U.S. Army

Rear Detachment Commander's Handbook

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Acknowledgements

Rear Detachment Commander's Handbook—Ed. 4, 2012

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OPERATION READY
Resources for Educating About Deployment and You

Those of us who have the honor of walking into a building each and every morning where the word "hero" really means something have a duty and a responsibility to all of you: To ensure this nation's continued respect, built on the valor and sacrifice and bloodshed of our all volunteer force—Active, Guard, Reserve—the young men and women of the United States military who committed and recommitted themselves to defending this great nation after attacks on America are never left short-changed again.

John M. McHugh, Secretary of the Army
from 2012 Army Posture Statement

Our Army is the Nation's force of decisive action, a relevant and highly effective force for a wide range of missions. Trust is the bedrock of our honored profession—trust between each other, trust between Soldiers and leaders, trust between Soldiers and their Families and the Army, and trust with the American people. I am honored to serve in the ranks of the great men and women who willingly serve our country.

Raymond T. Odierno, General, United States Army Chief of Staff
from 2012 Army Posture Statement

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PART I: OVERVIEW OF REAR DETACHMENT COMMAND

Section 1. Introduction

THE PERSISTENT ARMY FORCE GENERATION (ARFORGEN) effort requires conditions that promote preparedness, resiliency, and healthy lifestyles of the "Total Force." Soldiers, DA Civilians, and Families continue to be affected by the ongoing cycle of deployments and redeployments, in and out of humanitarian and combat missions, turning to unit leaders for "front line" support. There is no doubt that Rear Detachment Commander's (RDC) functions are essential to meeting today's operationally oriented demands.

The *U.S. Army Rear Detachment Commanders Handbook* is designed to assist the RDC in establishing a proactive Family readiness program. The handbook is intended to provide leaders with recommendations about deployment related Family issues, suggestions on managing the process, and a listing of resources.

Part I **Sections 1-5.** Provides highlights on the importance of the Rear Detachment Commander's role in the Army including the structure, appointment decision, responsibilities, and training resources.

Part II **Sections 6-13.** Describes the roles of the Family Readiness team essential to assisting Soldiers/Civilians and Family members.

Section 6. Outlines tips about RDC responsibilities throughout the deployment cycle.

Section 7. Highlights the Family readiness system of support and key roles.

Section 8. Reviews the importance of working with the Family readiness support network.

Section 9. Contains a list of the spectrum of programs, services, and resources available.

Section 10. Discusses preparing for challenges that confront RDCs in working with Families.

Section 11. Summarizes key points about rear detachment (RD).

Section 12. Addresses common questions that are supported by surveys, reports, and research. Provides information on important topics and implications for working with Soldiers/Civilians and Family members on important deployment-related concerns.

Section 13. Provides references.

Links To Army Regulation And Guidance

If the web site links are not activated please cut and paste the link in the browser or conduct a "search" for the specific resource/organization. Please note that some web sites change their URL locations or the information archived requiring documents be located using the web site's search engine.

➔ **Note that any text set in green bold italic type in this handbook is a link either to a web site or to a pdf document.**

The following documents and updated versions can be accessed directly from the Army Publishing Directorate, "Official Department of the Army Publications and Forms" web site: ***http://armypubs.army.mil/index.html***

AR 608-1 Army Community Service Center Appendix J
AR 600-8-1 Army Casualty Program
DA Memorandum, Deployment Cycle Support (DCS) Directive
AE Regulation 600-8-108 Rear Detachment Command

The 608 Series provides regulatory guidance for a variety of Family programs:
AR 608-10 Child Development Services
AR 608-18 Army Family Advocacy Program
AR 608-47 Army Family Action Plan (AFAP) Program
AR 608-48 Army Family Team Building (AFTB) Program
AR 608-75 Exceptional Family Member Program

Coordinate with Army Family Program staff for details and support.

The pdf documents below are linked in this Handbook. However, please download the documents from the Army OneSource web site if this handbook was downloaded on the desktop; available at:

http://myarmyonesource.com *(select "Family Programs" and then "Mobilization and Deployment")*

DA Memorandum Soldier Readiness Processing (SRP)

Resources

Soldier+Family Problem Solving Guide

Note: *The use of the word "Soldier" covers other important mission personnel—DA deploying Civilians. For readers familiar with the 2006 Edition of this handbook, much of the material is similar, however, Sections 6 and 8 have been significantly revised/updated, and Section 12 is a "new" section.*

...You've visited our troops and their families at home and in war, you've helped us bury our dead, and you've seen firsthand—through all this change, hardship and demands of war—what has remained constant is the courage, the selfless service, and the sacrifice of our Soldiers, our Families, and our Army Civilians.

—Gen. George W. Casey Jr., Chief of Staff of the Army before the House Armed Services Committee, March 2, 2011

Section 2. Rear Detachment Command

Rear Detachment Overview

Rear detachment duty, particularly as the rear detachment commander (RDC), is critical to the success of the units' function and Family support efforts. Upon deployment, the RDC officially assumes the duties of the unit commander and maintains regular contact with the deployed unit commander at the mission site.

One of the most important rear detachment duties is serving as a vital communications link between the deployed unit and Family members.

The deployed commander's goal is to accomplish the mission while keeping Soldiers/Civilians safe, then bringing them home to their Families and communities. The RDC's goal works in tandem with the deployed commander to help Families prevent the problem as soon as it surfaces so resulting anxieties do not overflow to the deployed Soldier/Civilian or require the attention of the deployed commander.

Rear Detachment Mission

The success or failure of the RDC directly impacts unit readiness and retention, while indirectly impacting the forward unit's mission. Soldiers want and need unit identity, a task/purpose mission, and training on that mission. Every unit in the Army has a mission, prescribed task organization, and a mission essential task list (METL) to focus training.

A simple mission statement posted in the unit area and understood by all Soldiers, both incoming and outgoing, pays dividends in terms of Soldier performance and behavior.

Sample mission statement:

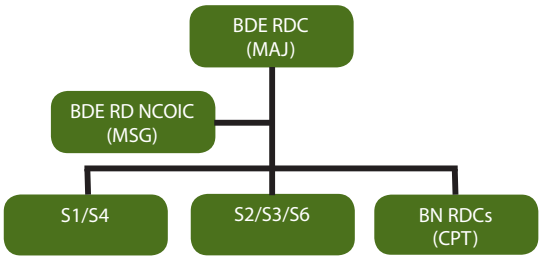
> *"A Company conducts rear detachment operations in support of Task Force 2-14 Infantry deployed to Operation Iraqi Freedom III from DEC 04-UTC in order to allow the battalion to accomplish its mission."*
>
> ***Task:*** *Conduct rear detachment operations*
>
> ***Purpose:*** *Allow the unit to accomplish its mission*
>
> ***Key element:*** *The mission statement above has an unspecified completion date (UTC). It is easier to prepare Soldiers/Civilians and Families for a tour extension ahead of time, than to announce any unexpected extension.*

Rear Detachment (RD)—Structure And Command Organization

Task organization for a rear detachment should be similar to the task organization of the unit—one echelon below (i.e., company for battalion, battalion for brigade etc.). There are two different thoughts on organizing the rear detachment command team at the battalion level: 1) organize as a company with the platoons aligned by parent company; or 2) organize as company with platoons aligned by task/mission and personnel. The rear detachment command team and staff must be able to operate in the absence of the parent unit.

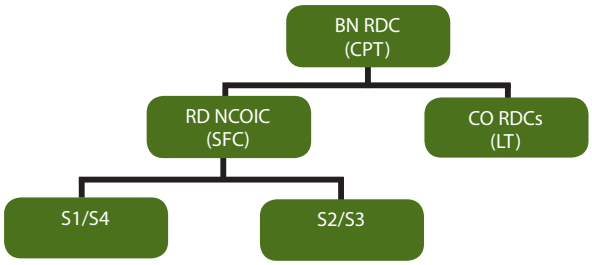
To ensure units and Families make a smooth transition to deployment, rear detachment teams need to be identified, trained and established BEFORE deployment. For deployment, rear detachments need to be established at two levels to perform the functions specified in the following section.

Brigade (BDE) RDC



- The brigade commander appoints brigade and battalion rear detachment commanders, however, battalion appointments may be delegated to the battalion commander.
- Brigade level RDs command, control, and support several separate company and battalion-level RDs.
- The brigade RDC monitors Family readiness systems in subordinate units and helps coordinate Family assistance plans and Family readiness plans (FRPs).
- The brigade RDC performs the duties of the unit commander during deployment. *(See RDC Responsibilities)*.

Battalion And Squadron Level RDC



- The battalion commander appoints RDCs at company, troop, and battery level. RD leadership at company level may be one deep.
- Battalion-level RD leadership must be two-deep (RDC and RD NCOIC) with subordinate company RD NCOs.
- The battalion RD ensures subordinate units receive all resources and support required.
- The battalion RDC performs the duties of the unit commander during deployment. *(See RDC Responsibilities)*.
- BN RDC commands the company/battalion elements not deployed and maintains accountability of Soldiers, keeping the unit running administratively, operationally, and logistically.
- RDC's chain of command and NCO support channel are defined prior to deployment by unit commander.

Appointment Of Rear Detachment Commander (RDC)

In relation to mission success selecting a rear detachment commander is the most important and most difficult decision a deploying commander will make before deployment. It is a difficult balance between taking maximum combat power forward and leaving the right team behind to take care of the home front.

Family readiness and RDC are tied directly to retention. Soldiers who see that their Families are in good hands and have help when needed are more likely to reenlist. The RDC must be "everything to everyone," a trait not addressed in Army schools or doctrine.

Being an RDC is an additional duty assignment. The RDC assumes the duties of a unit commander. The requirements and responsibilities of this position are such that the following criteria should be considered.

Criteria for selecting RDCs (at battalion & company level):

- Commissioned officer (captain or higher at battalion level, lieutenant or higher at company level).
- Must have at least six months retainability in unit.
- Calm under pressure.
- Good leadership and solid decision maker.
- Good communication skills (e.g., empathetic listening).
- Genuine concern for Families.
- Caring and experienced in dealing with Family support issues.
- Proactive and a problem solver.
- Consensus builder among Families and Family Readiness Group (FRG).
- Knowledgeable about garrison support and community resources (including those for the National Guard and Reserve) as well as personnel, finance and supply matters.
- Understands the relationships between the Rear Detachment, FRG leader/advisor and Family members, and garrison support services.
- Given their role in casualty operations, other desirable characteristics include: Maturity, six or more years of service, competence, dependability, and compassion.
- Knowledgeable trainer, and possesses unit pride.
- Personally capable of maximizing the traits identified above.

Section 3. RDC Responsibilities

DURING A DEPLOYMENT, the rear detachment commander performs the duties of the unit commander. The emphasis here is on "Family matters." For a comprehensive listing of responsibilities, review the unit RDC SOP.

Command And Control

- Establish and maintain two-way communication with forward deployed units to ensure timely and accurate information, resolve issues, and maintain communication.
- Serve as the official information source for Families and as a conduit between the deployed unit and their Families. This includes conducting information briefings, preparing postings for vFRG web site, and reviewing FRG newsletters. Also ensure deployment-related information and FRG newsletters are published on regular basis.
- Maintain regular connection with Families and Family readiness groups (FRGs).
- Assist with Family Assistance Center (FAC) operations as requested by garrison or Army National Guard.
- Coordinate with the FRG steering committee in conjunction with FRG leaders, the chain of command, and garrison and community resources to support Families.
- Handle casualty notification when appointed by the commander.
- Control rumors.

Operations And Training

- Attend RDC, Family Readiness Support Assistant (FRSA), and FRG courses.
- Develop staffing plan.
- Develop battle rhythm plan for rear detachment operations.
- Conduct or coordinate mandatory training events with garrison/Reserve Component agencies.
- Ensure RD and staff duty personnel are trained and sensitive to Family member calls and understand how to refer Families to the appropriate agency for assistance.
- Coordinate and support training for FRG volunteers and Families.

Logistics And Supply

- Ensure Family members have opportunities to maintain contact with deployed Soldiers/Civilians (includes establishing or providing information on mail operations, video teleconference [VTC], and internet connection).
- Provide FRGs with access to facilities, equipment, and government vehicles for official FRG mission activities.

Family Support

- Maintain contact with Families in the command. This includes keeping in touch with Families that return to their home of record or otherwise leave the area during their sponsor's deployment.
- Maintain regular contact with FRG leaders and provide important information to them. Ensure that communication between FRG leaders and unit Family members occurs regularly.

- Attend and support FRG meetings and activities. Update the roster used for FRG phone trees. Coordinate plans with FRG leader for FRG social or recreational activities to build and sustain morale and camaraderie.
- Answer questions and concerns from FRG leaders and Families.
- Help resolve Family issues by referring to appropriate military or community agencies.

Administrative

- Validate and maintain a copy of Family Care Plans (FCP) for deployed personnel and personnel preparing to deploy.
- Conduct FCP counseling as required.
- Maintain record of contacts, actions taken, and follow-up with Families.
- Maintain unit roster including augmentees during deployments. This roster will be provided to the FRG for their key callers to ensure these Families receive communications and support.
- Coordinate with American Red Cross regarding emergency information on unit Soldiers and Family members. Log, track and process Red Cross emergency messages and notify forward unit of impending Red Cross messages.
- Review RDC and FRG SOPs. Develop/revise FRG SOPs as necessary. (See AR 608-1, Appendix J).
- Request and supervise a FRSA who provides FRG leaders with administrative and logistical support.

FRG Informal Fund Oversight

- Oversee FRG informal fund, per AR 608-1, Appendix J.
- Approve FRG requests for appropriated funds (APF) and supplemental mission funds intended for FRG use. *(See AR 608-1, Appendix J)*.
- After consultation with the unit's ethics counselor, approve donations and FRG fundraising requests.

Section 4. Keys To Success

★ **Work as a team with the deployed commander, FRG leader, garrison, Family Readiness Support Assistant (FRSA), Reserve Component, and others.** *(For further information see Section 8, Working With The Family Support Network).*

★ **Know Army policies.** Understand regulatory guidance to effectively manage and/or implement responsibilities. *(If the web site links are not activated please cut and paste the link in the browser, or search for the selected documents from Army Publications Directorate).* The following documents and updated versions can be accessed directly from the Army Publishing Directorate,"Official Department of the Army Publications and Forms" web site: ***http://armypubs.army.mil/index.html***

AR 608-1 Army Community Service Center Appendix J

http://armypubs.army.mil/epubs/pdf/R608_1.pdf

AR 600-8-1 Army Casualty Program

http://armypubs.army.mil/epubs/pdf/R600_8_1.PDF

AE Regulation 600-8-108 Rear Detachment Command

https://aepubs.army.mil/pdfpubs/AER600-8-108.htm *(Requires AKO access)*

DA Memorandum, Deployment Cycle Support (DCS) Directive

http://www.armyg1.army.mil/dcs/docs/DCS%20directive.pdf

The 608 Series provides regulatory guidance for a variety of Family programs:

AR 608-10 Child Development Services

AR 608-18 Army Family Advocacy Program

AR 608-47 Army Family Action Plan (AFAP) Program

AR 608-48 Army Family Team Building (AFTB) Program

AR 608-75 Exceptional Family Member Program

★ **Set boundaries for personal and Family time.**

★ **Know community resources and how to make referrals.** *(For details on resources, see Section 9).*

★ **Maintain and foster genuine care and concern for Family needs.**

★ **Have strong skills in:**

- Communication
- Listening
- Crisis management *(For further guidance, see Section 10, Crisis Management)*
- People skills (including how to deal with difficult people)

★ **Identify shortcomings and train early.** *(For information on training opportunities, see Section 5, Training).*

★ **Cross-train personnel/Family readiness team, and assign responsibilities (e.g, FRSA, FRG leader, advisor, etc.).**

★ **Remember, teamwork is the key — this includes the command forward, the unit Family readiness team, and the entire rear detachment.**

Section 5. Training And Resources For RDC

Training

It is essential to be trained before the unit deploys. The following training is available for rear detachment commanders:

- **RDC Online Course** – A comprehensive web-based training in which a series of modules are completed to demonstrate knowledge of policies and abilities to handle different RDC matters such as finance, supply and logistics, security, FRGs, redeployment activities, and casualty notification. This training also provides exercises to enhance needed requisite skills. A certificate is awarded upon completion. The RDC online course is located at: ***www.myarmyonesource.com.***

- **Local Rear Detachment Course** – This rear detachment training course, provided by Army Community Service (ACS), focuses on Family readiness. The training provides an overview of the RDC role, overview of Family readiness systems, and reviews military and civilian community resources. In addition, the training identifies Family issues and RDC tasks during each phase of the deployment cycle and discusses how to address different Family issues as well as crisis intervention. A certificate is awarded upon completion.

- **Command Rear Detachment Commander's Resident Course** – Face-to-face training that addresses all areas of responsibility of the RDC as well as special issues (such as dealing with the media) and incorporates scenario exercises.

- **Stand-up actual rear detachments during National Training Center (NTC) and Combat Training Center (CTC) rotations and train-up** – An opportunity to gain experience performing the actual RDC duties and handling a variety of Soldier and Family issues.

- **Soldier/Family Readiness Database training (Guard only)** – Training on the use of this database for record keeping provided by the National Guard State Program Offices.

- **FRG training** – RDCs should attend FRG training or a training given to both FRG leaders and RDCs to establish teamwork and coordination of efforts. Coordinate with the local ACS to learn about important joint training opportunities.

- **FRG Leader Online Course** – This online FRG leader training accessed through the web at ***https://www.armyfrg.org/*** focuses on the management of FRG operations and addresses how to assist Families on a wide range of Family issues.

- **FRSA training** – Assistants should take the RDC and FRG online courses to facilitate their understanding of roles and responsibilities.

Resources

- **Operation READY Materials** – provide resources for RDC use as well as information on an array of topics related to taking care of Soldiers and Families during deployment cycle. For example: the *"Operation READY Family Readiness Group Leader's Handbook"* provides information on how to set up FRGs and guidance on the implementation of FRG activities; also specifies the company level FRG leader's responsibilities and has a checklist of FRG's tasks during deployment cycle. *(For details refer to the "Operation READY Deployment Support Resources" available at* ***http://myarmyonesource.com*** *by selecting "Family Programs" and then "Mobilization and Deployment," and finding 'Operation READY." Always consider coordinating directly with ACS Mobilization and Deployment staff for assistance).*

- **Phone lists** – collect, update, and use community resource directories available to identify phone numbers of agencies that can assist Soldiers and Families. (ACS and the Reserve Component Family Programs Office maintain a comprehensive resource file on military and community agencies which RDCs may access). *(For additional information see Section 8, Working with Family Support Network).*

- **Center for Army Lessons Learned Web site** – review reports and other products containing important information on lessons learned ***(http://call.army.mil)***. An important tool is the Family Readiness Group Information Handbook, No. 07-30: ***http://usacac.army.mil/cac2/CALL/docs/07-30/07-30.pdf***

  The "Family Readiness Group Information Handbook" (2007, July) is designed to help commanders and leaders develop an effective rear detachment (Rear D) and Family Readiness Group operation. Rear D and FRG operations offer critical support to Soldiers and their Families during deployments and emergencies. FRG activities also foster a sense of community support among Families during non-deployment. "Knowing Family members will have the collective support of unit FRGs and the Rear D command group allows Soldiers and leaders to focus on mission requirements." (p. i). The Handbook provides in-depth information on a variety of Rear D and FRG operations including information on mission statements and organizing operations, along with how to prepare and execute operations. One useful section is "Rear Detachment Challenges," which addresses potential challenges for medical and legal processing, property accountability, command information dissemination, and interacting with local community. Also included in the Handbook is information on best practices for managing Family issues during deployments. The FAQ section on Rear D operations highlights critical questions asked and answered by RDCs and FRG leaders, such as "What was your greatest challenge?" (p. 67), "How did you get people to participate in the FRG or at least attend meetings?" (p. 68), and "What is your best advice to future commanders and FRG leaders/advisors" (p. 68).

- **Virtual Family Readiness Group (vFRG) Web System –** provides the functionality of an FRG in an ad hoc and on-line setting to meet the needs of geographically dispersed units and Families across all components of the Army. The vFRG ***(www.armyfrg.org)*** links the deployed Soldier, Family, FRG leader, unit commander, rear detachment, and other Family readiness personnel on their own controlled access web portal to facilitate the exchange of information and provide a sense of community, using technology to automate manual processes and provide enhanced services and communications.

PART II: THE FAMILY READINESS SYSTEM

THE SECOND PART of this handbook focuses on the battalion RDC's role and coordination with other components in the Family readiness system. This part describes activities at both the unit level and at the Army level to ensure an effective system is in place for Family assistance.

Unit Level

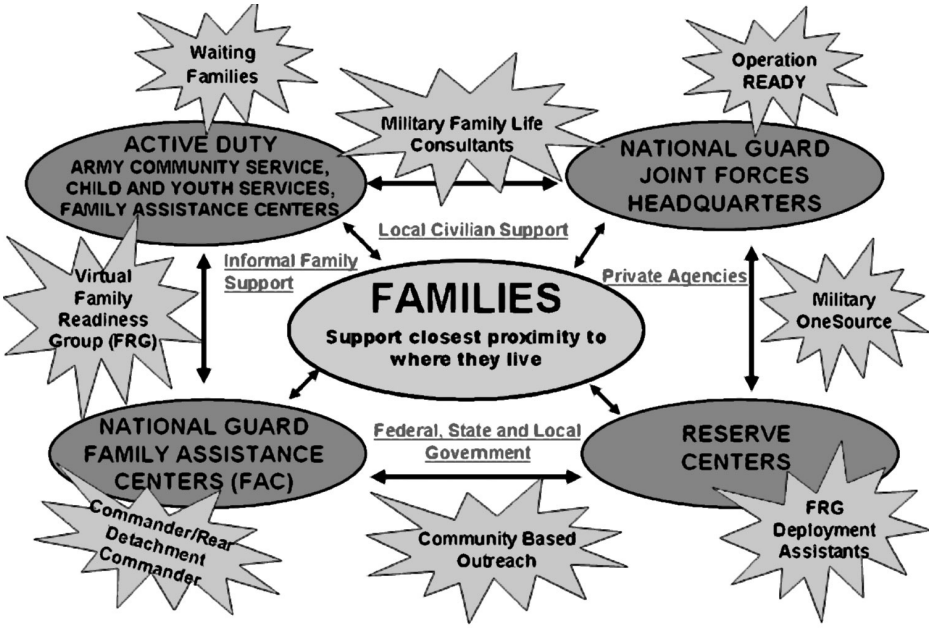
At the unit level, commanders develop a Family readiness plan (FRP). This plan specifies the activities and programs designed to support Families during deployment, casualty notification procedures, support to be provided to FRGs, and other operational procedures. During deployment, the RDC carries out the RDC's responsibilities as well as works in partnership with the FRG and garrison elements to maintain unit Family readiness.

Army Level

With Expeditionary Army missions involving all components (i.e., Active, National Guard and Reserve), the Army has established an integrated system which allows equal access to active duty, Guard and Reserve Family support networks. Components of these networks can be utilized to conduct trainings for unit Families and to refer Families for assistance. Further, increased collaborative arrangements between the military and civilian community have been (and continue to be) made to serve geographically dispersed Families better.

In fact, Army Family programs and services continually optimize support to Soldiers, Civilians and Family members as exemplified in Army OneSource (AOS). AOS defines a core set of services made available through coordination and partnerships between military and civilian agencies across Army components (i.e., Active, Guard, and Reserve). AOS restructures outreach and leverages technology using a three-pronged service delivery strategy so Soldiers/Civilians and their Family member have access to baseline programs and services in the geographical areas where they live: Facility-based services available through walk-in to any Army installation and National Guard and Army Reserve facility/center; web sites that provide information and support; and telephone support available on a 24/7 basis (e.g., Military OneSource)].

The Army and civilian organizations have created a variety of tools and resources supporting Family readiness efforts. *(See Section 9, Military Resources for Families)*.



Section 6. RDC Tasks In The Deployment Cycle

THE DEPLOYMENT CYCLE SUPPORT (DCS) process prepares and sustains Soldiers/Civilians and their Family members throughout the various phases of deployment. The focus of DCS is linked with the ARFORGEN process, which is used to manage Army's operational commitments to prepare, reset, and train both Soldiers/Civilians and Families who are faced with deployment in more rapid succession. The overaching effort necessitates that leaders and Family program providers prepare Soldiers/Civilians and Families for future deployments helping reduce uncertainties and crisis for some Families. **For additional information on the DCS Directive (07 Mar) and Checklist (DA Form 7631) refer to the web site and select the menu "Leader": *http://www.armyg1.army.mil/leaders.asp***

The RDC is expected to support the unit's Soldiers/Civilians and Families during the different phases of the deployment cycle. While the DCS process defines distinct phases, it is important to recognize that rear detachment actions cannot be compartmentalized in exactly this way. Rather these phases serve as a framework to outline common areas requiring command focus, as listed below. The suggested checklists on the following pages identify RDC actions when working with Families during the different phases.

Be Personable and Approachable – Consider ways to "open the door" to both Families and the Family readiness team members

- Set aside time to talk without distractions.
- Follow-up regularly to prevent problems "down the road."
- Get messages across using "I feel statements."
- Listen with empathy.

Communicate and Coordinate – Create and sustain a unit environment that is supportive and cares about Families

- Ensure subordinate leadership is also approachable and takes an interest in Family matters.
- Network regularly with the FRG leader, FRSA, and other Family readiness team members to discuss the unit's evolving plan to help sustain Family readiness.
- Make contact with military and civilian community agencies to identify referral points of contact and to enhance knowledge of services and support available to unit leadership and Families.
- Encourage Families to stay connected to the unit through contact with FRG and vFRG.
- Ensure Families get timely, accurate, and practical information through various means: briefings, newsletters, small group forums, and related information sharing opportunities.
- Conduct unit activities/events to reduce stress, boost morale, and build camaraderie.
- Control rumors and gossip.

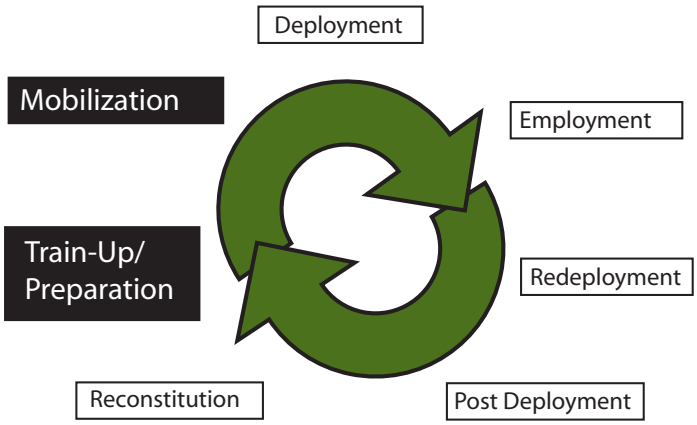
Support Optimal Health – Stay on top of Family issues and take supportive actions

- Stay "in tune" with current military surveys, reports, and information about Family needs and issues.
- Address Families' needs and issues making timely referrals and advocating that seeking help "early on" signals strength, courage, and responsibility.
- Reach out to Family members identified "at-risk" to possibly alleviate problems from deteriorating.

- Support Families of killed and wounded Soldiers/Civilians, ensuring referrals are made to military and community counseling and assistance programs as appropriate.
- Support the FRG and all Family readiness efforts in order to maximize Family support.

Train-Up/Preparation And Mobilization Phases

In the train-up/preparation and mobilization phases the Soldiers/Civilians first learns about being deployed. This pre-deployment stage is often the time that causes the most anxiety. The Soldier is still home, but may be working long hours in preparation for deployment. There are many changes occurring at home as Family members anticipate the departure of their Soldier. The focus of these phases is on unit and Soldier preparations for military mission and Family readiness.



☐ **Maintain alert rosters** for all companies and detachments prepared by S1 noncommissioned officer in charge.

☐ **Review FRG SOPs.**

☐ **Request and establish a vFRG web site** for the battalion ***(www.armyfrg.org)***.

☐ **Work with the command sergeant major (CSM)** to place the right NCOs in the right positions.

☐ **Meet with FRG leaders in conjunction with commanders** to discuss how Families will be supported, FRG activities, communication between RDC and FRG, and to identify at-risk Families. Ensure all receive ACS or Reserve Component Family Program training.

☐ **Collect Family assistance data during the unit Soldier Readiness Processing (SRP) and Pre-deployment Processing (PDP).** *[Note: ACS can assist units in obtaining voluntary Family assistance information by Soldiers/Civilians mobilizing or deploying].* It is important to identify all Family members and next of kin as well as to assess Family issues before deployment. This includes knowing child care arrangements and children's schools. *(For details refer to the **DA Memorandum Soldier Readiness Processing PDF**).*

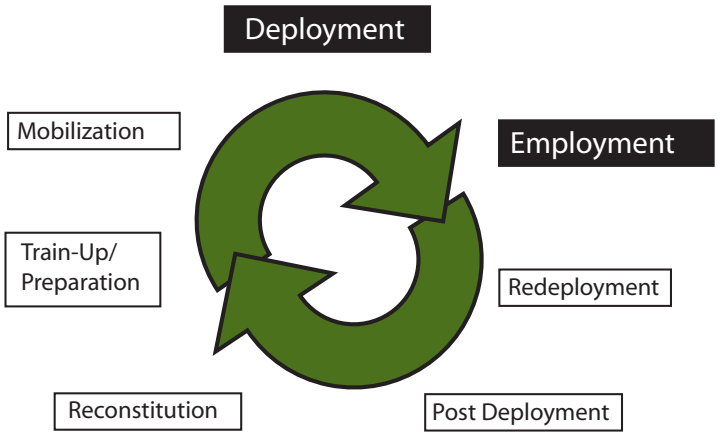
☐ **Supervise FRSAs and FRGs with maintaining current Family member telephone rosters.**

☐ **Oversee the planning and coordination of pre-deployment briefings** for all Soldiers/Civilians and Family members. Work with ACS or the Reserve Component Family Programs to set up the briefing. Inform FRG leaders so that Families can be notified. Publish agenda for Family members in advance.

- ☐ **Provide mailing addresses for deployed Soldiers/Civilians to Family members.**
- ☐ **Provide Family members with a "Family assistance handbook"** that contains basic phone numbers and checklists to help them prepare for deployment. *(See Operation READY U.S. Army Deployment Cycle Readiness: Soldier's and Family Member's Handbook and the version for DA Civilians and Family members available at* ***http://myarmyonesource.com*** *by selecting "Family Programs" and then "Mobilization and Deployment").*
- ☐ **Ensure phone numbers for Rear Detachment, FRG leaders, and Family Assistance Centers are accurate and widely distributed.**
- ☐ **Meet with FRG leaders in conjunction with commanders** to discuss how Families will be supported, FRG activities, communication between RDC and FRG, and to identify at-risk Families.
- ☐ **Develop unit instructions on what to do when a Family member has a problem.**

Deployment And Employment Phases

In the deployment and employment phases, units have left the home station and are in the theatre of operations performing their assigned mission. Individual Soldiers/Civilians, who are assigned to augment the unit or replace Soldiers in theatre, also deploy during this time. The focus of concern is assisting Families with the stresses of the separation and deployment.

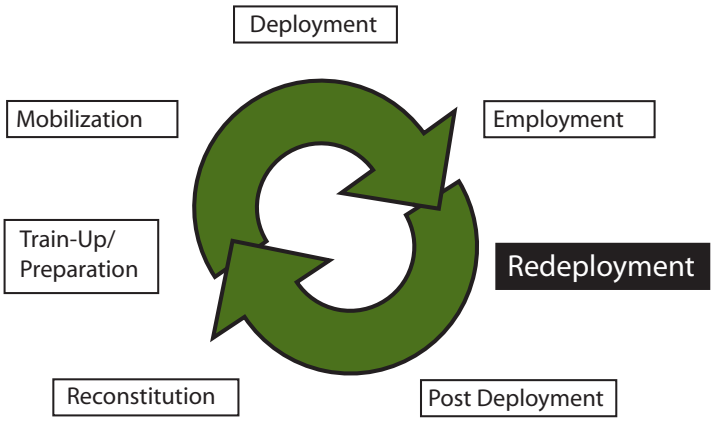


- ☐ **Maintain communication with FRG leaders** to provide continued support and assistance for FRG activities during deployment (two way communication is critical).
- ☐ **Provide command information from forward deployed commander** to FRG leaders (and FRGs) through command information briefings, postings for vFRG web site and FRG newsletters, and messages for FRG telephone tree.
- ☐ **Establish communication systems** and/or provide FRG leaders with information so Families can keep in touch with deployed Soldiers/Civilians. Establish an internet connection so Family members can send email messages. Provide information on where and when video teleconferences are scheduled with deployed unit.

- ☐ **Promote activities and efforts that specifically support children of deployed Soldiers/Civilians or include children.**
- ☐ **Recognize people and agencies for support.** Publicly recognize volunteers.
- ☐ **Do not make promises to Families, rather offer reasonable and realistic support.**
- ☐ **Conduct After Action Reports (AARs)** of the key events; make changes to systems as needed.
- ☐ **Maintain a record of all Family member requests for assistance and follow-up actions.**
- ☐ **Assist and refer Families who are experiencing problems** to appropriate agencies. Follow up with Families and notify deployed commander, as appropriate.
- ☐ **Establish a plan to welcome new Families,** provide pre-deployment assistance if needed, and connect them with the FRG.
- ☐ **Help sustain the FRG by determining how to use different FRG activities** (i.e., meetings, phone, newsletter, and educational briefings) to support unit Families effectively. The information, skill development, and resources needed are expected to be diverse across unit Families.
- ☐ **Be alert for signs of compassion fatigue and vicarious traumatization.**
- ☐ **Conduct memorial rehearsals** at least monthly; the firing detail practices weekly.
- ☐ **Develop good working relationship with all supporting agencies on post;** use NCOs to work issues at the lowest level.

Redeployment

Soldiers/Civilians begin post-conflict/mobilization processing in-theatre, either individually or with a unit, in the redeployment phase. This redeployment is for Rest and Relaxation (R & R) or return to home station (Active) or demobilization station (Reserve). In this phase, the focus of unit and support efforts is on preparing Soldiers and Families for the Soldiers' return.

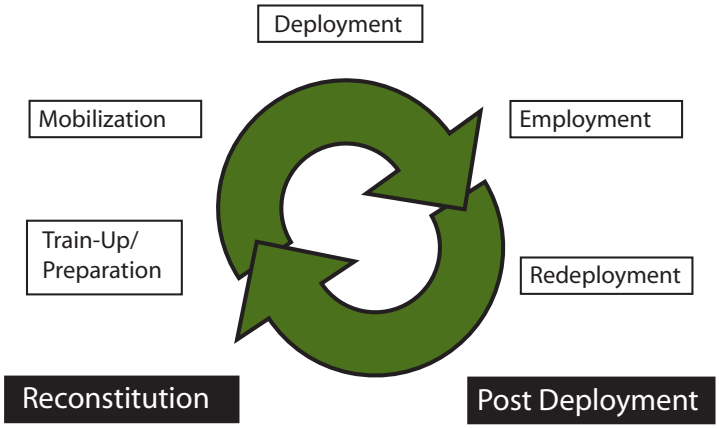


- ☐ **Communicate with the forward unit early.** Outline the redeployment flow and remain involved in the development of milestones and timelines.
- ☐ **Get list of returning Soldiers/Civilians from unit leadership in theatre.**

- ☐ **Notify FRGs of redeployment dates once authorized for release.**
- ☐ **Coordinate with ACS, Reserve Component Family Programs, or Chaplain to provide reunion and reintegration training** that includes changes in relationships education/briefing for Family members (including children) before redeployment.
- ☐ **Provide Families as well as designated care providers, with reintegration information before redeployment.**
- ☐ **Provide opportunity for Families and children to receive other contingency support (DCS) information materials, briefings, and/or classes on important issues and available services** (related to and including TRICARE, benefits, returning to work, taxes, and health symptoms and distress with Military Family Life Consultants and/or Military OneSource).
- ☐ **Plan and coordinate reunion and homecoming ceremony and activities** with FRG leaders and home station. Involve employers of redeploying Guard and Reserve Soldiers in homecoming ceremonies and reunion activities.
- ☐ **Advise and work with the unit commander on potential Family issues** of returning Soldiers/Civilians and refer Families who have experienced problems.
- ☐ **Reestablish case continuity** with Family Advocacy and State Family Program Directors (SFPD) if there were pending concerns regarding child abuse or domestic abuse.

Post Deployment And Reconstitution

In these phases, Soldiers/Civilians return home and readjust to work and Family life (i.e., reintegration and reconstitution). The focus of unit and support efforts is on helping Soldiers and Families with reunion and transition issues and providing assistance during reintegration.



- ☐ **Coordinate with unit the FRSAs and FRG leaders to provide support and assistance for FRG homecoming events** including welcoming receptions for returning Soldiers/Civilians and homecoming ceremony/activities.
- ☐ **Schedule block leave** (liberal leave for Civilians).
- ☐ **Ensure Soldiers/Civilians, who are released from medical treatment facilities or depart theatre via emergency leave, complete redeployment and post deployment tasks** of the Deployment Cycle Support (DCS) process.

- ☐ **Provide updated manifests to appropriate military agencies.**
- ☐ **Ensure media coverage is scheduled for reunion and appreciation events and brief Soldiers/Civilians and Families on how to handle media inquiries.**
- ☐ **Identify and advise unit commander of at-risk Families,** Families with issues during deployment, or potential Family issues awaiting returning Soldiers/Civilians and refer to appropriate agencies.
- ☐ **Work out plan and coordinate service delivery with ACS, Reserve Component Family Programs, Chaplain, medical and other agencies** to provide required and vital reintegration related training.
- ☐ **Encourage Soldiers/Civilians to seek help** as a sign of strength, courage, and responsibility.
- ☐ **Provide Families with information on screening and resources available** to address reunion and reintegration issues such as deployment-related health concerns, post deployment stress, Soldier/Civilian distress, suicide awareness, changes in relationships, marital relationships, communication with children and children's reactions, and substance abuse.
- ☐ **Refer Soldiers and Families** to ACS, Reserve Component Family Programs, Chaplains, Military Family Life Consultants, Military OneSource and other military and civilians for additional support.
- ☐ **Address combat operational stress reaction and post traumatic stress disorder**.
- ☐ **Maintain a copy of all documentation,** even after permanent change of station (PCS) just in case there is an issue later.

Remember, teamwork is the key—that includes the command forward, Rear D, Soldiers/Civilians, the Families, FRSAs, FRG leaders, and advisor!

Section 7. Family Readiness Groups

THE FAMILY READINESS GROUP (FRG) is an official Army organization sponsored by command. FRG membership comprises Soldiers, civilian employees, Family members (immediate and extended) and volunteers assigned to the unit. Its purpose is to provide social and emotional support and to keep unit Families informed through a structured communication network between command and Families. This support is designed to sustain Families and ease the stress associated with Family separations and deployments. Typically, FRGs are established at the company level with guidance and support from the battalion commander and his/her staff. *(For guidance on FRG operations for commanders, consult AR 608-1, Appendix J. For information on implementation of FRG activities at the company level, consult the Operation READY "Family Readiness Group Leader's Handbook").*

FRG Mission And Activities

The FRG serves as a conduit for information, mutual support, and concern. The type and scope of activities conducted by an FRG depends on the commander's budget for FRG activities; identified needs; command interest and emphasis; number of FRG members, time, energy and creativity of FRG membership; make up of the FRG (i.e., Soldier/Civilian and Family demographics); unit's training and deployment schedule; and geographical dispersion of Families. The following chart represents primary FRG activities. There is often a tendency for a few members to do work that should be disseminated throughout a larger group. This can create undue stress and may result in judgement errors.

FRG ACTIVITIES

Mission Essential	Additional Mission Essential
• FRG member meetings • FRG staff and committee meetings • Publication and distribution of FRG newsletters • Maintenance of updated Family rosters and Family readiness information • FRG member telephone trees and email distribution lists	• Pre-deployment and reintegration briefings for Family members through ACS, Reserve Component Family Programs or Chaplain • Classes and workshops • Volunteer recognition • Newcomer orientations • Frequent telephone contact with Family members

Army Support Of FRGs

Appropriated Funds (APF)

Because FRGs are an official Army program, commanders are authorized to use appropriated funds (APFs) to support FRG mission activities. APFs are to be used to support both the FRG's volunteers and activities. *(For detailed guidance, refer to AR 608-1, Appendix J.)*. The support that is actually provided is dependent upon command discretion and budget. However, commanders are authorized to provide the following to FRGs:

- Government office space and equipment (e.g., office/meeting space, telephone, fax, computer, email, scanner, copier, equipment, and administrative supplies for official FRG business)
- Telephonic communications for FRG personnel to use for official calls only
- Government paper and printing supplies for official FRG newsletters relaying information from command and to support FRG mission activities
- Official mail for official, mission-related purposes and as approved by the commander (e.g., FRG newsletters containing official information)
- Access to government vehicles for official FRG activities
- Travel expenses of official statutory volunteers. Authorized FRG volunteer travel to geographically dispersed members of the FRG where commander approved and directly in support of the FRG mission
- Training expenses of statutory FRG volunteers (i.e., enrollment, travel, per diem and other expenses) depending upon command preapproval and availability of funds
- Reimbursement of official volunteer incidental expenses (out-of-pocket expenses such as child care, telephone bills, mileage, and other expenses in accordance with chapter 5 of AR 608-1, Army Community Service Center, and Commander's FRG Budget SOP) for FRG volunteers with prior approval of the responsible commander *[Note: reimbursement is limited and the commander should inform the FRG leader on reimbursement so that the FRG leader can manage FRG volunteers' expectations]*.
- Official certificates of recognition for volunteers or volunteer incentive awards
- Child care for command-sponsored training
- Child care, education and other youth services for FRG activities or for Family support for FRGs whose Armed Forces members are assigned to or activated in support of contingency operation.

Virtual Family Readiness Group (vFRG)

The Army has established a Virtual FRG (vFRG) web site (***http://www.armyfrg.org***) to allow units to conduct certain FRG activities online. Having such a web site enables units to reach Families where they live as well as assist geographically dispersed Families. The vFRG can be used to: post FRG newsletters, provide information on the unit and issues of concern, update telephone tree and email lists, provide two-way instant messaging, post pictures and articles for download, and maintain communication with Families and between Families and deployed Soldiers/Civilians. The unit commander (the RDC during deployment) controls and approves all content and users, who must be registered to access the web site. In sum, the RDC is in charge of the vFRG established at battalion level (with web pages for companies) and must monitor this web site for operational security. Further, the RDC serves as the official source for any unit news posted and approves all FRG content posted.

Recommended Team Approach

The Family Readiness Team needs to frequently plan, organize, and interface about the on-going roles that each member brings to the team. The chart below, identifies important duties of the team and offers of framework of how teamwork can provide support for Soldiers/ Civilians and Families.

RECOMMENDED FRG TEAM APPROACH

	CDR / RDC*	FRG Leader	FRL	FRSA	FRG Volunteers
Establish Family readiness policies, procedures	●			○	
Provide primary leadership		●			
Event planning (meetings, social events)	✻	●		○	◐
Provide information, updates to Family members	✻	●		○	◐
Assist FRG in obtaining supplies, logistical support	●		○	●	
Work with Soldiers in unit to provide Family info to Company-level FRG	✻			○	
Volunteer coordination, records, recognition	◐	●		○	◐
Respond to crisis situations ICW CDR	●	◐		○	◐ [2]
Fundraising, informal funds management	✻	●		○	○ [3]
Refer Family members with military related concerns, i.e., Tricare, pay, passports, etc.	✻	● [1]		◐	
Coordinate for FRG Appropriated Funds support	●		◐	○	

KEY

● Has Primary Responsibility / Lead

◐ Has Secondary Responsibility / Alternate

○ Responsible for Providing Support

✻ The CDR/RDC maintains oversight, awareness of all FRG activities; outlines delegated responsibilities in unit's FRG SOP and volunteer appointment orders. The FRL works for the CDR and receives all tasking from the CDR.

[1] Take Q's; Provide Referrals
[2] Appointed POCs
[3] Appointed Treasurer

Family Readiness Support Assistant (FRSA)

The Family Readiness Support Assistant (FRSA) is a component of the Army's official FRG program. The FRSA is a paid position supervised by the unit commander. In the Active Component, the number of FRSA varies across divisions/corps. They are typically assigned to support brigade (or battalion) units with a high number of deployments. In the Guard, there is one FRSA assigned at the state level. In the Reserves, the number of FRSAs assigned to the Reserve Regional Readiness Commands varies.

The role of the FRSA is to provide administrative support to both commanders and FRG leaders in support of Family readiness programs and activities. *[Note: The FRSA is not to impinge on the role and responsibilities of the FRG leader, but to contribute to the FRG's efforts to assist Families]*. This administrative support is particularly helpful in lightening the burden on FRG leaders. The actual tasks performed are dependent upon unit needs, command direction (i.e., RDC during deployment), FRSA's position description, and number of FRGs, but may include:

- Assisting with preparation of unit pre-deployment and reintegration, and related deployment cycle support activities
- Scheduling and coordinating Family readiness training or unit sponsored training for Soldiers/Civilians and Families
- Working with RDCs to provide FRG leaders with timely and accurate information
- Helping develop and distribute unit newsletters, announcements, and flyers
- Coordinating video teleconferences between deployed Soldiers/Civilians and Families
- Maintaining a list of FRG leaders
- Assisting in establishing and updating FRG rosters
- Identifying POCs and obtaining information on community resources
- Providing referrals to community agencies
- Helping FRGs with producing newsletters, flyers, and activity calendars; submission of volunteer forms; scheduling and coordinating FRG meetings and events; arranging guest speakers for FRG meetings or events; and FRG mailings
- Work collaboratively with ACS to ensure broad range of classes and support are offered to FRG members.

How RDC Works With FRGs

FRG Leaders

A battalion RDC oversees and supports all company FRGs directly and indirectly through company level RDC and the battalion FRG steering committee. When there is a battalion FRG, the battalion RDC works with the battalion FRG leader in the same manner as described below.

Responsibilities of the Company FRG leader

The FRG leader role is held by a Family member approved by the unit commander. The responsibilities of the FRG leader are to:

- Support commander's Family readiness goals
- Provide overall leadership of the FRG (which includes planning, running, and supervising FRG activities)
- Ensure the FRG's communication systems effectively keep Families informed

- Provide timely, accurate information from command to Families
- Recruit the volunteers needed to conduct required FRG activities as well as those activities requested by command
- Ensure Families are referred to appropriate military and community organizations for needed assistance
- Identify important FRG and Family issues and inform command
- Assist command in maintaining contact information for Families, especially Family members that leave area during deployment.

RDC Responsibilities to FRGs

- Serve as unit commander's representative at home station while unit is deployed
- Handle legal and administrative responsibilities of unit commander for FRG operations (e.g., oversight of FRG's informal fund, approve volunteer agreements for FRG volunteers, develop necessary SOPs, authorize resources)
- Serve as FRG leader's link to deployed unit and ensure FRG leader has access to RDC
- Select FRG leaders, when necessary, and ensure FRG leaders (and volunteers) receive required training
- Coordinate with FRG leader on information to be disseminated to Families
- Support FRGs (e.g., attend FRG meetings and events, maintain roster used for FRG telephone tree, approve content of vFRG postings and FRG newsletters)
- Discuss FRG and Family issues and help FRGs deal with these issues
- Identify appropriate agencies for FRGs to refer Families for assistance and take other actions as needed to help resolve Family issues
- Plan and notify FRG leader on all unit briefings, welcome home activities, and other unit activities
- Notify Care Team Coordinator and/or FRG leader when a Care Team is needed for a casualty or trauma in a unit
- Be clear about the FRG and Care Team's role in casualty support. FRGs and Care Teams are not involved in casualty notification; they are only involved in Family assistance after notification, if requested.

Keys To Successful Working Relationship

- ★ Understand, define, and communicate each other's roles and responsibilities.
- ★ Define commander/military issues versus FRG issues.
- ★ Begin communication prior to deployment to develop relationship and to discuss important issues (including tough topics such as casualty notification).
- ★ Establish communication methods and maintain two-way communication.
- ★ Know organizational structure (i.e., identify chain of command within RD for FRG and have FRG identify key FRG volunteers) and ensure each has appropriate contact information.
- ★ Aim to speak with one voice.
- ★ Demonstrate mutual respect.

FRG Steering Committee

A FRG steering committee is typically established at the battalion level by the battalion commander. The purpose of the FRG steering committee is to provide information and advise company FRG leaders on the battalion commander's Family readiness plans and policies, FRG activities needed, and emerging FRG and Family issues. The RDC is responsible for meeting with the committee to discuss FRG issues as well as to provide guidance to the committee in its efforts to support company level FRGs.

Section 8. Working With The Family Support Network

A BATTALION RDC IS RESPONSIBLE FOR taking care of 500 to 900 Soldiers' Families, including extended Family members (especially parents) and caregivers of children of deployed personnel. In October 2007, Army leadership unveiled the Army Family Covenant (AFC). The AFC is the commitment by the Army Senior Leadership to "provide Army Families a quality of life commensurate with their service to the nation.

To support a large number of Families effectively, working with other individuals and agencies is essential. Listed below are key groups that provide assistance to Families. Tying in to this Family support network reduces the burden on the RDC and enhances RDC's credibility with Families. Efforts that promote Families' positive perceptions of leadership will help to gain Families' support of the unit and reduce deployed Soldiers' distractions in theatre.

Army Family Covenant

Army Family Covenant (AFC) expresses the Army's commitment to caring for Soldiers and Families by providing a strong, supportive environment where they can thrive, and that enhances their strengths and resilience. The AFC brings focus to programs, services, and initiatives essential to preserving as All-Volunteer Force. There are about 164 programs which deliver the AFC commitment. Some of the programs that fall under the AFC seven categories umbrella include:

- Family Programs and Services
- Health Care
- Soldier and Family Housing
- Child, Youth and School Services
- Education Careers and Libraries
- Recreation, travel and BOSS
- Education and Employment opportunities for spouses

The Army Family Covenant is enduring and will continue a legacy of service, emphasis, and support to Soldiers/Civilians and Families to build an environment where they can prosper and realize their potential.

The Army Community Covenant was launched, following the Army Family Covenant in October 2007, by Army leaders to formalize support from local communities across America. There are an additional 43 national programs and services delivered by organizations outside the Army under the auspices of the Army Community Covenant. The ACC is designed to foster and sustain effective state and community partnership to improve the quality of life for Soldiers and their Families — Active, Reserve, and Guard. It will provide a local support network for military members and their Families and a symbolic commitment to celebrate community support and inspire further efforts. Since the program's inception in 2008, over 700 signing ceremonies occurred in all 50 states, three territories and the District of Columbia. Strong community support is a key component of resilient Soldiers and Families, especially those geographically dispersed.

ACS And Family Support Programs

Army Community Service and the Reserve Component Family Program are the primary sources of personal and Family readiness services and resources for commanders, FRGs, FRSAs, Soldiers, Civilians and their Families.

Although a garrison level program, ACS reaches out to and serves National Guard and Reserve units as well. The delivery of Family services for National Guard Families is coordinated through both Family Assistance Centers as well as the Family Program Office of the Joint Force Headquarters for each state. *(For information on Guard Family programs and contact information, visit the web site* ***www.GuardFamily.org****)*. Family services for Reserve Families are coordinated through the Family Program Office at Regional Readiness Commands. *(For information on Reserve Family programs and contact information, visit the web site* ***http://arfp.org****)*. However, the unit (specifically the Rear Detachment and FRG) are the organizations with key responsibility for assisting Families.

These programs/agencies can assist in a variety of ways:

- Pre-deployment and reunion briefings
- Trainings on various topics for unit leadership, Soldiers, Families, and FRGs
- Services focusing on military and Family life issues (e.g., deployment support, Family advocacy, relocation assistance, financial assistance, employment assistance, new parent support)
- Educational/informational materials
- Involvement in Soldier Readiness Processing (SRP)
- Family Assistance Center (FAC)
- Coordination with other services and/or referrals
- FRG statutory volunteer support
- Military Family Life Consultants and Military OneSource support

Chaplain And Unit Ministry Team

Chaplains and the unit ministry team (UMT) support units, Soldiers and Families with the deployment cycle by:

- Supporting the RDC, FRSA, and FRG leaders
- Providing religious support
- Serving as part of crisis response team (e.g., serve as referral contact for individuals experiencing suicidal ideation; serve on casualty notification team)
- Serving as a counseling point of contact; pastoral counseling
- Attending and participating in unit pre-deployment briefings
- Conducting training and workshop activities for Soldiers and Families to address reintegration and relationship issues (e.g., suicide awareness and prevention training, marriage enrichment programs, and marital assessment instrument)
- Conducting the Applied Suicide Intervention Skills Training (ASIST) for unit leadership to identify at-risk individuals
- Attending Welcome back ceremonies

In addition, Chaplains are involved in casualty operations. They accompany the Casualty Notification Officer (CNO) and provide solace and comfort to next of kin (NOK). Chaplains also support the community by providing information and guidance on how to respond to someone experiencing grief or trauma.

Chaplains are also a vital member of the Family support network. The RDC should work with Chaplains in the following ways:

- Coordinate and schedule Strong Bonds offsite
- Exchange contact information
- Ensure volunteers, who will serve on Battalion Care Team, receive training from Chaplain or ACS before deployment
- Request Chaplain accompany and assist Battalion Care Team and FRG members when needed
- Refer Soldiers and Families when appropriate
- Identify and address Soldier and Family concerns
- Identify Families with high levels of stress/separation issues for follow-up after unit return
- Coordinate and schedule briefings for Families and FRGs.

Survivor Outreach Services (SOS)

The Army implemented the SOS program in October 2008 to demonstrate the Army's commitment to Families of the fallen by providing support, information and services closest to where the Family resides for as long as they desire. Services are provided to Active and Reserve Component Families regardless of the cause of death. The SOS Program is available to survivors of all conflicts. An upgraded SOS landing page is accessible through Army OneSource web site. The concept of readiness includes being prepared for the possibility of death. SOS supports Soldiers and Families readiness even during time of profound loss. The Tragedy Assistance program for Survivors (TAPS) is a national organization that offers support, mentoring, and other services to those grieving the loss of a loved one in the Armed Forces. Hotline: 1–800–959–TAPS (8277).

Child,Youth And School (CYS) Services

The Army's Child and Youth School Services program plays a vital role in supporting the readiness and well-being of Army Families by reducing the conflict between on-the-job military missions and parental responsibilities. CYS offers child care on military installations as well as an array of child care arrangements in communities throughout the nation to address the child care needs of deployed Soldiers. In addition, CYS offers youth programs on post and in communities through partnerships with Boys and Girls Club and 4-H. CYS has designed a number of child and youth programs that focus on deployment support as well as has prepared resources for children and youth. CYS also conducts outreach efforts such as school liaison services which focus on educating schools about children's reactions to deployment. CYS is a valuable resource for assistance in locating child care and youth services and working with schools and community agencies to support military children and youth. Multiple deployments have contributed to the need for services to support Families stressed by the absence of Soldier parents. The tenets of the Army Family and Community Covenants anchor the Army's initiatives that assist schools and Families in meeting the educational challenges of frequent moves and extended parental absences.

Operation Military Child Care – A Department of Defense initiative to help Families/child care guardians of geographically dispersed active duty personnel and mobilized National Guard and Reserve Service members find affordable child care options in their local communities. Under this initiative, reduced child care fees are offered at licensed child care providers. To locate child care options, contact the National Association of Child Care Resource and Referral Agencies (NACCRRA) at 1-800-424-2246 or on the internet at ***www.ChildCareAware.org.*** In addition to affordable child care, information on the "Give Army Parents a Break" program is available.

Operation Military Kids – Army CYS partnerships with youth serving organizations in targeted states with high deployment rates establishes local support networks that connect and support the youth of mobilized National Guard and Reserve service members. Through these community support networks, military youth receive a wide range of recreational, social and educational programs in communities where they live. For further information, visit the web site ***www.operationmilitarykids.org***.

Military OneSource (MOS) ***www.militaryonesource.com*** – MOS (available 24/7) is also an excellent resource to help Soldiers and Families find quality child care in their communities.

Army OneSource (AOS) ***www.MyArmyOneSource.com*** – AOS (available 24/7) is also an excellent resource to help Soldiers and Families find quality child care in their communities.

Family Assistance Center (FAC)

In the initial months of a large-scale deployment or mass casualty event, a Family Assistance Center (FAC) is temporarily set up at installations (by Active Component) or regionally in each state (by National Guard). Regardless of which component sets up a FAC, the intent is to service the "Total Army Force" (i.e., all Families). The purpose of the FAC is to provide information, assistance, guidance, and referrals to units and Families at one location. In other words, the FAC is a one stop resource. This is primarily done by having representatives from a diverse range of agencies available to assist Families.

The RDC can assist the FAC by:

- Identifying the number of unit Families
- Identifying Family needs
- Promoting the FAC to Families and FRGs
- Coordinating briefings for Families through the FAC

Garrison Commander

For BDE RDCs in the active component, as the unit commander's representative, it is important to maintain contact with the garrison commander. Debrief the garrison commander periodically to keep the garrison commander informed of important Family issues of concern and issues which need to be addressed at the garrison level. Since the garrison will fund homecoming events, be aware of these events to guide planning of the unit homecoming activities and to keep Families informed.

Military Community Agencies

In addition to Army Community Service, Reserve Component Family Programs, and Chaplains there are a number of other military agencies that can offer specific help to military Families. These agencies can provide valuable information at briefings conducted before, during and after a deployment. Agencies that the RDC will want to coordinate with as well as refer Families, to include:

- Judge Advocate General (JAG)
- Finance
- Social Work Service (SWS)
- Army Substance Abuse Program (ASAP)
- Medical Treatment Facility (MTF)
- Mental Health Services

Civilian Community Agencies

There is a vast array of agencies that can help identify local services or can provide services to military Families. A list of commonly used agencies appears below. *(See Section 9 Military Resources for Families)*.

- American Red Cross
- Veterans of Foreign Wars (VFW)
- U. S. Department of Veterans Affairs
- Chambers of Commerce
- United Way
- National Committee for Employer Support for Guard and Reserve (ESGR)
- The local "*First Call for Help*" organization
- Salvation Army
- USDA Extension offices
- County services

Knowing what military and community support services are available and how to access these services is important to being able to refer Families to appropriate agencies for assistance. Sharing this knowledge with the rear detachment and FRGs is essential to assisting Families, especially geographically dispersed and geographically isolated Families. Further, networking with these agencies ensures smooth coordination of service delivery for Families and facilitates resolving issues.

It is imperative that the nation preserve the quality of the all-volunteer force. Through meaningful programs and initiatives, the Army is committed to providing the quality of life commensurate with the quality of service and the Army is garnering the support of community groups to support all military members, veterans, and their Families regardless of the uniform they wear.

Section 9. Resources For Families

Army OneSource (AOS) ***(http://www.myarmyonesource.com)*** – Official Army Family web site that provides Families with access to information about programs and services and serves as a "one-stop" knowledge center.

Military OneSource (MOS) ***(http://www.militaryonesource.com)*** – A toll free telephone number (1-800-342-9647) with 24/7 capability and web site are available for confidential counseling at any time, to either speak or email a masters level consultant.

Virtual Family Readiness Group ***(http://www.armyfrg.org)*** – The Virtual Family Readiness Group (vFRG) web system provides the functionality of a traditional FRG in an ad hoc and on-line setting to meet the needs of geographically dispersed units and Families across all components of the Army. The vFRG links deployed Soldiers, Families, FRG leaders, unit commanders, rear detachments, and other Family readiness personnel on their own controlled access web portal to facilitate the exchange of information and provide a sense of community, using technology to automate manual processes and provide enhanced services and communications.

Military Family Life Consultants – Experienced consultants available to Soldiers and Families for emotional guidance and support to assist with all phases of deployment and as emotional support for staff and leaders. They offer anonymous, short-term confidential support and situational counseling via licensed clinicians. They complement other services by providing flexible outreach "on demand." Contact the local Army Community Service or Military OneSource.

Army Family Team Building (AFTB)/Guard Family Team Building (GFTB) – Army Family Team Building and Guard Family Team Building, both online and classroom-based training empowers individuals, maximizing their personal growth and professional development through specialized training, transforming community members into resilient and strong foundation meeting today's military mission. Contact the local Army Community Service for information.

Operation READY – A series of reference materials developed by the Army to assist Soldiers/Civilians, Families, and unit leadership with Family readiness and deployments. Operation READY materials include the requirements and lessons learned from Operations Iraqi Freedom and Enduring Freedom. Operation READY materials are available from ACS and the Reserve Component Family Programs. They can also be downloaded from ***http://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/MobilizationandDeploymentReadiness/OperationREADY/default.aspx*** or, selecting "Family Programs" and then "Mobilization and Deployment," and finding 'Operation READY." Contact Army Community Service (ACS) or National Guard or Reserve Center for information.

Operation Military Child Care – A Department of Defense initiative to help Families/child care guardians of geographically dispersed active duty personnel and mobilized National Guard and Reserve Service members find affordable child care options in their local communities. Under this initiative, reduced child care fees are offered at licensed child care providers. To locate child care options, contact the National Association of Child Care Resource and Referral Agencies (NACCRRA) at 1-800-424-2246 or on the internet at www.childcareaware.org.

Operation Military Kids – Army CYS Service's partnerships with youth serving organizations in targeted states with high deployment rates establishes local support networks that connect and support the youth of mobilized National Guard and Reserve service members. Through these community support networks, military youth receive a wide range of recreational, social and educational programs in communities where they live. For further information, visit the web site ***www.operationmilitarykids.org.***

For a more comprehensive listing of resources, see this ***"Resources" PDF****.*

Section 10. Preparedness For RDC Challenges

THIS SECTION PROVIDES GUIDANCE for different situations the RDC will encounter. While certain issues typically emerge during deployments, each deployment is unique. Accordingly, the RDC needs to be prepared to handle both the expected and unexpected. Established procedures and guidelines can help the RDC to respond effectively.

Family Assistance Protocol

The RDC (and FRG) will face a wide range of Family issues:

- Addressing Family issues before they become a crisis is important, and the RDC is responsible for having a plan of how Family issues will be addressed.
- Staying up-to-date on military and community services is essential in order to refer Families to appropriate agencies; however, most situations require much more involvement.

Suggested operational procedures are offered as an effective way to respond to Family calls/contacts:

1) **Identify issues.** Listen to Family members, understanding that they may not fully understand the complexities of their situation. It is not uncommon for Families to present with multiple issues. A comprehensive view, including the RDC's overview of their Soldier's mission and input from any helping agencies serving the Family, will be important to gain an accurate assessment. Often the presenting problem is only the tip of the iceberg.

2) **Probe with questions to assess the nature of the problem.** Be on the lookout for warning signs for conditions such as stress, depression, abuse, and post-traumatic stress disorder. The table on the following page provides examples of how issues can be defined in different ways and why asking follow-up questions is necessary. *(See table on page 38)*.

3) **Determine type of assistance needed (i.e., information, referral or other) and who can provide the assistance (i.e., RDC, FRG, or other).** Provide referrals and/or assistance that are within the RDC's spectrum of responsibility.

4) **Record action. Both the RDC and FRG should maintain a contact log.**

5) **Follow-up and record outcome.**

6) **Continue concern for Family members and maintain an open door policy at all times.**

Learning the appropriate course of action requires information and experience. The Army has provided tools to assist RDCs in this effort. To gain experience in handling issues, the training offered to RDCs includes scenario exercises and discussions. A generic problem-solving guide, as part of Operation READY, identifies for Families and the Family readiness team referral considerations for different issues. *(Refer to the PDF **"Soldier+Problem Solving Guide"**)*. The table on page 38 outlines potential needs and/or problem areas as well as resources. Army Community Services is a helpful starting point for information and assistance.

PRESENTING ISSUE	POTENTIAL PROBLEMS/NEEDS
Financial problem	• Lack of money
	• Mismanaged Family monies; lack of money management skills
	• Problem paying bills
	• Spouse does not have access to Soldier's/Civilian's checking/savings account
	• Leave and Earnings Statement (LES) issues
Isolated	• Live far from military installation or other military Families
	• Don't leave home
Difficulty coping	• Young and inexperienced
	• Unprepared for deployment
	• Deployment-related stress
	• Child neglect and abuse
Marital problems	• Infidelity or suspicion of infidelity
	• Emotional or physical abuse
	• Poor relationship

Rumor Control

It is inevitable that at some point(s) during a deployment, rumors will surface. In some cases, news media coverage of military operations will provoke Families to seek information related to what they may have seen or heard. When Families do not receive timely information, this can create panic or lead to gossip and rumors may run rampant. It is essential that Families receive timely and accurate information from the RDC to curtail rumors. The RDC (in conjunction with FRGs) need to convey to Families that the RDC serves as the official source of information.

Families need to understand the harmful effects rumor-spreading may have on vulnerable Families, and the need to refrain from gossiping.

Tips For Getting Timely And Accurate Information To Families

★ Use FRGs as the conduit for information. Provide FRGs with specific information to disseminate to Families. Ensure information is passed on using multiple communication systems (e.g., FRG telephone tree, email, vFRG). Make sure FRGs do not take on too many responsibilities. There is often a tendency for a few members to do work that should be disseminated throughout a larger group. This can create undue stress and may result in judgment errors.

★ Visit FRG meeting to share information. This can lead to better mutual understanding, enhances clarification of information, and help resolve any functional challenges.

★ Conduct informational briefings as often as needed.

★ Participate in media interviews.

Crisis Management

A RDC can expect to handle Families that contact the RDC or FRG in a "crisis." The following is information on what can create a crisis for Families and ways to assist with individuals in crisis.

Individuals in Crisis

An individual is in crisis when he/she experiences an event or series of events that temporarily cause the individual to feel unable to cope. There is a diverse range of events that can create a crisis for Soldiers/Civilians and Families. These events include:

- Unexpected and unplanned events (e.g., accident, natural disaster).
- Life or development events (e.g., death of an elderly parent, illness, and birth of a child). A deployment can be considered in this category because deployments are a part of military life.
- Functional crises occur in Families that are not coping or experiencing individual or Family challenges such as financial problems, substance abuse, Family violence, and infidelity.
- Caregiver crises occur when something happens to the caregiver, such as injury, illness, death, or for some other reason, the caregiver can no longer care for children of deployed personnel. As a result, the Family Care Plan is no longer valid.

Tips For Dealing With Individuals In Crisis

★ Recognize that an individual will be experiencing a range of emotions. An individual will most likely be expecting to get information or assistance that will solve the problem. Their expectations may not be realistic, and their perceptions may not be accurate. It will be necessary to be hopeful, calm, clear, and supportive. Use direct and concrete language whenever possible.

★ Treat the individual with care. Listen carefully and speak calmly. Maintain culturally appropriate contact.

★ Do not make promises that cannot be kept. Assist when able, and refer when a situation or issue is not your area of expertise. For example, do not handle individuals who are suicidal—refer them to the local suicide hotline, Mental Health Services, Social Work Service, or immediately call the military police.

★ Address the presenting problem(s). If an individual rambles when talking, try to identify a major issue of concern that can be solved easily. Solving an "easy" problem first can help to calm the individual and win trust.

★ Follow up to ensure the individual is getting the assistance needed and the issue is being addressed appropriately.

Trauma And Casualty Procedures

It is essential that the RDC be familiar with trauma and casualty procedures in accordance with Army Regulation 600-8-1, Army Casualty Program. *(See copy at AR 600-8-1 Army Casualty Program* ***http://armypubs.army.mil/epubs/pdf/R600_8_1.PDF****)*. This topic is addressed in the training available to RDCs and on the Army casualty web site (***https://www.hrc.army.mil/site/active/TAGD/CMAOC/cmaoc.htm***).

To prepare, RDCs are required BEFORE deployment to:

- Review casualty notification procedures for the brigade and Casualty Assistance Center.
- Ensure all rear detachments are trained on casualty notification and assistance procedures.
- Learn appropriate responses to questions about casualties; review casualty query response guide.
- Be able to identify points of contact (e.g., installation Casualty Assistance Officer, Casualty Assistance Center, Casualty and Memorial Affairs Operations Center, and Medical Treatment Facilities).
- Discuss casualty notification procedures with FRG leaders and members. Clarify or reinforce for them that they are NOT in the casualty notification chain.
- Help establish Battalion Care Team. A Care Team is a group of pre-assigned volunteers who offer short term care and support (such as comfort, meals, child care, and home care assistance) to Families. These FRG volunteers are identified and trained BEFORE deployment. *(Refer to Operation READY Care Team Handbook for Army Care Team roles and responsibilities at www.myarmyonesource.com, under Mobilization and Deployment)*.

Wounded

In the event a Soldier/Civilian is wounded, the RDC will be tasked to:

- Follow the guidance provided in the unit SOP on casualty assistance.
- Track wounded Soldiers/Civilians. *Note: Soldiers classified as Severely Disabled (i.e., categorized as Special Category or SPECAT) will receive assistance and support under the U.S. Army Wounded Warrior Program (AW2) –* ***http://wtc.army.mil/aw2/***
- Notify Care Team coordinator and FRG leader after next of kin (NOK) have been officially notified.
- Communicate with Family.
- Provide support to Families as needed.
- Coordinate trauma counseling for all involved.
- Coordinate follow-up care as appropriate. *[Note: Severely disabled Soldiers will be assigned a military unit in geographic proximity to Soldier after medical treatment to serve as a sponsor to aid in transition and access to military facility support].*

Casualty

In the event a Soldier/Civilian is killed, the RDC will tasked to:

- Follow the procedures listed in the unit Casualty Assistance SOP.
- Notify primary and secondary next of kin, if appointed as CNO.
- Handle the calls and any Families seeking reassurance and information. *[Note: Be prepared for a large volume of calls, especially when mass casualty]*.
- Notify Care Team coordinator; however, the name cannot be provided until after the NOK has been officially notified.
- Deal with the media (e.g., handling release of injury or casualty information prior to official notification; giving media guidance to affected Families). Seek guidance from Public Affairs Office and set up media center if necessary.
- Hold emergency notification meeting for Families.
- Track remains through contacts with DA Casualty Assistance Center or the supporting Casualty Assistance Officer.
- Coordinate funeral honors team and memorial service (includes finding out final destination for remains, verifying transportation arrangements for Family, ensuring volunteers for child care, ensuring FRG is notified of time and date, checking speeches, having photo of Soldier/Civilian with frame, preparing letter of condolence).
- Coordinate grief counseling and other support from Army Community Service/Reserve Component Family Programs Office, Chaplain, FRG, and Battalion Care Team. *[Note: The Family will be receiving assistance with burial arrangements and access to entitlements from Casualty Assistance Officer. A Care Team is only sent if the Family requests this assistance. (Coordinate with ACS Mobilization and Deployment POC or refer to Operation READY Trauma in the Unit materials at Army OneSource:*

  http://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/MobilizationandDeploymentReadiness/OperationREADY/default.aspx

Media Guidance

With round the clock news on television, radio and the internet, Families are made aware very quickly. The media, in its effort to tell its story, will want to interview military leadership and Families. The media may also release information before it is officially released by the Army/Department of Defense. As a result, the RDC needs to be prepared to respond to the media's announcements. The RDC can respond directly by agreeing to interviews to communicate the Army's story. The RDC can respond indirectly by providing timely information to Families. In addition, the RDC is advised to provide media guidance to Families. *[Note: Consider having the PAO brief Families on how to handle the media. Families can also be referred to AFTB training which contains information on public relations and current events]*.

Tips For Dealing With The Media

★ Notify PAO.

★ Prepare for interview. This includes developing 3-5 key points that express the Army message, determining the reporter's slant, reviewing ground rules, gathering facts and information, and rehearsing.

★ Know what NOT to discuss or say. Know how to respond to specific types of questions. Formulate answers in advance of interview to anticipated questions.

★ Maintain composure.

★ Use simple language. Avoid Army jargon or technical terms that the public will not understand. Keep answers brief and answer only the question that is asked.

★ If you don't know the answer, don't speculate. Instead say, "I don't know."

★ Be in charge of interview. End interview when appropriate.

★ Be aware of reporters' techniques:

- Multiple questions – answer the one you want to answer
- Silence – do not feel like you need to fill the space
- Hard questions – answer only within your level of expertise

Section 11. Summary Highlights

Here are the key points for RDCs to take away from this handbook.

★ The RDC serves as the unit commander during deployment. The RDC manages the command and control, administrative, logistical, operational, and training responsibilities of the unit. The RDC also supports the deployed unit by handling the in-and out-processing of Soldiers/Civilians for deployments.

★ The RDC has an extensive list of tasks needed to support Families and FRGs. A significant part of this effort is ensuring that Families receive timely and accurate information. As the official source of information, the RDC must provide the FRG with information to be disseminated to Families. The RDC is also responsible for reviewing and approving the content of vFRG web site postings and FRG newsletters.

★ The RDC does not work alone in supporting Families, but serves as team player in the Family support network. Coordinate with the FRG, ACS, Reserve Component Family Programs, Family Assistance Center, Chaplain and other organizations who are prepared and have the capability to support Families. Maintain communication with and support these organizations. Private organizations often provide local community support by sponsoring programs for Families of deployed Soldiers/Civilians. The link to the local community support network is critical in selling the Army story to civilians, who have limited contact with the Army.

Remember, team work and proper communication is the key to success — that includes with the command forward, the entire rear detachment Soldiers/Civilians, FRSA, FRG leaders, and advisor!

★ Keeping in touch with Families and ensuring Families are referred to appropriate agencies for assistance are vitally important. When Families feel supported, there are two positive outcomes. In the short-term, Soldiers/Civilians in theatre will be less distracted by Family issues. In the long-term, Families will have more positive perceptions of unit leadership and Soldier/Civilian retention decisions.

★ The RDC needs to stay abreast of various details in order to support Families:

- Realize that Families who grieve will feel anger as part of the grieving process. It is important to leave the comfort of religious consolation to the chaplains.
- Review AR 608-99, Family Support, Child Custody and Paternity. This regulation outlines "policy, responsibilities, and procedures on financial support of Family members, child custody and visitation, paternity, and compliance with court orders regarding these and related matters" (p.1). Access AR at: ***http://armypubs.army.mil/epubs/pdf/R608_99.PDF***
- Pay attention to high risk behaviors yet being careful not to "label" Soldiers/Civilians with legal or behavioral health issues. Always consult your trial consult when in doubt.
- Document everything important regarding support to Soldiers/Civilians and Families.
- "Get to know" the POC at the local Inspector General's office.

★ Always consult your trial consult when in doubt.

"…The Strength of Our Soldiers is Our Families…" (Army Posture, 2012, the Nation's Force of Decisive Action, p. 44)

"The Army Family Covenant expresses the Army's commitment to care for Soldiers and their Families by providing a strong, supportive environment that enhances their strength and resilience and helps them to thrive. The Covenant focuses on programs, services and initiatives essential to preserving an all-volunteer force and institutionalizes the Army's commitment to provide Soldiers and their Families a quality of life commensurate with their service to the Nation" (Army Posture, 2012, p. 11).

Honoring Service

"We must fulfill our moral obligation to the health, welfare and care of our Soldiers, Civilians and Families. The effects of more than 10 years of war and inadequate dwell time at home has resulted in a cumulative stress on Soldiers, Families and communities that has significant implications for the Army and our Nation" (Army Posture, 2012, p.12).

Adaptive and Innovative

"Army leaders accept that there are no predetermined solutions to problems. Army leaders adapt their thinking, formations and employment techniques to the specific situation they face. This requires an adaptable and innovative mind, a willingness to accept prudent risk in unfamiliar or rapidly changing situations, and an ability to adjust based on continuous assessment. Accordingly, thorough understanding and wise application of cultural knowledge and language skills are tantamount to our success. So too are training, leader development and personnel policies aimed at fostering creativity at every level " (Army Posture, 2012, p. 36).

"TRUST

the Bedrock of our Profession

- *Trust between Soldiers*
- *Trust between Soldiers and Leaders*
- *Trust between Soldiers, their Families and the Army*
- *Trust between the Army and the American People"*

(Army Posture, 2012, p. 44).

With these words, the Army expresses the concern of all commanders and leaders for the well-being of Army Families, and sets its priorities. Practical information and research findings are offered in this section to support commanders in their efforts.

What does the "Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset" Report, 2012 address?

The "Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset" Report, 2012, addresses the Army's upcoming transition from wartime to training and preparation. This Report highlights several shifts occurring within this transition, but focuses primarily on Force health and discipline, because Force health and discipline reflects the current readiness state of Soldiers. The report explains that to enhance Force readiness, leaders must focus on prevention and early signs of health and discipline issues rather than waiting to address issues until extreme behaviors surface. The Report's purpose is to: (1) educate and inform, (2) assess policy and programs, and (3) balance perception regarding health and discipline. The report provides a comprehensive discussion, review, and assessment of a variety of topics including at-risk behaviors and populations, health conditions, risk reduction, surveillance effectiveness for criminal activity, health-related and other behaviors making individuals at-risk, and the progression of policies and process changes. The report informs leaders of Army progress, improvements, and future work that must be finished to improve Force health and discipline. In order to ensure Force readiness during this dramatic transition, leaders must actively engage and use this report as an in-depth guide.

"The Army calls on you, as professional leaders, to ensure a successful reset of the Force. We must work together in an informed and synchronized effort to address the unique challenges facing today's Army" (Department of the Army, 2012, p. 5).

Report available at: Department of the Army. (2012). Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset (Report 2012). Retrieved from:

http://usarmy.vo.llnwd.net/e2/c/downloads/232541.pdf

What does the RDC need to know about child abuse and domestic abuse?

Referring Families for help immediately and identifying child abuse and domestic abuse as early as possible is critical to prevent further victim trauma. The Survey of Army Families VI (SAF; U.S. Army MWR, 2010) has shown most Families adjust well to deployment. Some, however, may experience issues of power and control and if these issues are present prior to deployment they will likely re-emerge during reintegration. When a controlling spouse returns home with PTSD or other problems, the potential for them to lose control with their children or their partners can be heightened.

It is essential for the RDC to be fully aware of the current demographics within the command. Larger populations of Families with child abuse or domestic abuse risk factors may inflate the rate and number of Family problems that will require attention. It is important to note that the presence of these risk factors does not indicate abuse is present; however the presence of multiple risk factors increases the likelihood that it could occur.

IMPORTANT THINGS TO KNOW ABOUT FAMILY ADVOCACY PROGRAM (FAP)

Frontline support is FAP, which assists and support Families who have experienced familial abuse. Keep in mind the following key tips:

- Report suspected child abuse or unrestricted reports of domestic abuse to the designated Report Point of Contact (RPOC). Help is available 24/7—law enforcement, Family Advocacy Program (FAP), or Social Work Service (SWS). Contact FAP for details and information on protocols.

- Emphasize that getting help immediately is critical if child abuse or domestic abuse is imminent, or has already occurred.
- Stay familiar with key services
  - Interventions may include: Psycho-social assessment, case management, clinical social work/counseling, and domestic abuse victim advocacy. Victim Advocates are available to provide assistance and help with related emergency services.
  - Prevention includes: Public awareness, unit/command training, as well as life skills classes/support (e.g., parenting, couples communication, anger management).

Risk factors for child abuse:

- **Children at home under the age of four** – Children are vulnerable, often helpless to protect themselves, less visible to neighbor and community (Eckenrode et al., 2010; Vijayalakshmy, Critchfield, Vaccaro, & Campbell, 2011).
- **Family history of marital problems/domestic violence/parental infidelity** – Children blame themselves for parental disputes, may be injured during physical altercations, may become depressed/anxious/terrorized, or experience lower school achievement (Eckenrode et al., 2010; Forgey & Lee, 2010; Murphy, 2010).
- **Substance abuse** – Risk for physical injury, and physical and emotional neglect (Forgey & Badger, 2006).
- **Complex deployment issues** – Unrealistic expectations of parents, Family stress, and reunification challenges such as PTSD, risk-taking behavior (e.g., aggressive behaviors, driving with excessive speed, etc.), substance/alcohol abuse, or other actions potentially harming self or others (Capaldi, Guerrero, & Killgore, 2011; Killgore et al., 2008; Teten et al., 2010).
- **Behavioral health concerns** – Untreated mental illness can result in child abuse/injury/neglect (Kohl, Jonson-Reid, & Drake, 2011; Verdelli et al., 2011).
- **Parental depression and suicidal ideation** – Risk of child neglect, abuse, terrorizing children, potential for parental suicide or child homicide (Kohl et al., 2011; Verdelli et al., 2011).
- **Prior incidents involving lack of child supervision / child abuse** – Disregard for developmental needs of child (Cramer & Kelly, 2010; McFarlane et al., 2010).
- **Premature births** – Child fragility, requiring extensive parental support systems.
- **Special needs children** – Parental frustration and lack of support/resources may result in abuse/neglect (adapted from Merrill et al., 2004).

Risk factors for domestic abuse:

- **Young, inexperienced, Soldiers/DA Civilians and spouses** – Be familiar with the demographics of the installation. Generally, a high percentage of offenders are younger than 30.
- **Family of origin issues, exacerbated by military-related stressors** – Be aware of the diverse backgrounds of installation Families. Referral to cultural, ethnic or faith-based support groups may be helpful.
- **Alcohol or other substance abuse** – Be vigilant, and refer promptly to ASAP.
- **PTSD, especially in combination with hyperarousal, anger issues, and emotional distancing** – Stay vigilant due to the risk of violence and suicide, and encourage Soldiers and their Families to engage in Behavioral Health services as needed.
- **Hypermasculinity with exaggerated self-reliance** – Encourage positive aspects of masculine roles.

- **Communication problems** – Encourage participation in FAP couples communication courses.
- **Financial stress** – Refer promptly for financial counseling.
- **Multiple separations, relocations, and combat deployments especially for vulnerable or already distressed Families** – Maintain awareness of vulnerable/distressed Families and refer promptly to Family programs and services.

What support is available to expectant Families, especially first-time parents through the FAP New Parent Support Program (NPSP)?

The FAP New Parent Support Program (NPSP) is staffed by social workers and nurses who provide home visits (in the home) for first-time expectant parents and parents of children from birth to age 3 who may need extra support.

Families often experience circumstances such as multiple and lengthy deployments, unexpected events and frequent relocations that challenge their everyday lives. During these times, it is important for parents to access practical parenting information and support that addresses their specific challenges. Programs such as NPSP provide home visitation for especially first-time parents, single parents, and young Army Families that need and deserve assistance.

The NPSP can help Families:

- Become more confident as parents
- Understand the ages and stages of child development
- Make parenting fun
- Learn to cope with stress
- Feel more at home in the military community.

Other services may include child and parent play mornings, and infant care classes. Contact the FAP for details.

Is domestic abuse usually committed by males?

Gender stereotyping is common concerning perpetrators of domestic abuse. Military police and civilian law enforcement abuse reports require careful assessment in order to ensure that both female and male victims receive needed services. The FAP Case Review Committee (CRC) coordinates the assessment and process. The RDC's role is to be increasingly supportive and diligent concerning referrals for male victims and female offenders. Male victims frequently deny their victimization.

Research Findings:
Men and women can be equally violent although male perpetrators commonly inflict more physical harm. Common couple violence by definition involves both partners, and 25% to 50% of victims in a given year are men (Hines & Douglas, 2011). Intimate terrorism (IT), is characterized by extreme controlling behavior and extensive violence. Today, researchers recognize that although IT offenders are primarily male, the dominating partner may be of either gender. Characteristic behaviors in IT include stalking, isolating the victim, physical and sexual violence, and threatening children, Family or spouse's life.

Recent findings indicate that PTSD resulting from intimate terrorism occurs in both women and men (Hines & Douglas, 2011). Men who experience IT are at increased risk for PTSD than men who sustained common couple violence or no violence.

Why do some Families resist treatment for substance abuse?

Problems complying with a suggested treatment plan are often symptomatic of other Family problems (e.g., mental health issues, attitudes about counseling/treatment, denial of problem), which will be specific for each Family. Since compliance with treatment plans helps ensure successful treatment, barriers to treatment will need to be resolved. Even though leaders are not able to require treatment for Family members, a show of concern can rally their decision to engaging in counseling/treatment.

Research Findings:
Research on couples' treatment for alcohol problems find that barriers to treatment occur relative to each partner's beliefs, psychological issues, alcohol illness factors, and treatment preferences, as well as in interpersonal factors such as lack of agreement between partners on attending treatment. Logistical issues, such as child care issues and financial limitations may be significant barriers for civilian partners and those couples who live distant from the installation (Schonbrun, Strong, Wetle, & Stuart, 2011).

How problematic is alcohol use for returning OIF/OEF Veterans?

It is common to attribute substance abuse problems to "youth and partying" and miss the signs of serious problems. Since alcohol is a major contributor to vehicular accidents, domestic abuse, and related Family problems, careful and prompt attention needs to be paid to concerns about abuse.

Research Findings:
The study of OIF/OEF returning Veterans states "...the causes of alcohol use among OIF soldiers are likely diverse and may include celebrating reunification with family and friends, stress associated with reintegration, and self-medicating depressive and PTSD symptoms" (Meis, Erbes, Polusny, & Compton, 2010, p. 570). Alcohol use may also increase destructive communication, anger, and emotional withdrawal.

The recent report "Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset (Department of the Army, 2012)," also known as the "Gold Book," stated: "Alcohol, associated with physical domestic violence, increased by 54% and with child abuse by 40% from FY2001-11. This may also be associated with research linking increased alcohol consumption with partner aggression among veterans suffering from combat-related wounds, injuries and illnesses" (p. 147).

To what extent is prescription drug abuse a problem among Soldiers?

High-risk behavior (such as substance abuse or aggression) viewed in isolation may be misperceived as potential misconduct rather than behavior associated with physical or behavioral health issues (Department of the Army, 2012, p. 10). Prompt referral for evaluation is essential when drug abuse is a concern, as it is a contributing factor in Soldier suicide.

Research Findings:
The "Army Health Promotion, Risk Reduction and Suicide Prevention Report 2010" (Army, 2010), known as the "Red Book," reported "...while abuse of illegal drugs appears to have remained stable over the last five years, the use of approved prescription drugs increased dramatically. This trend is based on the number of pharmaceutical positives that must be reviewed by a physician to determine legal use, which has more than tripled over the last five years (2009 data). Last year over 8,000 samples tested positive for a Medical Review Officer (MRO) reviewable drug. Of these, 21% were found to be illicit use" (p. 44).

The Army Gold Book (Department of the Army, 2012, p. 46) reported nearly 1 in 12 high school seniors reported nonmedical use of Vicodin and 1 in 20 reported abuse of OxyContin. Of those who reported using Vicodin and OxyContin, 59% of the 12th graders claimed they had received it from a friend or relative. This is a particular concern for the Army as it represents an increasingly permissive attitude among a subset within the Army's recruiting population.

What are some risk factors for suicide?

Talk of suicide should not be taken lightly. A leader's keen insight about their Soldiers/Civilians or Family members experiences may lead to early detection of suicidal tendencies. If necessary seek immediate medical attention for those in danger.

Suicide deaths often involve the use of drugs or alcohol, however Soldiers who need behavioral health care the most are typically the least likely to seek care. Individual stressors that are likely to increase the risk of suicide include relationship stress, high-risk behaviors, and medical conditions. It is essential for RDCs to note and refer to Behavioral Health for non-fatal suicidal behaviors that do not meet Department of Defense Suicide Event Report (DODSeR) criteria, as these may precede a completed suicide.

It is often difficult to distinguish between high-risk behavior and suicidal gestures. Soldiers, especially those who are first-term, may return from war with a tolerance for high-risk behaviors. This tolerance may contribute to the difficulty of determining if the behavior is indicative of potential suicide (Army, 2010, p.16-24).

It is important to note that parental depression/suicidal ideation exacerbates the risk of terrorizing children, child neglect and/or abuse, and child homicide (Kohl et al., 2011; Verdelli et al., 2011).

Risk factors for suicide include, but are not limited to:

- Complex deployment issues
- Family stress
- Reintegration challenges
- PTSD or other behavioral health concerns (Kohl et al., 2011)
- Risk-taking behaviors – it is often difficult to determine when these are intended to be (Finley, Baker, & Pugh, 2010; Killgore et al., 2008; Teten et al., 2010):
  - Self-destructive
  - Substance/alcohol abuse
  - Aggressive behaviors (e.g., driving with excessive speed or engaging in other activities or actions that are likely to harm self or others

KEY RESOURCES

[U.S. Army] Deputy Chief of Staff Army G-1
http://www.armyg1.army.mil/ (Select 'leader')

Army G-1 is dedicated to developing and managing programs and policies, and disseminating information to Soldiers, Civilians, Families, veterans, and leaders to empower and support them. This web site also hosts an array of information and resources, especially on suicide prevention, and tailors this information to target audiences. Reports on risk reduction and suicide prevention are available along with media tools for the Army's "Shoulder to Shoulder" suicide prevention program. Suicide intervention trainings (e.g., videos, tip card, etc.) for a variety of audiences (e.g., Soldiers, Families, ARFORGEN Units, etc.), a "Commander's Tool Kit", and resources covering Army suicide data, prevention action planning, and more are also available on-line. Although the information available in the "Commander's Tool Kit" is helpful to all Soldiers, this kit provides valuable support for leaders implementing suicide prevention programs. Other topics discussed on the web site include the "Post-Deployment Health Reassessment Program-PDHRA,""Army Values," the "Deployment Cycle Support Process (DCS)," and more.

U.S. Army Public Health Command (USAPHC)
http://phc.amedd.army.mil/

"The U.S. Army Public Health Command (USAPHC) integrates select missions from the U.S. Army Center for Health Promotion and Preventive Medicine and the U.S. Army Veterinary Command". The mission continues to support optimal health promotion and wellness for all aspects of the changing Army community. Information applicable to civilian Families includes fact sheets and personal stories and scenarios that can assist in making decisions about how to handle sensitive situations. Professional resources include "Suicide Prevention" training materials and resources (i.e., "ask, care, escort"), deployment health guides, and information on other related health and safety topics.

What do parents need to know about child discipline?

Parents remaining at home while their Soldier is deployed will have to meet their own needs for socialization and recreation, and this may create conflicts when they do not understand the developmental needs of their children (Leerkes, 2010). When single parents are employed, and child care is unreliable, the likelihood of leaving a child or children alone and neglected escalates.

Research Findings:

- Pregnant women with a deployed spouse may find difficulty in accepting their pregnancy, and mothers with new babies may experience postpartum depression that affects their entire Family (Weis, Lederman, Lilly, & Schaffer, 2008). Overall, parents who believe that physically aggressive discipline or punishment is acceptable, or those who do not know how else to manage a child's unwanted behavior, are at a heightened risk for physically abusing their child when they are under stress (Crouch & Behl, 2001; Gershoff, 2002).
- Some adolescent children react to parental stress by fighting or by withdrawing and isolating themselves. Parents may see these behaviors as challenges to their authority, and consider aggression toward the child justified.

FAP and Child, Youth and School (CYS) Services can help parents learn healthy ways of managing child/parent conflict.

What support may parents of Soldiers/Civilians need?

When parents do not hear from their Soldier/Civilian, anxiety and concern may initiate a call to the RDC. Their stress, although often easily resolved, can spill over to their Soldier/Civilian and Family. Since parents often wait until their tension is acute, the RDC will need to intervene promptly in order to avoid additional Family distress.

Research Findings:
Parents may approach commanders with anxiety and questions about their Soldier's welfare (Crow & Myers-Bowman, 2011). They generally express considerable anxiety, fear and concern, mixed with pride and uncertainty, and their emotions may negatively impact their own marriages. They may experience communication problems with their Soldier, often due to the Soldiers' desire to protect them from worry. Support for these parents from formal and informal sources, as well as from military and religious organizations is important. Referrals to support groups and advising parents to avoid paying attention to media hype may be helpful.

What are Soldiers and Families saying about deployment cycle support?

Surveys and reports address Service member and Family member perspectives on Army life and well-being. The key findings serve as a brief review for RDCs and the Family Readiness team. *(Refer to the next section, "Surveys and Reports," for selected web site links to find these summaries).*

Deployment – Spouse/Family Member Perceptions
Findings from SAF VI 2010 (U.S. Army MWR, 2010): The survey respondents were spouses, not Soldiers, and the survey questions asked for opinions about the Army way of life and the quality of life.

Information and Assistance:

- One-half of spouses reported being satisfied or very satisfied with the informational briefings on where Families could obtain information or assistance, and information on the location of their deployed member.
- Slightly less than one-half of the spouses reported being satisfied or very satisfied with the pre-deployment briefings, and information on unit rotation policies that include the mission of the Soldier spouse's unit.
- About two-thirds to three-fourths of spouses with "Currently Deployed Soldiers" indicated they received "very helpful" information from their Soldier about what is happening to the Soldier/unit during deployment and communicated with the Soldier via telephone calls (75%), and emails (69%).
- "Approximately two-thirds (68%) of all spouses believe leaders of the Soldier's unit know about Family programs and three-fifths (59%) believe these leaders are concerned about the welfare of the Soldiers' Families to a moderate/great/very great extent" (p. 9).

Family Readiness Group (FRG) and Virtual FRG (vFRG)
Of the spouses who reported an active FRG:

- Seventy-three percent of spouses with "Currently Deployed Soldiers" rated the helpfulness of active FRGs to their Families as "good or fair" which was slightly higher than spouses (71%) of "Deployed and Returned" Soldiers.
- Forty-six percent of spouses with "Currently Deployed Soldiers" rated the helpfulness of active vFRGs to their Families as "good or fair" which was slightly higher than spouses (34%) of "Deployed and Returned" Soldiers, and spouses (36%) of "Not Deployed" Soldiers.

- Slightly less than one-half (48%) of the spouses reported being satisfied or very satisfied with traditional and vFRG information; with about 64% indicating the FRG is "run well."
- Approximately 60% report they know their FRSA (during the last 12 months).
- About one-quarter of the spouses indicated not participating in the FRG to keep personal life separate from military life events/activities.

Coping

- Three-fifths (59%) of spouses who reported to the SAF VI (2010) reported "coping or coping well/very well" with the Soldier's absence or most recent deployment. This is an increase from the 52% of the spouses in 2004/5 who said they were coping or did cope well/very well. Note: 2004/5 SAF findings indicated that spouses who experienced a lengthy separation of 18 months or more reported increased marital problems and more negative attitudes towards the Army (SAF V; Orthner & Rose, 2006).
- Approximately 70% of spouses reported that their Family has adjusted extremely well or well to the demands of being an "Army Family."
- When asked about how well they managed during deployment, many spouses indicated managing the following areas well/very well:
  - Taking care of own health (63%)
  - Volunteering (56%)
  - Handling loneliness (43%).
- When asked specifically about post deployment difficulties one-third to almost one-half indicated difficulties in the following areas:
  - Dealing with changes to their Soldier's personality/mood (44.8%)
  - Communicating (36.5%)
  - Reestablishing household/parenting roles (35.3%).

Well-being *Findings from National Military Family Association (NMFA, 2011):*

- The survey results found three out of four respondents indicated Family well-being was good, very good, or excellent.
- Family members reported their top significant life events (e.g., experienced in 2010 and anticipated for 2012) related to deployment: deployment of Service member (41% and 43% respectively) and return of Service member from deployment (30% and 27% respectively).
- A financial setback was reported by 30% of the respondents; and "a new job for spouse" was an anticipated concern (30%).

Common Concerns *Findings from DMDC Responses from Reserve component spouses (DMDC, 2009):*

- Reserve component spouses across all branches of service who had a deployed member (in the past 3 years) reported their top five most common concerns during the Service member's deployment: increase in stress level (94%), loneliness (92%), feelings of anxiety/depression (89%), difficulty sleeping (79%), and household repairs, yard work or car maintenance (88%).

Civilian Male Spouse *Findings from the Army Demographics 2009:*

- In the current profile approximately 6% of the spouses of Active members are men with 8% percent in the Guard, and 15% in the Reserve. This demographic information illustrates that civilian male spouses continue to be a part of the military community. Anecdotal evidence indicates that civilian husbands are likely to experience interpersonal difficulties, and less likely to reach out for support.

Deployment – Service Member Perceptions *Findings from Joint Mental Health Advisory Team 7 (J-MHAT 7) Report (2011):*
The J-MHAT 7 examined Service member's perceptions regarding factors affecting their "behavioral health," to include risk factors, well-being indices, and resilience factors. Separate reports were provided for each branch of service. A series of questions assessing Family responsibilities demonstrated that Family concerns, although less dramatic than combat experiences, affect Soldiers while deployed.

- 34% of Soldier respondents indicated a concern "being separated from Family" compared to 32% in 2009 (J-MHAT 6).
- 17% reported "an illness or problem back home" affected their work.
- 29% reported concerns about OPTEMPO-related experiences such as "long deployment lengths" and multiple deployments
- 14% identified marital problems and when adjusted for assessing the intent of divorce/separation the percentage increased to 19%.
- 67.5% of the E1s-E4s reported they "have a good marriage."

SURVEYS AND REPORTS

This is a selected listing of surveys and reports that address Service members' and Family members' perceptions and well-being regarding Army life. *(Refer to the web site links for selected surveys and reports).*

U.S. Army MWR
http://www.mwrbrandcentral.com
"2010 Survey of Army Families VI (SAF VI)" is conducted every 4-5 years by Army Family Programs, IMCOM-G9, Morale, Welfare and Recreation (MWR) Program. The survey respondents were spouses, not Soldiers, and the survey questions asked for opinions about the Army way of life and the quality of life. Select "Market Research."

U.S. Army Medical Department, Army Medicine
http://www.armymedicine.army.mil/reports/reports.html
"Joint Mental Health Advisory Team 7 (J-MHAT 7) Report" (2011) – Mental Health Advisory Team Report examined Service members' behavioral health. Also see archived MHAT reports.

"Army Demographics, FY 10 Army Profile"
http://www.armyg1.army.mil/hr/demographics.asp
Prepared by the Office of Army Demographics (OAD) utilizing data from the Defense Manpower Data Center (DMDC). Report available at Deputy Chief of Staff of Personnel, Army G-1.

Defense Manpower Data Center (2009)
http://apps.mhf.dod.mil/pls/psgprod/p?n=10709724410328545 *(Links directly to download PPT)* **"2008 Survey of Military Spouses"** – refer to "Reserve Component Spouses" section, Arlington, VA: DMDC PowerPoint™.

National Military Family Association (NMFA)
http://www.nmfa.org/site/PageServer
"What's Important to You and Your Family?" survey was conducted in 2011 across all service components. *Select from the menu "Publications" and "Survey Reports + Guides."*

RAND Corporation
http://www.rand.org/topics/military-families.html
Provides various reports, commentary, and other publications. *Select "Research Area" and topic, "Military Families."*

What support is available to Families with special needs, through the Exceptional Family Member Program (EFMP)?

As stated on the Army OneSource web site: "The Exceptional Family Member Program (EFMP) is a mandatory enrollment program that works with other military and civilian agencies to provide a comprehensive, coordinated, and multidisciplinary approach for medical, educational, and community support services to Families with special needs. Soldiers with Exceptional Family Members enroll in the program when they have a Family member with a physical, emotional, developmental or intellectual disorder requiring specialized services so their needs can be considered in the military personnel assignment process."

The EFMP personnel can help Families complete enrollment forms, navigate military and community resources, review respite care eligibility, and provide necessary training or information on medical, school, and legal resources. Respite care benefits parents by giving them the opportunity for a "temporary rest period" to complete simple chores such as grocery shopping, attend important EFMP trainings and meetings, spend quality time with a spouse or other children, or help them deal with their personal needs related to isolation from supportive resources.

Education about this program starts at the top and it is important that the command readiness team stay abreast of the needs of Family members with special needs. Contact the local ACS or NG and Reserve Family Programs for details and assistance. Also, the AOS web site provides an EFMP Q&A section, information on signing up for the EFMP newsletter, and how to access related program support.

What is helpful to know regarding Survivor Outreach Services (SOS)?

The Army offers two levels of support to Active and Reserve Component Families when a Soldier/Civilian dies or is declared missing. Initially, the Family is contacted by the Casualty Assistance Officer (CAO), who will identify the Family's needs and, with the support of Chaplain services, offer solace. During follow-up visits the CAO offers counsel and support to Families on burial arrangements, benefits, and other personnel matters.

According to the "SOS Information Paper" (2012): "Part of the CAO's duties is the early introduction of the SOS program and the SOS Support Coordinator to the Survivor usually within 30 days post date of death. The SOS Support Coordinator continues to assist the CAO and Survivor during the CAO's (short term) mission. The SOS Support Coordinator continues (long term) Survivor support, including emotional support, case work assistance, crisis intervention, and community based grief and trauma resources when the CAO (short term) duties are complete for as long as the Survivor desires.

Survivor consent is not required to participate in the SOS Program. SOS is an Army funded program integrated into the over-all Army Casualty and Mortuary Affairs continuum of care. All primary next of kin receives a DoD "Days Ahead" binder which is provided by the CAO shortly after notification is completed, normally within 3-5 days. Survivor Outreach Services information, along with other resources, is included in the binder."

What is helpful to know about Care Teams when trauma in the unit occurs?

The Rear Detachment Commander may activate a Care Team to assist a Family when a trauma in the unit occurs. The purpose of the Care Team is to offer short-term care and support to Families of deceased and seriously wounded Soldiers/Civilians until the Family's own support structure is in place. It is important to note that the Care Team will only be utilized at the

request of the Family and should not be assumed to be needed in all traumatic events. Care Teams are not mandatory, but are an additional way battalions can provide valuable support to Families.

How is a Care Team set up?

When a Care Team is to be sent to a Family, the Commander/RDC selects a small group of volunteers from a roster of trained Battalion Care Team volunteers. When putting a team together, the RDC is likely to seek advice from a number of individuals such as commander's spouse, battalion FRG advisor, Battalion Care Team coordinator, and unit's FRG leader regarding who the Family would most likely be comfortable having assist them. Consideration is also given to whom the Family has identified as caregiver for emergency situations on the Family assistance information sheet; therefore the actual composition of a Care Team can vary. Care Teams can consist of any or all of the following: key spouses from the brigade, battalion and/or company; FRG leader, and spouses from the same platoon or company as the Soldier/Civilian and Family. The size of the Care Team depends on the Family's needs.

Once the RDC has selected a team, the appropriate volunteers are notified by the RDC, but not until after the PNOK (primary next of kin) has been notified. The RDC may hold a brief meeting with the Care Team before the team visits the Family, and appoint one member of the team to serve as Care Team leader. However, the team is under the supervision of and is to report to the RDC. [Note: In the case of Civilian Care Team support, Command will ensure that the Civilian Personnel Advisory Center (CPAC) responsible for the area, in coordination with the local Casualty Assistance Center (CAC), identifies a DA Civilian to provide casualty assistance to the next-of-kin].

The Tragedy Assistance program for Survivors (TAPS) is an additional resource that offers support, mentoring, and other services to those grieving the loss of a loved one in the Armed Forces. Hotline: 1-800-959-TAPS (8277).

How does support from leadership effect how some Families react?

Command leadership seems to play a key role in how Service members and their Families react to the demands of the military environment. Previous studies have shown a moderate association between leadership support and the Families' adaptation to military life. In particular, a past study surmised that if the Army operates under a model of commitment, both Soldiers and their spouses can mutually sustain a high commitment to both the military and the Family; both are "greedy" (Bourg & Segal, 1999, p. 633) institutions. Among other things, perceptions by Soldiers and their spouses that unit leaders are concerned about Families does have an impact on the Soldiers' and spouses' commitment to military service (Bourg & Segal, 1999).

With this in mind, other earlier and current studies reveal that "Family readiness" characteristics include having a "strong community support system" comprised of Family, friends, and formal support from the unit, military, and civilian community services (Bowen & Martin, 1998, p. 3). Additional characteristics are "prevention, personal accountability, and self-help" (Martin, 2000, p. 262). Other early studies emphasize all Family members should accept that it will be nearly impossible to simply resume life as it was before deployment (Bell & Schumm, 1999). Together, the relationship between formal support and informal support, (e.g., comprises good will, friendship, trust), bolsters community capacity by encouraging a shared responsibility (Bowen & Martin, 2011; Huebner, Mancini, Bowen, & Orthner, 2009).

More recently a study reviewed the diverse factors that promote resiliency, which is a concept key to the Defense Center of Excellence (DCoE) model focusing on psychological health and fitness (Meredith et al., 2011, p. 3). This study reviewed many definitions of "resilience" to help with their assessment of resilience programs, selecting the following definition from Jenson & Fraser (2005/2010): Resilience is the capacity to adapt successfully in the presence of risk and adversity.

The authors reviewed the literature and found key factors that promote resiliency within each of the following: individual, Family, unit, and community. Key factors identified for community included belonging, connectedness, and shared values. The key factors identified regarding the importance of unit (i.e., a military work group as well as other types of work teams or corporate committees) included the following:

- a positive command climate,
- teamwork, and
- unit cohesion.

A positive command climate was noteworthy as outlined in this study (Meredith et al., 2011): The Bliese (2006) study found "soldiers with leaders who established a positive social climate had better psychological well-being; that well-being, in turn, improved resilience and job satisfaction in combat" (p. 28). Although their literature supports that many factors can help to promote resilience, a positive command climate remains among them.

In order to strengthen Families while supporting them through various life circumstances and urgent matters, leadership should incorporate prevention support measures that can mitigate the stressors Families experience.

LEADER'S ROLE: HELPING SYNCHRONIZE FAMILY SUPPORT

- Ensure Families are familiar with open door policies and chain of command support and intervention.
- Encourage Family members to attend all information briefings and trainings.
- Continue to "reach out" to geographically dispersed Families.
- Make contact and become familiar with military and civilian community agencies to identify referral points of contact and to enhance knowledge about services and support available to unit leadership and Families.
- Acknowledge that Family problems are possible – stress that leadership is available to assist by protecting both the Soldier and Family from altercations and potentially harmful interactions that can be both career and Family ending.
- Identify unit specific issues that may become focal points during redeployment/reintegration trainings and discussions.
- Take supportive action by making timely referrals and identifying high-risk Soldiers/Civilians and Families needing tangible and counseling support.
- Establish a sense of urgency that Families seeking self-help is a sign of strength – encouraging Soldiers and Families to seek immediate assistance regarding finances, marital or Family issues, substance abuse, or any erratic behaviors.

What are some hints to promote collaboration among the Family Readiness team, while meeting the needs of Families?

All leaders and commanders, recognize the importance of refining problem-solving and negotiation skills when working with Families. These skills are not only important for building support with Soldiers/Civilians and their Families, they are useful in working with Family Readiness team members (i.e., especially the rear detachment, FRSA, FRG leaders, and advisor). Leaders motive others and organize group activities (Barrett, Vessey, & Mumford, 2011; Vessey, Barrett, & Mumford, 2011). In the context of Force readiness, leaders and commanders have a responsibility for motivating Soldiers/Civilians and Families to attend activities designed to build cohesion, while simultaneously ensuring activities meet their needs. These and other responsibilities require that leaders have effective cognitive skills (Barrett et al., 2011). These "critical thinking skills" contribute to effective decision making. Importantly, when making decisions, leaders must take into account how their decisions influence others while attempting to accomplish specific goals (Barrett et al., 2011).

A central feature of the leadership role is problem solving, especially within organizations (Mumford, Zaccaro, Harding, Jacobs, & Fleishman, 2000; Vessey et al., 2011). Leaders integrate "followers, groups, and organizational systems . . . as tools for solving problems and a context in which problem-solving occurs" (Vessey et al., 2011, p. 712). In the context of supporting Soldier/Civilians and Families in collaboration with the Family Readiness team, critical thinking skills need to remain sharp.

SUGGESTED PROBLEM-SOLVING/NEGOTIATION HINTS

- Listen and let the person know you understood. – It is important to listen fully, and let the person(s) know that what they are saying is understood.
- Set aside time to talk without distractions.
- Have perspective. – Perspective means to hear the person's point of view, seeing it from their frame of mind, acknowledging their opinions, and having the willingness to make compromises as appropriate.
- Monitor non-verbal messages. – It is important that non-verbal messages are not contradicting verbal messages.
- Check-in regularly and focus on the issue(s) at hand.
- Clarify your thoughts and feelings.
- Restate the other person's thoughts and feelings. – Clarify how the other person feels: "I was wondering if what you are feeling/saying is..." Do not say: "let it go," "you just don't get it," or "that's just wrong." Instead try saying something like, "Let me see if I understand you correctly. You mentioned…"
- Avoid placing blame, and "put into words" messages being conveyed. – Reframe the information: "put into words" the information that matches the level of understanding of the person being spoken to, in the moment.
- Recognize the effect of stress on communication, and be sensitive to each Family member's emotional status. There are going to be times when everyone will feel emotionally and physically exhausted.

- Brainstorm possible solutions with consensus or compromise.
  - Do not reject any ideas without considering possible merits to the solution.
  - Make a list of pros and cons for each possible option, and see which option, if any, has the most pros versus cons.
  - Review each possible solution and decide if each one seems fair, safe, and will help to mediate the issue at hand.
- Respect the opinion and position of all parties involved.
- Specify your desires and plans to assist or make changes.
- Follow through.
  - Check back to see how things are working.

It is important to recognize that unresolved intense feelings (e.g., confusion, fear, hopelessness, guilt) may reflect a more complex medical or mental health problem, requiring professional support. It is important to realize this and not take intense verbal attacks personally.

What are common strategies when working with some Families?

Working with new Families, who understand Army culture in varying degrees, often requires problem management skills that may differ somewhat from those utilized with Soldiers/ Civilians or experienced Army Families. Two scenarios are described below.

Scenario 1.

Ask the Family member to state the problem in context, and in detail.

Statement of problem: Sometimes the problem is not identified accurately or completely.

Mrs. Jones is crying, and states that she can't pay the heating bill for her apartment. Neighbors have complained that she does not keep the sidewalk cleared of snow. Upon inquiry, the commander learns that she cannot work, drive or lift due to a recent painful back injury, and that she is struggling to care for her year-old twins.

Identify immediate risks and approaches needed.

Mrs. Jones' twins are at risk due to her inability to care for them because of her back injury. She cannot put them in their cribs, and is sleeping with them on the floor.

- Refer to Child, Youth, and School (CYS) Services – Explain that the FRG can offer to connect her to babysitting resources to help her with the children's bedtime and morning routines, or help her apply for daytime respite care. The FRG may also help find someone to assist with household chores.
- Refer to Family Advocacy Program (FAP) and especially the New Parent Support Program (NPSP) requesting they provide appropriate follow-up information.
- Refer for emergency assistance through ACS, Army Emergency Relief (AER) to assist with maintaining heat in the apartment.

Identify collateral problems and needs.

Mrs. Jones is also a new parent, inexperienced with young children. You receive a report from the FRG member that her apartment is chaotic, that she shouted at the twins, and is unable to "control" them. Financial management issues still need to be addressed.

- Recommend frequent supportive contacts by FRG leadership perhaps to help with tangible support (e.g., emergency groceries, reduce isolation etc.).
- Make timely referrals, recognizing warning signs of distress, referring to FAP and follow-up as appropriate.

Check-in with FRG leadership at intervals to monitor Mrs. Jones' needs.

Mrs. Jones informs FRG leadership that she is feeling somewhat better. She plans to reconnect with her faith community, and also learn some effective ways of managing her lively twins through the help of NPSP home visiting services. She knows that she still needs help, and is getting some help from neighbors, but wants to thank command for the supportive help she has already received.

- Suggest that the FRG leader provide information about other Army Family programs, chaplain services, and counseling that offer support and facilitate ways for Family members to develop and maintain social connections.
- Notify forward command as appropriate.

Record all contacts, referrals, and status. Record the date and time of each contact, who was present at each personal contact, and follow-up action to be taken by each individual.

Continue concern for Family members and maintain an open door policy at all times.

- Advocate that asking for and getting help is a sign of strength, not of weakness.

Scenario 2.

Ask the Family member to state the problem in context, and in detail.

PFC Smith is deployed in Afghanistan. Mrs. Smith states that she and her small child are being evicted from her apartment for not paying rent. Inquiry reveals that her sister and brother-in-law are sharing the apartment with her during her husband's absence. Although Mrs. Smith pays for 1/2 of the rent, her brother-in-law, who initially stated that he gave the rent to the landlord, admitted that he spent it all on gambling. He also intercepted and destroyed eviction letters from Mrs. Smith's landlord. She says that he has stolen money from her purse; he admits selling her TV and keeping the money for himself.

Identify immediate risks and approaches needed.

The pending eviction needs to be addressed. Mrs. Smith is afraid to report her brother-in-law to the authorities. He intimidates her, has a criminal history, and she feels helpless.

- Refer to AER concerning pending eviction.
- Refer to CID to concerning her apparent victimization.
- Refer to FAP concerning possible neglect of the child and her own apparent victimization.

Identify collateral problems and needs.

Mrs. Smith has no other Family nearby for support. She also admits to being depressed and worried about her job, as her brother-in-law sometimes calls her at work to ask for money.

- Consider other referrals as ongoing investigation/assessments warrant.

Check-in with FRG leadership at intervals to monitor Mrs. Smith's needs.

- Notify PFC Smith's forward command of status, as appropriate.

Record all contacts, referrals, and status. Record the date and time of each contact, who was present at each personal contact, and follow-up action to be taken by each individual.

Continue concern for Family members and maintain an open door policy at all times.

- Advocate that asking for and getting help is a sign of strength, not of weakness.

Section 13. References

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