

U.S. Army Care Team Handbook



GETTING PREPARED, STAYING PREPARED



Acknowledgements

Edition 1, 2007

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U.S. Army Care Team Handbook

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

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

Remember, the key to supporting the family is to take cues from the family you are supporting; be flexible and adaptable as the situation changes and never lose sight of the fact that the family is the primary focus. Your role is to help make the transition a little easier. Your support should not add to the family's difficulties in any way.

Thanks for volunteering to support Soldiers and their families in a time of need. Your contribution will help give families the dignity and respect they so richly deserve.

U.S. Army Care Team Handbook

Use Of The Care Team Handbook	5
Part I. What Care Team Volunteers Need To Know	6
1.1 Army's Casualty Notification Process And Casualty Assistance Program	6
What Is A Casualty?	6
How Are Families Notified Of A Casualty?	6
Who Assists The Family?	6
1.2 The Care Team's Role In Unit Casualty	8
How Is A Care Team Set Up?	8
What Is The Care Team Leader's Role?	8
What Does A Care Team Do?	9
When Does A Care Team Assist A Family?	18
How Long Does A Care Team Assist A Family?	18
1.3 Supports Available To The Care Team	19
Part II. Guidance And Tips For Care Team Volunteers	20
2.1 Preparing And Being Ready To Be A Care Team Volunteer	20
2.2 Dealing With Family's Emotions And Reactions	21
2.3 Maintaining Confidentiality	26
2.4 Dealing With The Caregiver	27
2.5 Dealing With The Media	28
2.6 Taking Care Of Self	30
Part III. Resources	34
Acronyms	34
After Action Review For Care Teams	35
Care Team Forms	36
Important Phone Numbers	
Telephone Messages	
Notification Log	
Visitor Log	
Gifts and Meals	
Grocery List	
Visitor Log	
Visiting Family and Friends Travel Information	
Children's Schedule	
Medicine Schedule	
Questions for Casualty Assistance Officer	
Questions for Rear Detachment Commander	

Use Of The Care Team Handbook

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

Battalions And Unit Leadership

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

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

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

Units, Battalion Care Team coordinators or Care Team volunteers may also choose to set up separate folders for each of the support areas (Call Support, Home Care Assistance, etc.). These "grab and go" folders would contain a copy of the relevant section of the handbook that provides a description of the support area and the relevant forms from the Care Team forms. When a Care Team is activated, these folders would be distributed to Care Team volunteers responsible for different tasks.

The intent of these collective efforts is to facilitate the Care Team's (and unit's) ability to be ready at a moments notice.

Care Team Volunteers

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

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

PART I: What Care Team Volunteers Need To Know

1.1 Army's Casualty Notification Process And Casualty Assistance Program

HAVING A GENERAL UNDERSTANDING OF THE CASUALTY NOTIFICATION PROCESS and casualty assistance program is helpful to seeing how the Care Team fits into the overall efforts to support families of casualties. With this knowledge, Care Teams can support families more effectively.

What Is A Casualty?

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

How Are Families Notified Of A Casualty?

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

Who Assists The Family?

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

CASUALTY NOTIFICATION OFFICER (CNO) The CNO is responsible for notifying the Primary Next of Kin (PNOK) and Secondary Next of Kin (SNOK) and any other person listed on the Soldier's Record of Emergency Data (DD Form 93). In addition, the CNO will inform the PNOK that a Casualty Assistance Officer (CAO) will contact the family within four hours of official notification (but not between the hours of 10 pm and 6 am).

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

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

CASUALTY ASSISTANCE OFFICER (CAO) The CAO provides support to the family and aids with personnel-related matters. The CAO calls within four hours of official notification (but not between 10 pm and 6 am) to schedule a visit with the family. The purpose of the first visit is to identify the family's needs and offer solace. In subsequent visits, the CAO offers counsel and support to families on burial arrangements, benefits and other personnel matters. The CAO's role is to serve as an ongoing resource for the family.

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

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

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

1.2 The Care Team's Role In Unit Casualty

The battalion commander or rear detachment commander may activate a Care Team to assist a family when a trauma in the unit occurs. The purpose of the Care Team is to offer short-term care and support to families of deceased and seriously wounded Soldiers until the family's own support structure is in place. It is important to note that the Care Team will only be utilized at the request of the family and should not be assumed to be needed in all traumatic events. Care Teams are not mandatory, but are an additional way battalions can provide valuable support to families.

How Is A Care Team Set Up?

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

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

A WORD OF CAUTION

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

What Is The Care Team Leader's Role?

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

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

What Does A Care Team Do?

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

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

A WORD OF CAUTION

What a Care Team does NOT do

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

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

A WORD OF CAUTION

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

2.3 Maintaining Confidentiality

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

TIPS ON MAINTAINING CONFIDENTIALITY

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

THE BOTTOM LINE:

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

2.4 Dealing With The Caregiver

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

2.5 Dealing With The Media

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

If the family is approached, encourage the family to contact the PAO for assistance with any media interaction. The PAO can advise and coach as to the best approach. If the family elects to talk to the media, the PAO can be present with the family during the interview process. Alternatively, the family may wish to write a statement that is read to the media and not answer any questions.

If you decide to speak to the media on behalf of the family (and with their permission), here are helpful tips for handling your interaction with the media.

TIPS ON DEALING WITH THE MEDIA

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

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

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

Frequently Asked Questions About Media

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

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

How are Soldiers' names released to the media? Can family members have a Soldier's name withheld from the media?

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

What information is released to the public?

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

How can media representatives get information?

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

How often will information be released to the media?

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

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

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

2.6 Taking Care Of Self

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

Dealing With Own Reactions

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

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

Handling Stress

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

Normal Stress Symptoms

Physical Symptoms	Emotional Symptoms	Behavioral Symptoms
<ul style="list-style-type: none"> • Chest pain • Pounding heart • Dryness of mouth and throat • Shortness of breath • Muscle aches (e.g., pain in neck or lower back) • Trembling, nervous tics, easily startled • Stuttering, other speech difficulties • High-pitched nervous laughter • Grinding teeth; clenched jaw • Fatigue • Frequent need to urinate • Excessive sweating • Stomach problems (e.g., diarrhea, indigestion, queasiness, vomiting) • Headache • Muscle tension • High blood pressure 	<ul style="list-style-type: none"> • Difficulty sleeping • Nightmares • Feeling powerless, helpless or insecure • Fear • Anxiety • Sadness • Depression • Restlessness • Worrying • Anger • Mood swings • Confusion • Forgetfulness 	<ul style="list-style-type: none"> • Loss of appetite or excessive appetite • Inability to concentrate • Impulsive behavior • Irritability; decreased anger control • Increased alcohol, tobacco or drug use • Apathy; inactivity • Withdrawal or isolation • Crying spells; crying for no reason; overpowering urge to cry or run

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

TIPS FOR MANAGING STRESS

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

Maintain health and well-being

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

Manage how you approach the situation and your time

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

Take action when "stressed out"

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

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

Avoiding Compassion Fatigue

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

SIGNS OF COMPASSION FATIGUE			
Physical Symptoms	Cognitive Symptoms	Emotional Symptoms	Behavioral Symptoms
<ul style="list-style-type: none"> • Headaches • Upset stomach (stomach aches, nausea, diarrhea) • Dizziness • Heart pounding • Flu or cold-like symptoms • Tremors • Sweating • Soreness in muscles, lower back pain • Exaggerated startle reaction; jumpiness • Fatigue 	<ul style="list-style-type: none"> • Difficulty concentrating • Forgetful • Slowness of thinking and comprehension • Inability to make decisions • Limited attention span • Loss of objectivity 	<ul style="list-style-type: none"> • Nervous • Anxiety • Fear • Worry • Anger • Mood swings • Flashbacks, nightmares, distressing dreams • Low self-esteem • Feeling less trusting (cynical and jaded) • Sadness • Depression • Grief • Feeling overwhelmed, hopeless • Feeling heroic, invulnerable, euphoric • Guilt or survivor guilt • Identification with family/survivor 	<ul style="list-style-type: none"> • Crying episodes • Irritability • Arguing • Aggression • Blaming or criticizing others • Restlessness • Hypervigilant about safety • Social withdrawal, isolation • Change in appetite • Change in sleep habits • Loss of energy • Increased use of alcohol, tobacco or drugs • Accident prone • Inability to do job

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

TIPS TO AVOIDING COMPASSION FATIGUE

- ★ Limit the amount of time you spend assisting a family. Also take breaks to decompress and recharge.
- ★ Have realistic expectations of how you can help a family.
- ★ Take care of yourself. Eating properly and getting sleep is very important during times of high stress.
- ★ Use stress management techniques. (See handling stress.) Do things that help you relax.
- ★ Limit exposure to media coverage.
- ★ Talk to other Care Team volunteers or Chaplain. Talking is helpful to vent feelings and to find other ways to deal with stressors and issues you are experiencing.
- ★ Set more limits during this stressful time. Give yourself time alone to regroup.
- ★ Know your limits and quit the Care Team or take your name off of the Battalion Care Team roster, if necessary.
- ★ Seek professional help if you experience any of the following either during or after assisting a family:
 - overwhelming feelings of sadness, anger, despair
 - thoughts of suicide
 - difficulties getting along with others
 - trouble functioning
 - drinking or using drugs
 - difficulties sleeping.
- ★ Contact military Chaplain, your local religious leader, mental health association, or other agencies in your community that provide counseling services. Military One Source is also available to you. This military resource provides confidential counseling and assistance 24 hours a day through a toll-free number and Internet access:
 - From the United States: 1-800-342-9647.
 - From outside the United States ONLY: (toll free) 800-3429-6477 or call collect: 484-530-5908.
 - Online: <http://www.militaryonesource.com>

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

Acronyms

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

AFTER ACTION REVIEW FOR CARE TEAMS

Event: Care Team Activation

Event Date:

AAR Date:

What went well?

What can we do better?

Who helped?

Recommendations:



U.S. ARMY

OPERATION
READY
Resources for Educating About Deployment and You

GETTING PREPARED, STAYING PREPARED

CHILDREN'S SCHEDULE

Name of Child: _____ Grade: _____

School Name: _____

Address: _____

Telephone Number: _____

School Hours: _____ to _____

Bus Schedule/Location: _____ Other transportation: _____

After School Activities: _____

Hours: _____ Location: _____

Transportation needed: _____

POC for more information (coach, Scout leader, etc.) _____

Name of Child: _____ Grade: _____

School Name: _____

Address: _____

Telephone Number: _____

School Hours: _____ to _____

Bus Schedule/Location: _____ Other transportation: _____

After School Activities: _____

Hours: _____ Location: _____

Transportation needed: _____

POC for more information (coach, Scout leader, etc.) _____

Name of Child: _____ Grade: _____

School Name: _____

Address: _____

Telephone Number: _____

School Hours: _____ to _____

Bus Schedule/Location: _____ Other transportation: _____

After School Activities: _____

Hours: _____ Location: _____

Transportation needed: _____

POC for more information (coach, Scout leader, etc.) _____

[illegible]

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

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There is no handwriting or other markings on the paper.

Getting prepared — Staying prepared

