



Fort Jackson Care Team Smart Book



***GETTING
PREPARED,
STAYING
PREPARED***



DEPARTMENT OF THE ARMY
DIRECTORATE OF ARMY COMMUNITY SERVICES
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IMSE-JAC-ACS

19 August, 2011

Office of the Commander

Subject: Fort Jackson CARE Team Smart Book

As our Soldiers carry out their mission, we all feel a sense of patriotism and social responsibility. Volunteers make a difference by contributing their time, energy, and talent making the Army Community stronger. One of the great things about our community is the strong desire among our Families to help each other. It is also why a loss to an Army Family is really a loss to us all.

The death of a spouse can be one of the most difficult challenges an Army Family can face. Fear, loneliness, confusion, and grief can be overwhelming for those who are left behind. To help our Families deal with the shock of sudden loss, Fort Jackson will have CARE Teams available. These teams will consist of volunteer Family members from within each unit. Even though we cannot prevent or eliminate the grief and pain of a loss, our CARE Teams can assist Families with the household tasks that can be a challenge to a spouse that has received devastation news. We can provide temporary, immediate support, helping to relieve the stress of everyday responsibilities.

To those of you, who have stepped up to volunteer as a member of our CARE teams, thank you for your strength and generosity. Supporting others in their time of need is truly a selfless act of kindness. I greatly appreciate your dedication to the Soldiers and Family members of Fort Jackson, providing yet another example of selfless service for all others to emulate.

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Acknowledgements

Edition 1, 2011

This handbook was developed for the U.S. Army Family and Morale, Welfare and Recreation Command by Deborah Mancini, a consultant, under Texas A&M's, Cooperative State Research Education Extension Service (CSREES), USDA Grant No. 2004-48211-03128, and edited by FMWRC staff. This handbook is an adaptation of the Army War College Spouse's Project, "A Leader's Guide to Trauma in the Unit"; and several installation's Care Team handbooks and training materials (Fort Sill, Fort Riley, Fort Carson, Fort Leonard Wood, and Fort Hood). It has been supplemented by information from the trauma literature summarized in the Operation READY Army Leader's Handbook: Trauma in the Unit.

Cornell University, College of Human Ecology, Family Life Development Center had oversight of graphic reproduction and publication. Graphic design, Wells Communication, Ithaca, NY.

Fort Jackson Care Team Handbook

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 and family during their time of need is invaluable.

In the event a casualty occurs within Fort Jackson, the unit 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.

Thank you 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.

Fort Jackson Care Team Handbook	<u>Pages</u>
Why is a Care Team Needed At Fort Jackson	06
Use of the Care Team Handbook	07
Part I. What Care Team Volunteers Need To Know	08
1.1 Army's Casualty Notification Process and Casualty Assistance Program	08
What Is A Casualty?	08
How Are Families Notified Of A Casualty?	08
Who Assists The Family?	08-09
1.2 The Care Team's Role in Unit Casualty	10
How Is A Care Team Set Up?	10
When Does A Care Team Assist A Family?	11
What Does A Care Team Do?	12-21
How Long Does A Care Team Assist A Family?	22
1.3 Supports Available To the Care Team	23
What Is the Care Team Leader's Role?	24
Part II. Guidance and Tips for Care Team Volunteers	25
2.1 Preparing and Being Ready To Be a Care Team Volunteer	25-27
2.2 Dealing With Family's Emotions and Reactions	28-37
2.3 Maintaining Confidentiality	38-39
2.4 Dealing with the Caregiver	40
2.5 Dealing with the Media	41-49
2.6 Taking Care of Self	50-53
Part III. Resources	
Acronyms	R2
Care Team Forms	
Resource Assistance	R03-R04
Important Phone Numbers	R05
Telephone Log	R06
Visitor Log	R07
Gifts and Meals	R08
Grocery List	R09
Visiting Family and Friends Travel Information	R10- R11
Children's Schedule	R13-R14
Letter/Note of Sympathy	R15
After Action Review for Care Teams	R16
Questions for Commander	R17-R18

Why Are Care Teams Needed at Fort Jackson?

The army has a tradition of taking care of its Soldiers and Families, both officially and unofficially. As a result of the last 10 years of war, the army has formalized the unofficial portion of this assistance in the form of Care Teams and Care Team training. The purpose of Care Teams, however remains the same, army Families reaching out to other army Families in times of need or tragedy. Unofficial assistance includes help with routine responsibilities that may become overwhelming when dealing with a crisis. Each unit should have a plan or understanding of how unofficial assistance will be offered to Families in the unit in these situations. Establishing a unit Care Team (usually at the Battalion or Brigade level) will ensure that all Families have the opportunity to receive this type of help. If a Family lives off post, is new to the unit or doesn't have close friends in the unit, having a Care Team trained and ready may be helpful. This Care Team handbook is designed to assist units in developing the plan that will work the best for their unit.

The most common situations when Care Teams or unofficial assistance may be required at Fort Jackson include:

- Death or injury of a Basic Trainee – rarely requires the use of a Care Team because, in most instances, the Families of basic trainees do not reside in the Columbia area and assistance is offered primarily through official channels.
- Death or injury of a Cadre Soldier or Family member – Care Teams should be utilized when requested by the Family. If there is no Care Team available or individuals in the unit who can assist the Family, the commander may request volunteers from the Fort Jackson Care Team.
- Death or injury of an individually deployed Soldier or the Soldier's Family members – If the Family has maintained contact with the unit at Fort Jackson the Soldier served with before deploying, it may be appropriate for that unit's Care Team or individuals to offer assistance. If not, volunteers from the Fort Jackson Care Team will assist when needed.
- Mass casualty (disaster or terrorist attack) – Any Care Team volunteers on the installation may be asked to assist where needed.

Use of the Care Team Handbook

This handbook is an important resource for Care Team volunteers. Use the handbook to understand the Care Team's role and learn how to support families effectively. The handbook discusses the responsibilities of Care Team volunteers and the nature of support they provide to families when a trauma, death or illness 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 Resource section of this handbook to assist you in your efforts.

When a Care Team is activated, there is no time to prepare and The Care Team should be ready to jump into action at a moment's notice. Each family is unique and not all suggestions presented in this handbook may be applicable to each case. Being familiar with the materials will prepare you and enhance your ability to respond and adapt to each family situation.

PART I: What Care Team Volunteers Need To Know

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 after a death or injury. 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 is deceased, DUSTWUN or MIA, the family will be notified in person. In the case of an injured Soldier, notification depends on the nature of the Soldier's injury. Generally for very seriously injured (VSI) or seriously injured (SI), the command or Casualty Assistance Officer (CAO) will notify the primary next of kin by telephone. Sometimes a physician may contact the family. When the Soldier 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 generally notifies his/her family.

Who Assists The Family?

There are several individuals and agencies designated by the Army to respond when Soldier 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 (but not between the hours of 10 pm and 6 am).

Commander: The commander is responsible for coordinating support and identifying resources needed by the family. The Commander 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 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.

CARE Team: The Care Team is a group of volunteers that offers short term care and support to families of deceased soldiers, seriously wounded soldiers, suicide soldiers, etc. The Care Team is designed as a temporary transitional assistance until the survivor's own support structure is in place. Each unit should have a trained Care Team available. If a unit does not have a Care Team, the Commander may request the assistance of the Installation Care Team. The Care Team not to duplicate any assistance or services provided officially through the Army and Army service agencies.

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 (**but not between 10 pm and 6 am**) 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 Non Commission Officer (NCO) (SFC and higher). Normally, the CAO will be of equal rank or higher than the casualty and/or the 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 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, or the family is welcome to contact the Public Affairs Office themselves for guidance.

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.

1.2 The Care Team's Role in Unit Casualty

The Brigade or Battalion 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 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 units can provide valuable support to families. The Commander, Chaplain or CAO will let the Care Team know if and when a Care Team is needed or requested.

How Is A Care Team Set Up?

When a Care Team is needed for a family, the Commander selects a small group of volunteers (**that have gone through the Care Team Training**) from a roster of trained Brigade, etc. When putting a team together, the Commander is likely to seek advice from a number of individuals such as the Commander's spouse, Battalion FRG Advisor, Battalion Care Team Coordinator, unit's Family Readiness Group leader (FRG) or the family, about who the family would most likely be comfortable having around them. Consideration is also given to whom the family would most likely be comfortable as caregiver for emergency situations on the Family Assistance Information (FAI) sheet, when available. 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 and family
- Volunteers from the Installation Care Team if no Care Team exist in the unit

The size of the Care Team depends on the family's needs.

Once the Commander has selected a team, the appropriate volunteers are notified by the Commander, but not until after the PNOK has been notified. The Commander may hold a brief meeting with the Care Team before the team visits the family. The Commander may appoint one member of the team to serve as Care Team Leader or Coordinator; however, the team is under the supervision of and is to report to the Commander.

A WORD OF CAUTION

Care Team members and FRGs may not be notified of a Soldier's death or injury until after notification has been made to the family. Care Teams may not accompany the CNO to the house or wait outside the house while notification is being made.

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 a death of a Soldier, a Care Team will be sent immediately following notification. In the case of wounded Soldiers, a Care Team may be sent immediately following notification and prior to the family leaving to join the wounded Soldier in the hospital/medical treatment facility or may be sent immediately following family's return. At the time the family returns, the wounded Soldier 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 includes:

- Death of a Soldier's spouse or dependent child
- Missing In Action (MIA)
- Prisoner Of War (POW)
- Suicide of a Soldier

NOTE:

For Resource Assistance, see (Part III, Resources) of the Care Team hand book.

What Does A Care Team Do?

Care Team volunteers provide assistance that complements the assistance provided by the CAO, Chaplain, and Commander. The focus of Care Team volunteers' efforts are 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 the family needs and command guidance such as, but not limited to:

- Call support
- Home care assistance
- Childcare support
- Meal support
- Transportation
- Assistance to visiting family, etc.

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 Commander or his designee to determine what assistance the Care Team will provide to the family. Thus, the Care Team will be given some guidance by the Commander prior to visiting the family. While on site, the Care Team may determine that additional space is needed, 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 Commander 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.

- Friends
- Neighbors
- 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.

A Notification Log is provided in the forms section of this handbook for keeping track of who the family notifies.

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.

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

TIP: Make copies of and use Questions for CAO 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 Commander who can assist the family in getting emergency financial assistance. Care Team volunteers should not lend money to the family or provide financial advice.

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

❖ **Inform the Commander of any needs the Care Team can not address or have 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 the children's needs and to support the 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...
(e.g., It may be necessary for caretakers/babysitters to be aware of particular medical conditions/problems)
- How death or injury was explained to child(ren)...
(e.g., so caretakers, babysitters and others are aware of what children have been told and have a sense of what they can/cannot 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.

Childcare Support

(Continued)

- ❖ **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 (Part III, Care Team Forms Section) of the Care Book.*

- ❖ **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 (Part III, 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-type bags so the family does not have to worry about returning dishes to the proper owners.*
 - *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.*

- *Return dishes to owners as necessary.*

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 (Part III, Care Team Forms Section) 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 is to be held.
(This is 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 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.
 - Videotape the memorial service and/or consider making a videotape of fellow Soldiers talking about the deceased Soldier. These videotapes can mean a lot to the family.
 - Collect photos from members of the Soldier'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.

- ❖ **Assist family with arrangements related to visiting wounded Soldier.** This may include:
 - Help in packing clothes (including clothes and items the wounded Soldiers may want or need while in the hospital).
 - Ensure spouse/relative on Invitational Travel Orders (ITO) has the following documents assembled prior to traveling:
 - Copy of 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 commander (e.g., transportation to and from airport, local transportation information or car rental in location of the wounded Soldier, 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 service, house plant care, snow removal, emptying refrigerator, etc.)
 - Cancel and/or change personal appointments
 - Obtain notification or releases for children's day care and schools
- ❖ **Arrange or provide transportation.** Check with the wounded Soldier's unit to find out if they are providing a driver and vehicle. If they are not, providing transportation 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.
- ❖ **Offer family a stress relief break.** Take spouse and/or children out for a meal or an activity to have a break and enjoyable activity. This can be helpful to both families of fallen and wounded Soldiers.

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. The actual length of time depends upon the family's needs, Commanders guidance 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 the Commander to discuss the Care Team activation and make notes on what went well, what changes can be made, etc. The AAR serves as a tool for future Care Teams and input is very valuable. **(An AAR form is provided in (Part III, Resources) 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.

1.3 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

The Commander is responsible for supporting and supervising the Care Team. The ways in which the Commander can support the Care Team include:

- Helping Care Team determine their role and how long to assist a family. In particular, the Commander can provide guidance on what family requests are appropriate and inappropriate to handle. The Commander can also provide an exit plan.
- Ensuring Care Team has support needed to perform the Care Team's tasks. For example, the Commander (or with the aid of the unit's FRG) can help recruit individuals to help the Care Team with certain tasks. The Commander can talk with the unit's FRG leader about how the FRG can support both the Care Team and individual Care Team volunteers.

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

Families in the Soldier'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.

What Is the Care Team Leader or Coordinator's Role?

In some instances, the Commander may assign one member of the Care Team to serve as Care Team Leader or Coordinator. The role of the Care Team Leader/Coordinator is to:

- Coordinate the assistance provided by each Care Team volunteer and how the team will perform different areas of support (to include establishing shifts and sub-teams for different support areas for the family, 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 Commander 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 (Part I, 1.3 section on Support Available) to Care Team.)

- Keep the commander informed of the family's requests and support provided.

PART II: Guidance and Tips for Care Team Volunteers

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:

Knowing others is intelligence; knowing yourself is true wisdom ~ Tao Te Ching

- Know yourself, know your limitations, and know your capabilities. Everyone has a special skill that can be brought to the Care Team. It is important to know and understand your special skills and where you will feel the most comfortable and be the right “fit” for the situation.
 - Are you an organizer?
 - Are you a delegator?
 - Are you comfortable consoling someone who has suffered a great loss?
 - Can you sit and be with someone who just needs you to sit with them or are you more comfortable dealing with administrative issues?
 - Are you a great communicator and would be good making phone calls and taking messages?
- Attend Fort Jackson ACS 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 while you are assisting a family? What arrangements are needed if your spouse will be working extended hours or on deployment? For instance, will a friend or other family member need to 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 Commander or the Commanders Care Team Representative and obtain any supplies provided by the unit.*
- ✓ Take any necessary supplies (e.g., forms) when go to family's residence.
- ✓ Coordinate your efforts with Care Team leader, if assigned, or Commander or the Commanders care team representative.
- ✓ 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 to dealing with family's emotions. Specific guidance on dealing with grief and trauma reactions is also provided in this section.

DEFINITIONS

- **Grief** – The intense suffering we experience when there has been a severing of an attachment that has great significance. Grief results in physical, emotional and spiritual pain and is often an unconscious response. Grief is a process that is both natural and normal.
- **Mourning** – Is the period of time in which we are processing our loss/grief and attempting to adjust to its reality.

Understanding Reactions to Trauma Events

Individuals' reactions to traumatic events vary so it cannot 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 husband/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 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.

SUDDEN TRAUMATIC LOSS

What is a sudden traumatic loss? Few things in life are as painful as the sudden, traumatic death of a loved one, or a friend, coworker, or neighbor. Causes of such losses include war, combat, disasters, and terrorism, as well as medical catastrophes, airline crashes, suicide, and homicide. In some of these situations, multiple traumatic losses occur. Each of these affects individuals as well as their communities.

Sudden traumatic deaths can include:

- Deaths that occur without warning, providing no opportunity to anticipate, prepare, or say goodbye.
- Deaths that are otherwise untimely, including the death of one's child at any age.
- Deaths that occur as the result of violence and deaths that result in violent harm to the body.
- Deaths of more than one person.
- Deaths that occur as a result of the willful misconduct of others, carelessness, or negligence.

Many individuals experience the sudden traumatic loss of a loved one at some point in their lives and some communities share these traumatic losses. In each case, many additional losses accompany this experience.

What symptoms are typical following a sudden, traumatic loss?

- The range of people's reactions can vary a great deal from person to person and from culture to culture. Survivors often experience reactions that may include two kinds of symptoms -- trauma symptoms and grief symptoms -- which sometimes can overwhelm their capacity to cope.
- Trauma symptoms may include feelings of horror and anxiety on the one hand and emotional numbness and a sense of disconnection on the other. Some people cannot remember significant parts of what happened, while others are plagued by memories or feel as if they are re-experiencing or reliving the event through painful flashbacks. Traumatic deaths often cause extreme distress over an extended period of time that can significantly interfere with daily functioning.
- Many people develop symptoms of a psychological condition called Post-Traumatic Stress Disorder (PTSD). There are three groups of symptoms that indicate PTSD:
 1. Re-experiencing of the traumatic event as indicated by painful, intrusive thoughts or nightmares about the death;
 2. Avoidance, as indicated by marked efforts to stay away from activities, places, or things related to the loved one's death, and emotional numbing, as indicated by feeling detached from others; and

3. Difficulty sleeping, irritability, difficulty concentrating, and a tendency to become startled easily.

Aside from the typical symptoms of PTSD, surviving loved ones sometimes experience self-blame and guilt. People may imagine ways they could or should have prevented these experiences from occurring or how they could have rescued the person, and they may experience guilt surrounding events prior to the death. Whether someone is present at or far from the site at which others were killed, survivor guilt can be common.

Symptoms of grief involve an overwhelming sense of loss with strong feelings of yearning or longing for the loved one. Survivors may feel a profound sense of emptiness and a sense that a part of them has died. They often speak of generalized pain or heaviness in their chest. They may feel depressed and hopeless about the future. Things that were once important may not seem to matter so much anymore. In addition, they may cry easily, lose interest in eating, or experience stomach upset, headaches, and feelings of restlessness.

Traumatic losses often threaten the survivor's sense of personal safety, security, and ability to trust others. It can take a significant amount of time to accept the reality of sudden traumatic loss. Survivors may know intellectually that their loved one is dead, but find themselves expecting the loved one to walk through the door or call on the telephone. It can be particularly hard to part with the loved one's possessions. It may be especially difficult when a loved one's body is not recovered. Sudden traumatic losses often raise existential and spiritual issues as well, such as difficulty making sense of these losses or feeling betrayed by God.

How long will the feelings last?

Because survivors of sudden traumatic death must come to terms with the loss of their loved one, as well as the manner in which it occurred and the additional or secondary losses, it can take time for the painful feelings and thoughts to diminish. Traumatic deaths are particularly likely to result in intense and prolonged distress if the death was violent or if the death was brought about deliberately.

Following such deaths, it is also common for survivors to agonize about what their loved ones experienced during their final moments of life. Particularly if harm was intended, the survivor must grapple with the realization that others can and will commit malevolent acts. This awareness can result in many reactions. It may provoke intense feelings, including denial, fierce protection of survivors, or powerful rage toward those perceived to be responsible.

In addition, survivors may be more vulnerable if they witnessed the death or were also threatened with death. Finally, the death of a child poses unique problems for recovery. People expect to die before their children and so it seems profoundly wrong when a child dies first.

It may also take longer to deal with the loss if the survivor (1) has previously experienced psychological problems, such as major depression; (2) has experienced previous trauma or traumatic loss, especially if it is similar in some way to this loss; (3) has few friends or relatives who are supportive, or (4) is simultaneously coping with other serious concerns, such as dislocation, major health problems, psychosocial stresses, or other losses.

As the initial shock of the death diminishes, there may be intervals when the survivor is able to focus on other issues and not feel the pain of the loss so intensely. Gradually, these intervals will become longer, and there will be good days and bad days. Over time, the proportion of good days to bad days typically increases. However, people can experience setbacks during the process. On a relatively good day, the bereaved person may encounter a reminder of the loved one, and this may cause the reemergence of painful feelings of loss. People often have difficulty dealing with occasions such as holidays, birthdays, the anniversary date of the death, or other times of meaning.

What can survivors do to help themselves?

Because physical health may be affected by grief, it is important for survivors to try to maintain adequate nutrition, sleep, and exercise. It's especially important for individuals with any chronic health problems, such as heart disease, if at all possible to stay in contact with a physician to ensure proper monitoring of their condition. Survivors are often preoccupied by their grief and may be prone to other sorts of mishaps, such as accidents, so extra caution is important. Similarly, it may be more difficult if survivors must make major decisions during the first several months after a loss, since life changes may bring on additional stress.

- Most experts recommend that survivors confide in someone about the loss and find a support system like a Tragedy Assistance Program for Survivors (TAPS) peer mentor. This can be a friend, a clergy person, or another person who has experienced similar loss. It may take some time to identify friends who can be good listeners. Not everyone knows what to say or do to be helpful. Some survivors withdraw from social contact because of the possibility of hurtful comments. This is unfortunate, because it can cut people off from interactions that could be healing.

- Grieving is a long and difficult process because it involves slowly remembering what happened. Sometimes the memories may seem like more than the survivor can bear. It can be helpful for survivors to learn ways to calm themselves. These might include such things as taking a walk, being with people, or participating in a distracting activity. Some survivors find it useful to write or to read.

When is it a good idea to seek professional help?

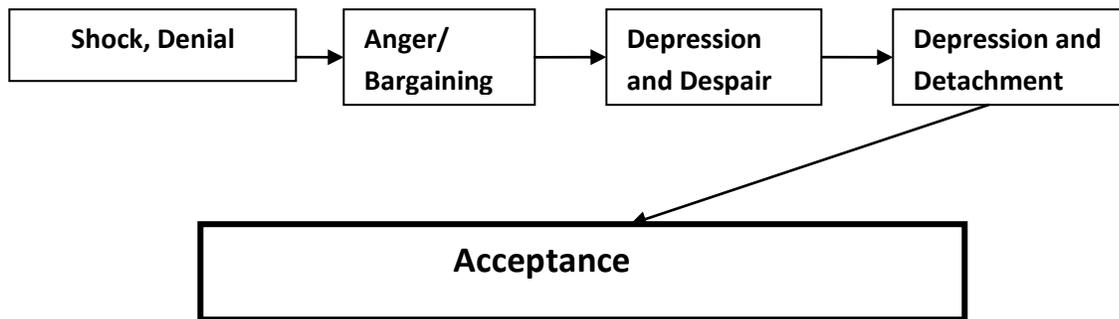
It is important for an individual to know they can ask for help. If they continue to experience frequent or severe trauma symptoms, as described above, for more than several months after the death, and if these reactions interfere with other parts of normal life, such as being able to care for one's children or hold a job, asking for support from a professional can be helpful. In addition, any of the following experiences suggest that professional help may be needed:

1. Struggling with substantial feelings of guilt or uncontrolled rage
2. Becoming severely depressed and feeling hopeless about the future
3. Harboring persistent suicidal thoughts
4. Abusing alcohol or other drugs or increasingly greater tobacco use
5. Continuing to experience intense yearning for the deceased that does not diminish over time; (i.e. prolong grief)

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

THE GRIEF PROCESS

Stages of Grief



Each of the stages may last varying amounts of time. Be aware that the grieving process proceeds in the above order, however a person may regress to an earlier stage and must then, go through the subsequent stages again. A comforting friend may go through these stages as well. The normal grief cycle can last as long as three (3) years, but it is important to note that professional help may be necessary if someone remains entrenched at any one stage. These stages have the following symptoms and feelings:

Denial, Anger, Bargaining

- **Symptoms** – crying, pain, weakness, loss of appetite, nausea, sleep disturbances, numerous physical changes/difficulties
- **Feelings** – shock, protest, anger at self, lowered self-esteem

Depression/Despair

- **Symptoms** – inactivity, sadness, difficulty concentrating, feelings of hopelessness and dejection, suicidal tendencies
- **Feelings** – agony, grief, anguish, despair

Depression/Detachment

- **Symptoms** – absent spontaneity, hesitancy for new friendships, “bland expressions,” decreased socialization
- **Feelings** – apathy, indifference, loss of interest, desire to withdraw and give up

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
- ✓ be flexible and adaptable as the situation changes and
- ✓ 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 emotions:

- ✓ 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 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 non-judgmentally. 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 the individual 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 family to take care of themselves (i.e., eat properly and get rest).

Do's

(Continued)

- ✓ Ensure family does not become isolated. Encourage 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 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 much 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 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 family to seek professional help if unable to cope or struggling with emotional response for months.

Don'ts

- ✓ Don't be afraid of silence. Don't be afraid of tears. Don't inhibit open communication, for example:
 - Don't change the subject when the griever mentions the deceased.
 - Don't let your own sense of helplessness or discomfort keep you from reaching out to the family.
- ✓ Don't answer questions about the injury or death. It is common for families to have questions, but refer the family to the Casualty Assistance Officer (CAO) or the COMMANDER or the COMMANDERS CARE TEAM REPRESENTATIVE.
- ✓ Don't impose your explanation on why this has happened. Don't try to answer the question, "why?"
- ✓ Don't say "I know how you feel" or "Everything will be all right".
- ✓ Don't say anything that implies a judgment about the family's feelings: "You ought to be feeling better by now" or "You'll be feeling better in a month or so" or "I know how you feel." Don't encourage the family to "get over it".
- ✓ Don't make statements or ask questions that induce guilt or affix blame.
- ✓ Don't 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 overdo 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, answer their own phone, etc., let them.
- ✓ Don't be too direct or give advice. (For example, don't make suggestions regarding packing up clothes, photos, etc.)
- ✓ Don't try to find something positive in the death. Don't make statements, such as "God knows best" or "it's God's will".
- ✓ Don't impose your own religious beliefs or discount those of the family. Respect family's religious and cultural beliefs.
- ✓ Don't assume anything. For example: if the widow isn't crying, don't assume she's not upset or if she's screaming, don't 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 COMMANDER or The COMMANDER'S CARE TEAM REPRESENTATIVE, 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
 - assault

Inform the person that you are obligated to report the situation. Depending on the severity of the situation call:

- 911
- The COMMANDER OR The COMMANDERS CARE TEAM REPRESENTATIVE
- and/or the 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 COMMANDER OR THE COMMANDERS CARE TEAM REPRESENTATIVE 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 COMMANDER or THE COMMANDER'S CARE TEAM REPRESENTATIVE or The 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. Notify a Public Affairs Officer (PAO) if they haven't already contacted you. Determine response to questions or prepare a written statement with the help of the (PAO) and family, 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 cannot 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 or family members.
 - Don't say anything you don't 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."
- Don't 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.

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 The 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' names released to the media? Can family members have a Soldier'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 to Office of Secretary of Defense Public Affairs and the media, 24 hours after official notification is complete. Although families may request their Soldier'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, home of record, unit, and maybe the circumstances surrounding the incident.

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>. Releases are 24 hours after HQDA receives confirmation of completed PNOK notification.

SPECIAL CIRCUMSTANCES

DEATH, ILLNESS, INJURY OF A LEADER

"You make a living by what you get. You make a life by what you give."

--Winston Churchill

Emotions run high in a unit when a leader is killed. Somehow no one expects the leader to be vulnerable. Since the leader's spouse is usually the one helping others, it is often hard for the unit to know how to help him/her. It can also be hard for the leader's spouse to accept help from the unit. Being aware of the uniqueness of this situation can help.

PRACTICAL IDEAS

- As with all grieving spouses, a leader's spouse will often act out of character. Everyone should be aware of this and not take anything personally. It is important that you do not put your own expectations on how a person is grieving.
- When a leader dies, often groups outside the unit help (sister Battalions, the Brigade and the Division). Whichever group the spouse is most comfortable with should take the lead in support. Again, do not take this personally. Keep in mind what is best for the spouse.
- It is helpful if the Executive Officer's (XO) spouse, or if unable the S3's spouse, coordinates the unit's efforts of support.
- Someone will be appointed as acting Commander. Usually at a later date there will be a change of command. This can be a very difficult time for the leader's spouse.
- The unit may have difficulty accepting the new leader and his spouse. Though this is normal, other leaders in the unit should be sensitive to this and try to set the example. It may be helpful to have a social function for the unit as soon as possible after the change of command.
- In the case of injury or illness, a leader may or may not be returned to duty. The leader may even be medically discharged.

When a leader dies, suddenly the unit has lost its leadership on both the active duty and family side of the Battalion or Brigade. Though all soldiers are equally important, the death of a leader creates a significant change to the unit. Being aware of this can help the unit cope with these changes.

SPECIAL CIRCUMSTANCES

SUICIDE

“When you allow your friend to talk about the one who died, you are a healer...”

--Paula D'Arcy

For surviving family members dealing with the aftermath of a suicide, the grieving process can be compounded by feelings of failure, shame and guilt. Being sensitive to the unique nature of their loss will better enable you to provide comfort and support.

PRACTICAL IDEAS

- Family members may be heavily burdened by a sense of failure and responsibility, as well as a loss of self-esteem. Added to all the trauma and grief is a deep sense of shame for the way death has occurred.
- Don't pull back or be afraid to approach the bereaved. Be willing to listen.
- Typically a family will bond more cohesively when there has been a death in the family, however, in this case there could be a tendency for family members to point blame at each other.

SPECIAL CIRCUMSTANCES

MIA/POW

*“For those who fight for it, freedom has a flavor the protected will never know.”
--Found written on a C-ration box after the siege of Khe Sanh, 1968*

Families of MIAs and POWs are forced to deal with the “not knowing.” This highly emotional and painful ordeal is exacerbated by the fact that the suffering might have to be endured for an indefinite period of time.

FACTS

- The government reserves the right to change the member’s status. Be prepared to assist if the status of the soldier changes.
- The POW/MIA is considered for promotion along with their contemporaries.
- A service member’s spouse and children are eligible for fees, supplies, books and all expenses incurred while attending an educational institution after the soldier is held for 90 days. Assistance is effective beginning on date held captive.
- The Defense POW/Missing Personnel Office (DPMO) has an excellent website: <http://www.dtic.mil/dpmo/family/index.htm>.

Providing ongoing emotional, spiritual and logistical support to the families of MIAs/POWs presents a unique challenge. Keep in mind each family’s needs and wants will reflect their particular situation. Encourage the family to let you know the type and amount of assistance they prefer.

SPECIAL CIRCUMSTANCES

MASS CASUALTIES

"Where there is sorrow there is holy ground." --Oscar Wilde

Multiple injuries and/or deaths are certainly one of the most difficult situations a military unit might face.

As a Care Team member, it is important to consider the following:

For those killed

- Visit each spouse and try to meet all out-of-town family members.
- As with most casualties, the Battalion FRG will provide the main support for the grieving families. If there are multiple casualties in one Battalion, plan how to divide the support efforts. Take all offers for help. Be sure to allow the appropriate agencies and/or the military to handle all issues they are responsible for. Your focus should be on the "heart side."
- Be consistent. Try to provide the same level of support for each family.

For those injured:

- Visit or call each spouse and family.
- If family comes from out of town, try to meet with them and provide them with local information/maps and the phone number of someone in the unit who can offer assistance if needed.
- Visit the soldiers in the local hospital and, if they are agreeable, encourage others to make a short visit.
- Cookies, books, magazines, videos and socks are some ideas of items that might be appreciated by the injured.
- Be consistent and try to provide the same level of support for each soldier and family.

When tragedies occur at the same time, the affected surviving families will share a unique bond. After a few days or even a few weeks, they may be interested in getting connected with each other. The Care Team can help to facilitate this. Even when tragedies occur at the same time, no two are ever the same. Each process, each reaction and each emotion is different. Each and every one is incredibly difficult.

DEATH OF A SPOUSE OR CHILD

“There are no books that will do it for us and there are no magic ‘right’ words to say. It’s the trying, the sharing, and the caring—the wanting to help and the willingness to listen—that says ‘I care about you.’ When we know that we do care about each other, then, together, we can talk about even the most difficult things and cope with even the most difficult times.” (Hedda Bluestone Sharapan, Talking with Young Children About Death, 1979, Family Comm., Inc.)

WHY IT MATTERS

In many instances military units adopt the cohesive characteristics and nurturing tendencies of a “family.” When a trauma occurs within a unit, the potential for impact on many or all members of the “unit family” can be far-reaching. This can be especially true if the trauma relates to the death of an active-duty member’s spouse or child.

The loss of a spouse or child in any circumstance is traumatic, but when it occurs within the typically close-knit atmosphere of a military unit, the effects can be compounded.

But the same circumstances that make a loss such as this so painful for a military unit are the very sources of opportunity for rallying support, providing comfort and creating a healing environment for those left behind.

MILITARY ROLE

According to the Casualty and Memorial Affairs Operations Center, the official role of the military in the death of a dependent is in the form of notification of primary next of kin and secondary next of kin, if requested by the service member. If the service member is deployed, the military will also make personal notification to the service member and make arrangements to get the service member out of theater and back to his or her family as soon as possible.

Unofficially, units provide support to the family in many different ways; however the primary support role tends to be through the Family Readiness Group (FRG). Your Chaplain is a valuable resource during trauma in the unit. He/she may be the coordinator of helping agencies on post, may serve on the crisis team, and may assist/perform memorials, services, funerals, etc. He or she can serve as a point of contact between the unit and the family and offer ongoing pastoral care, spiritual resource and counseling.

Listed below are some useful facts to know regarding available benefits and resources in the event of the death of a service member’s spouse or dependent child:

- Army Emergency Relief (AER) will provide “bridge loans” for the cost of a funeral. AER funeral loans will provide reasonable funds to cover a modest yet dignified funeral based upon current national average costs for funerals. (Refer to www.aerhq.org.)
- Dependents of military personnel are entitled to some mortuary benefits. These benefits vary depending on location of the dependent (CONUS/OCONUS). Some are provided on a reimbursable basis. AR 638-2 Table 2-1 and subsequent chapters outline these benefits. (Refer to <https://hrc.army.mil>)
- The Army does have a Casualty Reporting System for family members located with their sponsor overseas and family members who become a casualty in CONUS when the sponsor is overseas. This also includes family members who become a casualty OCONUS while their sponsor is in another OCONUS location. AR 600-8-1 details this system.

- Spouses and minor/handicapped children are eligible for burial in National/Post cemeteries. Refer to DA PAM 290-5, available online at <https://hrc.army.mil>.
- Spouses and dependent children of military personnel insured under the SGLI program can obtain insurance through the Family Service members' Group Life Insurance (FSGLI) program. **For more information visit insurance.va.gov or call toll-free 1-800-419-1473.**

HOW TO APPROACH IT

When you reach out, you will be doing so because you care about members of the unit. The unit as a family will grow as members see your concern for others in a difficult situation.

1. Activate your Care Team and outline similar care provided for Active Duty members. Any assistance you can provide will be appreciated by the chain of command, but look to the Commander for guidance and direction as he/she will be cognizant of all the necessary rules and regulations that must be adhered to at this difficult time.
2. There exists a Plan-of-Action in the case of the death of an active duty member. However, in the case of the death of a spouse or child, there is no preparation - the unthinkable has occurred. The better you know your unit, the family members, the unit dynamics and the resources available to your installation, the better prepared you will be to deal with any tragedy that may befall anyone in that unit.
3. Be sure to utilize subject matter experts in the unit chain of command (JAG, Personnel unit, housing and AER) to make sure you are dealing with the most current and accurate information.
4. Two extremely helpful regulations are **AR 638-2** and **AR 600-8-1**. Both are available online through <https://hrc.army.mil>.

HELPFUL HINTS

- Do not give advice. Instead, be familiar with community resources so you can direct them to professionals and experts who can best answer their questions and serve their needs. Have contact phone numbers organized and handy.
- Taking courses dealing with grief and trauma that are offered in your area may help to better prepare you for dealing with this unfortunate eventuality.
- There are no right words to take away the pain, but you being there and showing you care are more important than any words you can ever say.
Some suggested comments to make:
 - "I'm sorry that (name) died."
 - "I can't know how you feel, but I want to help you in any way I can."
 - "Would you like to talk about (spouse's or child's name)?"
 - "You do not need to go through this alone. I know you are doing the best you can to get through this, and I want to help you."

Some suggested comments not to make:

- “You are young, you can have another child.”
- “At least you have the rest of your family.”
- “It could have been worse.”
- “I know just how you feel.”
- “You’ll get over it.”, “Time heals all wounds.”
- “If there is anything you need just call me.”
- “It’s a blessing.”
- “Life goes on.”

RESOURCE ITEMS

Army Casualty Website:

www.perscomonline.army.mil/tagd/cmaoc/cmaoc.htm

Human Resource Command Website:

<https://hrc.army.mil>

FSGLI Information:

1-800-419-1473 or insurance.va.gov

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 your own reactions, handling your own stress, and avoiding 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 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.

This is vital to being able to maintain the empathy and provide the support needed by the family. 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. Here are a few symptoms that relate to stress:

Normal Stress Symptoms

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

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 your personal/family obligations.** Maintain contact and spend time with your family.
- ✓ **Be flexible.** Accept that you don't 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 re-energize. 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 excessive 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 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.

Care Team volunteers can take steps to minimize their vulnerability to compassion fatigue by following the below tips.

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, counselors 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 these signs 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 military Chaplain, your local religious leader, mental health association, or other agencies in your community that provide counseling services. Military One Source 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) 800-3429-6477 or call collect: 484-530-5908.
- Online: <http://www.militaryonesource.com>
Phone Assistance: 1-800-342-9647 (Stateside)
*800-3429-6477 (Overseas)

*Access codes available online

Sources: This information is an adaptation of information from Coping with Stress article on Military One Source 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.