

U.S. Army Care Team Handbook



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Acknowledgements

U.S Army Care Team Handbook

Edition 3, 2013

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Resources for Educating About Deployment and You

THANK YOU for volunteering to serve on a Care Team! Caring for one of your unit Families following the unexpected death or injury of a loved one is a difficult task. The support you will provide to a Soldier, DA Civilian, and Family during their time of need is invaluable.

In the event a casualty occurs within your unit, the battalion commander may activate a Care Team based on the affected Family's needs and request for support. This *Care Team Handbook* is designed to help you know the different ways in which you can support a Family during this important time.

Remember, the key to supporting the Family is to take cues from the Family you are supporting; be flexible and adaptable as the situation changes and never lose sight of the fact that the Family is the primary focus. Your role is to help make the transition a little easier. Your support should not add to the Family's difficulties in any way. Thanks for volunteering to support Soldiers and their Families in a time of need. Your contribution will help give Families the dignity and respect they so richly deserve.

The purpose of this Care Team Handbook is to provide direction to professionals and volunteers who work with Family members, assisting and comforting them following a casualty of a Soldier or deployable DA Civilian. The Care Team Handbook provides a description of the challenges and procedures observed and followed during the course of the contact with the service member's Family. It focuses on the team's responsibilities and lists other resources that will help the Family during this difficult time.

Our eternal commitment is to "care for him who shall have borne the battle, and for his widow, and his orphan."
—Former Secretary of Defense Robert Gates, quoting President Abraham Lincoln

The Care Team's capacity to respond to the Family of a Fallen Warrior and to help them meet their needs requires having a better understanding of their significant questions and key challenges. It is never easy.

Organization Of The Handbook

Part 1. What Care Team Volunteers Need To Know. Describes important information about the casualty notification process and the Care Team's role as they support Families.

Part 2. Guidance And Tips For Care Team Volunteers. Discusses key tips on how to handle specific trauma situations when they occur.

Part 3. Common Questions—What To Know. Addresses common questions and provides information and guidance on how to help Soldiers/Civilians, and Family members transition during this time. The Care Team's ability to provide clear and concrete responses to the Family's questions with a minimum of clichés or generalities will help the Family regain their sense of competence.

Part 4. Recommended Care Team Activities. Summarizes key highlights of the *Care Team Handbook*, Parts 1-3, and offers a range of related tips based on "best practices" by Care Team volunteers in their work with Soldiers/Civilians and Family members.

Part 5. Survey And Research Findings. Highlights important research and survey findings on survivor issues.

Part 6. Resources. Outlines the spectrum of Army resources such as Army Family program personnel, Military Family Life Consultants (MFLCs), Chaplains, and others who assist Soldiers/Civilians and Family members.

Part 7. Useful Forms And Information. Provides a list of acronyms and useful forms.

Note: The key revisions to this 3rd Edition (2013) primarily address Survivor Outreach Services (SOS).

U.S. Army Care Team Handbook

Use Of The Care Team Handbook	4
Part 1. What Care Team Volunteers Need To Know	5
1.1 Army's Casualty Notification Process And Casualty Assistance Program	5
What Is A Casualty?	5
How Are Families Notified Of A Casualty?	5
Who Assists The Family?	5
1.2 Army's Survivor Outreach Services Program	7
What Is Survivor Outreach Services?	7
How Can Survivor Outreach Services Assist A Survivor Of A Fallen Soldier?	7
What Is The Difference Between Casualty Assistance Center (CAC) And Survivor Outreach Services Support?	7
Where Is Survivor Outreach Services Located?	7
1.3 The Care Team's Role In Unit Casualty	8
How Is A Care Team Set Up?	8
What Is The Care Team Leader's Role?	8
What Does A Care Team Do?	9
Call Support Checklist	10
Home Care Assistance Checklist	12
Childcare Support Checklist	13
Meal Support Checklist	14
Additional Family Support Checklist	16
When Does A Care Team Assist A Family?	18
How Long Does A Care Team Assist A Family?	18
1.4 Support Available To The Care Team	19
Part 2. Guidance And Tips For Care Team Volunteers	20
2.1 Preparing And Being Ready To Be A Care Team Volunteer	20
2.2 Dealing With Family's Emotions And Reactions	21
2.3 Maintaining Confidentiality	26
2.4 Dealing With The Caregiver	26
2.5 Dealing With The Media	27
2.6 Taking Care Of Self	29
Part 3. Common Questions — What To Know	33
How Did He/She Die? Did He/She Suffer?	33
How Can Geographically Dispersed Families Be Best Served?	33
How Can A Care Team Support Family Members Following A Soldier's/Civilian's Suicide?	34
Should Children Attend The Funeral?	35

What About Ongoing Care Team Support?	35
What About Support For Parents Of Fallen Soldiers/Civilians?	35
The Religious Question And Its Variations: Why Did This Happen To Me?...	36
What About Unwilling Or Resistant Families?	36
What About Compassion Fatigue And How Does It Affect Families?	36
Part 4. Recommended Care Team Activities	38
Part 5. Survey And Research Findings	39
Experience Of Widowhood During Pregnancy	39
Compassion Fatigue	39
Humor — The Winning Mindset	40
The Importance Of Daily Positive Emotions During Bereavement	40
Children And Funerals	40
The Importance Of Happiness And Its Relationship To Positive Mental Health	41
Part 6. Resources	42
Army Spectrum Of Support	43
Programs And Services	44
Publications	47
References	47
Part 7. Useful Forms And Information	48
Acronyms	49
After Action Review For Care Teams	50
Care Team Forms	51
Important Phone Numbers	
Telephone Messages	
Notification Log	
Visitor Log	
Gifts And Meals	
Visiting Family And Friends Travel Information	
Children's Schedule	
Medicine Schedule	
Questions For The Casualty Assistance Officer	
Questions For The Rear Detachment Commander	
Grocery List	

Use Of The Care Team Handbook

Although this handbook was written for Care Team volunteers, the handbook also offers valuable information for battalion and unit leadership. Use of the handbook by different audiences is elaborated below.

Battalions And Unit Leadership

This handbook can be used by garrisons and units (Active, Guard and Reserve) to establish, activate and support Care Teams when trauma events occur. Some customization of the materials is allowed and encouraged for unit's use. For example, a local letter from the commander may be added. Forms can be filled with local/unit information or modified as needed.

Another way units can prepare and support Care Teams is to collect supplies and make them available to Care Teams once activated. Supplies that are useful to Care Teams include:

- Boxes of tissues
- Pens/pencils
- Notepads
- Telephone message book
- Guest books (for visitors and memorial service)
- Labels (for dishes brought to the Family)
- Information packet on garrison and local area (i.e., community directories for visiting Family)
- Local maps (for visiting Family and friends)
- School schedules, calendars and contacts
- Boxes of thank you notes.

Units, Battalion Care Team coordinators or Care Team volunteers may also choose to set up separate folders for each of the support areas (Call Support, Home Care Assistance, etc.). These "grab and go" folders would contain a copy of the relevant section of the handbook that provides a description of the support area and the relevant Care Team forms (*Refer to the "Useful Forms" section of this handbook*). The intent of these collective efforts is to facilitate the Care Team's (and unit's) ability to be ready at a moments notice.

Care Team Volunteers

This handbook is an important resource for Care Team volunteers. Use the handbook to understand the Care Team's role and to learn how to support Families effectively. The handbook discusses the responsibilities of Care Team volunteers and the nature of the support they provide to Families when a trauma event occurs. Information and guidance is also given so Care Team volunteers can feel more comfortable knowing how to deal with specific situations when they occur. Use the forms which are provided in the "Useful Forms" section of this handbook to assist you in your efforts.

When a Care Team is activated, there is no time to prepare and a Care Team will have to jump into action. Being familiar with the materials can be helpful to feeling better prepared and enhancing your abilities to respond and adapt to the task of comforting a Family at a very difficult time.

1.1 Army's Casualty Notification Process And Casualty Assistance Program

Having a general understanding of the casualty notification process and casualty assistance program is helpful to seeing how the Care Team fits into the overall efforts to support Families of casualties. With this knowledge, Care Teams can support Families more effectively.

What Is A Casualty?

According to Army Regulation 600-8-1, a casualty is any person lost to the organization by reason of having been declared beleaguered, besieged, captured, dead, diseased, detained, Duty Status Whereabouts Unknown (DUSTWUN), injured, ill, interned, missing in action (MIA) or wounded.

How Are Families Notified Of A Casualty?

The casualty notification process varies depending upon the type of casualty. If a Soldier/Civilian is deceased, DUSTWUN or MIA, the Family will be notified in person. In the case of an injured Soldier/Civilian, notification depends on the nature of the Soldier's/Civilian's injury. Generally for very seriously injured (VSI) or seriously injured (SI), the Rear Detachment Command or Casualty Assistance Center (CAC) will notify the primary next of kin by telephone. Sometimes a physician may contact the Family. When the Soldier/Civilian is not seriously injured (NSI), the primary next of kin (PNOK) is notified by telephone if the illness or injury is a result of hostile action. In these cases, the Soldier/Civilian generally notifies his/her Family.

Who Assists The Family?

There are several individuals and agencies designated by the Army to respond when Soldier/Civilian injury or death occur. These individuals may be present in the home during the time the Care Team assists a Family. It is important to understand the role and responsibilities of these individuals and not to conduct the tasks performed by these individuals. The role of the Care Team is to provide short-term care and support to the Family (if requested) until the Family's own support structure is in place.

CASUALTY NOTIFICATION OFFICER (CNO) The CNO is responsible for notifying the Primary Next of Kin (PNOK) and Secondary Next of Kin (SNOK) and any other person listed on the Soldier's Record of Emergency Data (DD Form 93). In addition, the CNO will inform the PNOK that a Casualty Assistance Officer (CAO) will contact the Family within four hours of official notification (is conducted between the hours of 0500 thru 2400 local time).

COMMANDER/REAR DETACHMENT COMMANDER (RDC) The Commander/RDC is responsible for coordinating support and identifying resources needed by the Family. The Commander/RDC maintains ongoing communication with the Family. Leadership also oversees the unit memorial service and Care Team.

CHAPLAIN The role of the military Chaplain is to accompany the Casualty Notification Officer (CNO) when notification is made in person. The Chaplain offers pastoral counseling, comfort and solace to Families. The Chaplain is also a source of information about religious observances and funeral services.

CASUALTY ASSISTANCE OFFICER (CAO) The CAO provides support to the Family and aids with personnel-related matters. The CAO calls within four hours of official notification (is conducted between the hours of 0500 thru 2400 local time) to schedule a visit with the Family. The purpose of the first visit is to identify the Family's needs and offer solace. In subsequent visits, the CAO offers counsel and support to Families on burial arrangements, benefits and other personnel matters. The CAO's role is to serve as an ongoing resource for the Family.

The CAO is an Officer (Captain or higher), Warrant Officer or senior NCO (SFC and higher). Normally, the CAO will be of equal rank or higher than the casualty and/or the next of kin (NOK) that the assistance is being provided. The CAO is relieved of other duties so that the CAO can assist for as long as is necessary for the Family to complete the transition (or to ensure the Family is receiving benefits and entitlements). (Note: A CAO is sent only when a Soldier/Civilian has died or been declared missing).

PUBLIC AFFAIRS OFFICER (PAO) A Public Affairs Officer may contact the Family to offer information and guidance on dealing with the media.

SUMMARY COURT OFFICER A Summary Court Officer is appointed to collect, inventory, safeguard, and send the effects of the deceased Soldier to the place requested by the NOK.

CIVILIAN PERSONNEL ADVISORY CENTER (CPAC) Commanders 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 CAO, where feasible, may initiate correspondence to the Family that will explain the circumstances surrounding the casualty. If a Civilian is not reasonably available to serve as a CAO, the responsible Commander can appoint a military CAO to provide assistance and entitlement information.

1.2 The Army's Survivor Outreach Services Program

What Is Survivor Outreach Services?

There is no cause greater than taking care of those who have lost a Soldier in service to our Nation. The Army has made a commitment to provide services to Survivors of the Fallen, not only immediately following a death, but for as long as they desire.

Survivor Outreach Services, supported by Public Law 109-163, 2006 National Defense Authorization Act (2006 NDAA), provides direct long-term support to Survivors regardless of the cause, location or duty status at the time of death. It is a "One Army" program encompassing Regular Army, United States Army Reserve (USAR) and the Army National Guard (ARNG) staff as a means to offer support and services closest to where the Family resides regardless of Army component of the deceased Service Member.

How Can Survivor Outreach Services Assist A Survivor Of A Fallen Soldier?

Survivor Outreach Services supports Survivors with programs and services that build independence and resiliency using a holistic, multi-agency and multi-component approach. Staff are available at 51 garrisons (both CONUS and OCONUS), and in all 54 states and territories. Survivor Outreach Services facilitates support groups, provides life skills education, manages benefits milestones and connects Survivors with needed resources. The program further assists with long-term financial goals, budget counseling, debt management, estate planning education, tax issues and higher education needs.

What Is The Difference Between Casualty Assistance Center (CAC) And Survivor Outreach Services Support?

Public Law 109-163, 2006 NDAA delineates two phases of support that the military Services must provide to Survivors: short-term casualty assistance and long-term casualty assistance.

The local Casualty Assistance Centers (CAC) are the lead agents for all actions within the short-term casualty assistance process. Short-term casualty assistance can take several months or longer ending when the Survivor has applied for and has begun to receive all initial benefits/entitlements for which they are eligible under the law.

Survivor Outreach Services provides long-term casualty assistance which begins once the initial entitlements/benefits have begun and continues to assist the Survivor for as long as they desire.

The official transfer for long-term support occurs once all Casualty Assistance Officer (CAO) duties are complete and all required actions are accomplished by Casualty and Mortuary Affairs.

Where Is Survivor Outreach Services Located?

Regular Army, USAR, and ARNG Survivor Outreach Services staff are located at 51 garrisons (both CONUS and OCONUS), and in all 54 states and territories in an effort to provide services closest to where the Survivor resides, regardless of Army component of the deceased Service Member. Regular Army Survivor Outreach Services staff are a part of the Army Community Service (ACS) center and located in the ACS building or in a separate facility on post. USAR and ARNG staff, who may be a Survivor's closest support, are located in Armories, State Joint Forces Headquarters and Family Centers.

1.3 The Care Team's Role In Unit Casualty

The Battalion Commander or 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 about who the Family would most likely be comfortable having around them. Consideration is also given to whom the Family has identified as caregiver for emergency situations on the Family assistance information sheet. Thus, 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. When the unit sustains several casualties at once, the battalion commander may request other units' Care Teams to assist in the casualty situation.

Once the RDC has selected a team, the appropriate volunteers are notified by the RDC, but not until after the PNOK has been notified. The RDC may hold a brief meeting with the Care Team before the team visits the Family. The RDC may 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).

A WORD OF CAUTION

Care Team members and FRGs may not be notified of a Soldier's/Civilian's death or injury until after notification has been made to the Family. Care Teams may not accompany the Casualty Notification Officer (CNO) to the house or wait outside the house while notification is being made.

What Is The Care Team Leader's Role?

In some instances, the commander may assign one member of the Care Team to serve as Care Team leader. The role of the Care Team leader is to:

- Coordinate the assistance provided by each Care Team volunteer and decide how the team will perform different areas of support (including establishing shifts and subteams for different support areas, if necessary).
- Take offers of help from individuals who want to help the Family. Inform these individuals immediately or contact later on what specific help they can provide. Seek guidance on gifts or donations from the RDC or unit ethics counselor.
- Talk with unit's FRG leader about how the FRG can support the Care Team in their efforts as well as Care Team volunteers themselves. (For further information, see section on Supports Available to Care Team.)
- Keep the Commander/RDC informed of Family's requests and support provided.

What Does A Care Team Do?

Care Team volunteers provide assistance that complements the assistance provided by the Casualty Assistance Officer (CAO), Chaplain, and Rear Detachment Commander. The focus of Care Team volunteers' efforts is on providing practical assistance and emotional support to the Family on a short-term basis so that the Family can continue to function while dealing with a traumatic event. The actual support provided depends on Family needs and command guidance, but can include:

- Call support
- Home care assistance
- Childcare support
- Meal support
- Transportation
- Assistance to visiting Family
- Other Family support.

A WORD OF CAUTION

What A Care Team Does Not Do

- Prepare death notices for newspaper
- Arrange donations to organization or charity in lieu of flowers if Family wants to make this arrangement
- Make funeral arrangements (which includes transportation for Family, childcare arrangements for children)
- Arrange emergency financial assistance or give money to Family
- Brief Family on benefits or entitlements
- Serve as grief counselor or offer any type of counseling

Before the Care Team goes to the Family home, an assessment will be made by the Rear Detachment Commander or Care Team leader to determine what assistance the Care Team will provide to the Family. Thus, the Care Team will be given some guidance by the Rear Detachment Commander prior to visiting the Family. While on site, the Care Team may determine, based on Family's requests and perceived needs, that additional support is needed. However, additional support that falls outside of these guidelines should be discussed with the RDC first. Detailed information on the ways in which a Care Team can support Families in each of the aforementioned areas is provided on the following pages. This information is not exhaustive, but provides guidelines on the nature of the assistance to be provided by a Care Team.

A WORD OF CAUTION

Let the Family maintain control over what they can reasonably do for themselves. Let the Family identify their needs rather than telling the Family. You can make suggestions or offer to help in a particular way, but you must seek feedback from the Family on these suggestions/offers. It is important not to contribute to the Family's stress by being overbearing or "overly helpful."

Call Support

- ☐ **Screens calls and visitors according to Family's wishes.** Do not give any information unless you are sure to whom you are talking and the Family member agrees. In the case of serious injury, identify with the Family what information the Family wants shared and what they do not want shared. With regard to the media, discuss with the Family how they would like the Care Team to handle media requests. (For further information, see section on Dealing with the Media.)
- ☐ **Keep one phone log.** Write down the name of all individuals who call and associated telephone numbers. It may mean a lot to the spouse later to see who called and can be used by the Family for sending thank you notes. Also, you can use it to call back those who wanted information on the funeral and memorial services.

***TIP:** Make copies of and use telephone messages form provided in the Forms section of this handbook or purchase a telephone message book to keep track of phone calls.*

- ☐ **Get a list of condolence phone calls the chain of command receives** and information about VIPs expressing sympathy to the Command Group. Be sure to pass this information on to the Family so that they are made aware of these calls. A list can be added to the phone log maintained by the Care Team.
- ☐ **Ask if there is anyone the spouse/Family would like you to call or who needs to be contacted.** Individuals that may need to be contacted might include:
 - ☐ Extended Family. Help the spouse make calls to other Family members, but let him/her tell them of the death or injury.

***TIP:** This is the Family's responsibility. If the spouse asks you to make the calls, encourage the spouse to make these calls. You, the Chaplain or a Family friend can support the spouse through this process. The brother, sister, mother-in-law, etc., will be most appreciative. After all, the extended Family in most cases will not know you. A Notification Log is provided in the forms section of this handbook for keeping track of who the Family notifies.*

- ☐ Friends
- ☐ Neighbors

Call Support, continued

- ☐ Spouse's employer (if employed)
- ☐ Spouse's volunteer agency (if volunteers)
- ☐ Clergy of Family's place of worship (if attends off post)
- ☐ Groups or associations the Family belongs to. The group may want to assist in helping the Family.
- ☐ Children's school
- ☐ Children's coach or teachers of extracurricular activities.
- ☐ **Find out what Family appointments need to be canceled or rescheduled.** Make the appropriate calls per Family's instructions.

Home Care Assistance

- ☐ **Maintain a list of questions for the CAO.** It is very helpful to have a notebook to write down any and all questions that the spouse/Family has. Remind the spouse of the questions when the CAO is there so the CAO can answer them. Remember, the Care Team should not be answering questions that pertain to CAO or RDC responsibilities (benefits, entitlements, funerals, etc.)

***TIP:** Make copies of and use Questions for CAO form in the Care Team Forms.*

- ☐ **Maintain a list of questions for the Commander/RDC.** It is very helpful to have a notebook to write down any and all questions that the spouse/Family has for the Commander/RDC. This is particularly important as unit leadership maintains contact with a Family of a wounded Soldier.

***TIP:** Make copies of and use Questions for RDC form in the Care Team Forms.*

- ☐ **Keep records on visitors and gifts.**

- ☐ Keep a record of who sends flowers and gifts along with a brief description. (Note: A Gifts and Meals form is provided in the Care Team Forms for this purpose.)
- ☐ Keep all cards.
- ☐ Keep a record of who visits the Family and attends the memorial service. (Note: A Visitor Log is provided in the Care Team Forms for this purpose. Alternatively, a guest book may be used to have visitors sign at the house and at the memorial service.) Remember to add these visitors to the list of people who've helped or expressed condolences so the Family may thank them later if they wish.

- ☐ **Identify what assistance is needed with household matters** (e.g., laundry, housecleaning, lawn care, pet care or boarding, shopping, mail, snow removal) **and arrange for help as appropriate.** Run errands as needed. Note: In the event the Family needs money, this matter should be addressed with the CAO or Rear Detachment Commander who can assist the Family in getting emergency financial assistance. Care Team volunteers should not lend money to a Family or provide financial advice.

***TIP:** Consider developing a form for tracking who will be assisting with different household matters.*

- ☐ **Inform Rear Detachment Commander of any needs the Care Team can not address or becomes aware of.** For example, notify the commander if the Family needs translation services or has difficulties accessing services.

Childcare Support

If the Family has children, it will be important to look into children's needs and to support children in appropriate ways based on the children's ages.

☐ **Assess children's needs and obtain information to include:**

- ☐ Ages of the children
- ☐ Current childcare arrangements and childcare needs while Family deals with trauma situation (e.g., Does the Family need someone to stay with any children at home so the adult(s) can meet with the CAO or attend to pre-departure needs if traveling to medical facilities to visit wounded Soldier?)
- ☐ Children's medical issues (it may be necessary for caretakers and babysitters to be aware of particular medical conditions/problems)
- ☐ How death or injury was explained to child(ren) (so caretakers, babysitters and others are aware of what children have been told and have a sense of what can/can not say)
- ☐ Whether children residing elsewhere
- ☐ Children's school and extracurricular activities; and what adjustments will be made while Family is dealing with trauma situation, even if temporary (e.g., will children stay at home and not attend school until time of funeral?)
- ☐ Children's transportation needs

TIP: Consider creating and recording information on a form as information is gathered about children's allergies, medical conditions, food preferences, schools, activities, schedules, and so forth.

- ☐ **Identify friends of Family or children who may be willing to offer support.** (This can be very helpful for teens.)
- ☐ **If necessary, obtain a release statement signed by the spouse** so that children can be picked up or dropped off at childcare center, school, or other location. Arrange transportation for children as needed.

Meal Support

- ☐ **Go grocery shopping as needed.** Be mindful of food allergies, dietary restrictions and preferences.

***TIP:** Make copies of and use grocery list provided in Care Team forms.*

- ☐ **Coordinate meals for Family.** Ensure food is also available for visiting Family and visitors when they are at Family's residence. To make meal/food arrangements, will entail the following steps:
 - ☐ Identify special needs, food allergies, religious or dietary restrictions of Family members
 - ☐ Find out the types of dishes/foods Family members (including children) like
 - ☐ Identify out-of-town Family members and friends expected to visit Family
 - ☐ Designate one person to serve as the coordinator. It is often helpful if the coordinator is a friend of the Family as he/she can be a liaison between the Family and those wanting to provide meals. The coordinator should:
 - Manage the delivery of food to the Family and meal assignments as necessary. Consider keeping a log of all who provided food so that they can be thanked later. (A Gifts and Meals form is provided in the "Useful Forms" section of this handbook.)
- TIP:** It may be helpful and/or necessary to create a chart showing which volunteers or individuals can provide meals on which days.*
- Ensure Family receives a variety of meals and that the same types of meals are not being provided repeatedly unless desired by the Family.
 - Monitor the quantity of food being provided against Family's desires. For example, a Family may not want a meal delivered every night, but rather at specific intervals. Or a Family may want food that they can put in the freezer and pull out as needed.
 - Provide guidance to those wanting to provide food. Consider giving out a handout to all individuals wanting to provide food, if necessary.

Meal Support, continued

TIP: Guidance that may be important to provide would include:

- Give information about food allergies, dietary restrictions and food preferences.
- Advise individuals to consider children's tastes when thinking about dishes to bring. Children are often not big fans of gourmet meals.
- Let individuals know that snack foods are also welcome.
- Identify the individual who will accept the food on behalf of the Family. If necessary, identify the time and location for dropping off food.
- Encourage those individuals preparing separate courses to have one individual drop off all the courses at one time to the Family's home.
- Ask individuals to tape any heating/refrigeration directions and their name to the item so the dish can be enjoyed in the manner intended as well as prevent food from spoiling.
- Request that food be brought in disposable pans, plates and zip-typebags so the Family does not have to worry about returning dishes to the proper owners. Return dishes to owners as necessary.
- Label foods/meals received as necessary.

TIP: It is a good idea to have labels on hand to record who brought the food, the date, and any cooking or reheating instructions, if food brought to the Family is not labeled.

Additional Family Support

- ☐ **Assist visiting Family and friends.** This may include:
 - ☐ Offer assistance with access to installation, lodging, and/or transportation as needed. A Visiting Family and Friends Travel Information form is provided in the Care Team forms to assist in identifying these individuals' needs.
 - ☐ Provide a welcome basket or information packet to include snacks, local and garrison maps (which can have key places marked), important phone numbers and local contact information, list of restaurants and hotels, and directions to Family's house and locations where memorial service to be held. (optional, but a nice gesture)

***TIP:** The Army Community Service (ACS) and Guard/Reserve Family Program offices can assist Care Teams in preparing an information packet. In fact, these offices often already have such packets. The Care Team would only need to supplement the packet with unit information, directions, and other pertinent information related to the situation or visiting Family/friends' needs.*

- ☐ Help Family members meet and talk to Soldiers/Civilians who knew the deceased if possible.
- ☐ **Assist Family with personal arrangements related to funeral.** This may include:
 - ☐ Help in getting necessary clothes for the funeral or memorial service.
 - ☐ Help Family prepare if funeral is not local.
 - ☐ Bring a guest book to the funeral and memorial service.
 - ☐ Assist the Family if they want to videotape the memorial service and/or consider making a videotape of Soldiers/Civilians talking about the deceased. These videotapes can mean a lot to the Family.
 - ☐ Collect photos from members of the Soldier's/Civilian's unit. Make copies and give them to the Family.
 - ☐ Ask someone (PAO, if possible) to keep the articles and news coverage.
 - ☐ Arrange someone to house sit during the funeral and memorial service, if necessary.
 - ☐ Help Family arrange location, food, preparation and clean up for a gathering held after the service, if the Family elects at Family home or at designated location.

Additional Family Support, continued

- ☐ **Assist Family with arrangements related to visiting wounded Soldier/Civilian.** This may include:
 - ☐ Help in packing clothes (including clothes and items Soldiers/Civilians may want or need while in hospital).
 - ☐ Ensure spouse/relative on Invitational Travel Order (ITO) has the following documents assembled prior to traveling:
 - Copy of Invitational Travel Order (ITO)
 - Military ID card
 - Power of Attorney
 - Immunization records for traveling child(ren) needing daycare
 - Name and phone number of the Soldier's unit
 - Valid passport if traveling overseas (If a Family member does not have a passport, one can be obtained quickly through the Casualty Assistance Command.)
 - ☐ Help in making travel arrangements if not handled by Rear Detachment Commander (e.g., transportation to and from airport, local transportation information or car rental in location of wounded Soldier/Civilian, etc.).
 - ☐ Make necessary arrangements for Family members that will remain in the home (e.g., children, elderly parents, individuals with special needs).
 - ☐ Make necessary house arrangements for extended period of absence (e.g., pet boarding, house sitting or notifying civilian/military police to check on house, stopping mail and newspaper, lawn care and mowing, house plant care, snow removal, emptying refrigerator).
 - ☐ Cancel and/or change personal appointments.
 - ☐ Obtain notification or releases for children's day care and schools.
- ☐ **Arrange or provide transportation.** This may be helpful as the intense emotions a Family experiences can make an individual too tired or too distracted to drive.
- ☐ **Accompany Family to local hospital.** This can be a helpful way to support Families of wounded Soldiers/Civilians.
- ☐ **Offer Family a stress relief break.** Take spouse and/or children out for a meal or an activity to have a break and an enjoyable activity. This can be helpful to both Families of Fallen and wounded Soldiers/Civilians.

When Does A Care Team Assist A Family?

A Care Team is sent after the Family is notified and ONLY if the Family requests this assistance. In the case of Fallen Soldiers/Civilians, a Care Team will be sent immediately following notification. In the case of wounded Soldiers/Civilians, a Care Team may be sent immediately following notification and prior to the Family leaving to join the wounded Soldier/Civilian in the hospital/medical treatment facility or may be sent immediately following Family's return. At the time the Family returns, the wounded Soldier/Civilian may or may not have been transferred to a hospital or veteran's rehabilitation program in the Family's geographical area.

Other unit trauma situations in which a Care Team may be sent to assist a Family include: suicide of Soldier/Civilian, MIA, POW, and death of a Soldier's/Civilian's spouse or dependent child.

How Long Does A Care Team Assist A Family?

The intent is for the Care Team to assist the Family until extended Family members arrive to support the Family or when no extended Family is available. Further, the Care Team's assistance is intended to be provided on a short-term basis, anywhere from 72 hours to two weeks. The actual length of time depends upon the Family's needs, guidance from leadership and presence of other Family members/friends to support the Family.

After assisting the Family, an After Action Review (AAR) may be scheduled. This review provides a process for Care Team members and leadership to discuss the Care Team activation and make notes on what went well, what could have been changed, etc. The AAR serves as a tool for future Care Teams and input is very valuable. (An AAR form is provided in the "Useful Forms" section of this handbook).

After assisting a Family, it is also important for the Care Team to write thank you notes to individuals that assisted the Care Team. (These individuals may be identified in the "who helped" section of the AAR form.) While the Family may elect to write thank you notes to certain individuals, if the Care Team asked or received assistance, it is suggested that the Care Team recognize this support.

1.4 Support Available To The Care Team

The Care Team will be supported by a number of individuals and groups. A brief description of these supports is provided.

Commander/Rear Detachment Commander (RDC)

The Commander/Rear Detachment Commander or Civilian designee are responsible for supporting and supervising the Care Team. The ways in which the commander/RDC can support the Care Team include:

- Helping Care Team determine their role and how long to assist a Family. In particular, the Commander/RDC can provide guidance on what Family requests are appropriate and inappropriate to handle. The commander/RDC can also provide an exit plan.
- Ensuring Care Team has support needed to perform the Care Team's tasks. For example, the Commander/RDC (or with the aid of the unit's FRG) can help recruit individuals to help the Care Team with certain tasks. The Commander/RDC can talk with the unit's FRG leader about how the FRG can support both the Care Team and individual Care Team volunteers.
- Identifying resources for Family and visiting Family.
- Monitoring Care Team volunteers' well-being. Out of genuine concern for volunteers' welfare, the Commander/RDC will want to make sure Care Team volunteers are taking care of themselves (i.e., eating properly, getting sleep) and will encourage volunteers to use stress management techniques and to take breaks. The Commander/RDC may also monitor or restrict the number of hours Care Team volunteers spend assisting the Family.
- Arranging for the Chaplain to talk with Care Team volunteers as needed.

Chaplain

The Chaplain can provide counseling and guidance on dealing with Family's emotions as well as the stresses and emotions experienced by Care Team volunteers. You are encouraged to talk with the Chaplain as it can be very helpful.

Unit's FRG

The unit's FRG can provide support to the Care Team and individual Care Team volunteers in ways that include:

- Offering meals to Care Team volunteers
- Making meals for Family based on arrangements with Care Team
- Providing transportation
- Providing child care for Care Team volunteers' children.

The specific assistance provided will be based on Care Team needs and will be coordinated between the FRG leader and Care Team leader or Commander.

Unit Families

The Families in the Soldier's/Civilian's unit or other units may offer to help the affected Family. These offers should be accepted and managed by the Care Team, preferably the Care Team leader. Enabling unit Families to assist can help these Families' recovery and can also help the Care Team meet the affected Family's needs.

PART 2: Guidance And Tips For Care Team Volunteers

2

2.1 Preparing And Being Ready To Be A Care Team Volunteer

Before serving on a Care Team, it is important to prepare by doing the following:

- ☐ Attend Operation READY Care Team training.
- ☐ Read this Care Team handbook. Familiarize yourself with Care Team role and forms.
- ☐ Think about and make appropriate plans so that you can step into the role quickly when called. Issues to think about include:
 - Who will take care of your children? What arrangements are needed if your spouse will be working extended hours or on deployment? For instance, will a grandparent, friend or other Family member need to come stay with your children? If your children are older, can someone check in with them and/or provide a place for them to go after school?
 - What transportation support will your children need? Who can help with transportation to and from school and after-school activities?
 - What information will you give your children and when? If your children are old enough, tell them that in the event of a tragedy you may be called upon to offer support.
 - What arrangements do you need to make with your employer or volunteer agency so that you can take time off in a moment's notice?
 - What household matters will need to be handled differently? If so, how will these be handled?
 - Who will take care of your pets?
- ☐ Consider preparing a bag ahead of time of items that you may need. Things to include:
 - Care Team handbook
 - Care Team forms and any handouts developed
 - List of important telephone numbers
 - Local maps
 - Pen/pencils
 - Notepad
 - Personal care items (toothpaste, toothbrush, deodorant, etc.)
 - Change of clothes
 - Snacks and water
 - Box of tissues.

Once you are notified, you will be expected to:

- ☐ Implement your plan.
- ☐ Meet with RDC or designee and obtain any supplies provided by the unit.
- ☐ Take any necessary supplies (e.g., forms) when going to the Family's residence.
- ☐ Coordinate your efforts with Care Team leader, if assigned, or RDC.
- ☐ Provide comfort, listen and fulfill appropriate Family requests. Stick to Care Team role.
- ☐ Maintain Family privacy and confidentiality.
- ☐ Take care of yourself.

2.2 Dealing With Family's Emotions And Reactions

Having an understanding of how and why Families react the way they do to traumatic events can be helpful in dealing with Family's emotions. Specific guidance on dealing with grief and trauma reactions is also provided in this section.

Understanding Reactions To Trauma Events

Individuals' reactions to traumatic events vary so it can not be assumed how a Family will react. Reactions tend to be multi-faceted, meaning there are physical, emotional, cognitive and behavioral reactions. Many factors can influence how any given individual reacts so it is not possible to predict how a Family will react to a trauma event.

The reactions a Family exhibits are a response to the stress, fear, vulnerability and loss the Family has experienced or is feeling. When a traumatic event occurs, a Family experiences:

- An unexpected event
- Injury or death of a loved one
- Loss
 - personal loss such as loss of spouse/parent
 - symbolic loss such as loss of sense of security and loss of identity
 - ambiguous loss (i.e., the uncertainty of Family unit and relationships as in the case of seriously wounded, POW and MIA)
- A prolonged sense of crisis or lack of control feeling (a feeling that can arise from the sense "their whole world has just turned upside down" and the life change that has just occurred)
- Additional stressors (Family now faces decisions and matters that have to be addressed, etc.).

In addition, it is common for a Family to struggle to find meaning in the event (i.e., "why did this happen?"). Thus, reactions initially following the trauma event may be intense, but not always. Reactions do tend to change over time as the Family moves through the recovery process and transitions to the new situation. During the recovery process, there will be good days and bad days for a Family until they are able to thrive. Keep in mind that it will take time for a Family to recover. The length of time to recover will vary across Families and across individual Family members.

Normal Trauma Reactions	Normal Grief Symptoms
• Feeling of horror • Sense of safety threatened • Grief/traumatic grief • Anger/irritability • Fear • Disbelief/Shock • Numbing and withdrawal • Helplessness • Confusion • Unexplained somatic symptoms • Depression • Anxiety • Feeling jumpy; easily startled • Sleep disturbances • Nightmares/flashbacks • Distrust • Loss of confidence in self or others • Questioning or shattering of beliefs • Self blame/survivor guilt	• Shock • Numbness • Denial • Overwhelming sense of loss • Strong yearning or longing for loved one • Sense of emptiness; sense part of you has died • Generalized pain/heaviness in chest • Sadness • Depressed or hopeless about future • Cry easily • Loss of interest in eating • Anger • Guilt • Fear • Anxiety • Physical symptoms (e.g., stomach upset, headaches, pain or heaviness in chest, intense fatigue) • Feeling of restlessness • Loneliness • Lack of motivation • Social withdrawal • Loss of interest in social activities • Dreams about deceased • Difficulty sleeping

TRAUMATIC GRIEF. A sudden loss of a Soldier/Civilian, child or Family member is particularly difficult when death has occurred under any of the following circumstances: 1) death occurred without warning and opportunity to say goodbye, 2) death occurred as result of violence, 3) death in which body is never recovered, 4) multiple losses (e.g., mass casualty), and 5) death occurred as result of willful misconduct of others (e.g., accidents, war and terrorism). Traumatic deaths or sudden loss of significant attachment can lead to a more complicated and longer grief process. Traumatic grief is when an individual shows extreme distress over an extended period of time or that dominates an individual's life. It is not uncommon for these individuals to experience intense reactions including agitation, suicidal ideation and powerful rage (e.g., anger toward those perceived to be responsible) or revenge fantasies. These individuals also commonly have frightening memories/thoughts about the traumatic event by either agonizing about what their loved one experienced during the final moments of life or recalling the horror of the traumatic event they experienced. These frightening memories/thoughts along with the intense symptoms of distress are over and above the normal symptoms of bereavement.

POSTTRAUMATIC STRESS DISORDER. Symptoms of PTSD can also occur with traumatic events. In the context of a traumatic death, PTSD symptoms will appear as follows:

- Re-experiencing the traumatic event by having painful, intrusive thoughts or nightmares about the death
- Avoidance or emotional numbing (e.g., staying away from places, activities, or things related to the loved one's death)
- Feeling detached from others and inability to feel positive emotions
- Increased persistent anxiety and physiological arousal (e.g., difficulty sleeping, irritability, difficulty concentrating, tendency to be startled easily).

While these symptoms are normal symptoms of grief, when all of these symptoms occur together and persist then the individual may need professional help.

Dealing With Family's Emotions

Each trauma event and Family (both their reactions and needs) is different so Care Teams need to view each situation as unique. This means that Care Team volunteers will need to think on their feet and adjust to the situation. The key to providing valuable support is to take cues from the Family; to be flexible and adaptable as the situation changes, and to never lose sight of the fact that the Family is the primary focus. The Family is going to have good days and bad days. So please remember not to take things personally, and encourage others also to be tolerant and kind. The Family is going through a difficult situation, and the Care Team's role is to help make it a little easier, not add to it in any way.

Upon entering the home for the first time, you may encounter great emotion. Tell the Family member that you are sorry about their loved one's death or injury. In the situation of a death, use the deceased's name soon and often. Doing so makes it easier for everyone to talk about the deceased. This is a great gift to the spouse/Family. The table on the following pages offers other tips on how to deal with individuals' grief and other trauma reactions. Keep in mind that Families of seriously wounded Soldiers/Civilians may also show grief along with other trauma reactions. Many of these tips are also applicable to these Families.

TIPS ON DEALING WITH INDIVIDUALS' GRIEF AND TRAUMA REACTIONS

Do's

- ★ Express your sorrow for the deceased and the Family. Say you are sorry about the griever's pain and the situation. Simply say, "I'm sorry" or, "Words fail me."
- ★ Remember to extend condolences to forgotten mourners: grandparents, siblings, stepchildren, aunts and uncles, and cousins. Be observant of the children. Children mourn too.
- ★ Be compassionate and sensitive.
- ★ Accept diversity in how individuals respond and cope. Accept grief and anger as normal reactions.
- ★ Let individuals know that their reactions are normal.
- ★ Be patient. Give the individual time to grieve and recover. Avoid judgments about the Family and the tragic situation.
- ★ Listen quietly and nonjudgmentally. Allow the Family to talk and in the early stages of grieving, to take the lead in conversation. Allow Family members to express as much grief as they are feeling at any given moment and are willing to share. The Family needs "permission to grieve." Allow the Family to talk about the endearing qualities of the person that has died.
- ★ Be comfortable with just being silent and not talking. Also, if you do not know what to say, that is okay. Sometimes it is hard to find the words that convey what you are feeling for the Family and their loss. That is perfectly all right. Sometimes the best way to comfort is just by being with them. Your presence is all that is needed and is the one thing that is most appreciated.
- ★ It is a good practice to mention the deceased by name.
- ★ Arrange or provide practical assistance and support as appropriate. Also encourage individuals to ask for help. Be aware that it is often difficult for grieving people to reach out for help.
- ★ Let your genuine concern and caring be visible. Accept that it is not possible for you to make the grieving person feel better. Be accessible, but not pushy.
- ★ Sometimes the Family just does not want to see anyone because they are tired or just want to be alone. Do not take this personally, but give them the space needed. If you sense that "traffic control" is warranted, step in and be the gate keeper.
- ★ Encourage the Family to take care of themselves (i.e., eat properly and get rest).
- ★ Ensure the Family does not become isolated. Encourage the Family to have contact with their support network and connect with others.
- ★ Keep in mind that you may become emotional as well; be aware of your own feelings and how the loss/event affects you.
- ★ Respect the Family's privacy. Sometimes, this does not mean leaving but rather going to another room.
- ★ Be sensitive to the needs of the situation and respond accordingly.
- ★ Be aware that a lot of attention is focused on the Family during the first two weeks after notification, so consider periodically contacting and checking on the Family after this initial time period to let the Family or Family members know that people care and are thinking of them.
- ★ Remember holidays and special Family dates can be difficult times, especially during the first year. Do not allow the Family to be isolated and provide comfort at these times when possible.
- ★ Be aware of warning signs when professional help needs to be sought. Encourage the Family to seek professional help if unable to cope or struggling with an emotional response for months.

Do Nots

- ★ Do not be afraid of silence. Do not be afraid of tears.
- ★ Do not inhibit open communication. For example, do not change the subject when the griever mentions the deceased.
- ★ Do not let your own sense of helplessness or discomfort, keep you from reaching out to the Family.
- ★ Do not answer questions about the injury or death. It is common for Families to have questions, but refer Family to CAO, RDC or designee.
- ★ Do not impose your explanation on why this has happened. Do not try to answer the question, "why?"
- ★ Do not say "I know how you feel" or "Everything will be all right".
- ★ Do not say anything that implies a judgment about the Family's feelings: "You ought to be feeling better now" or "You'll be feeling better in a month or so" or "I know how you feel." Do not encourage the Family to "get over it".
- ★ Do not make statements or ask questions that induce guilt or affix blame.
- ★ Do not treat the Family like invalids. Let the Spouse/Family be in control and do the things that they want to do for themselves. There is a tendency for volunteers and those trying to give assistance to over do it. Although well intended, for the Family, this can become very trying at times. Keep in mind that the Family may be experiencing anger and a sense of loss of control so little things can become big things. The bottom line is, if the Family wants to get their own coffee, get their own sandwich, or answer their own phone, etc., let them.
- ★ Do not be too direct or give advice. (For example, do not make suggestions regarding packing up clothes, photos, etc.)
- ★ Do not try to find something positive in the death. Do not make statements, such as "God knows best" or "It's God's will".
- ★ Do not impose your own religious beliefs or discount those of the Family. Respect Family's religious and cultural beliefs.
- ★ Do not assume anything. For example: if the widow isn't crying, do not assume she's not upset or if she's screaming, do not assume she can't care for herself or her Family.

Source: This is a compilation and adaptation of information provided in Army War College's A Leader's Guide to Trauma in the Unit, Fort Sill's Care Team training and Phantom Thunder Care Team Guide, Fort Riley's CDR/1SGT Course, Deployment Health Clinical Center's fact sheet entitled A Normal Reaction to an Abnormal Situation, and Operation READY Rear Detachment Commander's training.

2.3 Maintaining Confidentiality

Privacy is of the utmost importance to Families during times of trauma. It is expected that all Care Team members will keep personal matters disclosed to them in the strictest confidence. A more detailed discussion with specific examples of how to protect a Family's privacy is provided in the tips box.

TIPS ON MAINTAINING CONFIDENTIALITY

- ★ Do not disclose specific details to anyone other than the RDC, the Chaplain, the Casualty Assistance Officer, and the Care Team leader.
- ★ During the course of working with the Family, you may learn many intimate details of the Family's life. Keep this information to yourself.
- ★ Only give information with the permission of the Spouse and/or Family involved.
- ★ Protect the person's privacy when reporting to others. For instance if you are informing the Chaplain of something that happened with the Family, do not use names or specific details when others may be present. Move to a private area when possible.
- ★ **When confidentiality does not apply.** During the time you are assisting a Family, if there is any suggestion of any of the following issues: suicide, neglect or assault, inform the person that you are obligated to report the situation. Depending on the severity of the situation, call 911, RDC, and/or Chaplain. If there is a possibility of immediate danger to an individual, contact the police right away. If you are asked to keep this type of information, which may be illegal or dangerous (to themselves or others) in confidence, inform the person that confidentiality does not cover these areas.
- ★ Have a clear understanding of what situations the Commander expects to be reported to him. This information should be discussed with the Commander before the Care Team interacts with the Family. You should inform the person involved that they are touching on areas which you must report. Informing the person of your obligation to report to others is being honest with the person and gives them the choice of whether or not to continue the conversation, knowing the consequences if they choose to do so. If you are unsure about whether a specific situation falls outside the confidentiality areas or must be reported to the command, excuse yourself and contact the RDC and/or the Chaplain for advice.

THE BOTTOM LINE:

Protect the person's privacy as you wish yours protected.

2.4 Dealing With The Caregiver

A caregiver is an individual selected by the grieving Spouse/Family to remain in the home and act as a facilitator and gate keeper to all the well-intended outside support until the Family's own support system begins to work. In some cases, the caregiver has not been trained and certified by the command. If this is the case, the RDC or Care Team leader may provide them with a Care Team Handbook and a brief orientation to help them manage their role in support of the spouse of the deceased.

2.5 Dealing With The Media

In the most stressful hours of coping with a trauma in the unit, you or the Family may be approached by the media for a formal interview, an informal comment or a gut reaction. You and the Family have the right to accept or decline media interview requests. Contact your command whenever the Family or you are approached by the media.

If the Family is approached, encourage the Family to contact the PAO for assistance with any media interaction. The PAO can advise and coach as to the best approach. If the Family elects to talk to the media, the PAO can be present with the Family during the interview process. Alternatively, the Family may wish to write a statement that is read to the media and not answer any questions. If you decide to speak to the media on behalf of the Family (and with their permission), here are helpful tips for handling your interaction with the media.

TIPS ON DEALING WITH THE MEDIA

- ★ Know with whom you are talking. Ask for and write down the reporter's name, telephone number and name of the media organization.
- ★ Anticipate what questions reporters may ask. Determine response to questions or prepare a written statement with the help of the PAO, and stick to the statement.
- ★ Listen carefully to the question. Think before speaking.
- ★ Know your limitations. If you do not have first-hand knowledge, do not speculate. Provide explanation when you can not answer a question.
- ★ Be brief in answer and just answer the question. Be cautious about questions that lead to only "yes" or "no" responses. Do not answer "What if..." questions.
- ★ Avoid acronyms.
- ★ Know what not to discuss or say. Know how to respond to specific types of questions.
 - Do not say "off the record".
 - Never give sensitive information that could jeopardize the safety, security and privacy of either Soldiers/Civilians or Family members.
 - Do not say anything you do not want printed, heard or seen.
- ★ Be positive. Do not argue. Be courteous and diplomatic. Be yourself.
 - Be sincere about how you feel. If it upsets you, or you are frustrated, say that.
 - Answer in the first person. Use "I" rather than "we."
- ★ Do not be intimidated by the media.
 - Do not be afraid of silence. Often the media will use this as a tool to make you feel uncomfortable or to say more than you intended.
 - You may politely refuse to cooperate with the interviewer. Stay in control and do not let anyone persuade you to do or say anything you do not want to.
 - End the interview when you are ready.
- ★ Notify PAO, if you have not already done so.

Note: For additional information about dealing with the media, attend the garrison or Reserve Component public affairs training or consult the Army Family Team Building online or class course on this topic.

The box below presents some general information about the media's presence and access to information.

Frequently Asked Questions About Media

Will media be allowed to attend the funerals and/or unit memorial services?

Families determine media attendance at funerals or Family memorials. The unit Commander determines attendance at unit memorial ceremonies. The unit Chaplain determines attendance at unit services.

How are Soldiers'/Civilians' names released to the media? Can Family members have a Soldier's/Civilian's name withheld from the media?

Once required next of kin notifications have been completed, the Army Human Resources Command Public Affairs Office will release the information to the Army's Office of Chief of Public Affairs (OCPA), 703-697-7550. OCPA releases information to the Office of Secretary of Defense Public Affairs and the media, 24 hours after official notification is complete. Although Families may request their Soldier's/Civilian's name be withheld, it is a matter of public record and may be released without their permission.

What information is released to the public?

Information released to the public includes: the Soldier's name, age, place of birth, unit, as much information about the incident as is available, next of kin information (name, relationship to the Soldier, and their city and state of residence), when and where the Soldier entered the Army, and the Soldier's Military Occupational Specialty (MOS) or branch. Because the Army wants to release as much information as possible as quickly as possible, names will be released immediately. However, there may be times when not all information will be immediately available. Follow-up releases may be provided when necessary. The release of information for DA Civilians is similar.

How can media representatives get information?

Media representatives can call the Department of the Army Public Affairs at 703-697-7550. No media updates are disseminated through the hotline.

How often will information be released to the media?

Department of the Army Public Affairs will determine the regular release of information.

Are there any media sites that will be set up at the incident site or at the unit's home station?

All information will be initially released at the Department of the Army level. If a media center is established, information will be available from Army Public Affairs, Media Relations Division, 703-697-7550. Information may also be disseminated through the unit or installation public affairs office of the unit involved. Office of the Chief of Public Affairs (OCPA) determines the level of response, in coordination with subordinate commands. Public release is made at <http://www.defenselink.mil>. 24 hours after HQDA receives confirmation of completed PNOK notification.

2.6 Taking Care Of Self

To support Families effectively, it will be important for Care Team volunteers to take care of themselves when assisting a Family. This involves taking steps to deal with own reactions, handle stress and avoid compassion fatigue.

Dealing With Own Reactions

Keep in mind that you may be grieving and/or dealing with your personal reactions to the trauma event. This is especially true if the Soldier/Civilian was a friend. Allow yourself to grieve.

Helping a Family can be rewarding and meaningful. However, it is important to be mindful of your reasons for assisting the Family. Have realistic expectations of how you can assist the Family. Having realistic expectations of how you can assist the Family is vital to being able to maintain the empathy and support needed to help them. Additional guidance is provided in the subsection entitled avoiding compassion fatigue.

Handling Stress

Helping a Family in distress can take an emotional toll and be stressful. Be aware of the symptoms and signs of stress so that you can take action when you feel stressed. Because individuals display stress in different ways, you may not show your stress in the same way as another Care Team volunteer. Be attentive to what you are personally experiencing.

Normal Stress Symptoms		
Physical Symptoms	Emotional Symptoms	Behavioral Symptoms
• Chest pain • Pounding heart • Dryness of mouth and throat • Shortness of breath • Muscle aches (e.g., pain in neck or lower back) • Trembling, nervous tics, easily startled • Stuttering, other speech difficulties • High-pitched nervous laughter • Grinding teeth; clenched jaw • Fatigue • Frequent need to urinate • Excessive sweating • Stomach problems (e.g., diarrhea, indigestion, queasiness, vomiting) • Headache • Muscle tension • High blood pressure	• Difficulty sleeping • Nightmares • Feeling powerless, helpless or insecure • Fear • Anxiety • Sadness • Depression • Restlessness • Worrying • Anger • Mood swings • Confusion • Forgetfulness	• Loss of appetite or excessive appetite • Inability to concentrate • Impulsive behavior • Irritability; decreased anger control • Increased alcohol, tobacco or drug use • Apathy; inactivity • Withdrawal or isolation • Crying spells; crying for no reason; overpowering urge to cry or run

It is important to deal with stress right away and in effective ways.

TIPS FOR MANAGING STRESS

These tips are designed to increase your ability to cope with the situation and reduce your level of stress.

Maintain health and well-being

- ★ **Take good care of yourself.** It is very important to exercise, eat properly, and get enough sleep. Maintaining your health is very important, especially in highly stressful situations.
- ★ **Avoid using alcohol and drugs.**

Manage how you approach the situation and your time

- ★ **Take one thing at a time.** Determine priorities and pace yourself accordingly.
- ★ **Be realistic about what you can and can't do.** Ask for help when you need it.
- ★ **Know your limits.** Say "no" when you need to do so.
- ★ **Maintain a balance between assisting the Family and own personal/Family obligations.** Maintain contact and spend time with your Family.
- ★ **Be flexible.** Accept that you do not have control over some situations.

Take action when "stressed out"

- ★ **Do activities that help you relax.** Meditate, walk, listen to music, write in a journal, or whatever works for you to help you relax.
- ★ **Do something fun and enjoyable.**
- ★ **Take a break.** Taking a five minute break or brief walk can be helpful to reenergize. Do not assist a Family round the clock, work in shifts.

Sources: National Mental Health Association; Mayo Clinic; AE PAM 600-8-109-1, Family-Focused Deployment Guide; Family Readiness Guide: A Deployment Guide for 3rd COSCOM Soldiers, Civilians and Families

Avoiding Compassion Fatigue

Care Team volunteers are at risk of developing compassion fatigue. Compassion fatigue (or vicarious traumatization) is when a Care Team volunteer shows signs of posttraumatic stress. It occurs as a result of ongoing exposure to witnessing a Family's suffering and hearing about their experiences. Exhibiting some stress symptoms is normal. However, when the level of stress does not diminish, especially after the Care Team has ended its assistance, or normal functioning becomes impaired, then it is important to seek professional help. A constellation of symptoms listed in the table below may indicate a need for professional help.

SIGNS OF COMPASSION FATIGUE			
Physical Symptoms	Cognitive Symptoms	Emotional Symptoms	Behavioral Symptoms
• Headaches • Upset stomach (stomach aches, nausea, diarrhea) • Dizziness • Heart pounding • Flu or cold-like symptoms • Tremors • Sweating • Soreness in muscles, lower back pain • Exaggerated startle reaction; jumpiness • Fatigue	• Difficulty concentrating • Forgetful • Slowness of thinking and comprehension • Inability to make decisions • Limited attention span • Loss of objectivity	• Nervous • Anxiety • Fear • Worry • Anger • Mood swings • Flashbacks, nightmares, distressing dreams • Low self-esteem • Feeling less trusting (cynical and jaded) • Sadness • Depression • Grief • Feeling overwhelmed, hopeless • Feeling heroic, invulnerable, euphoric • Guilt or survivor guilt • Identification with Family/Survivor	• Crying episodes • Irritability • Arguing • Aggression • Blaming or criticizing others • Restlessness • Hypervigilant about safety • Social withdrawal, isolation • Change in appetite • Change in sleep habits • Loss of energy • Increased use of alcohol, tobacco or drugs • Accident prone • Inability to do job

Care Team volunteers can take steps to minimize their vulnerability to compassion fatigue.

TIPS TO AVOIDING COMPASSION FATIGUE

- ★ Limit the amount of time you spend assisting a Family. Also take breaks to decompress and recharge.
- ★ Have realistic expectations of how you can help a Family.
- ★ Take care of yourself. Eating properly and getting sleep is very important during times of high stress.
- ★ Use stress management techniques. (See handling stress.) Do things that help you relax.
- ★ Limit exposure to media coverage.
- ★ Talk to other Care Team volunteers or Chaplain. Talking is helpful to vent feelings and to find other ways to deal with stressors and issues you are experiencing.
- ★ Set more limits during this stressful time. Give yourself time alone to regroup.
- ★ Know your limits and quit the Care Team or take your name off of the Battalion Care Team roster, if necessary.
- ★ Seek professional help if you experience any of the following either during or after assisting a Family:
 - overwhelming feelings of sadness, anger, despair
 - thoughts of suicide
 - difficulties getting along with others
 - trouble functioning
 - drinking or using drugs
 - difficulties sleeping.
- ★ Contact a Chaplain, your local religious leader, mental health association, or other agencies in your community that provide counseling services. Military OneSource is also available to you. This military resource provides confidential counseling and assistance 24 hours a day through a toll-free number and Internet access:
 - From the United States: 1-800-342-9647.
 - From outside the United States ONLY: (toll free) 800-342-9647 or call collect: 484-530-5908.
 - Online: <http://www.militaryonesource.com>

Sources: This information is an adaptation of information from Coping with Stress article on Military OneSource Web site and various stress management documents for disaster/emergency professionals posted on the Center for Mental Health Services of Substance Abuse and Mental Health Services (SAMSHA) Web site.

PART 3: Common Questions — What To Know

The Care Team, as some of the “first helpers” for the Family will be faced with many tasks. Not the least of these will be answering questions about their Soldier/Civilian and what the future holds for their Family. Some questions will be easy to answer; others will not. Some questions cannot be answered.

Care Team volunteers need to be personally prepared for their job. Their reflections on what death and the expression of loss mean to them will help them remain both objective and compassionate. Keeping a log of concerns and discussing them with other team members help retain perspective. Consultation with experts about any personal distress can help volunteers avoid fatigue and maintain emotional health. *[Coordinate training and support with Army Community Service (ACS) or National Guard and Reserve Family Programs, Mobilization and Deployment].*

Army Families are especially vulnerable during this difficult time, and can easily misunderstand what Care Team members say. This is usually due to distraction, preoccupation and grief. Carefully avoiding clichés and euphemisms will avoid misunderstandings and confusion. It is important to remember that everyone in the household will be affected, including children of all ages. Everyone will have questions.

Some common questions that Families frequently ask are listed here to serve as a helpful guide when working with Soldiers/Civilians and Family members. Other questions provide guidance on the process that helps Care Team volunteers carry out their role.

How Did He/She Die? Did He/She Suffer?

The Care Team member will need to refer the Family to the Casualty Assistance Officer (CAO), Rear Detachment Commander (RDC) or DA Civilian designee for answers about the detailed circumstances of their Soldier’s/Civilian’s death. Attentive listening by the Care Team may help the Family in formulating what, if any, questions to ask.

If the Family expresses concern about their Soldier’s/Civilian’s suffering, they may find consolation through their own brief, gentle reflection on the circumstances of their Soldier’s/Civilian’s death. For example, if they died immediately, the Family may find consolation in the fact that he/she did not suffer. If their Soldier/Civilian died later as a result of injuries, the Family may be reassured to know that medical personnel did everything they could to keep the Soldier/Civilian pain-free and to save his/her life.

How Can Geographically Dispersed Families Be Best Served?

Keeping track of geographically dispersed Fallen Soldier’s/Civilian’s Families can be a challenge. One important task during the initial contacts will be to help Families set up support and services where they are living — and also where they anticipate moving. Re-contacting them at regular intervals will help keep them informed about resources and programs that will support the adjustment to their loss. In some locations a commander’s log will be available to assist this process.

Care Team consultation with Army Family Program providers will continue to optimize support to Soldiers/Civilians and Family members. This is exemplified in the Army OneSource (AOS) integrated support initiative. This is important to highlight because it 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 that Soldiers, deployable DA Civilians and their Family members have access to baseline programs and services in the geographical areas where they live. Facility-based services are available at any Army installation and National Guard and Army Reserve center, on-line resources provide information and support, and telephone support is available on a 24/7 basis (e.g., Military OneSource) *[Refer to the “Resources” section].*

Core Army OneSource Service

- Information and referral [Military OneSource (MOS); Army OneSource (AOS) finding out where to go for services]
- Child care [Garrison/National Guard (NG)/Army Reserve (AR) Child care, Operation Military Child Care, respite care or weekend drill, or deployment related child care]
- School Transition Services [Transition Institutes, Child and Youth Transition or School Liaison Support Services, Partnerships in Education, Home Linkages]
- Youth Services [Garrison/NG/AR Youth programs, Operation Military Kids, Boys and Girls Clubs, 4-H, Garrison/NG/AR programs]
- Employer Support of the Guard and Reserve [ESGR]
- Wounded Warrior Program/Survivor Disabled Soldier Support System [Soldier and Family Assistance Center or Virtual Soldier and Family Assistance Center]
- Survivor Outreach Services [Support Coordinator and Financial Counselor Service Locator, featured stories, resources, and links]
- Transition Assistance Program [Army Career and Alumni Program]
- Managing Deployment [Family Readiness Group and/or Rear Detachment Commander/Officer Training; Family Readiness Support Assistants, Operation READY, Family Academies — Yellow Ribbon]
- Getting Involved [Army Family Action Plan, Army Family Team Building, Army Volunteer Corps]
- Home & Family Life [Marriage Enrichment—Strong Bonds, Military Family Life Consultants, Sexual Assault Prevention and Response Program, New Parent Support Program, Victim Advocacy, Mental Health support]
- Money Matters [Financial Training, Army Emergency Relief]
- Medical/Tricare [Entitlements]
- Legal [Wills, Living Wills, Powers of Attorney, Family Care Plan]
- Continuity of Services [Defense Enrollment Eligibility Reporting System — DEERS, ID Cards].

There are many internet-based resources that will be of immediate and long-term support for geographically dispersed surviving Families. *[For a detailed listing of these as well as helpful publications, please refer to the “Resources” section].*

How Can A Care Team Support Family Members Following A Soldier’s/Civilian’s Suicide?

If the Commander/RDC or DA Civilian designee activates a Care Team following a Soldier’s/Civilian’s suicide, the usual procedures or protocols will be observed.

Offering support to a Family following their Soldier’s/Civilian’s suicide will be especially challenging, and complex Family dynamics are likely to be observed. For example, Family members may blame themselves, or they may blame others who they believe caused the suicide. It is also common for Family members and friends to believe that they should have done something different that may have prevented the suicide: “if only I had done...” or “if only I hadn’t done...”

The suddenness of the suicide, with the inability to work on any “unfinished business” with the deceased accentuates the Family’s shock and disbelief. The traumatic effects are amplified for a Family member who initially finds the victim. Family members may experience intense anger towards the victim for “giving up,” or for the personal rejection of them implied by his/her act.

Survivors of suicide most often share intense guilt for feeling angry at the victim or for experiencing a sense of relief following the death of their Soldier/Civilian or Family member, and unhealthy, unrealistic grief is more common among survivors of suicide. Families affected by suicide will benefit from, and often require, professional counseling.

Should Children Attend The Funeral?

Children under the age of six will rarely gain from attending a funeral, however older children should be asked if they wish to attend. Children should be accompanied by an adult who is able to provide undivided attention to them, especially if they become emotionally overwhelmed by any part of the funeral ceremonies. It is helpful for children to visit the gravesite periodically following interment. It is especially meaningful for children to receive sympathy cards specifically addressed to them as mail is particularly valued by children and youth as a tangible reminder of care and concern.

What About Ongoing Care Team Support?

Families who live on an installation may find sufficient community support during the year following their Soldier’s death, especially if they have relatives or an informal support network nearby. Others may feel deprived, especially if they have not participated in, or now are not included in unit activities or events. The Care Team may become their primary source of support until they reestablish their lives without their Soldier/Civilian. When Care Team members help Families of Fallen Soldiers/Civilians stay connected to a familiar world, their transition is eased.

This may require extending contact with the Family, either in person or via telephonic or email messages for several (or more) months, depending upon the Family’s and the Care Team’s resiliency and resources.

What About Support For Parents Of Fallen Soldiers/Civilians?

Parents of single Soldiers/Civilians may not be aware of — or understand — all the benefits to which their Fallen Soldier/Civilian is entitled — burial options, grave markers, return of personal goods, etc. Your Survivor Outreach Services (SOS) team can be of assistance to them in providing lists of resources as well as support.

Parents of Fallen Soldiers/Civilians also often experience unmet personal/parent-specific needs following the death of their son/daughter. Some Soldiers/Civilians may shield their parents from learning about their job in a desire to protect them from anxiety (RESET, 2008). Parents may suddenly want to know more about their Soldier’s/Civilian’s life in the Army and what they were doing during their last days, in order to “fill in the missing pieces.” While this is often secure information, Soldiers/Civilians in their unit may be able to offer some reassurance to parents that their son/daughter was doing well. With Command permission, the Care Team may be able to facilitate a conversation between parents and their Soldier’s battle buddies that will bring them comfort and help assuage their grief.

The Religious Question And Its Variations: Why Did This Happen To Me? Why Did God Let This Happen To Us? Why Didn't God Prevent This From Happening? Where Was God In This?

It is important to be aware that even if a Family is not religious affiliated, religiously-oriented questions often arise when they are faced with the death of a loved one. A simple, truthful answer is appropriate. "Military life brings risk. These events happen/death comes to everyone — it is part of life." If a person asks for a faith-based response, a general statement such as the following may be helpful: "the love/presence of God can be seen in the people who come to help you, in your Family, in your faith-community." A referral to a Chaplain or to local clergy may be accepted by the Family. Grief counseling/support groups may be locally available to provide long term assistance.

What About Unwilling Or Resistant Families?

It is likely that the Care Team will encounter a few Families who appear uncooperative, resistant to help or even hostile. This may be simply due to their stress level on a particular day, or to the presence of other Family factors. It is possible that the Family may be experiencing internal conflicts, or their ethnic or personal Family culture may not welcome help from "outsiders." Some Families simply do not want others to see their grief.

If the Family states that they do not want to meet with anyone, Care Team members may simply be able to reschedule their visit for a "better time." Providing Families a Care Team contact number is essential. Sending a note or card, making a follow-up call or reassuring them that a visit will be brief may be helpful. If the Family is connected with a community, cultural or faith-based organization, its members may be able to provide practical help as well as welcome comfort. When those immediate needs are met, the Family may be back in contact with the Care Team to ask for additional information. *[For additional tips, refer to the U.S. Army Care Team Handbook, Part 2, Tips on Dealing with Individuals' Grief and Trauma Reactions].*

What About Compassion Fatigue And How Does It Affect Families?

"That which is to give light must endure burning" (Victor Frankl).

People who work with the suffering sometimes suffer themselves because of the work. This is a result of "compassion fatigue" or "burnout," terms often extended to include vicarious traumatization or secondary traumatic stress disorder (Figley, 1997).

This form of fatigue is a "deep, physical, emotional and spiritual exhaustion accompanied by acute emotional pain." People may react to it by becoming withdrawn, however others work harder and continue to give until they are "tapped out." Both Care Team members and the Families they assist can easily be affected by compassion fatigue. *[Refer to the U.S. Army Care Team Handbook, Part 2 for related information].*

Part of the support that the Care Team offers a Family are suggestions about how to maintain their emotional and physical health during this difficult time. Providing a good example is important. When Care Team members take good care of their physical, emotional, spiritual and Family health, their lives will stay in balance.

Ways To Optimize Wellness

Some general suggestions for maintaining optimal health and well-being include:

- Pay attention to your own needs and feelings. Consult with your supervisor if you experience persistent or troubling negative emotions or intrusive thoughts.
- Get sufficient sleep.
- Eat healthy food consistently, on a regular schedule.
- Look for opportunities to try new things, attend new events, or discover new skills.
- Get adequate exercise — it is a great way to release tension.
- Relax using various strategies: meditation, deep breathing, yoga, reading inspirational books, writing, listening to quiet music, art, etc.
- Stay connected with Family, friends, faith communities, and others who are important — both accepting and giving support.
- Have healthy conversations with helpful people.
- Maintain positive thoughts, emotions and relationships.
- Practice gratitude for what you have.
- Do things that you enjoy as often as you can.
- Be resourceful by moving forward on personal goals.
- Laugh at entertaining stories.

There are also important cautions to consider.

- Avoid excessive stress. Recognize the first signs of stress and seek proper care.
- Avoid “multi-tasking” — it may appear to be more productive and efficient, but it actually induces feelings of being rushed and “stressed out.” Practice doing one thing at a time — even simple things.
- Avoid unnecessary caffeine or other stimulant/energy drinks that can add stress to an already stressed body.
- Avoid tobacco because of its negative effects on personal health.
- Avoid excessive use of alcohol.

[Adapted from U.S. Army RESET Guide for Professionals, 2010. Sources: American Psychological Association, 2009; CHPPM, 2009; Mental Health Association, 2009].

PART 4: Recommended Care Team Activities

4

THESE RECOMMENDED TIPS HIGHLIGHT A RANGE OF “BEST PRACTICES”

- ★ Take care of yourself.
- ★ Stay compassionate and supportive, even if your personal beliefs and values are challenged.
- ★ Review any information you offer to the Family for understanding and clarity — people in grief or shock may not remember what you say, or may understand it incorrectly.
- ★ Do not judge anyone — everyone will respond to death differently.
- ★ Be sensitive to and accept cultural influences regarding the expression of grief.
- ★ Stay aware of the effect of the death on the children in the Family — they may need extra support.
- ★ Enhance your personal knowledge of the grief and recovery process.
- ★ Stay alert to any threat of suicide.
- ★ Be prepared to learn more about yourself.
- ★ Be prepared to learn more about others.
- ★ Think on your feet.
- ★ Attend the Care Team training [*Coordinate training and support with Army Community Service (ACS) or National Guard and Reserve Family Programs, Mobilization and Deployment*].
- ★ Identify and coordinate with other Care Team volunteers to learn about the challenges that Fallen or injured Soldiers/Civilians and Family members face in order to better assist them.
- ★ Recognize that the reactions displayed by Families vary and learn from those Families who appear to proceed through the emotional journey with fewer problems.
- ★ Coordinate regularly with Command/RDC or DA Civilian designee about the short-term support provided to the Family (anywhere from 72 hours to two weeks). The actual length of time depends upon the Family's needs and presence of other Family members/friends.
- ★ Plan a follow-up telephone call a month or two later to facilitate referrals to appropriate resources.
- ★ Refer Families to helpful resources such as Military OneSource, Army OneSource, Military Family Life Consultants, Chaplains, Survivor Outreach Services, and other resources [*For details, refer to the spectrum of programs and services in the “Resources” section*].

[Care Team volunteers can refer to the U.S. Army Care Team Handbook, Part 2, section 2.6, to review recommendations on self-care, ways to deal with emotional reactions, and handling stress].

PART 5: Survey And Research Findings

Soldiers, deployable DA Civilians and Family members use their Army experiences and pull strength from each other in order to adjust to the long repeated separations that are a result of Operations Enduring Freedom and Iraqi Freedom (OEF/OIF). There is no doubt that they are affected by this ongoing cycle of deployments and redeployments, in and out of combat. This perpetual cycle of the RESET phase of preparing for the next deployment is challenging for all Family relationships.

When injury or casualty occurs, support from Care Team members is invaluable. Although some Families have the skills and experience to cope well and have Family and community support systems that can assist them, at least in part, not all are so fortunate. These are the Families who will find the compassion, skills, and knowledge of the Care Team an essential resource.

This section provides a range of related topics to assist Care Team members in their support of Soldiers/Civilians and Family members. Research studies on these topics offer additional insights to specific challenges and questions.

Experience Of Widowhood During Pregnancy (Doherty, & Scannell-Desch, 2008). This study narrates the experience of widowhood during pregnancy as defined and described by women whose service member husbands were killed in the September 11, 2001 terrorist attacks or while they served in the U.S. military during the Iraq and Afghanistan wars. It explores their journey in their own words, and describes the clinical implications of their struggles, with eight themes:

- Denying Versus Dealing with Reality: He's Not Coming Home.
- Navigating Pregnancy: Flying Solo While Running On Empty.
- Planning for Birth: Gathering My Team.
- My Safety Net: A Band of Sisters.
- Unplanned Journey: A Bittersweet Homecoming.
- Being There: Supported by Others.
- Not Being There: Let Down by Others.
- Recreating Home: A New Normal.

Implications for Care Team members. The themes described by the women in this study will be familiar to Care Team members, and some will match precisely what the Care Team is designed to do. A pregnant widow needs extra support in establishing a bereavement network such as finding someone to assist her during labor and birth, providing encouragement when she brings the newborn home, knowing that her Soldier/Civilian will never see the baby, and helping her deal with disappointment if friends and Family fail her. Her prenatal visits will be emotionally difficult, and although an obstetrician or midwife may have a primary role in providing support, guidance and direction, it may be insufficient for her needs. The efforts of the Care Team in locating women's groups that would be available to support nearly every aspect of the pregnant widow's everyday challenges will provide stability and reassurance during these difficult months. Although she may use only a selected few resources, the Care Team's extra efforts will positively affect the entire Family.

Compassion Fatigue (Huggard, 2003). Frequently used strategies to avoid compassion fatigue include detachment, rationing of time, and the careful maintenance of impartiality. However, stress responses that accompany this form of fatigue may include characteristics such as a "sense of helplessness and confusion, feelings of isolation from supporters and symptoms that are often disconnected from their real cause."

Compassion fatigue may be managed, but to do so involves skills in self-awareness concerning a helper's own ability to be empathic, and have insight into their own responses to the stories of the people they assist.

Implications for Care Team members. Although Care Team members utilize the strategies listed to avoid compassion fatigue, it is a fact that they will rarely be able to see the Family through to any resolution to their present situation, nor will they be able to talk with a Family long enough to observe peace and joy returning to their lives. This sense of helplessness, inherent in their role, often leaves the Care Team member with a sense of frustration and dissatisfaction that cannot be resolved.

It is critical that members regularly judge their personal capabilities, in the moment, and simply enjoy the process of helping others. They cannot fix the unfixable. "Care Team members don't have to be perfect." Self-care, including consultation with experts when Care Team members experience unanticipated reactions to their work with bereaved Families, is essential to avoiding compassion fatigue. Preventative activities that work best include living a balanced life-style and managing stress in all areas of life.

Humor — The Winning Mindset (Lund, Caserta, & Devries, 2008). The authors found that "most of the bereaved spouses in this study rated humor and happiness as being very important in their daily lives and that they were also experiencing these emotions at higher levels than expected." Experiencing humor, laughter, and happiness was strongly associated with favorable bereavement adjustments (lower grief and depression) regardless of the extent to which the bereaved person valued having these positive emotions."

Implications for Care Team members. Care Team members may hesitate to use gentle humor with a bereaved Family for fear of upsetting them. However occasional humor, used with sensitivity combined with good timing may bring much needed relief and balance during tragic times. Role modeling healthy humor may allow Family members to recall happier times, facilitate the grieving process and establish a "new normal." Encouraging Family members to enjoy life, find joy in each other and seek out positive entertaining activities may help dispel depression and anxiety.

The Importance Of Daily Positive Emotions During Bereavement (Ong, Bergeman, & Bisconti, 2004). The use of humor as a coping mechanism was found to reduce depression and help a bereaved spouse capitalize on the daily use of positive emotions. The strategy of using positive emotions to reduce stress also helped reduce anxiety--related symptoms.

Implications for Care Team members. Care Team members may suggest to bereaved spouses that they focus on positive events and activities as a way to help cope with their anxieties and sense of loss. Simple exercises such as remembering happy times and recalling humorous events that bring a smile, or laughter are good ways to dispel tension. Intentionally maintaining a list or journal of the good things that are happening now helps the widow/widower maintain a positive focus and reduce their anxiety. It is vital that Care Team members allow survivors to have airtime and feel that they are heard. At the same time, Care Team members must be ready to provide forward thinking actions to help Family members feel supported directing the conversation in a positive way.

Children And Funerals (Schowalter, 1976). This classic article about children and funerals offers insights into the effect of death on children and practical suggestions that will ease a child's suffering and confusion. The author states that the less able a child is to grasp intellectually the meaning of death, the more dependent he is on the emotional climate provided him and the more likely he is to misinterpret it.

The decision of whether a child should attend a funeral remains with the parent, however a child about 6 to 8 years old should be asked if they wish to attend and their wishes should be respected. The parent will need to explain the death event and what will occur at the funeral in terms the child can understand, and the child needs to be encouraged to ask questions. When parents are emotionally unavailable to take care of the children, or prepare them for the funeral, a less involved relative or friend should be appointed to fulfill this task. A child who attends a funeral should be accompanied by someone who is not so involved in the death that they cannot give undivided attention to the child.

Graveside rites, especially lowering the casket into the ground, often overwhelm a child, even when he/she has managed the funeral ceremony. The author recommends that the child be taken to visit the grave occasionally to facilitate the child's mourning and provide a useful reminder of the deceased. He states that "an additional example of how children are forgotten at times of grief is the fact of how seldom adults send children sympathy cards, even children to whom they regularly send holiday or birthday cards. This is unfortunate, because mail means much to a child, and the card remains as tangible evidence of the event and of its remembrance."

Implications for Care Team members. Care Team members are in a unique position to help the surviving spouse shield his/her children from unintended negative effects of the ceremonies and rites surrounding the death of their parent. Surviving parents may have little awareness of a child's sensitivities or of simple strategies that can ease this time for the child — and, ultimately for the entire Family. Care Team members may add a "child resource person" to the list of people needed to assist at a funeral and assist the surviving parent in locating an appropriate person to fill that function. Care Team members can send each child a sympathy card or note — an important item in a child's eyes.

The Importance Of Happiness And Its Relationship To Positive Mental Health

(Seligman, Steen, Park, & Peterson, 2005). The study of positive psychology — positive emotions, positive character, positive institutions and their relationship to mental health and well-being is noting the lasting effects of its application. Three interventions were identified that increased happiness levels and reduced depression. Happiness is described as 1) pleasant emotion and pleasure, 2) engagement in life and, 3) having a meaningful life. Some ways to create a positive mindset were described as follows: 1) writing about three good things that happened each day and why they happened, 2) using signature strengths of character in a new way, and 3) writing and delivering a letter of gratitude to a person who had been especially kind to them but had never been properly thanked.

Implications for Care Team members. The intervention suggestions — writing about three good things that happened each day and writing and delivering a letter of gratitude to a person who had been especially kind to them but had not been properly thanked are good strategies for both the bereaved Family and for each member of the Care Team to utilize. The satisfaction gained by completing these simple tasks brings closure to "unfinished business" and offers positive feelings about oneself, others, and life in general. Using "signature strengths" — personal traits that are positive and powerful, allows a Care Team member to use their talents easily and proficiently. Examples of "signature strengths" include forgiveness, compassion, fairness, hope for the future, organizational abilities, etc. When a person or team can identify five or more of their personal strengths, and exercise them to the fullest, challenges are more easily met.

PART 6: Resources

6

It is important for Care Teams to be aware of what Soldiers/Civilians and their Families know, as well as what resources are available to them. The Army's support connects Families to programs "as long as they desire" to foster resiliency. As part of the Army Family Covenant, the Casualty and Mortuary Affairs Operations Center (ALARACT 026/2009) has developed a multimedia training package. This tool kit was designed to assist commanders in guiding Soldiers/Civilians and Families through the casualty process.

The "*Taking Care of Business*" program is a specially designed program, consisting of training videos, checklists, and preparedness documents to help Soldiers prepare for the possibility that they will get injured or will not come home. The U.S. Army's Soldiers, largely young and with a feeling of invincibility, too often have neglected to take on the tough conversation of what their Family should do if they are wounded or killed in action.

All Soldiers are required to review the video, with their spouses where feasible, as part of their pre-deployment preparation. Commanders of non-deploying units incorporate this training package as part of unit Family Readiness activities.

"*Taking Care of Business*" is available online at:

www.armyg1.army.mil/dcs/training.asp and also at www.hrc.army.mil/site/active/tagd/cmaoc/cmaoc.htm.

Care Team volunteers also need to be familiar with the partnerships available through Military OneSource and Army OneSource that strengthen the relationship between the Active Army, National Guard, Army Reserve, and community services. These partnerships develop a Family support system that can offer Soldiers, Civilians, and Family members access to baseline programs and services in the geographical areas where they live. Army OneSource promotes outreach and leverages technology using a three-pronged service delivery strategy that provides access to a "spectrum of resources."

- **Facility-based** services available through walk-in to any Army installation and National Guard and Army Reserve facility/center
- **Telephone support** available on a 24/7 basis and
- **Online resources.**

Army Spectrum Of Support

The Army Spectrum of Counseling affords Soldiers/Civilians and Family members the opportunity to access varying degrees of information, support, education, counseling and treatment services. The information and illustration here describes this continuum of care and support.

Life Skills Education—Information and activities that facilitate self-potential to maintain a healthy and productive life; make informed decisions; communicate effectively; and develop coping skills. *Briefings, workshops, and information—literature and resources. Service providers are generally Bachelors degree level staff.*

Supportive Counseling—Interpersonal education that provides tangible and emotional guidance throughout a short-term and situational life event, to help sustain well-being and productive life. **Education and Supportive Counseling Services**—*Service providers are generally Masters degree level Family service providers and Chaplains. Community outreach, individual or Family counseling, support groups, or new parent support home visits: Army OneSource (AOS); Army Community Service (ACS)/National Guard & Army Reserve Family Programs | Military OneSource (MOS) | New Parent Support Program—Home Visitors | Victim Advocates | Chaplains | Military Family Life Consultants (MFLC) | Soldier and Family Assistance Center (SFAC) | Clinical Army Substance Abuse Program (ASAP)*

Treatment/Therapy Programs—Clinical or medical intervention that is typically long term aimed at remediation of symptoms, to support health and well-being treatment goals. **Clinical and Therapeutic Sessions, or In-patient Care**—*Service providers are licensed social workers, psychologists, psychiatrists, marriage and Family therapists, or medical personnel. Treatment services aimed at treatment and longer term challenges: Medical Treatment Facility (MTF) | MTF for Family Advocacy | Clinical Army Substance Abuse Program (ASAP) | Marriage and Family Therapists | Behavioral Health Services such as Psychiatry, Social Work Service (SWS), Psychology, Psychiatric Nursing | Department of Veteran Affairs.*

Army Spectrum of Counseling

Life Skill Education				Supportive Counseling	Treatment
Army Community Service	Family Readiness Groups	Youth Workforce Preparation: 4-H Citizenship, Teen Supreme-Job Ready, Career Launch, and Promise Passport	Better Opportunities for Single Soldiers	Deployment Cycle Support Care Managers	Military Treatment Facility for Family Advocacy
Army Family Team Building	Virtual Family Readiness Groups	Character Counts!	Sports, Fitness and Recreational Activities	New Parent Support Home Visitation	Veteran Affairs
Financial Readiness	OPREADY (Resources for Educating About Deployment and You)	School Transition/ Youth Education and Sponsorship Support	Survivor Outreach Services	Chaplains	Clinical Army Substance Abuse Program
Army Substance Abuse Program - Prevention and Education	Spouse Employment	Operation: Military Kids/Operation: Proud Partners/ Operation: Child Care	Chaplains		TRICARE
Unit and Rear Detachment Commander Training	Relocation Readiness		Chapel Religious Education	ACS	Marriage and Family Therapists
Military OneSource	New Parent Support Home Visitation		Strong Bonds	Military OneSource	Behavioral Health
Exceptional Family Member Program	Parent Support and Education	Army Teen Panel	Suicide Prevention Training	Military Family Life Consultants	Psychiatry
Waiting Families	Triple Play	Volunteer Coordination		Victim Advocacy	Social Work
Army Family Action Plan	Housing	Youth Leadership Forums	ACAP		Psychology
	Army Education Center				Psychiatric Nursing

Mar 08

Programs And Services

Military OneSource (MOS) — www.militaryonesource.com

This DoD portal offers a toll free telephone number (1-800-342-9647: stateside and 00-800-3429-6477: OCONUS) and web site with 24/7 capability for confidential counseling, to either speak to or email a master level consultant, at no cost. Assistance to Soldiers and Family members includes reintegration support, child care, personal finances, emotional support—before, during and after deployments, relocation information, resources needed for special circumstances, or private counseling in the local community. Bereaved Family members may obtain immediate counseling as well as referrals for long term support

Army Community Service (ACS) — www.myarmyonesource.com

It is important to know about the quality of life programs that provide support services, education, and information. Some key ACS services are the Soldier and Family Assistance Center (SFAC), Exceptional Family Member Program (EFMP), Army Family Team Building (AFTB), Army Family Action Plan (AFAP), Relocation Readiness, Financial Readiness, Employment Readiness, Survivor Outreach Services (SOS), Outreach for Waiting Families (e.g., Hearts Apart) and Emergency Assistance. The Family Advocacy Programs (FAP) offers prevention of child abuse and domestic abuse, parent education, New Parent Support Program services (e.g., home visitation for identified at risk Families with children 0-3), stress/anger management classes, relationship support, and intervention services (e.g., victim advocacy, transitional compensation).

Care Team members may inform Families that FAP offers bereaved spouses or partners a variety of programs to assist in their adjustment to single parenting, and assist with other personal and Family needs (*Also, see below Army — Survivors Outreach Services*).

The Mobilization and Deployment, Operation READY training materials and handbooks provide a range of information regarding ways Soldiers/Civilians and Family members can manage deployment and related challenges. Coordinate with Mob/Dep program staff for details (Some materials are available for download via www.myarmyonesource.com under the tabs “Family Programs,” and “Mobilization and Deployment”).

Military Family Life Consultants (MFLC) offer anonymous, short-term confidential support and situational counseling via licensed clinicians (e.g., Master’s and Ph.D. level). They compliment other services by providing flexible outreach “on demand” to Soldiers, deployable DA Civilians, and Family members. Access is via MOS or locally through Family programs. Care Team members can assure Families that these counseling services are available, and can be tailored to their immediate needs.

Army National Guard — www.arng.army.mil or www.guardfamily.org

This web site provides information, services and support to National Guard Soldiers and their Families worldwide. Phone numbers (including state FAC and FAC Specialists), links to support agencies and interactive support are available 24/7. The Yellow Ribbon reintegration training initiative is a key resource.

Army Reserve Family Programs — www.arfp.org

The ARFP web site is a one-stop portal to get connected with Army Reserve Family support information, resources, education, training, awareness, outreach, information, referral, and follow-up. Phone numbers, links to support agencies and interactive support are available 24/7 to include reintegration information and support.

Survivor Outreach Services — <http://www.sos.army.mil/>

Survivor Outreach Services, supported by Public Law 109-163, 2006 National Defense Authorization Act (2006 NDAA), provides direct long-term support to Survivors regardless of the cause, location or duty status at the time of death. It is a “One Army” program encompassing Regular Army, United States Army Reserve (USAR) and the Army National Guard (ARNG) staff as a means to offer support and services closest to where the Family resides regardless of Army component of the deceased Service Member. Programs and services are offered to build independence and resiliency in our Army Survivor community. Army OneSource offers numerous links to these services/agencies as a resource for both Surviving Families and Care Teams.

[Army] Comprehensive Soldier Fitness — www.army.mil/csfc

The Comprehensive Soldier Fitness (CSF) goal is to increase “total fitness” by ensuring that Soldiers and DA Civilians and their Family members have the opportunity to maximize available training time, by equipping them with the skills to become more “self-aware, fit, balanced, confident, and competent.” It is designed to promote resilience to enhance skill and performance levels. An initial online assessment needs to be completed which provides links to related online trainings. Additional assessments are taken throughout the Soldier’s/Civilian’s career to monitor overall fitness — physical, emotional, social, spiritual, and Family.

Army Long Term Family Case Management — www.hrc.army.mil/site/active/tagd/cmaoc/altfcm/index.htm

Army Long Term Family Case Management (ALTFCM) provides long-term support to Families of Fallen Soldiers by offering assistance with any concerns or issues. Its web site provides information on services and programs, as well as links connecting Families to various outreach organizations. It also offers an informative newsletter that lists additional resources for surviving Families.

Care Team members may want to bring a sample newsletter to the Family and inform them of this web site.

Caring for Kids After Trauma, Disaster and Death: A Guide for Parents and Professionals — www.aboutourkids.org/files/articles/crisis_guide02.pdf

This 62 page publication (The New York University Child Study Center, 2006) provides comprehensive information that is useful for all who have contact with or work with traumatized/bereaved children and adolescents and their Families.

Department of Veterans Affairs Survivor Benefits — www.vba.va.gov/survivors/index.htm

This web site is dedicated to the surviving spouses and dependents of military personnel who died while in active military service and to the survivors of veterans who died after active service. This web site provides quality information and assistance to Family members suffering the loss of their husbands and wives, sons and daughters, and mothers and fathers. Care Team members may want to refer Families to this web site as appropriate.

The Department of Veterans Affairs publication entitled “Federal Benefits for Veterans, Dependents and Survivors Handbook” is available at www.1.va.gov/OPA/VAdocs/current_benefits.asp. This 164 page handbook provides the latest information on important changes in eligibility for VA medical care and benefits. It describes other federal benefits, including education, disability compensation, pension, home loan guaranty, vocational rehabilitation, life insurance, and burial assistance. The 2009 edition marks the addition of “Survivors” to the title, as well as details on the Post-9/11 GI Bill signed into law in 2008. Printed copies may be ordered from the Government Printing Office at \$5 a copy (<http://bookstore.gpo.gov/index.asp>).

Military Officers of America Association — www.moaa.org/

Survivor's Checklist: First Steps for Moving On is an eight-page booklet that provides a checklist of services that bereaved spouses may need to utilize in order to manage their financial affairs with continuity and safety upon the death of their spouse. It describes what each agency will do and provides contact telephone numbers for all branches of the military. Guest registration available, and the web site offers some free downloads.

The Army Casualty and Mortuary Affairs Operation Center (CMAOC) — www.hrc.army.mil/site/Active/TAGD/CMAOC/cmaoc.htm

This is a subordinate division of The Adjutant General Directorate which falls under the U.S. Army Human Resources Command (HRC) in Alexandria, Virginia. The CMAOC web site serves as an information and assistance point for casualty-affected Army Families and for professionals serving to aid surviving Army Family members in their time of greatest need.

U.S. Army Human Resources Command — www.hrc.army.mil/site/active/tagd/cmaoc/CMAOCPages/

An online "Guide for Families of Fallen Soldiers" describes the initial phone call and visit from the Casualty Assistance Officer (CAO), follow-up visits, funeral and interment service, and post-funeral visits. An extensive list of Frequently Asked Questions (FAQ) is also located on this site.

Publications

United States Department of Defense Military HomeFront — <http://www.militaryonesource.mil>

A Survivor's Guide to Benefits — Taking Care of Our Own, an online publication, updated every six months, offers a Family guidance to support their journey from their first meeting with the casualty assistance officer through the application and processing of all benefits and entitlements. It contains comprehensive information about income tax preparation, legal assistance, posthumous citizenship, TRICARE survivor benefits, commissary and exchange benefits, educational saving accounts and more.

References (Selective Listing)

ALARACT (026/2009). *DCS checklist & release of: taking care of business: a personal readiness video*. Alexandria, VA: Government message from PLA, PTC.

Doherty, M.E., & Scannell-Desch, E. (2008). The lived experience of widowhood during pregnancy. *Journal of Midwifery & Women's Health*, 53(2), 103-109.

Execution Order: IMCOM Reset Pilot, (Dec 07). Crystal City, VA: Department of Army (HQDA), IMCOM.

Figley, C. R. (1999). Traumatic death: Treatment implications. In J. K. Doka (Ed.), *Living with grief after sudden loss*, pp. 91-102. Washington, DC: Hospice Foundation of America.

Huggard, P. (2003). Compassion fatigue: how much can I give? *Medical Education*, 37, 163-164.

Lund, D., Utz, R., Caserta, M., DeVries, B. (2008). Humor, laughter and happiness in the daily lives of recently bereaved spouses. *Omega*, 58(2) 87-105.

Ong, A.D., Bergeman, C.S., & Bisconti, T.L. (2004). The role of daily positive emotions during conjugal bereavement. *Journal of Gerontology: Psychological Sciences*, 59B(4), 168-176.

Schowalter, J. (1976). How do children and funerals mix? *The Journal of Pediatrics*, 89(1), 139-142.

Seligman, M. Steen, T., Park, N., & Peterson, C. (2005). Positive psychology progress; empirical validation of interventions. *American Psychologist*, 60 (5), 410-421.

PART 7: Useful Forms And Information

Contents

Acronyms
After Action Review For Care Teams
Care Team Forms
 Important Phone Numbers
 Telephone Messages
 Notification Log
 Visitor Log
 Gifts And Meals
 Visiting Family And Friends Travel Information
 Children's Schedule
 Medicine Schedule
 Questions For The Casualty Assistance Officer
 Questions For The Rear Detachment Commander
 Grocery List

Acronyms

AAR	After Action Review
ACS	Army Community Service
AER	Army Emergency Relief
AFTB	Army Family Team Building
BAMC	Brooke Army Medical Center, located in San Antonio, TX
BCT	Brigade Combat Team
CAC	Casualty Assistance Center
CAO	Casualty Assistance Officer
CDR	Commander
CNO	Casualty Notification Officer
DFAS	Defense Finance Accounting Service
DoD	Department of Defense
DUSTWUN	Duty Status — Whereabouts Unknown
FRG	Family Readiness Group
ID	Identification
ITO	Invitational Travel Orders
JFTR	Joint Federal Travel Regulation
KIA	Killed in Action
LRMC	Landstuhl Regional Medical Center, located in Germany
MEDEVAC	Medical Evacuation
MIA	Missing in Action
MMTF	Military Medical Treatment Facility
NCO	Non-commissioned Officer
NOK	Next of Kin
NSI	Not Seriously Injured
PAO	Public Affairs Office/Officer
PNOK	Primary Next of Kin
POW	Prisoner of War
PTSD	Posttraumatic Stress Disorder
RDC	Rear Detachment Commander
SCO	Summary Court Officer
SGLI	Servicemember's Group Life Insurance
SI	Seriously Injured
SNOK	Secondary Next of Kin
SPECAT	Special Category
TAPS	Tragedy Assistance Program for Survivors
VSI	Very Seriously Injured
WIA	Wounded in Action
WRAMC	Walter Reed Army Medical Center, located in Washington, DC

AFTER ACTION REVIEW FOR CARE TEAMS

Event: Care Team Activation

Event Date:

AAR Date:

What went well?

What can we do better?

Who helped?

Recommendations:



GETTING PREPARED, STAYING PREPARED

IMPORTANT PHONE NUMBERS

	NAME	OFFICE #	HOME #	CELL #	EMAIL
Commander/RDC					
Care Team					
Battalion Care Team					
Casualty Assistance					
Officer					
Chaplain					
Survivor Outreach Services					
PAO					
FRG Leader					
Unit Information					
Unit Duty Officer					
Installation Duty					
Officer					



TELEPHONE MESSAGES

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	



NOTIFICATION LOG

Time:



VISITOR LOG

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	

Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	

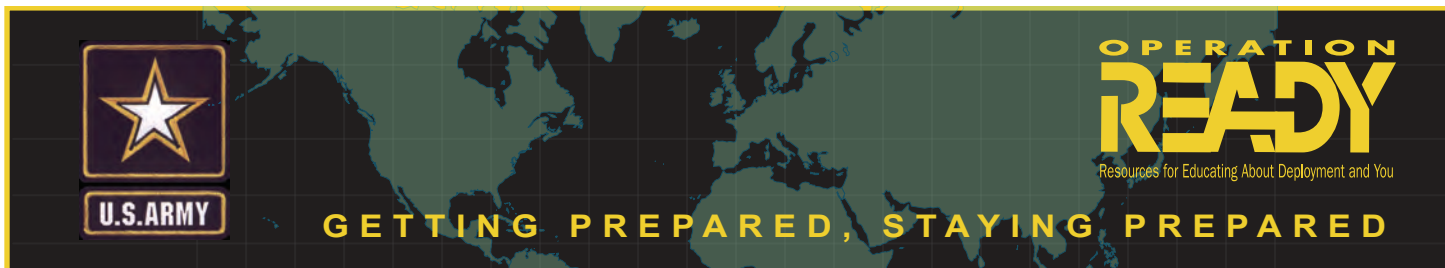
Name:	Message
Date/Time:	
Respond By:	
Phone:	
E-mail:	
Fax:	



OPERATION READY

Resources for Educating About Deployment and You

[illegible]



VISITING FAMILY AND FRIENDS TRAVEL INFORMATION

Name _____
Relationship _____
Mode Of Travel _____
Flying _____
Arrival Date _____
Time _____
Airport Flight # _____
POV _____
Arrival Date _____
Hotel Accommodations _____
Number In Party _____

Name _____
Relationship _____
Mode Of Travel _____
Flying _____
Arrival Date _____
Time _____
Airport Flight # _____
POV _____
Arrival Date _____
Hotel Accommodations _____
Number In Party _____

Name _____
Relationship _____
Mode Of Travel _____
Flying _____
Arrival Date _____
Time _____
Airport Flight # _____
POV _____
Arrival Date _____
Hotel Accommodations _____
Number In Party _____



CHILDREN'S SCHEDULE

Name of Child: _____ Grade: _____
School Name: _____
Address: _____
Telephone Number: _____
School Hours: _____ to _____
Bus Schedule/Location: _____ Other transportation: _____
After School Activities: _____
Hours: _____ Location: _____
Transportation needed: _____
POC for more information (coach, Scout leader, etc.) _____

Name of Child: _____ Grade: _____
School Name: _____
Address: _____
Telephone Number: _____
School Hours: _____ to _____
Bus Schedule/Location: _____ Other transportation: _____
After School Activities: _____
Hours: _____ Location: _____
Transportation needed: _____
POC for more information (coach, Scout leader, etc.) _____

Name of Child: _____ Grade: _____
School Name: _____
Address: _____
Telephone Number: _____
School Hours: _____ to _____
Bus Schedule/Location: _____ Other transportation: _____
After School Activities: _____
Hours: _____ Location: _____
Transportation needed: _____
POC for more information (coach, Scout leader, etc.) _____



**OPERATION
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MEDICINE SCHEDULE

[illegible]



This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



GETTING PREPARED, STAYING PREPARED

This image shows a full page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, typical of notebook paper. There are no margins, text, or other markings on the page.

GROCERY LIST

PRODUCE

Fruits

Vegetables

CANNED GOODS

Canned Fruits

Canned Vegetables

Soup

FROZEN FOOD

Frozen vegetables

Frozen meals

Ice cream

BEVERAGES

DAIRY (milk, cheese, yoghurt, etc.)

MEAT/SEAFOOD

Meat

Poultry/Turkey

Seafood

Deli

Pre-prepared Food

Seasonings/Condiments

CEREAL/PASTA/BAKERY

Pasta/Rice

Bread

Cereal

Bakery

ETHNIC FOOD ITEMS (Italian, Mexican,

Chinese, etc.)

CANDY AND SNACKS

BABY

Baby Food

Baby Items

PET SUPPLIES

TOILETRIES/HEALTH

Medicine

Feminine Product

PAPER PRODUCTS (napkins, toilet paper,

paper towels, etc.)

Plastics

CLEANING/LAUNDRY SUPPLIES

OTHER

Prescriptions

Getting prepared — Staying prepared

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