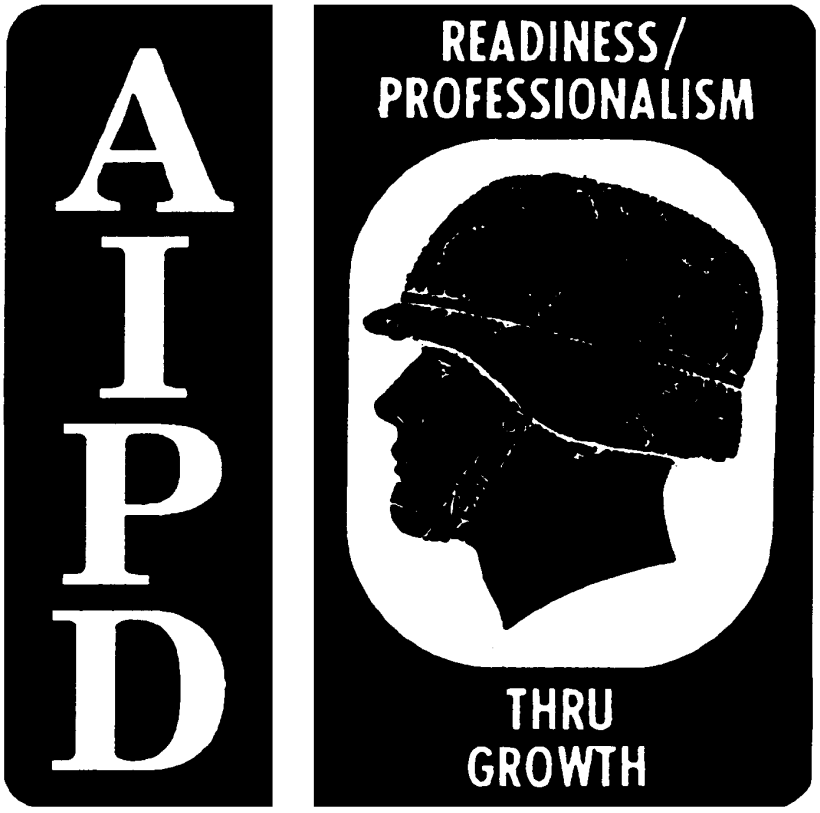
SUBCOURSE
CH1313

EDITION
A

UMT CRISIS COUNSELING: THE CHAPLAIN ASSISTANT'S ROLE



THE ARMY INSTITUTE FOR PROFESSIONAL DEVELOPMENT

ARMY CORRESPONDENCE COURSE PROGRAM

UMT CRISIS COUNSELING: THE CHAPLAIN ASSISTANT'S ROLE

Subcourse CH1313
Edition A

United States Army Chaplain Center and School
Fort Jackson, SC 29207-7035

4 Credit Hours

General

This subcourse is part of the Chaplain Assistant Initial Sustainment Training Course. It is a tutorial for chaplain assistants who are an integral part of the Unit Ministry Team and expected to be the first point of contact for distressed individuals requiring pastoral care.

TASK: The chaplain assistant will respond to individuals affected by crisis in person and over the phone.

CONDITION: The student will be provided with study material, a case study and a Post Test which all focus on the chaplain assistant's role in crisis counseling.

STANDARD: Given the subcourse study material, the student will recall and apply (1) information on listening skills, (2) information on first contact greeting and assisting skills necessary to help individuals in a crisis situation, and (3) information necessary to complete a Post Test with at least 70 percent accuracy.

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Crisis is a state of disorganization in which people face frustration of important life goals or profound disruption of their cycles and methods of coping with stress.

Counseling of any kind is an intensely intimate and personal activity, crisis counseling even more so. Counseling requires a sense of caring, stability, and perceptivity. Moreover, counseling requires recognition of the worth of others from all spheres of life.

Successful counseling also requires a broad educational background and, indeed, a broad outlook on life. It requires basic psychological knowledge and understanding of the employment, social, and domestic environments in which the counseling is done.

For the purposes of helping distressed soldiers or their distressed family members, awareness of the unique emotional and psychological dynamics of military life is also essential. Familiarity with community helping agencies is just as essential to the paraprofessional who helps those in crisis as it is to the seasoned professional counselor.

In this subcourse you will be required to become familiar with Maslow's hierarchy of needs, with nonwelfare and welfare referral agencies -- civilian and military. As an exercise, you will be asked to read and respond to a case study which deals with the complexities of trying to help a distressed individual. You will also be introduced to ten considerations for first contact response to these individuals.

In addition, you will review basic drug and alcohol abuse information and become familiar with DA PAM 600-70, the “Army's Guide to the Prevention of Suicide.” To complete, you must take and pass an objective Subcourse Examination.

Responding to distressed individuals, you must remember, requires the ability to listen actively and to talk effectively. Lay counseling and helping in this sense requires the same skills required in professional counseling. Can you speak clearly, calmly, and effectively? Can you listen in such a way that the distressed individual knows that you are listening and hearing what he or she is saying? Can you skillfully guide the individual through a stressful situation without getting intimately involved in the person?

The chaplain assistant is usually the first point of contact in dealing with soldiers and military family members in trouble or in a crisis situation. As the usual first point of contact, an astute chaplain assistant is prepared to deal with the inevitable crisis presented by: spouse abuse, rape, suicide, or suicide attempt, incest, natural disasters, divorce, terminal illness, mobilization and deployment, family separation, AWOL, and the acuteness often associated with drug and alcohol abuse. Though the chaplain is in charge and is often considered an "expert" because of his or her background in pastoral care and counseling, the chaplain assistant must also have some knowledge of with basic crisis intervention skills. This is important for several reasons:

1. The chaplain assistant is usually the first point of contact for soldiers and family members in a crisis situation. It is often the chaplain assistant who receives that first phone call or visit from a distressed individual.

2. The chaplain and chaplain assistant work as a team--known as the Unit Ministry Team. The work of each member of the team complements the other. It often takes the two working together to help a distressed soldier or family member. (See Field Circular 16-5 and augmenting publications for more information on the UMT.)

3. When the chaplain is away (e.g., TDY) or unavailable, it is essential that the chaplain assistant know basic screening, active listening, record keeping, and referral skills.

Lesson 1

Understanding and Actively Listening to the Distressed Individual

The purpose of Lesson 1 is to help you to understand the nature of the distressed individual and some of the many causes of distress. This lesson will also acquaint you with the role of active listening and the exchange of words during those first moments of contact with the individual in distress. The importance of confidentiality will also be addressed in the lesson.

When distressed soldiers come to you or telephone for help, it is important to remember that they are sometimes too pessimistic, too passive, or over reactive for the situation at hand. Often they are not in position to approach their problems with the rational determination to “win” or to "overcome." People in distress can be unreasonable. Sometimes they talk about and exhibit lethal behavior.

One of the most essential aspects of helping the distressed individual is active listening. Psychology teaches us that there are several aspects to active listening. These aspects distinguish active listening from passive listening:

(1) Attending — Verbal and nonverbal actions in the presence of the distressed individual, e.g., posture, eye contact.

(2) Paraphrasing — Restatements of the messages you're hearing from the distressed individual. These restatements should be done in your own words, as briefly as possible.

(3) Clarifying — In this aspect you're bringing vague information you've gathered from the distressed individual into clearer focus. Anything the distressed individual said that was not clearly focused or that was said in a rambling way should be clarified. In other words, let the distressed individual know (in a gentle way) when you don't understand something that has been said.

(4) Perception checking — Ask questions which help to determine the accuracy of what the distressed individual has said. Ask for feedback from the distressed individual on what you've said or a suggestion you've made.

Though active listening is an important characteristic of working with distressed individuals, sometimes those individuals can't talk; they are so withdrawn that they can hardly speak or describe their problems. Occasionally, a friend, family member, or fellow soldier has to offer some input or perspective to the problems at hand. You must help the distressed individual to state the problem and to work toward solving it.

The chaplain assistant, in a confidential and discreet manner, collects as much information as possible to get a clear picture of the individual and of the problem at hand. The information collected should be written down in a clear, concise, and readable fashion to be relayed to the chaplain or referral agency as soon as possible. It is essential to give the distressed individual your undivided attention during those first

moments of encounter. In this instance, you must remember pertinent details and write them down later. At a minimum, your record for the file should include:

(1) Name of the individual, age, rank, address, etc.
(2) Date and circumstances of visit or call
(3) The individual's emotional state
(4) The individual's statement of the problem
(5) Individual's denomination; family situation, etc.
(6) Description of what action you took -- such as referral to which agency, which chaplain, etc.
(7) Your assessment of the problem

In the information gathering process, it must be clear to the distressed individual that you can be trusted and that you will keep the information gathered for your files in the strictest of confidence. Research has shown that people who have pressing personal and family problems have a fear of being betrayed. These individuals fear that the chaplain or chaplain assistant might tell someone else about their private lives or problems.

At all levels 71M's, like chaplains, must be genuine, respectful, and understanding of the individuals they are trying to help. The question of confidentiality should be addressed soon after the distressed individual presents himself for help. The chaplain assistant makes an opportunity to assure the distressed individual that the information collected will be kept confidential. This can be done by phone or in person.

The chaplain assistant should remember that the question of confidentiality is crucial to the distressed individual -- though he may not be thinking about it at the moment of crisis, issues surrounding confidentiality can and do surface later. Fears about

the lack of confidentiality can cut down drastically on the quality of the relationship between the UMT and the individuals in need of help.

A lot of the process of helping a person in distress requires using common sense. At best it requires special sensitivity and is demanding. The chaplain assistant, like the chaplain, must show concern and care for the distressed individual, but he or she must also be careful that this concern and care is not misconstrued.

The chaplain assistant should never put him or herself in the position of getting too intimate (verbally or physically) or inappropriately suggestive with a distressed individual. To do so would only make bad matters worse.

Chaplain assistants must remember that distressed individuals are often vulnerable and also in need of kindness and nurturing. However, it is not the chaplain assistant's responsibility to give affection. Insofar as responding to distressed individuals is concerned, the chaplain assistant is merely a facilitator, a helper, and the first point of contact.

According to military doctrine, policy, and regulation, the chaplain assistant is not a professional counselor. This is important to remember.

Psychology teaches us that motivation is the study of needs and drives. Needs and drives are the forces that lead individuals to certain goals or away from those goals. Chaplain assistants, like chaplains, will come in touch with many individuals whose needs and drives have been frustrated.

Maslow (1954) developed a hierarchy of needs -- that is he discovered that basic (lower) needs in individuals must be satisfied before higher needs can be felt or learned.

From Maslow's perspective, then, needs at the bottom of this hierarchy are physiological and essential to maintaining life, whereas other needs are acquired or learned.

For most of the distressed individuals with whom you will come in touch, the basic needs of food, air, water, temperature, elimination, rest, and pain avoidance will have been met. It is the frustration of the acquired or learned needs that usually cause distress in individuals. (See Figure 1-1 on the next page for a simplified chart of Maslow's hierarchy of needs.)

Those first few minutes of responding to the distressed individual are usually the most difficult for the chaplain assistant, but also the most critical in dealing with cases where lethal behavior has been or is being displayed. The chaplain assistant through his manner, selection or words, voice inflections, etc., must communicate acceptance, understanding, and sincerity during this crucial time.

MASLOW'S HIERARCH OF NEEDS:

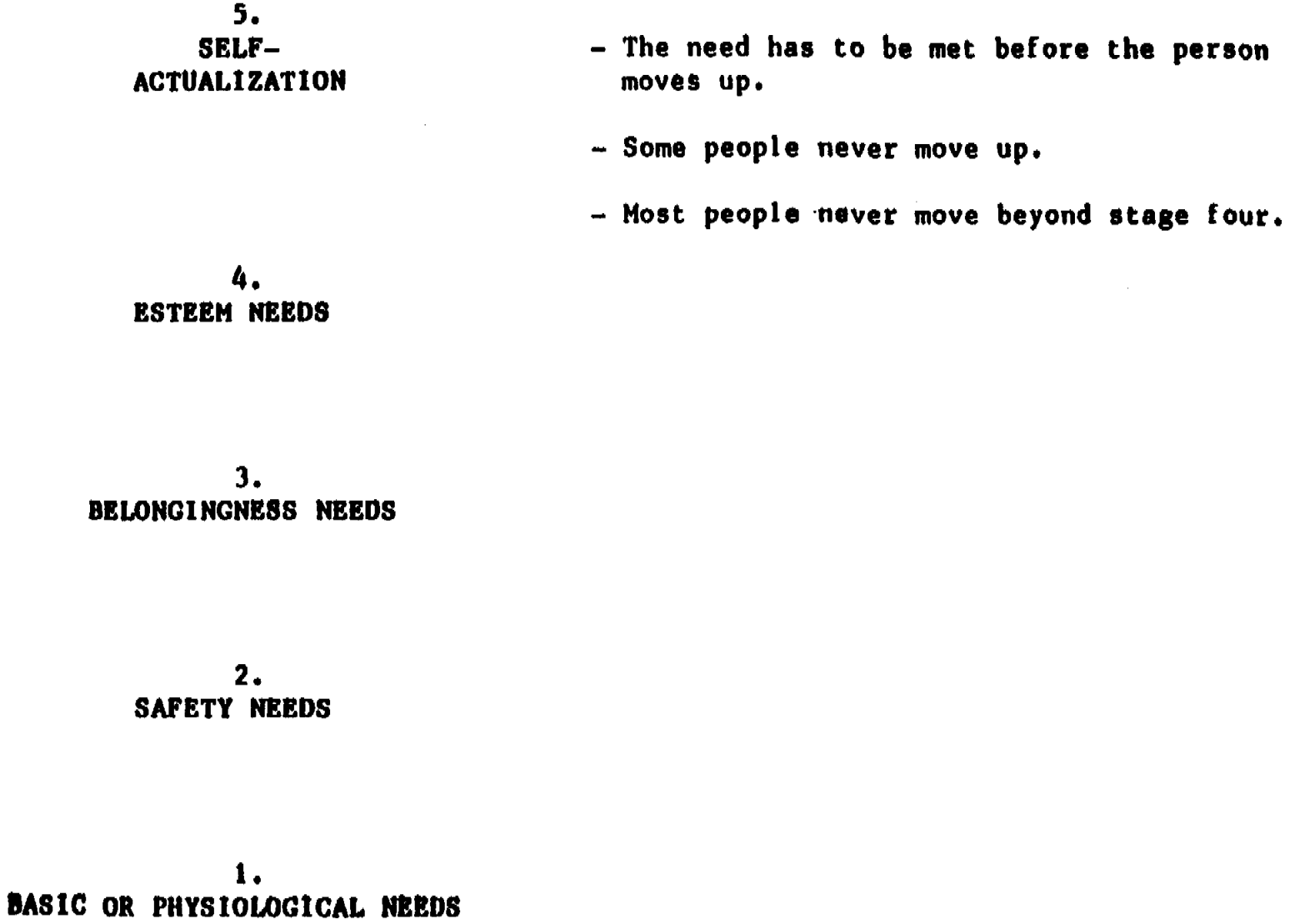

Figure 1-1

Putting the distressed individual at ease isn't always easy. It requires alertness and sensitivity. The trick is not to make the individual feel or think any worse than he does already. To begin with light conversation about the weather or the recent NFL game is to belittle whatever problem is at hand. To offend the individual certainly doesn't help anything. The careful selection of words, voice inflections, etc., is essential.

More desirable than light, matter-of-fact comments are direct statements or queries which get to the heart of the problem such as those listed below:

Chaplain Assistant to the Distressed Individual:

a. "Something is bothering you, what is it?"
b. "What can the chaplain or I do to help?"
c. "Would you like a cup of coffee or tea before we talk about what's bothering you?"
   (This approach gives you and the distressed individual a couple of extra moments to collect yourselves. This may be essential if the person is visibly upset, e.g., crying or hysterical.)
d. "Why are you so upset?"

There is nothing magic about the preceding "direct approach." The point is to try not to belittle the problem or to alienate the individual, no matter how you perceive the situation.

Stop here now to review on the next page the ten considerations for first contact response to distressed individuals. As you review the ten considerations, make sure item two guides you through the entire process of dealing with a person in crisis: THINK!!!!

TEN CONSIDERATIONS FOR FIRST CONTACT
RESPONSE TO DISTRESSED INDIVIDUALS

1. Get your chaplain or the area coverage chaplain involved in the situation as soon as possible. If medical help is needed, get it without delay.

2. THINK! Be prudent and careful in what you say and do, especially in dealing with members of the opposite sex.

3. Be patient and gentle. It's important that the distressed individual knows that you are genuinely interested in him or her as a human being.

4. If necessary, help the distressed individual to get started talking about the problem.

5. Take readable notes for the file, but try not to inhibit spontaneous comments or discussion from the distressed individual while doing so.

6. Don't make promises you aren't in position to keep.

7. Don't deny suicidal language when you hear it; distressed people do commit suicide everyday.

8. Don't moralize, preach, or try to play God with the distressed individual.

9. Don't belittle the problem. A problem that appears small or "dumb" to you may appear insurmountable to the distressed individual.

10. No matter how outrageous or unusual the problem, don't overreact to the distressed individual. KEEP YOUR COMPOSURE.

To conclude this lesson, take time now to study the exercise/action scenario found on the next couple of pages. Note that the character (the E-4) about whom the case study is written has had significant frustration of his needs.

At the moment, the E-4's sense of self-esteem, sense of belonging, and closeness to his wife are all frustrated. He is in despair. He's also making more trouble for himself because he has bought a gun and intends to use it. What would you do if such a character converged upon you? Give a lot of thought to the case study. After you make some decisions about what you would do, be prepared to discuss the exercise with your chaplain.

A requirement of this subcourse is that you write a one-page summary of what you would do about the problem to be discussed with the chaplain to whom you are assigned. After you have formed your own opinion and approach, you are to discuss the approach with the chaplain and find out his or her approach. The two of you should then reconcile your approaches.

Now, go ahead to review and to respond to the case study/exercise found on the next page.

RESPONDING TO THE DISTRESSED INDIVIDUAL

Case Study

Directions: You are first to think through this exercise and research the Army Regulations pertinent to the exercise. Finally, when you have finished your own research and thinking, discuss your approach in detail with your chaplain. Make careful note of how your initial thinking about how to handle the problem differs with or is congruent with how the chaplain would want you to handle it.

The situation: An E-4 who has been married for eight years and has two children has just come to see the chaplain who is unavailable (TDY for 3 days). You are his first point of contact.

The E-4 has just been assigned to the installation from an assignment in Europe and has been experiencing some financial and family problems. The situation has been aggravated even more because the family has been waiting for over three months for on-post housing which the E-4 felt was all he could afford.

Recently the E-4 and his wife had visited their families in a town which is about 200 miles from the post.

His wife stayed there with her family until housing on post became available. It's now 4 p.m. and the E-4 has just converged upon you with the news that he has just this afternoon received a letter from his sister who said she recently saw the E-4's wife and another man at a local hometown bar. The E-4 is very upset; he has been drinking and he is crying. He also has a gun with him and tells you that he is going AWOL and is going to shoot his wife, her reputed lover, and himself, too.

What to consider?

1. As the chaplain assistant, what is the very first thing you are going to do or say in your chaplain's absence?

2. What are the consequences of AWOL? Of drinking on duty?

3. What are the consequences of the E-4 having a gun with him now--that is obviously not for training purposes?

4. Who is the area coverage chaplain? Is he or she available now?

5. To what “helping” agency can you refer the E-4?

6. What will the concise, readable, summary you leave for the chaplain's file say?

7. Is the E-4's sister an issue? Is she credible? Why would she want to put such "bad” news in a letter to her brother?

8. What did you do immediately to calm the E-4? Exactly what did you say to him?

Your responsibilities with regard to the case study/exercise are the following:

A. Think through the case study and decide how you would handle the situation with the E-4. Write up your ideas (one-page summary) to be shared with your chaplain.

B. When you have finished thinking and writing about how you would handle the situation, you should then find out how the chaplain would have wanted you to handle the situation, assuming that the chaplain is unavailable at the moment the E-4 approaches you.

C. See that the evaluation sheet at the end of this subcourse which evaluates your work on this exercise is returned with your chaplain's signature and comments. The chaplain should simply indicate that you have completed the exercise and discussed the scenario with him or her.

NOTE: It is important is this exercise that you show your ability to think fast and act in a crisis situation. It is also important that you have reviewed the information in this subcourse and that you have taken time to discuss with your chaplain the handling of such a crisis situation.

LESSON 2

The purpose of this lesson is to discuss some of the most pressing psychosocial problems which are likely to cause depression and ultimately distress in families and individuals.

These areas -- drug and alcohol abuse and suicide -- have become more pressing problems in the military environment as in society as a whole. Drug and alcohol abuse and suicide are psychosocial problems in that they involve both psychological and societal aspects and they relate social conditions to mental health.

The good common sense, concern, and skills used in helping the families and victims of drug and alcohol abuse and suicidal individuals are the same necessary to help any individual in distress. Family distress stemming from divorce, incest, rape, abortion, natural disaster, financial blight, infidelity, etc., all require the same kind of sensitivity, confidentiality, and care in handling and referral.

Chaplain assistants must remember that people vary greatly in their abilities to cope; a situation that causes one person to "come apart" might cause another to slow down, regroup, and move ahead with more strength and determination. Each case of helping and working with a distressed individual will require sensitivity, concern and confidentiality, but each will be different in the circumstances, intensity, personality type, and coping ability of the individual. The chaplain assistant should never assume that what worked for one individual in distress will work for another with exactly the same problem. Human nature doesn't work that way.

Depression and distress are usually caused by an external event -- frustration of a goal or a loss of some kind such as a death or a separation from a loved one. Sometimes depression and distress can be caused by a perceived loss or denial. For instance, an astute soldier who doesn't get the promotion he's been working toward and thinks he deserves could cause depression and lead to distress.

This lesson will explore briefly three of the most pressing psychosocial problems - drug and alcohol abuse because it is so prevalent in all socio-economic spheres of society and suicide because it is on the raise in American society, in the military and particularly among teenagers.

In this lesson, the section on suicide will contain a prevention-oriented article from the Officers' Call, (January 1986 issue) and excerpts from the Department of the Army Pamphlet 600-70 entitled: "Guide to the Prevention of Suicide."

Suicide

Studies reveal that most of the persons who commit suicide have thought about it again and again and have given thought as to how they plan to die. There are many more attempts than actual suicides. Most people who commit suicide are not "crazy" as it is often assumed.

The areas below have been most often documented as the methods used by those wishing to commit suicide:

High Lethal	Low Lethal
Hanging	Tranquilizers
Gun	Non-prescription drugs
Drowning	House gas

Carbon monoxide poisoning
Exposure to extreme cold
Car crash
Aspirin
Sleeping pills
Stabbing
Wrist cutting

Committing or attempting to commit suicide is the ultimate statement of an individual's distress. A skilled helper or counselor is sensitive; he or she knows that it is important to get the suicidal person to talk it out, to learn coping skills, and to establish self-worth.

Ambivalence and depression are the two chief characteristics of suicide.

Ambivalence means that the suicidal person has two sets of feelings. Often only one set of those feelings show. The set of feelings which center on suicide is often hidden. This is the reason so many survivors have been heard to say, "He seemed all right yesterday (or last week or last time we talked)."

Statistics also show that women attempt suicide four times more often than men. But surprisingly, men more often complete their suicide -- four times more than women. Peak suicide periods are usually springtime and during the Christmas holiday season. Both of these are periods when people feel the kind of depression often associated with self-destruction.

In the past, the individuals most likely to commit suicide were males, over forty, single, divorced, or without close friends; alcoholics; persons who lived alone; and older people who are physically or terminally ill. This profile may be

changing as more and more young people are committing suicide every year. Homosexuals or other sexual deviates also have a high suicide rate, as do drug users.

Typically the suicidal person will give clues to his or her intentions and despair. These clues take many forms, depending on the individual. The following are some of the most obvious or typical:

a. mood swings -- highs and lows
b. interest loss -- loss of interest in an accustomed activity
c. unresolved feelings -- hostility, guilt, etc.
d. feelings of worthlessness, futility
e. feelings of disorganization
f. sleep disturbance
g. anxiety attacks

Distress can cause short term crisis and also lead to long term drug abuse or alcohol abuse, suicide, and other devastations. Thus, sometimes devastation such as drug abuse can cause distress while distress can also lead to drug abuse. It's a circuitous process.

But it is important to remember that an individual doesn't necessarily have to be depressed to be suicidal. A suicide attempt can be the result of one of several states:

a. Depressive state--feeling sad, dejected and hopeless usually marked by a reduction in activity, decrease in activity, sleep, appetite, etc.

b. Psychotic state--mental disorganization and unrest; inability to tolerate social or work demands. Possible hysteria.

c. Agitated state--individual is visibly troubled or disturbed; moves with irregular, rapid motions--sometimes violent.

In helping the suicidal individual, it is important that the chaplain and the chaplain assistant work together with referral agencies to try to help the individual to put meaning into his life. People who have meaning in their lives, attainable or manageable goals, and feelings of self-worth are less likely to want to end their lives through suicide.

Stop here now to review thoroughly "Immediate Danger Signals" excerpts from Department of the Army Pamphlet 600-70. After you have completed the review, go on to read the article on suicide prevention from Officers' Call. These two articles will end the section of Lesson 2 which deals with suicide.

IMMEDIATE DANGER SIGNALS

When one or more of the following is observed in a person (especially someone who is or has experienced some of the life stress events associated with suicide, who appears to be depressed, and has a history known to cause increased risk of suicide) suicidal behavior may be imminent:

- o Talking about or hinting at suicide
- o Giving away possessions; making a will
- o Obsession with death; sad music or sad poetry. Themes of death in letters or art work
- o Making specific plans to commit suicide and access to lethal means
- o Buying a gun

WHAT TO DO

If you believe that someone may be suicidal, it is important to remember:

o Take threats seriously. Trust your suspicions. It is easy to predict suicidal behavior when a person shows most of the factors given above. However, the warning signs from many people are very subtle. Something like telling loved ones "goodbye" instead of "good night" may be the only clue.

o Answer cries for help. Once you are alerted to the clues that may constitute a “cry for help” from a loved one, friend, or co-worker, you can help in several ways. The most important thing is not to ignore the issue. It is better to offer help early than to regret not doing so later. The first step is to offer support, understanding, and compassion, no matter what the problems may be. The suicidal person is truly hurting.

o Confront the problem. If you suspect that a person is suicidal, begin by asking questions such as, "Are you feeling depressed?” “Have you been thinking of hurting yourself?” leading up to the question “Are you thinking of killing yourself?” Be

direct. Don't be afraid to discuss suicide with the person. Getting him to talk about it is a positive step. Be a good listener, and a good friend. Don't make moral judgements, act shocked, or make light of the situation. Offering advice such as, "Be grateful for what you have," or "you're so much better off than most," may only deepen the sense of guilt the person probably already feels. Discussing it may help lead the person away from actually doing it by giving him the feeling that someone cares.

o Tell them you care. Persons who attempt suicide most often feel alone, worthless, and unloved. You can help by letting them know that they are not alone, that you are always there for them to talk to. Tell loved ones how much you care about them, and offer your support and compassion. By assuring the person that some help is available, you are literally throwing them a lifeline. Remember, although a person may think he wants to die, he has an innate will to live, and is more likely hoping to be rescued.

o Get professional help. The most useful thing you can do is to encourage the person who is considering suicide to get professional help. If necessary, offer to go with them or take them to help. The Army community offers many sources of help. The Community Mental Health Service or hospital departments of psychiatry, as well as psychology or social work services and division mental health services should be considered first in looking for help. After duty hours, the hospital emergency room would be the best source. When the danger is less immediate, the Family Life Center and the chaplaincy offer compassionate counseling services. Other sources of help include the alcohol and drug community counseling center, Army Community Services (ACS) and the chain of command.

WHAT NOT TO DO

- o Don't leave anyone alone if you believe the risk for suicide is imminent.

- o Don't assume the person isn't the suicidal "type."

- o Don't act shocked at what the person tells you.

- o Don't debate the morality of self-destruction or talk about how it may hurt others. This may induce more guilt.

- o Don't keep a deadly secret. Tell someone what you suspect.

REMEMBER

Suicide is a traumatic event for the individual and for all those people who have some connection with the person. Edwin Schneidman, Ph.D., founding president of the American Association of Suicidology, has stated:

"Human understanding is the most effective weapon against suicide. The greatest need is to deepen the awareness and sensitivity of people to their fellow man."

SOURCE: United States Army Guide to the Prevention of Suicide and Self-Destructive Behavior. Pamphlet Number 600-70.

LEADERSHIP

Can you handle this? Suicide Prevention

Ninety-two suicides of active duty Army soldiers through mid-October this year.

Projecting this unfortunate headline to the end of the year means that up to 115 soldiers may commit suicide in 1985. Any loss of life due to suicide is tragic. Caring leadership is the key to preventing the tragedy of suicide in the Army. The Army lost 81 soldiers to suicide last year and for the 1980-1984 period the total was 86 suicides. The projection of 115 suicides represents an increase of 50 percent over 1984.

The Army has a suicide prevention program, but the ultimate success of the program depends upon leadership. The concept of military leadership from FM 22-100, Military Leadership, gives the attributes of a good leader in terms of what a leader must "be, know, and do." The object is to provide a way to effectively lead soldiers and accomplish the mission. In this case, combat readiness and quality-of-life issues demand that we do our utmost to prevent suicide in the military community.

Some increase in suicide statistics was expected this year due to improved reporting by the Serious Incident Report (SIR) system and increased emphasis on this issue. However, the increased numbers cannot be explained by these factors alone. The actual number of suicides increased sharply beginning in May of this year. As yet, no satisfactory explanation exists to explain this increase.

The proportion of suicides for each enlisted grade is virtually the same as the proportion of the total enlisted strength. For example, persons in grade E-4 accounted for 30 percent of the total enlisted suicides this year and represent 28.45 percent of the total enlisted force. All enlisted grades appear to be equally at risk.

Nineteen family member suicides have been reported for the year, 14 spouses and five children. At present there is no way to project the actual number of family member suicides. The low level reported is encouraging and especially so in light of the

national problem of teenage suicide. Our prevention efforts should include family members, but it appears that soldiers represent the greatest risk.

Experts tell us that for every completed suicide, there are 100 attempts. Apply this to the Army, and 10,000 soldiers will attempt some kind of self-destructive behavior. This represents enough soldiers with significant depression and other serious emotional problems to fill a light infantry division. The impact of this problem on readiness is self-evident.

The active duty force is composed of pre-screened, healthy people. Severely impaired persons are not selected. Furthermore, it is the population of relatively young people who are all employed. Statistically in such a group a low suicide rate is expected. A coordinated program which identifies and assists persons in crisis and is conducted in an atmosphere of caring leadership should further reduce the rate of suicide in the military community. Again, it is a leadership responsibility.

The character of a leader, or what a leader must “be,” is important to suicide prevention. Personal and professional beliefs and values are the foundations of a leader's character. Beliefs are the assumptions or convictions that are held as truth. Values are ideas about worth or the relative importance of things, concepts, and people. Values influence the leader's priorities. It follows, then, if a leader believes in personal dignity for the soldier and in selfless service, a high value will be placed on attending to the welfare of his or her soldiers. This value will, in turn, influence the leader's priority so that actions which improve the soldier's welfare are not given a lower priority than actions to improve tactical proficiency and vehicle maintenance.

The leader must "know the art and science of warfare," but must also "know" the dimensions of human behavior. The leader must help soldiers deal with the causes of their personal concerns. This will allow them to concentrate on their jobs. Leaders must help as much as possible in personal and family affairs. The soldier who has real or even imagined personal problems will begin to worry about them. This takes energy, time, and reduces effectiveness. To be a successful leader means proper care for soldiers. Caring means doing everything possible to help meet physical, security, social, spiritual, and other needs.

Actions that a leader must “do” to prevent suicide flow from the “be and know.” In an upcoming DA Pamphlet on "Moral Leadership,” this doing aspect is given as an acronym: C-A-R-E!

Compassion is intentional or deliberate action that shows concern for the welfare of a person. Actions based on needs of the other person, and not just self-consideration, are a true way to show belief in the Army ethical standard of selfless service.

The second “doing” quality is Affirmation. This is the acknowledgement of another's existence. Without the affirmation of a person's self-worth, the "tender spots" become sore spots. People begin to see themselves as worthless and capable of no good. This can lead to anger, bitterness, hostility and self-destructiveness. As the leader does his or her leading, affirmation occurs when the attitude communicated is both hope and reality. This is important personally and with regard to one's service.

A third aspect is Responsibility. It is significant that personal responsibility is a key part of the Army ethic. It is key because the leaders and the soldiers are both expected to do something about situations and circumstances that will ultimately lead to good. It is a moral statement and is significance in terms of suicide prevention is to prevent destructive behavior. This is reflected by a leader's attitude and by the actions that are taken.

The last part of the acronym is Encouragement. This does not mean false praise nor is it lying about the facts. It is the cheer given to the discouraged because finishing may be as important as winning. It is inspiring courage in the face of overwhelming odds. Encouragement gives hope and it allows people to grow. The effective leader will have a program of systematically counseling and receiving feedback from each subordinate. All leaders should set aside some time each week for "footlocker" counseling and coaching. The range of concern should include the subordinate's personal welfare.

Senior leaders must be sensitive and must sensitize junior leaders about the importance of this matter. They must care deeply and sincerely for the welfare of their subordinates and their families. In order to do this, leaders must know their subordinates and assure that timely assistance is provided when needed.

In addition, leaders must be aware of the signs of depression and the increased risk of suicide. They must assure that the chain of command understands the need to be sensitive to the potential for suicide. Aggressive education awareness programs on suicide prevention are urgently needed and must receive the highest priority.

Commanders must actively teach subordinate leaders the beliefs and values which will cause them to place a priority on soldier welfare. Mentoring, values and moral education, and professional development are all ways that meet this goal. Whatever the method, this training must extend to the squad, team, and section leader. Finally, commanders and other leaders must demonstrate compassion, affirmation, responsibility, and encouragement for their soldiers and encourage their soldiers to care about each other.

DCSPER Leader Policy Division.

Source of the preceding Information: OFFICER'S CALL

Drug and Alcohol Abuse

The drug and alcohol abuse problem in American society as well as in the military environment has reached alarming proportions.

Drug and alcohol abuse can no longer be perceived as exclusively a ghetto problem or the problem of lower socio-economic groups. Indeed, we've seen in the past decade both problems have reached the highest socio-economic ranks of our society. Everybody knows somebody with a drug or alcohol problem.

Drug and alcohol abuse is society's problem; it involves all of us, directly or indirectly. It transcends all ages, socio-economic groups and geographic locations in the United States. Drug and alcohol dependence can be seen in all echelons of our society and in all echelons of the military.

Drug or alcohol dependence is a state of psychic or physical dependence arising in a person following intake on a regular or continual basis. Characteristics of drug or alcohol dependence and abuse vary depending on the age and size of the individual and on what is used. Often individuals use drugs and alcohol together or interchangeably.

People who take drugs and alcohol with compulsion and repeatedly to induce pleasurable sensations or to avoid physical or psychological discomfort are said to be dependent.

Many drugs bring on a physical dependence after repeated, long term use. Physiological disturbances also occur if certain drugs are stopped. Alcohol and heroin rank high in this category, but so do many other drugs including a variety from the

amphetamine, barbiturate, and tranquilizer families. Cocaine has become the most glamorous, seductive and dangerous drug on the national "black market."

Signs which may suggest drug abuse include sudden and dramatic changes in discipline and job performance. Drug abusers may also display unusual degrees of activity or inactivity, as well as sudden and irrational flareups involving strong emotion or temper. Significant changes for the worse in personal appearance may be cause for concern, for very often a drug abuser becomes indifferent to his appearance and health habits.

Because of the expense of supporting a drug habit, the abuser may be observed trying to borrow money. If this fails, he will not be reluctant to steal items easily converted to cash; such as cameras, radios, jewelry, etc. If his habit is severe enough (forcing him to use drugs while on duty), he may be found, at odd times, in places such as closets or storage rooms.

The following is an overview of some of the categories which are used "recreationally" and can lead to abuse and addiction.

Cocaine, the hottest psychoactive or "recreational" drug of the 1980's, is being illegally bought and sold in alarming proportions. Cocaine is a bitter, crystalline alkaloid substance that comes from coca leaves. For "street" use it is mixed with solvents and sold as a white, powdery substance. It is expensive and can be used in a variety of ways (injection, sniffing) to produce a "high" or intoxication. Cocaine is addictive. It is often associated with use by the upper middle class movie moguls, rock stars and the "rich." It is sometimes referred to as "smack" in its purest form or "nose candy."

Recently the use of a form of purified cocaine known as “crack“ has been on the rise among teenagers and young adults. Crack is usually sold in pellet form that sells in vials for as little as $5. Users smoke it and in doing so create a powerfully stimulating effect on the nervous system. Crack takes only seconds to induce a greater high than regular cocaine.

Crack causes users to crave it and to become addicted more quickly. It is thought to be the source of a wide range of criminal behavior, physical and psychological problems among teenagers, even as young as 13 years old. Recently there have been several crack-related deaths which have received national attention.

The Stimulants, primarily the amphetamine drugs - known by such names as “ups,“ “pep pills,“ “A's,“ “footballs,“ “bennies,“ “cross-roads,“ and “rockets.“ They act on the central nervous system to produce a sense of vitality, alertness, and extra energy and the ability to do without sleep for long periods. They reduce appetite, often are prescribed for overweight. Their use may cause 'nervy' or reckless behavior, over aggressiveness, delusions and hallucinations, “blackouts,“ or anti-social behavior. Perhaps that fastest growing use of amphetamines currently is the injection of “speed“ (methamphetamine) by means of a needle into the veins.

The Depressants, the barbiturates and tranquilizers - called "downs," "goofballs," "yellow jackets," “barbs,“ “redbirds,“ "blue heavens," "seconals," and "nembutals.” They depress the central nervous system to relieve tension or produce sleep. Barbiturates and alcohol in combined use can and have caused death: one drug potentiates the other to cause an effect many times greater than might be expected. Depressants are also used

for the alcohol-like euphoria they cause. Users exhibit the common symptoms associated with alcohol use (except the odor of alcohol). They often lose count of the number of pills taken: the result may be coma, or death.

The Hallucinogens include marijuana, LSD (lysergic acid diethylamide), dimethyl-tryptamine (DMT), peyote, psilocybin, and others - given such names as "pot," "weed," "grass," "LSD," "DMT," and "acid." In spite of the name "hallucinogen," it is not often that these drugs produce hallucinations. Effect vary greatly according to the drug and dosage, the person who takes the drug, and the conditions under which it is taken, but the hallucinogens may produce anything from a feeling of euphoric benevolence, through acutely heightened sensory experiences, to outright terror. Time and space seem to be transcended and often there is an unusual sense of internal unity.

The possibility that LSD, especially, may produce "bad trips" must be reckoned with, as well as the possibility that it irreversibly damages chromosomes.

The Narcotics include, principally, heroin and morphine (opium derivatives). They act to produce a sense of dreamy, pleasant sleep or stupor and thus replace pain with oblivion. Physicians employ them to reduce or eliminate excessive pain, often in terminal cases, but qualify their use by the fact that they produce physical dependence. Outside of medicine they are used by people seeking relief from otherwise intolerable circumstances. Increasingly this type of drug is becoming a suburban problem.

Marijuana in the United States, at the street-dose level, is a relatively mild derivative of the plant Cannabis sativa. In other parts of the world this same plant, harvested differently, is made to yield much stronger, definitely harmful forms of the drug.

There are some accepted medical uses of marijuana, especially in the treatment of cancer, but it is more often smoked recreationally in this country as a means of promoting euphoria. The effects vary in individuals, depending on the personality involved, the method of ingestion (whether smoked or eaten), the circumstances and the strength of the dose, but generally a feeling of euphoria, coupled with alterations in the perception of time and space, a sense of gayness, relaxation, and the release of inhibitions are included in the experience for these reasons users while under the influence of marijuana may do things which they would normally consider irresponsible.

Glues and Solvents - the inhalation of vapors from airplane glue, gasoline, paint thinners, and lighter fluid - fall outside the usual drug classification. Actually they are poisons, but are often associated with drug use because they produce alcohol-like effects up to and through hallucinations, unconsciousness, and even death. Glue and solvent sniffing is reported in all parts of the country, and appears to be popular chiefly with junior high and high school students. Permanent kidney, lung, and nerve damage often result, but there is also the immediate risk of suffocation and death.

Alcohol, the most widely used drug (in beer, wine, whiskey, and other beverages), functions as a stimulant in low concentration. Both the subjective and social effects are governed by how beverage alcohol acts on the brain. Relaxation or mild sedation is produced when the concentration in the blood is as low as 0.05 per cent. Other effects vary, ranging from such immediate effects as stimulation of the appetite to nausea, memory blackouts, or antisocial behavior, while long-range effects, for some, may range from minor to major physical and psychic abnormalities. Alcoholism, the acute form of problem drinking, is characterized by compulsive, uncontrollable drinking, intoxication, chronicity, and injury to functioning. The appeal of alcohol is its ability to produce a sense of relaxation, even euphoria. Alcohol when responsibly taken has various uses ranging from the social and medical to the sacramental.

There are many theories on the causes of alcoholism. These theories are both physiological and psychosocial in nature.

There are scientists who believe that alcoholism is a metabolic disease--that it is connected to disturbances or deficiencies of the pituitary-adrenal-gonadal triad of the endocrine systems which predispose them to alcoholism. Closely related to this theory is the question of heredity. There are higher incidences of alcoholism in some families than in others. Some individuals have inherited metabolic patterns which lead to nutritional deficiencies which, in turn, give rise to a craving for alcohol.

There is evidence which also suggests that some individuals have a psychosocial vulnerability to alcoholism. That is the alcoholic was emotionally sick even before he began to drink. To put it another way, the alcoholic drinks because he is sick and he is sick because he drinks.

The chaplain assistant isn't expected to know and understand all the theories about alcoholism, but it is important for you to know that like all human beings, alcoholics need to feel:

1. Affection.
2. A sense of belonging.
3. Acceptance and understanding.
4. That they are capable of achievement.
5. That there is some pleasure and beauty in their lives.

From a psychosocial standpoint, people develop drinking problems because the above satisfactions have been denied them. Alcoholics become alcoholics for a variety of reasons. Often, some lack or void during the early formative years leaves an individual with a predisposition for crutches such as alcohol or drugs. Later, social and family problems build on this predisposition to lead to abuse and ultimately addition.

To culminate Lesson 2, review now the next several pages of information which presents an overview of the Army Alcohol and Drug Abuse Prevention and Control Program (ADAPCP). You should become thoroughly familiar with this program as well as with Army Regulation 600-85 which prescribes policy and procedures regarding the program.

Overview of the Army Alcohol and Drug Abuse Prevention and Control Program (ADAPCP)

1. PURPOSE. This overview is intended as background information to support the alcohol and drug abuse training. It was not taken word for word from the regulation and is not intended as a complete reference document. Army Regulation 600-85 is the document that prescribes policy and procedures to implement, operate, and evaluate the Army Alcohol and Drug Abuse Prevention and Control Program (ADAPCP).

2. APPLICABILITY. Basically the regulation applies to Active Army, NG and USAR personnel on active duty. The regulation implements Public Law 92-129, 28 Sep 71, which mandates a program for alcohol and drug abuse identification and treatment for all the armed forces. Further, Public Law 91-616 and 92-255 requires that all federal agencies provide alcohol and other drug abuse services to their employees. The ADAPCP programs are authorized for US civilians, NAF employees, retired military, military and civilian dependents of eligible personnel, and foreign nationals, if provided for by the Status of Forces Agreement or other treaties.

3. OBJECTIVES. The ADAPCP is intended to prevent alcohol and other drug abuse, identify abusers, restore both military and civilian abuser to active duty or identify them as being rehabilitation failures for separation from government services. The program also provides for program evaluation research, and education at all levels. The education must cover all three tracks of the program. We will discuss the three tracks of the program later in this SR.

4. GENERAL POLICY.

a. The program will restore effective and reliable people to duty, and refer failures to the commander for elimination.

b. The ADAPCP provides for alcohol and drug abuse counseling in the same facility that will be known as Community Counseling Center (CCC).

c. Commanders and supervisors must be knowledgeable of the installation ADAPCP facilities available, and advise abusers of the two options available to them, regardless of rank.

d. Commanders must be made aware of all domestic or family violence involving alcohol or other drug abuse. Be must refer these people to ADAPCP.

e. Commanders and supervisors will insure that an active and aggressive urinalysis program is used to identify abusers and deter others from abuse.

f. The ADAPCP rehabilitation for alcohol and drug abuse is short termed, and the referral to the ADAPCP is a direct order for military personnel. Enrollment of civilians, however, is voluntary.

g. There are restrictions on revealing the fact that a service member is enrolled in the ADAPCP program without the individual's permission. See Chapter 6, AR 600-85.

h. Commanders may be prohibited from taking some types of administrative and disciplinary action against service members who are enrolled in the ADAPCP. However, a service member may not enroll in the ADAPCP to avoid pending or threatened disciplinary or administrative action.

i. Alcohol and drug abuse policy must be given adequate publicity to insure that eligible civilians and family members are aware of the following:

(1) Command support.

(2) Available information.

(3) Referral procedure.

(4) Rehabilitation services of the ADAPCP.

j. Enrollment of civilians and their family members is voluntary. Screening services of the ADAPCP may be used as an alternative to disciplinary or administrative action. If the ADAPCP alternative is used, the disciplinary or administrative action may be suspended for up to 90 days.

k. The commander of the servicing installation is responsible for developing procedures by which civilian employees may utilize the ADAPCP.

5. ALCOHOL. The command leadership will promote responsible attitudes by those who drink and acceptance of those who do not drink. Though alcohol is legal and socially acceptable, it should not become the purpose or focus of any military social activity. Army policy is to encourage service members and civilian employees to examine their personal use of alcohol. If necessary, they should seek assistance without fear or damage to their careers. Commanders will insure that subordinates are educated about alcoholism and its early signs and symptoms. Publicity that glamorizes or encourages alcohol abuse is prohibited.

6. CANNABIS. A high probability exists that many soldiers who volunteer for military service have used cannabis ("pot"), and may continue after entering the military service. It is important that a clear and consistent policy be adopted for dealing with cannabis use.

a. Limited pre-service use is not a mandatory disqualification for enlistment or appointment. However, dependence on marijuana, a court conviction or juvenile course adjudication for selling or trafficking in marijuana is a nonwaiverable disqualification. Any use of cannabis during the 90 days immediately before an application for enlistment is disqualifying and requires a waiver.

b. In-service use of cannabis is a violation of the UCMJ. Commanders will enforce the law.

c. A wide range of alternatives for restoring drug abusers exists. The appropriate action should be arrived at through a screening procedure involving the commander, the immediate supervisor, the ADAPCP personnel, and medical or legal representatives as necessary.

7. Individuals enrolled in ADAPCP require a waiver to reenlist. Personnel who require additional time in service to complete their enrollment in the ADAPCP may be extended to permit completion. Personnel who successfully complete either track 1, track 11, or track 111, (360 days) do not require a waiver to reenlist.

8. ORGANIZATIONAL FUNCTIONS. Specific functions for organizations are listed in paragraphs 1-18 through 1-20, AR 600-85. A summary of responsibilities are as follows:

a. The ADAPCP will be established at MACOM and installation levels, and those commanders are responsible for program activities, resources, and administration.

b. Larger unit commanders are responsible for monitoring implementation of appropriate ADAPCP initiatives of their subordinate units.

c. Battalion and separate company commanders are responsible for assigning an Alcohol and Drug Abuse Coordinating Officer (ADCO) and to implement prevention and education initiatives.

d. Company commanders will implement ADAPCP initiatives, and appoint an alcohol and drug abuse coordinator (ADC) to monitor ADAPCP clients.

9. PREVENTION AND CONTROL. Commanders at all levels are responsible for insuring an effective local alcohol and other drug abuse prevention efforts.

a. Alcohol and other drug control actions are intended to reduce the abuse of alcohol and the availability and abuse of other drugs.

b. Commanders will publicize the fact that the abuse of alcohol and other drugs will not be condoned.

c. Officers and NCO's who choose to drink will set the example for responsible drinking.

d. Alcohol consumption will not be glamorized at any function through contests, games, or initiations, nor will alcoholic beverages be awarded as prizes for contests. Military violators are subject to punitive action under provisions of Article 92, UCMJ or administrative action as appropriate.

e. Nonalcoholic beverages will be readily available at military functions to provide a choice.

f. Commanders and supervisors will promote and encourage off-duty sports, educational, cultural, religious, or spiritual pursuits as alternatives to abuse of alcohol and other drugs.

10. COMMUNITY INVOLVEMENT.

a. The installation commander will insure that an alcohol and drug information council, or other council concerning human resources, advises him on matters concerning alcohol and other drug abuse. Minutes concerning alcohol and other drug abuse will be recorded and approved by the commander.

b. Key personnel from the civilian community will be invited to attend these meetings. The Post Chaplain is a member.

11. YOUTH AND FAMILY INVOLVEMENT. The ADAPCP will provide training to youth program directors, in the area of alcohol and other drug abuse.

a. The local ADAPCP will provide trained speakers and professional presentations to school officials.

b. Youth groups, school officials and youth health care facilities personnel will be made aware of the availability of ADAPCP services to family members.

12. RESPONSIBILITY FOR EDUCATION AND TRAINING.

a. Commanders at all levels will conduct alcohol and other drug prevention education and training for military personnel on a regular basis. He must insure that the training is presented by a qualified instructor. The following training is required.

(1) For E1 - E4; education will be conducted within 60 days after each PCS and emphasize the legal consequences of abuse under the UCMJ and local law. Emphasis should also be on availability of ADAPCP and treatment available. Available alternatives to abuse at the installation and in the local community should be brought out.

13. LAW ENFORCEMENT. Law enforcement objectives are to eliminate the supply of illegal drugs, identify and apprehend those who traffic in drugs, and to prevent alcohol and other drug related crimes, incidents, and traffic accidents.

a. Law enforcement personnel may not solicit information from personnel enrolled in an ADAPCP program. Voluntary information can be used if it doesn't jeopardize the safety of the source or compromise the credibility of the ADAPCP.

b. Chapter 1, Title 42, Code For Federal Regulations prohibits undercover agents from enrolling in or infiltrating the ADAPCP.

14. The objective of the identification, referral, and screening programs are to surface alcohol and other drug abuse as early as possible for command action.

a. The commander takes administrative action as appropriate.

b. Refers the individual to ADAPCP for evaluation and assistance.

c. Voluntary (self) identification is the most desirable method. The individual whose performance, social conduct, interpersonal relationships, or health becomes impaired because of abuse of alcohol or other drugs has the personal obligation to seek treatment and rehabilitation. If the service member seeks help from an activity or individual other than the commander, the individual contacted will immediately contact the member's commander or installation ADCO. This requirement does not conflict with the chaplain's right of privileged communication. If the service member merely reveals information to the chaplain, then that information is privileged. Command involvement is required for ADAPCP referral.

d. When abusers or suspected abusers are identified, they will be referred to the commander for a determination and possible referral to the ADAPCP for further screening.

e. When a service member has a positive urinalysis as a result of drug screening, it is mandatory that he be referred for ADAPCP screening and medical evaluation.

f. If apparent alcohol or other drug abuse is noted by a physician during routine or emergency medical treatment, he will refer the individual to the ADAPCP, utilizing the SF 513 (Medical Record Consultation Sheet). The ADCO will immediately notify the client's commander of the referral. In the case of civilian employees or family members, the CPC will contact the patient in an attempt to set up an appointment.

g. Personnel who are identified as alcohol, or other drug, abusers through law enforcement will be referred to the ADAPCP by the commander.

15. After referral of a service member to ADAPCP, a rehabilitation team will be convened as soon as possible. This team will be composed of the following members as a minimum.

a. The member.

b. The commander (or representative).

c. The ADAPCP counselor.

Other members may include the ADAPCP clinical director, a physician, chaplain, social worker, psychologist, appropriate family members, the client's immediate supervisor, or other human services personnel.

(NOTE: People who abuse drugs often have an elaborate, defensive alibi system that is often used to prevent them from facing the fact that alcohol or drug abuse is the problem and to stop the abuse is the solution. This fact should be considered before the rehabilitation team composition is decided. If a member's abuse has caused job related problems, his supervisor should be present. If possible, the alibi must be stripped away so that the abuser has to face the real problem).

The ADAPCP counselor will recommend appropriate disposition to the commander. One or a combination of the following will be recommended.

a. Unit counseling by the commander or his representative.

b. Placement in the Urine Surveillance Program (USP).

c. Referral to another agency.

d. No ADAPCP service at present.

e. Enrollment in one of the following tracks:

(1) Track 1, awareness education and individual or group counseling, as required (nonresidential). Enrollment will not exceed 30 days.

(2) Track 11 rehabilitation (nonresidential). Intensive individual or group counseling (may include awareness education). Enrollment in this track will normally be for 30 days.

(3) Track 111 rehabilitation. Residential medical treatment with nonresidential follow-up. Service members enrolled in this treatment must have been referred by a physician and the treatment is for people with a long standing problem. The prognosis for recovery must be favorable. Enrollment in this track is for 360 days.

(NOTE: There is no, repeat, no minimum time required for enrollment in ADAPCP. A soldier can be declared a failure at any time. See Mag 101730Z,//DAPC-EPA-A//).

16. Biochemical testing is used to identify abusers early, deter experimental or casual use, develop data on the prevalence of abuse, and to monitor progress of rehabilitation.

a. Each military service is required to implement biochemical testing.

b. The test can detect various drugs including emphetamines, barbituates, opiates, methaqualone, phencyclinine, and cocaine. Products containing any of them drugs, taken into the body several days before the test will produce positive results.

c. The testing is very accurate because positive samples are confirmed again by another method before a positive report goes to the unit.

d. Positive samples are retained for 60 days in case of denial, so the lab can recheck the findings.

e. These samples must be taken under direct observation of an E5 or above, the same sex. Urine samples will be collected with respect for human dignity.

f. Commanders may direct individual service members, part of a unit, or the entire unit to submit urine samples, if there are reasons to suspect drug abuse by unit members. The decision to test is command judgment; however, repeated or serious

breaches of discipline should be examined to determine if alcohol and other drug abuse might be the cause. Coordination should be made with the ADCO to insure testing facilities are available.

g. Physicians may direct a patient to be tested if abuse is suspected.

h. All service members who gave a positive sample that is not authorized use, as determined by medical evaluation, will be placed in the urine surveillance program for 30 days. During this time, unannounced urinalysis will be made twice weekly, or a total of eight times.

i. Drug testing laboratories will provide testing service to all Army, Navy, Air Force, and Marine Corps installation within the area.

j. Within two days, the laboratory will notify the originating agency electronically telephonically (never by routine mail) of confirmed positive results and a statement that the balance was negative.

17. Rehabilitation of abusers is a command responsibility. Rehabilitation begins when an individual is identified as an abuser.

a. The objectives for military personnel are twofold:

(1) Restore identified abusers to productive duty.

(2) Identify rehabilitation failures.

b. The objectives for civilians is to restore them to effective performance, if possible.

c. For military and civilian family members the objective is to resolve alcohol and other drug abuse problems in the family.

18. Rehabilitation Program. The Army's rehabilitation program is divided into three tracks to provide flexibility for the commander and more appropriate client case management.

a. Track 1 provides education, individual or group counseling or assessment as required. The education and discussion will focus on the adverse effects and consequences of abuse. The clinical director, psychologist, social worker, and other counselors will provide instruction in Track 1. The client will be transferred to another agency or another track if more intensive service is required. This track normally lasts 30 days.

b. Track 11 provides individual, group, or family counseling on an outpatient basis. The education session of Track 1 is available and a more intense counseling effort is used. Enrollment in this track will be for a minimum of 30 days and will not exceed 360 days. A medical evaluation is not required for entry, but one may be requested at any time. The client may be transferred to another agency or Track 111 for treatment if required.

c. Track 111 provides intensive residential treatment of six to eight weeks duration, with a follow-up for a total of one year. Initial treatment is under direct medical supervision, in residence, in a medical treatment setting. This track is for people who cannot respond to outpatient treatment or have a long standing history of abuse or have become dependent on alcohol or another drug. Servicing ADAPCP personnel are required to remain in contact and monitor progress of the client that is referred by his commander, the clinical director, and a physician, for this treatment. A medical evaluation is required again before the member is released from the resident phase of Track 111. The RTF treatment will follow the multidisciplinary treatment approach. Group therapy will be the primary method of treatment for the patient and family members. Pharmacotherapy, (drug therapy) Alcoholics Anonymous (AA), Alanon family groups, individual counseling, education physical training, recreational therapy, and other modalities may be employed. The RTFs will be operated in a strictly military environment.

d. The return to the unit is one of the most critical and difficult aspects of rehabilitation. The service member must be afforded an opportunity to demonstrate that he or she is motivated to remain alcohol or other drug free. Frequent consultation between the immediate commander and the ADAPCP staff is critical during this time. Key personnel must insure that:

(1) The individual is assigned duties commensurate with his ability, experience, and MOS.

(2) He is required to comply with the same standards as others of his grade and experience.

(3) Be is provided support and is not subjected to ridicule or embarrassment.

(4) He is encouraged to participate in follow-up as prescribed.

19. The ADAPCP civilian counseling services are contained in Chapter 5, AR 600-85.

20. Legal requirements for ADAPCP must be consistent with the provisions of public law, civil court determinations, DOD Directives, and other Army Regulations.

a. Confidentiality of military clients ADAPCP information must be maintained. The information will be released within the armed forces to personnel who have an official need to know only. Restrictions are covered in 5 USC 552a, AR 40-66, and AR 340-21.

b. Exemption does not grant immunity for present or future use or illegal possession of drugs or for other illegal acts, past, present, or future. For example, information that the client presently possesses illegal drugs or that the client committed assault on a person while under the influence is not exempt under this policy.

c. Exemption does not prevent a counselor from revealing illegal acts to the appropriate authority. These would be acts that have an adverse impact on mission, national security, or health and welfare of others. The reporting in these instances are from counselor, to clinical director, to ADCO, to the client's commander.

21. SUMMARY: Alcohol and drug abuse treatment is mandated by law, for all of the armed services, and for all other federal employees. All commanders and supervisors have the responsibility for the education, identification, rehabilitation, or elimination of alcohol and drug abusers. The ADAPCP is a commander's program and has three different tracks that allows the commander to select the most appropriate method for dealing

with an abuse problem. The urine surveillance program, medical treatment personnel, and law enforcement agencies must assist the commander in the identification and referral portions of the program. The treatment will restore the abuser to effective duty or identify failures for termination of government service.

Lesson 3

This lesson is geared to present you with an overview of some of the important helping agencies available to the Unit Ministry Team for referral. These ”welfare” and ”nonwelfare” agencies will be essential to the WMT in its mission to help individuals in distress.

Chaplain assistants, like chaplains, are expected to know a little bit about a lot of things. The UMT is expected to provide a variety of help to distressed individuals as well as to individuals who have family problems and need to be pointed in the right direction to get their problems solved. Some of the help the UMT will give to soldiers and their families will be religious in nature, a lot of it will not.

When dealing with distressed individuals, the UMT is often expected to provide only short term help -- that is get the individual to the point that he (or she) is calm, fairly reasonable, and able to verbalize feelings. Then the individual can be referred to one of the many “helping” agencies set up to handle specific problems or crises.

If you haven't already, it is important to become familiar with the helping agencies at or near your duty station. Put together a list of these agencies complete with phone numbers and names of essential professionals or staff members. Update your list periodically.

After referrals have been made, it is the duty of the UMT to do follow-up. "Whatever happened to that guy -- John, -- what's his name who wanted to kill himself a couple of weeks ago?” absolutely is not the attitude to be assumed by the UMT.

The UMT must decide on the procedure to be used to follow up on working with distressed individuals, but each record of a contact warrants a follow-up phone call or note from the chaplain or chaplain assistant. How did things work out? What is the epilogue?

Follow-up is important after a referral has been made. A phone call from the UMT the day after, the week after, and the month after an individual has experienced a crisis or distress is a good rule of thumb. Call and when possible drop in to visit the individual who was in distress.

Stop here now to review the next 20 or so pages of "helping" agencies that has been compiled for your use and study.

NONWELFARE AGENCIES WITHIN THE US ARMY

The chaplain is in frequent contact with certain military offices and staff sections which are called referral agencies. The following agencies are those commonly available to the chaplain on most military installations.

(1) Unit Commander.
(2) Adjutant (S1).
(3) Personnel Officer.
(4) Finance Officer.
(5) Transportation Officer.
(6) Judge Advocate and/or Legal Assistance Officer.
(7) Medical Services.
(8) Civil Affairs Officer.
(9) The Inspector General.

The preceding list is by no means all inclusive. Additional agencies may be available on certain installations, depending upon the local situation and the military mission. The agencies listed, however, are basic and represent those with which the chaplain is primarily involved.

The Unit Commander is responsible for all unit activities, including those involving morale, morals, and religion. By virtue of the commander's position and his wide area of responsibility, the chaplain will of necessity refer soldiers to him or her as often as to other agencies.

A problem may often be solved by requesting a decision at the proper level of command. Referral should be made to the lowest possible headquarters having the authority or capability to solve the problem.

It is neither wise nor necessary to send a soldier to the commander on all occasions, although the command may be involved in the problem. In such cases the chaplain will advise the commander of the situation, keeping in mind the commander's need-to-know. On the other hand, the chaplain will safeguard all confidences entrusted to him.

In dealing with military problems such as transportation, finance, assignment, and reassignment, the chaplain should not bypass the chain of command. The chaplains, as staff officers, work within the military framework. Consequently, the immediate unit commander, or his representative, should be involved in numerous referrals.

The Adjutant usually functions as the personnel officer in organizations patterned on the general staff, as the secretary of the general staff, and as a member of the commander's personal staff. He performs the personnel functions of those special staff officers who are not present in the small unit staff, such as the adjutant general, inspector general, staff judge advocate, provost marshal and special services officer. In the headquarters at division level or higher, the duties of the adjutant are taken over by the assistant chief of staff for personnel (G1). The G1, operating on a higher level, will have additional duties in the field of policy making. The G1 also has the general staff supervision of chaplain activities.

The adjutant (or the G1) supervises the collection and evacuation of prisoners of war, the control of civilians, and the care of displaced persons and refugees. The adjutant also secures and administers indigenous labor, and is responsible for the supervision of morale activities. The adjutant supervises all space allocations and areas for camps and bivouacs including the allocation of space to the command staff sections. The adjutant is responsible for civilian schools on military reservations and for the solution of many problems involving the education of dependent children.

The adjutant also has the responsibility of staff supervision for the educational development of military personnel. This function is usually carried out at post level through civilian education advisors and Army Education Center administrators. Such a program provides on-post education for

military personnel and their dependents and assistance to personnel desiring courses in civilian schools and/or correspondence courses.

Any problem or activity in the above areas may appropriately be referred to or discussed with S1 (adjutant) or the G1 and subordinate officers.

The personnel officer works under the supervision of the adjutant and S1 section. This officer has responsibility for keeping the records file of each individual assigned to the command. The personnel officer maintains statistics on absences without leave and courts-martial. This officer prepares records and strength reports, secures replacements, arranges for replacement reception and processing, and makes recommendations concerning the transfer, assignment, and classification of personnel.

In the headquarters at division level or higher, the personnel officer is called the adjutant general and works under the supervision of the G1. He may be given additional duties in accordance with the policies of the headquarters to which he is assigned. FM 101-5, Staff Officers' Field Manual, gives a list of the duties that will normally be performed by the adjutant general.

Information records on an individual concerning pay, allotments, promotions, decorations, status, education, skills, religious affiliation, and other information will normally be

found in the personnel office. Military pay vouchers, as well as W-2 and W-4 forms, are made out in the personnel office before being sent to the finance office.

The UMT works closely with the personnel officer, both as a referral agent and as a source of information for facts to help the personnel officer solve the problems of unit personnel.

The finance officer is responsible for paying military personnel. This officer is also responsible for withholding money from a soldier's pay once he has evidence that payment to the government is due and collectable. It is proper and appropriate to refer problems or questions in the following areas to the finance officer:

Pay that is due an individual from the government or money due the government from an individual.

Questions concerning basic pay, allowances, and income tax deductions.

Partial pay requests after they have been approved by the unit commander.

Travel pay due for travel made on military orders.

Questions concerning per diem.

The transportation officer has the responsibility for providing necessary transportation for military personnel, their dependents, their baggage and their pets. All questions and problems within this area may appropriately be referred to him.

Judge Advocate and/or Legal Assistance Officer is responsible for furnishing legal assistance and advice to military personnel and their dependents. This officer supervises military justice within the command and reviews and recommends action on all claims. The chaplain will make referral to or seek the advice of the judge advocate or the legal assistance officer on all questions involving law or court action.

The Medical Organization will become familiar with the medical organization of the unit or installation to which they are assigned. The chaplain is not qualified to diagnose or treat physical ailments and should never attempt it even in minor cases. These should be referred to the proper Medical Service agency, as should cases involving severe emotional disturbances. Problems involving sanitation, health and the condition of food should also be referred to Medical Services.

Civil Affairs Unit

Units below division level will seldom have a civil affairs unit as an organic part of the organization. There will, however, be civil affairs personnel from division, corps, or higher echelons administering civil affairs in local areas within the battle group and battalion area of operation. If there is no civil affairs representation, the operation officer (S3) of the brigade or battalion will be the officer responsible for handling civil affairs matters. At division and higher echelons, civil affairs activities are under the supervision of the assistant chief of staff, G5. Problems in the following area should be referred to the civil affairs office:

Problems involving civilian clergy

The use, disposal or repair of civilian religious property, or the use of government property by civilian religious organizations.

Relief, welfare supplies and money for civilian aid including the support and care of orphanages and hospitals.

Inspector General

It is the right of all military personnel as members of the Department of the Army to present to the military authorities, orally or in writing, their individual complaints, grievances, or requests for assistance of any nature. This is done through the Inspector General.

There may be occasions when the UMT can help a soldier only by referring him to the Inspector General. The Inspector General is a confidential advisor to the commander, empowered to inquire into and report on matters pertaining to the performance of the mission, state of discipline, efficiency, and economy. The Inspector General is under the direct supervision of the commander and is a personnel staff officer by regulation (AR 20-1 and 27-1) with direct access to the commander. This officer receives, investigates, and reports on allegations, complaints, and grievances of individuals and agencies. This referral agency should be appealed to only when all other avenues of seeking action or redress have been exhausted.

The UMT will receive many referrals from agencies, individuals, and from other chaplains. Chaplains will have occasion to refer counselees to other chaplains who might be better able to assist with a particular problem or situation.

Upon the transfer of a soldier to a new unit, the soldier may be referred to the new UMT.

When an individual from a unit with an assigned UMT takes a problem to the chaplain of another unit, it is the duty of the receiving UMT, unless there is objection, to refer the soldier back to the original unit chaplain. In most instances, the soldier comes to the UMT because there is a lack of information on the location or availability of his own chaplain. If, however, it is a matter of personal desire for a specific chaplain to help with a soldier's problem, the request should be honored. The receiving UMT should, as a matter of professional courtesy, inform the unit chaplain of the counseling relationship and, where possible, cooperate toward the solution of the problem. The receiving UMT should be careful to avoid confirming any lack of confidence which the individual might have in the former chaplain. Neither professional ethics nor confidentiality should be violated in these situations.

When distance or other circumstances make it more appropriate for another UMT to solve all or part of a soldier's problem, a referral may be in order.

WELFARE REFERRAL AGENCIES

There are eight civilian welfare agencies and three military welfare agencies which merit special consideration. These agencies are available to the UMT and receive many of his referrals:

Civilian Welfare Agencies

(1) The American Red Cross
(2) The United Service Organization, Inc
(3) The Legal Aid Society
(4) The Veterans Administration
(5) Religious Organizations
(6) Alcoholics Anonymous
(7) The National Travelers Aid Society
(8) Family Service Association of America

Military Welfare Agencies

(1) Army Emergency Relief
(2) The Army Relief Society
(3) Army Community Services

These military and civilian agencies are nation-wide, but they are not the only welfare agencies available to the chaplain. Orphanages, nursing homes, schools for retarded and handicapped children, and other local agencies must be

discovered by the UMT, because Army family members often need such services. The civilian and military welfare agencies listed here will be discuse remainder of this chapter.

The American Red Cross as a government chartered corporation was created by Congressional Acts of 1905, 1912, and 1916 as a corporate body within the District of Columbia. It receives funds from popular subscriptions, not through government appropriations. UMT's should be familiar with AR 930-5, which provides information about the mission and operation of the Red Cross and the objectives and policies of the Department of the Army concerning the Red Cross. The honorary chairman of this organization is the President of the United States.

The mission of the Red Cross. Acting through local chapters and through a national organization-staff, the Red Cross assigns personnel to military installations and activities both within the continental United States and overseas. The Red Cross cooperates closely with military authorities as it carries out activities supplementing the welfare, recreation and morale of military personnel. The general policy of the Department of the Army is to facilitate the accomplishment of this Red Cross mission.

Relationship to the Army. The Assistant Chief of Staff for Personnel is charged with determining policy concerning relations between the Army and the Red Cross. The accounts of the Red Cross are audited for the Department of Defense by the Army Audit Agency which submits an annual report to Congress.

Utilization of Red Cross personnel. Commanders desiring the services of Red Cross personnel forward initial requests to the Adjutant General, Department of the Army. After initial staffing has been completed, further contacts with the Red Cross will be made through the local Red Cross director. Commanders desiring the services of volunteer Red Cross workers to assist the paid staff, will request them from the local Red Cross director. Information relating to the loyalty and acceptance of Red Cross personnel on duty at Army installations will be furnished to the Department of the Army when requested.

Red Cross services are available in the following categories:

(1) For able-bodied personnel and their dependents

(a) Consultation and guidance on personal and family problems.

(b) Assistance with communication on behalf of service personnel and families when normal methods of correspondence have broken-down. The Red Cross may make inquiries on behalf of either one or the other to help relieve anxiety.

(c) At the request of the commanding officer or UMT, the Red Cross will obtain confidential reports on home conditions which are used in evaluating applications for emergency leave, reassignment, deferment from overseas assignment and hardship discharge. Such reports assist all responsible parties in arriving at a fair decision.

(d) May provide supplemental information regarding Federal and State legislation concerning allotments, allowances, insurance, civil relief and other benefits. Provides assistance in securing these benefits for discharged and disabled servicemen, their dependents and survivors.

(2) For hospitalized patients and their families.

(a) For the benefit of the family, the Red Cross will secure information concerning a hospitalized serviceman. It may also secure information for a serviceman about any member of his family who is hospitalized. The Red Cross director is responsible for all direct communications with local chapters concerning hospital matters.

(b) With the prior consent of a hospitalized military patient, the Red Cross will obtain his medical or social history to aid Army medical officers in their treatment. Information thus obtained is treated as confidential and not incorporated in evaluation boards or stated verbatim in records. If adverse information is received, the patient will be so advised.

(c) If a patient needs further Red Cross services while on convalescent leave, the local chapter will be notified by the Installation Field Director.

(d) The Red Cross director at any Army hospital arranges for the reception and care of relatives who come to see the military patient.

(e) In military hospitals the Gray Lady Program is organized and directed by the hospital Red Cross field director. The Gray Ladies are usually military spouses and mothers of soldiers. They perform a variety of services for patients, to include the providing of toilet articles, stationery, books, movies, personalized shopping, sending telegrams, writing letters, etc.

(3) Use of Red Cross reports in courts-martial cases.

(a) Commanders exercising general courts-martial jurisdiction may request reports on home conditions and social histories for use in mitigation, remission and suspension of sentences. Field directors are authorized to accept requests for such information concerning certain prisoners awaiting trial by general courts-martial, or with sentences which include dishonorable or bad conduct discharges.

(b) Information requests must be specific when background information is needed. Examples: identifying information, statements from welfare agencies knowing the prisoner, particulars of unusual factors in individual development or

family history, health and medical history, education, employment and present home situation. Data relating to aggravating or mitigating circumstances or to prior criminality cannot be requested.

(c) Referrals should be made to the Red Cross only after the individual has been interviewed and it has been determined that additional information is necessary. The local chapter should be furnished information through the field director on the status of the individual and the reasons for the request. The person concerned must give written consent to the request, and the individual's family must be notified of his status and advised that the report is requested for a specific purpose.

(d) Information received from the Red Cross will be regarded as confidential. It will not be made available to the prisoner, detentioners, defense counsel, law officer, or any other person for use in trial. It may be included as part of or attached to screening reports which are furnished the convening authority or other reviewing officials after the trial is concluded.

(e) Written Red Cross reports will not be considered a part of the individual's official records. When their purpose is served, they will be filed with all other confinement reports.

The United Service Organizations, Inc. (USO) is a voluntary civilian agency which services the religious, spiritual, social, welfare and educational needs of men and women in the Armed Forces. Through its world-wide network of clubs, lounges and

related services, the USO has become recognized as a "home away from home" for men and women in uniform, wherever they may be stationed. AR 930-1 governs the utilization of USO services.

The USO brings together six member organizations:

(1) The Young Men's Christian Association.

(2) The National Catholic Community Service.

(3) The National Jewish Welfare Board.

(4) The Young Women's Christian Association.

(5) The Salvation Army.

(6) The National Travelers Aid Society.

According to its by-laws, the USO is responsible to the President of the United States and the Secretary of Defense. The Assistant Secretary of Defense (Manpower, Personnel and Reserve) is the official liaison between the Department of Defense and the USO. The Chief, Special Services Division, TAG, is the administrative liaison for the Department of the Army with the USO.

Government funds are not allocated to the USO. The USO receives its support through voluntary contributions made to the United Funds.

With regard to organization, directors and assistants of local USO operations are usually professional social service workers representing the constituent agencies of the USO. One agency is normally designated as the operating agency for a particular club. The professional staff of a club operation is

assisted by volunteer workers. A USO committee consists of leading representatives of the three major religious faiths, local civic and community groups, plus business and labor leaders. Often, local military commanders, chaplains, and special services officers serve as advisors. The local military commander may designate the senior supervisory chaplain to represent him at USO meetings.

The activities of the USO are planned to meet the particular needs of military personnel in the area served by the club. The following activities and services are normally offered:

(1) Off-post religious information service.
(2) Sightseeing tours.
(3) Home hospitality.
(4) Housing assistance.
(5) Group activities at the USO include discussion groups, films, choral groups, dramatics, etc.
(6) Limited dormitory facilities, lockers and showers.
(7) Holy Day programs in conjunction with local religious groups.
(8) Services to military families and dependents.
(9) Community and travel information.
(10) Craft shop and hobby facilities.
(11) Reading and lounging rooms, to include snack bar.
(12) The USO is charged with the responsibility of procuring and coordinating entertainment of all types, and has the capability of rapid expansion in the event of war or national emergency.

The Legal Aid Society. Legal aid societies are available in every state and most of the major cities in the nation. Their purpose is to render legal aid to those who are unable to pay. Legal aid societies are usually sponsored by the local bar association, with operating funds derived from private contributions. The chaplain should obtain a copy of the legal aid directory from the Legal Aid Association and become familiar with the resources of the Society.

a. Eligibility for aid. The concept that every man is entitled to equal treatment before the law regardless of income is basic to the operation of the Legal Aid Society. An applicant for legal aid in either criminal or civil matters must show that he is unable to afford the services of a competent lawyer. Legal aid societies reserve the right to withdraw from a case at any time and will do so when circumstances are altered to make the person an ineligible or undesirable client. Normally, application for aid must be made in person. No legal information will be given over the telephone except to case workers of recognized social agencies.

b. Types of cases handled. Below are listed a few typical cases that may be referred to the Legal Aid Society:

(1) Wages, small debts, installment contracts, wage assignments, garnishments, insurance and breach of contract in small amounts.

(2) Attorney and client difficulties not grave enough for bar discipline.

(3) Small real estate matters; landlord and tenant cases that involve actual legal questions such as personal property, conversion, detention and liens (except enforcement of mechanics liens) where the amount is small.

(4) Small claims against estates, small accounting and similar services.

(5) Annulments, dissolutions and divorces where justified by sound social policy. Advice given in separation cases. No case will be accepted where counsel fees can be obtained from the other party.

(6) Adoptions and guardianships, custody of children, support claims of dependents.

(7) Drafting legal documents not involving large sums.

c. Types of cases not considered in most Legal Aid Societies:

(1) Personal injury or property damage in large amounts, libel, slander, patents and copyrights.

(2) Naturalization, immigration, deportation, petitions in bankruptcy, civil service, complicated accounting, equity action such as injunctions, specific performance, partnership accountings.

d. Since judge advocates general are not permitted to take cases in civilian courts, soldiers of lower grades and those with heavy emergency expenditures may need the services of a Legal Aid Society.

The Veterans Administration (the VA) is responsible for administering the major veteran's programs authorized by Congress. Although Army chaplains work with active duty soldiers, there are often problems and questions that should be referred to the VA.

a. The Veterans Administration has regional offices throughout the United States. Questions concerning benefits and services should be addressed to the nearest Veterans Administration office. Chaplains should secure the Fact Sheet, published by the VA, which describes the benefits administered by the agency.

b. Some of the problems referred to the Veterans Administration are:

(1) Indemnity compensation for widows, orphan children and dependent parents of decreased military personnel under provisions of the Survivor's Benefits Act.

(2) Social Security rights.

(3) Disability compensation.

(4) Medical and dental care.

(5) Hospitalization.

(6) Education and training assistance.

(7) Loans. The Veterans Administration guarantees the repayment of a loan made to an eligible borrower by a lender of his own choice. The unremarried widow of an eligible veteran who died of service-connected causes is also eligible for this provision.

(8) Special housing. Assistance in building, purchasing, repairing or financing specially constructed housing is available to veterans with disabilities due to wartime or peacetime service.

(9) There are numerous other areas in which the VA has an interest. The chaplain should explore these in order to facilitate referrals when problems arise.

Religious Organizations. The UMT relies heavily upon the support given to military personnel by churches and religious organizations.

a. The problem of establishing the status of a conscientious objector prior to entry into the service must be accomplished through the individual's home church (AR 635-20).

b. Problems concerning doctrine and ecclesiastical matters may be referred to the home church in the absence of other sources of information and authority.

c. Administration of certain rites may require referral to the home church or to a local church of the same faith and practice.

d. Problems that involve the religious education of military dependents who live off post may be referred to a local church or religious organization. Usually, children are more at home and happier when attending religious education classes with the classmates they have during the week. Military families will be accepted by a community more readily and feel more at home if they take part in community and church affairs.

e. In certain denominations, problems of church membership will have to be worked out with the local religious organization and the individual's home church.

f. The UMT should become acquainted with local religious leaders to discover additional services which are provided for military personnel and their families. A copy of the Year Book of American Churches, published by the National Council of Churches of Christ in the USA, or some equally informative volume, will be helpful in church referrals.

Alcoholics Anonymous. Alcoholism ranks high among American public health problems. The UMT is called upon frequently to deal with problems related to alcohol use and abuse. The decision to counsel an alcoholic or to make a referral will remain with the individual chaplains. Generally, it is wiser to refer an alcoholic to a psychologist or psychiatrist and to a local chapter of the Alcoholics Anonymous.

Alcoholics Anonymous has no officers, no by-laws and no official rules beyond the desire to meet the needs of those who seek help. It has a national headquarters, but no centralized authority. Alcoholics Anonymous, Incorporated, Headquarters (468 Park Avenue, New York, NY 10016) provides general information, services local chapters, fosters new chapters and distributes standard AA literature and the book, Alcoholics Anonymous. It conducts public relations matters of a national and international nature. Those who need and desire help to recover from problem drinking may become members and participate in the program provided by AA.

Alcoholics Anonymous groups are so widespread that there will probably be a group wherever a chaplain is stationed. AA success in solving the problem of the alcoholic has been so consistent that the UMT will want to become acquainted with the chapter near the unit and place it on the list of referral agencies. Listings can be obtained by consulting a telephone directory, local clergy, physicians, or welfare agencies.

Membership involves no financial obligations. Local groups may solicit contributions only from their own members. The group funds are used to:

(1) Assist local groups or help to establish new ones.

(2) Provide publicity designed to bring the message of the AA recovery program directly to alcoholics.

Eligibility for assistance. The only requirement for membership is an honest desire to stop drinking. The AA technique includes the following:

(1) The individual must admit that he is an alcoholic.

(2) Members will not make pledges and their association is voluntary.

(3) "Twenty-four Hour Plan," a requirement for keeping sober for the current twenty-four hours.

(4) "The Twelve Suggested Steps," a progressive course toward the maintenance of sobriety.

The National Travelers Aid Society. Travelers Aid assists individuals and families who for economic, social and psychological reasons have problems related to travel. The Travelers Aid also works toward the improvement of the social conditions which contribute to many of these problems.

a. The Travelers Aid provides case work service and specialized assistance to travelers and newcomers. Resident families are also helped in certain difficulties involving separation from family members, such as a runaway child or a member who has become ill or stranded. Counseling and referral services are available to the traveler in difficulty and to the newcomer who is not yet familiar with local resources.

b. This assistance includes providing transit lounges, planning recreation, locating housing accommodations, solving travel problems, locating friends and relatives, and contacting other community resources and social agencies.

c. Financial assistance is an integral part of the casework service. The client is advised of an appropriate source for financial assistance, or he may receive assistance from the Society. However, Travelers Aid does not duplicate public welfare activities.

Family Service Association of America (FSAA) has approximately 300 agencies in over 250 cities with an annual budget of more than nineteen million dollars. It is supported by citizen contributions, usually through the annual city-wide United Fund Campaign, and is governed by a board of representative persons from the community.

FSAA assists in many types of problems. Counseling is offered on an ability-to-pay basis to highly salaried individuals as well as those from low income groups. The following are some of the problems FSAA deals with:

(1) Marital problems.

(2) Emotionally disturbed family member.

(3) Emergency illness.

(4) Under-achieving child.

(5) Information about resources for assistance.

(6) Information on child rearing.

The UMT will find that military families need the services of FSAA. A directory, giving the location of member agencies, may be secured from Family Service Association of America, 44 East 23rd Street, New York, NY 10010. Accredited agencies of the association will be listed in the classified telephone directories under the classification "Marriage and family Counselors."

Army Emergency Relief (AER) was authorized by the Secretary of War and incorporated as a perpetual organization on 5 February 1942 in accordance with the provisions of Title 5 of Chapter 5, the Code of the District of Columbia. It collects and disburses funds for relief of financially distressed members of the Army and their dependents. AR 930-4 governs the operation of the AER.

The AER is organized to be an instrument of morale. The Chief of Staff is chairman of the Board of Governors, which consists of all MACOM commanders, the Commanding General of the Military District of Washington, commanding generals of all major independent overseas commands and such other persons as the chairman may appoint. The AER operates within the Army through branches and/or sections.

(1) A branch may be established at the headquarters of overseas commands, the headquarters of the numbered armies and at Headquarters, Military District of Washington. A branch is nonoperational and exercises general supervision over the functions of its sections.

(2) Sections are operational units and may be established within any Army command or installation to render emergency financial assistance.

(3) Major commanders have command responsibility over AER activities through inspections and audits.

(4) Branches and sections may be established or discontinued upon application to the director by the appropriate commander.

(5) Either a commissioned or warrant officer may be appointed by the commander as AER officer. The AER officer interviews applicants, makes the necessary investigation, furnishes advice, and renders assistance in accordance with the basic regulation, AR 930-4. He makes regular and prompt loan collections, preferably through Class E allotments.

Fund raising. The AER relies on voluntary contributions from members of the Army.

Emergency financial assistance may be granted by the AER to:

(1) Dependents and members of the Army on active duty. This includes caring for the immediate needs of dependents of Army personnel who die while on active duty.

(2) Dependents and members of all components of the Army who are retired either by reason of physical disability or after 20 or more years of active duty. This also includes caring for the immediate needs of dependents upon the death of the serviceman.

(3) Dependents of Army personnel missing in action.

Generally, loans without interest are made, with repayment affected through Class E allotments in small monthly installments. Grants are made if repayment would cause undue hardship; for example, in case of a serviceman's death, dependents almost invariably receive a grant.

The typical cases in which emergency assistance is normally rendered:

(1) Nonreceipt of pay, allotment or allowance.

(2) Loss of pay or personal funds.

(3) Emergency medical, dental and hospital expenses.

(4) Funeral expenses not to exceed $500.

(5) Travel expenses for emergency leave; emergency transportation of dependents to include expenses involved in meeting authorized port calls.

(6) Payment of initial rent or payment to prevent eviction.

(7) Privation of dependent not included in the above.

(8) Confidential cases where referral to other agencies might embarrass the individual or the command, or reveal security information.

Since emergency need is the controlling factor, assistance normally is not rendered by the AER in the following types of cases:

(1) Divorces.

(2) Liquidation or consolidation of outstanding debts unless arising as a result of an emergency.

(3) Chronic or prolonged illness on a long term basis.

(4) Financing of business ventures.

(5) Maintenance of an individual's standard of living incommensurate with his pay and allowances or to provide regular supplementation of pay and allowances.

(6) Civilian court fees, fines, judgments, liens, bail, legal fees and income taxes, except if they will cause the immediate privation of dependents.

(7) Purchases merely for convenience or luxury.

(8) Travel expenses for non-emergency type leave.

Coordination with the Army Relief Society and the American National Red Cross. Assistance rendered by the AER should not conflict with or duplicate the financial assistance program of the American National Red Cross or the Army Society.

The Army Relief Society (ARS) certificate of incorporation states that its purpose is to provide relief, in case of emergency, for dependent widows and orphans of the officers and enlisted men of the Regular Army of the United States; to Solicit and create scholarships and supervise educational opportunities for such orphan children.

The Society consists of voluntary groups of Army and civilian women operating under the Board of Managers. The commanding officer at each post is requested to appoint one woman member of an Army family, preferably the Commander's wife, as Army Relief Society Representative. She is responsible for carrying out the policies and directives of the national headquarters of the Society. Post representatives work closely with the chaplain, AER and Red Cross. Where there is no Army Relief Society representative, the Red Cross investigates for the Society. Civilian community branches are composed of retired personnel and friends of the Army.

Funds for the Society are received from the:

(1) Income from invested reserves.

(2) Annual membership dues, voluntary contributions, memorials and legacies.

(3) A designated portion of the funds raised by the joint Army Emergency Relief and Army Relief Society campaigns.

The Department of the Army sends a daily casualty list to the headquarters of the Army Relief Society. Letters are then sent by the Society to the widows of Regular Army servicemen, offering sympathy and assistance. Upon application for aid each case is referred to the appropriate local representative. Cases are also reported through post representatives, chaplains, civilian branches, civilian clergy, AER, Red Cross and other agencies. The welfare activities of the organization are restricted to widows and orphans of Regular Army personnel. If a deceased husband or father was on the active list, or was

retired or discharged for physical disability, or received an honorable or a medical discharge after a long period of service in the Regular Army, his widow and children may be eligible for assistance. Suicide or death of a serviceman due to his own misconduct does not effect eligibility. Widows or orphans of servicemen who are AWOL or general prisoners are eligible. Those of deserters are not.

Army Community Service. The Army Community Service program was established by the Department of the Army in 1965, with the objective of providing information, assistance, and guidance to members of the Army community in meeting personal and family problems beyond the scope of individual resources. The Army has always made such a provision, but for the first time a central agency was established to bring together the various service provisions at its command on an action or referral basis. The chaplain will find the ACS to be one of the most helpful agencies at his disposal. He should become familiar with AR 608-1, which authorizes the establishment of ACS and outlines its operational procedures.

Active and retired military personnel and their dependents are eligible to utilize the services of ACS. Appropriated and nonappropriated funds and voluntary contributions are used in the support of ACS in accordance with the provisions of AR 608-1.

The ACS is a command responsibility normally under the supervision of the assistant chief of staff, G1, and operated under the supervision of a board. The policies of the board are implemented by an executive committee and the staff of the ACS, which consists of military social workers, civilian employees, enlisted personnel and trained volunteers. The number of volunteer committees will be dependent upon the needs of the installation and the availability of qualified volunteers. In general, the following committees will be operational on most installations:

(1) General service committee. This committee will provide services as follows:

(a) Assist newly assigned or departing personnel.

(b) Operate "lending closets" to provide for the temporary loan of household articles.

(c) Perform essential office duties in direct support of the ACS operation.

(d) Conduct scheduled orientation sessions to advise newly arrived dependents on available facilities and services both on-post and in the civilian community.

(e) Operate an information-orientation course directed primarily to junior officer and junior enlisted wives.

(f) Maintain a current listing of the availability and adequacy of housing, in coordination with the installation housing manager.

(g) Maintain listings of desired or available services such as baby sitting, house cleaning, car pools, and articles either wanted or for sale.

(2) Emergency service committees. Volunteers available on a 24-hour basis will provide:

(a) Assistance to next-of-kin in casualty situations as required.

(b) Temporary care of children.

(c) Transportation.

(d) Shopping assistance.

(e) Other services necessary to the physical and mental well-being of families whose normal routine has been interrupted by unusual problems.

(3) Intake service committee. This service provides a centralized point from which requests for assistance are channeled to appropriate and available resources. Members of the committee operate as a reception and referral service. Suggested duties are as follows:

(a) Receive persons seeking assistance, obtain facts concerning their problems, and present them to the ACS coordinator.

(b) Coordinate recommended solutions to routine problems with military and civilian agencies.

(4) Handicapped service committee. This service provides a centralized point for information and requests for assistance for handicapped individuals. Suggested duties of the volunteers are:

(a) Assist in obtaining information about available resources to aid the handicapped.

(b) Provide this information to those who seek it.

This lesson has indicated only a few of the many welfare organizations which have resources and capabilities available in particular fields. The chaplain will be working constantly with the agencies discussed in this lesson. To help the chaplain help you, you may wish to review the following Army Regulations as they apply to "helping" agencies:

AR 608-1 Army Community Service Program

AR 930-4 Army Utilization of USO Services.

AR 930-5 American National Red Cross Service Program and Army Utilization.

Lesson 4

"Helping Distressed Soldiers During Combat"

According to draft Field Circular 16-51, battle fatigue has been described in many different ways:

> Since World War I, it has been called shell shock, war neurosis, psychoneurosis, combat fatigue, combat reaction, and stress reaction. Although the name has changes frequently the problem itself has not.[1]

Of all the helping and working with individuals in distress, working with soldiers who have been distressed or fatigued as a result of combat will be the most unnerving. Helping soldiers during times of troop anxiety, fear and casualty will require an abundance of skill and stamina.

According to draft Field Circular 16-51, intensity and violence of the conflict, duration of the action, physical fatigue experienced by the soldier, and the type of action will all impact on a cause battle fatigue. FC 16-51 explains that the higher the intensity and violence of the conflict the higher the number of recorded battle stress cases.

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[1]FC 16-51 is scheduled to be fielded in mid-1986. See brief glossary of terms found at the end of Lesson 4.

As outlined in FC 16-5, the UMT has very special responsibilities for the religious support of soldiers on airland battlefield. The airland battlefield is characterized by high mobility, lethality, and intense around-the-clock combat lasting several days at a time.

The four basic tenets of airland battle doctrine are initiative, depth, ability and synchronization. The UMT is expected to provide an aggressive spirit in providing religious support to soldiers during this intense time.

As a chaplain assistant you will learn more and more about what is expected of you as a member of the UMT when you help soldiers on the battlefield and during the various stages of combat. Right now, review the next couple of pages of material excerpted from draft FC 16-51 which discusses the UMT role in combat.

Presence of UMT With Soldiers in Combat

The UMT is present as soldiers engage in enemy, gather casualties, experience death, and struggle to stay alive. Soldiers have come to depend upon the UMT's ministry during peacetime and prebattle. This ministry symbolizes for the soldier the transcendent presence during combat.

As it moves among soldiers who are fighting, the UMT can identify soldiers who may be experiencing battle stress. Studies have proven that the earlier a potential victim of battle stress can be identified and properly cared for, the better the results will be. Because UMT members are genuinely concerned for the welfare of all soldiers wherever they are, they can alert leaders and medical personnel to soldiers who may be experiencing early

symptoms of battle stress. The UMT can also alert leaders to situations (such as continuous operations, fatigue, mass casualties) that can result in a higher degree of battle stress.

The UMT recalls for soldiers the faith they may have forgotten. The spiritual resources of soldiers are sorely tested as they attempt to incorporate the trauma and grotesqueness of combat into their moral and religious value systems. Some may deny the presence of a higher religious being, believing that no greater power could allow war to happen. Others may believe that this power has deserted them and that there is no hope left.

The UMT, by talking with soldiers as they wait, by praying with soldiers and offering the sacraments, by handing our religious literature and symbols, and by offering words of encouragement, help soldiers to recall the religious faith they have forgotten. Such ministry helps soldiers to face whatever lies ahead of them, and thus to deter battle fatigue.

Ministry to Immediate Stage Battle Fatigue Casualties The Israeli experience* indicates that the most effective treatment of battle stress is that which occurs as far forward as possible, thereby avoiding identification of the soldier as a medical casualty and the resultant presumption that the individual is incapable of satisfactory performance.

Combat trains area. Care of battle stress at the battalion (**combat trains area), when feasible, would facilitate retention

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* Ibid.

** Combat Trains is a portion of the unit trains that is tailored for the tactical situation, located 4 to 10 kilometers from the forward line of troops (FLOT) and provides the combat service support required for immediate response to the needs of forward tactical elements. This area is the base operating area for the UMT.

of identification with the primary unit for bonding--the battalion. Locating such a program in the battalion combat trains area reasonably assures proximity to the battalion aid station and its medical personnel, relative safety and security, reasonable opportunities for personal hygiene and hot meals and available meaningful work tasks which do not require specialized skills.

Resources available within a battalion to deal with battle stress is limited. Because medical personnel will be overly committed to treating physical casualties, the UMT must be available to fill this gap and offer pastoral care to battle stress.

Battalion UMTs normally use the combat trains area as a base of operations, they can be expected to have reasonable opportunities to minister to the casualties and provide religious worship opportunities as a part of their overall ministry to the battalion.

Battalion level immediate care focuses on soldiers expected to respond to rest, stress reduction and limited counseling within a twenty-four to thirty-six hour time period.

Lesson 4 concludes the instructional portion of this subcourse. Prepare now to take the Post-Test. Remember that the case study/exercise evaluation form which is to be completed by the chaplain should be returned along with the Post Test answer sheet and the subcourse evaluation form.

GLOSSARY

AIRLAND BATTLE DOCTRINE-- The Army's basic operational concept. The goal is to secure/retrain the initiative and exercise this initiative aggressively to defeat the enemy. Its basic tenets are--initiative, depth, agility, and synchronization. Using a nonlinear view of battle, it enlarges the battlefield area, stresses unified air and ground operations throughout the theatre. It distinguishes operational level of war (the campaign large-unit action from the tactical action). Of all particulars that influence the outcome of combat, it sees the human element as most important (courageous, well-trained soldiers and skillful, effective leaders).

BATTLE FATIGUE -- A broad group of physical, mental, and emotional reactions to the intensified tasks involved in facing danger under difficult conditions. These reactions have three things in common: unpleasant feelings, interference with mission, performance, and response to rest and reassurances. It is the official Army doctrinal term for all combat stress reactions which fit the above definition. The term is used whether the signs occur in a new combatant or veteran, and whether they begin before, during, or after action. It can occur in headquarters elements, combat support and combat service support units, or anywhere that soldiers are performing demanding duties under the threat of impending attack.

COMBAT STRESS--A combination of all the adverse conditions on the AirLand battlefield, and other stressors which result in reduced performance.

COMBAT STRESS CONTROL PLATOON-- One per Division supported. Medical personnel, assigned in sections, who respond to combat stress situations.

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