issue

1. Communicate that you want the Soldier to get better.
2. Emphasize to the Soldier that you are all in this together.
3. Emphasize that getting help is a sign of strength and loyalty to the squad.
4. Communicate that the squad is ready to be there for fellow Soldiers and all NCOs should want fellow Soldiers to do the same.

What if the Soldier gets angry when asked about his problem? It may be due to several factors:

- The Soldier may be ashamed of having the problem noticed.
- The Soldier may be resentful due to feelings that the unit operations are the problem (possibly conflicting with civilian job or Family obligations).
- The Soldier may feel that nobody can understand or help with the problem.
- The Soldier may also be placing blame on him/her self while feeling guilty for not getting a grip on life or resolving the concern.

What to Avoid

- Do not make assumptions about what the person is experiencing or what they have been through.
- Do not assume that everyone exposed to a stressor will be traumatized.
- Do not try to diagnose. Most acute reactions are understandable and can be reasonably expected given a stressful circumstance. The job isn't to label reactions as symptoms or speak in terms of diagnoses, conditions, pathologies, or disorders. Leave that to the health care professionals.
- Do not assume that all Soldiers want to talk or need to talk to you. Often, being physically present in a supportive and calm way helps affected people to feel safer and more able to cope.
- Do not speculate or offer erroneous or unsubstantiated information. If you don't know something that you are asked, do your best to learn the correct facts before responding.

Regardless of how you may feel personally, as an NCO, you have the responsibility to maintain readiness. Managing Soldiers in distress is a key component to achieving the unit mission.

Source of Stigma	How to Attack It
Real harm to a military career or future employability specifically because of mental health diagnosis and treatment	Ensure that distribution Soldier opportunities are based solely on capabilities and performance, not mental health labels or prejudice.
Warrior cultures that place a great value on strength, but may be intolerant of weakness of any kind, whether physical, mental, or moral	Continuously promote awareness that a wound, injury, or illness — however incurred — is not a sign of weakness. Rather, seeking needed help for any problem is a **sign of strength**.
The belief that stress or mental health problems only happen to individuals who are mentally or morally weak	Admit openly to your own stress problems in the past, and encourage subordinates to do the same. Teach the truth that anyone can be injured by stress.
Attitudes of intolerance or even fear of anyone who is different from yourself	Promote an understanding and acceptance of diversity among unit members and their Families. Everyone deserves respect.

Examples of Positive and Negative Coping Skills	
Positive Coping	**Negative Coping**
• Relaxation techniques • Making lists of easily accomplished tasks • Setting short-term goals • Exercise, rest, healthy diet • Prayer or spiritual activities • Keeping a journal • Listening to music • Connecting with Family and friends • Using humor to overcome situations	• Overeating • Taking unnecessary risks (such as • dangerous driving and gambling) • III-advised sexual behavior • Spending money • Picking arguments • Verbal or physical abuse • Spending too much time alone • Giving up

Unit Resilience Activities

Building Resiliency: Personal

- Daily exercise
- Healthy eat, sleep, and relaxation habits
- Social Support
- Set boundaries when helping others
- Maintain emotional distance (don't take it home)
- Positive self-talk
- Pay attention to cumulative stress

Building Resiliency: Organizational

- Clear mission and purpose
- Flexibility and emotional support by management
- Realistic expectations
- Assist others in solving problems associated with high job stress
- Pay attention to current life stressors in lives of staff

Unit Resiliency Activities / Briefing Phases:

- Before deployment
- Actions during deployment
- Redeployment and reintegration
- Beyond reintegration

Before Deployment:

- Support Soldiers attending Family readiness programs such as "Building Family Resiliency," "Cycles of Stress" and "Stress Management" for Soldier and Families.
- Successful units will plan and resource Soldier/Family cohesion events to draw out Families and build a sense of camaraderie.
- Encourage Soldiers to attend events to
    - Develop trust
    - Allowing spouses to establish relationships with other spouses
    - Share concerns

Activities during Deployment

- Communication between the Soldier/Family is paramount and can take any form (phone, email or webcam).
- Encourage Soldiers to communicate with their Families routinely and incorporate it into their battle rhythms.
- Active listening and counseling do not stop while deployed. Leaders must continue to be engaged with their Soldiers.
- Counseling Soldiers using a focused discussion not only on performance, but also on concerns and stress that may impact performance.
- Understand Soldier fears, motivations, Family background, domestic situation, goals, personalities, previous combat experience and an appreciation of their stressors.

Redeployment and Reintegration Activities

- Emphasize post-redeployment training.
- Allow Soldiers time to attend briefings/training.
- Conduct hip-pocket resilience training. (See the next section for an example.)

Sample Squad Training Outline for Developing Unit Resilience

- Introduction and Statement of Expectation
- Components of Fitness
- Healthy Behaviors
- Unhealthy Behaviors
- Healthy Scenarios
- Unhealthy Scenarios
    - Unhealthy Scenarios to be solved using Master Resiliency Trainer ("MRT") skills
- Resources
    - Online
    - Publications
    - Military
    - Community

Sample Yearly Squad Training Calendar

- Monthly Training
- 30 minutes every drill weekend
- Cover one area of Soldier Fitness each month
- Cover each area of Soldier Fitness twice a year
- One Positive (A) and Negative (B) Scenario each month

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Family	A						B					
Physical		A						B				
Emotional			A						B			
Social				A						B		
Spiritual					A						B	
Financial						A						B

Task, Conditions, & Standards for Training a Squad in CSF

Task: Apply the Comprehensive Soldier Fitness training to ensure resilience, individual well-being and mental fitness in Soldiers, Families and Units.

Conditions: In a classroom environment or using "hip pocket training", NCO's are responsible for Soldier training, developing and mentoring. (Time of Instruction: 30 minutes)

Standards:

- Apply Comprehensive Soldier Fitness Training
- Discuss key Resiliency principles
- Identify Soldier skills that enhance resilience and ease the impact of combat/operational stress reactions on the Family

Sample Lesson Outline:

	Learning Activity	Time
1	Introduce the Statement of Expectations for the monthly Fitness topic	1 minute
2	Review the Components of Fitness	2 minutes
3	Review Healthy Behaviors	2 minutes
4	Review Unhealthy Behaviors	2 minutes
5	Present the Healthy Scenario	1 minute
6	Present the Unhealthy Scenario	1 minute
7	Lead the Group to analyze the Scenario using the Worst Case, Best Case and Most Likely outcomes (Note: the listed outcomes are not exhaustive)	10 minutes
8	Identify what is in the Soldiers control and what is not	5 minutes
9	Develop group conclusion of a healthy perspective to the scenario	5 minutes
10	Explain the resources available and ask for any questions	1 minute
	Total	30 minutes

Soldier Care Training Scenarios

Sample: Training Scenario Template

1. Reality Based Scenario
2. List the Problems Encountered
3. Worst Case Analysis / Best Case Analysis
4. Most Likely Case / What Soldier can do in this Scenario
5. List appropriate Resources where you, the Leader can go for Information and in turn refer your Soldier for answers.

Family Fitness Scenario
Specialist Jones fails to inform his Family when Annual Training (AT) is taking place. Three weeks before deploying for AT, he tells his wife that he will be at Fort Drum for two weeks. This surprises his wife who has already made plans to take the Family to the shore. Specialist Jones' wife can't take the kids by herself, so she cancels the trip and loses her deposit on the shore rental. The entire Family is disappointed and angry because they were excited to go to the shore.

Problems

- There is a lack of effective communication within the Family
- SPC Jones failed to inform his Family of his Army obligations
- SPC Jones has created anger against himself and possibly resentment against the Army
- Unless properly addressed, this possibly simple mistake could lead to deeper problems

Analysis

Worst Case

- Increased conflict in the Family
- Family loses deposit on trip
- Family does not go on vacation
- Soldier misses out on a vacation
- Added financial burden
- Family resents Army

Best Case

- Annual Training is changed
- Soldier presents issue and is given alternate AT
- Family reschedules vacation without issue
- Soldier learns lesson about importance of sharing information concerning Army obligations

Most Likely

- Loss of time together
- Hard feelings about the issue
- A possible financial penalty
- Family will demand more information about scheduled Army obligations

What the Soldier can do

- Communicate more effectively with his Family
- Share the drill schedule with Family
- Be involved in planning the Family vacation
- Get the Family involved in the Family Readiness Group ("FRG")

Negative Family Fitness Scenario
PFC Johns is deployed to a combat theater and her Family care plan has failed. Her designated caregiver is hospitalized with no other Family member available or alternative caregiver designated.

Problems

- Family is without care
- Soldier did not have an alternative caregiver
- The Command did not verify that the Soldier's Family Care Plan
- Soldier must return from theater to become the caregiver

Analysis

Worst Case

- Children end up in state system for care
- Children are abused, or neglected
- Children develop behavioral issues
- Soldier has to return
- Soldier is discharged
- Mission is compromised
- Soldier is severely stressed

Best Case

- Other qualified Family members or FRG steps in to assist
- Family satisfies the Family Care Plan and Soldier returns to Deployment
- Children are provided for and are safe

Most likely

- Soldier will return
- Family Care Plan will be resolved
- Soldier will remain home and be accommodated by Rear Detachment Command
- Soldier will have resentment from peers
- Family will continue to have issues to resolve at home

What the Soldier Can Do

- Test her Family Care Plan
- Designate an alternative caregiver
- Develop healthy relationships for her Family that can be relied on in emergencies

Determining Leader Actions

This is called the Stress Continuum.

- This tool is used to identify stress levels in individuals and units.

Green Zone, Ready

- The Soldier is not currently affected by distress or loss of function.
- The Soldier is resilient and good-to-go with sound mental health.

Yellow Zone, Reacting

- The Soldier is experiencing temporary mild distress or some impairment.
- After the stress is over, the Soldier returns to the Ready zone.

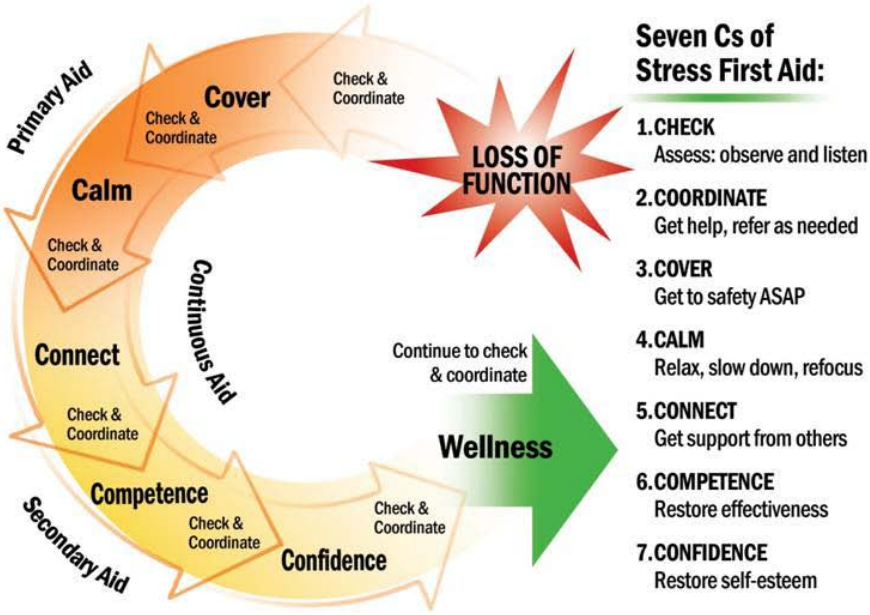
Orange Zone, Injured

- The Soldier is experiencing severe distress or some loss of function

Red Zone, Ill

- The Soldiers are experiencing severe distress such as PTSD, anxiety, depression or even an addictive disorder such as alcohol or substance misuse.

The Seven C's

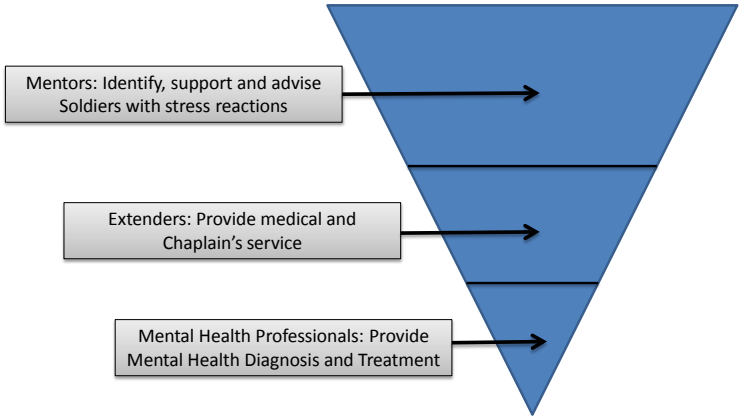


This is easy tool to follow. It will help know what actions to take when a Soldier isn't handling stress and puts themselves and others at risk.

1. **Goals of the *Check* Action of Stress First Aid**
• Identify stress zone • Recognize need for stress first aid • Decide which specific actions are needed • Evaluate outcome of actions taken
2. Goals of the *Coordinate* Action of Stress First Aid
• Inform others of a unit member stress problem • Bring additional help • Make sure needed help is obtained

3. **Goals of the *Cover* Action of Stress First Aid**
• Get the stress injured individual to safety • Prevent the stress injured individual from harming others
4. **Goals of the *Calm* Action of Stress First Aid**
• Reduce level of physical activation such as heart rate • Reduce intensity of negative emotions such as fear or anger • Regain mental focus and control
5. **Goals of the *Connect* Action of Stress First Aid**
• Don't allow stress injured individuals to withdraw from others • Promote positive peer support • Restore mutual trust and respect
6. **Goals of the *Competence* Action of Stress First Aid**
• Restore mental capabilities • Restore physical capabilities • Restore trust in those capabilities
7. **Goals of the *Confidence* Action of Stress First Aid**
• Restore self confidence • Restore self esteem • Restore hope

The Funnel



Notice the amount of surface space represented in each portion of the funnel. Mentors have the most contact and the greatest amount of exposure to the Soldier in need. When the problem progresses past the efforts of the mentor it enters a more narrow scope of influence: the Extenders. If the situations progresses past the Extenders it reaches the narrowest portion of influence: Mental Health Professionals.

Open a dialogue with your squad on the most effective ways to keep your fellow Soldiers from reaching the narrow end of the funnel. Impress upon them the size (span of influence) of the mentor role and collectively focus on keeping their fellow Soldiers from the narrow end of the fight funnel!

Reaction Training Scenarios

Reaction Training Scenario 1
A Soldier has been in a recent firefight. He seems a little shaken and is having trouble sleeping. He has repeated thoughts about the ambush but he's still motivated and seems to be getting better.

- What distressed behavior is he displaying?
- Using the Stress Continuum, what stress zone is he in?
- Using Seven C's, what steps should you take to look out for your Soldier?
- Using the Fight Funnel, what influences are necessary?
- Where does your squad member appear in this funnel?

Reaction Training Scenario 2
One of your toughest Soldiers, who used to take the lead in kicking down doors, is now staying to the rear and seems reluctant to engage. He looks increasingly worn out and says he can't sleep at night, has flashbacks of nearly being killed and is not getting better.

- What distressed behavior is he displaying?
- Using the Stress Continuum, what stress zone is he in?
- Using Seven C's, what steps should you take to look out for your Soldier?
- Using the Fight Funnel, what influences are necessary?
- Where does your squad member appear in this funnel?

Reaction Training Scenario 3
SGT Gump is constantly yelling at his Soldiers for no apparent reason. Afterwards he is shaking and has to breathe heavily. He is an OEF veteran and was nearly killed during his last deployment. On the deployment he lost a team member. He is easily startled, has flashbacks and has intrusive thoughts. When you ask him how he's doing, he always says "I'm good to go, SSG." One of Gump's peers tells you Gump knows he has a problem and needs help but is afraid to approach anyone in the chain of command.

- What distressed behavior is he displaying?
- Using the Stress Continuum, what stress zone is he in?
- Using Seven C's, what steps should you take to look out for your Soldier?
- Using the Fight Funnel, what influences are necessary?
- Where does your squad member appear in this funnel?

Reaction Training Scenario 4
You are in theater. EOD has detonated unsafe ordinance nearby. One of your squad members dives for cover, curls up and begins shaking violently. He is sweating unnaturally. He is unresponsive when you and others call him.

- What distressed behavior is he displaying?
- Using the Stress Continuum, what stress zone is he in?
- Using Seven C's, what steps should you take to look out for your Soldier?
- Using the Fight Funnel, what influences are necessary?
- Where does your squad member appear in this funnel?

Reaction Training Scenario 5
You are in the chow hall eating with your squad. You notice one of your team leaders, CPL Gunther, getting frustrated with the quality of the food and the lack of selection. He directs his anger towards some nearby Soldiers and commences to instigate a fight.

You know that CPL Gunther has a combat related stress issue. Other squad members tell you they don't have a clue as to why he is getting so angry. You want to calm him down, take control of the situation before it gets out of hand and someone gets hurt.

- What distressed behavior is he displaying?
- Using the Stress Continuum, what stress zone is he in?
- Using Seven C's, what steps should you take to look out for your Soldier?
- Using the Fight Funnel, what influences are necessary?
- Where does your squad member appear in this funnel?

The Family's Role in Resilience

What is it?
As a Squad Leader you are responsible not only for the welfare and well-being of your Soldiers, but of their immediate Family members as well. Take the time to discuss the principles of resilience and Psychological First Aid with your Soldiers. Tell them to consider these principals when considering the behavioral trends of their fellow Soldiers, their Family members and themselves.

Resilience is likely to be strongest when we:

- Connect well with others
- Communicate effectively
- Can plan and problem-solve
- Are able to manage strong feelings and impulses
- Have a positive self-view and self-confidence

The Family as the First Line of Defense

Families Understanding Combat Stress Reactions
It's not uncommon for service members to be still dealing with the effects of combat stress after deactivation. Stress reactions are uncomfortable physical, mental, emotional, and behavioral symptoms that are a normal response to traumatic or disturbing experiences. They can last for days or weeks after combat duty.

What to Look For

- Experiencing sadness or feelings of guilt
- Sleeping too little or too much
- Getting into unnecessary conflicts with loved ones
- Being uncomfortable with physical and/or emotional intimacy
- Having intrusive thoughts, flashbacks, or nightmares about events you experienced

What to Do

- Share what you can about your combat duty
- Learn about your spouse's experiences on the home front
- Try to adapt to new or different routines instead of expecting your spouse to start doing things your way immediately
- Watch for indications that stress reactions are affecting your relationship
- Recognize and accept children's new developmental stages
- Give yourself time to get back into the role of parent
- Be understanding and respectful with your parents
- Resist becoming isolated
- Contact local Chaplain or Military Life Consultant for assistance

Know When to Seek Help
If you're concerned about how your transition back to civilian life is going, it's time to consider talking with an expert. Signs you can look for include:

- Symptoms aren't getting better or have become worse after several weeks back.
- You're concerned that you can't control your anger.
- Your work performance isn't what it should be.
- You're withdrawn and isolated.

Ten Ways to Build Resilience

1. **Make connections.** Good relationships with close Family members, friends, or others are important. Accepting help and support from those who care about you and will listen to you strengthens resilience. Assisting others in their time of need can also benefit the helper.

2. **Avoid seeing crises as insurmountable problems.** You can't change the fact that highly stressful events happen, but you can change how you interpret and respond to these events. Try looking beyond the present to how future circumstances may be a little better.

3. **Accept that change is a part of living.** Certain goals may no longer be attainable as a result of adverse situations. Accepting circumstances that cannot be changed can help you focus on circumstances that you can alter.

4. **Move toward your goals.** Develop some realistic goals. Do something regularly - even if it seems like a small accomplishment that enables you to move toward your goals.

5. **Take decisive actions.** Act on adverse situations as much as you can. Take decisive actions, rather than detaching completely from problems and stresses and wishing they would just go away.

6. **Look for opportunities for self-discovery.** People often learn something about themselves and may find that they have grown in some respect as a result of their struggle with loss.

7. **Nurture a positive view of yourself.** Developing confidence in your ability to solve problems and trusting your instincts helps build resilience.

8. **Keep things in perspective.** Even when facing very painful events, try to consider the stressful situation in a broader context and keep a long-term perspective.

9. **Maintain a hopeful outlook.** An optimistic outlook enables you to expect that good things will happen in your life. Try visualizing what you want, rather than worrying about what you fear.

10. **Take care of yourself.** Pay attention to your own needs and feelings. Engage in activities that you enjoy and find relaxing. Exercise regularly. Taking care of you helps to keep your mind and body primed to deal with situations that require resilience.

How strongly people react to stress and the ways in which they do so can be affected by:

- Age
- Gender
- Family composition (single, married, married with children, Etc.)
- Cultural, ethnic, racial background
- The importance of a certain loss, or the severity of a change in life circumstances
- Other life circumstances when a particular stress occurs *(E.g.* Family, financial, or health conditions)
- Current connectedness to others *(e.g.* Family, friends, and Coworkers / fellow Soldiers)

Physical Risk Factors

- Fatigue
- Physical complaints *(e.g.* headaches, stomach problems)
- Increased cravings or use of caffeine, nicotine, sweets, alcohol, illicit substances)
- Decreased or increased sex drive
- Weakness
- Sleep difficulties and nightmares
- Decreased or increased appetite

What to Look For

- Guilt
- Helplessness, loss of control
- Sadness
- Disinterest
- Feeling overwhelmed
- Numbness
- Despair, hopelessness
- Irritability, anger, rage
- Resentment
- Anxiety fear
- Terror
- Self-blame
- Difficulty making decisions
- Forgetfulness
- Confusion
- Distortion of sense of time
- Lowered self-esteem
- Difficulty concentrating and thinking
- Intrusive thoughts, memories, flashbacks
- Worry
- A sense of being cut off from reality
- Thoughts of self-harm
- Crying spells
- Angry outbursts

- Alcohol/drug/prescription abuse
- Avoiding people, places, situations
- Argumentative
- School and work problems
- Decreased interest in once enjoyable activities
- Risky behaviors (driving dangerously, multiple sexual partners, unsafe sex, keeping/carrying firearms)
- Inattention to appearance, personal hygiene, self-care
- Irritability with Family, friends, and others
- Withdrawal

Deployment Phase Symptoms by Age Group

Pre-deployment Phase

- Infants: Fussy, changes in eating habits.
- Preschoolers: Confused or sad
- School-aged: Sad, angry or anxious
- Adolescents: Withdrawn, denying feelings

Deployment

- Infants: Sleep/eating disturbances, difficult to comfort
- Preschoolers: Sad, tantrums, changes in eating/bowel habits, anxious
- School-aged: Sleep or mood changes, decline in school performance
- Adolescents: Angry, aloof, or apathetic. Loss of interest or decline in school performance

Post-deployment

- Infants: Stranger anxiety
- Preschoolers: Happy and excited, but also resentful and angry
- School-aged: Happy but angry, and may act out
- Adolescents: May become defiant if they think their contributions during deployment are not being acknowledged

Resources

The following list has been compiled as a sampling of suggested valuable resources that are available to you. Many additional resources not listed can be found on the internet and within your local communities.

Links for Spouses

***Blue Star Families*:** A nationwide support group for all ranks and all services including National Guard and Reserves. The program is a non-profit support group created by military spouses for military spouses. www.bluestarfam.org

***Becoming a Couple Again*:** How to Create a Shared Sense of Purpose after a Deployment": A good source of tips and ideas of what to expect when your spouse returns home. http://www.usuhs.mil/psy/RFSMC.pdf

***Virtual Family Readiness Group*:** Provides information, activities and tools for adjusting to military deployments and to enhance the flow of information and increase the resiliency of unit Soldiers and their Families. http://www.armyfrg.org/skins/frg/home.aspx

***Military Spouse Career Advancement Accounts*:** Provides up to $6,000 of Financial Assistance (FA) for military spouses who are pursuing licenses, certificates, credentials or degree programs leading to employment in Portable Career Fields. http://www.militaryonesource.com/

***SpouseBuzz*:** An online community of military spouses that offers virtual spouse support groups. www.spousebuzz.com

***ARNG Support for Spouses and Families*:** ARNG websites that provide information on programs and opportunities available to ARNG Families.
http://www.arng.army.mil/Familyservices/Pages/default.aspx
http://www.jointservicessupport.org/fp/

Links for Supporting Children during Deployment

Helping Children Cope with Deployments: This fact sheet contains useful information to help children cope during a parents' deployment.
http://www.usuhs.mil/psy/CTChildrenCopeDuringDeployment.pdf

***Kid's Corner*:** Ideas and information by the Department of Defense Military Heath System at http://www.health.mil/Themes/Military_Children.aspx.

Military Child Education Coalition: A wonderful resource for issues relating to military children's education. Learn more at www.militarychild.org.

***Elmo Explains It All*:** The Sesame Workshop created the "Talk, Listen, Connect" initiative to help small children learn about and understand the changes brought on by a deploying parent. The program includes Elmo DVDs as well as an interactive website. You can learn more about this initiative and the tools it offers at http://www.sesameworkshop.org/initiatives/emotion/tlc

Our Military Kids: Awards monetary grants to National Guard and Reserve children for enrichment activities or tutoring while the service member is deployed. Learn more at http://www.ourmilitarykids.org/.

National Association of Child Care Resource & Referral Agencies (NACCRRA)**:** Offers military parents help in locating non-DoD child-care and administers a fee subsidy program for activated Guard and Reserve Families. Learn more at http://www.naccrra.org/.

Operation Military Kids (OMK)**:** A partnership between Department of the Army and State and Local Agencies to provide support services to National Guard and Reserve children. http://www.operationmilitarykids.org/public/home.aspx.

Deployment Kids**:** Excellent resource for children offering educational, informative, and fun activities. www.deploymentkids.com

United through Reading**:** Allows Soldiers to send videos home. Learn more at http://www.unitedthroughreading.org/military/.

Books for Military Children**:** This site was created by a military spouse and librarian. It lists age appropriate books on deployment. Learn more at http://booksformilitarychildren.info/.

Flat Daddy/Mommy**:** For younger children, having a Flat Daddy or Mommy can ease the pain of his absence. Flat Daddies/Mommies are life-sized prints of the deployed service member. You can learn more about these at http://flatdaddies.com/.

Daddy/Mommy Doll**:** Daddy (or Mommy) dolls are stuffed dolls based upon a photo of the deployed service member. These dolls allow children to actually "hug" the deployed parent as well as sleep with him or her. Find out more at https://www.hugahero.com/.

Dog Tags for Kids**:** Your Soldier's unit can order a set of dog tags specifically made for your child from the service member with the branch of service, year and location of the service member's deployment on one side. These will be sent to your service member who can then send them from overseas to your child. Learn more at http://www.dogtagsforkids.com/.

Links for Parents

Parents Zone**:** Support site and blog for parents and other Family members of serving military members (active, reserve, guard, veterans). www.parentszone.org

Operation Mom**:** A support group for Family and friends of those in active military service. It also provides direct support to military personnel overseas through letters of encouragement, food packages and other necessities. www.operationmom.org

Band of Mothers**:** A group of military mothers whose goal is to Proudly Seek, Garner and Nurture Support for our Soldiers. http://thebandofmothers.com/

Deployment Resilience Cycle

Deployments and separation are expected functions of ARNG life and can be divided into three main phases – pre-deployment, deployment and post-deployment. All three phases within the deployment cycle are distinct and pose challenges.

What Every NCO Should Know About Resilience and the Deployment Cycle

Risk Factors
All Soldiers are at risk for stress injuries, no matter how strong, seasoned or experienced. Everyone has a breaking point, and for everyone, that breaking point changes over time due to many internal and external factors. However, certain risk factors increase the probability that stress reactions or injuries will occur. The presence of risk factors does not automatically mean someone will be injured by excessive stress, but it raises that risk. Many of these risk factors can be modified, reduced, or eliminated. Risk factors include:

- Duration of deployment
- Repeat deployments
- Sleep deprivation
- Witnessing death, especially of other Soldiers or civilian non-combatants
- Being responsible for the death or serious injury of a non-combatant or allied combatant
- Losing a close friend or valued leader in combat or other operations
- Witnessing or participating in violations of the Law of War or Code of Conduct
- Being physically injured
- Sustaining a traumatic brain injury
- Close brushes with death
- Handling remains
- History of previous stress injuries
- Previous mental health problems
- Being new to the unit or lacking mutual trust with other unit members
- Being impacted by Family, relationship, or other home front stressors
- Being young and inexperienced

Pre-deployment

Inadequate pre-deployment education can occur for Soldiers and their Families:

- **Late implementation**
  Unit pre-deployment education can vary depending on the unit and the amount of time allotted prior to deployment. Proper pre-deployment preparation is not something that can be accomplished in a short time. The extra time a Soldier may have to put towards the necessary activities is often redirected to accomplish the additional duties associated with the upcoming deployment. Pre-deployment briefs are regularly provided to outbound

units but are often a short time prior to departure, possibly too late. Soldiers often take on extra duties at their civilian employment or may get additional stress from the employer due to the short notice.

- **Lack of individualized attention by leaders**
  There are no fool-proof mechanisms to ensure a Soldier has taken the time and actions necessary to properly prepare for deployment. Other than the connection made by the Soldier's NCO leadership units track requirements prior to deployment but unless personal attention is provided (i.e., one-on-one conversations or smaller reinforcement briefs by NCO's) there is no guarantee all things are in order.

- **Lack of prioritizing Family readiness as a form of unit readiness**
  Leaders may not prioritize Family readiness as a function of their unit readiness. Family readiness is a pillar to the command's success and must be integrated throughout Sergeant's time. *It takes much more than a pre-deployment briefing or annual lecture during a holiday event.*

- **Spouse unable or unwilling to participate in pre-deployment brief or process**
  Obstacles such as childcare, transportation, conflict with spouse's work schedule, feeling unconnected to unit, or denial of departure may prohibit a spouse from becoming educated or involved.

- **Spouse reluctant to take on responsibility or the Soldier reluctant to turn over responsibility**
  The Soldier may not feel confident or comfortable in turning over all Family matters to the spouse so they refrain from educating their spouse about responsibilities. Also, the spouse may not want to take on those additional chores or responsibilities (e.g., bill paying).

- **Timing**
  Family pre-deployment education can vary depending on the unit and the amount of time allotted prior to deployment. Families need to have time to prepare prior to a unit deployment. More than one deployment briefing is suggested at least six or more weeks ahead of time, but this is not always practical from a unit perspective. Active involvement of the NCO leaders is not just suggested; it is required.

- **A Soldier does not always inform their spouse of upcoming pre-deployment briefing (or other readiness education)**
  Unit Commanders must ensure maximum participation by unit spouses. The fact is that the Soldier is not prepared if the spouse is not prepared. Leaders must intervene and inquire when spouses do not attend pre-deployment briefings.

- **Family does not live locally**
  Families who do not reside in the same area as the unit may not feel as connected or informed about the pre-deployment process and therefore take a less active role. Depending on the distance, they may not travel to attend any pre-deployment briefs or

unit functions. One possible benefit should a Family live elsewhere is they may have already planned for and resolved separation related issues that are very similar to deployment issues.

- **Spouse is inexperienced or new to the ARNG lifestyle**
  a newly married spouse may still be trying to adjust to the military lifestyle and then are notified of a deployment. They may feel additionally challenged if asked to adapt to separation from their spouses without ever being connected to Family readiness services.

- **Spouse does not speak English as a primary language**
  For obvious reasons, spouses with English as a second language will have problems translating the volume of information they will receive in connection to a deployment (both written and oral). Comprehension may be a challenge that could then become a readiness challenge as well. This category of spouse can have similar challenges as those who are inexperienced or new to the military lifestyle.

- **Late individual transfers into the unit and their Families may not receive valuable pre-deployment information and readiness education depending on time and availability.**
  These Soldiers can slip through the cracks if they aren't planned for in advance. This leaves Families unprepared for the stressors of deployment.

Deployment

Breakdowns in communications between Soldiers and their Family

- **Breakdowns can result from the following:**
  - Changes of Family phone numbers and addresses
  - Out-of-date rosters
  - Blackout periods at unit level when deployed
  - Inadequate contact by service member due to deployment circumstances
  - Family moves
  - Emotional barriers
  - Timeliness of communications between Family and Rear Detachment
  - Information on unit Family readiness programs are not passed from the older, more experienced to the more junior or younger/newer spouses

- **Excessive or inaccurate media coverage**
  - Excessive media coverage can challenge all concerned.
  - Families dealing with real-time coverage will sometimes be drawing on false conclusions from the media reports, heightening their already elevated stress level. Official information being passed through the Family Readiness Groups, on unit answering machines and posted on unit websites is accurate and verified information, but may not reach the unit Families as quickly as we would like.
  - Families will need guidance on putting media reports in perspective and handling the excessive and dramatic nature of some reporting.

- **Inadequate rear detachment support**
    - Unit personnel who are remaining behind to support Families must be thoroughly educated and capable of handling a wide variety of technical, emotional and supportive issues.
    - Ideally, the rear detachment personnel have been simultaneously trained with the unit and have unit “corporate knowledge” of the Families. They must be able to address their special needs, issues, and concerns.

Post Deployment

- **Inadequate use of Yellow Ribbon Program Resources**
    - Return and reunion at the end of deployments is a significant challenge for Soldiers and their Family members, regardless of experience, length of service or deployment, and environment (battlefield or otherwise).

    - Standardized curriculum processes and programs have been developed for Soldiers and their Families to help ease the stress, emotional flux and reunion challenges which the transition to the home environment can produce. Policy that encompasses Return and Reunion requires Commands to ensure Soldiers receive decompression time, education, and counseling, and that Families also be offered the opportunity to attend Return and Reunion education and have access to counseling (individual or Family) as needed.

The NCO's Role in Prevention of the Damaging Effects of Stress

All Soldiers possess traits and abilities that make them resilient to the potentially damaging effects of stress. Some of these resiliency factors are inborn, while others are acquired through training and experience, or interactions with others. All leaders are responsible for promoting resiliency and can impact their Soldier's overall resilience to stressors. Soldier resiliency factors include:

- Tough and realistic training
- Knowing what to expect, at every turn
- Maturity
- Having faith in God, the Army, leaders, and peers
- Being physically fit
- Having a stable and supportive home and Family life
- Being good at pushing self-defeating thoughts or perceptions out of conscious awareness
- Tending to cope with problems by taking action
- Having an optimistic attitude

Just as physical injuries are sometimes inevitable consequences of combat or other high-intensity military operations, stress injuries may also sometimes be unpreventable. However, just as it is the responsibility of all leaders to protect the physical health and welfare of their Soldiers, it is the responsibility of all leaders to prevent stress injuries - to the extent they can be prevented. The following are leader actions are focused on prevention:

Provide tough, realistic training
History has proven again and again that the harder troops train, and the more closely their training reflects their operational mission, the more confident they will be in themselves and each other, and the more resilient they will be to combat stress. Making training shorter or easier leaves Soldiers less prepared and less able to cope with severe stress without sustaining a stress injury. But just as athletic coaches must guard against physical injuries during training, leaders must guard against stress injuries as they push their Soldiers in training.

Maintain unit cohesion
All NCO's already know that highly cohesive, well-disciplined units are more effective in combat and other military operations. Units with a high degree of mutual trust, loyalty, and pride also tend to experience fewer stress injuries in combat. Too often these are forgotten in day-to-day operations. Additionally, NCO's need to pay special attention to recent additions to the unit. Strangers to the unit are at higher risk for stress injuries, themselves, but they also make other unit members feel less safe and confident.

Ensure adequate sleep
Rare individuals can function adequately on less than 6-8 hours of sleep per night; most people cannot. Sleep deprivation — defined as receiving less than the quantity of sleep required by the brain and body to rest and recharge — is cumulative and potentially deadly. Sleep-deprived leaders and Soldiers make poorer decisions, have slower reflexes, and regulate their actions and emotions more poorly. They also tend to be more susceptible to being damaged by intense or prolonged stress than Soldiers who have had enough sleep. Friendly fire incidents and accidents of all kinds can be traced to sleep deprivation. Make sure you and your Soldiers get at least 6 hours of sleep each day. When 6 hours of sleep per day is not operationally feasible, schedule and enforce make-up sleep as soon as possible.

Limit unnecessary exposure to terror and horror
Although the use or witnessing of deadly force can be necessary in military operations, exposure to deadly force of any kind is potentially toxic to Soldiers' minds and brains. Being responsible for others' deaths, witnessing death and its aftermath up close, and nearly being killed oneself are all potentially toxic stressors for anyone. The greater and more prolonged the exposure is to such stressors, the greater the risk. Therefore, limit exposure to deadly force and its aftermath whenever possible. If possible, do not allow Soldiers to watch others die, and do not allow them to gawk at gory scenes, however mesmerizing they may be. If your Soldiers must see, hear, or smell death up close for some reason (for example, to participate in personnel retrieval), warn them in advance about what they will experience in vivid detail. As much as possible, protect your Soldiers from identifying personally with the dead and dying. Choose the most mature and experienced for tasks that involve high exposure to blood and gore. Provide as much rest and recuperation as possible between exposures to deadly force and its aftermath.

Keep your Soldiers informed
Soldiers who are forewarned are also forearmed. When Soldiers know what to expect — and what actually happens meets their expectations — it is a fact that their heart rates remain lower, and they are less likely to be damaged by the stress of their experiences. Share information freely up and down the chain of command. It is always the unexpected that is most damaging to the mind and brain.

Hold regular "hot wash" by conducting After-Action Reviews (AARs)
All NCO's are already familiar with the AAR as a tool for gathering and sharing information with their Soldiers after significant actions or events. It shares lessons learned and serves to improve future performance. These same AARs can also be effective tools for NCO's to help their Soldiers achieve a common understanding of what happened, why it happened, and what purpose was served by their actions and sacrifices. Open and honest two-way discussions during a small-unit AAR can help reduce excessive feelings of guilt or shame, and help restore lost confidence in peers or leaders. AARs can also help identify which Soldiers in the unit are experiencing persistent stress injury symptoms. Helping Soldiers make sense of their experiences, restoring their confidence in themselves and each other, and ensuring that seriously stress-injured Soldiers get immediate help all promote readiness, healing, and may prevent long-term disability.

Maintain physical fitness
Soldiers who are physically fit, and who engage in regular strenuous exercise, are more resilient to extreme stress. In any given situation, physically fit Soldiers' have a greater capacity to endure stress. Of course there are several other factors but this can be controlled and monitored.

Encourage time for spiritual renewal
Soldiers need time to strengthen and renew their spiritual lives, regardless of their faith group. By encouraging and giving opportunities to participate in individual and collective worship, Soldiers can be strengthened and renewed in their spiritual lives which will enhance their physical and mental acuity as well as their resiliency to extreme stress.

Honor the fallen
Losses through death or serious injury, besides reducing the fighting strength of a unit, also reduce the resiliency of its members because of the grief most of them experience after a loss. Grief is a wound — an injury to the mind, brain, and spirit — that takes time to heal. Promote the healing of your Soldiers' grief by honoring the fallen through ceremonies and memorials of their courage and sacrifice.

Psychological First Aid Core Actions at the Squad Level

These Psychological First Aid core actions and goals constitute the basis of FLL actions when encountering a Soldier in distress. Providing early assistance (e.g., within days or weeks following an event) may prevent or lessen the effects of posttraumatic stress. These objectives will need to be addressed in a flexible way, using strategies that meet the specific needs of Soldiers and Families. The amount of time spent on each goal will vary from person to person, and with different circumstances according to need.

1. Contact and Engagement
Goal: To respond to contacts initiated by affected persons, or initiate contacts in a non-intrusive, compassionate, and helpful manner.

- Help survivors consider coping options
- Identify and acknowledge their coping strengths
- Explore the negative consequences of maladaptive coping actions

2. Safety and Comfort
Goal: To enhance immediate and ongoing safety; and provide physical and emotional comfort.

- Enhance a sense of control over coping and adjustment
- Avoid getting angry or violent

3. Stabilization (if needed)
Goal: To calm and orient emotionally-overwhelmed/distraught survivors.

- Getting adequate rest, diet, exercise
- Engaging in positive distracting activities (sports, hobbies, reading)
- Trying to maintain a normal schedule to the extent possible

4. Information Gathering: Current Needs and Concerns
Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid interventions.

- Encourage survivors to make conscious choices about how to cope
- Avoid using alcohol or drugs to cope
- Prevent withdrawing from activities

5. Practical Assistance
Goal: To offer practical help to the survivor in addressing immediate needs and concerns.

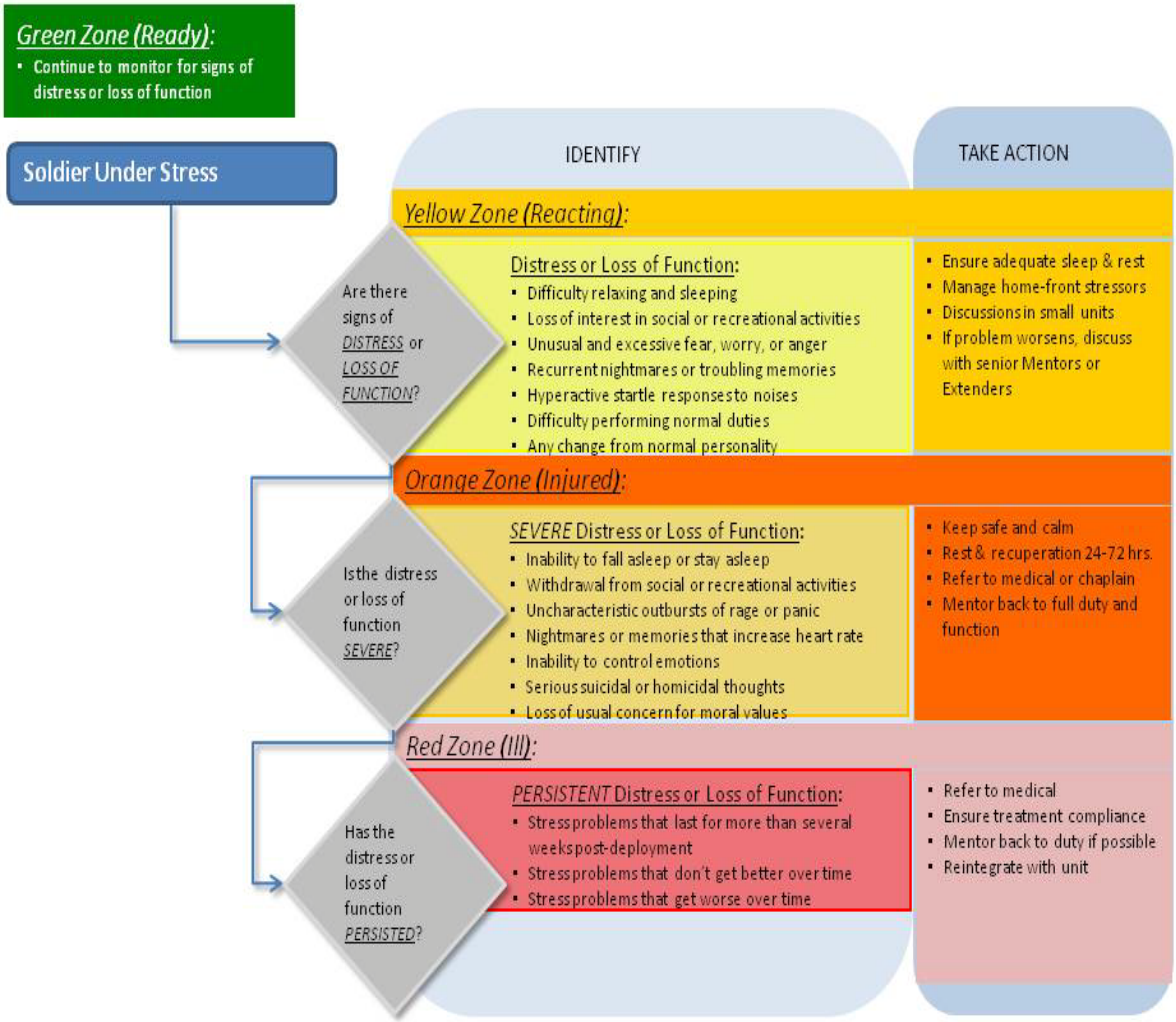
- Seeking counseling
- Participating in a support group
- Using relaxation methods

6. Connection with Social Supports
Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including Family members, friends, and community helping resources.

- Talking to another person for support
- Avoid withdrawing from Family or friends

7. Information on Coping
Goal: To provide information (about stress reactions and coping) to reduce distress and promote adaptive functioning

8. Linkage with Collaborative Services
Goal: To link survivors with needed services, and inform them about available services that may be needed in the future.



SITUATION: Suicidal Behavior

General Information

Definitions

Suicide: Intentionally killing oneself.

Suicide Attempt: A potentially self-injurious act with a non-fatal outcome, for which there is at least some intent to die. A suicide attempt may or may not result in injuries.

Suicide Gesture: A potentially self-injurious act with a non-fatal outcome for which there is no evidence of intent to die. A suicide gesture may or may not result in injuries.

Suicide Threat: Declaration of intent or determination to kill oneself.

Suicidal Ideation: Expressions or thoughts about killing oneself.

Medical: The local Military Medical Treatment Facility, Company, Battalion, Mental Health Department, or whatever unit you may have, which takes care of your local Mental Health needs, specifically suicide risk evaluations and treatment.

Overview

Suicide is the second leading cause of death in the United States Army. Even one death by suicide is too many. It is a tragic and preventable loss, causing untold grief to loved ones and units and is of highest concern to the public, legislators, the Secretary of Defense and all Soldiers. In addition, suicide and suicidal behavior at all levels can take a tremendous toll on the readiness and resources of the unit involved. For all these reasons, suicide awareness, prevention, and intervention must be of highest priority to all Soldiers and especially Army leaders.

The Army National Guard sees suicide prevention as the responsibility of the entire Army community. Each of us, as fellow Soldiers, Family members, and friends, is responsible for encouraging those who are troubled to seek help while their problems are still small, before they affect their relationships, work performance, career, mental health, or desire to live. Thus, suicide is prevented in your unit by addressing quality of life concerns and watching for "red flags" on a daily basis. Watching out for each other helps keep us ready to serve. The following information is designed to: inform you of specific issues regarding suicidal behavior, what to do about it, and available resources to help your Soldiers be as mentally healthy and resilient as possible, decreasing the likelihood of suicidal behavior within your unit.

Risk Factors

Risk factors are those things that increase the probability that difficulties will turn into serious behavioral or physical health problems. The presence of risk factors does not automatically mean someone will become suicidal, but it raises that risk. Many of these

risk factors can be modified, reduced, or eliminated. The following risk factors have been associated with suicidal behavior:

- History of previous suicide attempts.
- Immediate access to a weapon.
- Relationship problems.
- Financial problems.
- Current or pending disciplinary or legal action.
- Substance abuse.
- Work related problems.
- Transitions (retirement, PCS, discharge, etc.).
- Serious medical problem.
- Significant loss.
- Setbacks (academic, career, or personal).
- Severe, prolonged, or perceived unmanageable stress.
- A sense of powerlessness, helplessness, or hopelessness.

Soldiers who attempt or commit suicide may face problems they feel cannot be resolved. Normally, there are alternatives to these problems; however, someone who is suicidal may not be thinking clearly and cannot see the other possible positive solutions.

Unit members, who are at an increased risk for suicide, present a significant challenge for leaders. Because those who are truly suicidal often keep their suicidal thoughts to themselves, effective suicide prevention requires everyone in the unit to be aware of the risk factors for suicide and know how to respond. Commanders, NCO's, and supervisors must lead the way. Any individual who reports suicidal thoughts or behaviors must always be taken seriously.

It is also important to2 proactively ask about possible thoughts of suicide when unit members are dealing with significant life difficulties. Don't assume that merely because someone has not told you they are feeling suicidal, that they are safe. Be especially vigilant with individuals facing multiple stressors. Such individuals are typically at higher risk for suicide.

Why Soldiers may not seek help on this issue

- Fear that seeking help will negatively impact their careers.
- Fear of commander having complete access to mental health records.
- Belief that mental health information is entered into their military record.
- A command climate that discourages getting help.

Soldiers may be reluctant to seek help because of fears that such help will negatively impact their careers. Unfortunately, this often means a Soldier in distress delays seeking help until the problem becomes so big that it affects their behavior both on and off work until; ultimately, they begin to collect negative counseling statements, Letters of Reprimand, and NJPs. The consequence of waiting too long to seek help is what

damages their career, getting help early does not. As leaders, you must combat the myth that; seeking help early damages careers.

Another fear Soldiers have is that their Commander will have complete access to their mental health records. In fact; however, for most of those who self-refer to Mental Health, confidentiality is maintained. In cases where information is released, the cases either involve mandatory reporting or the unit leadership was solicited to be a resource for the member (with the Soldier's consent).

Some Soldiers incorrectly believe mental health information is entered into their Military Record. Mental health clinical information is recorded in the outpatient medical record and the appropriate mental health file but not the Military Record unless they are found unfit or unsuitable for duty.

Prevention

The main approach to suicide prevention in the Army is via each command through annual Suicide Awareness Training for all Soldiers. Commands have a variety of resources available to them, including the training kit, "Suicide Prevention: Taking Action, Saving Lives," which is designed so that any leader can give the presentation. The kit includes an 18-minute video with real life scenarios on a wide variety of issues including an Army Officer in distress after being passed over for promotion and another Soldier whose relationship has recently ended. It also includes a suggested lecture, transparencies, and answers to frequently asked questions about suicide. The kits were originally distributed in October 2000, but can still be ordered free of charge through the Defense Visual Information Website at http://dodimagery.afis.osd.mil. Click on the DAVIS/DITIS search option in the left-hand column, then the PIN/ICN Search option in the new left column on the film-strip, then enter PIN #806377.

Suicide prevention must go beyond just training by recognizing and responding appropriately when suicidal signs and symptoms are evident. Suicide prevention must also occur by establishing a culture in which seeking help for problems is not only acceptable but also expected to protect the readiness and effectiveness of the unit. This is done by establishment of a variety of protective factors within the individual and command, which reduce the probability that difficulties will turn into serious behavioral or physical health problems.

Protective Factors:

- Belief that it is okay to ask for help.
- Optimistic outlook.
- Effective coping and problem-solving skills.
- Social and Family support.
- Sense of belonging to a group or organization.
- Supportive Marriage.
- Physical activity.
- Participation and membership in a community.
- A measure of personal control in life and its circumstances.

- Religious or spiritual connectedness.
- Unit cohesion and camaraderie.
- Peer support.

Every person is at a different level of risk for experiencing difficulties, based on their balance of protective factors and risk factors. The key to suicide prevention is to increase the protective factors and to decrease the risk factors. We are not just focusing on eliminating negative factors, but also on increasing positive factors that will improve the quality of life for Army members. As a leader, whether enlisted or officer, you contribute to the presence of these factors.

It is also essential that you know the agencies and resources available to help when someone comes to you with a problem. All of us, especially leaders, have a responsibility to match the needs of our members with available resources. Each installation has a branch of Army Community Services (ACS) called the Soldier and Family Assistance Center (SFAC), which knows and coordinates with representatives from each of the helping agencies on base. They routinely work collaboratively with other agencies to identify base-wide needs and to coordinate the delivery and referral of services to meet these needs. Services at each post vary, but typical offerings by individual agencies include:

- Marital Counseling.
- Family Counseling.
- Financial counseling.
- Employment assistance.
- Life skills groups (stress management, anger management, depression, anxiety, etc.).
- Workshops (conflict resolution, dealing with difficult people, supervising, etc).
- Parenting groups.
- Respite Care (help for parents of special needs Family members).
- Infant and toddler play groups.

Army One Source (AOS) is another important resource for Soldiers in distress. The services of AOS supplement the existing support system for Soldiers and their Families by providing assistance 24 hours a day, 7 days a week via toll free telephone and Internet access. In addition, AOS supports geographically dispersed Soldiers and their Families (recruiters, Inspector and Instructor staffs, and mobilized reservists) who do not have traditional services available. Resources are available on topics to include parenting and childcare issues, education services, financial information and counseling, legal, elder care, health and wellness, crisis support and relocation.

Battle Drill

A. Soldier Seems Suicidal

Overview

A Soldier may seem suicidal to you if they exhibit suicidal behavior, if they seem very depressed or agitated, or if their behavior changes in a way that suggests to you that they might feel so hopeless that they might consider taking their own life. If a Soldier seems suicidal to you or someone else, the time to find out and take action is now. The risk and liability are too high to wait. Once a Soldier has decided to commit suicide, they may act very quickly and without further warning. Those who are truly suicidal often keep their suicidal thoughts to themselves. Effective suicide prevention requires everyone in the unit to be aware of the risk factors for suicide and know how to respond. Commanders, NCO's, and supervisors must lead the way. Any individual who reports suicidal thoughts or displays behaviors suggesting suicidal thoughts must always be taken seriously.

If you are at all concerned, and even if your Soldier may not actually be suicidal, at least investigate with the Soldier to see what might be wrong before it is too late. It is also important to proactively ask about possible thoughts of suicide when unit members are dealing with significant life difficulties. Don't assume that merely because someone has not told you they are feeling suicidal, that they are safe. Be especially vigilant with Soldiers facing multiple stressors. They are typically at higher risk for suicide.

What to Look For

Distress in some individuals can lead to the development of unhealthy behaviors including withdrawal from social support and ineffective problem solving. These behaviors may intensify the potential risk of suicide. The people a Soldier sees every day (fellow Soldiers, co-workers, Family, friends) are in the best position to recognize changes stemming from distress and to provide support. Any substantial or observable change in behavior warrants further discussion with the individual.

Look For:

- Comments that suggest thoughts or plan of suicide.
- Acquiring a method for suicide (e.g., buying a handgun).
- Rehearsing suicidal acts.
- Giving away possessions.
- Obsessing about death, dying, etc.
- Making amends or challenging people in an aggressive manner.
- Uncharacteristic behaviors (e.g., reckless driving, excessive drinking, stealing, UA).
- Significant change in workplace performance.
- Appearing overwhelmed by recent stressor(s).
- Displaying significant change in mood.
- Seeing situation as hopeless.
- Displaying poor impulse control.

Any one of these signs by itself may or may not indicate that a Soldier is suicidal. Clearly, the more serious signs must be addressed with more urgency. But research shows that because the suicidal person may keep up a good front, even the less serious signs may be all you will see. If you are concerned, follow up and stop any problems before suicidal thoughts even start.

What to Do

By Phone:

Although it is best for mental health or medical professionals to assess and manage suicidal Soldiers, there may be times when unit leaders or peers find themselves on the phone with a suicidal Soldier. If a Soldier calls and expresses a wish to die or threatens suicide, this is most serious. You may have very limited time and only one chance to find them and intervene. Here is what to do:

- Establish a helping relationship with the Soldier on the phone (get your foot in the door).
- Quickly express that you are glad they called you about this.
- Express an interest in the person's welfare.
- State your willingness to help.
- Gather information from the person.
- Immediately get the telephone number they are calling from in case you are disconnected.
- Find out specifically where the person is located.
- Get as much information as possible about their plans, access to means of self-harm, and intent.
- If someone else is with you, get their attention without alarming or ignoring the caller and get them to make calls to Security or the civilian police to immediately pick up and have the Soldier evaluated for suicide risk at the nearest ER.
- Listen and do not give advice.
- Keep the person talking as long as possible until help can reach them, but avoid topics that agitate them (i.e., their unfair supervisor, cheating spouse, etc.).
- Follow up and ensure the Soldier was found and taken for an evaluation.

In Person:

The most important thing to do if you are concerned is take action. If suicidal, you may not get a second chance to save your Soldier's life. Even if the Soldier is not suicidal, then at least you can open the door to assistance and get your Soldier back on track toward full personal readiness. Either way, taking action will help both the distressed Soldier and the unit. Here is a set of actions you might take if the Soldier is available in person:

- First, find out what is going on with the Soldier.
- Share your concern for their well-being.

- Be honest and direct.
- Use open-ended questions such as: "How are things going?" or ”How are you dealing with…?"
- Listen and pay attention to both words and emotions.
- Repeat back what they say using their own words.
- Ask directly about thoughts or plans for suicide (“Are you thinking about suicide?”). Don’t worry – this will not put new ideas in their heads.
- Express concern about them and a willingness to help. People who survive a suicide attempt are usually shocked to find out how many people care about them.
- If suicidal thoughts are present, or have been explicitly reported by a credible source, or if you are not sure that they are safe, encourage voluntary evaluation at Medical immediately. Also
- Immediately inform the chain of command.
- Keep them safe—DO NOT leave them alone. Take steps to remove potential means of self-harm including firearms, pills, knives, ropes and machinery.
- Involve security if agitated or combative.
- The command should escort the Soldier to the Military Treatment Facility (MTF) or civilian Emergency Room (ER) if the MTF is unavailable.
- Follow up and verify that the Soldier was evaluated.
- If psychiatric hospitalization is required, inquire with MTF staff about what assistance is needed (e.g., arranging for necessary belongings, child care, or pet care).
- If you are satisfied that suicidal thoughts are not present, work with the Soldier to get them the help they need to solve their other problems and return to a state of full personal readiness.
- Continue to monitor the Soldier for red flags until you are convinced they are no longer at risk.

If a Soldier says they are suicidal and has a plan to carry out their wish to die, DO NOT leave them alone for any reason. If you must step away, assign a capable Soldier to stay with the person until assistance arrives. If they ask to retrieve something from their car or room, have another Soldier go and get the item to reduce the risk of fleeing or self-harm. Remove all potential means of self-harm from their area such as firearms, pills, knives, rope, and machinery. Involve security if necessary to protect the Soldier from harming themselves or others. The person may be so intent on suicide that they become dangerous to those attempting to help him/her.

Rely on the advice of mental health provider or the ER as to whether you should transport the person or send them via ambulance for an evaluation. If the advice is to transport them in your vehicle, each door must have a person assigned to prevent the person from killing themselves by exiting the moving vehicle. Have someone accompany the person during and after the evaluation to serve as your POC for disposition of the Soldier. Have your POC provide the mental health provider with the unit commander’s telephone number for feedback following the evaluation.

During duty hours you should contact your Military Medical Treatment Facility (MTF). After duty hours contact the base or civilian ER. Mental health evaluations must be conducted in a location where medical support and security are available. This will generally be in a medical setting and not at the member's home or unit. An ER will likely be the safest and most appropriate venue for conducting after-hours suicide risk assessments. If there is not an ER on base, the MTF duty crew will generally handle suicide risk assessments similarly to other medical emergencies, using the local community medical or mental health facilities.

What to Avoid

The idea is for leaders to let their Soldiers know they are safe and in good hands if they ask for help. If you can communicate your genuine concern for your Soldier they will tell their fellow Soldiers that seeing you was the right thing to do and that you had their best interests in mind. Here are some things that may destroy their trust, close the lines of communication, or deter other Soldiers from asking for help in the future:

- Minimizing or not taking the problem seriously. Saying, "Is that all?"
- Overreacting to the problem.
- Giving simplistic. Saying, "All you have to do is…"
- Telling the Soldier to "suck it up" or "get over it".
- Keeping the problem a secret rather than getting appropriate chain of command involved.
- Telling personnel who don't have a need to know making the problem a source of unit gossip.
- Ignoring the problem and hoping it will go away.
- Delaying a necessary referral for more specialized help.

What to Expect After Taking Action

Suicide risk assessment is best accomplished as a collaborative effort between the Soldier, a qualified mental health professional and others who know the Soldier and have observed the Soldier's daily activities. Here is roughly how the process should go:

Most Soldiers will consent voluntarily to evaluation and treatment.

- If found at high enough risk for suicide, the Soldier will be hospitalized for safety and further evaluation and treatment.
- If not, appropriate outpatient treatment will be recommended and the Soldier will be returned to the command.
- Upon return to the command, Medical should communicate to the command:
  - Current level of risk.
  - Recommended protective measures and monitoring, if any.
  - Administrative recommendations (duty status, suitability, separation/retention).
  - Medical follow-up appointments.
  - What to do if the Soldier's risk of self-harm increases or does not improve.

Commanders, NCO's, and supervisors, with the consent of the Soldier, may be asked by the evaluator to provide information that might otherwise be unavailable. Leaders are encouraged to contribute to the evaluation by sharing observations related to the member's functioning in the duty section. This is important, because the Soldier may minimize problems during the evaluation leading to inadequate diagnosis of the problem.

Mental health providers can also serve as consultants to unit leaders regarding the management of Soldiers found to be at risk for suicide, even if hospitalization is not indicated. Although it is impossible to accurately predict whether or not a Soldier is going to attempt or complete a suicidal act, mental health providers can offer a comprehensive assessment to estimate the level of risk. Assessments are based on known risk factors and allow providers to make recommendations for appropriately responding to the risk.

If hospitalization was at a civilian facility, prompt re-evaluation at the MTF following discharge is essential, because civilian providers may not understand the special risks of the military environment or fitness-for-duty issues. Leaders will be notified as to the time of this appointment. Leaders can help ensure that the Soldier attends the post-discharge appointment.

The unit as well as the mental health provider should monitor Soldiers who have recently been evaluated or discharged from a psychiatric hospital to ensure safety is maintained and any relapse is recognized early. Unit leaders should consider the following to ensure appropriate monitoring and support:

- The Mental Health provider responsible for the member's care will share information about the member's status that is important for leaders to know.
- The mental health provider should see the member regularly in follow-up. Additional visits with a Chaplain, Alcohol and Drug Control Officer (ADCO), or Family Advocacy Program (FAP) staff do not substitute for face-to face contact with a mental health provider.
- Someone in the unit should check in with the member daily to monitor their condition, provide support and ensure their needs are being met.
- Leaders should share information about the member's status at work with the MTF (e.g., declines in performance, recent disciplinary action, etc.).

Troubleshooting

- **Soldier refuses voluntary evaluation for suicide risk:** If you have sufficient cause to be concerned that the Soldier might be suicidal, but the Soldier does not want to be evaluated, contact your local medical treatment facility for advice. In general, for risk of suicide consent it is not required to transport your Soldier to the medical treatment facility or local emergency room.

- **Soldier found at some risk but not hospitalized:** If your Soldier is evaluated by Medical and found to have some suicide risk, but not enough to warrant hospitalization, then you will need to work with Medical on the best course of action. Upon return to the command, Medical should communicate:

    - Current level of risk.
    - Recommended protective measures and monitoring, if any.
    - Administrative recommendations (duty status, suitability, separation, and retention).
    - Medical follow-up appointments.
    - What to do if the Soldier's risk of self-harm increases or does not improve.

- **Treatment is offered, but Soldier refuses treatment:** There may be times when a Soldier will display some suicidal symptoms at the evaluation, are not imminently dangerous, are returned to full duty by Medical but, against medical advice, refuse to return to the MTF for follow-up care. These situations are challenging since a member who is not at imminent risk for self-harm cannot be mandated to receive medical or mental health treatment. It is essential that leaders and mental health providers collaborate to maximize the Soldier's ongoing safety. Upon return to the command, Medical should communicate:

    - Current level of risk.
    - Recommended protective measures and monitoring, if any.
    - Administrative recommendations (duty status, suitability, separation/retention).
    - Medical follow-up appointments.
    - What to do if the Soldier's risk of self-harm increases or does not improve.

- **Soldier is treated but is not getting better:** If your Soldier is in treatment but does not appear to be improving, you will need to work closely with Medical on the best course of action. They may:

    - Have other treatment approaches available to them (different medications or therapies).
    - Recommend changing the Soldier to Limited Duty status to receive additional treatment.
    - Recommend administrative actions or medical retirement in cases where long term improvement is unlikely with any reasonable treatment.

Resources

Military One Source: 1-800-342-9647 (12 Free Sessions per issue)

National Guard Community Center: 1-888-777-7731

Wounded Soldier and Family Hotline: 1-800-984-8523

Suicide Prevention Hotline: 1-800-273-Talk (8255)

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Battle Drill

B: Soldier has made a Suicide Attempt, Gesture, or Threat

Overview

Once a Soldier has made an attempt, gesture, or threat against their own life, they have crossed the line of ambiguity and the time to take action is now. They must be taken seriously and evaluated by mental health immediately. The risk and liability are too high to wait.

What to Look For

Behavior that appears to have been a suicide attempt or gesture such as: overdose of medication, lacerations or suicide attempt or gesture as verified by medical authority.

What to Do

- If you have not already done so, immediately call Medical for advice. Escort the Soldier to Medical for treatment and evaluation of suicide risk. If the MTF is unavailable (such as after hours), escort the Soldier to the closest civilian Emergency Room (ER).
- If you are concerned about medical risk (excessive bleeding, delirious, etc), call for medical advice and an ambulance.
- Keep them safe—DO NOT leave them alone. Take steps to remove potential means of self-harm including firearms, pills, knives, ropes and machinery.
- Involve security if agitated or combative.
- If psychiatric hospitalization is required, inquire with medical staff about what assistance is needed (e.g., arranging for necessary belongings, child care, or pet care).
- Notify CID if the Soldier had access to classified information.
- Determine Line of Duty/Misconduct.
- <u>Be sure to refer to all state and local command policies and SOPs in going further.</u>
- Coordinate with Medical on the probability of your Soldier becoming fully productive again.
- Determine the motivation of your Soldier to continue service.
- Evaluate the long-term risk versus value of retaining Soldier:
  - Risk of repeated attempts at self-harm and acting out.
  - Cost of disruption to unit.
  - Cost of administrative burden.
  - Expected readiness and contribution to the unit.
- Decide whether to retain or administratively separate Soldier.
- Coordinate with Medical on:
  - How to return your Soldier to full readiness, or
  - How to maintain safety until administrative separation.

What to Avoid

The idea is for leaders to let their Soldiers know they are safe and in good hands if they ask for help. If you can communicate your genuine concern for your Soldier they will tell their fellow Soldiers that seeing you was the right thing to do, and that you had their best interests in mind. Here are some things that might destroy trust, close the lines of communication, or deter other Soldiers from asking for help in the future:

- Minimizing the problem or not taking the problem seriously. Saying, “Is that all?”
- Telling them to “suck it up” or “get over it”.
- Keeping the problem a secret rather than getting appropriate chain of command involved.
- Telling personnel who do not have a need to know making the problem a source of unit gossip.
- Ignoring the problem and hoping it will go away.
- Delaying a necessary referral for mental health evaluation.

You may be tempted not to take action because you don't believe they are serious or that they're just trying to manipulate the system. However, the liability is too high not to take action. If it turns out that they are trying to manipulate the system, then there are administrative actions you can take later. First get them evaluated and keep them safe and you can deal with the reasons behind their behavior later.

What to Expect After Taking Action

- Usually there will be psychiatric hospitalization at least overnight for thorough evaluation and to determine ongoing suicide risk.
- Longer-term psychiatric hospitalization if necessary.
- Recommendations by medical on fitness and suitability for further military service.
- For entry-level Soldiers, namely those who have graduated from Basic Combat Training but have been in less than 180 days, mental health recommendations will often be for administrative separation. Although this is technically only a recommendation, and the command ultimately has the choice of whether to retain or not, the command should be aware of the liability associated with continued military service by someone has a history of suicide attempts or gestures in times of stress.
- For Soldiers beyond their first term of service, recommendations will be made more on a case-by-case basis depending on their history and motivation for continuing service.
- Ongoing collaboration with mental health personnel on the Soldier’s status and safety.
- Ways to monitor for changes in suicide risk and what to do if risk increases.
- Ways to respond to disruptive behavior in the future.
- Ways to increase support and decrease factors contributing to the suicidal behavior.

Troubleshooting

- **Soldier refuses voluntary evaluation for suicide risk:** If you have sufficient cause to be concerned that the Soldier might be suicidal, but the Soldier does not want to be evaluated, contact your local medical treatment facility for advice. In general, for risk of suicide consent it is not required to transport your Soldier to the medical treatment facility or local emergency room.

- **Soldier found at some risk but not hospitalized:** If your Soldier is evaluated by Medical and found to have some suicide risk, but not enough to warrant hospitalization, then you will need to work with Medical on the best course of action. Upon return to the command, Medical should communicate:
  - Current level of risk.
  - Recommended protective measures and monitoring, if any.
  - Administrative recommendations (duty status, suitability, separation/retention).
  - Medical follow-up appointments.
  - What to do if the Soldier's risk of self-harm increases or does not improve.

- **Treatment is offered, but Soldier refuses treatment**: There may be times when a Soldier will display some suicidal symptoms at the evaluation. These symptoms are not imminently dangerous, and the soldier is returned to full duty by Medical but, against medical advice, refuse to return to the MTF for follow-up care. These situations are challenging since a member who is not at imminent risk for self-harm cannot be mandated to receive medical or mental health treatment. It is essential that leaders and mental health providers collaborate to maximize the Soldier's ongoing safety. Upon return to the command, Medical should communicate:

  - Current level of risk.
  - Recommended protective measures and monitoring, if any.
  - Administrative recommendations (duty status, suitability, separation/retention).
  - Medical follow-up appointments.
  - What to do if the Soldier's risk of self-harm increases or does not improve.

- **Soldier is treated but is not getting better:** If your Soldier is in treatment but does not appear to be improving, you will need to work closely with Medical on the best course of action. They may:

  - Have other treatment approaches available to them (different medications or therapies).
  - Recommend changing the Soldier to Limited Duty status to receive additional treatment.
  - Recommend administrative actions or medical retirement in cases where long-term improvement is unlikely with any reasonable treatment.

Resources:

Military One Source: 1-800-342-9647 (12 Free Sessions per issue)

National Guard Community Center: 1-888-777-7731

Wounded Soldier and Family Hotline: 1-800-984-8523

Suicide Prevention Hotline: 1-800-273-Talk (8255)

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Battle Drill

C: Suicide in the Unit

Overview

When a Soldier dies by suicide, the entire command will be put under stress. There are pressing administrative obligations and investigations, and many members of the unit may feel intense grief, anger, and/or guilt over the situation. In some cases, those left behind may experience distress associated with the belief that something could have been done to prevent the death. This can have serious impact on the readiness of the unit. Support to help Soldiers and unit members cope with feelings of loss is very important at this critical time.

What to Look For

Death has occurred that is a confirmed or suspected suicide.

What to Do

- The immediate requirement is for notification of the chain of command through appropriate channels and initiation of other administrative obligations. At the same time, leaders will want to check for the effects of suicide on the unit and others and begin damage control.
- **Notify proper civil authorities if not on a DoD installation**
- Generate Personnel Casualty Report for the suicide as well as any other documentation required by state and local military and civilian authorities
  - Mention pertinent facts suggesting that the death was suicide: (e.g. Method, witnesses, weapons, notes, verbalizations, medical findings, prior actions, possible stressors/causes, etc.)
  - Notify CID.
  - Determine Line of Duty/Misconduct (see Legal Quick Reference).
- Fulfill Family notification requirements IAW civil law enforcement authorities and the TAG's Casualty Affairs SOP:
  - Find out how the Family is doing.
  - Offer to help, as authorized and appropriate.
- Have leaders, chaplains, or other trusted professionals walk around and find out how the surviving Soldiers in the unit are doing:
  - Was the death completely unexpected?
  - Was anyone a close friend and now distraught or in grief?
  - Does anyone need to be monitored for delayed reaction?
  - Did some see signs and feel guilty that they did not do more?
  - Does anyone need assistance?
- Ensure that your Soldiers feel free to seek assistance to get back to full readiness.
- Arrange Critical Incident Stress Management (CISM) sessions for the entire unit if needed. Circumstances that may warrant this include:
  - A large proportion of the unit seems disturbed by the event.
  - A large proportion of the unit witnessed the incident.
  - A unit is isolated, small, and highly close-knit, such as a Special Forces unit.

Continue to monitor your unit members for delayed or persistent reactions over the next six months.

What to Avoid

The idea is for leaders to let their Soldiers know they are safe and in good hands, if they ask for help. If you can communicate your genuine concern for your Soldier they will tell their fellow Soldiers that seeing you was the right thing to do, and that you had their best interests in mind. Here are some things that might destroy trust, close the lines of communication, or deter other Soldiers from asking for help in the future:

- Minimizing the problem or not taking the problem seriously. Saying, “Is that all?”
- Telling them to “suck it up” or “get over it”.
- Keeping the problem a secret rather than getting appropriate chain of command involved.
- Telling personnel who do not have a need to know, making the problem a source of unit gossip.
- Ignoring the problem and hoping it will go away.
- Delaying necessary referrals for Soldiers who have been greatly impacted by the suicide.

What to Expect After Taking Action

- Most Soldiers will eventually recover from the incident without significant intervention.
- But some may need more assistance to return to full readiness.
- Issues may flare up occasionally, but will eventually fade with minimal intervention.

Troubleshooting

Depending on the situation, some Soldiers may have trouble getting over the event and may need more assistance to return to full readiness. Some Soldiers may or may not be reluctant to admit having trouble dealing with the death of a unit member. Here are a few tips for helping reluctant Soldiers:

- **Soldier does not endorse a problem:** In order to help a Soldier who is reluctant to disclose a problem you may want to reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better, not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together. When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to suck it up. You may also want to emphasize that getting help is a sign of strength and loyalty to the unit, because they are making sure that they are ready to be there for fellow Soldiers and would want

fellow Soldiers to do the same. If the Soldier continues to be reluctant in disclosing the problem reinforce that you are always available to talk if they should change their mind.

- **Soldier gets angry when asked about problem**: If the Soldier gets angry when asked about the problem it may be due to several factors. For example, the Soldier may be ashamed of having the problem noticed, resentful due to feelings that the unit is the problem, or may feel that nobody can understand or help with the problem. The Soldier may also place blame on themselves for the problem or perhaps feel guilty for not getting a grip on life. Take this opportunity to turn the emotion toward getting help. The trick is to get the Soldier to endorse frustration and sadness and realize that problem solving is not a solo operation. Keep the focus on what your Soldier is feeling. Do not accuse the Soldier of not giving 100% this will increase anger. Say, "You seem really angry about…" to show your understanding and promote discussion. If you can get the Soldier to endorse the anger, you can probably get acknowledgement that help would be welcomed. In order to get the Soldier to accept help from the command, the Soldier will need to trust that the command is truly interested in helping. Good listening will go a long way toward building this trust.
- **Soldier does not want help:** In this case the Soldier has endorsed that there is a problem and does not want help. The Soldier may or may not say why, but it is probably because of the belief that it is no one else's business or concern of negative career implications. Reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better, not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together. When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to suck it up. You may also want to emphasize that getting help is a sign of strength and loyalty to the unit because they are making sure that they are ready to be there for fellow Soldiers and would want fellow Soldiers to do the same. If you are in the field, you can order the Soldier to your forward rest and recuperation unit for "three hot and a cot" and further observation. They, in turn, will either observe that the Soldier is recuperated and send them back to duty, or will refer them to a higher level of care.
- **Soldier agrees to get help but does not follow through:** Sometimes a Soldier will agree to get help but for any number of reasons may not follow through. The Soldier may decide the problem is not bad enough and can fix it alone. The Soldier may have agreed to get help just to get out of your office, or may have genuinely forgotten the time of the appointment. In any case the solution is to put the responsibility onto the Soldier to get the needed help. Emphasize that you genuinely want to see your Soldier get better, and listen to any concerns shared. Offer again to help. If there is resistance to your help, emphasize that the bottom line is performance, and that it is ultimately the

Soldier's responsibility to take advantage of all the help that is offered so that the problem does not start to affect performance. Be sure the Soldier understands that letting the problem fester and get worse is what will negatively affect progression.

- **Soldier does not get better after getting help:** In some cases a Soldier may get help but still not improve. This may be because the Soldier's needs are different and a more intensive intervention is needed, either because the Soldier is not motivated to improve, or because there is a more serious problem such as a personality disorder or mental illness. If you are not having any success at the small unit level, and you feel like you have given it a good effort, then you should refer your Soldier to a professional with more specialized expertise. In cases of adjustment problems, the chaplains or Soldier and Family Services have counselors who can usually get to the root of the problem. If not, they will recognize that the problem is more serious, such as clinical depression or anxiety, and will refer the Soldier for a mental health evaluation and treatment. If after mental health intervention the Soldier is still not getting better, and the Soldier is still a problem for the unit, mental health may contact the command with a recommendation for administrative action.
- **Soldier seems mentally ill or suicidal but refuses evaluation:** See "Command Directed Evaluation"

Resources

Military One Source: 1-800-342-9647 (12 Free Sessions per issue)

National Guard Community Center: 1-888-777-7731

Wounded Soldier and Family Hotline: 1-800-984-8523

Suicide Prevention Hotline: 1-800-273-Talk (8255)

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Military Mental Health: 1-877-877-3647

Applied Suicide Intervention Skills Training
http://www.livingworks.net/

SITUATION: Financial Problems

General Information

Definitions

Bankruptcy: Court ordered discharge of accumulated debts.

Command Financial Specialist Program: Unit level Staff NCO or Officer designated by the command and trained by the Personal Financial Management (PFM) Specialist to provide financial classes and basic counseling to Soldiers within the unit.

Consumer Credit Counseling Services: Civilian nonprofit entities that provide financial counseling and structure debt liquidation plans, generally charging low management fees to maintain plans.

Financial Literacy: Knowing the facts and vocabulary necessary to manage personal finances.

Personal Financial Planning: Development and implementation of coordinated and integrated long-range plans to achieve financial success.

Personal Financial Management Specialist: Trained financial professional, assigned within ACS, with expertise in personal finance and counseling techniques.

Army Emergency Relief: Installation-level helping agency that may be able to provide monetary assistance to service members experiencing financial hardship.

Overview

Financial challenges can arise from unanticipated emergencies or financial mismanagement. Financial hardships (e.g., difficulty paying bills), usually a result of poor financial literacy, are commonly found in demographic groups such as junior enlisted service members, single parents, newly divorced or separated individuals, service members with dependents having physical problems, newlyweds, and individuals who have recently relocated. Financial strain may cause behavioral changes in an individual and has been linked to depression, which can impact duty performance, mission readiness, and interpersonal relationships. If a Soldier is at risk for personal problems, marital problems, or suicide, that risk is exacerbated in times of financial stress.

Risk Factors

The following demographic groups within the National Guard's population present the highest risk for financial problems:

- Junior enlisted service members (E-1 to E-4).

- Single parents.
- Newly divorced or separated service members.
- Service member's with a Family member with physical or emotional challenges, an exceptional Family member (EFM).
- Newlyweds.
- New parents.
- Recently relocated service members.
- Service members recently recalled to active duty from reserve status.
- Service members navigating deployment and reunion challenges.

Each demographic group struggles with unique financial challenges that could result in financial hardship if not addressed in a timely fashion. For example, many junior service members have had little, if any, financial education or training prior to accession onto active duty, which negatively impacts their ability to manage spending and impedes their understanding of credit management. In general, all groups struggle with life changes that may necessitate changes to their personal or Family earning and spending habits. These life changes, if not handled correctly, can lead to financial problems, which may impact other areas of the service member's life.

Why Soldiers May Not Seek Help

- Highly personal and closely guarded aspect of personal life.
- Fear of impact on career.
- Stigma attached to seeking help.
- Embarrassment of not being able to handle their own finances.
- Lack of knowledge concerning type of help available.
- Lack of knowledge about helping agencies available.

Personal financial matters are a closely guarded aspect of most people's lives. When coupled with the impression of negative impact on one's career, Soldiers are hesitant to seek help when problems first manifest themselves. The delay is usually due to the stigma attached to seeking help for any type of personal problems. Since there is a general trend not to seek help, the Soldier often lacks knowledge of the type of help available or from which agencies help would be appropriate, and will often avoid seeking help until the problem becomes too big to handle.

Prevention

- Ensure attendance at Financial Management Classes.
- Integrate personal finance classes into recurring unit NCODPs.
- Encourage financial counseling at the prevention stage rather than the intervention stage.
- Provide access to unit Command Financial Specialist (CFS) / Personal Financial Management (PFM) specialist.
- Allow Soldiers appropriate time for education and counseling.

Education about personal financial matters is the most important aspect of prevention. Service members must have a solid underpinning of financial concepts to effectively manage their own finances. Commands should ensure Soldiers understand the basics about their pay and entitlements, budgeting, saving, and credit management. Soldiers should be encouraged to establish specific plans in such areas as budgeting and saving, and to seek financial counseling if needed, to prevent financial problems from developing. Seeking education concerning other financial matters as life situations change should also be encouraged.

Battle Drill

A. Financial Distress

Overview

Financial problems can manifest themselves in many ways. In most instances, the command will become aware of a Soldier's financial distress when notifications of returned checks or letters of indebtedness are brought to command attention. The problem may have occurred from lack of education and understanding about personal finance. The Soldier may also have fallen prey to unscrupulous solicitors and businesses. Soldiers with financial problems lose time from the unit while attempting to rectify the situation. In many instances, it is not just the Soldier, but also the Soldier's supervisor who must take time from the mission to fix the problem. In some circumstances, the Soldier may lose security clearance and no longer be able to perform in the assigned MOS. Thus, financial problems can lead to a decline in personal readiness, unit effectiveness, and eventually mission accomplishment.

What to Look For

- Inability to meet essential financial needs such as rent, food, and automobile payments.
- Repeated borrowing from friends and co-workers.
- Notifications of bounced checks or letters of indebtedness.
- Creditors repeatedly calling service member's home and duty section.
- Repeated use of AER loans and grants.
- Repeated use of advanced pay.
- Repossessions.
- Foreclosures.
- Poor personal grooming.
- Possessions and life-style in excess of the individual's income.

Indications of financial distress may be noted from changes in a Soldier's behaviors. The behaviors enumerated above are most readily apparent to the Soldier's first line supervisor or NCO. It is, therefore, imperative all levels of command know the warning signs of financial distress and where to refer the Soldier for appropriate assistance. The first six indicators noted above, if addressed early, with a sincere attempt to help, are mistakes from which the Soldier may recover quickly. Repossessions and foreclosures tend to be longer-term problems that require more time and effort to correct. The last two behaviors noted above, though noted as part of some financial problems, are also indicative of other life stressors.

What to Do

- Get the facts about the situation.
- Communicate in an objective, non-threatening manner.

- Determine seriousness of the financial problem.
- Foster a team approach, between the Soldier and unit leadership, to solve the problem.
- Refer to PFM Specialist or unit CFS for counseling.
- Refer to AER for monetary support if necessary.
- Follow-up to determine whether helping agency is providing needed services.

Addressing a Soldier's possible financial problems requires objectivity, understanding, and tact. Getting the facts and determining the seriousness of the problem, to include possible career ramifications, is critical. Only then can proper referrals be made to get the Soldier the help needed. Follow-up by the command is also paramount to ensure the Soldier follows through with the necessary actions to recover financially.

What to Avoid

- Immediate administrative or disciplinary action.
- Judgmental words and actions.
- Solving the problem for the Soldier rather than helping the Soldier solve their own problem.
- Overly aggressive or unrealistic plans to address the problem.
- Threats, explicit or implicit, of career sanctions.

Financial problems create enough stress in a Soldier's life without the immediate threat or assurance of possible administrative or disciplinary actions. Although these actions may be appropriate at times, addressing the financial dilemma the Soldier is facing should be paramount. The reality that administrative or disciplinary action may be forthcoming should be addressed, but the emphasis of command efforts should be placed on helping the Soldier solve the financial issue in order to avoid the necessity of such actions. As with any counseling situation, the problem must be addressed in a nonjudgmental manner so the Soldier understands the command is trying to help, not hinder. Financial problems many times require long-term solutions and behavioral changes, thus overly aggressive plans to "fix" the problem (i.e.; formulating a six month debt liquidation plan that leaves the Soldier no financial cushion for emergencies) may exacerbate rather than help the problem and are generally ineffective. Finally, immediate threats of career sanctions, like disciplinary action, tend to hinder rather than help the Soldier recover from the financial misstep.

What to Expect After Taking Action

- Initial agreement from the Soldier to any reasonable plan proposed to rectify the problem.
- Quick action by the Soldier to prove they are serious about fixing the problem.
- Resistance from duty sections that lose productivity while the Soldier handles personal issues.
- Resistance from banks and creditors.
- Disillusionment from Soldier if necessary administrative or disciplinary action is taken.

The most immediate reaction from most Soldiers counseled on their financial situation is an automatic and aggressive buy-in to improve their financial situation, especially if they believe it will preclude any type of administrative or disciplinary action. The Soldier will act quickly to prove they are serious about improving and reaffirm their commitment to the Army Core Values. Unfortunately, many times the Soldier and helping agencies will run into resistance from the Soldier's duty section since the Soldier will need time away from the section to solve the problem. Depending on the situation, the Soldier, helping agency, and command may run into significant resistance from creditors who are not willing to buy into a repayment program (legally they are under no obligation to do so). The Soldier will usually, at some point, become disillusioned when progress is slower than expected, especially if appropriate administrative or disciplinary action results.

Troubleshooting

- Lack of follow through by the Soldier.
- Frustration from helping agencies dealing with a non-compliant Soldier and a resistant duty section.
- Hostility from creditors if the plan starts to unravel.
- Re-emergence of poor financial habits.

After the initial thrust to bring their finances under control, many Soldiers fail to completely follow through with the process. This may be due to the realization that the solution takes long-term commitment and behavioral changes to spending habits. If the Soldier does become disillusioned and does not follow through, the helping agencies and creditors will become frustrated and probably contact the command to see if the Soldier's commitment can be reinvigorated. At the worst, the Soldier will lapse into former spending habits and the problem with not be solved, but may be compounded by additional levels of debt.

At each of these downward spiraling steps there is an opportunity for a leader to intervene. If you are monitoring your Soldier's progress in resolving financial distress you will be in a good position to bring your Soldier in and discuss obstacles and solutions to the apparent slip in the initial plan for getting out of financial distress.

Resources

Army Emergency Relief: 703-428-0000; 1-866-878-6378

Army Community Services: 706-791-3579; 706-791-3371

Military OneSource: 1-800-342-9647

B. Bankruptcy

Overview

Bankruptcy is a constitutionally guaranteed right that permits people (and businesses) to ask a court to find them officially unable to meet their debts. When the bankruptcy court grants the petition, the assets and liabilities of the person are administered by an impartial trustee for the benefit of the creditors, usually through sale and distribution of remaining assets. State and federal laws govern what the debtor may keep. In general, bankrupt people are allowed to keep a small equity in their home, an inexpensive automobile and limited personal property. Historically, bankruptcy has been a last ditch effort to regain control of one's financial life. However, recent trends show a marked increase in the number of bankruptcies filed. Bankruptcy presents a unique problem for commands as it impinges on the Soldier's trustworthiness and reliability to perform the mission.

What to Look For

The road to bankruptcy is usually paved by many financial missteps that culminate with a realization that one is no longer able to juggle finances that are out of control. Contributing factors may be a change in Family income from a spouse who is no longer able to work, unexpected medical bills not covered by TRICARE, or other catastrophic changes that may make bankruptcy seem like the only option. Many times, the command's first knowledge of a Soldier's financial situation may be questions from the Soldier specifically asking about bankruptcy procedures and the potential career impact of filling bankruptcy.

- Ongoing or worsening financial problems.
- Marked changes in Soldier's Family income.
- Overwhelming, unexpected expenses.
- Overuse or abuse of credit.
- Frequent calls from creditors.
- Behavioral changes (depression, anxiety, isolation).
- Questions about bankruptcy procedures and implications.
- Many times there is not a warning because the Soldier has been able to cover-up financial problems.

What to Do

- Get the facts about the situation.
- Communicate in an objective, non-threatening manner.
- Determine seriousness of the financial problem.
- Foster a team approach, between the Soldier and unit leadership, to solving the problem.
- Refer to PFM Specialist or unit CFS for counseling
- Refer to AER for monetary support if necessary.
- Emphasize a recovery plan to rebuild financial stability.
- Communicate the possible career ramifications of bankruptcy.

- Follow-up to determine whether helping agency is providing needed services.

In the case of bankruptcy special emphasis should be placed on formulating a recovery plan that changes or modifies the Soldier's spending behaviors that led to the bankruptcy.

Communicating the possibility of career ramifications will create anxiety for the Soldier who is considering bankruptcy or has filed bankruptcy. The negative subject of career sanctions cannot be avoided, but must be addressed as factually and objectively as possible. For example, if a Soldier's access to classified information will be denied for a period of time, the command should also communicate in what way the Soldier will remain a productive member of the unit. Additionally, denial of access to classified material is not loss of the security clearance and should not be communicated in that vein. Generally, this communication may be the first time the actual consequences of filing bankruptcy becomes evident.

What to Avoid

- Immediate administrative or disciplinary action.
- Judgmental words and actions.
- Unnecessary sanctions related to bankruptcy.

As with financial problems, the command should concentrate on helping the Soldier recover and remain a productive member of the Army National Guard. Depending on the situation, bankruptcy may have been the appropriate response to the Soldier's financial dilemma. Therefore, immediate administrative or disciplinary action should be avoided. The Soldier may also be experiencing self-esteem problems related to the bankruptcy; judgmental words and actions will reinforce the Soldier's low self-esteem and further degrade their personal readiness. Part of the recovery process is keeping the Soldier productive and utilizing them to full potential. Evaluating reliability is absolutely necessary, so unnecessary career sanctions should be avoided, as they may impede the recovery process.

What to Expect After Taking Action

- Initial commitment to changing financial behavior.
- Continued contact from creditors until notification that bankruptcy has discharged the debt.
- Continued contact from creditors whose claims were not discharged under the bankruptcy.
- Disheartened Soldier when impact of bankruptcy is fully realized.

The Soldier is usually relieved at first. Much, if not all, of the debt has been relieved and their income now seems to be their own again. At this point the Soldier is highly committed to remaining out of debt and will commit to financial planning to that end. However, notifications proceed slowly, so creditors whose debt against the Soldier has been discharged may continue to contact the Soldier and the unit. Having sufficient certified copies of the bankruptcy on hand to provide these agencies will

help stop the contact. Depending on the circumstance, the court may not have discharged all debt; therefore, some creditors will still be contacting the Soldier for payment. Addressing these creditors through a debt liquidation plan using income freed from paying debts that have been discharged should be part of the recovery plan. Finally, the Soldier may become very disheartened with the situation when the full impact of the bankruptcy starts to affect their professional and personal life (i.e., career sanctions, poor credit rating, and inability to secure necessary credit).

Although with bankruptcy the Soldier's debt has been relieved, the Soldier must now face varying consequences based on the nature of the bankruptcy. For the Soldier who filed bankruptcy as a financial necessity, these consequences may cause an increased stress level and despair as they try to recover a sense of financial stability. For the Soldier who filed bankruptcy as an easy out to repaying debt, these consequences may increase the stress level due to disillusionment with the outcome of the bankruptcy process. Referral to helping agencies to refocus on recovery may help alleviate some of the stress. Follow-up by all agencies involved is critical to ensuring the Soldier does not walk down the same road again.

Troubleshooting

- Some creditors may not get paid and may continue to call the command. As part of the recovery process, the goal should be coordinating realistic liquidation plans that will satisfy the creditor and improve the Soldier's financial future.
- Soldier may face hurdles acquiring needed credit to include Government Travel Card. Command may need to intervene on the Soldier's behalf to secure the necessary Government Travel Card.
- Soldier may encounter hurdles in qualifying for rental properties and utilities account. May require command action to place Soldier in a priority category for on-post quarters.
- Suspension or loss of security clearance could impact Soldier's ability to function in their MOS and affect their self-esteem. Command should articulate the factual career impact and the short and long term plans to retain the Soldier as a productive member of the Army National Guard.
- Soldier reverts to spending and credit habits that led to the original bankruptcy. Re-educate and reinforce sound financial practices, reiterate the consequences of poor financial practices, to include the possibility of disciplinary actions that may go as far as administrative separation.

The full impact of the bankruptcy will not be realized until the Soldier must transact some type of financial business. At this point, the Soldier may find it impossible to secure any type of credit, loan agreement, rental agreement, etc., all of which, could pose serious challenges to personal and professional needs. The negative impact may cause the command extra work to help the Soldier deal with travel issues and housing issues, possibly necessitating the need for priority placement into on-post quarters. Should the Soldiers security clearance be suspended or revoked, or access to classified material be withdrawn for a certain period, the command may need to address temporary duty for the Soldier or retrain the Soldier into another MOS if

unable to continue performing in the present MOS. The command and helping agencies should be alert for signs the Soldier is reverting to spending habits that led to the bankruptcy.

Resources

Army Emergency Relief: 703-428-0000; 1-866-878-6378

Army Community Services: 706-791-3579; 706-791-3371

Military OneSource: 1-800-342-9647

SITUATION: Marital Problems

General Information

Definitions

Pre-marital Counseling: Statistics show that marriage is much more successful and enjoyable when couples go through counseling prior to saying, "I do." Many National Guard chaplains have organized pre-marriage seminars that teach skills to help couples prepare for a lifetime together. To find out about pre-marriage seminars available in your area, including Prevention Relationship Enhancement Program (PREP) courses, check with your Army National Guard Chaplain**.**

Counseling: Counseling or "talking therapy" involves a trained professional assisting a member in resolving problems or making a change. Counseling can be done one-on-one or as couples or groups. It can be helpful for a number of concerns such as stress symptoms, poor sleep, nervousness, tension headaches, relationship difficulties, work problems, depression and anxiety disorders.

Divorce: The legal termination of a marriage. All states require a spouse to identify a legal reason for requesting a divorce when that spouse files the divorce papers with the court. These reasons are referred to as grounds for a divorce.

Separation: A situation in which the partners in a married couple live apart. Spouses are said to be living apart if they no longer reside in the same dwelling, even though they may continue their relationship. A legal separation results when the parties separate and a court rules on the division of property, such as alimony or child support -- but does not grant a divorce.

Overview

Many life stressors stem from relationships. Whether in a dating relationship or married relationship, problems leading to distress may result from difficulties in communication, parenting, sexual intimacy, finances or immaturity. The average age of married enlisted Soldiers is 28, the youngest of the four military services. Additionally, 40% of Army National Guard spouses are under the age of 25, again some of the youngest of all military services. Coupling this young age with the demands of a military lifestyle can result in significant challenges for Soldier couples. There is a tendency among some supervisors and commanders not to interfere in a unit member's personal life. Experience suggests, however, that relationship problems can quickly interfere with duty performance and personal readiness. Relationship problems have been identified as a significant risk factor associated with suicide in the Army Guard and can be a major source of stress in a deployed environment. Combat and operational stress reactions have been compounded and sometimes precipitated by relationship difficulties at home.

The Guard takes a proactive stance in supporting healthy marital relationships. Most leaders are keenly aware of how relationships can impact mission readiness. When Soldiers are confident that their relationships are in good standing and their spouses are supported, they are able to focus on the mission at hand.

Risk Factors

All couples have disagreements and arguments but when conflict is chronic or goes unresolved, marital problems can escalate. Common risk factors for marital conflict are:

- Isolation or geographic separation from friends and extended Family.
- Peer group is either unmarried or unhappily married.
- Financial problems.
- New baby in the home.
- Differences in the level of commitment.
- Sexual problems.
- Child discipline problems or disagreements.
- Young age at the time of marriage.
- Different or unrealistic expectations of marriage.
- Short engagement or no premarital counseling.
- Cultural or religious and spiritual differences.
- Poor communication and problem solving skills.
- Chronic unresolved life stressors.
- Dual career demands.

Why Soldiers May Not Seek Help

- Fears negative response from peers, coworkers, or supervisors.
- Blames spouse for the marital difficulties.
- Does not know where or how to get help.
- Has little confidence in helping professionals or counseling services.
- Fears counseling will make things worse.
- Dual career demands, conflicting work schedules, or childcare responsibilities limit opportunities to get help or take advantage of prevention programs.
- Does not want anyone in personal business.
- Easier to end the relationship than to make changes.

Prevention

Leaders can support Soldiers and their spouses by becoming familiar with the many programs on the installation and in the community that support marriages. Some of the programs on the installation are:

- **Encourage participation in spouse support programs**: While these programs target the civilian spouse and not the marital relationship, they can help to reduce

the social isolation many young spouses experience and help to establish more realistic expectations of what marriage in the Army National Guard is all about.

- **Encourage participation in marital support programs**:
  - The chaplain's Family Team Building offers Marriage Enrichment Workshops built on the very successful Personal Relationship Enhancement Program (PREP). This program focuses on skill building in a fun and relaxed environment.
  - Army One Source is available 24 hours a day, seven days a week, for anyone seeking to learn more about building a strong relationship that lasts. Face to face counseling support is available for couples that want short-term help. One Source can provide assistance through referrals to military and community resources, online articles, newsletters, and workshops, prepaid booklets and audio recordings.
  - Another option for couples is the Counseling Center at Soldier and Family Services that provides individual, marriage, and Family counseling as needed. Services are intended to be solution-focused on well-defined problem areas amenable to brief intervention and rehabilitation, such as adult adjustment issues, crisis intervention, academic and occupational problems, parent-child communication, grief and loss issues, and nonviolent marital problems. Licensed clinical providers assist clients to identify and clarify the nature and extent of problems based on an initial assessment, and to develop a collaborative plan for solving problems.
  - Given many couples report that marital satisfaction decreases after the birth of the first child, the New Parent Support Program (NPSP) is another important prevention resource. This proactive home visitation program helps to prepare new parents for the changes they might experience with the arrival of a new baby. A wide range of services, to include home visitation by a nurse and social worker, are provided to expectant Soldier Families, or those who have young children up to the age of six.

Battle Drill

A. Marital Conflict

Overview

Leaders know that a Soldier preoccupied with marital or relationship problems will not be at 100%. When a Soldier and spouse are going through difficult and challenging times, early intervention can help the couple get back on track. Although most Soldiers and spouses would benefit from participation in prevention or education programs, many do not seek help and marital problems only get worse or the positive feelings they once had for each other erode away. Recognizing when a Soldier may need help and ensuring the Soldier knows where and how to get that help is essential to mission readiness.

What to Look For

- Supervisors and peers may overhear, observe, or become aware of marital conflict through co-workers.
- Soldier may not be performing up to standard, seems preoccupied with personal matters, is interrupted frequently during the duty day by telephone calls from home, or may come in late or ask for time off more frequently to take care of Family issues.
- Soldier may avoid going home, complain about spouse or partner, or refer to the marriage in negative terms.
- Soldier may appear depressed and withdrawn, appearance may begin to deteriorate.
- Soldier may be having problems in other areas such as finances, anger control, general coping skills, or substance use.
- Spouse may call unit leaders complaining about the Soldier.

What to Do

- Talk to the Soldier in private about observations. Avoid becoming confrontational.
- Emphasize that long-term commitments come with bumps in the road and that everyone experiences problems in their relationships.
- Inquire if problems at home are impacting performance. Explain that the unit needs this Soldier personally and would support them getting help so they can remain dependable.
- Inform the Soldier of options available.
- Strongly encourage participation in prevention programs or classes in Army Community Service that deal with the identified problem areas.
- Ensure the Soldier is aware of the services Army One Source provides.
- Encourage the Soldier to talk to a chaplain or other trusted professional if appropriate.
- Convey expectation and confidence that issues will be dealt with appropriately.

What to Avoid

- Ignoring observations, letting problems continue or get worse.
- Not taking the problem seriously or minimizing concerns.
- Telling the Soldier to take care of the problem without providing options.
- Joining in negative comments about Soldier's spouse or partner.
- Not allowing the Soldier time off to attend prevention programs when the need is clearly indicated.
- Assuming young couples have the skills to resolve conflict without assistance.

What to Expect After Taking Action

- Most Soldiers will follow through with recommendations to seek assistance, participate in prevention programs, or see a chaplain if supported to do so.
- Soldier may experience embarrassment about asking for help and may need encouragement to follow-through with recommendations.

Troubleshooting

- Most Soldiers want to get back to work and up to speed as quickly as possible and do not want to be identified as needing extra assistance. Handling issues discreetly and respectfully is important.
- Leaders can offer support by promoting marriage enrichment and other educational programs as universally beneficial to all couples.
- Some Soldiers may downplay, minimize, or deny obvious problems. Leaders may need to take a more active role in encouraging the Soldier to seek assistance.
- For some couples, conflict may have escalated into domestic abuse. Leaders need to be on the lookout for signs of abuse and report any suspected incidents to Family Advocacy and the proper authorities.
- Some Soldiers may become increasingly depressed and withdrawn when relationship problems are not getting better. Staying abreast of any changes in behavior that might indicate the Soldier is becoming a danger to themselves or others should be addressed immediately.

Resources

Military OneSource: 1-800-342-9647

Boys Town Suicide and Crisis Hotline: 1-800-448-3000; 1-800-448-1833

National Domestic Violence/Child Abuse/Sexual Abuse: 1-800-799-SAFE (7233); 1-800-787-3324

Domestic Violence Hotline: 1-800-829-1122

Battle Drill

B. Separation and Divorce

Overview

One of the most challenging life difficulties is separation and divorce. Unfortunately approximately 50% of all marriages end in divorce. The statistics are even bleaker for subsequent marriages with a divorce rate of approximately 65-70%. Divorce is not a single event but a series of losses, transitions, and Family reorganizations. A divorce inevitably brings about a number of changes that range from emotional to economic. Changes occur in Family relationships, standards of living, residences, and friends. The process of adjusting to these changes is stressful for Families. In addition, most children experience considerable distress in the early stages of a divorce.

People can experience a wide range of reactions to divorce. Some see divorce as a failure and experience depression. Others may have to cope with a loss of security. For others still, divorce is a release from the burdens and frustrations of constant tension. The legal process itself can be long and frustrating and contribute to feelings of stress. Coupled with this is the potential loss of property and financial stability.

What to Look For

Soldiers and their Family members who are going through a separation and divorce are experiencing a series of losses and often go through some of the same experiences and feelings as those grieving a death of a loved one. Leaders may observe the following signs of distress:

- Denial. “This can’t be happening to me and my Family.”
- Financial difficulties.
- Fear of loss of children.
- Angry and short tempered with co-workers and peers.
- Deterioration in job performance.
- Difficulties in concentration.
- Emotional upheaval.
- Expressions of guilt, hopelessness, pessimism about the future.
- Signs of depression.
- Substance abuse.

What to Do

From a leadership perspective there are a number of actions to take:

- Be familiar with the impact conflicted and broken relationships, including divorce, can have on functioning and personal readiness.
- Share observations and concerns with the Soldier and provide counseling options for assistance.
- Encourage subordinate leaders and peers to stay engaged and provide social support.
- Be alert to the possibility of increased risk for harm to self or others.
- Encourage talking with a chaplain or other trusted professional.

- Encourage Soldier to get sound legal and financial advice and avoid an adversarial approach to spouse.
- Encourage the Soldier parent to stay involved and connected with their children.
- Other Sources of Support Include:
  - Community-based support groups where personal difficulties can be shared with others experiencing similar problems can often be located in the local section of the town newspaper, through churches, or community centers.
  - Rebuilding one's faith. Many churches, synagogues and other religious organizations are actively concerned for the needs of people in the divorce process. Learning to adjust to a crisis can be enhanced through a spiritual process.
  - Social activities, sports, and academic endeavors provide opportunities for building new friendships.

What to Avoid

- Minimizing concerns, avoiding talking about observations.
- Telling the Soldier that they should get over it and move on without providing support to do so in a constructive way.
- Assuming Soldier will know where and how to get help.
- Encouraging Soldier to become adversarial with spouse or seek revenge.
- Overlooking indications that the Soldier is becoming increasingly depressed.
- Disregarding comments or behaviors that the Soldier may be harmful to self or others.
- Not allowing time or opportunity to talk with a chaplain or other professional when need is indicated.

What to Expect After Taking Action

- Grieving process takes time and support.
- Soldier may experience an emotional roller coaster at times as Family routines and ties are disrupted and legal proceedings follow.
- Childcare and finances may be in flux and take time to reach new equilibrium.
- Work performance might fluctuate as separation and divorce proceeds.

Troubleshooting

- Be alert to the possibility of domestic violence especially if there has been any abuse in the past. Victims of domestic abuse are at heightened risk for escalating violence when attempting to leave an abusive relationship. If concerns about violence exist, engage Family Advocacy as soon as possible.
- Relationship difficulties have also been strongly associated or linked to suicide. Secure immediate professional help or intervention if there is concern that the Soldier is a danger to him/herself or others.
- Grieving involves powerful and unpredictable emotional reactions. Some Soldiers may attempt to deal with these emotions in counterproductive ways such as drinking, overspending, or engaging in high-risk behaviors. Intervening early before problems escalate is critical in helping the Soldier develop more positive coping skills.

Resources

Military OneSource: 1-800-342-9647

Boys Town Suicide and Crisis Hotline: 1-800-448-3000; 1-800-448-1833

SITUATION: Alcohol Abuse

General Information

Definitions

Alcohol Abuse: The use of alcohol to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness and the user's health, behavior, Family, and community; or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct.

Alcohol Dependence or Alcoholism: The psychological or physiological reliance on alcohol.

Overview

The Army National Guard's objective is to eliminate alcohol abuse. Combating the debilitating threat posed by alcohol abuse and alcohol dependency on both Soldiers and mission readiness requires a total commitment from all levels of leadership. Leaders must be alert to characteristics of alcohol abuse and with the symptoms of the disease of alcohol dependency. All leaders must not in any way promote or condone alcohol misuse.

Risk Factors

A risk factor is something that increases your likelihood of abusing alcohol and could lead to the development of alcoholism.

- Family conflict.
- Family history of alcohol abuse.
- Financial problems.
- Boredom.
- Lack of commitment to work.
- Poor work performance.
- Low self-esteem.
- Significant loss.
- Underage drinking.
- Unit culture that encourages drinking.
- Easy availability and supply to underage Soldiers.

Why Soldiers May Not Seek Help

- Soldiers may be unwilling to seek help for fear of reprisal, shame, and the perceived negative impact on one's career.
- Soldiers may also not be aware that their drinking behavior is problematic.

Prevention

- All Soldiers should set a positive example, especially NCO's.

- An atmosphere of “it’s okay not to drink” must prevail.
- Ensure that all Soldiers understand that consumption of alcohol is not essential to the development of unit cohesion or the Army National Guard’s pride.
- Conduct regular command training on alcohol abuse.
- Institute and promote a designated driver program.
- Have control over local command policies with regard to club operations, social gatherings, and recreational activities to ensure abuse is not indirectly promoted.
- Ensure policies are in place that supports responsible drinking in all aspects of club and recreational activities.
- Ensure giving alcoholic beverages as gifts or sold at reduced prices is not allowed.
- Ensure suitable non-alcoholic beverages are readily available at all social functions.
- Ensure food is available whenever alcoholic beverages (beer, wine, or distilled spirits) are served.
- Ensure alcoholic beverages are not sold or served to Soldiers who fail to meet minimum age requirements for purchase or consumption.
- Ensure ongoing programs are established to prevent drunk driving by Soldiers, their Family members, and civilian employees.
- Promote firm and equal treatment of alcohol abusers through NJP, Court-Martial, or administrative means.
- Publish DAPA notes in the command plan of the day.

Battle Drill

A. Soldier is Suspected of Having a Drinking Problem

Overview

Leaders must be alert to characteristics of alcohol abuse and must be familiar with the symptoms of the alcohol abuse and dependency. Consider this scenario: A twenty-two year-old Sergeant reported nearly an hour late for formation. This is the second time he has been late in the past two drills for no apparent reason. Rumors around the office indicate his fiancée has called off the wedding. You wonder if alcohol abuse might be a problem.

What to Look For

- Odor of alcohol on the breath.
- Frequent intoxication.
- Difficulty focusing; glazed appearance of the eyes.
- Uncharacteristically passive behavior; or combative and argumentative behavior.
- Gradual deterioration in personal appearance and hygiene.
- Gradual development of dysfunction, especially in job performance.
- Late for work or formation (particularly on Monday).
- Unexplained bruises and accidents.
- Irritability.
- Flushed skin.
- Lapses of memory (blackouts).
- Availability and consumption of alcohol becomes the focus of social or professional activities.
- Changes in peer-group associations and friendships.

What to Do

If an alcohol-related incident has NOT occurred, Command Referral may be initiated when the CO determines the need for screening. This normally occurs when the unit suspects the individual may have a problem with alcohol, such as when co-workers smell alcohol on the individual, or as a recommendation from the Family Support Center. Consult with the nearest ASAP Counseling Center (ASAPCC) for advice. Referral is a CO's judgment call, based on any credible signs and symptoms, to indicate possible alcohol abuse problem.

- Refer the individual to the unit Alcohol and Drug Control Officer (ADCO) for initial screening and referral to the nearest ASAP Counseling Center (ASAPCC) for evaluation.
- Support medical screening recommendations.
- Support recommended plan of action from ASAPCC to overcome identified problems.

What to Avoid

As you become more aware of the drinking behaviors of your Soldiers, you may find yourself confronted with an individual who is consistently not making good decisions about drinking and continues to make poor decisions in spite of your best attempts to get them to think and act differently. When this occurs, you need to recognize that the individual may not have the ability to make good decisions about drinking because the problem has advanced to a level requiring a referral to the local counseling center. They may try to convince you they don't need help.

- Don't be fooled by excuses.
- Don't ignore the problem.
- Don't try to make a diagnosis.
- Don't accuse the individual of having a problem.
- Don't argue with the individual about drinking behaviors.

What to Expect After Taking Action

- ADCO conducts initial screening and schedules an ASAP Counseling Center (ASAPCC) evaluation, if warranted.
- ASAPCC evaluates the Soldier and sends him/her to medical screening.
- Medical provides a formal medical diagnosis and treatment recommendation by a licensed clinician.
- ASAPCC takes the medical recommendation and coordinates with the command.
- Recommendation may include education in the form of early intervention, treatment, or no services.
- Individual may have second thoughts about accepting substance abuse education or treatment.

How the Army National Guard's Substance Abuse Education and Treatment Program works:

When an individual is placed in a treatment program, the level of treatment is based upon the diagnosis giving by a medical officer. The programs are listed below to give the command a brief understanding of each program and length of services:

- **Early Intervention**
  - For individuals who misused alcohol (without a pattern of abuse).
  - Explores risk factors and assists individuals in recognizing harmful consequences of inappropriate alcohol/drug use. Minimum of three hours; however, if additional problems appear, they may be referred for an assessment. Educational. Usually 2 days.

- **Outpatient Services (OP)**
  - Generally for individuals who demonstrate a pattern of abuse.
  - Treatment length varies, but is usually less than 9 hours per week for two weeks.
  - Go home at night or return to the command at the end of counseling sessions.

- **Intensive Outpatient Services (IOP)**
  - Generally for individuals who are alcohol dependent.
  - Treatment length varies, more than 9 but less than 20 hours per week for three to four weeks.
  - Go home at night or return to the command at the end of counseling sessions.
  - There is no monitoring requirement at the barracks.

- **Residential Services/Inpatient Treatment (IP)**
  - Generally for individuals who are alcohol dependent and either have a high risk of treatment failure without 24/7 monitoring, or are at medical risk related to dependency.
  - Comprehensive full-time care.
  - Variable length of care depending on the treatment facility - Maximum is 4 weeks, but can be shorter depending on the individual progress.
  - TDY to Military Treatment Facility.

- **Continuing Care (follow-up care):**
  - Individual and group sessions.
  - 1-3 hours per week until the treatment plan goals are met.
  - Focus on unmet psychosocial needs, personality traits and disorders, and any other concerns to help Soldier maintain sobriety.

- **After treatment:**
  - The ASAPCC prepares a written summary of care for the member's command. The summary may contain referrals for additional medical/social services and an aftercare plan, including recommendations for ongoing participation in approved self-help groups.
  - Commands are responsible, through their ADCOs, for actively monitoring and supporting aftercare plans. ADCOs will meet with members who have active aftercare plans bi-weekly to review progress and provide a written report to the Commanding Officer. If the command identifies difficulties with the recommended actions, the counseling center should be consulted.
  - Command monitoring will continue through the completion of the individualized aftercare plan, not to exceed 12 months.
  - When operational commitments dictate, the aftercare plan may be modified by the Commanding Officer. For instance, a counseling center may recommend three Alcoholics Anonymous (AA) meetings per week, but the service member is TDY or deployed to a location where only one AA meeting per week is held. The Commanding Officer may modify the aftercare plan to include attendance at one AA meeting per week.

Troubleshooting

- Soldiers, who refuse, fail to participate, or do not successfully complete treatment/aftercare will be processed for separation.

- Individuals who fail to make progress, or who regress, should not automatically be considered a treatment failure. The recovery plan should be re-evaluated to determine if new approaches are required.
- If a Soldier being processed for separation still declines treatment prior to separation, the command will at that time:
    - Provide the Soldier, in writing, the location of the nearest VA Medical Facility.
    - Document the declination of treatment in the appropriate Soldier career files with the Soldier's signature acknowledging the refusal.
- Some Soldiers may deny there is a problem, minimize issues, or refuse to participate in recommended services. This may be an indication that more serious problems are occurring and may require more active involvement from leaders.
- Soldier may not be showing any signs of improvement or problems may escalate after intervention. Leaders may want to consult with SJA or Family Advocacy staff to determine if another course of action might be appropriate.
- In either circumstance noted above, leaders may consider disciplinary action.

Resources

Military OneSource: 1-800-342-9647

National Guard Community Center: 1-888-777-7731

Wounded Soldier and Family Hotline: 1-800-984-8523

Suicide Prevention Hotline: 1-800-273-Talk (8255)

The Alcohol & Drug Addiction Resource Center: 1-800-390-4056

Boys Town National Hotline: 1-800-448-3000

National Drug Information Treatment and Referral Hotline: 1-800-662-HELP (4357)

Al-ateen: 1-800-352-9996

Alcohol Abuse and Crisis Intervention: 1-800-234-0246

Alcohol and Drug Abuse Helpline and Treatment: 1-800-234-0420

Alcohol Hotline Support & Information: 1-800-331-2900

Battle Drill

B. Soldier has an Alcohol Related Incident

Overview

When a Soldier has an alcohol-related incident, the command must take action. This is not only for the personal readiness, health, and safety of the Soldier involved, but for the readiness, good order, and discipline of the entire unit.

What to Look For

An alcohol-related incident occurs.

What to Do

- Document the incident by entries in a DA 4856, Developmental Counseling Form, and any other forms required by the Alcohol and Drug Control Officer (ADCO) and local command policy.
- Seek guidance on clearance eligibility as a result of this incident.
- Refer the individual to the unit ADCO for initial screening and referral to the nearest Army Substance Abuse Program Counseling Center (ASAPCC) for evaluation.
- Support medical screening recommendations.
- Support recommended plan of action from ASAPCC to overcome identified problems.
- See AR600-85 for details.
- Conduct screening for overseas assignment to ensure Soldiers with unresolved alcohol incidents or problems are not considered for overseas duty.

What to Avoid

As you become more aware of the drinking behaviors of your Soldiers, you may find yourself confronted with an individual who is consistently not making good decisions about drinking and continues to make poor decisions in spite of your best attempts to get them to think and act differently. When this occurs, you need to recognize that the individual may not have the ability to make good decisions about drinking, because the problem has advanced to a level requiring a referral to the local counseling center. They may try to convince you they don’t need help.

- Don't be fooled by excuses.
- Don't ignore the problem.
- Don’t try to make a diagnosis.
- Don't accuse the individual of having a problem.
- Don't argue with the individual about drinking behaviors.

What to Expect After Taking Action

- ADCO conducts initial screening and schedules an ASAPCC evaluation, if warranted.
- ASAPCC evaluates the Soldier and sends him to medical screening.

- A qualified AMEDD Officer provides a formal medical diagnosis and treatment recommendation by a licensed clinician.
- ASAPCC takes the medical recommendation and coordinates with the command.
- Recommendation may include education in the form of early intervention, treatment, or no services.
- Individual may have second thoughts about accepting substance abuse education or treatment.

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- **After treatment:**
  - The ASAPCC prepares a written summary of care for the member's command. The summary may contain referrals for additional medical/social services and an aftercare plan, including recommendations for ongoing participation in approved self-help groups.
  - Commands are responsible, through their ADCOs, for actively monitoring and supporting aftercare plans. ADCOs will meet with members who have active aftercare plans bi-weekly to review progress and provide a written report to the Commanding Officer. If the command identifies difficulties with the recommended actions, the counseling center should be consulted.
  - Command monitoring will continue through the completion of the individualized aftercare plan, not to exceed 12 months.
  - When operational commitments dictate, the aftercare plan may be modified by the Commanding Officer. For instance, a counseling center may recommend three Alcoholics Anonymous (AA) meetings per week, but the service member is TDY or deployed to a location where only one AA meeting per week is held. The Commanding Officer may modify the aftercare plan to include attendance at one AA meeting per week.

Troubleshooting

- Soldiers, who refuse, fail to participate, or do not successfully complete treatment/aftercare will be processed for separation.
- Individuals who fail to make progress, or who regress, should not automatically be considered a treatment failure. The recovery plan should be re-evaluated to determine if new approaches are required.
- If a Soldier being processed for separation still declines treatment prior to separation, the command will at that time:
  - Provide the Soldier, in writing, the location of the nearest VA Medical Facility.
  - Document the declination of treatment in the appropriate Soldier career files with the Soldier's signature acknowledging the refusal.
- Some Soldiers may deny there is a problem, minimize issues, or refuse to participate in recommended services. This may be an indication that more serious problems are occurring and may require more active involvement from leaders.
- Soldier may not be showing any signs of improvement or problems may escalate after intervention. Leaders may want to consult with SJA or Family Advocacy staff to determine if another course of action might be appropriate.
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Alcohol Abuse and Crisis Intervention: 1-800-234-0246

Alcohol and Drug Abuse Helpline and Treatment: 1-800-234-0420

Alcohol Hotline Support & Information: 1-800-331-2900

Domestic Violence Hotline: 1-800-829-1122

SITUATION: Drug Abuse

General Information

Definitions

Drug Abuse: The wrongful use of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol) to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness. For purposes of this desk reference, drug abuse also includes the intentional inhalation of fumes or gasses of intoxicating substances with the intent of achieving an intoxicating effect on the user's mental or physical state, and steroid usage other than that specifically prescribed by a competent authority. Drug abuse is also a clinical diagnosis based on specific diagnostic criteria delineated in the American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders," current edition (DSM), and must be determined by a qualified Medical officer (MO) or DoD-authorized licensed practitioner. A diagnosis of drug abuse generally requires some form of intervention and treatment.

Drug Abuser: One who has illegally, wrongfully, or improperly used any narcotic substance, marijuana, or dangerous drug, or who has illegally or wrongfully possessed, transferred, or sold the same.

Drug Dependence: Psychological or physiological reliance on a chemical or pharmacological agent.

Illegal Drugs: Drugs prohibited by law or lawful drugs when obtained or used without proper authority.

Overview

The use of illegal drugs undermines the effective performance of Soldiers and is contrary to the Army National Guard's mission. Acts of use, possession, trafficking, or distribution of illegal drugs or drug paraphernalia will not be tolerated. These offenses must be dealt with swiftly and effectively to the fullest extent provided for by law and regulations. Civilians engaging in such acts will be detained and turned over to a local law enforcement agency for prosecution under the applicable criminal statutes.

Risk Factors

A risk factor increases the likelihood of illicit drug use or dependence. It is possible to become a drug user with or without the presence of the risk factors listed below. However, the more risk factors you have, the more likely drug use can become. Risk factors can be minimized through ongoing prevention measures.

- Spending off-duty time at places that create opportunities for drug activity.
- Associating with individuals pending legal action or separation for drug use.

- Inability to handle increased stress.
- Poor relationships with peers or leaders.
- Financial problems.
- Combat-related problems.
- Boredom.
- Low self-esteem.

Why Soldiers May Not Seek Help

The National Guard's "zero tolerance" policy makes it impossible for Soldiers to seek help without the risk of incurring punitive or administrative action that may lead to separation from the military. This, however, should not prevent Soldiers from seeking and receiving help for drug problems once already identified by the command.

Prevention

Currently, the Guard uses two main strategies to combat illicit drug use: Command education and the urinalysis program. Although both are equally important, using them in conjunction with each other is far more effective. The primary purpose of prevention education and training is to provide requisite knowledge of drug use effects to assist Soldiers in making responsible decisions. A secondary purpose is to train military and civilian supervisors on their roles in preventing illegal drug use. Commanders should ensure that both education and an aggressive urinalysis program are conducted throughout their units.

Drug use prevention education alone is not the answer to preventing abuse, but if properly conducted, it can provide potential and present abusers with information to clarify personal values, improve problem-solving and decision-making skills, and understand alternative lifestyle choices. Tools such as these will help the individual Soldiers make a more informed decision concerning drug use. This is primarily achieved by:

- Ongoing substance abuse prevention education for all Soldiers.
- Officer, NCO, and civilian supervisor training in drug use prevention.
- Additional training by Installation Drug Demand Reduction Coordinators (DDRCs) and Substance Abuse Counselors in preventing drug use.

The urinalysis program is a valid and reliable means for inspecting personnel to assess the command's readiness. It also acts as a powerful deterrent against drug use. The more active the urinalysis program, the more effective it is.

- Every unit shall have an aggressive compulsory drug-testing program, which ensures systematic screening of all Soldiers annually, regardless of rank, for the presence of drugs.
    - Units will test at least 10% of their population monthly under the random sample or "IR" premise.
    - All Soldiers reporting in from mid tour leave will be tested within 72 hours of arrival.

- Only Commanding Officers and Medical Officers may direct that a urine sample be submitted.
- Avoid long periods between tests. The Guard's Drug Testing Program software aids commanders with effectively managing their unit's drug testing program.

Battle Drill

A. Soldier is Suspected of Using Illegal Drugs

Overview

For good order and discipline, suspicion of drug abuse must be investigated. Drug use not only puts the Soldier using drugs at risk, but also fellow Soldiers. Drug use by even one Soldier degrades the readiness and morale of the unit. Further, if not promptly dealt with, the command sends the wrong message to subordinates. Consider the following scenarios:

- A nineteen year-old Private First Class has displayed abnormal behavior since the unit has been alerted for Afghanistan; these behaviors where reported to the Platoon Sergeant by the Soldier's roommate after smelling what appeared to be the odor of marijuana coming from the head.

- You receive several letters of indebtedness on one of your Soldiers. He is a 20 year old Specialist who lives with his parents. Upon speaking with his FLL, you also learn that in the last three months, this Soldier's performance has dropped dramatically.

In the first case, there is clear probability of drug use, but the other is less clear. The point is that where there is behavior change, and the cause is unclear, drug use could be a factor.

What to Look For

- Drug odors or indications.
- Drug paraphernalia.
- Rumors or reports of drug use.
- Unexpected changes in behavior or thinking, such as:
  - Impaired perception.
  - Diminished short-term memory.
  - Deterioration in personal appearance and performance.
  - Lack of focus.
  - Loss of motivation.
  - Anxiety, panic attacks, and paranoia.
  - Mood swings.
  - Irritability.
  - Lateness for work or formation.
  - Changes in peers and friends.
- Weight loss.
- Financial problems.
- Hanging out in a part of town known for drug activity during the days between drills.
- Problems with interpersonal relationships (marriage, girlfriend/boyfriend, co-workers).

What to Do

If drug use is reasonably suspected, then there are several different ways to identify or rule out drug use:

- Refer Soldier to the unit Alcohol and Drug Control Officer (ADCO) for screening. The CO can order the Soldier to go. Refusal subjects the Soldier to the UCMJ.
- Order drug testing. There are four testing premises that may be used here; however it is highly recommended that Commanding Officers consult with the legal assistance officer before selecting a test premise to avoid legal difficulties should the case end-up in a court-martial.

Potential test premises:

- **Test conducted with member's consent (VO)**. Soldiers suspected of having unlawfully used drugs may be requested to voluntarily consent to urinalysis testing. Prior to requesting consent, the command representative should generally advise the Soldier that they may decline to provide the specimen. If drug paraphernalia were discovered but no drugs were found, the command should check with legal to see if there's enough evidence for a command directed or probable cause urinalysis if a request for consent is declined. Where practical, consent should be obtained in writing. According to Article 31(b), UCMJ, warnings are not required in such cases provided that no other questioning of the Soldier takes place. Further guidance concerning consent searches is contained in Military Rules of Evidence (M.R.E.) 311, 312, 314 through 316.
- **Probable Cause Tests (PO)**. Urinalysis tests may be ordered per M.R.E. 312(d) and 315 whenever there is probable cause to believe that a member has committed a drug offense and that a urinalysis test will produce evidence of such an offense. Probable cause tests must meet several stringent criteria before it is considered legal. Consultation with a Judge Advocate on the issue of probable cause is strongly encouraged.
- **Command-directed (CO)**. The Command Directed does not require the same legal hurdles as Probable Cause, and can be ordered by the Commander whenever a specific Soldier's behavior or conduct gives rise to a reasonable suspicion of drug abuse or whenever drug use is suspected within a unit. A command-directed examination may be ordered to determine competency for duty and the need for counseling, rehabilitation, or other medical treatment.
- **Random selection (IR)**. This test premise is used for the random testing of work sections, groups (selected by last digit of SSN), or all command members. Testing should be conducted on a routine basis to act as a deterrent.

Once a determination on the test of premises code to use for the urinalysis is made, refer the Soldier to the ADCO, who will ensure that the urinalysis is conducted IAW the proper regulatory guidance.

- Following proper procedure is most important. While lab results are extremely accurate and testing procedures are pretty much airtight at the military or military contracted drug screening laboratories, collection procedures are normally what come under fire. You should assume from the start that the entire collection process will be scrutinized in any court-martial, if the issue should come to that.

What to Avoid

- Not taking any action on signs of potential drug use.
- Allowing excuses to cloud facts.
- Accusing the individual of using drugs – follow due process as recommended by your legal officer.
- Not referring the individual to the unit ADCO or local Army Substance Abuse Program Counseling Center (ASAPCC) or the civilian equivalent for screening if there is reasonable suspicion.

What to Expect After Taking Action

- Certified substance abuse counselor will screen the Soldier in order to rule out abuse or dependency.
- Counselor will refer the Soldier to a medical officer for diagnosis and treatment recommendation.
- The Soldier will either be:
  - Returned to command with no further action required by the treatment center.
  - Command will be contacted with administrative recommendations and the Soldier will be scheduled for treatment as determined by a medical officer.

Troubleshooting

- Soldier denies drug problems or usage. Using the "whole Soldier" approach, interview the Soldier, and the Soldiers' leaders to further evaluate the possibility of illegal drug use.
- Soldier confirmed of committing an act of illegal drug use. Individual must be processed for separation and offered treatment.
- If urinalysis result is negative, no further substance action is required.
- If urinalysis result a positive result; refer Soldier to ASAPCC for an assessment. Based upon the assessment will determine if treatment is required.
- How to recognize illegal drugs from legitimate prescription medicines:
  - No one can effectively identify a drug by sight, taste, or smell except for marijuana.
  - Marijuana, which is usually smoked, can also be found as hashish in candy and cookies. In such cases, the best that can be done is to suspect the possibility of illegal use and proceed accordingly.

Resources

Military OneSource: 1-800-342-9647

National Guard Community Center: 1-888-777-7731

Wounded Soldier and Family Hotline: 1-800-984-8523

Suicide Prevention Hotline: 1-800-273-Talk (8255)

The Alcohol & Drug Addiction Resource Center: 1-800-390-4056

Boys Town National Hotline: 1-800-448-3000

National Drug Information Treatment and Referral Hotline: 1-800-662-HELP (4357)

Al-ateen: 1-800-352-9996

Alcohol Abuse and Crisis Intervention: 1-800-234-0246

Alcohol and Drug Abuse Helpline and Treatment: 1-800-234-0420

Alcohol Hotline Support & Information: 1-800-331-2900

National Cocaine Hotline: 1-800-COCAINE (262-2463)

Covenant House Hotline: 1-800-999-9999

Battle Drill

B. Drug Related Incident Occurs

Overview

- Once a drug-related incident has occurred action must be taken.

What to Look For

- Popping positive on a drug screen.
- Arrest for drug-related charges.

What to Do

- When a positive urinalysis occurs, remember that the results are only forensic evidence for the presence of a drug(s) or drug metabolite(s), and are not considered an incident of drug abuse until the Commanding Officer has reviewed all information available and made a determination that an incident of drug abuse has occurred.
- Once the CO determines an incident of drug abuse has occurred then a Drug and Alcohol Abuse Report (DAAR) is required.
- Send the Soldier for mandatory screening by the ADCO and provision of treatment options.
  - Once a Soldier is identified as an illegal drug user, the commander must determine what course of action to follow. Paramount to the success of the program is to hold all Soldiers accountable for their actions. **All** confirmed incidents of drug abuse require disciplinary action IAW UCMJ, most resulting in processing for administrative separation.
  - However, separation can be waived in some cases. Each case must be reviewed carefully to include a determination of the individual's status and potential for continued military service. The following options are available:
    - **Commissioned Officers and Warrant Officers.**
      - Processed for separation under other than honorable conditions.
    - **Staff Noncommissioned Officers and Noncommissioned Officers.**
      - Evaluated for further service.
      - Non-judicial punishment.
      - Court-Martial.
      - Administrative reduction.
      - Administrative separation administered as appropriate.
      - Special Fitness Report will be used to record confirmed drug use.
    - **Enlisted Soldiers**
      - Evaluate for future service.
      - Appropriate judicial or administrative action.

  - Any individual diagnosed, as drug dependent must be offered treatment prior to separation. COs are also encouraged to offer treatment to individuals screened as drug abusers prior to separation, but this is not required.

What to Avoid

- Taking matters into your own hands; follow procedures.
- Not processing confirmed illegal drug users for separation.

What to Expect After Taking Action

- Soldier may deny that he /she has ever used drugs.
- Soldier may suggest that they were drunk and someone may have put something in their drink or they may have used unknowingly.
- Soldier may rebut the positive result; stating it was generated in error.
- ADCO conducts initial screening and schedules a Substance Abuse Counseling Center evaluation.
- Counseling Center evaluates and sends the Soldier to Medical screening.
- Medical provides a formal medical diagnosis and treatment recommendation by a licensed clinician.
- ASAPCC takes the medical recommendation and coordinates with the command.
- Recommendation may include education in the form of early intervention, treatment, or no services.
- Soldier may have second thoughts about accepting substance abuse education or treatment.
- Here is how the Army National Guard's substance abuse treatment program works: When an individual is placed in a treatment program, the level of treatment is based upon the diagnosis given by a medical officer. The programs are listed below to give the command a brief understanding of each program and length of services:

    - Early Intervention
        - For individuals who misused legal substance without a pattern of abuse.
        - Educational. Explores risk factors and assists individuals in recognizing harmful consequences of inappropriate alcohol and drug use.
        - Minimum of three hours split over two days.
        - If additional problems appear, they may be referred for an assessment.

    - Outpatient Services (OP)
        - Designed to treat and educate those who have a low pattern of abuse behavior to prevent further development of problem. Lowest level of abuse treatment provided.
        - Treatment length varies, but is part-time, less than 9 hours per week for two weeks, usually at local installation.
        - Return to command after treatment for disposition.

    - Intensive Outpatient Services (IOP)

- Designed to treat those in a more advanced stage of abuse as well as those who have been diagnosed dependent. Intense treatment to include group and one on one counseling.
- Treatment length varies, between 9 and 20 hours per week for 3 to 4 weeks, usually at local installation.
- Go home at night or return to the command at the end of counseling sessions.

- Residential Services/Inpatient Treatment (IP)
  - This treatment is for those that have a more advanced condition, such as those who cannot be left on their own at night due to their inability to stop using the substance. It is also used to monitor them in the case of withdrawal. Medically-managed program.
  - Comprehensive full-time care provided only at major treatment facilities.
  - Variable length of care depending on the treatment facility.
  - Maximum is 4 weeks however, it can be shorter depending on the individual progress.
  - Requires TDY to Military Treatment Facility.

- Continuing Care is provided by the treatment facility following treatment, which consists of:
  - Designed to acclimate individuals back into society with the tools they received during treatment. Also tracks and identifies any other underlying problems that may exist, up to 6 months.
  - Individual and group sessions at the local treatment facility.
  - 1-3 hours per week until the treatment plan goals are met.
  - Focus on unmet psychosocial needs, personality traits and disorders, and any other concerns to help Soldier sustain from the illegal use of substance.

- After Treatment
  - The SACC prepares a written summary of care for the member's command. The summary may contain referrals for additional medical or social services, and an aftercare plan, including recommendations for ongoing participation in approved self-help groups**.**
  - Commands are responsible, through their ADCO, for actively monitoring and supporting aftercare plans.
  - ADCOs will meet with members who have active aftercare plans bi-weekly to review progress and provide a written report to the Commanding Officer.
  - If the command identifies difficulties with the recommended actions, the counseling center should be consulted.
  - Command monitoring will continue through the completion of the individualized aftercare plan, not to exceed 12 months.
  - Some things to watch over:

- Recovery/relapse issues
- Leisure-time activities

- When operational commitments dictate, the aftercare plan may be modified by the Commanding Officer.
- For instance, a counseling center may recommend three Narcotics Anonymous (NA) meetings per week, but the service member is TDY or deployed to a location where only one NA meeting per week is held. The Commanding Officer may modify the aftercare plan to include attendance at one NA meeting per week.
- Aftercare is vital for the return of Service member to the work environment, helping the transition of old habits to new habits learned in treatment.

Troubleshooting

- If a Soldier refuses treatment, the declination of treatment on a DA Form 4856 must be supported with the Soldier's signature confirming refusal of treatment. However, separation processing may not necessarily result in actual separation. If the Commanding General presiding over the separation board recommends retention, the Soldier will be offered treatment and retained until their ETS. At which point the Soldier will be released from active duty, as they will be ineligible for re-enlistment. As always, the Soldier has a right to rebut the legal system. The Soldier can request retention. Leaders must support the Soldiers right to rebut separation.

Resources

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Alcohol Hotline Support & Information: 1-800-331-2900

National Cocaine Hotline: 1-800-COCAINE (262-2463)

SITUATION: Deployment Cycle Family Stress

General Information

Definitions

Stress: A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression.

Family Readiness: Families who are prepared and equipped with the skills, tools and knowledge to successfully meet the challenges of the military lifestyle, especially during times of separation and deployment. A successful deployment for the Soldier and Family requires readiness through planning and advanced preparation to ensure the Family can continue efficiently during their absence.

Overview

Deployments and separation are expected functions of Army National Guard life and can be divided into three main phases; pre-deployment, deployment and post-deployment. All three phases within the deployment cycle are distinct and pose their own challenges and needs for preparation. Poor planning for any part of the deployment cycle can negatively impact Family stability, individual readiness, unit readiness and cohesion and, ultimately, the ability to meet the mission. If Soldiers are not confident that their spouses and Family are cared for and personal affairs are in order, then Soldiers will not be fully ready to contribute to the unit and cannot be considered mission ready or reliable. Proper planning will cover basic issues that affect Family life such as home, finances, auto, communications, etc. If Soldiers do not accept the responsibility of adequately preparing their Family prior to departure, or are not provided the time to do so, then they may negatively impact overall unit readiness and mission capability.

In the pre-deployment phase, the unit takes the lead in providing education and resources for Families. A Command's commitment to Family readiness will ensure the unit can successfully deploy with confidence. This commitment must include the following: Command involvement and prioritization of Family readiness, the orchestration of timely pre-deployment briefings and unit events, with encouragement for all spouses to attend.

Once a unit and the Soldier deploy, readiness challenges manifest in different ways. Issues relating to prevention become unnecessary and are replaced by active problem solving. Problems with the flow of communication and information increase; emotional issues flare (especially if Soldiers are in harm's way); medical, dental or housing issues may be neglected pending the Soldier's return. The problems that may have been surmountable in the past suddenly seem overwhelming and put additional stress on the spouse and the Soldier. The possibilities are numerous and varied as to what could be potential problems once a Soldier deploys, but most are not too far outside the scope of what can be considered "normal situations," or those commonly experienced during

deployment. Those Families that anticipated situations and coordinated a response plan are those who will have fewer deployment–related issues. Families within the unit will be prepared and will rely on themselves, and other Families in the unit, through the use of the Family Readiness Group (FRG,) and the supporting services available to all Soldier Families in their community. Solutions will be found locally.

Problems that may present during the "Return and Reunion" post-deployment phase often involve emotional issues triggered by the return of the Soldier. Just as Families would prepare for deployment, Families must prepare for the return – logistically, emotionally and financially. Projects and tasks that were not accomplished may cause anxiety; a parent may worry that a child will react unfavorably or act out when the Soldier returns; unresolved marital issues may come to the forefront; financial issues may be present due to pay fluctuations; and Families may have to adjust to changes in the Soldier's temperament resulting from combat stress or other issues.

Soldiers who are returning from deployments in support of Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF) have often been involved in significant combat experience. Assimilating back into their home life and Family routines may be more difficult than expected and may complicate the reunion process. To ease the transition from the battlefield to home, the Families and the returning Soldiers require advance preparation and supportive services to avoid domestic strife and ensure sustained future combat capability.

Risk Factors

Pre-deployment:

- **Inadequate pre-deployment education of service member due to:**
  - **Late implementation:**
    Unit pre-deployment education can vary depending on the unit and the amount of time allotted prior to deployment. Proper pre-deployment preparation is not something that can be accomplished in a short time and the extra time a Soldier may have to put towards the necessary activities is often redirected to accomplish the additional duties associated with the upcoming deployment. Pre-deployment briefs are regularly provided to outbound units but are often a short time prior to departure, possibly too late. The extra duties on the job do not leave a Soldier time to adequately follow up on pre-deployment responsibilities.
  - **Lack of individualized attention by command:**
    There is no mechanism to ensure a service member has taken the time and actions necessary to properly prepare for deployment. Units are able to track unit requirements prior to deployment but unless personal attention is provided (i.e., one-on-one conversations or smaller reinforcement briefs by NCO's, NCO and officers) there is no guarantee all things are in order.
  - **Lack of prioritizing Family readiness as a form of unit readiness:**
    Unit Commander/Senior leadership may not prioritize Family readiness as a function of their unit readiness. Family readiness is a pillar to the command's

success and must be integrated throughout the commander's time with a unit. It takes much more than a pre-deployment brief.

- **Inadequate pre-deployment education of spouse due to:**
  - **Spouse unable or unwilling to participate in pre-deployment brief or process:** Obstacles such as: childcare, transportation, conflict with spouse's work schedule, feeling unconnected to unit or denial of departure may prohibit a spouse from becoming educated or involved.
  - **Spouse reluctant to take on responsibility/ Soldier reluctant to turn over responsibility:** The Soldier may not feel confident or comfortable in turning over all Family matters to the spouse, so they refrain from educating their spouse about responsibilities. Also, the spouse may not want to take on those additional chores or responsibilities (i.e. bill paying).
  - **Timing:** Family pre-deployment education can vary depending on the unit and the amount of time allotted prior to deployment. Families need to have time to prepare prior to a unit deployment. More than one deployment briefing is suggested at least six or more weeks ahead of time, but this is not always practical from a unit perspective.
  - **Soldier does not always inform their spouse of upcoming pre-deployment brief, readiness education or benefits of various unit volunteer groups :** Unit Commanders must ensure maximum participation by unit spouses. The fact is that the Soldier is not prepared if the spouse is not prepared. Command leadership should intervene and inquire when spouses do not attend pre-deployment briefs.
  - **Family does not live locally:** Families who do not reside in the same area as the unit may not feel as connected or informed about the pre-deployment process and therefore take a less active role. Depending on the distance, they may not travel to attend any pre-deployment briefs or unit functions. One possible benefit, should a Family live elsewhere, is they may have already planned for and resolved separation related issues that are very similar to deployment issues.
  - **Spouse is inexperienced or new to the Army Guard lifestyle:** Newly married spouses (or very young spouses) are still acclimating to the Guard's lifestyle and may feel additionally challenged if asked to adapt to a new environment without their spouses to help them.
  - **Spouse does not speak English as a primary language:** For obvious reason, spouses with English as a second language will have problems translating the volume of information they will receive in connection to a deployment (both written and oral). Comprehension may be a challenge that could then become a readiness challenge as well. This category of spouse can have similar challenges as those who are inexperienced or new to the Guard.
  - **Short fused deployment leading to late or non-implementation of programs:** Unit pre-deployment education can vary depending on the unit and the amount of time allotted prior to deployment. Proper pre-deployment preparation is not something that can be accomplished in a short time and the extra time a Soldier may have to put towards the necessary activities is often

redirected to accomplish the additional duties associated with the upcoming deployment. Pre-deployment briefs are regularly provided to outbound units but are often done too short a time prior to departure. The extra duties on the job do not leave a Soldier time to adequately follow up on pre-deployment responsibilities.

- **Individual Augmenter's and their Families may not receive valuable pre-deployment information and readiness education:**
  - Depending on time and availability, IA's may not receive valuable pre-deployment information and readiness education. The IA's departing unit may not be capable of offering those services or be able to assist the Families with an operating Family Readiness Group (FRG). Ideally, the Family of the IA will be absorbed by the gaining unit's FRG who can provide timely official information and support, but this is not always the case. Efforts must be made to contact and assist these IA Families and incorporate them into existing unit readiness planning.

- **Poor Recall/ Family Roster Management:**
  The unit contact roster plays a major role in Family readiness. It is the primary source of Family information for unit Family readiness members and must be accurate and updated in a timely manner. There are risk factors on a secondary level that pertain to roster management.

  - Many young married Soldiers may not (purposely or otherwise) list their correct home address and phone numbers (cell & land line) for use in the command recall roster. This may also apply to those Families who are in a transitional housing situation (sharing house/apt. with other Family, living in hotel until Soldier deploys). Without proper personal information, Command and FRG communication is significantly delayed.
  - Unit FRG and Family Readiness Officer (FRO) are not notified when a married Soldier checks into the unit. Alerting both FRG and FRO would mean the new Family receives a welcome to the unit both personally from the KV and from a unit representative. Unit POC info is also then provided to Family for future use.
  - Similar to situation with married Soldiers checking into unit, Soldiers who get married do not have their new contact, Family information updated on recall roster. The newly married (or about to be married) Soldier must be educated about the proper administrative requirement once married. The unit must be made aware of the Soldiers' new situation/status. The same can be said of a Soldier getting divorced.

Deployment:

Breakdown in Communications between Soldiers and Family AND between unit and Family:

- **Breakdowns can result from the following:**
  - Changes of Family phone numbers, addresses.
  - Out-of-date rosters.
  - Blackout periods at unit level when deployed.
  - Inadequate contact by service member due to deployment circumstances.
  - Family moves "back home."
  - Emotional barriers.
  - Timeliness of communications.
  - Loses touch with FRG.
  - Information on unit Family support programs is not passed from the older, more experienced Officer/NCO spouses to the more junior or younger/newer spouses.
- **Geographic withdrawal or isolation of Family:**
  Families may decide to move out of the area while a Soldier is deployed or simply break contact with the unit. Either of these actions results in Families being less informed. The FRG is the first point of contact with these Families and is responsible for updating Families through phone calls, personal contact and electronic/regular mail. If the FRG is not able to link with the Families they lose personal touch, the personal connection as well as the opportunity to bond the Family to the unit and the other Families. The opportunity to have a shared experience is the greatest factor in bonding – if that goes so does the opportunity for affiliation. Isolation can also result from a spouse who is very active in her career/at work, with Family obligations, attends school, or is otherwise so busy that they do not have time for unit functions, FRG and command overall.
- **Excessive or inaccurate media coverage:**
  Excessive media coverage can challenge all concerned. Families dealing with real-time coverage will sometimes be drawing on false conclusions from the media reports heightening their already elevated stress level. Official information being passed through the FRG, on unit answering machines and posted on unit websites is accurate and verified information but may not reach the unit Families as quickly as we would like. Families will need guidance on putting media reports in perspective and handling the excessive and dramatic nature of some reporting.
- **Inadequate rear detachment support:**
  Unit personnel who are remaining behind to support Families must be thoroughly educated and capable of handling a wide variety of technical, emotional and supportive issues. Ideally, the remain behind personnel have been simultaneously trained with or by the unit Family Readiness Officer (FRO) and has unit "corporate knowledge" of the unit Families and their special needs, issues, concerns.

Post Deployment:

- **Inadequate use of "Return and Reunion" curriculum:**
  Return and reunion at the end of deployments is a significant challenge for Soldiers and their Family members, regardless of experience, length of service or deployed and environment (battlefield or otherwise). Standardized curriculum has been developed by Yellow Ribbon Program for Soldiers and their Families to help

ease the stress, emotional flux and reunion challenges which the transition to the home environment can produce. Policy that encompasses Return and Reunion requires Commands to ensure Soldiers receive decompression time, education, and counseling and that Families also be offered the opportunity to attend Return and Reunion education and access to counseling (individual or Family) as needed.

- **Poor communication between Soldier and spouse.**
- **Combat stress** impacting Family relationships.

Why Soldiers May Not Seek Help

Pre-deployment:

- **Overconfidence in self or spouse's ability to cope:**
  Soldiers who have been with the Army Guard for a long time may feel that they know all they need to know and have prepared. They also may feel that their spouses know what to expect and do during their absence.
- **Pride or unwillingness to appear in less than full control:**
  Soldiers may not want to make it seem like they don't have it all under control. "I can take care of it."
- **Soldier's desire to separate personal Family life.**
- **Increased demands on time availability:**
  Soldiers may be required to work beyond normal business hours; thereby, denying them time to finish tasks. A Soldier may also feel it is more important to focus on their unit training and preparation as this may have life or death implications once deployed.
- **Focus on unit training becomes all consuming.**
- **Unsure of the resources available to accomplish tasks.**
- **Command does not set Family preparedness as a priority.**
- **Fear of consequences of asking for help, not already having the answers, or admitting Family problems.**

Deployment:

- **Spouse fearful of causing conflict in marriage by involving others.**
- **Spouse fearful of getting Soldier into trouble with command.**
- **Spouse fearful of being a source of gossip within the unit.**
- **No Power of Attorney or other necessary document.**
- **Does not know who can help.**
- **Emotionally overwhelmed.**
- **Family no longer living near unit/ base.**

Post Deployment:

- Do not understand the value and applicability of "Return and Reunion (R&R) and Yellow Ribbon Program curriculum. The spouse may not have been educated as to what the R&R will do to help them with reintegration, or they may not think it applies to them.

- Spouses do not want to muddy the waters in their relationship as the Soldier has just gotten back from deployment and has seen/been through very hard times.
- Spouse not sure how to help.
- Spouse does not want Soldier to get into trouble.

Prevention

Pre-deployment:

- Command setting the example and prioritizing Family readiness is a crucial part of unit readiness.
- Unit Leadership Education on Family Readiness:
  Unit leaders at all levels need to become familiar with overriding National Guard policy, programs and services concerning Family readiness. Command involvement and readiness support for Families before, during and after a deployment can have a direct impact on the success of the unit's Family readiness efforts and overall unit readiness. It is vital that the commander articulate readiness goals, the vision for Family readiness, information about the mission, and the plan to link Soldiers in the unit, Family members and available resources. The common goal is to enable Families to be self-sufficient and prepared.
- Establish a functioning, endorsed and funded FRG program.
  Installation Army Family Team Building (AFTB) offices provide support for the FRG. The unit FRG serves as the official communication link between a deployed command and its Families. The FRG is primarily a spouse-to-spouse connection that commanders use to pass important, factual, and timely information on the status and welfare of the operational unit.
- Commander's coordination with Family Readiness Coordinator (FRC) and Family Readiness Group (FRG).
- Encourage participation in FRG from all ranks.
- Educate unit leaders on all available support resources.

Deployment:

- Assign, educate and empower rear detachment personnel.
- Adopt comprehensive communications plan that may include: unit newsletter, unit answering machine, unit website, activating FRG phone tree, email/message traffic, coordination with rear detachment personnel, etc.
- Educate senior leaders, Family readiness personnel & rear detachment about comprehensive resource information (Army One Source, Soldier and Family Services, etc.)
- Address specific unit concerns by providing or coordinating "just in time counseling." For those times of heightened stress, the command is able to request stress management support from the local Soldier and Family Services (SFS) counseling staff. They may also be able to tailor briefs relative to the needs of the unit and Families who may require help coping with a suicide in the unit or a training accident. SFS also provides classes on a variety of other topics such as parenting classes, new parent support and couples counseling. Contact your local Soldier and Family Services office to coordinate.

- Address specific unit concerns by endorsing/coordinating Care for the Caregivers for FRG.
    - Care for the Caregivers is a facilitated discussion for FRG's and others who actively support the unit and their Families. Over time, the stress and demands of caring for others and responding to their needs becomes a drain on those FRG Volunteers supporting the unit. CREDO Chaplains facilitate the discussions and provide the KV's the opportunity to focus on themselves and rejuvenate their energy and spirit.
- Encourage rear detachment personnel to provide information and referrals to local support groups. Army Family Team Building, or other base support services, may be actively involved with support groups from Families and children for those dealing with issues surrounding deployment.

Post Deployment:

- The command should provide comprehensive Return and Reunion programs and services to both the Soldiers and Families. Should one or the other not receive timely, adequate reintegration education, it could negatively affect the reunion process, the relationship and the Soldier's future readiness. Though the focus of this section is on spouses and Families, it is important to remind Commanders of the specific reintegration requirements for Soldiers returning from combat experiences and the need to provide proper decompression time in addition to stated services.
- Provide "Return and Reunion Guide for Soldiers and Families."
- Provide Return and Reunion Briefs for Spouses.
- Plan post-deployment education/briefings for Soldiers and Families. NCODP/ODP could include topics such as: Domestic Violence, Alcohol Abuse, Combat Stress, Anger Management, etc. Spouses can receive a version of the above targeted for them. They may also benefit from information concerning changes to LES/budgeting and child related issues. Together, the Soldier and spouse could attend couples counseling as needed through Soldier and Family services or ACS/Military One Source.
- Refer and educate Soldiers and Family about ACS/Military One Source. Army One Source is able to coordinate counseling services for Soldiers and Families in need of counseling support to help cope with deployment related issues, reunion concerns, parenting, childcare and other everyday issues. Soldiers and Family members are allowed six face-to-face counseling sessions per incident with a civilian mental health practitioner for free. A Soldier or Family member will call a One Source consultant who will determine if there are on base resources readily available to assist the caller. If on base resources are not available, the One Source consultant will provide the caller an immediate referral to counseling assistance and, using their nationwide network of providers, will find a licensed mental health practitioner near the caller. Utilizing Army One Source is ideal for Soldiers and Families needing counseling services but who are not located near an installation.
- Refer and educate - Mental Health Network.

Department of Defense has funded a program directing the Mental Health Network (MHN), one of the nation's leading mental and substance abuse health care organizations, to provide counseling specialists to individual units who are remotely located and unable to access local services, or to utilize MHN to augment local counseling providers. MHN is available to assist with pre-deployment briefs, deployment issues and especially return and reunion/reintegration issues.

- Educate Soldiers and Families about available support services.
  Upon arrival at the home location, unit commanders should ensure that Soldiers are aware of the supportive services available through the Chaplains, ACS and Military Treatment Facilities to the maximum extent possible. Commanders are advised to allow time for returning Soldiers to “decompress” from their battlefield experience.

Battle Drill

A. Soldier's Family is Not Prepared for Deployment

Overview

Commands who do not actively engage Families and provide them with the appropriate education and tools for deployment preparation may risk much. For example, a Soldier is forward deployed in a hazardous area. He is worried about his Family back home because of the recent problems with the car and money – issues the Soldier could have addressed easily before deployment. The Soldier realizes his Family is ill prepared to cope without him and is now constantly distracted. A distracted Soldier could mean the difference between life and death in some forward deployed locations where total focus is required for mission success. This example may be extreme but it highlights the need for Soldiers to be able to focus on their mission without worrying about Family back home.

What to Look For

- Soldier seems more anxious about his Family as deployment approaches.
- Soldier discusses deployment preparation problems at home.
- Soldier complains that his or her spouse is not supportive of deployment.
- Soldier seems unfocused or distraught over deployment preparation.
- Soldier asks for more time off than seems necessary as deployment approaches.
- Soldier is avoiding going home at night.
- Family calls asking for help or complaining about the deployment.

When you are looking for signs that might suggest a Soldier is having trouble getting the Family ready, you need to be aware of some of the typical reasons that the spouse or Family is unable or reluctant to become involved with preparedness planning, pre-deployment preparation, briefs or other unit functions. There are many reasons why Families do not to become involved with their own pre-deployment preparation and education. Some reasons are easily explained; others are beyond common reason. The issues that may prevent Families from becoming involved could be emotional, logistical or simple awareness. The challenge to the command is ensuring the Families who do not come forward voluntarily are identified and followed up on by unit representatives.

Resistance Issues

Spouses may have personal reasons for not becoming involved with the unit and not participating in pre-deployment activities. Resistance issues are based on the perspective of the spouse and Family at that time. A spouse may not understand enough about the National Guard, the unit's mission or the spouse's role to easily accept the demands placed on them by a deployment. Though certain emotions may seem random or arbitrary, there are definite emotional stages of deployment. These stages can be referenced in the Unit Deployment Guide for Families and in the CO's Guide - Key Volunteer training.

Denial is quite common in the earlier stages of deployment preparedness, but other emotions may also become apparent such as fear and resentment. Here are some examples:

- "I don't need this info. My Soldier is not really going." This is basic denial.
- "The Guard is taking my Soldier away from me." This spouse may be fearful of the upcoming deployment, afraid of losing spouse; their Soldier may be the only one who can explain all that is going on, is their Milspeak "interpreter" explaining all things Army.
- "The First Sergeant yelled at my Soldier and is mean to him making him work late…" The Soldier may share his work frustrations with the spouse, which may build resentment of the Guard within the Family.

Logistical Issues

Basic logistical reasons may also prevent Families from getting involved and attending unit pre-deployment functions. Obstacles are often issues such as: distance from post/unit/activity location, limited access to transportation, issues with childcare due to age, number or health of child and conflict with work schedule of spouse.

Awareness Issues

One final consideration is to determine whether the Families have been adequately informed of the importance of being involved. Does the spouse even know about the option to participate? Did they receive the details about pre-deployment briefs and information on additional services available to them (i.e., legal assistance, pre-deployment budgeting classes, Chaplain's retreat etc.)?

What to Do

If some of your Soldiers are having more trouble than the rest in getting their Family ready for deployment, take them aside and help them out so they don't affect the readiness of the entire unit. Here are some things you can do:

- Ask the Soldier how things are going with getting his/her Family ready.
- Use active listening skills to encourage the Soldier to confide in you.
- Determine which areas in particular need to be worked on.
- Arrange for the Soldier to meet with the Family Readiness Officer (FRO) for assistance in:
  - Preparation.
  - Follow-up with the Soldier to ensure program compliance.
  - Allow sufficient time for the Soldier to get his Family prepared.

Some things your Family Readiness Officer can help arrange are as follows:

- **Communication to unit Families.**
  This can be accomplished through unit newsletters, "Welcome Aboard" letters to Families as they join the unit, presentations at different functions (birthday ball, Family Days, Drill weekends etc.). Something as simple as the personal

phone invitation to a unit function by a command representative can breakdown the resistance a Family may have.

- Work with your Family Readiness Group.
- Your FRG is a vital link to the Families and can help educate and inform Families on the benefits of being involved and prepared.

What to Avoid

- Letting someone else take the lead. Command involvement and endorsement of Family readiness is the first step in dealing with spouses who are unable or reluctant to become involved with pre-deployment preparation, briefs or other unit functions. The Soldiers in the unit follow your attitude, approach, commitment and follow through. A Soldier will take your lead and relay the need for Family readiness back to their spouse. You must be the greatest advocate and educator for Family readiness.
- Not making all levels of leadership within the unit accountable.
- Assuming the Soldiers and their Families know it all, have gone through it already and don't need extra information, resources, or guidance.
- Not planning properly to allow ample time for action (i.e. between the first pre-deployment brief and the actual deployment date, ample time to get FRG Volunteers trained before unit departs…). People need time to take action.
- Not communicating with Families.

What to Expect After Taking Action

- Most Soldiers will respond positively to unit leaders taking an interest in their problems, if it is done with their best interests in mind.
- The FRO will refer the Soldier to appropriate helping agencies.
- The Soldier will get assistance from the agency to which they were referred.
- The Soldier should be willing to keep his leader apprised of general progress with the problem so far as it affects unit readiness.
- The Soldier should understand that their job is to get their life in order, so that they can perform well in their unit as a Soldier.
- Fewer Family issues that take away from Soldier's time, energy and focus.
- Increased participation from unit Families at unit functions, pre-deployment briefings, and key volunteers functions.
- More self-sufficient Families, equals less calls to the FRG, FRO and the CO.
- Increased unit readiness.

Troubleshooting

- Soldier is reluctant to get spouse involved with unit because they are afraid it is a gossip group or only the officer's spouses participate.
- You set the tone of the Family readiness program to include the FRG. You will need to establish your guidance, attitude and directive to all your Soldiers, all leadership in your unit and to all Families in your unit. Communicating the reasonable expectations of your program will offset some of the misconceptions and erroneous information that may be circulating.

- Spouse doesn't know anyone so doesn't want to get involved.
- There are many ways to make a spouse feel more a part of the unit and therefore more a part of the readiness planning process. The Family Readiness Group is a great way to connect spouses. It helps with team building goals you may have for the unit. Unit functions such as Family days, unit picnics, etc. are also a good way to get Families together and connected. One of the best selling tactics to help a spouse get involved is the testimonial. Find a few compelling stories about how the command assisted Families in time of need and spread the word. Be specific with how and what the commands can do and how to reach the command 24-7. Access and responsiveness is crucial.
- Spouse has to overcome basic obstacles to participation such as: Day Care, Transportation and conflicts with personal schedule/work.
- Day Care: Arrange onsite day care or speak with your local child development center about reserving spots for unit functions often Family child care providers are available for evening care.
- Transportation: Schedule meeting, briefs, or events near access to public transportation. Help to coordinate car pools, ride sharing.
- Offer more than one opportunity for events, briefs or functions so the spouse who works can attend as well.
- The unit loses track of the Family.
- Families may decide to move out of the area, while a Soldier is deployed, or simply break contact with the unit. Either of these actions results in Families being less informed, more vulnerable and away from the caring and watchful eye of the unit. The FRG is the first point of contact with these Families and is responsible for updating Families through phone calls, personal contact and electronic or regular mail. If the Key Volunteers are not able to link with the Families they lose personal touch, as well as the opportunity to bond the Family to the unit and the other Families. Ensure the Record of Emergency Data is up to date and that the FRG has current and continuously updated rosters.
- Spouse is not informed or educated about the Soldier's post/installation or unit.
- Spouses who are new to the Guard or have never participated in the community can benefit from attending a FRG meeting. You can arrange a unit specific session to better prepare and educate the younger, newer or less informed spouses.

Resources

Military One Source: 1-800-342-9647

Military Mental Health: 1-877-877-3647

American Red Cross: 1-800-431-7669

National Youth Crisis Hotline: 1-800-442-HOPE (4673)

Army Emergency Relief: 1-866-878-6378; 1-888-428-0000

DEERS Beneficiary Telephone Center: 1-800-538-9552

ID Card Records Update: 1-866-272-6272; Fax 314-801-9195

Reserve Component Information (Reserve Benefits): 1-800-318-5298; 314-592-0553

Retiree Mobilization: 314-592-0000 ext. 3030

B. Soldier's Family is Having Trouble During Deployment

Overview

Once a unit and the Soldier deploys, readiness challenges manifest in different ways. The new challenges for the Families are how to solve the problems that have come up during deployment, and who is it that can help. The possibilities are numerous and varied as to what could be potential problems once a Soldier deploys, but most are not too far outside the scope of what can be considered "normal situations," or those commonly experienced during deployment. There are; however, exceptions that no one can plan for. In any case, the time for prevention is past, and it is now time for active problem solving.

Some of the more common problems that arise during deployment involve challenges to the flow of communication, information, and emotional issues (especially if Soldiers are in harm's way). Families can sometimes seem to disappear and many of the fears that prevented a Soldier from connecting their spouse with the unit are now preventing the spouse from reaching out to the unit as well. The problems that may have been surmountable in the past suddenly seem overwhelming and put additional stress on the spouse.

When these challenges are happening to the Families in your unit while you are forward deployed with your unit, you will have to rely on your rear detachment to keep you informed of any trends or major problems. Sometimes, even communication between the forward and rear detachment is a problem. You have to trust in the training and education you have provided the rear detachment, and know that there are many programs, services and volunteers who are ready, willing and able to assist your Families while you are focused on your mission.

What to Look For

- Soldier with Family seems unfocused on the mission.
- Soldier is worried or frustrated with Family problems.
- Soldier spends more time than expected trying to communicate with their Family.
- Soldier is not communicating with their Family.
- Soldier seems frustrated, angry, or despondent after communicating with Family.
- Family contacts unit expressing frustration with situation.

When you are looking for signs that might suggest a Soldier is having trouble with their Family back home, you need to be aware of some of the typical reasons that things can go wrong at home while the sponsor is away:

- Communication challenges: Families are frustrated with the communication process**.** Communication and education are the two pillars of support during the deployed phase. Unfortunately, there are many ways communication can

breakdown for Families. Some problems involve the unit, some are a result of actions taken by the Family and some just happen. Regardless, the Families need to know that all efforts are taken to keep the Family informed and involved and that communication is a two-way process. The Families must also reach out to the unit via the Family Readiness Group and the Family Readiness Officer or rear detachment personnel.

What to Do

As a leader, you will have to do what is right for the entire unit. If one of your Soldiers is having more trouble than the rest with their Family during deployment, you should take them aside and help them out so they don't affect the readiness of the rest of the unit. Here are some things you can do:

- Ask the Soldier how things are going with their Family back home.
- Use active listening skills to encourage the Soldier to confide in you.
- Determine which areas in particular need to be worked on.
- If technical communications problems are the issue, help the Soldier get through to the Family.
- Arrange for the Soldier to contact the Family Readiness Officer in the rear detachment for on-site assistance with the Family. The Family Readiness Officer will contact the Family and put them in touch with appropriate helping agencies. Follow-up with the Soldier to ensure progress

Some things that can be facilitated by both the forward and rear parties are as follows:

- Ease the stress and emotional swings of spouses. FRGs will be the best way to judge if the spouses are feeling emotionally overwhelmed. They will cue into the emotions when they are talking on the phone with the spouses or when they see them at unit events. Spouses, who exhibit severe emotional swings or seem to stay with one or two negative emotions, may need to seek professional help. Signs and symptoms of depression can manifest in people differently. Rear detachment personnel should be educated to the signs and be comfortable if need be, to make the referral. Some mood swing is normal and expected. For those times of heightened stress, the command is able to request Stress Management support from the local Soldier and Family Services counseling staff. They may also be able to tailor briefs relative to the needs of the unit and Families. SFS also provides classes on a variety of other topics such as: parenting classes, new parent support, and couples counseling. Contact your local Soldier and Family Services office to coordinate.
- Prevent withdrawal of Family. The best way to prevent this from happening is to activate and involve the Family Readiness Group at a very early stage – even before deployment begins. The FRG Volunteers will establish a relationship with their Families and build a trust that can stand the test of time. They are the first point of contact with these Families and are responsible for updating Families through phone calls, personal contact and electronic/regular mail. If the FRGs are not able to link with the Families they lose the personal

connection as well as the opportunity to bond the Family to the unit and other Families. Families will be less likely to withdraw if there is someone calling and making sure they are all right. The connection to the FRG is also very important to the unit as the FRG is able to track trends in Family issues and provide updates to the readiness roster.

- Watch for reoccurring issues. The need to have your rear detachment personnel properly trained and educated on local support programs and services. These programs and services are imperative and are most needed when unit Families are experiencing trouble. The information and education gained before the unit has deployed will pay off once the unit is gone. Coping with reoccurring issues, or any issue, will be the main focus of the rear detachment, and they will need to have very good problem solving skills and people skills. Often times, the Families are in crisis when they reach out to the unit. Having Volunteers and rear detachment personnel properly trained, educated and sensitive to Families' problems will mean faster, targeted resolution to Family problems down the road. Common issues include: pay, mail delivery and email access.

What to Avoid

- Inadequate training of rear detachment personnel.
- Not making the timely upkeep of unit readiness roster a priority.
- Not responding to the emotional stress of the unit Families.
- Not keeping unit Families informed (not activating FRG phone tree/email flow, not communicating in a timely fashion, not coordinating newsletter info, not updating unit website/answering machine.)
- Not stressing the importance of every Family being connected to the unit, regardless of Families' location, situation, etc.
- Not maintaining emphasis on importance of Family readiness and Family support.

What to Expect After Taking Action

- Most Soldiers and Families will respond positively to unit leaders taking an interest in their problems if it is done with their best interests in mind.
- The Soldier's Family will get assistance from the FRG or FRO.
- The Soldier should be willing to keep his/her leader apprised of general progress with the problem so far as it affects unit readiness.
- Fewer recurring issues.
- More problems being handled by FRG or rear detachment personnel.
- Happier Families due to being better informed, and more in contact with spouse, unit support personnel.
- Fewer Families falling out of touch with unit.
- De-escalation of stressors and emotional swings.

Troubleshooting

The unit loses track of the Family.

Families may decide to move out of the area while a Soldier is deployed or simply break contact with the unit. Either of these actions results in Families being less informed, and more vulnerable being away from the caring and watchful eye of the unit. The FRG is the first point of contact with these Families and is responsible for updating Families through phone calls, personal contact and electronic/regular mail. If the KVs are not able to link with the Families they lose personal touch, as well as the opportunity to bond the Family to the unit and the other Families. The CO's best option is to ensure the RED's are up to date and that the FRG has current and continuously updated rosters.

The unit spouses are overly emotional due to combat involvement of unit.
For those times of heightened stress, the command is able to request Stress Management support from the local Soldier and Family Services counseling staff. They may also be able to tailor briefs relative to the needs of the unit and Families who may require help coping with a suicide in the unit or a training accident. SFS also provides classes on a variety of other topics such as parenting classes, new parent support and couples counseling. Contact your local Soldier and Family Services office to coordinate.

Number of Family issues seems to be increasing.
Rear detachment personnel may become overwhelmed with situations or may not be educated on local resources, support programs and services. Rear detachment can contact local Army Family Team Building office or higher headquarters Family Readiness Officer for brief on local services and problem solution assistance. Unit FRG may benefit from refresher training on local resources as well.

Communication challenges.
There are many varying factors to the communication challenges, and trying to control all of them is impossible. The ones that are able to be impacted by command influence are those that the unit owns such as: the timely upkeep of unit readiness rosters, amount of contact with Families via the FRG, the number and timing of unit events during deployment, and how proactive the leaders endorsement and involvement are in the readiness process overall.

Resources

Military One Source: 1-800-342-9647

Military Mental Health: 1-877-877-3647

American Red Cross: 1-800-431-7669

National Youth Crisis Hotline: 1-800-442-HOPE (4673)

Army Emergency Relief: 1-866-878-6378; 1-888-428-0000

DEERS Beneficiary Telephone Center: 1-800-538-9552

ID Card Records Update: 1-866-272-6272; Fax 314-801-9195

Reserve Component Information (Reserve Benefits): 1-800-318-5298; 314-592-0553

Retiree Mobilization: 314-592-0000 ext. 3030

Battle Drill

C. Soldier is having trouble reintegrating with his or her Family

Overview

Reintegration for Soldiers and their Families is often an emotionally charged process based on various expectations; realistic or otherwise. There is a crucial need for accurate and timely return and reunion, and education information, but this is not always provided to both the spouse and Soldier in a timely fashion.

It is essential that Soldiers are given the required return and reunion education and decompression time to give them realistic expectations, and allow them to ease into their new environment back home. Without this, they may come home and immediately go on extended leave, completely unprepared for the difficulties that face most returning Soldiers. The result can be dissatisfaction, disillusionment, depression, or domestic violence.

Spouses' anticipation of the Soldier's return home is often riddled with many emotions and expectations. A successful reintegration process can be marked by spouses and Soldiers who have similar, realistic expectations and who are considerate and understanding of each other's emotional needs. This may seem like an unrealistic goal, but with proper return and reunion support this can be achieved. Conversely, the return and reunion may be highly stressful. As the return and reunion approaches, you can expect the following and more from the spouses:

- Increased number of calls to FRO or FRG regarding return information of unit. Spouses will begin planning reunion scenarios well in advance of the actual unit return date. They are thinking about it, deciding what they are going to wear, what they need to accomplish, etc. before their Soldier returns. This can happen as early as 6 weeks prior to the return.

- Providing proactive **Return and Reunion services** could involve tasks such as offering printed reintegration materials, coordinating unit homecoming event, coordinating a "**Return and Reunion Brief for Spouses,"** sign making parties and more. The benefits of providing services and information to spouses include reducing stress and emotional strain, promoting unit friendships and bonding, as well as giving the spouses the core education they need to have realistic expectations and better cope with their Soldier's return.

What to Look For

- Soldier with Family seems unfocused on the mission approaching and upon return.
- Soldier seems worried or frustrated with Family problems.

- Soldier spends more time than expected trying to communicate with his Family during the workday.
- Soldier seems frustrated, angry, or despondent after communicating with Family.
- Soldier seems reluctant to go home.
- Family contacts unit expressing frustration with situation.

What to Do

As a leader, you will have to do what is right for the entire unit, but if one of your Soldiers is having more trouble than the rest as return and reunion approaches and occurs, you will have to take them aside and help them out so they don't affect the readiness of the rest of the unit. Here are some things you can do:

- Ask the Soldier how things are going with the Family.
- Use active listening skills to encourage the Soldier to confide in you.
- Determine which areas in particular need to be worked on with his Family.
- If the problem is prior to returning:
    - If technical communications problems are the issue, help the Soldier get through.
    - Arrange for the Soldier to contact the FRO in the rear detachment for on- site assistance with the Family. The FRO will contact the Family and put them in touch with appropriate helping agencies.
- If the problem is after returning:
    - Ask what kind of help they would like, and suggest some other resources such as a Soldier and Family Services counselor.
    - Ask if you can help them to get an appointment with the resources, then call and make appointments while they are sitting there.
- Watch and listen carefully for signs of combat/operational stress reaction and get them help dealing with it if needed.
- Follow-up with the Soldier to ensure progress.
- Have rear detachment personnel take the lead in coordinating homecoming events for Families.
- Continue to communicate with unit Families regarding return dates, what the realistic release date/time will be for liberty. What the realistic work schedule will be for the Soldiers once back, and who is the ultimate POC for that info.
- Provide post deployment brief/education/ODP/NCODPs. Briefings for Soldiers could include topics such as: Domestic Violence, Alcohol Abuse, Combat/Operational Stress, etc.
- Spouses can receive a version of the above targeted for them. They may also benefit from information concerning changes to LES/budgeting and child related issues. Together, the Soldier and spouse could attend marriage enrichment sessions, receive couples counseling as needed through Soldier and Family services or ACS/Army One Source and could benefit from classes on financial management.

What to Avoid

- Not communicating to the Families on the following; what the return dates are, what the realistic release date/time will be for liberty, what the realistic work schedule will be for the Soldiers once back (will there be decompression time, limited leave situation), and who is the ultimate POC for that info.
- Not planning the Return and Reunion for Spouses 30 days in advance of the return. You may want to offer a second brief for those who are not able to attend the first. Your local Army Family Team Building staff can assist you.
- Not offering the Return and Reunion Guide for Soldiers and Families.
- Not coordinating all aspects of Warrior Transition for the Soldiers.

What to Expect After Taking Action

- Most Soldiers and Families will respond positively to unit leaders taking an interest in their problems if it is done with their best interests in mind.
- Families who are better prepared emotionally to reintegrate with their Soldier.
- Spouse stress levels will be reduced.
- Happier, smoother transition for Families.
- Realistic expectations by both Soldiers and Spouses.
- Fewer Family violence, risky behavior incidents.

Troubleshooting

Not enough time to plan/coordinate/provide Return and Reunion curriculum. Establishing an estimated date for Return and Reunion activities should be done even before the unit deploys, and be integrated as part of the overall deployment timeline. Rear detachment personnel are able to coordinate Return and Reunion briefs, homecoming events, and material distributions with the help of local Army Family Team Building staff. It is recommended to provide 2 briefs 30 days in advance of the return of the unit. The briefs should be presented at different times of the day and possibly on a weekend to allow max participation.

Financial strain
Families who are not educated to the pay changes that will occur once a Soldier returns home are at risk for financial problems. A simple information sheet distributed as part of the unit newsletter or under separate cover can help prevent many problems. Families may not realize that their pay may change dramatically and their spending pattern will change once their Soldier is back.

Stress/Anxiety
The spouses will be under extra stress as a result of change. Any change, good or bad, creates stress. To help the spouses cope, provide them opportunities to meet with other spouses, learn more about how to adjust to the return of their Soldier and inform them as best you can on when the Soldiers will return and what they can expect the work schedule will be. All these Return and Reunion activities: briefs, parties, homecoming events will help spouse cope more.

Resources

Military One Source: 1-800-342-9647

Military Mental Health: 1-877-877-3647

American Red Cross: 1-800-431-7669

National Youth Crisis Hotline: 1-800-442-HOPE (4673)

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Department of Social Services: 1-800-346-KIDS

HEAP Hotline: 1-800-342-3009

Strong Bonds: *www.strongbonds.org*

SITUATION: Combat and Operational Stress

General Information

Definitions

Combat Stress: is a term used to describe the condition under which a Soldier operates during times of combat.

Operational Stress: is the term used to describe the condition under which a Soldier operates during a time of increased operational tempo during any phase of operations or deployment.

Combat/Operational Stress Reaction (COSR): is the term used to describe the physiological, behavioral and psychosocial reactions experienced before, during, or after combat or due to increased operational tempo during any phase of operations or deployment.

Traumatic Events: are events outside the normal experience of people that pose actual or perceived threats of injury or exposure to death that can overwhelm both an individual's and organization's coping resources.

Overview

"Combat/ Operational Stress Reaction" (COSR) is an issue that will likely affect every Army Guard unit. Left unaddressed, the effects of combat and operational stress can lead to long-term psychological injuries. Although not as visible as physical trauma, psychological injuries have been a significant portion of total casualties in any conflict. In the American military, combat stress reactions were noted as early as the Civil War. After the First World War, large numbers of combatants suffering from "shell shock" sought medical attention. Combat stress reactions were observed in more than 20% of US troops in World War II, and in the Korean War, 10% of medical evacuations were attributable to combat stress. Some estimate that as many as 30% of Vietnam veterans suffer from the long-term effects of untreated COSR. Approximately 15% of long term casualties after the Gulf War were psychological in nature. Effectively addressing the psychological effects of such stress, both before and after it occurs, can greatly improve a unit's readiness status.

Risk Factors

Soldiers are at risk for stress reactions just like any other individuals, no matter how seasoned or experienced. Risk factors are those things that increase the probability that stress will turn into a serious mental health problem. Risk factors also make Combat/Operational Stress Reaction (COSR) more likely. The presence of risk factors does not automatically mean someone becomes debilitated by stress, but it raises that risk. Many of these risk factors can be modified, reduced, or eliminated. The following risk factors have been associated with a stress reaction:

- Length of exposure to combat or operational stress.
- Severity of combat or operational stress experience.
- History of previous traumatic events (war, child sexual abuse, assault).
- Previous mental health problems.
- Alcohol abuse or dependence.
- Lack of support system or unit cohesion.

Why Soldiers May Not Seek Help

- Feeling as though any psychological issues within oneself or others are a sign of weakness.
- Expressing an emotional reaction may be confronted with, “suck it up” or “get over it”.
- Fear that emotional reactions will negatively impact their careers.
- Fear that getting help will negatively impact their careers.
- Fear of their commander having complete access to mental health records.
- Belief that mental health information is entered into their military record.
- A command climate that discourages getting help.

Prevention

- **Educate your Soldiers.** Provide accurate information to your Soldiers so they have appropriate expectations and will be psychologically prepared for the effects of combat and extended or intense operations. The Warrior Preparation Program is designed to do this. Transmit information through the chain of command on a routine basis, so that Soldiers rely on official sources rather than rumors. Information about mission background, rules of engagement, length of deployment, and culture of the host country, rival factions, and threat of disease will give Soldiers a concrete focus for plans and actions.
- **Continue training.** Training for current and future missions should not stop in country. Well-learned and practiced skills are less disrupted by stress. Realistic training builds confidence, improves cohesion and prevents boredom.
- **Live as a team**. Encourage Soldiers to handle issues (lack of privacy, personality conflicts, alienation, etc.) early, openly, and as a team. A simple self-check and buddy-check system can identify and reduce the incidence of Combat/Operational Stress Reaction (COSR) and increase overall unit effectiveness.
- **Maintain unit cohesion**. Cohesive, well-disciplined units have fewer stress reactions. Soldiers should routinely debrief each other after an operation and discuss what they saw and how they felt. Soldiers, who have strong emotional reactions to traumatic events, should be kept with the unit and treated as Soldiers and not casualties.
- **Manage contacts with the injured, dying, and dead.** Soldiers who are caring for sick or injured refugees should have opportunities to take regular breaks away from the action. Soldiers who handle corpses should insulate themselves from the task by not looking at faces and not learning names or other personal information about the dead. Soldiers should put mental and physical barriers between themselves and the deceased and finish jobs quickly. Soldiers who say they cannot handle such duty

should be excused whenever possible. Personnel should work in pairs; experienced Soldiers should be paired with inexperienced ones.

- **Schedule recreation.** Maintain physical fitness and engage in recreational activities to reduce stress. Recreational activities that include units of multinational forces will also serve to introduce Soldiers to each other and prevent friction.
- **Deliver mail**. Ensure that the unit's system for distributing mail is quick, efficient, and effective. In particular, distribute pay vouchers in a timely manner.
- **Allow decompression time**. Soldiers need time to relax and adjust to normal routines upon redeployment. However, it is important, and required by regulation, that the decompression time initially be accomplished by working half days on station prior to releasing them on their own. This policy is particularly important toward reducing domestic violence incidents.

Battle Drill

A. Combat Stress

Overview

"Combat/ Operational Stress Reaction" (COSR) is a term used to describe physiological, behavioral, and psychosocial reactions experienced before, during or after combat. These are normal reactions to the abnormal circumstances of war. Some of these normal reactions are adaptive, such as: increased alertness, exceptional strength, heightened endurance or tolerance to pain and hardship. However, other common reactions to combat may not be adaptive, such as difficulty concentrating, extreme anxiety, diarrhea, regression, and marked sadness. Usually the severity of the reaction depends in part on the severity and duration of exposure.

What to Look For

“Combat/ Operational Stress Reaction” (COSR) may occur both in the field and in garrison. It is important to be able to identify the signs that a Soldier may be having difficulty dealing with combat stress:

- Physical:
  - Sleep disturbance
  - Upset stomach
  - Tremors
  - Sweating
  - Feeling uncoordinated
  - Headaches
  - Rapid heartbeat
  - Appetite changes
  - Hyper-alertness
  - Exhaustion
- Mental:
  - Slowed thinking
  - Difficulty with problem solving
  - Disrupted attention and concentration
  - Intrusive memories and images
  - Distressing dreams
- Behavioral:
  - Irritability or angry outbursts
  - Aggressive behavior
  - Crying
  - Social Isolation or withdrawal
  - Impaired performance
- Emotional:
  - Fear, guilt, or shame
  - Sadness
  - Numbness

- Anxiety
- Shock
- Mood instability
- Apathy

What to Do

The main principle is to treat responses to combat stress as normal, rather than assuming the Soldier is having emotional problems. Remember, in most cases what you are seeing is a normal response to an abnormal situation. Give your Soldier the benefit of the doubt. First, intervene at the lowest and simplest level possible to get your Soldier back on track, and then take further actions as needed. Unless you feel the Soldier is at risk for hurting themselves or others, first see if he/she has a problem you can solve through leadership and listening. Here are some things you can do if one of your Soldiers seems to be having trouble after a combat experience:

- Observe the Soldier and see what you think may be the problem.
- Privately and directly ask how the Soldier is doing at a time that maximizes the Soldiers likelihood to talk.
- Use active listening skills so that the Soldier will open up.
- If reluctant to talk, help the Soldier understand that you are concerned about what you see and you want to help.
- Listen closely for what may be the underlying problems.
- Suggest some possibilities (sounds like you are having problems with…).
- If you think the Soldier might be suicidal, take appropriate action.
- If a problem is identified, ask if the Soldier if he/she would like some help with it and what type of help would be useful.
- If forward-deployed and possible, ask if a short break to recuperate would be helpful, then escort the Soldier to your forward rest and recuperation unit.
- If in garrison (sometimes the effects of combat stress can take weeks or months to show up), ask the Soldier if you can set up a meeting for them with someone who can help, then set up the meeting before they leave your office.
- In order to reduce the stigma of asking for help, it is recommended that you initially refer your Soldier to someone other than mental health, unless you feel they are at risk of harming themselves or others.
- In garrison, your first referral might be to Soldier and Family Services, or there are several other resources available to you.

What to Avoid

The idea is for leaders to let their Soldiers know they are safe and in good hands if they ask for help. If you can communicate your genuine concern for your Soldiers they will tell their fellow Soldiers that seeing you was the right thing to do and that you had their best interests in mind. Here are some things to avoid that might destroy their trust, close the lines of communication, or deter other Soldiers from asking for help in the future:

- Minimizing or not taking the problem seriously. Saying, “Is that all?”
- Overreacting to the problem.
- Giving simplistic advice. Saying, “All you have to do is…”
- Telling the Soldier to “suck it up” or “get over it.”
- Keeping the problem to oneself rather than getting the appropriate chain of command involved.
- Telling personnel who do not have to know, making the problem a source of unit gossip.
- Ignoring the problem and hoping it will go away.
- Delaying a necessary referral for more specialized help.

What to Expect After Taking Action

- Most Soldiers will respond positively to unit leaders taking an interest in their problems if it is done with their best interests in mind.
- The Soldier will get assistance from the agency to which they were referred, and that agency will send them to the next higher level of intervention if needed, such as a mental health clinic.
- Agencies above the level of a rest and recuperation unit may not give feedback to the command on the Soldier’s progress unless the Soldier specifically gives them permission to do so.
- The Soldier should be willing to keep leaders apprised of general progress with the problem, so far as it affects unit readiness, but is not obligated to divulge every detail.

Troubleshooting

- **Soldier does not endorse a problem**: In order to help a Soldier who is reluctant to disclose a problem you may want to reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together. When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to “suck it up”. You may also want to emphasize that getting help is a sign of strength and loyalty to the unit because they are making sure that they are ready to be there for fellow Soldiers and would want fellow Soldiers to do the same. If the Soldier continues to be reluctant in disclosing the problem, reinforce that you are always available to talk if they should change their mind.
- **Soldier gets angry when asked about problem:** If the Soldier gets angry when asked about the problem it may be due to several factors. For example, the Soldier may be ashamed of having the problem noticed, resentful due to feelings that the unit is the problem, or may feel that nobody can understand or help with the problem. The Soldier may also place blame on themselves for the problem or perhaps feel guilty for not getting a grip on life. Take this opportunity to turn the emotion toward getting help. The trick is to get the Soldier to endorse frustration

and sadness and realize that problem solving is not a solo operation. Keep the focus on what your Soldier is feeling. Do not accuse the Soldier of not giving 100 percent, this will only increase anger. Say, "You seem really angry about…" to show your understanding and promote discussion. If you can get the Soldier to endorse the anger, you can probably get acknowledgment that help would be welcomed. In order to get the Soldier to accept help from the command the Soldier will need to trust that the command is truly interested in helping. Good listening will go a long way toward building this trust.

- **Soldier does not want help**: In this case the Soldier has endorsed that there is a problem and does not want help. The Soldier may or may not say why, but it is probably because of the belief that it is no one else's business or concern of negative career implications. Reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together. When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to suck it up. You may also want to emphasize that getting help is a sign of strength and loyalty to the unit because they are making sure that they are ready to be there for fellow Soldiers and would want fellow Soldiers to do the same. If you are in the field, you can order the Soldier to your forward rest and recuperation unit for "three hot and a cot" and further observation. They, in turn, will either observe that the Soldier is recuperated and send them back to duty, or will refer them to a higher level of care.
- **Soldier agrees to get help but does not follow through:** Sometimes a Soldier will agree to get help, but for any number of reasons may not follow through. The Soldier may decide the problem is not bad enough and can fix it alone. The Soldier may have agreed to get help just to get out of your office, or may have genuinely forgotten the time of the appointment. In any case the solution is to put the responsibility onto the Soldier to get the needed help. Emphasize that you genuinely want to see your Soldier get better, and listen to any concerns shared. Offer again to help. If there is resistance to your help, emphasize that the bottom line is performance, and that it is ultimately the Soldier's responsibility to take advantage of all the help that is offered so that the problem does not start to affect performance. Be sure the Soldier understands that letting the problem fester and get worse is what will negatively affect progression.
- **Soldier does not get better after getting help**: In some cases, a Soldier may get help but still not improve. This may be because the Soldier's needs are different and a more intensive intervention is needed, either because the Soldier is not motivated to improve, or because there is a more serious problem such as a personality disorder or mental illness. If you are not having any success at the small unit level, and you feel like you have given it a good effort, then you should refer your Soldier to a professional with more specialized expertise. In cases of adjustment problems, the chaplains or Soldier and Family Services have

counselors who can usually get to the root of the problem. If not, they will recognize that the problem is more serious, such as clinical depression or anxiety, and will refer the Soldier for a mental health evaluation and treatment. If after mental health intervention the Soldier is still not getting better, and the Soldier is still a problem for the unit, mental health may contact the command with a recommendation for administrative action.

- **Soldier seems mentally ill or suicidal but refuses evaluation**: See Command Directed Evaluation.

Resources

Military One Source: 1-800-342-9647 (12 Free Sessions per issue)

National Guard Community Center: 1-888-777-7731

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Suicide Prevention Hotline: 1-800-273-Talk (8255)

Military Mental Health: 1-877-877-3647

B. Operational Stress

Overview

"Combat/ Operational Stress Reaction" (COSR) is the term used to describe physiological, behavioral, and psychosocial reactions experienced due to increased operational tempo and events during any phase of operations or deployment. It can be the stress or preparation for deployment, the boredom of waiting for action, the frustration of close quarters, the burnout of 24/7 operations, the anxiety of not knowing who is the enemy and never being out of their reach, the shock of seeing and handling human remains, or the stress of reintegrating at home after deployment is over.

Living conditions in a war zone are characterized by poverty, misery, and tragedy. Observing the widespread sickness, suffering, starvation and death of the refugees can cause strong emotional reactions. Soldiers will need to channel their emotions into constructive behaviors. In some cases, Soldiers may experience events so appalling that they produce a reaction that is repeatedly relived in memories, daydreams, nightmares, or flashbacks. These Soldiers may have difficulty sleeping, be hyper alert, startle easily, or try to avoid places, sights, smells and people associated with the incident. They may not be able to express emotions easily and may feel detached from other Soldiers in the unit.

Be aware of other potential sources of stress such as boredom and living or working in close quarters (aircraft, vehicles, tents, etc.). Deployment also interrupts daily routines and places Soldiers in highly unfamiliar surroundings, which may cause difficulty.

Operational stresses are compounded for some Soldiers when they deploy because they leave behind their non-unit emotional support systems. Families and civilian social groups (such as church groups, athletic clubs, etc.) are no longer immediately available for support during periods of stress. Lack of emotional support can lead to withdrawal, belligerence, or other operational stress behavior.

After returning home, Soldiers are often expected to return to duty quickly as though "nothing has changed." Until they talk to non-deployed personnel, civilians, or loved ones, Soldiers may not recognize how much they have changed. Those who have not deployed may not understand how the Soldier feels upon returning. This can leave Soldiers feeling isolated, alienated, and misunderstood.

What to Look For

"Combat/ Operational Stress Reaction" (COSR) may occur both in the field and in garrison. It is important to be able to identify the signs that a Soldier may be having difficulty dealing with operational stress:

- Physical:

    - Sleep disturbance
    - Upset stomach
    - Tremors
    - Sweating
    - Feeling uncoordinated
    - Headaches
    - Rapid heartbeat
    - Appetite change
    - Hyper-alertness
    - Exhaustion
- Mental:
    - Feels “burned out”
    - Slowed thinking
    - Difficulty with problem solving
    - Disrupted attention and concentration
    - Intrusive memories or images
    - Distressing dreams
- Behavioral:
    - Irritability or angry outburst
    - Aggressive behavior
    - Crying
    - Social isolation or withdrawal
    - Impaired performance
- Emotional:
    - Fear, guilt, or shame
    - Sadness
    - Numbness
    - Anxiety
    - Shock
    - Mood instability
    - Apathy

What to Do

The main principle is to treat responses to operational stress as normal rather than assuming the Soldier is having emotional problems. Remember, in most cases what you are seeing is a normal response to an abnormal situation. Give your Soldier the benefit of the doubt. First intervene at the lowest level and simplest level possible to get you Soldier back on track, then take further actions as needed. Unless you feel the Soldier is at risk for hurting himself/herself or others, first see if he has a problem you can solve through leadership and listening. Here are some things that you can do if one of your Soldiers seems to be having trouble:

- Observe the Soldier, and see what you think may be the problem.
- Privately and directly ask how the Soldier is doing at a time that maximizes the Soldiers likelihood to talk.
- Use active listening skills so that the Soldier will open up.

- If reluctant to talk, help the Soldier understand that you are concerned about what you see and you want to help.
- Listen closely for what may be the underlying problems.
- Suggest some possibilities (Sounds like you are having trouble with…).
- If you think the Soldier might be suicidal, take appropriate action.
- If a problem is identified, ask if the Soldier would like some help with it, and what type of help would be useful.
- Ask the Soldier if you can set up a meeting for them with someone who can help, then set up the meeting before they leave your office.
- In order to reduce the stigma of asking for help, it is recommended that you initially refer your Soldier to someone other than mental health, unless you feel they are at risk of harming themselves or others.
- In the field you will probably refer to the Chaplain.
- In garrison, your first referral might be to Soldier and Family Services, or there are several other resources available to you.

What to Avoid

The idea is for leaders to let their Soldiers know they are safe and in good hands, if they ask for help. If you can communicate your genuine concern for your Soldiers they will tell their fellow Soldiers that seeing you was the right thing to do and that you had their best interests in mind. Here are some things to avoid that might destroy their trust, close the lines of communication, or deter other Soldiers from asking for help in the future:

- Minimizing or not taking the problem seriously. Saying, “Is that all?”
- Overreacting to the problem.
- Giving simplistic advice. Saying, “All you have to do is…”
- Telling the Soldier to “suck it up” or “get over it.”
- Keeping the problem for oneself rather than getting appropriate chain of command involved.
- Telling personnel who do not have a need to know, making the problem a source of unit gossip.
- Ignoring the problem and hoping it will go away.
- Delaying a necessary referral for more specialized help.

What to Expect After Taking Action

- Most Soldiers will respond positively to unit leaders taking an interest in their problems, if it is done with their best interests in mind.
- The Soldier will get assistance from the agency to which they were referred, and that agency will send them to the next higher level of intervention, if needed, such as a mental health clinic.
- Agencies above the level of a rest and recuperation unit may not give feedback to the command on the Soldier’s progress unless the Soldier specifically gives them permission to do so.

- The Soldier should be willing to keep leaders apprised of general progress with the problem so far as it affects unit readiness, but is not obligated to divulge every detail.

Troubleshooting

- **Soldier does not endorse a problem:** In order to help a Soldier who is reluctant to disclose a problem you may want to reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together. When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to suck it up. You may also want to emphasize that getting help is a sign of strength and loyalty to the unit because they are making sure that they are ready to be there for fellow Soldiers and would want fellow Soldiers to do the same. If the Soldier continues to be reluctant in disclosing the problem reinforce that you are always available to talk if they should change their mind.
- **Soldier gets angry when asked about problem:** If the Soldier gets angry when asked about the problem it may be due to several factors. For example, the Soldier may be ashamed of having the problem noticed, resentful due to feelings that the unit is the problem, or may feel that nobody can understand or help with the problem. The Soldier may also place blame on themselves for the problem or perhaps feel guilty for not getting a grip on life. Take this opportunity to turn the emotion toward getting help. The trick is to get the Soldier to endorse frustration and sadness and realize that problem solving is not a solo operation. Keep the focus on what your Soldier is feeling. Do not accuse the Soldier of not giving 100 percent this will increase anger. Say, "You seem really angry about…" to show your understanding and promote discussion. If you can get the Soldier to endorse the anger, you can probably get acknowledgement that help would be welcomed. In order to get the Soldier to accept help from the command the Soldier will need to trust that the command is truly interested in helping. Good listening will go a long way toward building this trust.
- **Soldier does not want help**: In this case the Soldier has endorsed that there is a problem and does not want help. The Soldier may or may not say why, but it is probably because of the belief that it is no one else's business or concern of negative career implications. Reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together. When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to suck it up. You may also want to emphasize that getting help is a sign of strength and loyalty to

the unit because they are making sure that they are ready to be there for fellow Soldiers and would want fellow Soldiers to do the same. If you are in the field, you can order the Soldier to your forward rest and recuperation unit for "three hot and a cot" and further observation. They, in turn, will either observe that the Soldier is recuperated and send them back to duty, or will refer them to a higher level of care.

- **Soldier agrees to get help but does not follow through:** Sometimes a Soldier will agree to get help, but for any number of reasons may not follow through. The Soldier may decide the problem is not bad enough and can fix it alone. The Soldier may have agreed to get help just to get out of your office, or may have genuinely forgotten the time of the appointment. In any case the solution is to put the responsibility onto the Soldier to get the needed help. Emphasize that you genuinely want to see your Soldier get better, and listen to any concerns shared. Offer again to help. If there is resistance to your help, emphasize that the bottom line is performance, and that it is ultimately the Soldier's responsibility to take advantage of all the help that is offered so that the problem does not start to affect performance. Be sure the Soldier understands that letting the problem fester and get worse is what will negatively affect their progression.
- **Soldier does not get better after getting help:** In some cases a Soldier may get help but still not improve. This may be because the Soldier's needs are different and a more intensive intervention is needed, either because the Soldier is not motivated to improve, or because there is a more serious problem such as a personality disorder or mental illness. If you are not having any success at the small unit level, and you feel like you have given it a good effort, you should refer your Soldier to a professional with more specialized expertise. In cases of adjustment problems, the chaplains or Soldier and Family Services have counselors who can usually get to the root of the problem. If not, they will recognize that the problem is more serious, such as clinical depression or anxiety, and will refer the Soldier for a mental health evaluation and treatment. If after mental health intervention the Soldier is still not getting better, and the Soldier is still a problem for the unit, mental health may contact the command with a recommendation for administrative action.
- **Soldier seems mentally ill or suicidal but refuses evaluation:** See Command Directed Evaluation.

Resources

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Battle Drill

C. Death of a Unit Member

Overview

When a Soldier dies, whether through combat, accident, or suicide, many of their buddies will feel intense grief or guilt. In some cases, surviving members may experience distress associated with the belief that something could have been done to prevent the death. Support to help Soldiers and unit members cope with feelings of loss is very important at this critical time. It is important for the entire command and community to work together to provide reassurance and a sense of security for those experiencing the loss.

What to Look For

- Shock and disbelief. “This can’t be true.”
- Attempts to justify or find reasons for the death.
- Anger at being deprived by the death.
- Guilt or blame.
- Helplessness.
- Sleep difficulty.
- Nightmares.
- Difficulty concentrating.
- Numbness or detachment.
- Depression.
- Anxiety.

What to Do

There is no simple way to deal with the death of a unit member. Leaders should enlist help from a variety of sources such as the Chaplain, Mental Health, Soldier and Family Services, Critical Incident Stress Management (CISM) Team, and Casualty Assistance as needed.

Unit members will look to leadership for answers as to why the unit member died. Survivors are especially sensitive to comments or suggestions that imply responsibility. It is important for leaders to avoid passing judgment, avoid providing simplistic explanations of the death or suicide, and avoid publicly placing blame. It is important to keep rumors from spreading by keeping people adequately informed while protecting privacy.

- Work with Public Affairs to best determine what to say and what not to say in public statements.
- Provide basic information to unit members surrounding the death. Include information such as time, place, method, and how the death was discovered.
- Contact appropriate Soldiers currently away from the unit.

- Announce the details for the memorial and funeral arrangements.
- Hold a memorial service for unit members who are unable to attend the funeral. Offer unit members closest to the deceased key roles in planning and carrying out the memorial service.
- Check in periodically with the Soldiers who were closest to the victim to see how they are adjusting.
- In cases where a large number of Soldiers in your unit seem to be significantly affected by the event, it may also be beneficial to consult with a Critical Incident Stress Management (CISM) Team, which can work through the issues with larger groups at once to restore the command back to readiness.
- In the case of a suicide, the grief experienced by people close to the victim can be especially complex. The general goals of post suicide intervention are to help friends and colleagues understand and begin the grieving process, while helping maintain mission readiness, full functioning and morale, and to identify and refer individuals who are at increased risk for distress.

What to Avoid

The idea is for leaders to let their Soldiers know they are safe and in good hands if they ask for help. If you can communicate your genuine concern for your Soldiers they will tell their fellow Soldiers that seeing you was the right thing to do and that you had their best interests in mind. Here are some things to avoid that might destroy their trust, close the lines of communication, or deter other Soldiers from asking for help in the future:

- Minimizing or not taking the problem seriously. Saying, “Is that all?”
- Overreacting to the problem.
- Giving simplistic advice. Saying, “All you have to do is…”
- Telling the Soldier to “suck it up” or “get over it.”
- Keeping the problem for oneself rather than getting appropriate chain of command involved.
- Telling personnel who do not have a need to know, making the problem a source of unit gossip.
- Ignoring the problem and hoping it will go away.
- Delaying a necessary referral for more specialized help.

What to Expect After Taking Action

- Most Soldiers will respond positively to unit leaders taking an interest in their problems if it is done with their best interests in mind.
- The Soldier will get assistance from the agency to which they were referred, and that agency will send them to the next higher level of intervention if needed, such as a mental health clinic.
- Agencies above the level of a rest and recuperation unit may not give feedback to the command on the Soldier’s progress unless the Soldier specifically gives them permission to do so.

- The Soldier should be willing to keep leaders apprised of general progress with the problem so far as it affects unit readiness, but is not obligated to divulge every detail.

Troubleshooting

- **Soldier does not endorse a problem**: In order to help a Soldier who is reluctant to disclose a problem you may want to reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together. When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to suck it up. You may also want to emphasize that getting help is a sign of strength and loyalty to the unit because they are making sure that they are ready to be there for fellow Soldiers and would want fellow Soldiers to do the same. If the Soldier continues to be reluctant in disclosing the problem reinforce that you are always available to talk if they should change their mind.
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- **Soldier seems mentally ill or suicidal but refuses evaluation:** See Command Directed Evaluation.

Resources

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Military Mental Health: 1-877-877-3647

Arlington National Cemetery: 703-607-8585

D. Mass Casualty

Overview

"Traumatic events" are events outside the normal experience of people that pose actual or perceived threats of injury or exposure to death that can overwhelm both an individual's and organization's coping resources. Examples of such critical incidents include, combat, natural disasters, acts of terrorism, mass casualty accidents, acts of violence (with and without fatalities), observed traumatic deaths, and aircraft, boat, and ship accidents and mishaps.

What to Look For

- Shock and disbelief. "This can't be true."
- Attempts to justify or find reasons for the death.
- Anger at being deprived by the death.
- Guilt or blame.
- Helplessness.
- Sleep difficulty.
- Nightmares.
- Difficulty concentrating.
- Numbness or detachment.
- Depression.
- Anxiety.

What to Do

There is no simple way to deal with a mass casualty event. Unit members will look to leadership for answers as to why the event occurred. Survivors are especially sensitive to comments or suggestions that imply responsibility. It is important for leaders to avoid passing judgment, avoid providing simplistic explanations of the event, and avoid publicly placing blame. It is important to keep rumors from spreading by keeping people adequately informed while protecting privacy. Leaders should enlist help from a variety of sources such as the Chaplain, Mental Health, Soldier and Family Services, Critical Incident Stress Management (CISM) Team, and Casualty Assistance as needed. Here are some things you can do:

- Demonstrate concern for unit members' well being.
- Ensure that the basic needs of survivors are met (i.e., shelter, food, safety, and security).
- Let people talk about their experience.
- Minimize exposure to environmental stressors (e.g., heat, cold, noise, disturbing visual scenes).
- Be attentive to the needs of Family members.
- Provide factual information; prevent the spread of rumors.
- Continuously evaluate the environment for additional threats.

- Ensure that needs are continued to be met.
- Promote unit cohesion.
- Work with Public Affairs to best determine what to say and what not to say in public statements.
- Provide basic information to unit members surrounding the event. Include information such as: time, place, method, and basic details.
- Contact appropriate Soldiers currently away from the unit.
- Announce the details for the memorial and funeral arrangements.
- Hold a memorial service for unit members who are unable to attend the funeral. Offer unit members closest to the deceased key roles in planning and carrying out the memorial service.
- Foster resilience and recovery through social support mechanisms (e.g., friends, Family, and religious organizations).
- Check in periodically with the Soldiers who were closest to the victims to see how they are adjusting.
- In cases where a large number of Soldiers in your unit seem to be significantly affected by the event, it may also be beneficial to consult with a Critical Incident Stress Management (CISM) Team which can work through the issues with larger groups at once to restore the command back to readiness.

What to Avoid

The idea is for leaders to let their Soldiers know they are safe and in good hands if they ask for help. If you can communicate your genuine concern for your Soldier they will tell their fellow Soldiers that seeing you was the right thing to do and that you had their best interests in mind. Here are some things to avoid that might destroy their trust, close the lines of communication, or deter other Soldiers from asking for help in the future:

- Minimizing or not taking the problem seriously. Saying, “Is that all?”
- Overreacting to the problem.
- Giving simplistic advice. Saying, “All you have to do is…”
- Telling the Soldier to “suck it up” or “get over it.”
- Keeping the problem for yourself rather than getting appropriate chain of command involved.
- Telling personnel who do not have a need to know, making the problem a source of unit gossip.
- Ignoring the problem and hoping it will go away.
- Delaying a necessary referral for more specialized help.

What to Expect After Taking Action

- Most Soldiers will respond positively to unit leaders taking an interest in their problems if it is done with their best interests in mind.
- The Soldier will get assistance from the agency to which they were referred, and that agency will send them to the next higher level of intervention if needed, such as a mental health clinic.

- Agencies above the level of a rest and recuperation unit may not give feedback to the command on the Soldier's progress unless the Soldier specifically gives them permission to do so.
- The Soldier should be willing to keep leaders apprised of general progress with the problem so far as it affects unit readiness, but is not obligated to divulge every detail.

Troubleshooting

- **Soldier does not endorse a problem**: In order to help a Soldier who is reluctant to disclose a problem you may want to reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together. When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to suck it up. You may also want to emphasize that getting help is a sign of strength and loyalty to the unit because they are making sure that they are ready to be there for fellow Soldiers and would want fellow Soldiers to do the same. If the Soldier continues to be reluctant in disclosing the problem reinforce that you are always available to talk if they should change their mind.
- **Soldier gets angry when asked about problem:** If the Soldier gets angry when asked about the problem it may be due to several factors. For example, the Soldier may be ashamed of having the problem noticed, resentful due to feelings that the unit is the problem, may feel that nobody can understand or help with the problem. The Soldier may also place blame on themselves for the problem or perhaps feel guilty for not getting a grip on life. Take this opportunity to turn the emotion toward getting help. The trick is to get the Soldier to endorse frustration and sadness and realize that problem solving is not a solo operation. Keep the focus on your Soldier is feeling. Do not accuse the Soldier of not giving 100 percent this will increase anger. Say, "you seem really angry about…" to show your understanding and promote discussion. If you can get the Soldier to endorse the anger, you can probably get them to acknowledge that help would be welcomed. In order to get the Soldier to accept help from the command the Soldier will need to trust that the command is truly interested in helping. Good listening will go a long way toward building this trust.
- **Soldier does not want help:** In this case the Soldier has endorsed that there is a problem and does not want help. The Soldier may or may not say why, but it is probably because of the belief that it is no one else's business or concern of negative career implications. Reassure the Soldier, convincingly and genuinely, that you have the best of intentions and only want to help. You want to see the Soldier get better not only because you are concerned about what you have seen and heard, but also because you want the Soldier to take care of the problem before the problem gets out of hand and starts affecting performance as well as the readiness of the unit. Emphasize to the Soldier that you are all in this together.

When one Soldier hurts the whole unit hurts. Therefore, it is important for you to make sure that the Soldier is doing well and not just having to suck it up. You may also want to emphasize that getting help is a sign of strength and loyalty to the unit because they are making sure that they are ready to be there for fellow Soldiers and would want fellow Soldiers to do the same. If you are in the field, you can order the Soldier to your forward rest and recuperation unit for "three hot and a cot" and further observation. They, in turn, will either observe that the Soldier is recuperated and send them back to duty or will refer them to a higher level of care.

- **Soldier agrees to get help but does not follow through**: Sometimes a Soldier will agree to get help, but for any number of reasons may not follow through. The Soldier may decide the problem is not bad enough and can fix it alone. The Soldier may have agreed to get help just to get out of your office, or may have genuinely forgotten the time of the appointment. In any case the solution is to put the responsibility onto the Soldier to get the needed help. Emphasize that you genuinely want them to get better, and listen to any concerns shared. Offer again to help. If there is resistance to your help, emphasize that the bottom line is performance, and that it is ultimately the Soldier's responsibility to take advantage of all the help that is offered so that the problem does not start to affect performance. Be sure the Soldier understands that letting the problem fester and get worse is what will negatively affect progression.
- **Soldier does not get better after getting help:** In some cases a Soldier may get help but still not improve. This may be because the Soldier's needs are different and a more intensive intervention is needed, either because the Soldier is not motivated to improve, or because there is a more serious problem such as a personality disorder or mental illness. If you are not having any success at the small unit level, and you feel like you have given it a good effort, you should refer your Soldier to a professional with more specialized expertise. In cases of adjustment problems, the chaplains or Soldier and Family Services have counselors who can usually get to the root of the problem. If not, they will recognize that the problem is more serious, such as clinical depression or anxiety, and will refer the Soldier for a mental health evaluation and treatment. If after mental health intervention the Soldier is still not getting better, and the Soldier is still a problem for the unit, mental health may contact the command with a recommendation for administrative action.
- **Soldier seems mentally ill or suicidal but refuses evaluation:** See Command Directed Evaluation.

Resources

Military One Source: 1-800-342-9647 (12 Free Sessions per issue)

National Guard Community Center: 1-888-777-7731

Wounded Soldier and Family Hotline: 1-800-984-8523

Suicide Prevention Hotline: 1-800-273-Talk (8255)

Military Mental Health: 1-877-877-3647

Arlington National Cemetery: 703-607-8585

Sexual Harassment

General Information

Definitions

Sexual Harassment: A form of sex discrimination that involves unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career.
- Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person.
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment. Workplace conduct, to be actionable as "abusive work environment" harassment, need not result in concrete psychological harm to the victim, but rather need only be so severe or pervasive that a reasonable person would perceive, and the victim does perceive, the work environment as hostile or abusive.
- Any person in a supervisory or command position who uses or condones any form of sexual behavior to control, influence, or affect the career, pay, or job of a military member or civilian employee is engaging in sexual harassment. Similarly, any military member or civilian employee who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature in the workplace is also engaging in sexual harassment.

Reasonable Person Standard: An objective test used to determine if behavior meets the legal test for sexual harassment. The test requires a hypothetical exposure of a reasonable person to the same set of facts and circumstances; if the behavior is offensive, then the test is met. The reasonable person standard considers the complainants perspective and does not rely upon stereotyped notions of acceptable behavior within that particular work environment.

Reprisal: Taking or threatening to take an unfavorable personnel action or withholding or threatening to withhold a favorable personnel action, or any other act of retaliation against a military member or civilian employee for participating in the sexual harassment or discrimination complaint process. Reprisal can come from any military member or civilian employee internal or external to the workplace of the complainant or offender.

Workplace: An expansive term for military members that may include conduct on or off duty, 24 hours a day.

Work Environment: The workplace and the conditions or atmosphere under which people are required to work.

Overview

The organizational climate of a unit is the responsibility of the commander. Sound leadership is the key to eliminating all forms of discrimination, and those in supervisory positions must foster an environment free of inappropriate behavior. All individuals in the unit must be treated fairly and with mutual respect. Sexual harassment is a form of discrimination that erodes morale and negatively impacts unit cohesion. Commanders, supervisors, managers, and all others in leadership positions will neither tolerate nor fail to correct sexual harassment by their subordinates, nor will they allow the existence of hostile work environments. The impact of sexual harassment affects the individual through stress in the workplace, physical fitness, and reenlistment intentions. Sexual harassment affects the unit's productivity, readiness, cohesion and mission accomplishment.

Risk Factors

- Differing values resulting in prejudices.
- Cultural norms that sanction behaviors and terms unacceptable in a professional setting.
- Unprofessional climate that allows negative comments, remarks, or jokes.
- Use of improper terminology.
- Crude and offensive behaviors such as sexual stories and jokes, attempts to discuss sexual matters or
- Remarks on appearance and gestures.
- Unwanted sexual attention or attempts to establish a romantic relationship.
- Unwanted touching, attempts to stroke, fondle, or kiss.
- Sexual coercion bribes or rewards for sexual favors.
- Threats for not being sexually cooperative.

Reducing barriers in a command includes command support from the top down, training at all levels on proper behavior, and taking appropriate action when complaints are filed.

Why Soldiers May Not Seek Help

- Fear of reprisal.
- Fear of being ostracized by fellow Soldiers.
- Fear of not being believed.
- Lack of awareness about resources.
- Lack of trust in the system.
- Fear to voice displeasure with another individual's improper comments.

Fear of reprisal is the major reason why Soldiers do not report instances of sexual harassment. Indicators of reprisal include reduction in pro/con marks on fitness reports, inequity in duty schedules, or non-recommendation for promotion, retention, school seats, etc. There is also the fear of being ostracized by fellow Soldiers, being viewed as a troublemaker.

Prevention

- Setting the example by knowing what sexual harassment is and refusing to condone it.
- Establishing a command climate that precludes sexual harassment and is reflected at each level of the chain of command.
- Soldiers must not only refrain from sexual harassment but also actively counter and report such actions immediately.
- Counsel harassers when sexual harassment is viewed, even if a complaint is not filed.
- Publicize Soldier Army and local command sexual harassment policy.
- Stress leadership accountability and emphasize teamwork, stating that discrimination in any form is adverse to mission accomplishment and will not be tolerated in the unit.
- Ensure all Soldiers are aware of the avenues of filing complaints and of the actions that will be taken against personnel in substantiated cases.
- Be proactive and ensure that all complaints are thoroughly and effectively investigated. Behavior problems do not go away when ignored.
- Do not assume that sexual harassment training alone will automatically result in reduced sexual harassment. It is essential to address sexual harassment at every level.

Battle Drill

A. Victim of Sexual Harassment

Overview

Sexual harassment is a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Sexual harassment directly attacks the self-esteem of the individual and undermines unit readiness, affects morale, and the war fighting capability of a unit. Required command intervention includes taking claims of sexual harassment seriously, and conducting preliminary inquiries into sexual harassment complaints. This supports the notion that the command is committed to resolving sexual harassment issues and will not tolerate this behavior.

What to Look For

- Leaders need to be aware of what is going on. Unfortunately, sexual harassment and other negative behaviors are not so obvious that there is a set rule of things to look for.
- Changes in the victim's behavior may lend some insight if increased tardiness, absences, or withdrawal from unit activities become more the norm than the exception.
- More than likely, the commander will learn of the sexual harassment only if the victim comes forward or through second-hand reports.

What to Do

- Consult with an Equal Opportunity Advisor or Equal Opportunity Representative.
- When a victim files a complaint of sexual harassment, the victim determines if they want to file an informal complaint or a formal complaint.
- If an informal complaint is filed:
  - Resolve it at the lowest level possible, using the Informal Resolution System, generally with the two individuals talking about the incident to resolution.
- If a formal complaint is filed:
  - The preferred method is via submission to State JFHQ SARC.
  - Initiate an investigation within 72 hours of receipt of the complaint.
  - Complete the investigation within a maximum of 4 MUTA 4 drill periods.
  - Notify your Equal Opportunity Advisor or Representative within 20 days of the outcome (substantiated or unsubstantiated).
- Be available and responsive to potential victims.
- Ensure the victim that you are there to help and to protect the rights of both parties.
- Actively follow the complainant's performance and evaluation to ensure the individual has not been subjected to reprisals.

What to Avoid

When faced with a sexual harassment complaint, do not ignore it or discount the complainant's statement. Investigate it and take appropriate action.

What to Expect After Taking Action

- Once the initial complaint is forwarded to the local commander and the investigation begins, the expectation of a smooth process is anticipated.
- The complaint is forwarded up the chain of command and an investigator is assigned.
- The investigation is initiated and then the initial complaint is forwarded to the first commander in the chain of command that has General Court-Martial (GCM) convening authority.
- The commander shall inform the complainant when the investigation has commenced and make every effort to ensure the investigation is completed within 14 days.
- Upon completion of the investigation, the investigating officer shall ensure a legal sufficiency review and an EO review is conducted. The Staff Judge Advocate will conduct the legal review.
- The investigating officer will then submit the investigation to the commander, and the commander will provide the investigation to the Equal Opportunity Advisor (EOA). This enables the EOA to advise the commander on the Equal Opportunity sufficiency of the investigation as well.
- The commander has 6 days upon completion of the investigation and review to forward a written report to the first person in the chain of command that has GCM convening authority. The report will include a statement from the complainant that indicates their satisfaction with the resolution.
- The results of the inquiry are forwarded to the local commander for final disposition.
- NGB is notified, and the administrative details are documented.

Troubleshooting

- The process is not foolproof and only works as well as those administering it. Documenting the assignment of the investigating officer, and ensuring the complaint timelines are met are the most important in terms of documenting a complaint. In the case of reprisal for filing the complaint or worsening behavior, the recipient has the option of discussing these dynamics with their chain of command if they occur.
- Be attentive to the potential risk of violence if the harassment continues to worsen.
- An intentionally false complaint of sexual harassment may be, among other things, chargeable as a “false official statement” in violation of Article 107, UCMJ, or a “false swearing” under Article 134, UCMJ. A Soldier who makes an intentionally false complaint may be subject to adverse administrative or disciplinary action.
- A complaint not substantiated does not automatically constitute an intentionally false complaint.

Resources

Domestic Violence and Sexual Assault Hotline: 706-791-6297

Army Community Services: 706-791-3579

Social Work Services: 706-787-3656

US Army Sexual Assault Prevention & Response Program: *www.sexual assault.army.mil*

U.S. DoD Sexual Assault Prevention & Response: *www.sapr.mil*

National Sexual Assault Hotline: 1-800-656-HOPE (4613); *www.rainn.org*

National Center on Domestic & Sexual Violence: 512-407-9020; *www.ncdsv.org*

National Sexual Violence Resource Center: 1-877-739-3895; *www.nsvrc.org*

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Covenant House Hotline: 1-800-999-9999

National Domestic Violence/Child Abuse/Sexual Abuse: 1-800-799-SAFE(7233); 1-800-787-3224

Domestic Violence Hotline: 1-800-829-1122

Sexual Assault Response Coordinator: 703-607-9193

Rape Abuse & Incest National Network: 1-800-656-4673; *www.rainn.org*

B. Alleged Offender of Sexual Harassment

Overview

Sexual harassment is a form of sexual discrimination that involves unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature. Anger at the command for not condoning the behavior, and conducting an investigation may be an issue.

What to Look For

- Derogatory jokes and gestures of a sexual nature.
- Derogatory comments between Soldiers or civilian workers of a sexual nature.
- Pictures or calendars of a sexual nature being posted near racks, in cubicles, on walls, or on computers as screensavers.
- Rumors being circulated about an individual's sexual attributes or behaviors.
- Sexual coercion bribes or rewards for sexual favors.
- Threats for not being sexually cooperative.
- Giving unwanted sexual attention or attempt to establish a romantic relationship.
- Attempts to touch, stroke, fondle, or kiss other individuals.

What to Do

- Being visible and talking about sexual harassment at Command Briefs and Professional Military Education briefs are ways to have an impact on the command climate.
- A climate assessment is the most universal way to look for issues that may affect the command climate.
- Consult with an Equal Opportunity Advisor or Equal Opportunity Representative.
- Be available to the alleged offender.
- Ensure the alleged offender that you are there to follow appropriate procedures to resolve the issue and to protect the rights of both parties.
- See AR 600-20, Appendix for specific actions to be taken within specific timelines.

What to Avoid

- When faced with a sexual harassment complaint, do not rush to judgment of the alleged offender.

What to Expect After Taking Action

- Once the initial complaint is forwarded to the local commander and the investigation begins, the expectation of a smooth process is anticipated.
- The complaint is forwarded up the chain of command and an investigator is assigned.

- The investigation is initiated and then the initial complaint is forwarded to the first commander in the chain of command that has General Court-Martial (GCM) convening authority.
- The commander shall inform the complainant when the investigation has commenced and make every effort to ensure the investigation is completed within 14 days.
- Upon completion of the investigation, the investigating officer shall ensure a legal sufficiency review and an Equal Opportunity (EO) review is conducted. The Staff Judge Advocate (SJA) will conduct the legal review.
- The investigating officer will then submit the investigation to the commander, and the commander will provide the investigation to the EOA. This enables the EOA to advise the commander on the EO sufficiency of the investigation as well.
- The commander has 6 days upon completion of the investigation and review to forward a written report to the first person in the chain of command that has GCM convening authority. The report will include a statement from the complainant that indicates their satisfaction with the resolution.
- The results of the inquiry are forwarded to the local commander for final disposition.

Troubleshooting

- The process is not foolproof and only works as well as those administering it. Documenting the assignment of the investigating officer, and ensuring the complaint timelines are met are the most important in terms of documenting a complaint. In the case of reprisal for filing the complaint or worsening behavior, the recipient has the option of discussing these dynamics with their chain of command if they occur.
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Resources

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Sexual Assault Response Coordinator: 703-607-9193

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Sexual Assault

General Information

Definitions

Sexual Assault: The intentional sexual contact characterized by the use of force, physical threat, abuse of authority, or when the victim does not or cannot consent. "Consent" shall not be deemed or construed to mean the failure by the victim to offer physical resistance. This can occur without regard to gender or spousal relationship and includes, but is not limited to, rape, nonconsensual sodomy, and indecent assaults or attempts to commit these acts.

Overview

Sexual assault is a criminal act. It is incompatible with the core values of LOYALTY, DUTY, RESPECT, SELFLESS SERVICE, HONOR, INTEGRITY and PERSONAL COURAGE adhered to by the Soldiers of the Army National Guard. Sexual assault impedes unit or members' morale, effectiveness, efficiency, and negatively impairs the ability of the Guard to function smoothly. Victims can be male or female. Perpetrators can also be male or female. In recognition of the seriousness of sexual assault, the Department of Defense has initiated DODI 6495.02.establishing the Sexual Assault Prevention and Response Program Procedures, which provides policy and guidance for commanders in handling these cases.
See: http://www.ng.mil/jointstaff/j1/sapr/default.aspx

Risk Factors

- Underage drinking.
- No "buddy system" enforcement.
- Over eagerness to fit in socially.
- Naive view of young and inexperienced Soldiers.
- Males and females age 16- 24.

The risk factor accompanying most sexual assaults centers on the use of alcohol either by the victim, perpetrator or both. A disproportionate number of the sexual assaults involved Soldiers who were engaged in underage drinking. Victims are often attempting to fit into the group or have misplaced trust in the intentions of fellow service members, and not just Soldiers.

Why Soldiers May Not Seek Help

- Victim may fear being blamed by command.
- Fear of reprisal.
- Fear of sanction for victim misconduct.
- Fear of not being believed.
- Lack of trust in the system.
- Lack of knowledge on what to do.

- Lack of awareness about resources.

The underlying reason for victim non-reporting often centers on perception of the victim. Perception by the command, fellow Soldiers, and friends are generally not favorable towards the victim. Victims of sexual assault often feel they are viewed as the wrongdoers. Victims of sexual assault often believe leadership and the legal system will not protect their rights. Also, the victims often believe the perpetrator is given more protections and assistance by leadership than they themselves are likely to receive. The numerous times a victim must tell their story often prevents reporting. Victims feel their misconduct is singled out and dealt with more swiftly and harshly by commands. Victims now have the option to seek treatment at Soldier and Family Services counseling services without having to formally report the assault.

Prevention

Notwithstanding any conduct of the victim and perpetrator, the command plays a vital role in preventing sexual assaults. A command environment that does not tolerate any form of sexual misconduct sends a clear message to its Soldiers. Commanders set their command environment through leading by example and ensuring compliance by subordinates.

- Create a “zero tolerance” environment towards sexual assault and the potential consequences for those who violate the law.
- Conduct training on sexual assault prevention and awareness (e.g. annual common skills).
- Foster a command environment that encourages the reporting of sexual assaults without reprisal by keeping a “finger on the pulse” of the organization’s climate and responding with appropriate action toward any negative trends that may emerge.
- Incorporate small unit leadership discussion on sexual assault and risky behavior.
- Incorporate training that focuses attention on men taking responsibility for preventing violence and sexual assault against women and not being bystanders.
- Reassure members of your personal commitment to maintaining a healthy environment that is safe and contributes to their well-being and mission accomplishment.
- Establish a command climate of prevention that is predicated on mutual respect and trust, that recognizes and embraces diversity, and that values the contributions of all its members.

Battle Drill

A. Victim of a Sexual Assault

Overview

Sexual assault is a criminal act. It is incompatible with the core values of LOYALTY, DUTY, RESPECT, SELFLESS SERVICE, HONOR, INTEGRITY and PERSONAL COURAGE adhered to by the Soldiers of the Army National Guard. Sexual assault impedes unit or members' morale, effectiveness, efficiency, and negatively impairs the ability of the Guard to function smoothly.

What to Look For

- Fear and terror.
- Anger, fury, and outrage.
- Withdrawal.
- Confusion and frustration.
- Guilt or self-blame.
- Shame or humiliation.
- Grief or sorrow.

After the physical danger has ebbed, the victim of sexual assault may feel overwhelmed with a myriad of disorganized emotions. Fear seems to be a primal reaction brought on by a sense of violation. A victim's anger is directed at an offender or a person held responsible, although it may be displaced onto the institution or inward towards oneself. Confusion stems from the victims' initially narrow perspective on what happened coupled with scattered impressions of the traumatic event.

What to Do

Leaders need to focus on the victim. A victim will require medical attention and may also request mental health services. A commander must contact investigative authorities to insure the crime scene is preserved and an investigation is initiated. When a commander takes prompt action upon discovering the possible occurrence of a sexual assault, that commander sends a clear message of support to the victim. The perpetrator should always be separated from the victim. Following is a suggested checklist for response.

- Ensure the physical safety and emotional security of the victim by determining if the alleged assailant is nearby and if the victim desires or needs protection.
- Determine if the victim desires or needs any emergency medical care.
- Notify the military or civilian criminal investigative organization, as soon as the victim's immediate safety is assured and the victim's medical treatment procedures are in motion [See Under Secretary of Defense (Personnel and

Readiness) Memorandum "Increased Victim Support and a Better Accounting of Sexual Assault Cases", November 22, 2004].

- Strictly limit disclosure of the facts or details regarding the incident to only those personnel who have a legitimate need to know.
- Take action to safeguard the victim from any formal or informal investigative interviews or inquiries, except those conducted by the military criminal investigative organization and the Victim Advocate.
- Collect only the necessary information (e.g. victim's identity, location and time of the incident, name and/or description of offender(s). DO NOT ASK DETAILED QUESTIONS AND/OR PRESSURE THE VICTIM FOR RESPONSES OR INFORMATION ABOUT THE INCIDENT.
- Advise the victim of the need to preserve evidence (by not bathing, showering, washing garments, etc.) while waiting for the arrival of representatives of the military criminal investigative organization.
- Assist with or provide immediate transportation for the victim to the hospital or other appropriate medical facility.
- Ensure the victim understands the medical, investigative, and legal process and is advised of victim support rights.
- Ask if the victim needs a support person (can be a personal friend), advocate, or professional to immediately join the victim.
- Ensure the victim understands the role and availability of a Victim Advocate.
- Ask if the victim would like a Victim Advocate to be assigned; if so; contact the Sexual Assault Response Coordinator (SARC).
- The Sexual Assault Response Coordinator will assign a Victim Advocate to meet with and provide support to the victim.
- Ask if the victim would like a Chaplain to be notified and notify accordingly.
- Determine if the victim desires or needs a "no contact" order or a Military Protection Order (DD Form 2873) to be issued, particularly if the victim and the accused are assigned to the same command, unit, duty location, or living quarters.
- Determine the need for temporary reassignment to another unit, duty location, or living quarters for either the victim or the accused, working with the commander of the accused if different than the victim's commander, until there is a final legal disposition of the sexual assault allegation, and the victim is no longer in danger.
- To the extent practicable, consider the desires of the victim when making any reassignment determinations.
- Determine how to best dispose of the victim's collateral misconduct. Absent overriding considerations, commanders should exercise their authority in appropriate cases and defer disciplinary actions for the victim's minor misconduct until after the final disposition of the sexual assault case. [See Under Secretary of Defense (personnel and Readiness) Memorandum "Collateral Misconduct in Sexual Assault Cases ", November 12, 2004.] Consult with the servicing legal office, criminal investigative organization, and notify the assigned Victim Advocate prior to taking any administrative or disciplinary action affecting the victim.

- Avoid automatic suspension or revocation of a security or personnel reliability program (PRP) clearance, when possible, understanding that the victim may be satisfactorily treated for their related trauma without compromising PRP status. Consider the negative impact that suspension of a victim's security clearance may have on building a climate of trust and confidence in the service reporting system.
- Throughout the investigation, consult with the victim and, to the extent practicable, accommodate the victim's desires regarding safety, health, and security, as long as neither a critical mission nor a full and complete investigation are compromised.
- Listen and engage in quiet support of the victim, as needed. Be available in the weeks and months following the sexual assault, and assure the victim that they can rely on the commander's support.
- Emphasize to the victim the availability of additional avenues of support; such as counseling groups and other victim services. Please see http://www.sexualassault.army.mil/whattodo.cfm for resources and guidance.
- Ensure the victim receives monthly reports regarding the status of the sexual assault investigation until its final disposition. [See Under Secretary of Defense (Personnel and Readiness Memorandum "Increased Victim Support and a Better Accounting of Sexual Assault Cases", November 22, 2004.]

What to Avoid

- Victim blaming.
- Re-victimization by initially focusing on victim's possible misconduct and poor judgment.
- Appearance of command insensitivity.
- Appearance of command inaction.
- Command or work environment that is hostile to the victim.

Overall, the primary feeling victims of sexual assault experience after an attack is that of "re-victimization". As a commander, effort should be taken to address the needs of the victim. A commander should insure the victim receives medical attention as well as mental health counseling if requested. By doing the above a commander will appear to be sensitive to the victim's needs as well as demonstrate his or her taking action in addressing the sexual assault. The re-victimization comes from the command that focuses blame on the victim for misconduct and lack of good judgment.

What to Expect After Taking Action

Per DoD Instruction 6495.02 - Sexual Assault Prevention and Response Program and Procedures the victim can expect action to be taken as it concerns the alleged perpetrator (e.g. reassignment) or in some instances reassignment of the victim. The Victim Advocate (or Uniformed Victim Advocate) will become involved and expect interaction with the command. It is important for the commander to realize that the Victim Advocate is representing the victim's needs and concerns.

- Victim Advocate contact with command.
- Investigative authorities contact with command.
- Legal authorities contact with command.
- A victim needing access to a variety of resources such as SAPRO or Army One Source.
- A victim wanting to be kept informed.
- A victim wanting to see command action towards the alleged perpetrator.
- A victim requesting a Military Protection Order due to perpetrator intimidation.

Troubleshooting

- Lack of victim participation.
- Delayed victim participation.
- Loss of forensic evidence due to lack of or delayed victim participation.
- Reduced chance of successful prosecution.
- Command resistance to investigation.
- Victim recantation is not an indicator that a rape did not occur. Note that by OSD memorandum all incidents will be reported to law enforcement for investigation. It is no longer an option for the command.

Prompt sexual assault victim cooperation is paramount in successfully prosecuting an alleged perpetrator. Anytime a victim refuses to or delays in reporting an incident of sexual assault precious evidence is lost. An investigation can be hampered by the unit's lack of cooperation in making witnesses available. Delayed reporting should not preclude the involvement of Army Criminal Investigation Division, civilian equivalent, safety concerns, and resource needs of the victim. When victims recant, it is usually due to pressure and loss of privacy, not because a sexual assault did not occur. Law enforcement will investigate and determine why the recantation occurred.

The best strategy for dealing with these issues goes back to command climate. It is recommended that commanders take an aggressive training approach to ensure all Soldiers understand the. They must ensure establishment of an organizational climate that encourages victims to seek treatment and to report assaults. Commanders are also encouraged to meet with Victim Advocates to establish a relationship to better support victims.

Resources

Domestic Violence and Sexual Assault Hotline: 706-791-6297

Army Community Services: 706-791-3579

Social Work Services: 706-787-3656

US Army Sexual Assault Prevention & Response Program: *www.sexual assault.army.mil*

U.S. DoD Sexual Assault Prevention & Response: *www.sapr.mil*

National Sexual Assault Hotline: 1-800-656-HOPE (4613); *www.rainn.org*

National Center on Domestic & Sexual Violence: 512-407-9020; *www.ncdsv.org*

National Sexual Violence Resource Center: 1-877-739-3895; *www.nsvrc.org*

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Covenant House Hotline: 1-800-999-9999

National Domestic Violence/Child Abuse/Sexual Abuse: 1-800-799-SAFE(7233); 1-800-787-3224

Domestic Violence Hotline: 1-800-829-1122

Sexual Assault Response Coordinator: 703-607-9193

Rape Abuse & Incest National Network: 1-800-656-4673; *www.rainn.org*

Battle Drill

B. Alleged Perpetrator of a Sexual Assault

Overview

When an allegation of sexual assault surfaces, the commander will have responsibility to both the victim and perpetrator. Alleged perpetrators will find themselves in a precarious position and should seek legal counsel. In many ways the response of others will be scripted according to directives. The command has to respond to the alleged perpetrator in ways that will not cause feelings of being treated unfairly. An alleged perpetrator may feel prejudged and condemned before the truth is known. If the alleged perpetrator is popular among peers, any appearance of mistreatment by the unit may have an adverse affect towards the unit. A unit's esprit de corps, morale, and readiness may be greatly affected or polarized.

What to Look For

- Depression.
- Emotional withdrawal.
- Mood change.
- Lack of participation.
- Anger.

A Soldier may react to being suspected of a sexual assault in many ways. A leader should be aware of change in behavior for the suspected Soldier. Any out of character conduct would be extremely telling in how well the Soldier is dealing with the allegation.

What to Do

When an allegation of sexual assault surfaces a commander will have responsibility to both the victim and perpetrator. It is critical that the victim and perpetrator remain separated during the course of the investigation to prevent the possibility of re-victimization. In reference to the perpetrator, the commander should be aware of the possible mental stresses that the perpetrator may experience. A commander should strive to limit the amount of information circulating about the sexual assault to protect all parties. The following is a suggestion checklist for response:

- Contacts with a service member suspected of an offense under the Uniform Code of Military Justice (UCMJ) involve rules and procedures that may be unique to the military. Therefore, before questioning the suspected service member or discussing the case with the service member, commanders and other command representatives should first contact their staff judge advocate for guidance.
- Avoid discussing or questioning the sexual assault allegation with the accused service member, to the extent practicable, since doing so may jeopardize the criminal investigation. However, if questioning does occur, prior to

questioning the accused service member, advise the service member suspected of committing a UCMJ offense of his/her rights under Article 31of the UCMJ, and right to defense counsel representation, before questioning him or her or before discussing the sexual assault allegations.

- Notify the appropriate military criminal investigative organization as soon as possible after receiving a report of a sexual assault incident. [See Under Secretary of Defense (Personnel and Readiness) Memorandum "Increased Victim Support and a Better Accounting of Sexual Assault Cases", November 22, 2004.]
- Safeguard the rights of the accused and preserve the integrity of a full and complete investigation, to include limitations on any formal or informal investigative interviews or inquiries by personnel other than those assigned to the military criminal investigative organization conducting the investigation.
- Strictly limit information, the facts of, and the details about the investigation to those who have a legitimate need to know.
- Ensure procedures are in place for the accused service member to be informed about the investigative and legal processes that may be involved.
- Ensure procedures are in place for the accused service member to be informed of available counseling support. As may be appropriate under the circumstances, refer the accused service member to available counseling groups and other services.
- Emphasize that the accused is presumed innocent until proven guilty.
- With the benefit of legal and investigative advice, determine the need for a verbal "no contact' order, or the issuance of a Military Protection Order DD Form 2873, if the victim and the accused are assigned to the same unit, command, or location.
- Monitor the well-being of the accused service member, particularly any indications of suicide potential, and ensure appropriate intervention occurs if indicated.

What to Avoid

- Appearance of inaction.
- Judgment prior to adjudication.
- Premature Condemnation.
- Group stereotyping.

The alleged perpetrator should receive command consideration when the command is addressing an allegation of sexual assault. However, the latter must be balanced against the victim's concerns, safety, and privacy. The command does not want to appear as being insensitive to either party in handling an allegation of sexual assault. A commander must take swift and direct actions upon receiving a report of a sexual assault. Commanders set the tone as to the appearance of what the command is doing to address the allegation of sexual assault. The victim's impressions on how things were handled by the command are directly related to what the command does and how swiftly the command responds to the victim's allegation. Similarly, to the

extent possible, a commander should not prejudge or condemn the alleged perpetrator, nor should the unit be allowed to publicly voice their opinions.

What to Expect After Taking Action

- Alleged perpetrator statement of innocence.
- Alleged perpetrator desire to be treated fairly.
- Alleged perpetrator desire for normality.
- Outside agencies speaking with other members of the unit.
- Outside agencies talking to the commander about his/her command environment (e.g. sexual assault).
- This process can take months to years to complete. For case status, consult with the Sexual Assault Response Coordinator (SARC).

A commander can expect the alleged perpetrator to desire that nothing has changed as it concerns him/her. The commander must balance the wishes of the alleged perpetrator against the wishes of the victim as well as adhering to the appropriate directives. The commanders will have other agencies requesting access to the alleged perpetrator, the unit, and the commander.

Troubleshooting

- Expecting Soldiers to be responsible for their actions and behaviors is paramount.
- Follow up on forensic processing speeds up the investigation.
- Refusal of polygraph does not stop the investigation.

Commanders can take an aggressive training approach to ensure that all Soldiers understand the National Guard's policy on sexual assault. They can also follow the progress of the case to ensure it is handled in a timely manner. The commander will rely on the Sexual Assault Response Coordinator (SARC) to keep the command appraised of the status of the investigation. Legal can help the command determine if evidence is adequate to pursue formal charges. CID will provide the command with a recommendation whether or not charges need to be preferred.

Resources

Domestic Violence and Sexual Assault Hotline: 706-791-6297

Army Community Services: 706-791-3579

Social Work Services: 706-787-3656

US Army Sexual Assault Prevention & Response Program: *www.sexual assault.army.mil*

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SITUATION: Exceptional Family Members

General Information

Definitions

CATEGORIES: The EFMP category definitions are:

Category I: EFM enrollees whose medical or educational condition requires monitoring by the CNGB EFMP Manager, but does not preclude the sponsor's assignment to overseas or isolated duty stations, nor requires assignment near a major medical treatment facility.

Category II: EFM enrollees, whose medical or educational condition requires special placement in compatible geographic areas, pinpointing assignment in CONUS or overseas.

Category III: EFM enrollees are generally excluded from accompanied overseas assignment. The medical or educational condition of this category of EFM precludes the assignment of the sponsor to an accompanied overseas location based on non-availability of medical or educational services. However, sponsor is eligible for an unaccompanied overseas assignment.

Category IV: EFM enrollee requires Family to be assigned to a location near a major medical treatment facility, either military or civilian (preferably military), IN CONUS ONLY. However, the sponsor is eligible for an unaccompanied overseas assignment.

Exceptional Family Member: An authorized (DEERS enrolled) Family member (spouse, child, stepchild, adopted child or dependent parent) residing with the sponsor, who possesses a physical, intellectual or emotional disability or condition and who requires long-term special medical or educational services.

Exceptional Family Member Program: The Exceptional Family Member Program is a mandatory enrollment program for all active duty personnel. The primary objective of the EFMP is to ensure that Soldier sponsors are assigned to locations where services exist to support their Exceptional Family Member (EFM).

Exceptional Family Member Program Coordinator: A designated individual at the local Soldier & Family Services Center who provides DD2792 forms, information and assistance to Soldier & Family Services' staff, local commands, sponsors and other Family members with regard to enrollment procedures, program benefits and available local services and facilities.

Major Medical Area: Any area served by medical departments of the Armed Services or civilian medical treatment facilities, which have physicians capable of treating or monitoring Family members who have chronic or severe impairments or medical conditions.

Severely Disabled: A Family member who has a serious impairment or a serious medical condition that is expected to persist over a long time period and requires medical specialists, frequent hospitalizations, or intensive nursing care, pharmacy or laboratory support; or who requires frequent health services not available at most Military Treatment Facilities. Some examples of these conditions include: multiple disabilities, serious emotional disturbances, severe birth defects, and conditions requiring placement in residential care facilities.

Special Edition: Educational needs of a physically or learning disabled child which are defined in an Individual Education Program (IEP) or Individual Family Service Plan (IFSP) that includes classroom placement that best meets the child's needs.

Overview

The Exceptional Family Member Program is a **mandatory** enrollment program for all active duty personnel. The primary objective of the Exceptional Family Member Program (EFMP) is to ensure that Soldier sponsors are assigned to locations where services exist to support their Exceptional Family Member (EFM). This is especially critical in overseas assignments where the provision of medical or educational services may be limited. Assigning Soldier sponsors to locations that can support the medical or educational needs of their Family members ensures that the sponsor's performance of duty is not inordinately affected by the demands of caring for their EFM. This allows the sponsor to concentrate on performing duties and contributes to the operational readiness of the Soldier's Unit. Successful execution of the EFMP also improves the quality of life for Guard Families with special needs.

As leaders, it's important that you understand the impact that a condition can have on a Family when a child or an adult Family member is an EFM; usually it is the spouse of the Soldier who bears a lot of the work and stress. Because of the Soldier's duties and frequent deployments, spouses often make and attend appointments, coordinate home medical care, handle the medical bills attend and negotiate goals and services at special education meetings and do most of the research about their child or Family member's condition. For Family Readiness purposes, it is important that the sponsor have a Family Care Plan and even more important for them to be continually aware of the Family member's medical plan of care, especially with regards to daily care, prescription medications, and signs that would indicate the need to seek emergency medical attention when the spouse is unavailable.

The stress of providing care, the burden of medical expenses, plus the high cost of hiring someone to provide care, make it difficult if not impossible for some Soldiers to be able to afford even a few hours of respite care. These Soldiers rarely ask for help because they worry about the perceptions of the leaders in their Chain of

Command and how that perception may impact their career. These Soldiers often quietly endure the burden of caring for a profoundly disabled, seriously ill, or terminally ill Family member alone, and cannot receive support from the EFMP Coordinator when they are **not** enrolled in the EFMP or not aware of the EFMP.

Soldiers are not required to share the medical condition of Family members (Privacy Act of 1974). However, you should be aware of any Family readiness concerns the Soldier and their Family may have, and watch for "red flags" that may indicate the need for additional support or the need to recommend that the Family move to a location that can better meet the Family member's needs. Also watch for signs that the prolonged stress associated with the challenges of supporting a Family member with special needs 24 hours a day, 7 days a week may have become too much to bear, such as, changes or indicators that there has been maltreatment, abuse and neglect towards the Family member with special needs or other Family members.

Many Soldiers with Family members with significant medical needs remain in the Army because they feel they cannot afford civilian medical insurance for a Family member with a pre-existing condition, therefore, retention doesn't appear to be an issue for this population of Soldiers. Soldiers who have a special needs Family member and have become accustomed to and successful in supporting their Family member's daily needs are typically successful Soldiers because their daily home life has given them some very valuable attributes such as multi-tasking, handling enormous amounts of stress, and responding to emergencies. In addition to the installation EFMP Coordinator, these incredibly resilient Soldiers would be an excellent resource for you to send junior Soldiers with similar problems to for guidance and support, because they have walked in their shoes and understand the associated financial and emotional hardship and challenges.

Every Family member going overseas on accompanied PCS orders is required to complete suitability screening. Regardless of the category, the sponsor is always eligible for deployments or overseas assignments. Being enrolled in the EFMP does not stop any Soldier from going overseas for any length of time.

Risk Factors

Having an Exceptional Family Member is not a result of a behavior(s); rather it is a result of circumstances that are not within the Soldier's control. Risk factors are considered to be those that can potentially severely impact upon the health of the Family member, the quality of life of the Soldier and his Family and their Family readiness. When a Soldier is not enrolled or not aware of the EFMP and their Family member's needs were not considered during the assignment coordination process it can impact negatively on the Family:

- **Specialty medical care, in the TRICARE network, may not be within a reasonable driving distance or may not be available in that particular location.** When specialty medical providers are not available within a reasonable driving distance and the Soldier does not qualify for reimbursement via

TRICARE or from the Command this can have a serious impact on the Soldiers financial stability, especially if specialty treatment is ongoing and requires monthly or weekly visits. Additionally, traveling to and from frequent appointments may require that the Soldier take many days off work to attend appointments. In situations such as the above, these Soldiers' Family member's need would most likely be better met at a location that is closer to a major medical facility. Soldiers should work closely with their EFMP Coordinator regarding options available when they identify that their current duty location creates additional stress and an undue burden on the Family, especially when the Family member is medically fragile and specialty medical care is too far to drive to in an emergency.

- **May not know where to seek assistance for related problems.** Medical bills, respite care needs, inclusive child care, in-home medical support, the need for additional money to support the Family member's ongoing needs, accessible housing, hospice care, medical equipment, services or therapy not available via TRICARE and problems negotiating special educational services with the school… these are all issues that had the Soldier been enrolled or been aware of the program they could have sought assistance from the EFMP Coordinator. Some of these risk factors also increase the risk of child maltreatment.

Why Soldiers May Not Seek Help

- **Misconceptions that enrollment in the EFMP may negatively impact their careers.** Enrollment in the EFMP does not prejudice advancement or hinder career opportunities of EFMP sponsors. The sponsor always has the option of accepting an assignment while the Family is supported in another location. EFMP registry is not an element of the Army National Guard Promotion System, individual record or the parent command records of the sponsor. Therefore, when an enrolled Soldier's Officer/Enlisted Records Brief is being reviewed for promotion no one will know the Soldier is enrolled in the EFMP.
- **Misconception that enrolling in the EFMP is accepting preferential treatment and indicates an inability to carry out professional responsibilities.** EFMP enrollment does nothing more than prescribe an agreed to and systematic manner to communicate the special need to the Guard's Manpower Management / Human Resource systems when a random assignment is not suitable for the Family member with special needs.
- **Peer Perception:** The Soldier may worry that peers may not understand their Family's situation or that peers may see them as someone who is a burden on the unit because their needs exceed the typical Guard Family's needs. The Soldier's own pride may prevent him from talking about or seeking advice from co-workers. Understand that it takes a lot for a Soldier to admit that they can't solve all of their Family's problems by themselves. As a leader you should be encouraging Soldiers to seek assistance and support while the problem is still small and isn't affecting the stability of the Family.
- **Leadership:** Soldiers may be reluctant to discuss Family member issues that arise with their leaders because they fear that their home life issues may negatively impact their career.

- **Concerns about Privacy and confidentiality:** The confidentiality of the Soldier and their Family during the assignment coordination process is always a priority and at the Headquarters level only the EFMP Manager has access to the diagnosis. At no time is the diagnosis or prognosis of a Soldier's Family member shared with assignment monitors or Soldiers in their local command. However, EFMP Coordinators are required to provide name(s) and the enrollment category of any Soldier to the Commanding Officer of the Soldier's unit.

Prevention

Having an Exceptional Family Member isn't something any individual Soldier can prevent but inadequate assignment coordination can be prevented when Soldiers are appropriately enrolled and utilize the support that is available from the installation EFMP Coordinator. By working with the installation EFMP Coordinator many related issues could be prevented or eliminated all together. As leaders you can also help by establishing an environment in which seeking help is welcome and expected to protect the readiness and effectiveness of the unit. Here are some things you can do:

- Ask the installation EFMP Coordinator to provide an EFMP briefing to your Soldiers. If no Coordinator is available contact the EFMP manager and ask to receive EFMP literature for your Soldiers.
- Ensure Soldiers who meet the eligibility criteria are enrolled in the Exceptional Family Member Program and update their enrollment as the Family member's condition changes.
- Emphasize the benefits of enrolling in the EFMP. Talk to the Soldier about ways in which the EFMP Coordinator can help, in particular, resources that they may not know exist.
- Ensure any Soldier who is enrolled in the EFMP has a Family Care Plan.
- Understand the impact the condition has on the entire Family.
- Support EFMP Coordinator recommendations.
- Encourage open communication with the Soldier. Periodically ask how the Family member is doing and if the medical and community support needs are being met. Emphasize that their own health is important too and they should take a break and get some needed respite care occasionally.
- Allow a reasonable time for medical appointments or other related obligations. Soldiers whose Family members have disabilities have a responsibility to make sure they are aware and prepared to handle the special needs of that Family member when the primary caregiver is not able.
- Ensure a safety and support response plan is in place for the Family member's special needs if applicable, i.e. power loss, evacuations and inclement weather.
- Familiarize Soldier with Soldier and Family Services Center available services.

Battle Drill

A. Special Needs Family Member Identified

Overview

When a Soldier who has a special needs Family member is not enrolled in the Exceptional Family Member Program, no consideration is given during the assignment coordination process. Often Soldiers arrive at the receiving Commands and quickly realize that their Family member's needs cannot be met and this has a negative impact on the Soldier, personal and Family readiness, the special needs Family member, and their quality of life. Had the Soldier been enrolled, the assignment monitor would have coordinated with the EFMP Manager to ensure the Soldier was stationed at a location that would meet the needs of the Family member with special needs and an enormous amount of stress and hardship for the Family, plus administrative burden for the accepting command, could have been avoided.

It is crucial that leaders identify these Soldiers early on, counsel the Soldier on enrolling in the EFMP, follow-up to ensure he/she has enrolled, ensures that a Family Care Plan is completed, and that the Soldier is seeking assistance when needed from the EFMP Coordinator.

Leaders should respond quickly when Soldiers who are not enrolled accept assignments knowing fully that specialty medical or mental health services do not exist or who realize later on, after they arrive at a new duty station, that services do not exist and take no corrective action and as a result severely neglect the medical needs of their Family member. Occasionally, it may have been a matter of the Soldier not knowing where to turn for help, but if the Soldier knows about the EFMP and still refuses to enroll and as a result receives an unsuitable assignment, then official counseling is suggested. The financial cost and impact on the Army is significant when a Soldier receives an overseas-accompanied assignment after providing incomplete medical information during the Suitability Screening process, and a Family and all their household goods have to be returned back to CONUS because services are not available. It is the responsibility of the sending Commanding Officer to ensure that the Soldier and his Family member(s) have been appropriately screened and approved for an overseas assignment. Strict adherence to overseas screening requirements cannot be overemphasized.

What to Look For

While many EFMP Families are capable and can effectively handle the daily burden of care and stress associated with caring for a Family member with special needs there are some who, for many reasons, need additional support or assistance. Guard leaders should confirm whether or not a Soldier who has identified themselves as having a Family member with special needs is enrolled in the Exceptional Family Member Program. Indicators that a Soldier may have a special needs Family member that should be enrolled in the EFMP include:

- **Frequent and ongoing liberty requests:** When a Soldier has frequent absences to take care of personal or Family needs on an ongoing basis; this is a red flag that some outside assistance may be needed.
- **Severe or prolonged stress:** The Soldier with an EFM may face many stressors including, worrying about the well-being or prognosis of a Family member with a disability, not getting enough sleep for a prolonged period of time, coordinating and juggling a lot of appointments, dealing with unresponsive State service systems, medical bills, and handling severe behavioral problems, as well as juggling their career and the Family. These issues might be even more compounded when there is a lack of respite care and will eventually take its toll on the entire Family and the Soldier's ability to perform his duties.
- **Financial problems:** Medical bills and supplies (such as special clothes, food, and equipment), plus expenses from traveling back and forth to doctor appointments can affect a Family's financial stability.
- **Marital problems:** In every Family there is the risk of a divorce, even without the stress of a Family member with special needs. In a Family where one member is seriously ill or impaired, that risk might become higher due to extra stress or their needs or behavior, financial problems, lack of sleep, guilt, depression, and having no one to talk to who can relate to or understand your problems. These are just some of the reasons why a Soldier with a special needs Family member may have marital problems. Soldier & Family Services have marriage and Family counselors that can help couples identify and work through their relationship problems and deal with Family stresses.
- **Sleep deprivation:** When a Family member is medically fragile and homebound, the Soldier or his spouse often becomes the sole 24-hour caregivers unless they are receiving support from a home-health agency. Very little training is provided to Families and, more often than not, respite care is non-existent. Eight hours of sleep for these Families is a luxury.
- **Depression:** Many parents of children with special needs experience feelings of stress, anger, denial, depression, and ambiguity concerning their roles and their child's future. They sometimes experience a sense of powerlessness, helplessness or hopelessness. Also, because of the lack of respite care, combined with the feelings that people in the community may not understand their Family member's condition or behavior(s) and may stare or make rude comments, depression and social withdrawal are also common among primary caregivers. It's important for the parents to talk to a professional and find a support group where they can share their emotions, understand that they are not alone, and learn how to overcome depression before it becomes a chronic problem.

What to Do

Here is how to help a Soldier who you think may need to enroll in EFMP:

- Investigate and understand the impact the condition has on the entire Family.

- Emphasize the benefits of enrolling in the EFMP. Talk to the Soldier about ways in which the EFMP Coordinator can help, in particular, resources that they may not know exist.
- Get the Soldier an appointment with the installation EFMP coordinator to discuss whether they would qualify for the program and help them apply.
- Support EFMP Coordinator recommendations.
- Ensure a safety and support response plan is in place for the Family member's special needs if applicable, i.e. power loss, evacuations and inclement weather.
- Maintain open communication with the Soldier. Periodically ask how the Family member is doing and if the medical and community support needs are being met. Emphasize that their health is important too and they should take a break and get some needed respite care occasionally.
- Allow reasonable time for medical appointments or other related obligations. Soldiers whose Family members have disabilities have a responsibility to make sure they are aware and prepared to handle the special needs of that Family member when the primary caregiver is not able.

Here are some other general suggestions that can help prevent Soldiers from receiving assignments that will not meet the needs of their special needs Family members:

- Ensure your NCOs and Officers are aware of the Exceptional Family Member Program and are making necessary referrals to the unit Family Readiness Officer and the EFMP Coordinator.
- Ask the installation EFMP Coordinator to provide an EFMP briefing to your Soldiers. If no Coordinator is available contact the EFMP manager and ask to receive EFMP literature.
- Ensure all Soldiers with special needs Family members complete or are maintaining their Family Care Plans.
- Ensure proper assignment coordination. As the sending Commanding Officer/Leader it is important that you talk to the Soldier about whether or not adequate medical or mental health services exist in the area to support the Family member. If the Soldier and his Family member are having to travel over 50 miles several times a month to seek specialty care then you should question whether there may be another location, near a major medical facility, that might better serve the Family member's needs. When PCS orders or a Humanitarian Transfer are unavailable, the Soldier always has the option of accepting an assignment while the Family is supported in another location.
- Ensure situational awareness, within the limits of confidentiality and privacy, pertaining to the Soldier's Family's needs, at all levels of the Chain of Command.

What to Avoid

By not opening the door to communication with your Soldiers who have special needs you create an environment where Soldiers can't come to you to talk to you about their current problems and the need for additional support. Empathy and trust

are important to Guard Families with special needs. They know you haven't necessarily walked in their shoes but a certain level of compassion and understanding are necessary to build a healthy foundation for trust and open communication. Here are some things that may destroy trust in their Chain of Command, close the lines of communication, and deter other Soldiers with similar issues from approaching their leaders:

- **Asking too many questions:** Because of the Privacy Act, a Soldier is not required to disclose any of their Family member's medical information or diagnosis. If the Soldier volunteers information that's fine, but don't ask or direct the Soldier to share his Family member's medical information. If you have any questions as to the type of assistance that might be needed, or what the EFMP Coordinator can provide, then please stop by or call your assigned installation EFMP Coordinator.
- **Inappropriate comments**: Avoid comments such as "I've been in your shoes" or "I know what you're going through" or "I know someone who has a Family member with a disability and he…" Most likely your personal experiences are not the same as the particular situation or needs of the Soldier unless your own immediate Family member has the exact same medical condition or daily needs.
- **Breaking confidence:** Telling personnel who do not have a need to know, making the Soldier and the Family's situation a source for unit gossip.
- **Inaction:** Ignoring the issues and hoping they will go away.
- **Delaying**: Delaying a necessary referral to the EFMP Coordinator.

What to Expect After Taking Action

- Most Soldiers will enroll in EFMP when they understand how it will help the readiness of both themselves and their unit.
- Most program-eligible conditions are those that are lifelong conditions, so leaders should not expect the level of support needed to change significantly over time, but assistance should help alleviate some of the associated stress and improve the Soldier's personal readiness. You should continue to keep lines of communication open and either check with the Soldier directly or talk with leaders in his chain of command.

Troubleshooting

As leaders it is important to be proactive on behalf of the Soldier instead of reactive. Spending time talking to your Soldier, learning generally about their Family, and in particular the needs of special needs Family members (within the limits of the Privacy Act) sends a positive message of support. However, when a Soldier doesn't enroll, doesn't listen to your recommendations regarding communicating with the EFMP Coordinator and significant problems still exist that are affecting the Soldier's personal readiness, then further action is needed:

- Refusal: If the Command is aware that the Soldier and the NCO or OIC has identified that there is a Family member with an enrollment condition and the responsible Soldier understands the mandatory requirement for enrolling in

the EFMP and refuses to enroll then after they have received initial counseling and follow-on sessions, official counseling should be considered and possible punitive action, such as NJP, for failure to obey (ART. 92. UCMJ). Non-judicial punishment is at the Commanding Officer's discretion.

- During initial counseling and follow-on sessions leaders should convey their concerns to the Soldier about the Family member's medical needs not being considered during assignments if the Soldier does not enroll and subsequent hardship on the Family member and the entire Family if they cannot get the medical help and support they require at a gaining Command and the possible costs to the Army.
- It is highly unlikely that a Soldier will not enroll after initial counseling. Headquarters Department of the Army EFMP is not aware of any Soldiers actually receiving NJP for not enrolling since the program's implementation in 1987.
- Unfortunately there have been cases when Soldiers have neglected the special needs Family member. As a leader, if you identify or are notified that a Soldier is abusing or neglecting a exceptional Family member then you are obligated by law to report the Soldier to the appropriate authority i.e. military police, Social Work Services, Family Advocacy Program or Child Protective Services immediately upon identification.
- Follow-up regularly with the Soldier and encourage open communication at all levels in the Chain of Command.
- If the Soldier is still requesting excessive amounts of time off to take Family member to appointments then ask if they have spoken to the EFMP Coordinator about assignments that may better meet the needs of his Family member.
- Ask the EFMP Coordinator to provide EFMP presentations or materials to distribute at least bi-annually.
- Communicate regularly with squad and platoon Commanders and emphasize the need for Soldiers to be enrolled in the EFMP who have special needs Family members and have them complete Family Care Plans that will clearly address who will care for the Family members in their absence (deployments, training exercises etc). Having Family Care Plans completed is especially critical for our single Soldier parents who have custody of their special needs child. The person who will be caring for the child in their absence should be fully aware of what the child's medical plan of care is, have a list of their medications, dosages, physician's and therapist's contact information and know important details that will help them care for the child.

Resources

Military OneSource: 1-800-342-9647

SITUATION: Domestic Abuse

General Information

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Definitions

Domestic Abuse is (1) domestic violence or (2) a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person of the opposite sex who is: (a) a current or former spouse; (b) a person with whom the abuser shares a child in common; or (c) a current or former intimate partner with whom the abuser shares or has shared a common domicile.

Domestic Violence is an offense under the United States Code, the Uniform Code of Military Justice, or state law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or a violation of a lawful order issued for the protection of a person of the opposite sex, who is: (a) a current or former spouse; (b) a person with whom the abuser shares a child in common; or (c) a current or former intimate partner with whom the abuser shares or has shared a common domicile.

Overview

Soldiers believe in respect of themselves and others. Domestic abuse is incompatible with readiness, the maintenance of high standards of performance, and military discipline. The fewer Soldiers involved in domestic abuse, the less time all levels of the chain of command have to spend on investigations, measures to protect victims, and rehabilitation programs for offenders. Thus, the Army National Guard's policy is to prevent and eliminate domestic abuse from the ranks of the Guard. Domestic abuse affects the entire Family, is preventable, and is often treatable if addressed promptly and comprehensively. When responding to domestic abuse incidents, the Guard operates as a coordinated community response that recognizes the importance of bringing together all the critical responders to provide safety to victims, hold abusers accountable for their behavior and coordinate activities with civilian agencies and organizations whenever appropriate and possible.

Risk Factors

Although certain risk factors may make a person more likely to commit abuse or be a victim of abuse, risk factors alone **do not cause** domestic violence. Many experts believe that domestic violence is a learned behavior reinforced by society or culture. Many Soldiers and their Family members who experience risk factors cope well and are not abusive to their spouses or children. Risk factors that are commonly associated with domestic abuse are:

- Holding attitudes that condone abusive behavior in relationships.
- Membership in a peer group that condones interpersonal violence as an acceptable means to an end.
- Engaging in verbal arguments that escalate to include name-calling and ridiculing.

- Living with unresolved and chronic marital conflict.
- Social isolation or lack of social support.
- Witnessing domestic violence as a child.
- Living with unresolved and chronic stress coupled with poor coping skills.
- Substance Abuse.
- Depression or other mental health diagnosis.
- Financial problems.
- Unemployment of the civilian spouse (stronger risk factor for unemployed civilian males married to female Soldiers).
- Using violence in other areas of life.

Why Soldiers may not seek help on this issue

- Fear of negative career consequences.
- Fear of negative or ridiculing peer group reaction.
- Fear of escalating abuse especially if outside agencies or supervisors become involved.
- Fear of not being believed or supported by supervisor or command.
- Denial of the problem or minimization of the abuse as normal or not that bad.
- Blames the partner for the abuse (his/her problem, not mine).
- Fear that reporting may result in loss of children, partner, status, etc.
- Has little confidence in advocacy or helping services to make a difference or to provide safety.

Prevention

The command role in prevention is to establish a climate that confronts the beliefs and values that cause and reinforce domestic abuse, to establish clear standards for personal behavior, and to hold offenders accountable. Army Community Services (ACS) offers classes, workshops and seminars on a wide-variety of topics relevant to supporting the command role. The leadership role is critical in establishing organizational climate. Bringing ACS programs into the units can be a powerful tool in preventing problems that detract from the mission. More specifically unit leaders can:

- Ensure that all unit leaders and supervisors are trained in recognizing domestic abuse and know how to access services.
- Clearly model, communicate, and reinforce how Army values also apply to intimate relationships.
- Make seeking assistance before problems arise the organizational norm.
- Encourage and allow time for Soldiers and their Families to participate in prevention programs.
- Place informational and educational brochures in common areas that are easily accessible.
- Bring ACS speakers to the unit to provide information on maintaining healthy relationships.
- Encourage Soldiers to seek counseling services before little problems become big problems.

- Do not allow rumor, innuendo, or ridicule become a barrier for those seeking help.
- Get to know the victim advocate and Family Advocacy Program (FAP) staff nearest you.
- Create a climate that encourages Soldiers to support one another and do the right thing by reporting all incidents of domestic abuse to the proper authorities.

Battle Drill

A. Risk of Escalation

Overview

A Soldier might be at risk for either committing abuse or becoming a victim of abuse if any of the risk factors noted in the previous section become evident. Again, risk factors do not cause abuse but if risk factors are compounded with a belief that violence is a legitimate means to an end and acceptable in intimate relationships or the perception that someone else is to blame for one's actions or that one deserves abuse, then domestic abuse is much more likely.

Low Level/Low Risk counseling services are available for Families involved in domestic disturbances that indicate risk for domestic violence. The goal is to reduce the incidents and severity of incidents by encouraging self-referral and participation in services as early as possible. To be eligible for participation in low level/low risk services, the referral incident must be a first time report and result in no or very minor physical injury. Additionally, both parties involved in the incident must be interested in getting help. In addition the command, Family Advocacy Program Manager (FAPM), and case manager must support the recommendation to classify the incident as low level/low risk.

Counseling Services at Soldier and Family Services provides individual, marriage, and Family counseling as needed. Services are intended to be solution-focused on well defined problem areas amenable to brief intervention and rehabilitation, such as adult adjustment issues, crisis intervention, academic and occupational problems, parent-child communication, grief and loss issues, and nonviolent marital problems. Licensed clinical providers assist clients to identify and clarify the nature and extent of their problems based on their initial assessment, and to develop a collaborative plan for solving problems.

What to Look For

- Supervisors or peers may overhear, observe, or become aware of escalating arguments or other marital conflict.
- Soldier may not be performing up to standard, appear preoccupied with personal matters, or may come in late or ask for time off more frequently. When asked about problems, may give vague, defensive, or angry responses.
- Soldier may avoid going home, complain about spouse/partner, or refer to spouse/partner in excessively derogatory terms.
- Soldiers who have been the target of abuse may try to cover or camouflage injuries.
- Soldier may be having problems in a wide variety of areas; financially, job performance, peer relationships, anger control, general coping skills, substance use.

What to Do

- Talk to the Soldier in private about observations. Inquire if problems at home are impacting performance. Convey support for getting help and inform the Soldier of options.
- Strongly encourage participation in prevention programs and classes offered through ACS that deal with the identified problem areas. Ensure the Soldier is aware of the services ACS One-Source provides. Convey expectation that issues will be dealt with appropriately.
- Encourage Soldier to talk to a chaplain or other trusted professional if appropriate.
- If abuse is identified, refer the Soldier to the Family Advocacy Program (FAP). Ensure the victim, whether AD or civilian, is offered Victim Advocacy services through FAP. Follow guidelines in Report of Incident.

What to Avoid

- Ignoring observations, letting problems continue or to get worse.
- Not taking the problem seriously or minimizing concerns.
- Supporting perceptions that convey that abusive behaviors are justified or appropriate.
- Joining in negative comments about Marine's spouse/partner.
- Forming conclusions about a particular situation before having enough information.
- Refusing to give the Soldier time off to attend prevention programs when the need is clearly indicated.
- Holding the belief that domestic abuse is a private affair and failing to ask if abuse is occurring.

What to Expect After Taking Action

- Most Soldiers will follow through with recommendations to seek assistance, participate in prevention programs, or see a chaplain if supported to do so.
- Most Soldiers want to get back to work and up to speed as quickly as possible and do not want to be identified as needing extra assistance. Handling issues discreetly and respectfully is important. Leaders can offer support by promoting prevention as necessary to maintain readiness and similar to any type of military training which requires pacing and practice in order to be successful.
- Soldier may experience embarrassment about asking for help and may need encouragement to follow-through with recommendations.
- If abuse has occurred and Family Advocacy Program (FAP) is involved, leaders can expect frequent communication and involvement with that office.

Troubleshooting

- Some Soldiers may deny there is a problem, minimize issues, or refuse to participate in recommended services. This may be an indication that more serious problems are occurring and may require more active involvement from leaders.
- Soldier may not be showing any signs of improvement or problems may escalate after participation in a prevention program. Leaders may want to consult with

FAP staff, chaplain, or clinical counseling staff to determine if another course of action might be appropriate.

Resources

Military OneSource: 1-800-342-9647

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

National Domestic Violence/Child Abuse/Sexual Abuse: 1-800-799-SAFE(7233); 1-800-787-3224

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Covenant House Hotline: 1-800-999-9999

Domestic Violence Hotline: 1-800-829-1122

B. Suspicion of Incident

Overview

Most victims and offenders are reluctant to report domestic abuse due to a multitude of factors. Most do not report primarily because of fear of negative career impact, fear of escalating violence, minimization and denial of abuse, belief that abuse is acceptable, or lack of confidence in helping agencies. This means leaders may have to rely on suspicions of domestic abuse in order to determine a course of action. Recognizing signs of abuse are extremely important considering leaders are required to report all reasonable suspicions of domestic abuse to the proper authorities.

What to Look For

- Supervisors/peers may overhear, observe, or become aware of escalating arguments or other marital conflict that indicates intentional non-accidental use of physical force has occurred.
- Soldier offenders or victims may not be performing up to standard, seem preoccupied with personal matters, or may come in late or ask for time off more frequently. When asked about problems, they may give vague, defensive, or embarrassed responses.
- Offenders or victims may also be top performers, appear highly controlled, and may become defensive and angry if asked about personal problems.
- Soldier may avoid going home, complain about spouse/partner, or refer to spouse/partner in excessively derogatory terms. May make comments that indicate violence has occurred or fear of violence exists.
- Soldier never brings spouse to unit events, appears socially isolated, or restricts spouse's access to military benefits or sources of support. May refuse assistance or access to spouse.
- Soldiers who have been the target of abuse may try to cover or camouflage injuries, may be reluctant to change clothes in front of others, or avoid participating in unit PT that might reveal injuries.
- Soldier victims may give explanations for injuries that seem implausible or seem to have frequent unexplained injuries. Injuries to the face or defensive injuries to the extremities are particularly concerning.
- Soldier offenders may boast about abusive behavior, make threatening remarks, or make comments indicating that using violence against a spouse or intimate partner is justified.
- Soldier or spouse/partner may seem excessively jealous and controlling.

What to Do

Talk to the Soldier in private about concerns but avoid becoming confrontational, be specific about what you have observed. If inquiry does not support that abuse is occurring or has occurred but other issues are impacting performance, convey support for getting help and offer options.

- If abuse has not occurred, options include strongly encouraging participation in prevention programs and classes offered through ACS that deal with the identified problem areas.
- Convey expectation that issues should be dealt with appropriately. Encourage Soldier to talk to a chaplain or other trusted professional if appropriate.
- Refer the Soldier to ACS One-Source for face-to-face support with a counselor and to obtain other resources.
- If you suspect abuse, refer the Soldier to Family Advocacy and notify the proper authorities. Ensure the victim, whether AD or civilian, that victim advocacy services are offered through the Family Advocacy Program (FAP).
- Follow the guidelines in Report of Incident.

What to Avoid

- Waiting to report abuse to proper authorities even when only a reasonable suspicion exists.
- Delaying action may mean more serious abuse may occur.
- Launching an investigation without collaborating with law enforcement, legal, and FAP or activating the coordinated community response.
- Although exploring a suspicion of abuse by talking to the Soldier and supervisors is appropriate, conducting an investigation without other agency involvement can put the victim at risk for escalating violence and may contaminate evidence.
- Ignoring observations, letting problems continue or get worse.
- Not taking the problem seriously or minimizing concerns, joining with the alleged offender in blaming the victim for the abuse.
- Supporting perceptions that abusive behavior in an intimate relationship is justified or appropriate in some situations.
- Forming conclusions about a particular situation before having enough information or believing the alleged offender just because he/she is the active duty member.
- Not consulting with FAP, legal, or other authorities before deciding on a course of action.
- Holding the belief that domestic abuse is a private affair and failing to ask if abuse is occurring.

What to Expect After Taking Action

- If the suspicion is not supported, but concern still exists that the Family is at risk, most Soldiers will follow through with recommendations to seek assistance, participate in prevention programs and classes, or see a chaplain if supported to do so.

- If the suspicion is supported and a Family Advocacy Program (FAP) referral is made and authorities are notified, leaders can expect many of the same reactions noted in the section Report of Incident.
- Soldiers may minimize, deny, and blame their spouse/partner for suspicious injuries or behavior. It is important not to form a conclusion until information is obtained from other sources, in particular from the spouse if possible. Enlisting the assistance of Provost Marshall or civilian law enforcement Staff Judge Advocate, and the Victim Advocate at FAP might be useful in trying to determine if a more in-depth assessment or investigation is warranted.
- Even when abuse is not occurring, many people are reluctant to discuss their personal lives with supervisors and may not disclose the full story. Often commanders are only getting the tip of the iceberg.

Troubleshooting

- Some Soldiers may deny there is a problem, minimize issues, or refuse to participate in recommended services. This may be an indication that more serious problems are occurring and may require more active involvement from leaders.
- Soldier may not be showing any signs of improvement or problems may escalate after intervention. Leaders may want to consult with Legal, Family Advocacy staff, chaplain, or Clinical Counseling staff to determine if another course of action might be appropriate.
- In either circumstance noted above, leaders may consider disciplinary action.

Resources

Military OneSource: 1-800-342-9647

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

National Domestic Violence/Child Abuse/Sexual Abuse: 1-800-799-SAFE(7233); 1-800-787-3224

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Covenant House Hotline: 1-800-999-9999

Domestic Violence Hotline: 1-800-829-1122

C. Report of Incident

Overview

Most reports of domestic abuse come from military or civilian law enforcement or the Military Treatment Facility (MTF). However, some Soldiers or their Family members may self-report either to the command or Family Advocacy. Regardless of the source of the report, activating the coordinated community response (PMO, FAP, MTF) is essential to ensure victim safety. If the Soldier is not assigned to an installation or is on independent duty, leaders will need to interface with civilian law enforcement and domestic violence resources to ensure the safety of all involved. In order to help with investigation, you will want to document any of the following you have noticed:

What to Look For

- Indications of non-accidental use of physical force: pushing, shoving, grabbing, kicking, blocking exit, restraining, hitting, slapping, biting, threatened use or use of a weapon, etc.
- Indications of emotional abuse: isolating from social support, threatening to harm or actually harming pets or loved ones, throwing things, destroying property, ridiculing, berating, excessive jealousy, stalking, refusing access to medical care, financial resources, or military benefits.
- Indications of sexual assault or rape.
- Indications of neglect of basic necessities, if spouse is unable to care for self due to illness or extreme cultural barriers.

What to Do

- Follow the protocols outlined in USD Policy Memo dated 3 Feb 04 on Domestic Abuse Response and Intervention Training for Commanding Officers and Senior Enlisted Personnel.
- If the incident has not been reported to proper authorities, report information to the Provost Marshall's Office (PMO) and Family Advocacy Program (FAP) or civilian law enforcement authorities.
- Ensure the victim has been offered a Victim Advocate through FAP or local domestic violence resources and has received medical attention if appropriate.
- Ensure a safety plan is in place for all Family members.
- Issue a Military Protective Order (MPO) if appropriate.
- Ensure the Soldier involved, whether as the alleged victim or offender, is seen by FAP within 24 hours of the report if possible or the next duty day if the incident occurs on the weekend or holiday.
- Monitor alleged offender for suicidal/homicidal risk.
- If there are weapons in the home, ensure PMO removes the weapons until safe for all involved can be assessed and assured.
- Ensure the unit command representative to the Case Review Committee (CRC) is informed of the incident.

- At duty stations without a FAP, report the abuse to the designated Family Advocacy Program Officer (FAPO) and appropriate civilian law enforcement.
- The FAPO is a field grade officer or above who is appointed by the Installation Commander to act as the command representative on issues related to domestic abuse.
- Ensure victims of abuse are informed of benefits under the Transitional Compensation Program.

What to Avoid

- Forming conclusions about an incident before all the information is obtained.
- Obtaining information only from the Soldier involved.
- Assuming emotional abuse should not be taken seriously. Physical abuse is almost always accompanied by emotional abuse. Even when physical abuse stops, if the offender has not been in treatment, emotional abuse can continue with devastating impact to the victim.
- Not activating the coordinated community response by notifying the other agencies such as law enforcement or FAP.
- Appointing or sending a command representative to the CRC who has not been trained in domestic abuse.
- Delaying to offer a Victim Advocate to the victim until after the investigation or assessment.
- Not holding the offender accountable for his/her actions.

What to Expect After Taking Action

- After an incident is reported, command can expect a thorough assessment by the FAP and PMO or Civilian Law Enforcement Agencies.
- As part of the assessment and investigation, it is not uncommon for conflicting information to surface from the alleged victim and offender.
- Victims will sometimes recant or ask for reconciliation especially if they fear retaliation from the offender or fear they will lose their income or benefits. Recantation alone should not be used to determine if a victim is telling the truth.
- Offenders often deny, minimize or blame the victim for the abuse. They can appear cool, calm, collected, and in control. Some may claim self-defense even when they have received no injuries.
- Victims can react with anger, confusion, and accusations toward command. Although this can be a challenge to command, a victim's behavior should not detract the command from holding the offender accountable for their behavior.
- Once the assessment is completed, Family Advocacy will be in regular contact with the command to provide ongoing information about the assessment and any recommended treatment.
- The incident will go before the Case Review Committee (CRC) (within 30 days of the initial investigation for status determination.
- The command representative, as a voting member of the CRC, will be required to attend the CRC or the incident will be tabled.

- The CRC will notify the command in writing within 7 days of the CRC of the case status determination and treatment recommendations.
- FAP relies on the command to support treatment recommendations.
- If the incident is substantiated, the CRC will review the case every three months.

Resources

Military OneSource: 1-800-342-9647

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

National Domestic Violence/Child Abuse/Sexual Abuse: 1-800-799-SAFE(7233); 1-800-787-3224

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Covenant House Hotline: 1-800-999-9999

Domestic Violence Hotline: 1-800-829-1122

SITUATION: Child Maltreatment

General Information

Definitions

Child Maltreatment (abuse or neglect) is the physical or sexual abuse, emotional maltreatment, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is interfamilial or extra familial, under circumstances indicating that the child's welfare is harmed or threatened. Such acts by a sibling, other Family member, or other person shall be deemed to be child maltreatment only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent. Sexual activity between parent/step-parent and same sex child is treated as incest, not homosexuality. Sex between siblings, where there is a five-year age difference, is considered incest.

Overview

Soldiers believe in respect for themselves and care for their children. Child maltreatment is incompatible with readiness, the maintenance of high standards of performance, and military discipline. The Army National Guard has zero tolerance for Soldiers involved in child maltreatment and will hold offenders accountable. Thus, the Director's policy is to prevent and eliminate child maltreatment from the National Guard. Abuse of a child, impacts the entire Family, is preventable, and is often treatable if addressed promptly and comprehensively. If left unreported or ignored, child victims can suffer for a lifetime and the prestige of the Guard is tarnished. When responding to child maltreatment incidents, the ARNG operates in a coordinated community response that recognizes the importance of bringing together all the critical responders to provide safety to victims, hold abusers accountable for their behavior, and coordinate activities with civilian agencies and organizations whenever appropriate and possible.

Risk Factors

Although certain risk factors may make a person more likely to commit child maltreatment, risk factors alone **do not cause** a parent or caretaker to abuse a child. Many experts believe that child maltreatment is a learned behavior reinforced by society or culture and is often precipitated by stress and compounded by social isolation. Many Soldiers and their Family members who experience risk factors cope well and are not abusive to their children. Risk factors that are commonly associated with child maltreatment are:

- Holding attitudes that condone child maltreatment as appropriate discipline.
- Growing up in an abusive home and seeing abuse as normal and acceptable.
- Lacking skill or knowledge in the proper care of infants and children.
- Holding unrealistic expectations for children at certain ages.

- Parent or caretaker who is depressed or suffering from a serious mental health disorder.
- Social isolation or lack of social support.
- Living with unresolved and chronic stress coupled with poor coping skills.
- Abusing substances.
- Cultural beliefs that endorse abusive behaviors.
- Financial problems.
- Having a special needs child or a child that is perceived as difficult.

Why Soldiers May Not Seek Help

- Fear of negative career consequences.
- Fear of negative and/or ridiculing peer group reaction if they ask for help.
- Fear of losing their children.
- Denial of the problem or minimization of the abuse as normal or not that bad. Seeing nothing wrong with the way they are treating their children.
- Blaming the child for the abuse.
- Having little confidence in advocacy or helping services to make a difference or to provide safety.

Prevention

The command role in prevention is to establish clear standards for personal behavior, provide early detection of potential problems and intervention before abuse occurs, and to hold offenders accountable. Army Community Services (ACS) offers classes, workshops and seminars on a wide-variety of topics relevant to supporting this role. The New Parent Support Program (NPSP) is a proactive home visitation program geared toward preventing child maltreatment. A wide range of services, including home visitation, are provided to expectant Soldier Families, or those who have young children up to the age of six. Leadership is critical in establishing an organizational climate that promotes participation in prevention programs without prejudice. Allowing Soldiers and their Families to participate in prevention programs that teach healthy parenting and address areas of risk can be powerful tools in preventing child maltreatment. More specifically commanders can:

- Ensure that all unit leaders and supervisors are trained on child maltreatment and know how to access services.
- Clearly model, communicate, and reinforce how the Army Core values apply to parent-child relationships
- Encourage and allow time for Soldiers and their Families to participate in prevention programs.
- Make seeking assistance, before problems arise the expected organizational norm.
- Place informational/educational brochures available through ACS in common easily accessible areas.
- Publicize and promote ACS One-Source as an important resource.

- Utilize speakers available through ACS to provide information on successful and effective parenting by asking them to speak at the unit.
- Do not allow rumor, innuendo, or ridicule to become barriers for those seeking help.
- Get to know the New Parent Support Program (NPSP), Family Advocacy Program (FAP) personnel and other resources on your installation that serve parents and children. If you are not assigned to an installation, get to know the resources in the civilian community. Many hospitals, churches, schools, and health departments have programs that support parents.
- Ensure all new parents are aware of the food supplement program, Women, Infants, and Children (WIC).
- Create a climate that encourages Soldiers to support one another and do the right thing by reporting all incidents of child maltreatment to the proper authorities.

Battle Drill

A: Risk of Escalation

Overview

A Soldier Family might be at risk for child maltreatment if any risk factors become evident. Again, risk factors do not cause abuse but if risk factors are compounded with a belief that abuse of a child is a legitimate means of discipline or acceptable practice, then child maltreatment is much more likely to occur.

What to Look For

- Soldier may complain about being a parent or talk about feeling overwhelmed with childcare responsibilities.
- Supervisors and peers may overhear, observe, or become aware of stressors related to childrearing.
- There may be concerns that a child is not being properly cared for.
- Soldier may not be performing up to standard after the birth of a child, may seem preoccupied with Family matters, or may come in late or ask for time off more frequently to take care of issues related to the child.
- When asked about problems, may give vague, defensive, or angry responses.
- Soldier may refer to the child in excessively derogatory terms.
- Soldier never brings child to unit functions or activities.
- Soldier may be having problems in a wide variety of areas; financial, job performance, peer relationships, anger control, general coping skills, or substance use.

What to Do

- Talk to the Soldier in private about observations. Inquire if problems at home are impacting performance. Convey support for getting help and inform the Soldier of prevention programs and classes on an installation or in the civilian sector.
- Be aware that a full description of prevention programs and classes can be obtained from the installation Soldier and Family Services. Many installations have classes on personal financial management, couple's communication, stress management, anger management, parenting, and other life skill topics. Additionally, Army One Source is another important resource to identify community resources and programs.
- Strongly encourage participation in New Parent Support Program (NPSP) or other prevention programs and classes through ACS that deal with the identified problem areas. Convey the expectation that issues will be dealt with appropriately and fairly. Encourage the Soldier to talk to a chaplain or other trusted person if appropriate.
- If abuse is identified, refer the Soldier to the closest installation Family Advocacy Program (FAP) or contact the state or county Child Protective Services (CPS) if the Soldier is on independent duty or at a geographically separated unit.

- Ensure the victim and any other children in the home are medically examined.
- Follow guidelines in Report of an Incident.

What to Avoid

- Ignoring observations, letting problems continue or get worse.
- Not taking an identified problem seriously or minimizing concerns.
- Supporting perceptions that convey that abusive parenting is justified or appropriate.
- Forming conclusions about a particular situation before having enough information.
- Refusing to give the Soldier time off to attend prevention programs when the need is clearly indicated.
- Holding the belief that child maltreatment is a private affair and failing to ask if abuse is occurring.
- Failing to provide opportunities for young and experienced parents to get the skills they need.
- Failing to provide social support to young parents on the home front when their Soldiers deploy.

What to Expect After Taking Action

- Most Soldiers will follow through with recommendations to seek assistance and participate in prevention programs, such as New Parent Support Program (NPSP), when supported to do so.
- If more significant problems arise, handling issues discreetly and respectfully is important. Offer support by promoting prevention as necessary to maintain readiness and similar to any type of military training which requires pacing and practice in order to be successful.
- Soldier parents may experience embarrassment about asking for help and may need encouragement to follow-through with recommendations especially if they are ashamed that they cannot financially take care of their Families.

Troubleshooting

- Most Soldiers want to be effective parents but do not want to be singled out as needing extra assistance. Requiring all new Soldier parents to participate in any form of new parent education program eliminates the stigma.
- Some Soldiers may deny there is a problem, minimize issues, or refuse to participate in needed services. This may be an indication that more serious problems are occurring and may require more active involvement from leaders.
- Soldier may not be showing any signs of improvement or problems may escalate after participation in prevention programs. Leaders may want to consult with Family Advocacy Program (FAP) or New Parent Support Program (NPSP) staff to determine if another course of action might be appropriate.

Resources

Military OneSource: 1-800-342-9647

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Covenant House Hotline: 1-800-999-9999

National Domestic Violence/Child Abuse/Sexual Abuse: 1-800-799-SAFE(7233); 1-800-787-3224

Child Abuse Hotline: 1-800-342-3720

National Child Abuse Hotline: 1-800-25-ABUSE

ChildHelp USA National Child Abuse Hotline: 1-800-4-A-CHILD(422-4453)

National Youth Crisis Hotline: 1-800-442-HOPE(4673)

State Child Abuse Hotline: *http://www.childwelfare.gov*

Military Homefront: *www.militaryhomefront.dod.mil*

B: Suspicion of Incident

Overview

Many Soldiers are reluctant to admit child maltreatment is occurring for a multitude of reasons. Most do not report primarily because of fear of negative career consequences, fear of losing their children, minimization and denial of abuse, belief that abuse is acceptable, or lack of confidence in helping agencies. This means leaders may have to rely on suspicions of child maltreatment in order to determine a course of action. Recognizing signs of abuse are extremely important given leaders are required to report all reasonable suspicions of child maltreatment to the proper authorities.

What to Look For

- Supervisors and peers may overhear, observe, or become aware that child maltreatment may be occurring.
- Other sources, such as neighbors and childcare providers, may express concern to unit leaders indicating the child is not receiving routine medical/dental care or proper nutrition, is dressed inappropriately for the weather, is unsupervised at home, or seems to have frequent unexplained injuries or absences.
- Parent may not be performing up to standard, seem preoccupied with childcare matters, or may come in late or ask for time off more frequently because of child related issues. When asked about problems, may give vague, defensive, angry, or embarrassed responses.
- Soldier may become isolated, avoid bringing the child to unit Family functions, or talk about the child is in excessively derogatory or resentful terms.
- Parent may give explanations for injuries that seem implausible or child seems to have frequent unexplained injuries.
- Offending parent may boast about abusive behavior, make threatening remarks to anyone who attempts to intervene, or make comments indicating that using abuse against children is justified.

What to Do

- Talk to the Soldier in private about concerns but avoid becoming confrontational. When sharing concerns or observations, try to be specific about what you have observed or what has been reported to you.
- If inquiry does not support that abuse is currently occurring or has occurred in the past but other issues are impacting performance, convey support for getting help and refer to resources.
- If abuse has not occurred but there seems to be some risk in the future, options include strongly encouraging participation in prevention programs such as New Parent Support Program (NPSP) or prevention programs and classes that deal with the identified problem areas. Convey expectation that issues will be dealt with appropriately and fairly. If not assigned to an installation, encourage the

Soldier to utilize services and programs in the civilian sector or access Army One-Source.

- If abuse is identified, report the incident to the installation Family Advocacy Program (FAP). If the Family is not assigned to an installation, notify the command or assigned FAP Officer (FAPO) and the local Child Protective Services (CPS). This is a command responsibility if the Soldier involved is assigned to independent duty or a geographically separated unit.
- Ensure the victim and any other children in the home are medically examined and a safety plan is in place. Consider issuing a Child Removal Order if warranted. If the child is in immediate danger, contact military or civilian law enforcement depending on where the child is located at the time of the abuse. If the incident is occurring on the military installation, contact the military law enforcement. If the incident is occurring off the installation, contact the local law enforcement by calling 911.
- Follow the guidelines in Report of Incident.

What to Avoid

- Waiting to report maltreatment to proper authorities even when a reasonable suspicion exists. Delaying action may mean more serious abuse will occur.
- Launching an investigation without collaborating with law enforcement, legal, and Family Advocacy Program (FAP) or activating the coordinated community response. Although exploring a suspicion of maltreatment by talking to the Soldier and supervisors is appropriate, conducting an investigation without other agency involvement can put the victim at risk for escalating violence and contamination of evidence.
- Ignoring observations, letting problems continue or get worse.
- Not taking the problem seriously, minimizing concerns, or avoiding getting involved.
- Supporting perceptions that abusive behavior is justified or appropriate in some situations, especially if the child is difficult to handle.
- Forming conclusions about a particular situation before having enough information or believing the alleged offender just because of active duty status.
- Not consulting with Family Advocacy Program (FAP), legal, or other authorities before deciding on a course of action.
- Holding the belief that child maltreatment is a private affair and failing to ask if abuse is occurring.

What to Expect After Taking Action

- If the suspicion is not supported, but concern still exists that the Family is at risk, most Soldiers will follow through with recommendations to seek assistance, participate in prevention programs, or access services in the civilian sector if supported to do so without prejudice and as a matter of readiness.
- If the suspicion is supported, and a FAP referral is made and authorities are notified, leaders can expect many of the same reactions noted in the section Report of Incident.

- Soldiers may minimize, deny, and blame their child for suspicious injuries or behavior. It's important not to form a conclusion until information is obtained from all sources that have observed the parent-child relationship, in particular the Family Advocacy Program (FAP) and Child Protective Services (CPS) if these agencies are involved. Enlisting the assistance of the Provost Marshall's Officer or equivalent civilian law enforcement agency and the Staff Judge Advocate (SJA) might be useful in trying to determine if a more in-depth assessment or investigation is warranted.
- Even when abuse is not occurring, many people are reluctant to discuss their personal lives with supervisors and may not disclose the full story or feel comfortable asking for help.

Troubleshooting

- Some Soldiers may deny there is a problem, minimize issues, or refuse to participate in recommended services. This may be an indication that more serious problems are occurring and may require more active involvement from leaders.
- Soldier may not be showing any signs of improvement or problems may escalate after intervention. Leaders may want to consult with Staff Judge Advocate (SJA) or Family Advocacy to determine if another course of action might be appropriate.
- In either circumstance noted above, leaders may consider disciplinary action.

Resources

Military OneSource: 1-800-342-9647

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

Boys Town Suicide and Crisis Line: 1-800-448-3000; 1-800-448-1833

Covenant House Hotline: 1-800-999-9999

National Domestic Violence/Child Abuse/Sexual Abuse: 1-800-799-SAFE(7233); 1-800-787-3224

Child Abuse Hotline: 1-800-342-3720

National Child Abuse Hotline: 1-800-25-ABUSE

ChildHelp USA National Child Abuse Hotline: 1-800-4-A-CHILD(422-4453)

State Child Abuse Hotline: *http://www.childwelfare.gov*

National Youth Crisis Hotline: 1-800-442-HOPE(4673)

Military Homefront: www.militaryhomefront.dod.mil

C. Report of Incident

Overview

Most reports of child maltreatment come from military or civilian law enforcement or the Military Treatment Facility, although a fair number come from concerned neighbors and childcare providers. Some Soldiers or their Family members may self-report either to the command or Family Advocacy. Regardless of the source of the report, activating the coordinated community response (Civilian Law Enforcement Agency, or Provost Marshall's Office, Family Advocacy Program, Medical Treatment Facility) is essential to ensure the victim and any other children are adequately assessed and that a safety plan is in place. When a report is received, the first priority is to ensure safety for all those involved.

What to Look For

- Official report is received from Provost Marshall's Office (PMO), Civilian Law Enforcement Agency or Family Advocacy Program (FAP).
- Report by victim or others is made to an official agency or to the command.
- Admission by perpetrator.
- Other incident reports that suggest abuse or neglect may have occurred, such as when they contain the following:
    - Indications of non-accidental use of physical force: pushing, shoving, grabbing, kicking, restraining, hitting, slapping, biting, hair pulling, shaken baby syndrome, threatened use or use of a weapon, etc.
    - Indications of emotional abuse: isolating from normal developmental activities, threatening to harm or actually harming pets or loved ones, throwing things, destroying property, ridiculing, berating, etc.
    - Indications of child sexual assault, rape, or incest.
    - Indications of neglect of basic necessities: food, clothing, medical/dental care, education, and supervision.

What to Do

- If the incident has not been reported to proper authorities, report information to Provost Marshall's Office (PMO) or Civilian Law enforcement Agency and the Family Advocacy Program (FAP) or the local Child Protective Services (CPS). Notifying CPS is a command responsibility if the Soldier involved is assigned to independent duty or at a geographically separated unit.
- If the incident involves serious injury or death, or institutional child abuse, the FAP Manager must notify CMC (MRRO) by telephone within 24 hours. This is a command responsibility if the Soldier involved is assigned to a geographically separated unit or is on independent duty.
- Ensure the victim and all other children in the Family are medically examined if appropriate.
- Ensure a safety plan is in place for all the children.
- Issue a Child Removal Order (CRO) if appropriate.

- Ensure the Soldier involved is seen by FAP within 24 hours of the report if possible or the next duty day.
- If there are weapons in the home, ensure Law Enforcement removes the weapons until safety for all involved can be assessed and assured.
- Ensure the command representative to the Case Review Committee (CRC) is informed of the incident.
- Ensure the incident is fully investigated and the Soldier and Family members are assessed. In particular if a new mother appears to be suffering from post-partum depression, ensure she is medically assessed as soon as possible.
- At duty stations without a FAP, report the abuse to the designated Family Advocacy Program Officer (FAPO), the appropriate law enforcement agency, or Child Protective Services (CPS). Notify the local law enforcement agency in the county or city where the child resides or the abuse is occurring.

What to Avoid

- Forming conclusions about an incident before all the information is obtained.
- Obtaining information only from the Soldier involved.
- Assuming emotional abuse should not be taken seriously. Although the injury is not visible as in physical abuse, emotional abuse can have long-lasting psychological consequences for child victims. Even when physical abuse stops, if the offender has not been in treatment, emotional abuse such as name-calling, berating, terrorizing through threats of abuse or abandonment can continue with devastating impact to the victim.
- Not activating the coordinated community response by notifying the other agencies such as PMO or FAP and ensuring all children in the home are properly assessed.
- Appointing or sending a command representative to the Community Response Coordinator (CRC) who has not been trained in child abuse awareness.
- Not holding the offender accountable for actions.

What to Expect After Taking Action

- After an incident is reported, command can expect a thorough assessment by the FAP, CPS, and law enforcement. On military installations DoD investigative agency may become involved in serious abuse cases and is involved in all child sexual abuse cases.
- As part of the assessment and investigation, conflicting information may surface from the parents or they may give an implausible or suspicious explanation for an injury.
- Victims will sometimes recant and/or ask to be reunited with their parents, especially if they fear retaliation from the offender or fear they or a parent will be removed from the home. Recantation alone should not be used to determine if a victim is telling the truth.
- Offenders often deny, minimize or blame the victim for the abuse. They can appear cool, calm, collected and in control.

- Victims can react with fear, anger, confusion, and cling to an abusive parent. A victim's behavior should not detract the command from holding the offender accountable for unacceptable behavior.
- Once the assessment is completed, Family Advocacy will be in regular contact with the command to provide ongoing information about the assessment and any recommended treatment.
- The incident will go before the Case Review Committee (CRC) within 30 days of the initial investigation for incident status determination.
- A command representative, as a voting member of the CRC, will be required to attend the CRC or the incident will be tabled.
- The CRC will notify the command in writing within 7 days of the CRC of the status determination and treatment recommendations.
- Family Advocacy relies on the command to support treatment recommendations.
- If the incident is substantiated, the CRC will review the case every three months.

Troubleshooting

- A major challenge for command especially during high optempo is to monitor the Soldier's participation in treatment. Regularly communicating with the Family Advocacy Program (FAP) and ensuring the command representative attends all Case Review Committee (CRC) meetings will assist the command to stay abreast of important changes.
- Although the Soldier may be in treatment, a spouse may refuse to participate. This can be extremely frustrating for the Soldier and impede progress. Encouraging the Soldier to focus on personal treatment goals will help the Soldier to be successful.
- The child maltreatment may take time to resolve and subsequent incidents may occur. Attention to safety throughout the time the case is open is critical to ensure that the children remain safe from further abuse. Treatment alone is rarely a sufficient safety plan. Some type of monitoring is a necessary component of any type of safety plan.

Resources

Military OneSource: 1-800-342-9647

National Suicide Prevention Hotline: 1-800-273-TALK (8255)

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State Child Abuse Hotline: *http://www.childwelfare.gov*

Military Homefront: *www.militaryhomefront.dod.mil*

SITUATION: Separation and Retirement

General Information

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Definitions

Separation. A general term which includes dismissal, dropping from the rolls, revocation of an appointment or commission, termination of an appointment, release from active duty, release from custody and control of the Army National Guard, or transfer from active duty to the: IRR, Retired List, Temporary or Permanent Disability List, or Retired Reserve and similar changes in an active or reserve status.

Retirement. The process of separating from the United States Armed Services after at least 20 years of satisfactory service, and as a result drawing appropriate pay, allowances, and benefits. Note: Reserve retirees do not receive pay until 60 years of age.

Overview

Separations and retirements can be either voluntary (SRB, retirement by choice, resignation by choice, non-renewal of current contract, ETS, etc.), or involuntary (administrative separation, twice passed over for promotion, mandatory retirement due to high year tenure, medical retirement, etc.). For many Soldiers, separation or retirement may be welcome or agreeable to them. However, for others, there may be ambivalence or outright resistance. Most Soldiers will get through this process without any problems, but some will not. This guide is for those Soldiers who are not adapting well to the separation process.

Don't treat retirement and retirement planning as a common occurrence. As we know Soldiers only get one shot to make the transition a smooth process so both Soldiers and their commands need to start early and massage everything along the way.

Risk Factors

The uncertainty involved in transition from military to civilian life can be stressful to almost anyone, but some Soldiers may have issues that increase the stress of that transition and their ambivalence toward separation or retirement, including:

- Being a Soldier has been more of their identity than they realized.
- Difficulty finding a job as separation/retirement approaches.
- Marital problems.
- Financial problems.
- Exceptional Family member.

Outright resistance will be more likely for Soldiers facing involuntary separation. Risk factors making this process worse may include all listed above in addition to:

- Adverse characterization of discharge.
- Physical or mental disability that may impair Soldier's ability to support self.

- Personality disorder.

Why Soldiers may not seek help on this issue

Soldiers may not seek help on any of the above issues for a variety of reasons. The most likely reason is that they are not confident that the command will act in what they perceive to be their best interest.

Prevention

Some type of command involvement can minimize most of the problems listed. For Soldiers who are voluntarily separating, proper adherence to the steps laid out in the DD Form 2648 will greatly ease the transition. In addition, the checklists will ensure that all milestones are hit in a timely manner. For Soldiers who are attempting to stay in the service against involuntary separation, it becomes more imperative that the commands are ensuring that all legislated actions are taking place and, if they are not, that the individual Soldier is held accountable. (Note: There are steps and checklists in the DD Form 2648. Soldiers should be contacting their commands for copies of the individual command checklists.).

Battle Drill

A. Soldier is ambivalent about voluntary separation or retirement

Overview

Many Soldiers may be ambivalent about leaving the service, especially if they have had many years of service, such as those facing mandatory retirement or those choosing to transition mid-career to civilian employment. They may be unsure of their future employment, or the military may have become their life and sole identity. In an attempt to put off separation, they may not conduct their final physical in a timely manner, or may not go to a transition seminar or some other required activity in the hopes that if they haven't done all of the required items, they will not be separated. They may become despondent and avoidant.

For many of the involuntary separations, Soldiers may have a non-compliant attitude towards the Army National Guard and feel as if they shouldn't be required to do anything since they are being forced out of the service.

What to Look For

- Reluctance to talk about impending separation/retirement.
- Failure to schedule a final physical.
- Failure to schedule and attend transition assistance workshop.
- Failure to manage leave prior to separation.
- Failure to notify Separations and Retirement branch about planned separation date.
- Failure of Soldier to actively participate in the separation process.

What to Do

- Some type of command involvement can minimize most of the problems listed. Try first to understand their ambivalence to separation and get them in touch with agencies that can help them solve the problems causing their ambivalence and move ahead.
- Proper adherence to the steps laid out in the DD Form 2648 will greatly ease the separation/retirement process. Much of the process is focused on transition assistance and is directed by current legislation), helping make sure they have the employment and resources they need to support themselves in the civilian world, as well as how to stay involved with the Guard, if they so desire. In addition, the checklists will ensure that all milestones are hit in a timely manner.
- Let your Soldier know you are there for them, and can assist as needed.
- Give your Soldier adequate time to take care of the many appointments and chores involved in the transition process. Reassign projects and work if possible. Reassure them that you have their best interests in mind.

- If your Soldier feels that they are somehow indispensable and the Guard cannot afford for them to leave, have them have them envision their hand in a bucket of water. When they pull their hand out, it will be wet at first, but will dry off quickly. However, the water in the bucket will hardly be changed – it will still look full, much the way the Guard has always looked after Soldiers have moved on: others quickly take our place, allowing us to be free to pursue other interests. That flexibility and stability are part of what makes the Guard so strong.

What to Avoid

- Not taking the problem seriously. Saying, "Is that all?"
- Giving simplistic advice by telling them, "All you have to do is…"
- Telling them to "suck it up" or "get over it."
- Ignoring the problem and hoping it will go away.

What to Expect After Taking Action

- Most Soldiers will respond appropriately to leadership involvement when it is perceived to be in their best interest.
- Some Soldiers will still have trouble adjusting to the impending separation and may need ongoing support or encouragement to complete the process.
- Your Soldier may need some additional time to settle some of their issues.

Troubleshooting

The most common problems seen are when the affected Soldier does not plan ahead for the requirements of separating from the service. The following are common stumbling blocks for Soldiers who are leaving the service voluntary:

- Final physicals are to be scheduled no more than 12 and no less than 6 months prior to planned separation date. This allows the Soldier time to get all of the issues worked out prior to separating. Soldiers who think that they will be retained on active duty past their separation date if they haven't finished their final physical will be separated on the scheduled date. Any medical concerns will subsequently have to be done as a Retired Soldier or as a veteran through the Department of Veterans Affairs.

- Title 10, U.S. Code mandates that all separating servicemen be given transition assistance. This requirement can be done by attending a workshop or receiving separation counseling. This can happen up to 12 months prior to the scheduled separation date.

- Soldiers can only sell back 60 days of leave during a career. If a Soldier has poorly planned his transition time, there is a possibility that they he may lose leave. It is incumbent upon the command to work with separating Soldiers to ensure that Soldiers get the opportunity to use any leave that they have as a balance. Permissive TDY is not a right and Soldiers should not plan on this as additional days unless approved by the command. Permissive TDY is not authorized for officers resigning.

- Soldiers are to notify Separations and Retirements between 4 -14 months prior to their requested voluntary separation date. This timeframe allows the staffing of the Soldiers request through several branches in the Manpower Management Division.

Resources

Military OneSource: 1-800-342-9647

Reserve Component Information: 1-800-318-5298; 314-592-0553

Application for Reserve Retired Pay: 1 Reserve Way, St. Louis, MO 63132-5200

Retiree Mobilization: 314-592-0000 ext 3030

Battle Drill

B. Soldier is resisting involuntary separation

Overview

In cases where separation from the National Guard is involuntary, such as for the convenience of the government, for cause, or for other reasons beyond their control (such as being passed over twice, etc) the Soldier may feel resentful, out of control, betrayed, or abandoned. They may be unsure of their future employment, depending on their record, or the Guard may have become their sole life and identity. They may feel the action is unfair, that someone is out to get them, or that the organization they feel they have served so faithfully does not appreciate them or has let them down. This will be especially true for those who have put in many years of service. They may become despondent and avoidant. For many involuntary separations, the individual Soldier may have a non-compliant attitude towards the National Guard and feel they shouldn't have to do anything since they are being forced out. They may not conduct their final physical in a timely manner, or may not go to a transition seminar or some other required activity in the hopes that if they haven't done all of the required items, they will not be separated. The challenge for the leader is to treat each case on its own merits.

What to Look For

- Failure of Soldier to actively participate in the separation process.
- Anger, resentment, counterproductive behavior.
- Disruption of unit morale.

What to Do

- Early intervention is the most helpful, before the Soldier gets himself into trouble. Try first to understand the causes of their resistance to separation. Let them know their rights to due process and recourse. Offer to provide help in any reasonable way.
- Help them understand how compliance with the process is in their best interest. In many cases, future benefits may be at stake, which they will want to maximize.
- Hold the Soldier accountable for any inappropriate behavior.
- Ensure proper adherence to the steps laid out in the DD FORM 2648. The checklists will ensure that all milestones are hit in a timely manner. Much of the process is focused on transition assistance, helping them get the employment and resources they need to support themselves in the civilian world.
- The following are common stumbling blocks for Soldiers who are leaving the service involuntarily:

    - Final physicals: Soldiers who think that they will be retained on active duty past their separation date if they haven't finished their final physical are

incorrect: they will be separated on the scheduled date. Any medical concerns will subsequently have to be taken care of on their own time after separation.
  - Transition assistance: Title 10, U.S. Code mandates that all separating servicemen be given transition assistance. Participation can include waiving the opportunities afforded. However, participation is to their advantage, to prepare them to support themselves in the civilian world.
  - Leave management: Soldiers can only sell back 60 days of leave during a career. If a Soldier has poorly planned his transition time, there is a possibility that they he/she may lose leave. It is incumbent upon the command to work with separating Soldiers to ensure that Soldiers get the opportunity to use any leave that they have as a balance. Permissive TAD is not a right and Soldiers should not plan on this as additional days unless approved by the command.

- For Soldiers who are attempting to stay in the service against involuntary separation, it becomes more imperative that the command ensures that all legislated actions are taking place.

What to Avoid

- Telling them to "suck it up," "get over it," or similar advice.
- Ignoring the problem and hoping it will go away.
- Taking actions without informing the Soldier in order to expedite the separation.
- Not following all of the items on the appropriate checklist.

What to Expect After Taking Action

- Most Soldiers will respond appropriately to leadership involvement when it is perceived to be in their best interest.
- Some Soldiers will continue to resist the process and behave in counterproductive ways, including disruption of the unit.

Troubleshooting

- The Army Pre-separation Guide, published by the Army Career and Alumni Program, and DD FORM 2648, gives specific instructions for all mentioned problem areas / risk factors. For any case where the guidance is vague or there is some confusion, individuals or commands are urged to contact their Human Resources Service Center at their State's JFHQ.
- If a Soldier continues to be disruptive to a unit, the commander will need to decide on drawing a balance between continuing to hold them accountable and possibly prolonging the time to separation, versus cutting their losses via other administrative options.
- In some cases, the commander may want to consider sending the Soldier Home Awaiting Orders. This has the advantage of removing a potentially disruptive Soldier from a unit more quickly, but must be balanced against other issues (suicide risk, rewarding bad behavior, setting an unwanted precedent, etc.).

- If the Soldier insists on fighting the separation, be sure you afford them all their rights to due process and recourse in order to reduce potential legal liability. Urge them to consult with the Staff Judge Advocate at your installation.

Resources

Military OneSource: 1-800-342-9647

Post Traumatic Growth (PTG)

What is it?

- **Posttraumatic Growth (PTG)** refers to positive psychological change experienced as a result of the struggle with highly challenging life circumstances.

Easy ways for a Leader to illustrate PTG for Soldiers:

- **Physical Fitness** Fitness abilities and the musculature that goes with it are not gained quickly or easily. It takes effort, sweat and endurance of will to achieve a well-trained physique. Muscles build after their tissues have been broken down from stress overload in the form of weighted resistance. Maximum amount pushups are achieved by taking the body to its muscular and endurance stress limits, pushed beyond and let to recover. Through all of this the body heals and returns stronger, more resilient to the applied stress and resistance. This is how greater physical ability is achieved.
- **Basic Military Training** When you arrive at BCT you are not yet a Soldier, the concepts, the lifestyle even the language if foreign and intimidating. The idea of becoming a Warrior seems distant and unobtainable to most yet you dive headlong into adversity in hopes of becoming something more than what you currently are. As the weeks go by you are broken down, stripped and rebuilt as members of a toughened cohesive team who takes challenges and adversity as a daily occurrence. You become used to confronting challenge both as individuals and as a group. Come Family day the transformation is shocking to your loved ones. You have grown tougher, stronger and more resilient as a Soldier and as a human.

Why is PTG important to NCOs?

- There are countless stigmas attached to any issues, concerns, obstacles, wounds or illnesses our Soldiers encounter as a result of their wartime service to this nation.
- This is a result of preconceived notions, misinformed or ill-informed media and civilian populations or even prejudices and stereotypes.
- Educating your Soldiers and their Families on the concept of PTG as early and often as possible enables them to see the trials they may very well face.
- Knowing that they will emerge from challenge as stronger, more resilient Soldiers and Families prior to deployment can do a great deal to mitigate setbacks along the course.

What the NCO should do

- Finding ways to illustrate and communicate the idea of PTG.
- Make use of the various tools available to you through NGB Soldier and Family Support Division, the American Red Cross, and Comprehensive Soldier Fitness.
- Emphasize to your Soldiers the message that resilience equals readiness.
- Train Solders to understand that PTG follows the stresses faced.

Training Templates for NCODP / Sergeant's Time

Below are suggested formats for conducting Soldier /Family Care and Resilience training within your unit. By using a format such as this you can develop identification and resolution skills in your NCOs that will serve them and those they care for, for the remainder of their military career.

BLANK TRAINING TEMPLATE

NCOPD / Sergeant's Time **Soldier Care Exercise Template**	
Step 1. Reality based Scenario	
Step 2. List the problems encountered a. b. c. d. e. f. g.	
Step 3. Worst Case Analysis	**Step 5. Best Case Analysis**
Step 6. Most Likely Case	
Step 7. What the Soldier can do in this scenario	
Step 8. List the Resources where you can refer your Soldier for answers	

Notes / Comments / Answers owed to Soldiers

EXAMPLE: In "Step 1" offer a realistic scenario, something based on either a pre-selected subject or maybe something that happened in your unit during a prior deployment.

The remainder of the steps are self explanatory. By following this proven format, your Soldiers learn how to reach the most realistic solution to a myriad of Soldier/Family Care issues. Your NCOs will find this format to be most beneficial when dealing with a broad spectrum of issues, not just the ones referred to in this desk reference!

<table>
<tr><td colspan="2">Sergeant's Time
Soldier Care Exercise Template</td></tr>
<tr><td colspan="2">Step 1. Reality based Scenario
PFC Johns is deployed to a combat theater and her Family care plan has failed. Her designated caregiver is hospitalized with no other Family member available or alternative caregiver designated.</td></tr>
<tr><td colspan="2">Step 2. List the problems encountered
a. Family is without care
b. Soldier did not have an alternative caregiver
c. The Command did not verify that the Soldier's Family Care Plan
d. Soldier must return from theater to become the caregiver</td></tr>
<tr><td>Step 3. Worst Case Analysis
• Children end up in state system for care
• Children are abused, or neglected
• Children develop behavioral issues
• Soldier has to return
• Soldier is discharged
• Mission is compromised
• Soldier is severely stressed</td><td>Step 5. Best Case Analysis
• Other qualified Family members of FRG steps in to assist
• Family satisfies the Family care plan and Soldier returns to deployment
• Children are provided for and are safe</td></tr>
<tr><td colspan="2">Step 6. Most Likely Case
• Soldier will return
• Family Care Plan will be resolved
• Soldier will remain home and be accommodated by Rear Detachment Command
• Soldier will have resentment from peers
• Family will continue to have issues to resolve at home</td></tr>
<tr><td colspan="2">Step 7. What the Soldier can do in this scenario
Prior to deployment-
• Test her Family Care Plan
• Designate an alternative caregiver</td></tr>
</table>

- *Develop healthy relationships for her Family that can be relied on in emergencies*

Step 8. List the Resources where you can refer your Soldier for answers

JAG
Chaplain Corp
Family Readiness Groups
Unit Commander
Rear Detachment Commander
Family Church, Church Organizations

Blue Star Families: *A nationwide support group for all ranks and all services including National Guard and Reserves. A non-profit created by military spouses for military spouses. www.bluestarfam.org*

ARNG Support for Spouses and Families: *ARNG websites that provide information on programs and opportunities available to ARNG Families.*
http://www.arng.army.mil/Familyservices/Pages/default.aspx
http://www.jointservicessupport.org/fp/

NACCRRA: *Offers military parents help in locating non-DoD child-care and administers a fee subsidy program for activated Guard and Reserve Families. Learn more at* http://www.naccrra.org/.

Operation Military Kids (OMK): *A partnership between Department of the Army and State and Local Agencies to provide support services to National Guard and Reserve children. Currently, not every state participates in OMK but you can check to see if your state does at* http://www.operationmilitarykids.org/public/home.aspx.

Military One Source: *Provides information in multiple formats and offers 24-hour call center and consultation services.* www.militaryonesource.com

National Military Family Association (NMFA): *National Guard and Reserve Information and Resources at* http://www.militaryFamily.org/resources/links/national-guard-and-reserve.html.

Notes / Comments / Answers owed to Soldiers

Monitoring Leader Fatigue

What is it?
Fatigue stress injuries are potentially irreversible changes in the brain and mind due to the accumulation of stress from many sources over the duration of very long or repeated deployments. Traumatic stress injuries occur abruptly, as a result of one or more specific incidents involving terror or horror. Fatigue stress injuries occur gradually due to the wear-and-tear of smaller stressors over time. Everyone is familiar with the stressors that can contribute to fatigue stress injuries, for they are commonplace in operational and training environments, and everyone is familiar with the early symptoms of fatigue stress, for they are likewise common during tough training and even tougher operational deployments.

However, what characterizes a fatigue stress injury is not only the severity of stress symptoms that accompany it, but the fact that these symptoms may not completely disappear on their own once sources of stress are no longer present. That's what makes fatigue stress a literal injury in some cases. The potential irreversibility of fatigue stress symptoms during post-deployment, are primarily in the form of persistent clinical depression or anxiety symptoms. Prevention and early recognition of fatigue stress injuries is so crucial for health and wellbeing. In contrast to traumatic stress injuries, to which younger Soldiers are often most vulnerable, older leaders tend to be more vulnerable to the wear-and-tear damage of fatigue stress injuries.

What to Look For
Successful identification and management of fatigue stress injuries requires leaders to be aware of two possible indicators: (1) stressors that have a high potential for contributing to fatigue stress, and (2) the symptoms and behaviors that most commonly accompany fatigue stress injuries.

Stressors that can contribute to fatigue stress
Any and every stress experienced can contribute to fatigue because stress from any cause depletes internal coping resources, both in the brain and mind. However, certain specific stressors seem to be uniquely toxic in their ability to contribute to or worsen fatigue stress injuries. They include:

- Sleep deprivation (less than 6-8 hours per day, every day)
- Deployment to a combat environment for more than 6 continuous months
- High casualty rates in the unit
- The loss of sustaining friendships in the unit due to death or injury
- The loss of sustaining relationships back home due to divorce or breakup
- Unresolved interpersonal conflicts with leaders or peers
- Physical illness or injury
- Unsolvable home front worries such as relationship, health or money problems
- Prolonged boredom
- The lack of opportunities for occasional recreation and enjoyment

Accumulated (Chronic) Fatigue
Accumulated (chronic) fatigue is defined as fatigue from which normal rest does not produce recovery. Accumulated fatigue is often caused by extended periods of stress with inadequate recovery periods, which results in decreased productivity, compromised immune function, and reduced alertness. Fatigued workers perform poorly, behave carelessly, tolerate greater errors and become inattentive. Chronic fatigue often results in increased stress, which may present itself through certain behavioral and physiological indicators, such as the following:

- Decreased motivation and low morale
- Increased irritability and depression
- Confused, poor problem solving
- Poor abstract thinking
- Poor attention/decisions
- Poor concentration/memory
- Altered state (A marked increased or decreased awareness of surrounding)
- Physical reactions (any of these symptoms may indicate need for medical evaluation
    - Chills
    - Thirst
    - Nausea
    - Fainting
    - Twitches
    - Vomiting
    - Dizziness
    - Weakness
    - Chest pain
    - Headaches
    - Elevated blood pressure
    - Rapid heart rate
    - Muscle tremors
    - Profuse sweating
    - Difficulty breathing
- Extreme emotional responses
    - Fear
    - Panic
    - Intense anger
    - Emotional outbursts
    - Feeling overwhelmed
    - Loss of emotional control
- Inappropriate emotional response

- Social/behavioral changes
    - Withdrawn
    - Antisocial acts
    - Erratic movements
    - Change in speech patterns
    - Change in usual communications
    - Alcohol or substance abuse
- Talk of suicide or killing someone else
- Soldiers who lost their job at home
- Soldiers leaving the service (Retirement, ETS)
- Relationship problems
- Drug or Alcohol Problems
- Bizarre or unusual behavior
- Soldiers with financial problems

What should you do if you suspect chronic fatigue/stress?

- Take longer periods of rest/recovery
- Slow the work pace to a moderate level on physically demanding tasks
- Take periodic rest breaks to allow physical and mental recovery
- Alternate between heavy and light tasks
- Change assignments to prevent boredom
- Take breaks or time off after tasks have been completed
- Eat well-balanced meals regularly
- Maintain hydration
- Maintain good personal hygiene
- Maintain high standards of physical fitness and work capacity
  (Seek medical attention when in doubt of symptoms.)

When should a leader seek help?

- Remember: these signs and symptoms are usually normal-normal reactions to abnormal situations. Over time, you will adjust and these symptoms will slowly go away.
- Seek help if the symptoms interfere with normal duties and/or daily living.
- Seek assistance if symptoms continue for more than 6-8 weeks or involve dangerous behavior (i.e. thoughts of hurting self or others, reckless driving, Family violence, etc.).

Where can you get help?

- **In the Unit**
    - Peer
    - Supervisors
    - Chain of command
    - Chaplain or other professional clergy
    - Medic
- **On Post**
    - Medical personnel at the clinic or hospital
    - Post chaplains
    - Army Community Service Personnel

    - Alcohol and substance Abuse Programs personnel
    - Social work Services
- **In the Community**
    - Medical personnel
    - Veterans Administration
    - Ministers and Clergy
    - County and State Health Department
    - County and state social services

Stabilize the Home Front

- Help Families develop unit identity and a support system.
- Involve your Family in unit social activities.
- Teach your Family about the unit's mission and history. Include them in the sense of unit cohesion.
- Help your Families to use Army and civilian support services.
- Use the unit or post chaplains and mental health team as valuable resources. Get to know them personally, and encourage Family members to talk with them when they need help.
- Promote and support a unit FRG.

ARMY NATIONAL GUARD SUICIDE PREVENTION CAMPAIGN PLAN

The Adjutant General should review, assess, and implement the following checklist to optimize efforts in support of suicide prevention, resilience, and risk reduction-related programs, and set conditions for follow-on Army National Guard programmatic changes. In areas identified as having negative responses, leadership is encouraged to explore possibilities of implementing such concepts.

Program / Service Integration (Community Integration of Health Promotion, Risk Reduction, and Suicide Prevention-related Programs):

- Do you have a comprehensive, all encompassing health promotion, risk reduction and suicide prevention-related strategy that links JFHQs / MSC staffs and activities and is readily recognized and acknowledged by the unit commanders, Non-Commissioned Officers, Soldiers, Civilians, and Family members?

- Is your health promotion, risk reduction and suicide prevention-related strategy formally organized via a published blueprint (wire diagram, etc.) that outlines the interdependent and dependent relationships of the multiple staffs / agencies and programs supporting that strategy?

- Do you have an aggressive marketing, advertising and outreach plan to heighten Soldier, Civilian, and Family Member awareness of your health promotion, risk reduction and suicide prevention-related strategy that clearly depicts staff / agency charters, programs, services, and other activities?

- Do you have a formal process / system to assess, report, and measure the effectiveness of your strategy and your marketing / advertisement: Does this process measure strategic goals, program / service objectives, and customer feedback, with mechanisms to adjust your strategy based on lessons learned?

- Is there a JFHQs / MSC Community Health Promotion Council (CHPC), or similar body, that meets regularly to integrate all staffs and agencies associated with providing health promotion, risk reduction and suicide prevention-related programs (e.g., CHPC coordinator, suicide prevention coordinator, risk reduction coordinator, military family life consultants, chaplains, behavioral health coordinator, SJA, safety, and MSC CDRs [as appropriate], etc.)?

- Do you have formal charters signed by JFHQs / MSC Commanders for all health promotion, risk reduction, and suicide prevention-related programs, Council, committees, task forces, etc.? Do charters clearly outline (at a minimum): (1) organizational structure; (2) mission; (3) scope and objectives (integration with other Council / committees) (4) authorities; (5) membership and roles / responsibilities; (6) meeting schedules; (7) standard products / services; (8) protocols for assessments, measuring, reporting, and incorporating lessons learned; and (9) marketing / outreach plan?

- Do you require appropriate senior leadership attendance at meetings of JFHQs / MSC health promotion, risk reduction, and suicide prevention programs / counsels / committees / task forces, etc. to ensure those groups are empowered to make decisions and allocate resources appropriately?

- Do your JFHQs / MSC staffs / agencies provide you with a comprehensive, composite report of all Soldier medico-legal actions and trends across the installation / command (e.g., admin separation; MMRB, MEB, PEB, disciplinary actions; WTU referrals; ASAP referrals, etc.) to inform / standardize Soldier medico-legal actions and reduce risks associated with policy, program, and process gaps / seams?

- Do your JFHQs / MSC staffs / agencies integrate specific Soldier information to share among "need-to-know" commanders and "help providers" (e.g., law enforcement; behavioral health; to integrate Soldier medico-legal processes (administrative separations; MMRB, MEB, PEB, disciplinary actions; WTU referrals; etc.)?

- Is there a "commander's forum" to share observations / TTPs / lessons learned from suicide events (from successful intervention to events that led to Soldier's death) that occurred in their commands?

- Do you have a comprehensive process to maximize use of information regarding health promotion, risk reduction, and suicide prevention (i.e., medico-legal trends across the installation, specific Soldier information, etc.) during recurring commander reports / briefs such as staff calls, QTBs, USR briefs, etc.?

- Does your JFHQs / MSC have regularly scheduled health promotion, risk reduction, suicide prevention awareness observance activities (annually, quarterly, and monthly)? Are they formally scheduled on the JFHQs / MSC calendars and attended by appropriate senior leaders?

- Do you have a formal system or process to compare and bench your policies, programs, and services with other like units to identify and incorporate "best business practices"?

Specific Programs / Staffs (Suicide Prevention, Resilience, and Risk Reduction -related Programs):

- Is there a designated individual (e.g. Health Support Services branch chief) in charge of state Health Promotion Programs and affiliated services?

- Is there a unit-based behavioral health and comprehensive fitness program with appropriate designated supervision?

- Are behavioral health initiatives coordinated with unit chaplains, unit medical personnel, and Military and Family Life Consultants (MFLCs), family readiness groups (FRG), to deliver health programs, risk reduction, and suicide prevention-related information and services at the Soldier / unit / Family level?

- Do you have a comprehensive JFHQs / MSC strategy [plan] to combat the stigma associated with Soldiers seeking behavioral health care (e.g., guidance added to leader and Soldier counseling, leaders attend mass screenings with their Soldiers, incorporate importance of behavioral health in training guidance and forums, etc.)?

- Are chaplains integrated in units with behavioral health specialists, FRGs and MFLCs to provide multi-disciplinary support, naturalize referrals, and reduce stigma associated with help seeking behavior?

- Are MFLCs readily available to Soldiers and Families, incorporated into commander / unit programs, and fully integrated with other help providers to ensure seamless coverage between contact and referral?

- Has your state appointed a Suicide Prevention Program Manager (SPPM) on orders to coordinate state level training, promote best practices, report and track suicides and suicide training results, and provide policy at the state level?

- Has your state appointed a Suicide Intervention Officers / Non-Commissioned Officers at every company and provided training in Peer Intervention Training skills?

- Does your state have a system in place to ensure that every death, to include non-duty deaths, is reported via SIR up to the Army National Guard Watch?

- Has your state placed a requirement in the Yearly Training Guidance for all units to provide annually required Suicide Prevention Training for Soldiers/Leaders? Is there a system in place to verify that training is taking place and that results are reported up the chain of command?

- Has your state designated September as Resilience and Suicide Prevention 2010 on the Yearly Training Guidance and established protocols to support units in their activities and to track/promote participation.

- Has your state SPPM nested the State's program into the State Mental Health Suicide Prevention Program?

- Does your state have a unique state level suicide prevention policy which tailors the program to state specific resources, demographics and needs?

- Has your state implemented the Yellow Ribbon Program for all phases of the Deployment Cycle?

- Has your state develop Memorandums of Agreement with state and local agencies to leverage services and resources for Soldiers and their Families.

- Has the SPPM made listings of available services throughout the state that support Soldier well being and health and publicized them to the Armories (e.g., VA hospitals and local clinics, Crisis hotlines/clinics, Community Health Clinics, local hospitals and emergency rooms, Army OneSource, and National internet sites and resources).

Primary and Behavioral Health Care

- Does your state / unit have an SRP screening process that uses a face-to-face interview with either a behavioral health specialist or primary care specialist with behavioral health specialists as back-up?

- Has the state / unit implemented a coordinated program of periodic screening, triage, and multidisciplinary treatment to support Soldiers and their Families?

- Do you have systems / processes to leverage medical screening information (e.g., PHA, PDHA, PDRHA, screenings for TBI and PTSD, etc.) to notify commanders of Soldier compliance and risk factors revealed by that information; and for appropriate referrals and subsequent treatment plans?

- Is there a holistic and comprehensive case management system to synchronize individual / family case file management to integrate and coordinate a treatment plan that is all inclusive (e.g. primary health care, behavioral health care, substance abuse, family advocacy) to ensure the effort is simultaneously coordinated among all care providers?

- Has your state developed information papers to clarify with leaders and Soldiers regarding available medical and behavioral health services, qualifying conditions, limitations and options for both active duty and non-active duty Soldiers?

- Has your state developed policies, practices and resources to expand available medical and behavioral health services to the broadest possible extent throughout the state?

Family / Friends Participation

- Do you have a means to connect Soldier Families (e.g., spouse, children, parents) and, in particular, single-Soldier Families (e.g., parents, fiancé, and children) with commanders and their programs?

- Do you include Soldier Families (e.g., spouse, fiancé, children, and parents) in re-integration training?

- Has the Senior Commander / Senior Non-Commissioned Officer implemented a program to actively engage leaders and their spouses / fiancés / parents in support of a comprehensive, health promotion, risk reduction, overall fitness plan to strengthen relationships and support networks?

- Have you reviewed the OPTEMPO of the units assigned to the installation to sync / implement Soldier and Family resiliency-focused programs to improve total family wellness / quality of life?

- Are training and retreat programs, which are intended to improve resiliency (i.e., Strong Bonds, Battle Mind ASIST, etc.), adequately funded to allow maximum participation? Is there a backlog or wait list? Are additional resources required? If so, do you have a plan to address those needs?

Warriors in Transition

- Do you have policies and programs at your state / unit to monitor and optimize Soldier return to duty?

- Do you have a system / criteria to ensure Soldiers needing care can be processed for Active Duty for Medical Extension (ADME) and Medical Retention Processing 2 (MRP2)?

- Does your state have processes / procedures in place to ensure Warriors in Transition either at the WTUs or Community Based Warrior Transition Units are kept in contact with by their State leadership?

- Does the state / unit have clear policy and criteria for nominating and vetting WTU cadre to ensure that only Officers and NCOs who have demonstrated success in prior equivalent-level leadership roles be assigned to WTU leader positions?

Reducing High-risk Behavior

- Do you encourage subordinate commanders at all levels to comply with regulatory guidance to initiate or process administratively separate Soldiers for misconduct to include serious drug / alcohol or multiple drug / alcohol incidents?

- Has the state / unit implemented policies and programs to identify and assist Soldiers who enlist with waivers or significant pre-existing conditions?

- Do you offer state / unit MWR adventure-type activity programs to Soldiers to divert / reduce Soldier combat-related adrenaline-rush that leads to inappropriate high risk / adrenaline seeking activities?

- Does your state safety office support suicide prevention, resilience, and risk-reduction efforts?

- Do your community and employers support suicide prevention, resilience, and risk-reduction efforts?

- Does your Transition Assistance Advisor engage in the support of suicide prevention, resilience, and risk-reduction efforts?

- Does your state implement buddy to buddy / peer to peer support programs for Soldiers? Families? Children and youth?

Education / Training [Suicide Prevention, Resilience, and Risk Reduction -related Programs]:

- Does the state / unit have a program for redeploying battalion and company commanders to provide refresher training on Soldier-specific administrative and medico-legal requirements to reduce high-risk populations (e.g., administrative separations; commander's disciplinary reports; UCMJ, MMRB, MEB and PEB processes)?

- Do you have a program to provide refresher training for incoming commanders and rear-DET commanders on policies and processes associated with disciplinary actions, disciplinary action reporting, administrative separation, and medical board processes / options? (Many commanders have only known multiple deployments and have little / no experience on "institutional roles and responsibilities" such as administrative, disciplinary, and accountability policies / processes.)

- Have local Company Commander and First Sergeant's Course Programs of Instruction regarding suicide prevention been updated to include the importance of developing positive life coping skills in their Soldiers?

- Does your Recruit Sustainment program and sponsorship programs integrate resilience, suicide prevention, and risk reduction into the base-line knowledge of the Soldier and his / her Family?

- Does the state Chaplain / Deputy State Surgeon / Suicide Prevention Program Manager have opportunities for (a) in-service training on counseling skills or (b) external training / certification (e.g., professional courses, fellowships, internships, exchanges, etc.) that focus on comprehensive wellness, behavioral health referral consultations, and integration within the behavioral health community including behavioral health providers, MFLCs, etc.?

- Is the state Suicide Prevention Program Manager tracking the number of Applied Suicide Intervention Skills Training (ASIST) Trainers and ASIST-level Crisis Intervention trained personnel?

- Does the state have at least two (2) ASIST qualified trainers (in addition to the Chaplains) that can sponsor the 2-day ASIST workshop?

- Have you incorporated the Suicide Prevention training (e.g., *Homefront*, ACE, etc.) and Resilience training for retraining / refresher training this fiscal year? For instance, *Homefront* could be utilized in smaller forums, under new group dynamics, with changed interactive options / outcomes, with Families, or aggregated with other products / forums.

- Are suicide prevention and behavioral health related issues incorporated into collective training events?

- Are there forums used to train resilience for Families and Soldiers?

- Have you engaged community resources in the training of suicide prevention, resilience, and risk-reduction to our Soldiers and their Families?

- Have you engaged Soldier employers in the efforts to combat suicide prevention, promote resilience, and reduce high risk behaviors?

- Have the community and employers been involved in support of suicide prevention, resilience, and risk-reduction efforts?

- Is your Transition Assistance Advisor engaged in the support of suicide prevention, resilience, and risk-reduction efforts?

- Has your state implemented buddy to buddy / peer to peer support programs for Soldiers? Families? Children and youth?

- Does the Recruit Sustainment Program indoctrinate new Soldiers and Families into the Army National Guard? How does the RSP teach resilience, suicide prevention, and risk reduction?

Medico-legal and Command Systems

- What is your method for tracking at risk Soldiers coming into the Army National Guard from other services?

- What is your method for tracking at risk Soldiers due to intra-state / inter-state transfers between units and states?

- Are Commanders incorporating the importance of Soldier, Civilian, and Family physical and behavioral health in all initial and subsequent performance counseling to enhance program and service awareness and reduce stigma associated with help seeking behavior?

- Are your behavioral health related programs and personnel ensuring program integration and synchronization?

- Is case management being executed to ensure Soldier and Family well-being?

- Do you encourage subordinate commanders at all levels to ensure Soldiers receive full medical evaluation prior to administrative action/separation for misconduct?

- Do you have relationships with service providers (ex. VA, American Red Cross, Give-an-Hour)? Are there MOU/MOAs in place?

- Are the recruiters screening potential Soldiers related to pre-existing behavioral health issues or legal issues? Are they looking at inter-State transfers or AC to RC transfers for pre-existing behavioral health or legal issues?

Prevention, Intervention, Postvention and Investigations

- Are there procedures in place for commanders to participate with the CAO to meet and talk with the family (spouse parent, fiancé, etc.) in an incident related to suicide?

- Do you have a Suicide Response Team (team of experts) or a Critical Incident Stress Team (CIST) to immediately assist commanders in coordinating and integrating "prevention, intervention, and postvention" activities in the event of a completed / attempted suicide?

- Are commanders appointing an investigation (AR 15-6) for suicide or suspected suicide to provide a comprehensive review of all possible causes: mental / physical illness, financial problems, failed relationships, other cumulative stress factors, trigger events, etc., to inform current and improve future programs and services?

- Are you tracking general trends for all equivocal deaths resulting from high-risk behavior to inform current and improve future programs and services?

- Are Line of Duty Determinations (LODs) being performed in all deaths and injuries (of Soldiers in an authorized duty status) arising from suicide-related events (equivocal deaths, attempts, and gestures, etc.)?

Strategic Communication

- Is the State Public Affairs engaged in the suicide prevention, resilience, and risk reduction efforts?

- Are community outreach efforts related to suicide prevention, resilience, and risk reduction conducted within the State?

- Is social media being utilized at the State to reduce suicides, promote resilience, and reduce risk?

- Are employers engaged in understanding Army National Guard Soldier issues related to suicide prevention, resilience, and risk reduction?

- Do you have an aggressive marketing, advertising and outreach plan to heighten Soldier, Civilian, and Family Member awareness of your suicide prevention, resilience, and risk

reduction-related strategy that clearly depicts staff / agency charters, programs, services, and other activities?

- Do you have a formal process / system to assess, report, and measure the effectiveness of your strategy and your marketing / advertisement? Does this process measure strategic goals, program I service objectives, and customer feedback, with mechanisms to adjust your strategy based on lessons learned?

Resilience Objectives and tasks

The following table provides ARNG resilience goals and strategies. Resilience objectives and tasks are formed using the resilience framework. In particular, the tasks for objectives 2, 3, and 4 are created through the intersection of each objective with each line of effort. By using this model, the task numbering sequence may appear to omit numbers; however, this is by design to reinforce the resilience model.

OBJECTIVE 1. Implement a comprehensive strategy that integrates Resilience initiatives, programs, and resources to meet the Resilience needs of the Army National Guard. (Process)
TASKS
1.1 Design and implement an integrated Army National Guard Resilience process.
1.2 Develop and deploy Resilience standards to provide objective means that measure performance.
1.3 Establish and field metrics to assess Resilience and its impact on Army National Guard outcomes.
1.4 Initiate a Resilience strategic communications program for both internal and external audiences.
1.5 Develop Resilience doctrine and integrate into training and leader development programs.
1.6 Establish Resilience section to assist Army National Guard senior leaders in developing strategies and policies that sustain Resilience support of institutional outcomes.
OBJECTIVE 2. Provide a competitive standard of living for all Soldiers, civilians, and their families. (Essential)
TASKS
2.2 Provide comparable compensation for serving Soldiers, retirees, and civilians.
2.3 Provide quality, affordable, effective health care services for Soldiers and military families regardless of status.
2.4 Promote continuous personal and professional learning through expanded educational opportunities for Soldiers and civilians.

OBJECTIVE 3: Provide a unique culture, sense of community, and a record of accomplishment that engenders intense pride and sense of belonging amongst Soldiers, civilians, and their families. (Defining)
TASKS
3.1 Provide effective command programs that contribute to a positive command climate and maximize personal readiness.
3.2 Promote healthy individual lifestyles.
3.3 Provide Soldiers with quality workplace environments commensurate with that of civilian society.
3.4 Provide for a consistent quality educational experience for military family member students.
3.5 Provide support for families and encourage self-reliance through effective family programs.
OBJECTIVE 4: Provide an environment that allows Soldiers, civilians, and their families to enrich their personal life by achieving their individual aspirations. (Enhancing)
TASKS
4.1 Provide Soldiers, civilians, and their families the opportunity to enrich their spiritual lives through religious programs.
4.2 Provide Soldiers the opportunity to optimize their military compensation packages.
4.3 Provide or ensure access to competitive education for military and civilian family members.
4.4 Provide opportunities for family members to pursue employment and career development commensurate with their skills and abilities.
OBJECTIVE 5. Ensure leadership that maximizes the positive, combined effect of intangibles on the outcomes of Resilience programs and the integrity of the institutional strength of the Army National Guard. (Intangibles)
TASKS
5.1. Maximize the positive impact of leader development on the Resilience of serving Soldiers, civilians, and their families.
5.2. Foster a positive command climate in the Army National Guard.
5.3. Minimize turbulence and its negative impact on the Resilience of serving Soldiers, civilians, and their families.
5.4. Maximize the positive impact of predictability on the Resilience of serving Soldiers, civilians, and their Families.
5.5. Maximize the positive impact of training on the Resilience of serving Soldiers and civilians.

5.6. Maximize the positive impact of equipment on the Resilience of serving Soldiers and civilians.
5.7. Maximize the positive impact of career management on the Resilience of serving Soldiers and civilians.
5.8. Maximize the positive impact of job satisfaction on the Resilience of serving Soldiers, civilians, and their families.

Battle Drill Scenarios

Suicidal Behavior

Battle Drill Scenario A: Soldier seems Suicidal

You've recently noticed one of your best Soldiers developing a trend in behavior that causes you concern.

SPC Jorgen has always been a strong performer in your platoon. He's always had a fantastic work ethic and is seen by younger Soldiers as a mentor and by older Soldiers as a "Go to Guy". Over the last two or three months his professional demeanor has suffered and even his appearance has become noticeably different, sloppier… less squared away. This isn't the Soldier you've served with over the last two years.

You casually check with a few of the platoon members who have friendships with Jorgen outside of duty. They commented about his anger levels and his increased drinking which usually ends up with him in tears and seeking isolation.

At the conclusion of this particular duty day, you observed him lashing out violently at a fellow squad member for what seemed a very trivial issue. When you asked about the situation Jorgen behaved in a manner unbecoming a Soldier. He went to his POV and recklessly left the parking lot, the entire time loudly commenting, "None of this matters anymore!" and "Nothing matters anymore!"

What do you need to do to ensure your Soldier's health and well-being?

Battle Drill Scenario B: Soldier has made a Suicide Attempt

One of the team leaders from your second platoon runs into your room after hours exclaiming that, "SGT Rodriguez tried to kill herself!" You calm him down and get him to fill you in on the way to Rodriguez's location: the compound's latrine and shower facility.

Once you arrive you see other Soldiers collecting around the entrance of the female latrine. SGT Rodriguez is lying in the floor close to the doorway. Someone has wrapped her in a blanket and two other female Soldiers are trying to calm her down. She's crying and screaming unintelligibly. One of the Soldiers attempts to keep her from flailing her arms about and you notice that both of her wrists have been sliced open. You can hear medical support coming up the row.

Everyone around you seems dazed but you have a series of crucial decisions to make.

Battle Drill Scenario C: Suicide in the Unit

You have just made the announcement, before an emergency formation, that SSG Schulman has succumbed to what authorities described as, “appearing to be a self-inflicted gunshot wound.” SSG Schulman was a huge part of the dynamic that made the company such a success on the last deployment, only six months ago. As the deployment was a rough one and the company survived some harrowing encounters with few casualties, your Soldiers grew together stronger than any unit you’d seen in your career. Schulman was a huge part of that growth.

As the formation was dismissed, you observed Soldiers comforting each other, some hurrying away to seek privacy and some just staring at you, glassy eyed and dumbfounded.

Already Soldiers are approaching and you hear the words “how” and “why”. It’s evident that your company has just suffered a tremendous blow, and you begin to think about the steps the chain of command will take to begin the healing process.

What actions did you take prior to calling the formation and what actions will you take in the comings days, weeks and months?

Financial Problems

Battle Drill Scenario A: Financial Distress

At a barbeque celebrating your unit’s return from theater you noticed recently promoted SPC Ponzetti’s wife and two children arriving in late model, fully loaded Cadillac Escalade. What’s more, Ponzetti followed in a sharp Japanese two-door with an impressively enhanced sound system.

For the moment you wrote it off to what must be a lucrative civilian income for Ponzetti and went about your business. This morning a buddy of yours from another unit called you and told you that one of his Soldiers, who lives a few doors down from Ponzetti, watched as Ponzetti had a motorcycle repossessed earlier in the week. Your buddy thought you would want to know. You make a note to pull SPC Ponzetti aside at lunch for a chat.

About an hour later you are looking for the 1SG in the headquarters section and you see SPC Ponzetti having an animated conversation with a PFC in the hallway and the first sentence you hear is, “Dude, I swear to you, I will get your money…just keep your mouth shut!”

You realize that you need to pull Ponzetti aside now!

Battle Drill Scenario B: Bankruptcy

SSG Johnson is a strong Soldier as well as a very impressive single mother of an autistic child. Two months ago she had to seek a change in her civilian employment due to her daughter's needs. Although she took a hit on wages, the work schedule is easier for her.

You've asked her a few times if the two of them are doing well, and if she is doing okay making ends meet. She assures you that all is well and there's nothing she can't handle, either as a civilian or a Soldier. You are reluctant to push it any further at this time.

At the end of drill today she asked if she could speak to you in private. You could tell she was upset and had been for some time. She confides in you that her new job isn't panning out and she is afraid that she'll be unemployed soon. She admits she's been slowly maxing the limits on her credit cards just to get by. She's been keeping it a secret but now she feels that she'll lose everything if she doesn't declare bankruptcy.

Is bankruptcy her only choice in this situation?

Marital Problems

Battle Drill Scenario A: Marital Conflict

SSG O'Connell has brought it to your attention that SGT Johnson seems to be undergoing some stressors on the home front. Usually a very squared-away Soldier, her squad leader has had to verbally counsel her to spend less time on her cell phone and more time in the motor pool. You have overheard other Soldiers from her squad commenting on some of the less than flattering things she's been saying about her husband. Today, for the third time in the last two drills her husband has shown up at the armory demanding to talk to her face to face.

Is it time for you to intervene or should you just let them have their "lover's spat"?

Battle Drill Scenario B: Separation and Divorce

SPC Kim seems to be in a dark place recently. You are aware that he has just begun divorce proceedings with his wife of eight years. They have two beautiful children together, and you know SPC Kim desperately fears losing custody of them. His first line leader has informed you that SPC Kim has become very introverted and has a rather dark outlook on things. He's been skipping PT a lot and there's been mention that he reeks of alcohol at first formation.

Although divorce is a very private matter; you want the best for SPC Kim and his family. What steps can you take to be supportive?

Alcohol Abuse

Battle Drill Scenario A: Soldier is Suspected of Having a Drinking Problem

At PT this morning you noticed SGT Jones vomiting during the warm-up and stretching portion of training. When you went over to ask if he was okay, you realized he reeked of alcohol. Since you were recently assigned to your unit, you check with Jones' Squad Leader, SSG White. SSG White said, "This is getting to be the norm for SGT Jones at PT and first formation. That is, if he shows up on time!"

You tell SSG White you need to see him and SGT Jones in the platoon TOC ASAP. What are your next moves?

Battle Drill Scenario B: Soldier has an Alcohol Related Incident

You are at Annual Training. Everyone was granted an overnight pass, by the CO, for a job well done. Morale is high as you are the best Intel organization in the region. Your cell phone wakes you up around 0430. It's the PMO, one of your platoon sergeants; SFC Richards was arrested at the front gate for driving while under the influence. When confronted by the MPs and the DoD Police he got physical and injured one of the officers on duty.

You thought Richards had put those days behind him! What are your plans in dealing with this situation?

Drug Abuse

Battle Drill Scenario A: Soldier is Suspected of using Illegal Drugs

Your Bravo Team leader has not quite been himself lately. He doesn't ever seem to stay focused on the tasks at hand. You've overheard some of your other Soldiers giving him grief about his overuse of cologne whenever he arrives at drill or comes back from lunch.

You just had a brief conversation with him; not only, was he unable to concentrate, but he avoided making eye contact with you. That didn't keep you from noticing the condition of his pupils.

You have to address this issue immediately. What do you do next?

Battle Drill Scenario B: A Drug Related Incident Occurs

At the end of AT last month there was a full urinalysis done of your company. Unfortunately one of your SGTs and a PFC popped hot for THC (marijuana use).

What steps are to be taken? Are they both to be dealt with in the same fashion, or is there a difference? If so, why?

Deployment Cycle Family Stress

Battle Drill Scenario A: Soldier's Family is not prepared for deployment

One of your Soldiers seems to be experiencing difficulty preparing for the upcoming deployment. He and his wife have only been to two of the briefings and workshops in the last couple of months. His wife, who was always a very supportive and outgoing member of the unit-family, has become despondent and angry. She has "dropped off the radar" where the FRG is concerned, and the strain at home has caused a noticeable decline in your Soldiers attention and performance.

You need both Soldiers and Families to support the unit mission. What steps can you take to encourage spousal participation in ongoing preparations?

Battle Drill Scenario B: Soldier's Family is Having Trouble during Deployment

SPC Murphy can't seem to focus on the mission lately. When she is not on duty she spends most of her time trying to contact her family. She has expressed great concern with her peers about her family's state of affairs. Today the chain of command received word from the rear detachment that Mr. Murphy has expressed great frustration and a growing lack of confidence in Tricare and a few other family care venues.

What steps does the chain of command take to take care of the Soldier and her family?

Battle Drill Scenario C: Soldier is Having Trouble Reintegrating with Family

SSG Joseph asks you, "What are the chances of volunteering for another deployment?" You're surprised since your company has been home less than six months.

After further discussion, SSG Joseph explains that he's been feeling "unnecessary" around his home lately. His wife and kids did a fantastic job running the household and taking care of one another in his absence. To Joseph's chagrin, their adaptations and coping mechanisms seem to have become a permanent part of who the family is now. He knows they still love him but he just doesn't feel needed like he used to. He says he just feels like a guest in his own home.

You know these are valid emotions. What do you tell SSG Joseph?

Combat Operational Stress

Battle Drill Scenario A: Combat Operational Stress

Your platoon has endured a great deal of sustained combat action. The company has suffered casualties and the pace has worn your Soldiers down. There are two Soldiers in the squads that concern you. SGT Davis has become lethargic and withdrawn. His actions and reactions are sluggish and you are worried that his focus isn't on the mission. SSG Devareaux on the other hand is wired! His behavior is aggressive and this morning he got into a physical altercation with another Soldier over something trivial.

Should you be concerned? If so, why and what steps should you take next?

Battle Drill Scenario B: Operational Stress

Your squad has been manning an over watch position, without relief for three days. You can hear engagements taking place sporadically about three kilometers due south but nothing in your AO. Although the possibilities of hostile action are high, there have been no threats encountered in your AO and things are slow and miserable. You haven't been able to eat much of anything in the last two days. You have an evil headache that blurs your vision. You feel incredibly anxious and you begin to worry about your decision making abilities.

Is the heat getting to you or is it something else?

Battle Drill Scenario C: Mass Casualty

Four days ago during a large troop movement, a CH-47 was shot down and 11 members of your company were killed. The impact on your Soldiers has been devastating. Your NCOs report a broad spectrum of behaviors and reactions from quiet withdrawal to outright anger and demands for retribution. You know this is to be expected, but you want to care for your Soldiers as well as ensure they remain mission capable.

What can you do to help your Soldiers?

Sexual Harassment

Battle Drill Scenario A: Victim of Sexual Harassment

One of your Soldiers has become detached from company/platoon life. Usually very involved, the Soldier has even begun to volunteer for duties and details that seem to remove the Soldier from the platoon. When you inquire about this change of demeanor you get no reasonable explanation, but you have received second hand information (which the Soldier later confirms to

be true) that the Soldier will do any crap detail and pull any guard duty to stay away from CPL Cruise.

What is your next step going to be?

Battle Drill Scenario B: Alleged Offender of Sexual Harassment

When you get a chance to speak with CPL Cruise he tells you there must be a "misunderstanding". "I have told her a few times at PT that she has a perfect female build; long legs, tight muscles. I meant for PT she is ripped!" he continues with "oh and I have to adjust her uniform a lot. She gets sloppy sometimes, I help her square her hair away too when it comes undone."

How will you handle this?

Sexual Assault

Battle Drill Scenario A: Victim of Sexual Assault

You've been called to the company late on a Saturday night. The CQ tells you that there has been an assault on a female Soldier in the barracks. The Soldier's roommate came home to find her lying in her bunk sobbing. She shows obvious signs of battery and her clothing is torn. She told the roommate the attack happened approximately four hours ago. She has identified another Soldier in the company as the attacker.

You learn that the roommate has repeated the name to others gathering in the hall. You don't like what you hear coming from other Soldiers and you need to gain control of the situation quickly. What steps will you take in the coming hours as well as the coming days to ensure your Soldiers are cared for and due process is served?

Battle Drill Scenario B: Alleged Perpetrator of a Sexual Assault

Based on the information in Scenario A: The Soldier accused of the assault is held in high regard with his peers and junior Soldiers alike. This assault has had catastrophic effects on the company itself, as junior NCOs and enlisted seem to be polarizing in support of either the victim or the alleged perpetrator.

You have a duty to protect the victim, the alleged perpetrator and the company itself. What steps do you take to help the company regain balance and continue the mission?

Exceptional Family Members

Battle Drill Scenario A: Special Needs Family Member Identified

One of your newest Soldiers SPC Jimenez has been late for almost half of all first formations. When most newly assigned Soldiers are putting their best foot forward to make a great first impression, SPC Jimenez' demeanor is lackluster at best. She consistently appears groggy and unfocused, and whenever there is a break she dozes off.

This morning SPC Jimenez was AWOL. As soon as you are able you go to Jimenez' home to investigate. Jimenez meets you at the door and invites you in. She is in uniform, but explains she was overcome by events before leaving this morning.

In her living room her child rests in a hospital styled bed connected to a collection of monitors and other medical apparatus.

SPC Jimenez explains why she didn't make it to drill on time.

How come her child's condition was never mentioned in any of her military records? How come she never mentioned her family's situation during her initial counseling? Why has she never attempted to make other arrangements when her schedule became difficult? Why isn't her family enrolled in the EFMP?

What will you do to amend these issues, and ensure SPC Jimenez knows the chain of command is there for her entire family?

Domestic Abuse

Battle Drill Scenario A: Risk of Escalation

You are aware that SGT Metzger and his family are going through some tough times; his wife recently lost her job, shortly after, one of their cars was repossessed. To compound matters even further Metzger's sister-in-law and her child moved into the family home.

Leaning forward like the Soldier that he is, SGT Metzger brought these issues to his squad leader. He was concerned about how these pressures would affect his job performance. They've discussed it and are working together as a team to get support where possible.

Now, for the second month in a row, SGT Metzger has set up a cot in the armory as opposed to going home after final formation, though he only lives ten minutes away. He continually gets calls on his mobile phone and the conversation never sounds friendly.

Would you consider SGT Metzger at risk of escalation? If so, what steps should you take to help him?

Battle Drill Scenario B: Suspicion of Incident

This morning at PT you noticed SGT Metzger was wearing the long sleeve APFU shirt though it was over 80 degrees. He claimed to have grabbed the wrong shirt while packing for drill. His squad member has just informed you he passed Metzger on the way into the showers after PT. He said Metzger was covered in bruises, gouges and scratches around his neck, on his chest and the length of both arms.

What do you tell the squad leader?

Battle Drill Scenario C: Report of Incident

Based on the information provided in Scenarios A and B, who needs to become involved (consider an "on-post" and "off-post" setting?)

Why and what steps are to be taken?

Child Maltreatment

Battle Drill Scenario A: Risk of Escalation

One of your Soldiers, SPC Greene, gave birth to twins approximately a year ago. She already had a two year old stepchild. You've overheard comments made by her fellow Soldiers that she may be having trouble adjusting to having three young children at home. You've also heard that your Soldier refers to her children in less than flattering terms at times. This morning you overheard her screeching into her cell phone, something to the effect that she, "Needs her time with her friends, it's not always about those damned rug rats."

This Soldier is very young with a great deal of responsibility. You want to help her before things spin out of control. What can you do?

Battle Drill Scenario B: Suspicion of Incident

CPL Conroy asks to speak with you off line. She informs you that when she stopped in to pick SPC Greene up for drill this morning, what she saw upset her. She says that Greene's three children were on the floor; all were filthy and screaming at the tops of their lungs while Greene remained oblivious and talked on her cell phone. Conroy said that one of the three had a split upper and lower lip and bore bruises on her right arm shaped like the grip of an adult sized hand.

On the way out Conroy asked Greene "you aren't going to leave them alone are you?" to which Greene replied, "Their Father is in bed, he'll be up in a while."

Is this cause for alarm? Is this any of CPL Conroy's business? What are your responsibilities at this point?

Battle Drill Scenario C: Report of Incident:

With your NCOs and utilizing the above scenarios, cover:

1. What look for
2. What to do
3. What to avoid
4. What to expect after taking action
5. Troubleshooting

Separation and Retirement

Battle Drill Scenario A: Soldier is Ambivalent about Voluntary Separation or Retirement

Your full-time Company Logistics NCO has submitted a DA Form 4187 to retire after 26 years of service. Everyone is happy for him but you are a bit concerned.

Initially he was excited about his retirement but as the weeks went by he grew quieter and quieter. The S-1 shop has mentioned several times that he hasn't submitted his DA Form 31s for his transitional leave or any permissive TDY.

Although your armory is on an active component installation, he hasn't attended any of his Army Career and Alumni Program (ACAP) briefings. He comes in each day and mulls about the Supply Room, surfing the internet and drinking coffee.

Whenever fellow Soldiers ask him what he's going to do after his retirement he just mumbles and says "who knows".

You are worried about your fellow Soldier. As a long term friend and the company 1SG you want to help him prepare for this huge milestone in his career.

a. What could the problem be?
b. How can you approach the situation?
c. What could be the consequences for his not attending to the administrative requirements of his retirement process?
d. What does he need to do to get back on track

Resources, Guidance and References

Crisis Intervention and Other Resources

- Emergency - **911**
- Suicide Prevention Lifeline - **1-800-273-TALK (8255)**

  http://www.armyg1.army.mil/redirect.asp?p=http://www.suicidepreventionlifeline.org
- Military One Source - **1-800-342-9647**

  http://www.militaryonesource.com/
- The Defense Center of Excellence (DCoE) - **1-866-966-1020**

  http://www.dcoe.health.mil/
- Army G-1, Army Well Being Liaison Office - **1-800-833-6622**

  http://www.armywell-being.org
- Wounded Soldier and Family Hotline - **1-800-984-8523**
- Real Warriors Campaign

  http://www.realwarriors.net/

Hotline Resources

- Child Abuse Hotline: 1-800-342-3720
- National Child Abuse Hotline: 1-800-25-ABUSE
- Covenant House Hotline: 1-800-999-9999
- Domestic Violence Hotline: 1-800-829-1122
- Elder Abuse Hotline: 1-800-252-8966
- National AIDS Hotline: 1-800-342-AIDS
- Sexually Transmitted Disease Hotline: 1-800-227-8922
- Sexually Transmitted Disease & AIDS/HIV Information Hotline: 1-800-332-2437

- Parent Hotline: 1-800-840-6537
- Boys Town National Hotline: 1-800-448-3000
- National Drug Information Treatment and Referral Hotline: 1-800-662-HELP
- National Cocaine Hotline: 1-800-COCAINE

Suicide and Suicide Prevention

Links

- Air Force Wingman Project

  http://www.wingmanproject.org/
- American Association of Suicidology

  http://www.armyg1.army.mil/redirect.asp?p=http://www.suicidology.org
- Americas Heroes at Work

  http://www.americasheroesatwork.gov/
- Army Behavioral Health

  http://www.behavioralhealth.army.mil/
- Army Suicide Prevention Lessons Learned (AKO Login)

  https://www.us.army.mil/suite/page/614956
- Army Wounded Warrior Program

  http://www.aw2.army.mil/
- Centers for Disease Control and Prevention (CDC)

  http://www.cdc.gov/
- Combat Readiness Center (CRC)

  https://safety.army.mil/
- Defense Center of Excellence (DCoE)

  http://www.dcoe.health.mil/
- Installation Management Command (IMCOM)

  http://www.imcom.army.mil/hq/
- inTransition

  http://www.health.mil/inTransition
- Medal of Honor: Speak out

http://www.medalofhonorspeakout.org/

- Mental Health Self-Assessment Program

  https://www.militarymentalhealth.org/

- Military Health System

  http://www.health.mil/Themes/Suicide_Prevention.aspx

- Military One Source

  http://www.militaryonesource.com/

- My Army One Source

  http://www.myarmyonesource.com/

- National Guard: Virtual Armory

  http://www.virtualarmory.com/WellBeing/suicide.aspx

- National Resource Directory

  http://www.nationalresourcedirectory.gov/

- National Suicide Prevention Lifeline

  http://www.armyg1.army.mil/HR/pdhra/

- Post-Deployment Health Reassessment Program (PDHRA)

  http://www.armyg1.army.mil/HR/pdhra/

- Public Health Command (PHC)

  http://phc.amedd.army.mil/home/

- Real Warrior

  http://www.realwarriors.net/

- Substance Abuse and Mental Health Services Administration (SAMSHA)

  http://www.samhsa.gov/

- Suicide Prevention Resource Center (SPRC)

  http://www.sprc.org/

- Survivor Outreach Services

  http://www.myarmyonesource.com/familyprogramsandservices/familyprograms/survivoroutreachservices/

- Tragedy Assistance Program for Survivors (TAPS)

  http://www.armyg1.army.mil/redirect.asp?p=http://www.TAPS.org

- United States Army Reserve (USAR)

https://esaiwr.usar.army.mil/akog1/

- US Army Chaplains

  http://www.chapnet.army.mil/

- US Army Public Health Command - Suicide Prevention Resources thru AKO (AKO Login)

  https://www.us.army.mil/suite/page/334798

- Wounded Warrior Resource Center

  http://www.woundedwarriorresourcecenter.com/

Regulatory Guidance

- DA PAM 600-24: Health Promotion, Risk Reduction, and Suicide Prevention
- AR 165-1: Army Chaplain Corps Activities
- AR 600-63: Army Health Promotion
- AR 600-8: Military Personnel Management
- All appropriate State Level Guidance, Directives, Memorandums, and SOPs

DoDDs, DoDIs

- DODD 6200.04 Force Health Protection

Alaracts

- 087/2010: HQDA Specialized Suicide Augmentation Response Team/Staff Assistance Team (SSART/SAT)
- 092/2010: Identification of At Risk Soldiers - Suicide Prevention Training During Times of Transition
- 093/2010: Clarification of the Suicide Prevention Program Manager, the Senior Commander, and Community Health Promotion
- 031/2009: HQDA EXORD 103-09 STAND DOWN AND CHAIN TEACH
- 115/2009: Army Campaign Plan for Health Promotion, Risk Reduction and Suicide
- Prevention (ACPHP)
- 163/2009: Army Suicide Prevention Month (1-30 September 2009)
- 200/2009: EXORD 256-09 (Suicide Prevention Action Plan (SPAP))
- 252/2009: Geographically-Dispersed Soldiers

- 253/2009: (ACE / ASIST) Suicide Intervention Skills Training
- 320/2009: Fragmentary Order 1 to Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention (ACPHP)
- 337/2009: Availability of Suicide Awareness Briefing for Army Families and Department of the Army Civilians
- 350/2009: Identification of at Risk Soldiers - Suicide Prevention Training Before and After Authorized Absences while Deployed
- Army Campaign for Health Promotion, Risk Reduction, and Suicide Prevention
- DTG: 0905112053 - Commanders Report of Disciplinary or Admin Action
- DTG: 0905112053 - Commanders Report of Disciplinary or Admin Action
- DTG: 0905112053 - Commanders Report of Disciplinary or Admin Action
- DTG: 0905112053 - Commanders Report of Disciplinary or Admin Action
- DTG: 0905211919Z - Military OneSource Crisis Line / The Defense Center of Excellence (DCOE) Outreach Center
- DTG: 1811609Z New Army G-1 Suicide Prevention Program Lessons Learned

Substance Abuse

Links

- Substance Abuse and Mental Health Services Administration (SAMSH) http://www.samsha.gov/

Regulatory Guidance

- AR 600-85: The Army Substance Abuse Program
- DA PAM 600-24: Health Promotion, Risk Reduction, and Suicide Prevention
- MEDCOM Reg. 40-51: Medical Review Officers and Review of Positive Urinalysis Drug Testing Results
- DA Pam 600-85: Army Substance Abuse Program Civilian Services
- AR 635-200: Active Duty Enlisted Administrative Separations

- All appropriate State Level Guidance, Directives, Memorandums, and SOPs

DoDDs, DoDIs

- DoDD 1010-01: Military Personnel Drug Abuse Testing Program
- DoDD 1010-04: Drug and Alcohol Abuse by DoD Personnel
- DoDD 1010-09: DoD Civilian Employee Drug Abuse Testing Program
- DoDI 1010-06: Rehabilitation and Referral Services for Alcohol and Drug Abusers
- DoDI 1010-16: Technical Procedures for the Military Personnel Drug Abuse Testing Program

Alaracts

Sexual Assault and Response Abuse

Links

Regulatory Guidance

- AR 600-20: Army Command Policy (domestic violence included)
- Army Regulation 27-10: Rights of Crime Victims
- MEDCOM Regulation 40-36: Medical Facility Management of Sexual Assault (Dec 2004)
- Army Regulation 350-1: Army Training and Leader Development
- All appropriate State Level Guidance, Directives, Memorandums, and SOPs

DoDDs, DoDIs

- DoD Instruction 6495.02: Sexual Assault Prevention and Response Program Procedures
- DoD Directive 6495.01: Sexual Assault Prevention and Response (SAPR) Program

Alaracts

Family Programs

Links

- Army Family Advocacy

  http://www.army.mil/usapa/epubs/pdf/r608_18.pdf

Regulatory Guidance

- FORSCOM REG 500-3-1 Family Assistance (Appendix 4)
- NGR 600-12 Family Programs
- AR 608-1 Army Community Services
- AR 600-8-14 ID Cards
- AR 600-20 Army Command Policy
- All appropriate State Level Guidance, Directives, Memorandums, and SOPs

DoDDs, DoDIs

- DODI 1300.24 Recovery Coordination Program
- DODI 1342.22 Family Assistance Centers
- DODI 1342.23 Family Readiness - National Guard and Reserves
- DODI 1342.19 Family Care Plans
- DODI 6060.2 Child Development Programs
- DODI 6060.3 School Age Care Program
- DODI 6060.4 Youth Programs
- DODI 6400.06 Domestic Abuse Involving DoD Military and Certain Affiliated Personnel
- DODD 1332.35 Transition Assistance for Military Personnel
- DODD 1332.27 Survivor Annuity Program
- DODD 1342.17 Family Policy
- DODD 5124.6 Quality of Life Executive Committee
- DTM 22 Jan 06 Restricted Reporting Policy for Incidents of Domestic Abuse

Alaracts

- ALARACT 126/2008 Support for Families of the Fallen

Yellow Ribbon

Links

- Yellow Ribbon Zone
  https://www.yellowribbonzone.com/Login.aspx

- Virtual Armory
  http://www.virtualarmory.com/

- Joint Services Support
  http://www.jointservicessupport.org/Default.aspx

- Military One Source
  http://www.militaryonesource.com/

- National Guard.com
  www.nationalguard.com

- NGB .Army.mil
  www.ngb.army.mil

- Army National Guard Website
  www.arng.army.mil

- Air National Guard Website
  www.ang.af.mil

- Employer Support of the Guard and Reserve
  www.esgr.org

- Stay on Track
  www.stayontrack-online.com

- Strong Bonds
  www.strongbonds.org

- Yellow Ribbon .mil
  www.yellowribbon.mil

- Email Address: ARNG Yellow Ribbon
  ARNGyellowribbon@ng.army.mil

Regulatory Guidance

- Public Law 110-181: National Defense Authorization Act for Fiscal Year 2008, Section 582 (January 28, 2008)
- USD(P&R) Memorandum: Change to Current Mobilization/Demobilization Personnel and Pay Policy (April 2, 2008)
- Secretary of Defense Memorandum: Designation of the Under Secretary of Defense for Personnel and Readiness (USD(P&R)) as the DoD Executive Agent for the Yellow Ribbon Reintegration Program (July 17, 2008)
- Directive-Type Memorandum (DTM) 08-029: Implementation of the Yellow Ribbon Reintegration Program (July 22, 2008)
- DA Memorandum Army Guidance Concerning the Amount of Days for Post-Deployment/Mobilization Respite Absence (PDMRA) and Yellow Ribbon Reintegration Program (YRRP) Activities for Reserve and National Guard Personnel (27 January 2010)
- National Defense Authorization Act for Fiscal Year 2008 - NDAA 08
- National Defense Authorization Act for Fiscal Year 2009 –
- NDAA 09 National Defense Authorization Act for Fiscal Year 2010 - NDAA 10
- All appropriate State Level Guidance, Directives, Memorandums, and SOPs

DoDDs, DoDIs

- DODDI 1342.qq DoD Yellow Ribbon Reintegration Program (YRRP)
- DODDI 1000.17 Detail of DoD Personnel to Duty outside the Department of Defense

Alaracts

Miscellaneous

Links

- Comprehensive Soldier Fitness
  http://usacac.army.mil/cac2/cgsc/CSF/curriculum.asp
- Army health Promotion
  http://www.army.mil/usapa/epubs/pdf/r600_63.pdf
- My Army Benefits
  http://myarmybenefits.us.army.mil/Home.html

Key Term Index

ACS Personal Financial Management (PFM) Specialist
AR 635-200, Enlisted Separations and Discharges
Accessible Housing
Active Listening
Administrative Actions
Administrative Separation
After Care
Alcohol Abuse
Alcohol and Drug Control Officer (ADCO)
Alcohol Dependence or Alcoholism
Alcohol Related Incident
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Army Community Service
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Combat Operational Stress Reaction (COSR)
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Command Referral
Command Representative
Consumer Credit Counseling Agencies
Controlled Substance
Coordinated Community Response
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Counseling Center
Criminal Investigations Division
DFAS
Dad's 101, 102, and Infant Care and Parenting
Dangerous Drugs
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Dismissal
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Domestic Violence
Domestic Violence Resources
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Family Care Plan
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Financial Management Classes
Fully Investigated
Helping Agencies
Hold Offender's Accountable
Home- Health Agency
Home Medical Care
Hospice Care
Hospitalization
Illegal/ Illicit Drugs
Immediate Danger
Inclusive Child Care
Individual Education Program (IEP)
Individual Family Service Plan (IFSP)
Informal Resolution System (IRS)
Informational/ Educational Brochures
In-Home Medical Support
Initial Screening

Installation Legal Assistance Offices
Institutional Child Abuse
“Just in Time Counseling”
Key Family Readiness Members
Key Volunteer Network (KVN)
Legal Assistance Office
Licensed Independent Practitioner (LIP)
Limited Duty
Limits of Confidentiality and Privacy
Line of Duty
Live as a Team
Losing their Children
Maintain Unit Cohesion
Major Medical Area
Malingering
Managed Health Network
Mandatory/ Involuntary Separation
Mandatory Separation Processing
Marriage Enrichment Retreat (MER)
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Prevention Programs and Classes
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Suicide
Suicide Attempt

Suicide Gesture
Suicide Threat
Suitability Screening
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Tip of the Iceberg
Trained
Transition Assistance Program (TAP)
Transition Compensation Program
Traumatic Events
Treatment Plans
Treatment Recommendations
Trying to Manipulate
Urinalysis Program
USD Policy Memo
VA
Verbal “No Contact” Order
Victim Advocate
Victim Support Rights
Women, Infants, and Children (WIC)
Work Environment
Workplace

ACS Personal Financial Management (PFM) Specialist: Trained financial professional, assigned within ACS, with expertise in personal finance and counseling techniques. The PFM Specialist has the education and experience to guide Soldiers on a wide range of financial issues. PFM Specialists, generally, are certified as Accredited Financial Counselors and some may carry designation as a Certified Financial Planner.

AR 635-200, Army Enlisted Separations and Discharges: This regulation sets policies, standards, and procedures to ensure the readiness and competency of the force while providing for the orderly administrative separation of soldiers for a variety of reasons.

Accessible housing: An "accessible house" is a house that is built/adapted and is in compliance with the Americans with Disabilities Act (ADA), the Architectural Barriers Act and the Unformed Federal Accessibility Standards. Typically, ADA compliant housing (both Military and PPV) is provided to Soldiers who have Family members who have physical disabilities and require wheelchair accessible ramps, countertops, showers and widened entry ways.

Active listening: Active, effective listening is the foundation of effective communication. Active listening intentionally focuses on who you are listening to in order to understand what he or she is saying. As the listener, you should then be able to repeat back in your own words what they have said to their satisfaction. You do not have to agree with, like, or fix the problems that you are hearing. Your job is simply to convince the other person that you understand what they're trying to say. A good web site on this technique can be found at : http://www.taft.cc.ca.us/lrc/class/assignments/actlisten.html

Administrative Actions: These can include expeditious administrative separation for suicide risk, routine, administrative separation for personality disorder, fraudulent enlistment, pattern of misconduct, or a variety or other reasons (see the AR 635-200, Army Enlisted Separations Manual); prosecution for malingering.

Administrative Separation. Discharge or release from active duty upon or before expiration of enlistment, period of induction, or other required period of service, in the manner prescribed by law, by the Secretary of Defense or the Secretary of the Army, but specifically excluding punitive separation by the sentence of a general or special court-martial.

Aftercare: Begins after medical treatment ends. It is the responsibility of the command to monitor aftercare, which should not exceed 12 months. It primarily consists of administrative monitoring, and non-clinical counseling. Aftercare also pertains to the continuation of the recovery process begun in treatment for the chemically dependent and their Family. Family members may be involved in a variety of after care programs such growth groups, Family groups, and peer groups.

Alcohol Abuse: The use of alcohol ~~to an extent that it~~ has an adverse effect on the following; performance, conduct, discipline, or mission effectiveness and the user's health, behavior, Family, community, and DON; or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct.

Alcohol and Drug Control Officer (ADCO): Appointed by the CO in writing for at least 1 year, is the commander's liaison with professional and counseling assets within the command and local community and provide technical assistance to the commander regarding substance abuse.

Alcohol Dependence or Alcoholism: The psychological or physiological reliance on alcohol.

Alcohol Related Incident: Occurs when, in the commanders' judgment, the ingestion of alcohol was a contributing factor to an event that resulted in a violation of the UCMJ.

Alcoholics Anonymous Meeting: Alcoholics Anonymous meeting is a fellowship of men and women who share their experience, strength and hope with each other, that they may solve their common problem, and help others to recover from alcoholism.

Army Community Services (ACS): Enhances unit and Family readiness by delivering programs such as Army Family Team Building (AFTB), ACS One Source/ Military One Source Information and Referral Service, Counseling Services and New Parent Support. The programs are designed specifically for Soldiers and Families to increase their awareness of relevant readiness issues, while offering creative ideas to build a healthy Family. Through proactive education, training, coordination of support services, materials and tools, ACS promotes personal and Family readiness that can be applied in everyday situations. ACS/Military One Source is also able to coordinate counseling services for Soldiers and Families in need of counseling support to help cope with deployment related issues, reunion concerns, parenting, childcare and other everyday issues. Soldiers and Family members are allowed six face-to-face counseling sessions per incident with a civilian mental health practitioner for free. A Soldier or Family member will call a One Source consultant who will determine if there are on base resources readily available to assist the caller. If on base resources are not available, the One Source consultant will provide the caller an immediate referral to counseling assistance, and using their nationwide network of providers, will find a licensed mental health practitioner near the caller. Utilizing ACS/Military One Source is ideal for Soldiers needing counseling services but who are not located near an installation. Soldier and Family Services (SFS) counseling is available to those units and Families in need of counseling support in the areas of combat stress, stress reduction, anger management, new parent support, and couples counseling.

Army Emergency Relief (AER): Installation-level helping agency that may be able to provide monetary assistance to service members experiencing financial hardship. Soldiers traveling or geographically separated from Army installations may also contact the Air Force Aid Society, Navy Marine Corps Relief Society, or American Red Cross who will act as a liaison with AER for needed assistance.

Army, Family Team Building (AFTB): Army Family Team Building is a series of training modules taught through your local Army Community Service or Family Program's office that cover topics such as basic information about the Army, personal growth skills and leadership skills. AFTB improves personal and Family preparedness which enhances overall Army readiness and helps America's Army adapt to a changing world.

Army One Source: Army One Source/Military One Source (sometimes referred to as Army One Source) is an information resource and referral network available via phone at 1-800-342-9647and Internet access (http://www.militaryonesource.com/MOS/Army. The constant coverage augments local installation information and referral resources and ensures Families are provided fast, timely, and accurate information when additional resources for problems are needed. Well educated consultants and specialty research teams are readily available around the clock to provide referrals and civilian resources to military. In addition to providing a wealth of resources for deployment related issues, ACS One Source provides information on everyday issues, parenting and childcare, education, finances, legal, elder care, health and wellness, crisis support and relocation. The service also offers a wide variety of prepaid (free) educational materials in many different formats: tip sheets, booklets, cassette and CD recordings. Additionally, ACS/Military One Source is able to coordinate with providers located in the callers' area for up to six free individual or Family counseling sessions. Counseling sessions can be arranged for issues relating to deployment and return and reunion, readjustment to returning service member, childhood issues, marital issues, coping, stress, etc.

Assessment: A Soldier requiring an assessment will be assigned a case manager. The case manager, through a collaborative effort with the Soldier, will conduct a comprehensive bio-psychosocial assessment of the individual's treatment needs. As part of the assessment a Licensed Independent Practitioner (LIP) will render a diagnostic judgment. The case manager and the Soldier will use the assessment results to develop an Individualized Treatment Plan (ITP).

Bankruptcy: Court ordered discharge of accumulated debts.

Care for the Caregivers: Care for the Caregivers is a three hour facilitated discussion for Key Volunteers (KV's) and others who actively support the unit and their Families. Over time, the stress and demands of caring for others and responding to their needs becomes a drain on those KV's supporting the unit. CREDO Chaplains facilitate the discussions and provide the KV's the opportunity to focus on themselves and rejuvenate their energy and spirit.

Career Impact/ Consequences: Many Soldiers worry that seeking help will make them appear "weak" or "defective" to their peers or leaders. In the past there has probably been some basis for this worry, and the stigma associated with seeking help may still be a problem in some units. Current Army National Guard policy is for commands to create a climate where seeking help is encouraged to promote maximum personal and unit readiness. If a Soldier were drowning, they would not hesitate to ask for help, and peers and leadership would do everything in their power to help, regardless of the reason for the distress. It needs to be the same way for Soldiers "drowning" in personal problems or distress. Our readiness and their lives may depend on it. It is important for Soldiers to be confident, and they can ask for help without prejudice to their careers. It is especially important for them to understand that what is more likely to affect their careers is not seeking help, and waiting until problems affect their job performance or mental health. ~~But~~ At any point, seeking help should be welcomed and encouraged as the right and courageous thing to do. This is for the benefit of not only the Soldier involved, but also team-mates who depend on him/her to be there when needed.

Case Review Committee (CRC): A multidisciplinary team of designated individuals working at the installation level, tasked with the evaluation and determination of abuse and/or neglect cases and the development and coordination of treatment and disposition recommendations.

Chaplain: Provides spiritual guidance, personal counseling, and life issues counseling in a confidential setting. Chaplains are protected by the Uniform Code of Military Justice, which ensures confidentiality. Under military law, chaplains must keep conversations confidential when service members seek their spiritual guidance, either as a formal act of religion or a matter of conscience. Chaplains do not have to keep conversations confidential when a service member speaks with them for reasons other than spiritual guidance. When it is in the best interest of the person involved, the chaplain is expected to assist the individual in identifying the appropriate means of self-disclosure without violating the individual's trust. For additional information of the Chaplain's confidentiality guidelines, contact the base legal office or the installation chaplain's office.

Characterization of Service: Classification of quality of services rendered.
Honorable. An officer whose quality of service has generally met the standards of acceptable conduct and performance of duty, or is otherwise so meritorious that any other characterization would be clearly inappropriate, shall have his or her service characterized as Honorable.
General (Under Honorable Conditions). If a service has been honest and faithful, but significant negative aspects of conduct or performance of duty outweigh the positive aspects of the Soldier's military record, it is appropriate to characterize that service as General (Under Honorable Conditions).
Under Other Than Honorable Conditions. This characterization is appropriate when the Soldier's conduct or performance of duty, particularly the acts or omissions that give rise to the reasons for separation, constitute a significant departure from that required of a Soldier in the Army National Guard.

Child Maltreatment (abuse or neglect) is the physical or sexual abuse, emotional maltreatment, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is interfamilial or extra familial, under circumstances indicating that the child's welfare is harmed or threatened. Such acts by a sibling, other Family member, or other person shall be deemed to be child maltreatment only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent. Sexual activity between parent/step-parent and same sex child is treated as incest, not homosexuality. Sex between siblings, where there is a five-year age difference, is considered incest.

Child Protective Services (CPS): State or county program responsible for responding to allegations of child abuse and neglect and for enforcing state and county child protection laws and statutes. Programs vary by location but many offer prevention and Family preservation programs. A representative from the local CPS attends the installation Case Review Committee (CRC) as a permanent voting member. To locate CPS in your area, contact: ChildHelp® USA National Child Abuse Hotline, 1-800-4-A-CHILD® (1-800-422-4453)

Child Removal Order (CRO): A written order, signed by the Installation Commander, by direction of the Installation Commander or by another officer with authority over the place where

the child whose welfare is endangered, issued to PMO, Family Advocacy Program (FAP) personnel, medical personnel, or similar authorities, directing a child be removed from a home to a place of safety. This order, issued upon finding there is substantial reason to believe that an emergency situation exists and the child(ren) may be in imminent danger of serious mental, emotional, or physical harm, must spell out the location from which the child(ren) are removed, and the time and date of return. While this order is given orally, telephonically, or in any written form, the preferred method for issuing a CRO uses a standard format listing provisions reviewed by SJA for legal sufficiency. Contact the installation FAP office or the SJA for the standard formatting.

Civilian Law Enforcement: Given many National Guard Soldiers and their Families live off installations and in the civilian community, commanders may be relying on local law enforcement to report and investigate allegations of domestic violence involving Soldiers. Local civilian law enforcement refers to the agencies in the county in which the service member resides. Many civilian law enforcement agencies have investigators who have received specialized training in domestic violence and can be important resources for commanders. Lastly, installations are now required to pursue formal MOU's with local civilian law enforcement in accordance with USD Policy Memorandum dated 29 Jan 04 on Establishing Domestic Violence Memoranda of Understanding Between Military and Local Civilian Officials.

CO's Background Information: Information gather to assist the counseling center in evaluating and making the appropriate treatment recommendation.

Combat/Operational Stress Reaction (COSR): is the term used to describe the physiological, behavioral and psychosocial reactions experienced before, during, or after combat or due to increased operational tempo during any phase of operations or deployment.

Combat Stress: is a term used to describe the condition under which a Soldier operates during times of combat.

Command-Directed Evaluation (CDE): When a Soldier will not go for a Mental Health Evaluation for suicide risk, and there is good cause to suspect the Soldier is at risk, the unit commander will have to initiate a Command-Directed Mental Health Evaluation and order the Soldier to submit for evaluation. This requires specific sequence of actions due to the legal issues involved.

Command Financial Specialist (CFS): Unit level Staff NCO or Officer designated by the command and trained by the ACS Personal Financial Management (PFM) Specialist to provide financial classes and basic counseling to Soldiers within the unit.

Command Referral: Occurs when an individual is identified as having a problem with alcohol that warrant a referral to a counseling center for an assessment.

Command Representative: SNCO or officer, who is appointed in writing by the Battalion/Squadron Commander to represent the command of the service member involved in a child maltreatment incident at the CRC and has voting privileges.

Consumer Credit Counseling Agencies: Civilian not-for-profit agencies that can assist Soldiers with debt management and debt liquidation plans. Most consumer credit counseling agencies have low cost management fees based on the Soldiers ability to pay.

Controlled Substance: Any drug or substance (listed in code of Federal Regulation Title 21 Part 308 Schedule of Controlled Substances**)** which has a stimulant, depressant, or hallucinogenic affect and potential for abuse.

Coordinated Community Response: An interdisciplinary and multi-agency response to ensure victim safety. This requires a consistent and immediate response from individual community members such as other Family members, neighbors, teachers, military and civilian doctors, child care providers, and all witnesses to report abuse; the military and civilian police to arrest or apprehend the primary aggressor and ensure incident reports are forwarded to the FAPO, civilian prosecutors to institute criminal charges, military judge advocates to advise the Command; and Command leadership to convene courts-martial, where appropriate, to prevent further abuse and protect victims and other Family members from additional abuse. All community members must treat child and domestic violence as UNACCEPTABLE behavior. The military community is responsible for holding the offenders of abuse accountable for their behavior within the military community to ensure no recidivism or recurrence.

Counseling- Counseling or "talking therapy" involves a trained professional assisting a member in resolving problems or making a change. Counseling can be done one-on-one as couples, or groups. It can be helpful for a number of concerns such as stress symptoms, poor sleep, nervousness, tension headaches, relationship difficulties, work problems, depression and anxiety disorders.

Counseling Center: Provides a variety of programs and services to military members and their Families to enhance life skills and improve their quality of life. This mission is accomplished through a variety of seminars, workshops, treatment groups, counseling, and interventions services. Individual, marital and Family counseling, provided by licensed professionals, is available by appointment. In addition to counseling services, the Family Advocacy Program (FAP) is dedicated to the prevention, education, reporting, intervention and treatment of domestic violence. For more information and to set up a counseling appointment please contact your installation's Counseling Center at Soldier and Family Services.

Criminal Investigation Division (CID): In a dangerous and complex world, threats against America and its military forces continue to proliferate and evolve. Standing between these threats and the people, Families, and assets of the Army and Army National Guard is a unique, highly-trained, and effective team of special agents, investigators, forensic experts, security specialists, analysts, and support personnel. CID is the primary law enforcement and counterintelligence arm of the United States Department of the Army. It works closely with other local, state, federal, and foreign agencies to counter and investigate the most serious crimes: terrorism, espionage, computer intrusion, homicide, rape, child abuse, arson, procurement fraud, and more. CID is the Army's primary source of security for the men, women, and resources of US Army.

Dangerous Drugs: Non-narcotic drugs that are habit forming or have potential for abuse because of their stimulant, depressant, or hallucinogenic effect.

DFAS: Continuously records, processes, and maintains personnel and pay data for all active, reserve, and retired personnel.

DD2792 forms: The required forms for enrollment in the EFMP are:
DD Form 2792, Exceptional Family Member Medical Summary for medical issues only, and DD Form 2792-1, Exceptional Family Member Special Education/Early Intervention Summary for educational issues. Any Soldier who has a child who has an Individualized Education Program (IEP) is required to enroll in the EFMP.
Discharge. Complete severance from all military status gained by appointment, enlistment, or induction.

Disease: Any alteration in the body or any of its organs or parts that interrupts or disturbs the performance of vital functions, thereby causing or threatening pain, weakness or dysfunction. A disease can exist with or without a person's awareness of it, and can be of known or unknown cause.

Dismissal. Separation of a commissioned officer, effected by sentence of a general court-martial, or in commutation of such a sentence, or, in time of war, by order of the President, or separation of a warrant officer (WO-1) who is dismissed by order of the President in time of war. A complete severance from all military status.

Divorce- The legal termination of a marriage. All states require a spouse to identify a legal reason for requesting a divorce when that spouse files the divorce papers with the court. These reasons are referred to as grounds for a divorce.

Domestic Abuse is (1) domestic violence or (2) a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person of the opposite sex who is: (a) a current or former spouse; (b) a person with whom the abuser shares a child in common; or (c) a current or former intimate partner with whom the abuser shares or has shared a common domicile.

Domestic Violence is an offense under the United States Code, the Uniform Code of Military Justice, or state law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or a violation of a lawful order issued for the protection of a person of the opposite sex, who is: (a) a current or former spouse; (b) a person with whom the abuser shares a child in common; or (c) a current or former intimate partner with whom the abuser shares or has shared a common domicile.

Domestic Violence Resources: Community domestic violence resources can be located through civilian law enforcement agencies, the National Domestic Violence Hotline (1-800-779-7233), and ACS One Source. Community resources often include legal aid, emergency shelter for victims and their children, and victim advocacy.

Drug Abuse: The wrongful use of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol) to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness. For purposes of this Manual, drug abuse also includes the intentional inhalation of fumes or gasses of intoxicating substances with the intent of achieving an intoxicating effect on the user's mental or physical state, and steroid usage other than that specifically prescribed by a competent authority. Drug abuse is also a clinical diagnosis based on specific diagnostic criteria delineated in the American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders," current edition (DSM), and must be determined by a qualified Medical officer (MO) or DoD-authorized licensed practitioner. A diagnosis of drug abuse generally requires some form of intervention and treatment.

Drug Abuser: One who has illegally, wrongfully, or improperly used any narcotic substance, marijuana, or dangerous drug, or who has illegally or wrongfully possessed, transferred, or sold the same.

Drug Demand Reduction Coordinator's (DDRC): primary responsibility is to support the Army National Guards' illegal drug use prevention activities (e.g., DDR budget, illegal drug use education, and urinalysis testing).

For more information please visit: http://www.acsap.army.mil/sso/pages/index.jsp

Drug Dependence: Psychological or physiological reliance on a chemical or pharmacological agent.

Drug Paraphernalia: All equipment, products, and materials of any kind that are used, intended for use, or designed for use in injecting, ingesting, inhaling or otherwise introducing drugs into the human body.

Eligibility criteria: An exceptional Family member is defined as an authorized Family member (spouse, child, stepchild, adopted child, foster child, or a dependent parent) residing with the sponsor who may require special medical and/or educational services based upon a diagnosed physical, intellectual or emotional handicap such as Asthma, Cerebral Palsy, Mental Retardation, Dyslexia, ADD, ADHD, Autism, Oppositional Defiant Disorder, or Depression. Disabilities may range from mild to severe.

Emotional Abuse: A type of child maltreatment that includes acts or a pattern of acts, omissions or a pattern of omissions, or passive or passive-aggressive inattention to a child's emotional needs resulting in an adverse affect upon the child's psychological wellbeing. Emotional maltreatment includes intentional berating, disparaging or other verbally abusive behavior toward the child, and violent acts that may not cause observable injury

Enabling: Any action or behavior that allows a problem to continue after identified or worsened.

Enrolling in the Exceptional Family Member Program (EFMP): The Soldier should ensure his/her Family member is enrolled in DEERS, and; Contact the assigned EFMP Coordinator at

Soldier and Family Services (SFS) Center who will assist them in obtaining medical and educational evaluations, and provide the necessary forms for the Soldier, the medical provider, and, if necessary, the child's school official to complete; Return the completed forms to the EFMP Coordinator who will forward them to the Central Screening committee and to National Guard Bureau for processing and category assignment.

Equal Opportunity Proponency (EOP): The central authority and doctrinal issues concerning EO practices and training in the Army and it's Reserve Components.

Equal Opportunity Advisors (EOA). EOAs are assigned to commanders at Major Command level. Their primary duty is to assist the Commander with managing the commander's EO Program. EOAs attend the EOA Resident Course at the Defense Equal Opportunity Management Institute (DEOMI). The course provides information related to EO program management, multicultural history, diversity, discrimination, to include sexual harassment, and training management**.** The EOA can help the unit leaders by conducting Commander's Training and Senior Enlisted Leader Training that thoroughly discuss all areas of treating fellow unit members with fairness, dignity and respect.

Equal Opportunity Representatives (EOR). EORs are a vital part of the EO climate. EORs are assigned at the Battalion and are assigned to the billet for a minimum of one year, and attend indoctrination training, EOR Course training, and quarterly EO sustainment training provided by the local EOA. EORs assist commanders in establishing complaint procedures, reviewing complaints, assessing the command climate, and identifying and conducting equal opportunity training, including sexual harassment training. EORs provide EO training to all unit personnel and coordinate the training of additional instructors, if necessary.

Exceptional Family Member (EFM): An authorized (DEERS enrolled) Family member (spouse, child, stepchild, adopted child or dependent parent) residing with the sponsor, who possesses a physical, intellectual or emotional disability or condition and who requires long-term special medical or educational services.

Exceptional Family Member Program (EFMP): The Exceptional Family Member Program is a mandatory enrollment program for all active duty personnel. The primary objective of the EFMP is to ensure that Soldier sponsors are assigned to locations where services exist to support their Exceptional Family Member (EFM).

Exceptional Family Member Program Coordinator: A designated individual at the local Soldier & Family Services Center or Joint Service Support Center who provides DD 2792 forms, information and assistance to Soldier & Family Services' staff, local commands, sponsors and other Family members with regard to enrollment procedures, program benefits and available local services and facilities.

Exceptional Family Member Program Literature: Installation EFMP Coordinators have program literature such as brochures, available for distribution.

Expiration Term of Service (ETS). The day active service terminates, including voluntary extensions of enlistment, convenience of the Government legal (CofGL), or convenience of the Government medical (CofGM), for Soldiers voluntarily retained on active duty.

Family Advocacy Program (FAP): DoD mandated program designed to address the prevention and treatment of domestic violence and child abuse, and to provide direct services that may include crisis intervention and safety planning, counseling and rehabilitation, risk assessment, and training in the field of domestic violence and child abuse. The program is designed to prevent abuse and/or to intervene in Families where there is substantiated or suspected abuse, to protect and provide safety for victims, to hold offenders accountable, and to promote healthy Family life. The program includes prevention and education services, clinical counseling, case management, and victim advocacy.

Family Advocacy Program Manager: An individual designated by the Secretary of the Military Department to manage, monitor, and coordinate the Family Advocacy Program at the headquarters level.

Family Advocacy Program Officer (FAPO) - An officer appointed to supervise aspects of FAP at that installation and to chair the installation Family Advocacy Committee. A field grade officer holding the position of chief of staff, executive officer, G-l/S-1, or Command inspector and having regular access to the Commanding General/Installation Commander is preferred.

Family Advocacy Program Referral: DoD policy requires everyone to report all suspected cases of child abuse and domestic abuse to FAP. Through public education materials and trainings, FAP teaches the military community how to recognize domestic abuse and child abuse and where to report suspected cases. When FAP receives a report of suspected child or domestic abuse, FAP arranges to meet with the active duty member and the victim(s) separately to conduct thorough clinical assessments. FAP also ensures that the appropriate law enforcement agency (and/or child protective services agency) is notified of abuse reports. Multidisciplinary teams (usually known as the Case Review Committee (CRC) come together to review the facts of every case to determine whether abuse has occurred and to develop treatment recommendations for command.

Family Care Plan: A Family Care Plan is a working plan that provides caregivers guidance in the event of the active duty member's absence. Active duty personnel who are single parents and those who have Exceptional Family Members (EFM) should have ongoing Family Care Plan that is continually reviewed and revised as needed. The plan should provide detailed information such as legal authorizations, medications, emergency contacts, physicians, teachers, therapists and other points of contact who would help care for your special Family member and address other responsibilities the Soldier may have etc.

Family Readiness: Families who are prepared and equipped with the skills, tools and knowledge to successfully meet the challenges of the military lifestyle – especially during times of separation and deployment. A successful deployment for the Soldier and Family requires readiness through planning and advanced preparation to ensure the Family can continue efficiently during their absence.

Financial Literacy: Knowing the facts and vocabulary necessary to manage personal finances.

Financial Management Classes: Classes designed with the specific purpose of raising Soldiers' awareness of financial concepts and practices. Topics include but are not limited to such areas as budgeting, saving strategies, and investment education. The ACS PFM Specialist has a full range of classes for life cycle financial planning and can tailor classes for the needs of the individual or group.

Fully Investigated: Ensuring that all reasonable suspicions of child maltreatment are fully assessed is vital to ensuring child safety. Because it is common for alleged offenders to deny or minimize abuse, leaders may be tempted to avoid involving or activating a coordinated community response and instead launch an investigation restricted to the unit. Not only does this put the leader at risk should abuse escalate or result in serious injury, but it also may seriously endanger a child. A full investigation optimally includes an assessment of the child and parents by a Family Advocacy clinician or Child Protective Services social worker, a review of all current and past law enforcement blotter entries related to suspicions of child maltreatment, a thorough medical examination of all children involved.

Helping Agencies: The following agencies offer the services listed.

- **Soldier and Family Services / Support** – Personal counseling, stress management, Family/relationship counseling
- **Chaplains** – Spiritual guidance, personal counseling, life issues counseling
- **Army One Source** – Anonymous personal, financial, and other advice, brief face-to-face counseling
- **Army Emergency Relief** – Financial counseling and monetary assistance
- **Legal Services** – Legal assistance and advice
- **Medical** – Mental Health evaluation and treatment, health promotion strategies

Hold Offenders Accountable: Many researchers in the child maltreatment field have found that abusive and neglectful behavior is learned in Families and supported by either cultural or societal beliefs and expectations. From a behavioral perspective, abusive and neglectful behavior can be changed through positive and negative consequences. The use of consequences to mold behavior is a well-known and respected strategy utilized by the Army National Guard to shape young civilian recruits into Soldiers. The same strategies can be applied to abusive and neglectful behavior. Soldier parents need to know that the Guard will not tolerate child maltreatment and that negative consequences will result. Negative consequences can range from ensuring the Soldier parent participates in recommended prevention or treatment options to formal action under the UCMJ, depending on the nature and extent of the abuse and legal consultation. On the flip side, when Soldier parents seek help early or make necessary changes as a result of treatment, positive consequences can reinforce healthy parenting. Positive consequences can range from verbal encouragement, to allowing time off to take advantage of programs and services, to some type of formal recognition.

Home-health agency: A home-health agency is an interdisciplinary healthcare team that provides support to home-bound Family members with significant medical needs. The physician

develops a Plan of Care and the home health agency staff communicates with the physician on a regular basis. If it is the child who is receiving visits from a home health agency then usually the Spouse is the primary caregiver and both parents should seek respite care when needed. When it is the spouse receiving home health agency support then the Soldier is typically the primary caregiver unless an immediate Family member is available to support the spouse 24/7. These Soldiers should have a Family Care Plan, should be enrolled in the EFMP and, as a leader, you should be querying him regularly about his/her Family readiness.

Home Medical Care: Please see "Home Health Agency".

Hospice Care: Hospice care is provided to Family members who have a limited life expectancy and have made the decision to spend their last months at home or similar setting and involves a team-oriented approach to medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes. Although most hospice patients are cancer patients, hospices accept anyone regardless of age or type of illness. Hospice care is a TRICARE covered benefit. Typically, a Family member serves as the primary caregiver and, when appropriate, helps make decisions for the terminally ill individual. Members of the hospice staff make regular visits to assess the patient and provide additional care or other services. Hospice staff is on-call 24 hours a day, seven days a week. The hospice team develops a care plan that meets each patient's individual needs for pain management and symptom control. The team usually consists of:

- The patient' s personal physician;
- Hospice physician (or medical director);
- Nurses and/or Home health aides;
- Social workers;
- Clergy or other counselors;
- Trained volunteers
- Speech, physical, and occupational therapists, if needed.

Hospitalization: Psychiatric hospitalization (also known as inpatient treatment) is necessary when a Soldier is evaluated for suicide risk and found to be at high enough risk for self-harm that it would be unsafe to treat them as an outpatient. Inpatient treatment is usually done in a locked ward, where the patient can be contained for their own safety, and monitored 24/7 by specially-trained staff an appropriate level (one-on-one, line of sight, or safety checks at prescribed intervals) depending on the level of risk determined by their mental health provider. Further, their behavior can be assessed in more detail and in a more continuous and controlled manner to see if they are truly depressed, mentally ill, suicidal, or manipulative. More intensive, daily therapy is also available in the inpatient environment than in outpatient services. However, such services are also exceptionally expensive, and so are generally reserved for cases where outpatient services are unlikely to be enough to keep them from harming themselves, or in cases where a suicide attempt or gesture has just occurred and further evaluation, treatment, and monitoring are advised, at least overnight, to ensure their ability to be treated safely on an outpatient basis.

Illegal/ Illicit Drugs: Drugs prohibited by law or lawful drugs when obtained or used without proper authority.

Immediate Danger: Examples of immediate danger include: young child or children have been left unsupervised, parent is intoxicated and in any way incapacitated and unable to adequately care for the children, or witnessing or hearing a child being physically abused to the point of injury or potential injury.

Inclusive Child Care: Most children with disabilities are easily served in a standard child care setting with little or no accommodations. However, some children require extra support to ensure the environment is safe for the child. Attention needs to be given to the environment, staff support, medical needs of the child, the strengths of the child so that he/she can participate in the daily routines and activities of the class regardless of his/her disability.

Individual Education Program (IEP): Per the Individuals with Disabilities Education Act, each public school child who receives special education and related services (i.e. occupational, speech and physical therapy, transportation) must have an Individualized Education Program (IEP). An IEP describes the special education and related services specifically designed to meet the unique needs of a student with a disability. The program is developed at one or more IEP meetings, and its provisions are detailed in writing in the IEP.

It is customary for both parents to attend an IEP meeting but not necessary. It's important that both parents understand and agree upon the special education needs of their child. IEP meetings can be very stressful for parents because sometimes there are disagreements over what services, goals and objectives are more appropriate for the child. If the Soldier can't attend then it's a good idea for the spouse to take a friend or advocate with them to support them through the IEP team meeting. Usually IEP meetings are an annual occurrence; however, when interim changes are required the IEP team has to meet to make changes to the IEP.

Individual Family Service Plan (IFSP): An Individual Family Service Plan is a written plan for early intervention services, developed by a Early Intervention Program Service Coordinator and the Family, that identifies individualized supports and services that will enhance a identified special needs child development through birth to age 3.

Informal Resolution System (IRS): Whenever possible, conflicts arising from offensive or unwelcome behavior should be resolved at the lowest possible level. The IRS is designed to address behaviors that could potentially become sexual harassment or behaviors which are inappropriate but do not constitute an offense under the UCMJ. The recipient is encouraged to confront the offender directly in person, in writing, or through an informal third-party. The third-party can be the supervisor, a co-worker, or someone outside of the workplace. The offender should be informed that the behavior is offensive or unwelcome and should be stopped. Another IRS alternative is for the offended person or the supervisor to request sexual harassment prevention training or resource materials to improve overall awareness in the workplace. Although this is an informal system, participants are encouraged to document what was said and when, in the event the behavior continues or repeats afterwards. Us of the IRS is encouraged but not required.

Informational/Educational Brochures: Brochures on topics related to infant care, community resources, and parenting may be obtained from the installation FAP or NPSP or printed off the web from Army One Source.

In-home Medical Support: See "Home Health Agency."

Initial Screening: Soldiers referred to the SACC will be screened by a drug and alcohol counselor to determine if early intervention or an assessment is warranted if the need for an assessment is ruled out, the individual will be placed in an Early Intervention Program. Generally, the screening process should take no longer than 30 minutes to complete.

Installation Legal Assistance Offices: Base level agency where Soldiers can obtain legal assistance with such financial issues as rental agreements, purchase contracts, and estate planning, as well as, a full range of legal matters.

Institutional Child Abuse: Child abuse that occurs in any setting in which the United States Army is responsible for the victim's welfare, for example, Army-sanctioned child care.

"Just In Time Counseling": For those times of heightened stress, the command is able to request Stress Management support from the local Soldier and Family Services (SFS) counseling staff. They may also be able to tailor briefs relative to the needs of the unit and Families who, for example, may require help coping with a suicide in the unit or a training accident. SFS also provides classes on a variety of other topics such as parenting, new parent support and couples counseling. Contact your local Soldier and Family Services office to coordinate.

Key Family Readiness Members:
Family Readiness Officer (FRO) - appointed by the unit commander, the Family Readiness Officer (FRO) is the main point of contact for the unit's Family readiness issues.

- **Key Volunteer Coordinator (KVC) -** appointed by the unit commander, communicates directly with the FRO on behalf of the Families in the unit and acts as liaison to the FRO and commander. The KVC represents all KVs on Family Readiness matters.
- **Key Volunteer Advisor (KVA) -** optional position appointed by the Commander. Position may be filled with a spouse that has experience as a KV and preferably served as a KVC. The KVA acts as an advocate for the KVN program and a mentor for the KVC and the KVs by providing advice and support.
- **Key Volunteer (KV)** appointed by the commander and works with individual Families following the leadership of the KVC. All appointments must be in writing.
- **Chaplain** – Chaplains are an integral part of your Readiness team and can support the unit and Families during each phases of deployment. They are able to assist with pre deployment briefs and preventative relationship courses and perform a major role in the return and reunion process.
- **MCFTB Staff** – installation MCFTB Staff can deliver Family support and readiness education programs as well as training for the FRO, KVC and KVs.
- **XO and SGM of the unit** – These unit personnel will further the commanders intent in regards to unit and Family readiness.

Key Volunteer Network (KVN): The KVN is an integral part of a unit Family readiness program and is the primary communication link between the commanding officer and the unit Families for the enhancement of mission readiness. The KVN supports the spouses of the unit Soldiers by providing communication from the command, serving as a source for information and referral services and by helping foster a sense of community within the unit. It also welcomes new Families and familiarizes them with available services. http://www.usmc-ACS.org/kvn/index.cfm

Legal Assistance Office: An office run by the installation Staff Judge Advocate to provide comprehensive legal support to our global military community in the areas of estate planning, Family law, state and federal taxation, immigration and naturalization, consumer law, military rights and entitlements, and others. The focus of the legal assistance office is to assist those eligible for legal assistance with their personal legal affairs in a timely professional manner by providing clients legal counsel, support, and representation to the maximum extent possible

Licensed Independent Practitioner (LIP): An LIP (physician or clinical psychologist) will be appointed to support the continuum of care. The LIP will be responsible for clinically supervising counselors; authorizing any treatment changes, to include: discharge, making diagnosis, determining portal of entry for Soldiers entering the continuum of care, and approving Individualized Treatment Plans.

Limited Duty: Limited Duty status allows a Soldier to remain on active duty when they are not currently fit for full duty, but there is high likelihood that, with appropriate treatment, they can be restored to ongoing full and productive duty in a reasonable amount of time (defined as 6-14 months). This status will usually prevent them from being deployable and has some other administrative ramifications.

Limits of confidentiality and privacy: See "Privacy Act of 1974"

Line of Duty: In absence of clear and convincing evidence to the contrary, disease or injury suffered by a Soldier will be considered to have been incurred in the line of duty. Disease or injury suffered by a Soldier will not be considered to have been incurred in the line of duty when found under any one of the following circumstances:

As a result of the Soldier's intentional misconduct or willful neglect;
While avoiding duty by desertion or unauthorized absence;
While confined under sentence of court-martial that includes an unremitted dishonorable discharge;
While confined under sentence of a civil court following conviction of an offense which is defined as a felony by the law of the jurisdiction where convicted.

Live as a Team: Encourage Soldiers to handle issues (lack of privacy, personality conflicts, alienation, etc.) early, openly and as a team. A simple self-check and buddy-check system can identify and reduce the incidence of operational stress and increase overall unit effectiveness.

Losing Their Children: Many people, including Soldiers, fear that if they seek help for parenting or express concern that their parenting is having a negative impact or hurtful consequence for their children, Child Protective Services (CPS) or Family Advocacy will take away their children. CPS, like most agencies that work to end child abuse and neglect, encourage Families to seek services early on and take advantage of educational programs and resources that support parents and children. Seeking services proactively is viewed as a strength or protective factor against maltreatment. CPS agencies prefer that children remain in their homes if at all possible. They know that children do better in the long run if they can remain with their parents. Removing a child from the home is almost always a last resort or a result of imminent harm or serious injury. Even when a child is removed from the home, in most cases, CPS will work with the Family toward reunification. One of the primary goals of the Family Advocacy Program (FAP) is to prevent child abuse and neglect. Toward that end, FAP encourages Soldiers and their Family members to take advantage of programs and services that support them in their parenting role such as the New Parent Support Program (NPSP). Even when abuse occurs, FAP does not have the authority to remove a child from the home but instead works closely with CPS and the command to ensure children are safe from abuse.

Maintain Unit Cohesion: Cohesive, well-disciplined units have fewer severe stress reactions. Soldiers should routinely debrief each other after an operation, and discuss what they saw and how they felt. Soldiers who have strong emotional reactions to traumatic events should be kept with the unit and treated as Soldiers, not as casualties.

Major Medical Area: Any area served by medical departments of the Armed Services or civilian medical treatment facilities, which have physicians capable of treating or monitoring Family members who have chronic or severe impairments or medical conditions.

Malingering: Deliberately faking symptoms of a disorder, including suicidal thoughts, personality disorder, etc, for secondary gain, such as getting out of military service obligations.

Managed Health Network: Provides specialized mental health support services to military personnel and their Families. This unique program is designed to bring counselors on-site at to support all phases of the deployment cycle. Many reserve components are incorporating this resource into Family Days, Pre-Deployment Briefs and Return & Reunion Briefs to ensure a team approach. Follow up services are then scheduled after Soldiers return from combat at various intervals to facilitate on-site and individual group counseling. The managed Health Network allows an installation counselor to coordinate the counseling support of an entire returning battalion during the decompression period, within the unit area.

Mandatory/Involuntary Retirement. Retirement required by law or as a result of actions by a selective early retirement board.

Mandatory Separation Processing. A general term used to ensure the commander initiates the involuntary separation process, to the separation authority. This term does not mean that a board hearing is mandatory or that the separation of the respondent is mandatory.

Soldier and Family Services: Encompasses those programs focusing upon the needs of the individual concerning education, prevention and intervention /treatment programs. Departments housed in this area will include Retired Activities, Transition Assistance Program, Lifelong Learning Education Programs, Libraries, Child, Youth and Teen Programs, New Parent Support, Exceptional Family Member Program, Information Referral, Suicide Awareness, Intervention and Treatment, and auxiliary programs such as the Armed Services YMCA and Army Emergency Relief. For more information please contact your installations' Soldier and Family Services Center.

Soldier and Family Services (SFS) Center: Offers a wide variety of counseling services for combat stress, relationship problems, financial problems, etc. This is a good place to get Soldiers early intervention to problems before they become Mental Health issues.

Soldier's Financial Institution: Credit Union, commercial bank, or savings and loan at which a Soldier banks.

Marriage Enrichment Retreat (MER): A Chaplain developed CREDO program, the MER provides couples with the opportunity to explore ways to keep their marital relationship growing and to deal with the conflicts that occur in any intimate relationship. The MER enables participants to explore the emotional, physical and spiritual needs of marriage, and to grow closer as couples.

Medical: The local Military Medical Treatment Facility, Company, Battalion, BAS, Mental Health Department, OSCAR Team, or whatever unit you may have, which takes care of your local Mental Health needs, specifically suicide risk evaluations and treatment.

Medical Attention: Many victims of domestic violence are reluctant to seek medical care but should be strongly advised to do so in order to create documentation of abuse and to preserve evidence should she/he decide to seek a protective order or to press charges. A victim advocate can accompany and support the victim during medical exams.

Medical Bills: Ultimately there are many reasons why a Soldier may have received a medical bill. Medical bills are often received when a Family member receives a referral from their Primary Care Manager (PCM) to seek specialty care from a provider. If the provider provides additional services/care that are not authorized on the referral, the Family member may be billed by the provider because TRICARE may not pay for unauthorized services/care. These Soldiers should seek assistance from the Debt Collections Assistance Officer located at the Military Treatment Facility (MTF) to ensure they are not being billed erroneously and work closely with the TRICARE Service Center Beneficiary Counseling and Assistance Coordinators (BCACs) to learn how to utilize the TRICARE network.

Medical Retirement: Medical Retirement is an option for Soldiers who are not in Entry Level status (>180 days active duty), are suffering from a problem that did not exist prior to enlistment, and are not suffering from a problem that requires administrative separation instead.

Medical Screening: The clinical and administrative function of determining the need for treatment and the appropriate level of care, if warranted.

Medical Treatment Facility (MTF): A military hospital or outpatient clinic where licensed health practitioners provide diagnostic, medical, and surgical services to eligible personnel.

Medically Examined: Child abuse and neglect can sometimes be chronic and the injury that brought the child to the attention of others may be one of many. Having the child thoroughly examined by a physician at the closest Military Treatment Facility or emergency room is extremely important. If a head injury is suspected, a CT scan or MRI will reveal any previous injuries. It is not uncommon to find previous injuries through x-ray in cases of child physical abuse. If other children are present in the home, having the other children examined is important to ensure they have not been abused as well. Medical examinations should be coordinated through the installation FAP office.

Mental Health Network:

Mentor in Violence Protection Program (MVP): The MVP Program is a centrally administered program and an educational tool to prevent domestic violence, sexual assault, and harassment. The Train-the Trainer Program is held for senior Soldiers. The training is conducted on each installation, in groups of 30 Soldiers, lasting 2 days. The trained Soldiers then train their peers or subordinates. Real life scenarios are used to teach Soldier to take responsibility in preventing the use of physical, sexual or emotional violence, or harassment against women. ACS's Personal Services staff will be trained in MVP and act as violence, sexual assault education and prevention.

Military Protective Order: (MPO) A non-punitive order imposing conditions upon a service member to maintain the safety and protection of another person. An MPO does not preclude disciplinary action under the Uniform Code of Military Justice nor does it preclude the issuance of a civilian protection order.

Narcotics: Any opiates, such as morphine and codeine.

Narcotics Anonymous: Fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem, and help others to recover from drug addiction. Their primary purpose is to stay abstinence help other addicts achieve sobriety.

New Parent Support Program (NPSP): Voluntary program developed to assist Families expecting a child, or with a child under six years of age. A professional team of social workers and nurses provide supportive and caring services to military Families through home visitation, support groups, and classes. NPSP helps Families cope with the stress of parenting, deployment and reunion issues, isolation and other issues impacting parents and children. Contact the installation ACS to locate the NPSP on your base.

“No Contact” Order: It is Department of Defense Policy that every appropriate effort be made to protect victims of abuse from further harm. Commanders have the authority to make military protective orders to safeguard victims, quell disturbances and maintain good order and discipline while victims are pursuing protection order from civilian courts or to support existing civilian protective orders.

Military protective orders (MPO), often referred to as a "no contact" order bars active duty military members from having contact with specified persons against whom they are alleged or confirmed to have committed an act of domestic violence or child abuse. For example, a commander may order a military member to:

- Avoid contact and communication to the protected person directly, indirectly, or through a third person. This includes face to face, telephone, e-mail, letter, or fax contact.
- Stay away (specified distance) from the protected person's Family, home, workplace or other locations.
- Vacate military housing and/or be provided temporary military quarters.
- Attend counseling.
- Surrender government weapons custody card.
- Removal of on-base stored personal weapons.
- Other orders as necessary based on specific circumstances.

Official Counseling: Official Counseling usually requires formal, written counseling when they fail to enroll in the EFMP after receiving an order to enroll. Official counseling for failing to enroll in the EFMP is a rare occurrence.

Operational Stress: is the term used to describe physiological, behavioral, and psychosocial reactions experienced due to increased operational tempo during any phase of operations or deployment. It can be the stress or preparation for deployment, the boredom of waiting for action, the frustration of close quarters, the burnout of 24/7 operations, the anxiety of not knowing who is the enemy and never being out of their reach, the shock of seeing and handling human remains, or the stress of reintegrating at home after the deployment is over.

Overseas Screening Requirements: The purpose of an Overseas Screening (OSS) is to identify medical, dental, educational and potential duty limiting conditions or requirements of both service and Family members. Completing a screening will ensure that both the Family and service member are qualified for overseas, operational duty, and remote duty assignments.

Patient Placement: Placement will be based on the seven continuum of care assessment dimensions, not the drug and alcohol diagnosis. A Soldier will be assessed using the placement criteria contained in AR 600-85 The assessment information will be used by the Case Manager and the Interdisciplinary Team to recommend the Soldier’s placement to the Licensed Independent Practitioner. This will always be the least intensive portal of entry that will accomplish the treatment objectives while providing safety and security for the patient. A Soldier may enter the continuum of care at any portal.

Personal Financial Planning: Development and implementation of coordinated and integrated long-range plans to achieve financial success.

Personality Traits: Traits are distinguishing qualities or characteristics of a person that lead to adaptive or maladaptive responses to a various different stimuli or situations.

Personnel Casualty Report : An electronic message containing casualty information for the purpose of reporting as well as the primary source of information used to inform the next of kin of a casualty's status.

Post-partum Depression: Postpartum depression is a more severe case of the "baby blues" that affects at least 10 percent of new mothers. Postpartum depression, which may occur up to a year after childbirth, usually involves changes in brain chemistry. Although researchers have not yet determined what causes it, several factors, often working in combination with one another, appear to play a role. Sleep deprivation and a sudden drop in hormone levels immediately after birth make new mothers vulnerable to getting the disorder. In addition, a Family history of depression, a lack of social support, and medical complications during pregnancy increase the risk.

Post Traumatic Stress Disorder (PTSD): is a psychiatric illness characterized by chronic intrusive recollections, emotional numbing, and hyper-alertness associated with a prior traumatic experience. A related condition, Acute Stress Disorder, is psychiatric illness characterized by immediate, severe response to a traumatic incident – usually involving significant dissociation or mental "disconnection" from the person's surroundings. These conditions are relatively uncommon, and only a subset of those exposed to a traumatic situation will go on to develop PTSD or other psychiatric conditions such as clinical depression. The rest of those individuals who undergo a difficult experience such as combat are likely to experience some short-term emotional response. This is normal and is, in fact, valuable: increased alertness and decreased sleepiness, for example, are useful short-term responses to danger. When these reactions persist after the danger is passed, they are referred to as "combat/operational stress reactions" – a normal response to an abnormal situation. It encompasses reactions not only to combat, but also other challenging experiences encountered working in an operational environment.

Pre-existing condition: It has been common practice for medical insurance carriers to deny or charge considerably more for coverage for pre-existing medical conditions on applications for new policies. This is an issue for Soldiers who separate from the National Guard who have Family members with diagnosed life-long conditions. Typically retirees chose to retain their TRICARE coverage, however, Soldiers being discharged should be aware of insurance companies with pre-existing condition policies. For more information please see: http://www.hep-c-alert.org/links/hippa.html

Pre-marital Counseling: Statistics show that marriage is much more successful and enjoyable when couples go through counseling prior to saying, "I do." Many Army chaplains have organized pre-marriage seminars that teach skills to help couples prepare for a lifetime together. To find out about pre-marriage seminars available in your area, including Prevention Relationship Enhancement Program (PREP) courses, check with your unit chaplain.

Premises for Drug Screens: There are 11 premise codes authorized for use. Those 11 codes are separated into different types. Using the wrong premise code can cause unnecessary administrative and legal problems. Be sure to consult with legal on the correct premise to use.

- THE FIRST TYPE IS INSPECTION/SEARCH AND SEIZURE. They include Random (IR), Unit Sweep (IU), Inspection Generic (IO) (authorized by CMC (MRO), Members Consent (VO), and Probable Cause (PO).
- THE SECOND IS COMMAND AND SERVICE DIRECTED. They include Physician/Medical Directed (MO), Command Directed (CO), Safety/Mishap (AO), Rehabilitation Facility and Army Drug Screening Lab Staff (RO), Other (OO), and New Entrant (NO).

The main difference between the two types is that the Inspection/Search and Seizure codes can be used for discipline, characterization of service and administrative separation processing. The Command and Service Directed can only be used for administrative separation processing.

- **Random Sample (IR)** is the random selection of individual(s) from an entire command. Each individual must have an equal chance of selection.
- **Unit Sweep (IU)** is the selection of a whole command or an identifiable segment within the command (i.e. pay grade, unit, MACOM, division).
- **Inspection Generic (IO)** is only used when authorized by the appropriate state level of authority.
- **Consent Test (VO)** to be used when there is reason to believe an incident of drug abuse has occurred - an individual is asked to consent to a urinalysis.
- **Probable Cause (PO)** to be used when there is reason to believe an incident of drug abuse has occurred and an individual refuses to consent. It is recommended the command Legal Officer concur with circumstances that warrant probable cause. Each of these premises can be used for both disciplinary and administrative separation processing.

In any case other than Random and Unit Sweep premises, be sure to follow the following steps: first ask member for Consent (VO); if member refuses, check with your Legal Department to see if circumstances warrant Probable Cause (PO). The reason for this is these premises can be used for both disciplinary and administrative purposes. All too often a UPC will automatically use the Command Directed (CO) premise which **cannot** be used for discipline.

Prenatal Program: Many local hospitals and/or county health departments offer free or low cost prenatal programs to expectant parents or parents with infants. Local programs may be located through the installation FAP or NPSP, Tricare, or ACS One Source.

Prevention and Relationship Enhancement Program (PREP): PREP is a relationship enhancement program, empirically developed by psychologists at the University of Denver. PREP teaches couples how to effectively communicate, work together as a team to solve problems, manage conflict without damaging closeness, and preserve and enhance commitment and friendship. It is designed for premarital and marital couples, whether distressed or not. PREP is not therapy; it is an educational and practical application opportunity to learn what works in a relationship. Participation in the PREP is a huge boost to Family readiness and functionality. The role of PREP is to teach partners to express themselves, get to the heart of

problems, avoid standoffs and connect with each other instead of pushing each other away. When one becomes better at open communication, learns how to keep discussions from negatively escalating into arguments, and knows how to connect with others, then commands and Families positively benefit.

Prevention Programs and Classes: A full description of prevention programs and classes can be obtained from the installation Soldier and Family Services. Many installations have classes on personal financial management, couple's communication, stress management, anger management, parenting, and other life skill topics. Additionally, Army One Source is another important resource to identify community resources and programs.

Privacy Act of 1974: The Privacy Act of 1974, 5 U.S.C. § 552a (2000), is characterized as an omnibus "code of fair information practices" that attempts to regulate the collection, maintenance, use, and dissemination of personal information by federal executive branch agencies. No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains. This means that EFMP Coordinators are not permitted to share any medical information about a Family member without prior written consent from that Family member. Certain types of communication are consented to when filling out the EFMP forms.

Proper Authorities: Includes the closest Family Advocacy Program (FAP), local or installation law enforcement for emergency situations, and the county Child Protective Services. If the incident involves a Soldier on independent duty or at a geographically separated unit, the commander contacts the Child Protective Services in the county in which the child victim resides. Most states have a child abuse hotline to report abuse. Numbers for states can be obtained by calling: ChildHelp® USA National Child Abuse Hotline, 1-800-4-A-CHILD® (1-800-422-4453).

Protective Measures: Commanders can expect to be informed promptly when dangerousness issues arise in the course of a mental health evaluation or treatment. If the Soldier was referred for a formal Command-Directed Evaluation, both oral and written feedback will be given to the commander addressing the specific issues raised by the commander. The provider may recommend duty restrictions such as removal from weapon-bearing duties or temporary change in flying status. Commanders can also help ensure the individual's duties do not involve significant time alone which there would be opportunity for dwelling on problems and potentially attempting suicide. Commanders may also be directly advised to take steps to reduce access to weapons at the individual's home. While it is impossible to limit a person's access to all potential suicidal means, it is important to take reasonable steps to ensure safety when possible. Firearms pose the greatest risk as a readily available means of self-harm and should always be removed from a suicidal individual's home when legally possible. When this is not possible, counseling the Soldier, Family, or friends, about the dangers of keeping a firearm available to the suicidal Soldier so that it is voluntarily removed, should accomplish weapons removal. Security Forces will generally secure personal firearms in the armory.

Provost Marshall's Office (PMO): The law enforcement agency at a particular installation. A representative from PMO is a permanent voting member of the Case Review Committee.

Qualified Resignation. A resignation for which the least favorable characterization of service allowed is general (under honorable conditions).

Reasonable Person Standard: An objective test used to determine if behavior meets the legal test for sexual harassment. The test requires a hypothetical exposure of a reasonable person to the same set of facts and circumstances; if the behavior is offensive, then the test is met. The reasonable person standard considers the complainants perspective and does not rely upon stereotyped notions of acceptable behavior within that particular work environment.

Reprisal: Taking or threatening to take an unfavorable personnel action or withholding or threatening to withhold a favorable personnel action, or any other act of retaliation against a military member or civilian employee for participating in the sexual harassment or discrimination complaint process. Reprisal can come from any military member or civilian employee internal or external to the workplace of the complaint or offender.

Resignation. The voluntary request, by an officer, to be divested of his or her commission or warrant. Such requests may be classified as "Unqualified," "Qualified," or "For the Good of the Service" as defined in AR 600-8-24. Upon acceptance by the Secretary and completion of all administrative procedures, it may represent a complete severance from all military status.

Respite Care: Respite care is short-term temporary care provided to people with disabilities in order that their primary caregivers can take a break from the rigors of supporting a Family member with disabilities. Respite care can be for a few hours or provided overnight. Currently TRICARE Prime and the Program For Persons with Disabilities (PFPWD) does not provide respite care services but will be providing respite services to eligible Extended Care Health Option beneficiaries. When Soldiers are securing respite care services from an agency they should ensure criminal background checks have been completed on respite providers and should ensure the provider has the proper credentials to care for their Family member if they have medical needs.

Responsible Drinking: Is self-imposed limitation on time, place and quantity when consuming alcohol.

Retirement. The process of separating from the Army National Guard after at least 20 years of satisfactory service, and as a result drawing appropriate pay, allowances, and benefits. Note: Reserve retirees do not receive pay until 60 years of age.

Return and Reunion For Soldiers: A standardized "Return and Reunion for Soldiers" presentation has been developed, and is posted on the ACS website for use by unit commanders and installation staff (commanders, chaplains, SFS staff). All unit commanders are tasked to ensure that Soldiers receive this brief before returning home.

Return and Reunion For Spouses: A standardized "Return and Reunion for Spouses" presentation has been developed, and is posted on the ACS website for use by installation staff (commanders, chaplains, SFS staff). All installation commanders are tasked to ensure that deliveries of it are readily available and marketed to Family members (spouses, children, and significant others) aboard receiving installations and at appropriate reserve locations as early as 30 days prior to return of units

Return and Reunion Guide For Soldiers and Families: "Return and Reunion Guide for Soldiers and Families" has been developed for use by single Soldiers, married Soldiers, spouses, Soldiers with children, significant others, and Soldier Reservists going back to civilian jobs. It will be provided in a cargo pocket sized hard copy to all Soldiers prior to their departure from the theater of operations, and available on-line to installation staff and Family members at home.

Review: The Case Review Committee (CRC) reviews progress in treatment every 90 days until the case is closed. The command representative is expected to participate in all reviews. Cases can be closed as resolved if all treatment goals have been met or can be closed as unresolved if the Soldier separates from the military, refuses to participate in treatment, etc. The CRC decides on the type of closure based on input from the team and by majority vote.

Safety: Assessing risk and establishing a safety plan for all parties involved in a domestic violence or child abuse incident is extremely important. Depending on the nature of the referral, separating a couple for a cooling off period until a more complete assessment can be accomplished is often a good idea. Remembering to assess the safety of any other Family members especially children is critical in developing a comprehensive safety plan.

Safety and support response plan: A safety and support response plan is the common sense approach to emergency preparedness when you have a special needs Family member who relies on power to use any medical equipment. These Families need to consider having a generator readily available in the event of power loss. Some installations have established processes for Family members residing in base housing to receive generators in the event of an extended power loss. In the event of an evacuation there should be a plan that details pharmaceutical needs, transportation, funding, lodging, medical equipment and medical supplies, emergency contacts etc. The installation EFMP Coordinator can assist Families in their development of their own personal safety and support response plan.

Safety Plan: In child maltreatment incidents, establishing a plan to ensure the child's safety is critical. Ideally, the creation of a safety plan should include input from Family Advocacy Program, Child Protective Services (CPS), and law enforcement. Options may include removing the alleged offender from the home if active duty, developing a plan for monitoring and intervention through FAP or NPSP, placing the child in temporary foster care, or issuing a Child Removal Order. A Family Advocacy Victim Advocate can assist the non-offending parent in developing a safety plan that meets her/his needs. When a victim advocate is not available or the parent refuses the services of a victim advocate, the commander is responsible for ensuring that risk has been assessed and a plan for safety exists.

Separation (From the Army Guard): A general term which includes dismissal, dropping from the rolls, revocation of an appointment or commission, termination of an appointment, release from active duty, release from custody and control of the Army National Guard, or transfer from active duty to the: IRR, Ready Reserve, Retired List, Temporary or Permanent Disability List, or Retired Reserve and similar changes in an active or reserve status.

Separation (From Marriage)- A situation in which the partners in a married couple live apart. Spouses are said to be living apart if they no longer reside in the same dwelling, even though they may continue their relationship. A legal separation results when the parties separate and a court rules on the division of property, such as alimony or child support -- but does not grant a divorce.

Separation Processing: Processing is initiated on the date a command receives a written request for separation from a member, or on the date a command delivers a member notice of separation proceedings per AR 6355-200. Processing is not completed until the appropriate separation authority takes final action.

Serious Injury: An injury or situation which has the strong potential to be life-threatening or results in temporary or permanent loss of use of an organ or limb, including fractured or dislocated bones, deep cuts, torn members of the body, serious damage to the internal or sensory organs, and injuries resulting in shaken baby syndrome.

Enlisted Record Brief (ERB)/ Officer Record Brief (ORB):
These records are used for four primary purposes:

- To record significant events, duties, awards and other pertinent information in a Soldier's career for historical purposes.
- To assist local or immediate commanders in making decisions concerning assignments, promotions, eligibility for schooling or overseas duty.
- To maintain the original documentation for underlying entries into the manpower management system computer database.
- To protect the privacy of individual Soldiers by consolidating information and limiting access to this information to personnel in the chain of command.

Services and Programs in the Civilian Sector: Most communities offer support programs and services for Families who are at risk. These can be located through United Way, churches, county social services usually under the umbrella of Family preservation, Army One Source, or Healthy Families America.

Severely Disabled: A Family member who has a serious impairment or a serious medical condition that is expected to persist over a long time period and requires medical specialists, frequent hospitalizations, or intensive nursing care, pharmacy or laboratory support; or who requires frequent health services not available at most Army Branch Clinics. Some examples of these conditions include: multiple disabilities, serious emotional disturbances, severe birth defects, and conditions requiring placement in residential care facilities.

Sexual Assault: The intentional sexual contact characterized by the use of force, physical threat, abuse of authority, or when the victim does not or cannot consent. "Consent" shall not be deemed or construed to mean the failure by the victim to offer physical resistance. This can occur without regard to gender or spousal relationship and includes, but is not limited to, rape, nonconsensual sodomy, and indecent assaults or attempts to commit these acts.

Sexual Assault Response Coordinator (SARC): Sexual Assault Response Coordinators (SARCs) serve as the single point of contact for an integrated and transparent response capability and system accountability for sexual assault care. The SARC is considered the center of gravity when it comes to ensuring victims receive appropriate and responsive care with timely access to appropriate services. The SARC coordinates the response to the sexual assault and places particular emphasis on victim support and safety. The SARC oversees routine management and follow up of cases through an established monthly meeting process. The SARC oversees the development and execution of training related to sexual assault. The SARC has oversight responsibility for victim advocates. Please visit the SAPRO web page for a point of contact at your installation.

Sexual Harassment: A form of sex discrimination that involves unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay, or career.
- Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person.
- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive working environment.
- Workplace conduct, to be actionable as "abusive work environment" harassment, need not result in concrete psychological harm to the victim, but rather need only be so severe or pervasive that a reasonable person would perceive, and the victim does perceive, the work environment as hostile or abusive.
- Any person in a supervisory or command position who uses or condones any form of sexual behavior to control, influence, or affect the career, pay, or job of a military member or civilian employee is engaging in sexual harassment.
- Similarly, any military member or civilian employee who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature in the workplace is also engaging in sexual harassment.

Signs of Improvement: A commander may monitor a situation through consultation with Family Advocacy or the Soldier's supervisor or First Sergeant. Commonly, a commander will learn the situation is not improving when a subsequent incident or call of concern occurs.

Sobriety: Discontinuance and avoidance, i.e. abstinence, from consumption of alcohol or drugs.

Speakers: The prevention and education specialists and the victim advocates assigned to the Family Advocacy Program are available to commands to provide briefings/training on a wide variety of Family wellness topics. Other programs under the ACS umbrella such as Personal

Financial Management may also provide speakers to units. Contact the Family Advocacy Program or the installation ACS to learn more about the resources available in your community.

Special Education: Educational needs of a physically or learning disabled child which are defined in an Individual Education Program (IEP) or Individual Family Service Plan (IFSP) that includes classroom placement that best meets the child's needs.

Special education meetings: **"**See Individualized Education Program"

Staff Judge Advocate: The senior judge advocate assigned to a general officer in command. The Staff Judge Advocate (SJA) serves as the principal legal advisor to the Commanding General and subordinate commands.

Status Determination: Clinical Status is the finding of the Case Review Committee (CRC) at the time the case is assessed. Determinations can be:

- Substantiated - Preponderance of the information indicates that the act of maltreatment occurred.
- Suspected - There is a belief abuse/neglect might have occurred but sufficient information is not available at the time of the CRC meeting to substantiate.
- Unsubstantiated - There are two types:
  - The act did not occur. Preponderance of information indicates no abuse/neglect occurred.
  - Unable to resolve. After all information was made available, it remained unclear whether abuse occurred.

Stress: A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression.

Strong Bonds: Strong Bonds is a unit-based, chaplain-led program which assists commanders in building individual resiliency by strengthening the Army Family. The core mission of the Strong Bonds program is to increase individual Soldier and Family member readiness through relationship education and skills training. Strong Bonds is conducted in an offsite retreat format in order to maximize the training effect. The retreat or "get away" provides a fun, safe, and secure environment in which to address the impact of relocations, deployments, and military lifestyle stressors.

Substance Abuse Counseling Center (SACC): A center where certified substance abuse counselor screen; assess and provide substance abuse treatment for individual who is dependent or abuse alcohol.
Army Community Services (ACS) Substance Abuse Counseling Centers provide drug and alcohol education and counseling for active duty, reserve and retired personnel. Eligible Family members over age 18 are provided services on a space available basis. Highly skilled substance abuse counselors provide the following services:

- Screenings & Assessments
- Early Intervention Outpatient

- Intensive Outpatient Treatment
- Residential Treatment
- ADCO Training

Substantiated- See Status Determination

Suicidal Ideation: Expressions or thoughts about killing oneself.

Suicide: Intentionally killing oneself.

Suicide Attempt: A potentially self-injurious act with a non-fatal outcome, for which there is at least some intent to die. A suicide attempt may or may not result in injuries.

Suicide Gesture: A potentially self-injurious act with a non-fatal outcome for which there is no evidence of intent to die. A suicide gesture may or may not result in injuries.

Suicide Threat: Declaration of intent or determination to kill oneself.

Suitability Screening: See "Overseas Screening Requirement"

Support Groups: Based on the needs at their installations, SFTB Coordinators have facilitated support groups for Family members of Soldiers who have been detached from their non-deploying units and sent on deployments with the operating forces. These Family members occasionally do not have access to a traditional FRG and can benefit from additional support.

Tip of the Iceberg: Domestic violence and child abuse, by their very nature, often occur within the confines of a Family home and may go unnoticed or unreported until an incident reaches a heightened severity level that prompts a call to law enforcement. Additionally, a victim might fear that disclosure will result in escalating violence or will not be believed or taken seriously. Offenders often minimize and deny their abusive behavior. AD members involved in abuse, either as the victim or offender, often worry that a disclosure will result in disciplinary action or other negative career impact. As a result of these factors, the referral that brought the Family into Family Advocacy is often occurring within a history and pattern of abuse. When making an assessment of a particular incident, exploring history and pattern is extremely important in creating a viable safety plan.

Trained: The command representative on the Case Review Committee (CRC) should be trained in the DoD definitions of abuse, signs and symptoms of abuse, CRC procedures, and command responsibilities in responding to abuse allegations. The installation Family Advocacy Program (FAP) Manager is the point of contact to obtain this training. DoD has also launched a joint service on-line training for commanders.

Transition Assistance Program: The Transition Assistance Program (TAP) provides career/employment assistance, vocational guidance, and transition information to separating Soldiers and their Family members. The tools and information provided enable all separating Soldiers and their Family members to make a successful transition from military to civilian life.

Separating Soldiers are counseled and advised of the availability of these programs and their responsibility for attending prior to leaving the military

Transitional Compensation Program: A congressionally authorized program to provide 12-36 months of financial compensation to Families of service members discharged from the service due to domestic violence or child abuse. AR 608-1 provides guidance on eligibility requirements, application procedures, and benefits.

Traumatic Events: are events outside the normal experience of people that pose actual or perceived threats of injury or exposure to death that can overwhelm both an individual's and organization's coping resources. Examples of such critical incidents include combat, natural disasters, acts of terrorism, mass casualty accidents, acts of violence (with and without fatalities), observations of traumatic deaths, and aircraft, boat and ship accidents/mishaps.

Treatment Plans: A treatment plan will be developed through a collaborative effort between the Soldier and the case manager. Treatment plans will contain clinical problems and agreed upon goals and objectives that will be addressed during treatment. Drug/alcohol dependency/abuse is a diagnosis and should not be confused with or listed as one of the Soldier's problems on the treatment plan.

Treatment Recommendations: The CRC makes clinical recommendations for treatment, not recommendations for administrative or disciplinary action. The commander retains authority to take appropriate administrative or disciplinary action in addition to or in lieu of ordering the abuser to treatment. Commanders should **NOT** order a service member who was the victim into FAP treatment. The CRC process is standardized to ensure consistent and thorough assessments pertaining to the report have been conducted, and that all relevant information is available that is necessary to make a solid clinical determination and, if the report is substantiated, to make recommendations for treatment.

Trying to Manipulate: Occasionally a Soldier may feign suicidal thoughts or behavior for secondary gain, such as to get out of the military. Even if you think this is the case, the liability is too high not to take appropriate action, so you must get the Soldier evaluated by Medical for suicide risk whether you think they are faking or not. Medical is qualified and licensed to determination the level of suicide risk and will let you know what to do with the Soldier, including possible administrative actions to hold a manipulative Soldier accountable, if appropriate.

Urinalysis Program: - The National Guard will not tolerate the possession, use, trafficking, or distribution of illegal drugs or drug paraphernalia. These offenses must be dealt with swiftly and effectively to the fullest extent provided for by law and regulations. Civilians will be detained and turned over to a local law enforcement agency for prosecution under the applicable criminal statutes. Installation commanders maintain responsibility to monitor establishments known or suspected to be sources of supply for illegal drugs. When appropriate, the installation commander will declare these establishments off limits to all National Guard personnel.

USD Policy Memo: Under Secretary of Defense Policy Memoranda or Directive Type Memoranda (DTM) provides interim guidance on official policy changes within DoD. DTM's are followed by the publication of DOD Instructions and service specific guidance. DTM's specific to FAP are located on the ACS Web Page, or click here for the Department of Defense Task Force on Domestic Violence Policy Memoranda.

VA: Title 38 U.S.C. 1720 (a), subsection (d), provides authority for the Veteran's Administration (VA) to furnish care or treatment and rehabilitation for alcohol abuse and dependency to any person serving in the active military.

Verbal "No Contact" Order: A military protective order (MPO) is issued by the command of a suspected abuser. A MPO may be verbal or written. A MPO may direct service members to stay away from victims or designated places; refrain from doing certain things; require the service member to move into government quarters; and provide support for Family members.

Victim Advocate: Family Advocacy Program staff member or trained volunteer who promotes the best interests of a victim by providing a support system that can include, but is not limited to, crisis intervention, information, guidance (including interpretation of judicial proceedings), and resource assistance. Under the provisions of the Omnibus Crime Control Act of 1990, the Guard is responsible for assigning a VA in certain FAP cases and to sexual assault victims. This person need not be a lawyer, but represents the victim's best interests to either the lawyer or judicial authority. Serves as a consulting CRC member. Victims are not required to use military victim advocates and may use victim advocates from civilian resources.

Victim Support Rights:
As a Federal crime victim, you have the following rights (as outlined in DD Form 2701):

- The right to be treated with fairness and with respect for their dignity and privacy;
- The right to be reasonably protected from the accused offender;
- The right to be notified of court proceedings;
- The right to be present at all public court proceedings related to the offense, unless the court determines that your testimony would be materially affected if you heard other testimony at trial;
- The right to confer with the attorney for the government in the case;
- The right to available restitution;
- The right to information about the conviction, sentencing, imprisonment, and release of the offender.

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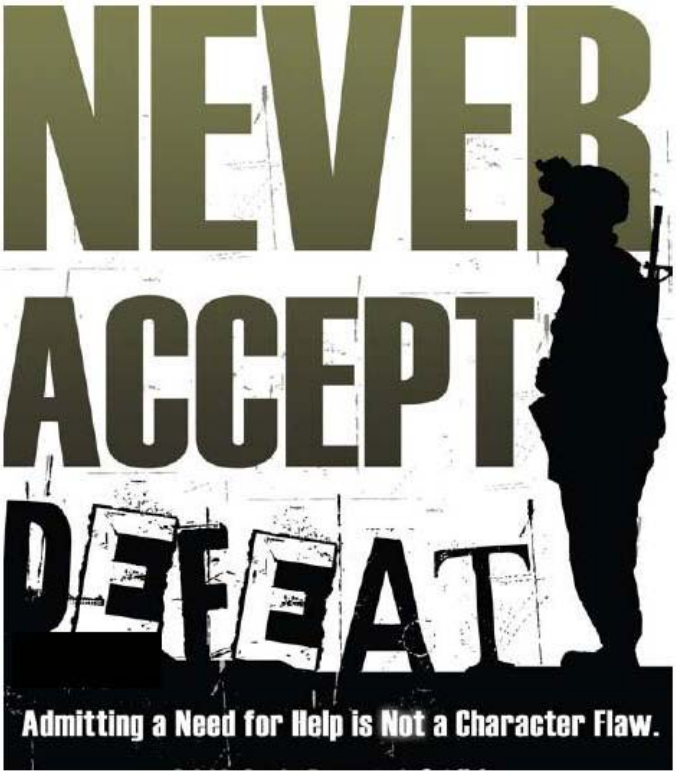
Women, Infants, and Children (WIC): The Special Supplemental Nutrition Program for Women, Infants, and Children - better known as the WIC Program - serves to safeguard the health of low-income women, infants, & children up to age 5 who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating, and referrals to health care. Visit the WIC website to learn about the program in your state: http://www.fns.usda.gov/wic/

Work Environment: The workplace and the conditions or atmosphere under which people are required to work.

Workplace: An expansive term for military members that may include conduct on or off duty, 24 hours a day.


NEVER
ACCEPT
DEFEAT
Admitting a Need for Help is Not a Character Flaw.

THE SOLDIERS CREED

I am an American Soldier.
I am a Warrior and member of a team. I serve the people of the United States and live the Army Values.

I will always place the mission first.
I will never accept defeat.
I will never quit.
I will never leave a fallen comrade.

I am disciplined, Physically and mentally tough, trained and proficient in my warrior tasks and drills. I always maintain my arms, my equipment and myself.
I am an expert and I am a professional.
I stand ready to deploy, engage, and destroy the enemies of the United States of America in close combat.
I am guardian of freedom and the American way of life.
I am an American Soldier.