U.S. ARMY

U.S. ARMY RESET HANDBOOK FOR LEADERS



We recognize—
The commitment and increasing sacrifices that our Families are making every day.
The strength of our Soldiers comes from the strength of their Families . . .

Army Family Covenant, 2007
George W. Casey, Jr., General U.S. Army Chief of Staff
Mr. Pete Geren, Secretary of the Army
Kenneth O. Preston, Sergeant Major of the Army

This Army RESET Readiness handbook is intended to provide leaders with recommendations about how to support Soldiers and deployable DA Civilians, and their Family members as they work through various challenges and emotions following a deployment. Most Soldiers and Families turn to unit leaders for "front line" support. Despite the persistent era of conflict and optempo, leaders remain committed to taking care of Soldiers/Civilians and Families by establishing conditions that promote preparedness, resiliency and healthy lifestyles. [1] This leadership investment helps the returnees and their Families rebound during redeployment and reintegration.

The recommended leader's actions in this handbook correspond with Army Force Generation (ARFORGEN) cycle, military surveys, RESET sensing session experiences, and military and civilian research. It provides information for leaders about the considerable efforts provided through Army OneSource (AOS) Family programs. AOS strengthens the relationship between the Active Army, National Guard, Army Reserve, and community services offering all Soldiers/Civilians, and their Family members core services and support, in the geographic area where they live.

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Purpose of the Handbook

- Provides leaders a menu of recommendations to guide and motivate Soldiers/Civilians and their Family members as they work through the maze of challenges and emotions following a deployment. This is accomplished through involved leadership actions—communicate with, encourage, and support" Soldiers/Civilians and Family members.
- Summarizes key information for leaders on the complexities of deployment based on surveys, Army studies (e.g., RESET sensing sessions, 2008), and military and civilian research.
- Highlights key information provided in the *U.S. Army RESET Handbook for Soldiers, DA Civilians, and Family Members*, Operation READY briefings and trainings, and resources that will assist in easing leaders' discussions with Soldiers/Civilians and Family members.
- Emphasizes the leader's role to synchronize support between military and community resources.

It is important not to forget to adapt this information for yourself and your Family members!

Key Points

Communicate—Share experiences.

- Re-emphasize to Soldiers/Civilians and their Families to expect some uncertainty during this transition and to seek prompt support if they feel "on edge" or unable to adjust.
- Explain the unit requirements—Emphasize safety and stress that this transition from theatre to home requires on-going critical thinking followed by responsible actions across all aspects of life.
- Promote and arrange for participation in on-going trainings/briefings sponsored by Family support programs that address timely issues of concern, throughout the post deployment period (30-120 days).
- Sponsor unit activities that encourage socialization and provide networking opportunities among Soldiers/Civilians and Family members.
- Provide information about Family programs, chaplain retreats, counseling, and other resources that offer support on ways to sustain healthy relationships (especially marital relations after back-to back deployments).
- Continue to "reach out" to geographically dispersed Soldiers/Civilians and Family members.

- Establish a sense of urgency that seeking self-help is a sign of strength—Refer to Military OneSource (MOS) and Army One Source (AOS), as well as directly to Army Community Service, National Guard/Reserve Family Programs, and other military and civilian agencies for support.
  [See resources on p. 33].
- Show concern for Family members and maintain an open door policy at all times.
- Be on the "look out" for those vulnerable Soldiers/Civilians and Families who show signs of difficulty in managing day-to-day life circumstances.
- Recognize the warning signs of severe distress and be persistent about seeking proper health care and support at the earliest indication of need—before unhealthy responses occur.
- Take supportive action by making timely referrals for relationship discord, infidelity issues, alcohol problems, depression, severe anxiety, PTSD or other mental health problems.
- Reduce the perception of stigma and barriers to mental health care—advocate that seeking help signals courage, strength, and responsibility.

Key Points

Support optimal health.

- Promote fitness regimes that guide Soldiers/Civilians and Families to channel their energy to take care of themselves (proper sleep, eating, and exercise habits).
- Facilitate health and wellness practices by supporting Soldiers/Civilians and Family members who seek help, which signals strength and the prevention of unhealthy habits and lifestyles.
- Encourage participation in Family Readiness Groups (FRGs), faith groups, support groups, and other organizations to facilitate ways for Family members to maintain and develop social connections.
- Provide Soldiers/Civilians and Family members information on the Army OneSource resources, including the spectrum of education, counseling, and treatment programs available (accessible at a center, telephone support such as Military OneSource, and online resources).
  [See resources on p. 33].

Leader's Actions / Roles: Communicate–Share Experiences

In addition to fixing and replacing and upgrading our equipment and training for future missions, we also have to revitalize our Soldiers and Families by providing them the time and opportunity to recover from the cumulative effects of sustained operations.

—General George W. Casey Jr., October, 2007

Leaders need to support the Soldier's return home ensuring opportunities for open communication about ways to reconnect during reintegration. Because Soldiers/Civilians and Family members often have positive perceptions of their unit leaders, you play an integral role in mentoring them. Leaders are in a good position to impart key reminders such as the importance for everyone to set reasonable expectations, and to be aware of the challenging circumstances that could unfold during reintegration.

It's really hard sometimes coming back to routine in both work and at home. Sometimes it seemed easier to be in Iraq. It's all the Family stuff, questions and knowing about all you missed and have to catch up on.

—RESET Sensing Group, 2008

Leader Recommendations

- Emphasize that reintegration is a time to reconnect with Family members and friends, and to communicate openly during this transition.
- Know that Soldiers/Civilians have competing demands; transitioning into garrison life and back into the home. It is important for leaders at all levels to get the unit back to a predictable and steady state as soon as possible. Work predictability will reduce anxiety and help the Soldier/Civilian and Family concentrate on ways to reconnect with Family.
- Be sensitive to the need for balancing Soldier/Civilian—Family time. They need time away from the unit and quality time with Family members and friends to reestablish emotional closeness.
- Follow-up often and offer tips about ways to help Soldiers/Civilians "fit back in" the unit and at home.
- Foster opportunities for Soldiers/Civilians and Family members to attend trainings on learning about ways to manage reintegration challenges, especially participation in Family Program trainings, and chaplain sponsored Strong Bonds and martial enrichment retreats.
- Coordinate with key Family programs on specific unit issues of concern that need to be emphasized throughout post deployment.

- ✪ Know that healthy communication requires practicing key proactive strategies; encourage your Soldiers/Civilians to communicate regularly with their Spouses and Family members.
- ✪ Remind Soldiers/Civilians to talk accurately and to avoid exaggeration as this will ultimately be discovered, and to avoid publically telling inside jokes or war stories as the spouse and children may feel isolated or left out.
- ✪ Early on, establish a communication network through the vFRG and or newsletters so events happening abroad and at home are less foreign when the unit returns.
- ✪ Conduct a brief assessment asking Soldiers/Civilians what issues they face and coordinate with Family Programs on ways to address them.
- ✪ Restore standards of conduct in the garrison very quickly; returning Soldiers/Civilians are used to more autonomy.
- ✪ Sponsor unit retreats with Soldier/Civilian and Family.

Key findings: The hurt feelings that usually result from misreading one another's moods or actions as personal rejections or criticisms can easily lead to unnecessary quarrels, stony silences, or feelings of alienation. [2] The most difficult adjustments after deployment came from changes in Soldiers' moods, and re-learning how to communicate again. [3]

Communicate

Reconnecting with spouse and Family members and restoring routines and roles after long separations is hard on relationships. It is important that leaders remind their Soldiers/Civilians and Family members to plan, prioritize, and negotiate what needs to be "worked out" so that some sense of feeling "normal" comes about when roles, priorities, and responsibilities are redefined. Leaders can shape this process by providing personnel a predictable schedule that will allow Families to have a chance to be together before another separation begins. This predictability will also help the Soldier/Civilian ease into a different routine. This will maximize their opportunity to find quality time together—both physically and emotionally.

What to do. Leaders who stress to their Soldiers/Civilians and their Families the importance of acknowledging new skills learned, contributions, and sacrifices made during the deployment, will help them readjust during reintegration. This creates a shared sense of purpose. It is important for leaders to reinforce that there will be doubts and worries, which are a natural part of the Soldier's/Civilian's return to their Family. *Emphasize that while they rediscover ways to renegotiate issues such as finances, raising children, or newly found independence, they need to accept that there will be a certain amount of conflict within their relationships.

Decompressing. Leaders who remind Soldiers/Civilians and Family members to pace social connections and relationships help reinforce that it is "okay" to decompress on their own timeline. Everyone may feel emotionally, mentally, and physically exhausted (including children). They may be preoccupied with work or Family life, have emotional battle scars, struggle with unexplained loneliness, or suffer from anxiety. This makes it harder to be close to each other right away. *Facilitate support through briefings, training opportunities, newsletters, etc., and everyday discussions. *Emphasize that in the months ahead they need to take time for themselves so that they have energy to work on their relationships.

First questions. As a leader it is important to "check in" with your Soldiers/Civilians and Families to see how things are going now that they are home. *Ask very candidly: Are things starting to feel normal again? How are things are going? *Check with FRG leaders to see if they are hearing any issues of concern from the Families and/or Soldiers/Civilians that may need to be addressed. A good rule of thumb is to establish a time to address questions and concerns in a public forum to the entire unit and their Family members. Ideally, address them before the unit goes on block leave, and have another session after block leave to address additional questions or concerns that may have developed.

Communicate

Important home front experiences. Recent Army surveys indicate that, after long and multiple deployments, Soldiers and Family members described problems with communication:

You've changed, your kids have changed, and your spouse is different. It becomes a problem when no one admits to the changes…it seems to work as long as you have someone to talk to. —RESET E-5-E7 Sensing Group, 2008

Spouses sometimes don't understand why you don't want to talk about what you did. You just want to talk with your buddies or your Dad or someone who was there. It helps when they know that. —RESET E5-E7 Sensing Group, 2008

It's still about talking. Leaders need to remind Soldiers/Civilians and Family members that the first few months the Soldier is home he/she may be still "running on adrenaline"— or Post Traumatic Stress Disorder (PTSD) may be present, making conversations more challenging. It is extremely important that everyone work hard to keep the level of frustration as low as possible—avoid sarcasm, and minimize name calling and reacting in ways that may cause arguments to escalate into physical confrontations *Stress the importance of seeking help from a chaplain or professional agency before things "get out of control."

Remind Soldiers/Civilians and Family members that seeking help signals courage, strength and responsibility!

Tips to Share. Think First—Talk Next— Act Later.

To improve communications know that "how" things are said is as important as "what" is said. Share these tips with Soldiers/Civilians and Family members: Remind them to — Take time to listen to each other | Set aside time to talk without distractions | Get messages across using "I feel statements" | Listen with compassion | Acknowledge the other person's feelings | Follow-up regularly to prevent problems "down the road" | Know when to be silly or serious, but always show kindness | End conversations on a positive note.

Leader's Actions / Roles: Encourage Healing

We have no higher priority in the Department of Defense, apart from the war itself, than taking care of our men and women in uniform who have been wounded, who have both visible and unseen wounds.

—Defense Secretary Robert M. Gates, May, 2008

Leader Recommendations

- Be a leader that understands how organizational stress, combat experiences, and reintegration can have varying effects on Soldiers/Civilians. This in turn can affect their Families' perceptions, support, and overall well-being.
- Know your Soldiers/Civilians and Families and recognize the warning signs that indicate they may need help.
- Understand PTSD and other mental health issues: *Establish routines for monitoring Soldier's/Civilian's behavior. *Provide professional assistance to units in order to identify problems and to provide for self-evaluation. *Interact personally with Families of affected Soldiers/Civilians.
- Talk after every combat action and stress the importance of getting support "early on" to prevent more serious problems from developing.

- ✪ Foster an environment of preparedness, self-sufficiency, and "battle buddy support" during reintegration.
- ✪ Encourage participation in Family programs and services, and remind Soldiers/Civilians and their Families that getting help signals courage, strength, and responsibility.
- ✪ Establish a unit that ensures respect for all Soldiers/Civilians, to include those injured or with mental health problems.
- ✪ Identify at-risk issues and any inability to deal with tough challenges or sort out priorities—Encourage seeking help "at first signs of need."

Key findings: Stress related to recurring deployments, increased workloads, anxiety and depression may challenge a Families' healthy reintegration.[4] Spouses and Family members of veterans experiencing PTSD are at increased risk for experiencing psychological and marital distress.[5]

Soldiers and their Family members need to believe that it is okay not to live with the expectation to "maintain enduring strength" and hide their vulnerabilities, or need for support, but rather that it is better to take action and ask for support at the earliest indication.

—Observation of spouses in counseling.[6]

Encourage Healing

Commitment to any relationship needs to be mutual. It's all in the teamwork. Many marriages survive reintegration just fine. Some couples struggle trying to restore their relationships, especially if there have been multiple deployments, the Family is newly established, or if serious issues existed during the separation. It is common for some Family members to feel like strangers for a long time while others may eagerly try to "make up for lost time." There may be anxiety in displaying affection, romance, sexual interest, or just being close. With your emphasis and focus on seeking education and counseling support for these issues, you may be able to lessen tensions that would have otherwise led to crisis.

Forgiveness is important. It nourishes relationships. Anger and mistrust will tear any relationship apart. Family members may ultimately "tune one another out" if they feel that they have been told lies. If suspicion or anger continues, it can lead to verbal abuse, angry outbursts, or physical aggression. Families need to develop positive ways of dealing with problems, especially when they are faced with tough issues. *Observe and listen for signs of trouble among your Soldiers/Civilians and their Families and connect them to professionals before irreconcilable events occur, or unhealthy patterns develop.

Resilient Families take a chance to talk about difficult issues. Many Soldiers/Civilians and Family members have not become skilled at managing the destructive effects of hurt, anger, betrayal, or guilt in a relationship. Families who are facing tough problems like infidelity or divorce, need to be reminded to stop and consider options. Emphasize that "working out" issues of mistrust, jealousy, or even infidelity is challenging, but achievable. It does not mean that infidelity (or divorce etc.) is condoned, but that making a commitment to handle the situation, with hope in the future, can heal past wounds. It is imperative that leaders emphasize to Soldiers/Civilians and their spouses/partners to seek professional support regardless of the decision to continue with the relationship.

Key findings: A recent military study on Family stress (2007) describes that increased risk for marital discord/divorce is related to poor adjustment to the military environment, as well as complicated health concerns of the Family members and lack of spousal employment.[7] General population studies show that two out of three unhappily married adults who avoided divorce or separation ended up happily married five years later.[8]

Encourage Healing

Wounded Warriors and Family Members share a sense of purpose. DoD and Army WoundedWarrior resources emphasize the importance of the Soldier/Civilian and Family maintaining connections with professionals throughout the recovery process. Leaders can help promote the best possible healing by encouraging these connections, informing all parties of the available resources, and following the progress of their wounded Soldier/Civilian and Family. Resources such as the Soldier and Family Assistance Center (SFAC) and the WoundedWarrior Resource Center web site provide welcoming support and point to places where other assistance is available. *[See Operation READY Trauma in the Unit/Care Team materials via Army Community Service/ National Guard/Reserve Family Programs, and p. 33].*

Staying tuned in to the warning signs. Soldiers/Civilians and Family members need to be aware of the warning signs of prolonged stress or mental health problems, as this is the first step toward emotional fitness. Family members are most likely to recognize that their Soldier/Civilian may have trouble sleeping, be irritable or "jumpy," or display unusual behaviors. They may find it hard to adjust to changes in their Soldier's/Civilian's personality and moods.

The first line of defense is leader involvement: *Make sure each Soldier/Civilian is aware of the warning signs. *Identify the signs that indicate they are having trouble. *Advocate that asking for and getting help is a sign of strength, not of weakness.

Combat is inherently brutal and difficult, and it impacts humans in different ways. We have made significant improvements in the identification and treatment for PTSD and mild TBI, but we must aggressively work at research, prevention and treatment of these injuries and encourage Soldiers and their Families to seek treatment.

—General George W. Casey, Jr., *Army News Service*, 2007

Pay attention to signs of depression. Undiagnosed depression can lead to serious behavioral health issues such as risk-taking behaviors (reckless driving, substance abuse, fighting), anxiety or other mood disorders. Any talk of suicide must be taken very seriously. It is important for leaders to be familiar with the symptoms of depression so they can discuss this with Soldiers/Civilians and recognize when it is affecting them.

Warning signs of depression: Feeling down most of the time | Repeated crying | Hopelessness | Sleeping too little or too much | Significant appetite changes | Fatigue | Difficulty concentrating or making decisions | Thoughts of death or suicide.

Emphasize to your Soldiers/Civilians and Family members to invest in seeking proper care and support!

Encourage Healing

PTSD is treatable. Post Traumatic Stress Disorder (PTSD) is an anxiety disorder that can result from living through or witnessing a traumatic event such as combat, handling dead bodies, surviving a natural disaster, or a life-threatening accident, or sexual assault (men or women). Without help, PTSD can last a lifetime. It is important to recognize the symptoms of PTSD in order to understand the Soldier's/Civilian's need for quality sleep and "space" to unwind. Families who live with someone with PTSD may need to adjust some routines, at least until healing begins. Leaders need to encourage Soldiers/Civilians and Families to feel comfortable turning to their chain of command for help. They need to know what PTSD is, that it is treatable, and that there are resources available to assist them. *Get the word out frequently by providing information in newsletters, meetings, and briefings.

Common symptoms of PTSD: *Reliving the event* through flashbacks, dreams, thoughts | Avoiding things that recall the trauma | *Emotional numbness:* Losing interest in activities, avoiding relationships, unable to be close to Family or friends | Anxiety or increased arousal including difficulty sleeping or having an over-active startle response or alert state (over-reacts to an unexpected movement or a child's cries).

Expert professional help is warranted if the symptoms last over a month!

Traumatic brain injury (TBI) is usually caused by a violent head injury. Mild TBI results in a short-term loss of consciousness or the person may simply exhibit a confused mental state. Multiple concussions or more serious TBI can cause significant behavioral or personality changes. The Soldier/deployed Civilian with TBI can be misdiagnosed as having PTSD or other mental health problems. If you suspect that TBI may be responsible for your Soldier's/Civilian's behavioral changes or health issues, they need to be referred for appropriate medical care from qualified medical professionals. Leaders must ensure that thorough evaluations of all Soldiers/Civilians have been completed during the redeployment phase of operations and after each incident in theater.

- Motivate Soldiers/Civilians to seek professional medical support early on.
- Stress the importance of Families needing to recognize the signs and investing in getting their Soldier/Civilian the help they need.

Direct Soldiers/Civilians and Families toward the right care!

Encourage Healing

Watch out for alcohol and substance abuse.

Leaders need to remind Soldiers/Civilians that they may be susceptible to alcohol or other substance abuse when they return home. Some Soldiers may drink in excess. The "return home" parties and drinking usually calm down after the Soldier/Civilian settles into the routines of life at home, but for some people serious problems may develop. Leaders need to know what is acceptable when endorsing behavior. Drinking excessively is risky at all times. Alcohol's negative effects may be increased by over-the-counter drugs or prescription medications, or by caffeine, diet pills, energy drinks, lack of sleep, or poor nutrition. *Continue to educate Soldiers/Civilians on the responsible use of alcohol/substances and the importance of acting responsibly. *Encourage them to seek help or self refer to the Alcohol and Substance Abuse Program (ASAP) before something happens—incident based command referrals to ASAP could potentially effect their career.

Warning signs of alcohol or substance abuse:
Drinking or using drugs to deal with painful feelings or to block memories of combat experience | Drinking to get to sleep | Becoming violent when drunk | Binge drinking | Drinking and driving | Missing school or work because of substance use.

Guide Soldiers/Civilians to make responsible choices and get the proper care!

Family Violence. Protection and safety are critical. Getting Soldiers/Civilians help immediately and identifying child and domestic abuse as early as possible is critical to prevent further victim trauma. Army studies have shown most Families adjust well to reintegration.[9] Some however, may experience issues of power and control and if these issues are present prior to deployment they will likely re-emerge during reintegration. When a controlling spouse returns home with PTSD or other problems, the potential for them to lose control with their children or their partners is heightened.

Soldiers/Civilians and Families need to be briefed on the reporting requirement and repercussions associated with child and domestic abuse, and where to turn for assistance!

- Report suspected abuse to the designated Report Point of Contact (RPOC) [Help is available 24/7—law enforcement, Social Work Service or Family Advocacy Program (FAP)].
- Ensure troop training is held that focuses on the reporting process, safety of victims, and offender accountability. *[Coordinate with Family Advocacy].*
- Emphasize that getting help immediately is critical if child abuse or domestic abuse is imminent, or has already occurred.

Encourage Healing

- Publicize available Family programs that focus on supporting healthy Families, especially the Family Advocacy Program (FAP).

Services include: Victim Advocacy | Transitional Compensation | Referrals to counseling and therapy | Parenting or couple classes and workshops (Strong Bonds retreats or Guard and Reserve Marriage Enrichment Seminars) | and the New Parent Support Program—(offers home visitation for expectant parents and parents of children from birth to 3 who need extra support or are at risk for abuse or neglect).

Acts of violence that can destroy Families:

Behaviors: pushing, slapping, kicking, hitting.

Remarks: threatening, belittling, menacing.

Risk issues: unresolved infidelity, separation-divorce, Family trauma, isolation, mental health problems.

Suicide. Watching out for signs of distress is vital to preventing suicide.

Get out there and get help as soon as you can because you are not alone.
—General George W. Casey, Jr., *Fayetteville Observer,* 2009

Although anyone is at risk for suicide under certain circumstances, Soldiers/Civilians who have experienced combat, particularly if they are suffering from depression, PTSD, or alcohol or drug abuse, may be at higher risk of committing suicide. For most Soldiers/Civilians such thoughts are fleeting, but others will take action to end their lives. Talk of suicide should not be taken lightly. A leader's keen insight about their Soldiers/Civilians experiences may lead to early detection of suicidal tendencies. It is important to support Soldiers/Civilians and if necessary seek immediate medical attention for those in danger.

- Encourage subordinate leaders to identify the indicators, and Soldiers/Civilians who may be at risk.
- Reinforce the fact that they can get assistance and that nothing is so challenging that it cannot be overcome.
- Understand that for most of these Soldiers/Civilians such thoughts are fleeting, but others will take action to end their lives.

Talk often on this matter and direct Soldiers/Civilians and Families to prompt professional care!

Encourage Healing

A call to action—Be alert to signs of suicide:
Remarks such as: "Nothing matters any more," "It's just not worth it," or "I can't go on, I'm thinking of ending it all" | Becoming depressed or withdrawn | Behaving recklessly | Getting affairs in order and giving away valued possessions | Relationship issues (infidelity, divorce) | Abusing alcohol or drugs | Suffering a major loss or life challenge | Anticipating a significant failure or humiliation such as relief from duty or the Soldier facing UMCJ or civilian court.

The ACE Model is useful for suicide concerns.

Ask your Soldier or Family member: [Ask directly and calmly] "Are you thinking of killing yourself?"

Care for your Soldier or Family member: Remove any means that could be used for self-injury. Calmly control the situation and actively listen; do not use force.

Escort your Soldier or Family member: Never leave them alone. Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider.

A Soldier/Civilian or Family in the civilian sector can call a hospital or 911. Suicide help lines provide advice, also Military OneSource (MOS).

Source: Army Center for Health Promotion and Preventative Medicine (CHPPM, Suicide Awareness for Soldiers, 2008).

Grief reactions are common during reintegration. Soldiers/Civilians sometimes experience the death of a friend or buddy, and intense grief reactions are to be expected. When they are present during the death-event, they may feel additional horror, even imagining that he/she perhaps could have prevented the death. It is important to remember that everyone's physical, emotional, and spiritual fitness can help maintain Family relationships during the grieving period. It is helpful for leaders to keep in mind that some things while they may seem minor may be a significant tragedy to someone else. *Reinforce the importance of grieving and learning to positively cope with the experience. *Ensure that the Family gets the assistance they need to be comforted, to put the situation into perspective, and to start moving forward in a positive manner.

Everyone experiences grief. Everyone experiences a variety of emotions and thoughts when grieving, depending upon their culture, Family expectations, age, spiritual resources, or personal circumstances. Some people express their feelings, and others mask their pain and disappointments, cry, or retreat from Family and friends. Others try to self-medicate with alcohol or drugs. Children and youth will react to their caretaker's reactions, and may not understand what is going on. Age appropriate explanations are important. If services are needed for children, they must be developmentally sensitive.

Encourage Healing

Accepting loss requires a positive attitude—and time. Longstanding grief, especially when unresolved guilt is present, can interfere in Family and intimate relationships. It can result in fear of getting close to anyone | Fear of rejection if "the truth" is discovered | Intense feelings of unworthiness leading to possible risk taking (financial, emotional, sexual) | Avoiding social activity (e.g., returning phone calls, not keeping dates). *Having candid discussions and referring to professionals are the best ways for leaders to help a Soldier/Civilian and Family accept a tragedy. A supportive chain of command, that shows commitment and involvement will help ease a Soldier/Civilian back into military routines and requirements, and is a positive step in helping them move toward acceptance.

Some professionals believe that acceptance is when the individual no longer feels deep sadness about the loss, but is able to accept reality. Leaders can expect that it will take patience and time to assist the Soldier/Civilian and/or Family with appropriate support, connections to other people, and resources. *Do not assume that the individual's reactions are automatically a mental health problem, especially in the early stages of grief.

Grief is both an individual experience and a universal experience that has a huge impact on the Soldier, the Family and overall military readiness.

—Joanne Steen, WoundedWarrior Awareness Day, Nov 2008

Leader's Actions / Roles: Support Optimal Health

Wellness is the integration of body, mind, and spirit to produce a balanced lifestyle…achieved by practicing good habits and eliminating harmful ones…taking positive control of lifestyle choices you can influence.

—Hooah4Health.com., Wellness Overview

The "home front battle rhythm" will bring about change and should provide the opportunity for Soldiers/Civilians to focus on self-help, ways to re-energize, and a plan for total wellness. Your promotion and support of fitness regimens will assist Soldiers/Civilians and their Families to sustain positive health practices, reduce stress, and prevent problems during reintegration.

Leader Recommendations

- Get the unit back into a physical fitness regimen as soon as possible. Encourage Soldiers/Civilians to practice vigorous exercise, healthy eating, and good sleep schedules.
- Look for signs of prolonged fatigue in Soldiers/Civilians; this may indicate possible sleep disorders or a sleep-related problem.

Support Optimal Health

- Consider requiring a medical screen at the four month mark for sleep deprivation and stress related issues. Some Soldiers may minimize their problems at the initial medical screening or may answer "no" to questions to avoid further screening.
- Make sure subordinate leaders understand the necessity for observing their Soldiers'/Civilians' behaviors, and intervening early when they observe unusual behaviors or problems.
- Facilitate health and wellness practices by reminding Soldiers/Civilians and Family members that seeking help signals strength and may prevent unhealthy practices or habits.
- Encourage Families to seek professional help on their own or through the Chain of Command.

Key finding: Lack of adequate sleep can result in every day performance problems—reduced alertness, memory deficits, reduced mental flexibility, slower information processing, impaired judgment, limited initiative and, increased anger, depression, and anxiety. [10]

Staying healthy and fit physically, emotionally and spiritually, minimizes the stress associated with the day to day challenges of reintegration. It is important for leaders to ensure Soldiers/Civilians are reintroduced to a daily regimen of physical training (PT). The exertion caused by PT is both a mental and physical stimulus that will assist in the healing process on many fronts.

Ways to stay fit. Everyone's health status has an impact on the Family's sense of well-being. Leaders must re-establish mental and physical fitness to achieve a healthier team: Physical Fitness | Unit Runs that may include Family members | Organizational Days with physical activities, challenges, and competition | Unit sponsored spiritual retreats | Awards and end of month ceremonies | Formal "dress up" events that allow Soldiers/Civilians and spouses to go out together (with and without the kids) | Promotion of healthy living habits, restful sleep, proper nutrition | Events with guest speakers who discuss healthy lifestyles.

Optimal sleep. Leaders are aware that Soldiers in the field report difficulty sleeping—it is difficult "to turn off" their active alert state. This can carry over as they transition to home. Optimal sleep for the "average person" is about 7-8 hours per 24 hours. Lack of adequate sleep can result in every day performance problems—reduced alertness, less mental flexibility, memory deficits, slower information processing, limited initiative, and increased depression and anxiety.

Support Optimal Health

Managing disturbed sleep. Tips for leaders to discuss: Maintain a regular sleep schedule | Pay attention to noise level, lighting, and temperature | Relax before bedtime | Know that a 10-15 minute nap is optimal and avoid napping after 3pm | Exercise regularly | Know the effects of alcohol, medications, and caffeine found in sodas, teas, chocolate, and energy drinks | Do something relaxing until you feel ready to sleep and avoid "watching the clock" if sleep is interrupted.

Spiritual health provides courage and hope. Get your Chaplains involved in the unit. They are a critical resource for sustaining a positive climate and helping the Soldier/Civilian and Family member regain a sense of purpose in life, especially if a traumatic event has occurred. Spiritual fitness is universally accepted as a source of strength. Army Chaplains know how to assist units with staying fit. *Give your Chaplains direction and have them provide you with a meaningful, consistent plan for re-establishing a strong spiritual fitness program.

The Army's charter is more about holistically improving the physical, mental and spiritual health of our Soldiers and their Families than solely focusing on suicide prevention. If we do the first, we are convinced the second will happen.

—General Peter W. Chiarelli, VCSA, Army G1 Deputy Chief of Staff Web Site, 29 March 09

Army Spectrum of Healing and Support

These selected resources can assist leaders in supporting Soldiers/Civilians and their Family members as they transition following a deployment. *Coordinate with Army Family Program providers to learn about other Operation READY training materials on trauma in the unit, rear detachment commanders, FRG leaders, Family Readiness Support Assistants (FRSAs), children and youth, and Battlemind Training.

Life Skills Education: Information & activities that facilitate self potential to maintain a healthy life; make informed decisions; communicate effectively; and develop coping skills.

Supportive Counseling: Interpersonal education that provides emotional guidance throughout a short-term life event to help sustain well-being: Community outreach, individual or Family counseling, or support groups.

SERVICES that mange short term situational life events: Army OneSource (AOS); Army Community Service (ACS)/National Guard & Army Reserve Family Programs | Military OneSource (MOS) | New Parent Support Program–Home Visitors | Victim Advocates | Chaplains | Military Family Life Consultants (MFLC) | Soldier and Family Assistance Center (SFAC)

Healing and Support

Treatment/Therapy Programs: Clinical or medical intervention that is typically long-term aimed at remediation of symptoms, to support health and well-being treatment goals: Clinical and therapeutic sessions, or in-patient care.

SERVICES that manage longer term challenges: Medical Treatment Facility (MTF) | MTF for Family Advocacy | Clinical Army Substance Abuse Program (ASAP) | Marriage and Family Therapists | Behavioral Health Services such as Psychiatry, Social Work Service (SWS), Psychology, Psychiatric Nursing | Department of Veteran Affairs

Military OneSource – www.militaryonesource.com
This DoD portal offers a toll-free telephone number (1-800-342-9647 stateside and CONUS) and web site link to email or call a master level consultant for confidential counseling, at no cost 24/7. Offers articles and coping tips for dealing with different situations.

Army OneSource – www.myarmyonesource.com
Official Army "one-stop knowledge portal" that offers all Army members a central point for getting information about Family programs and access to services available at Army Centers, through 24/7 telephone support, and online.

Army Community Service (ACS) – www.myarmyonesource.com (Select tab "Family Programs"). ACS provides a range of quality of life programs in support of Department of Defense activities, that pertain to the deployment cycle (e.g., reintegration etc.), and Family wellness. The Mobilization and Deployment Program, Operation READY offers training and support for leaders and Soldiers/Families, and other key services such as relationship support, outreach, and emergency assistance.

National Guard Family Program – www.guardfamily.org
This web site provides information, services and support to National Guard Soldiers and their Families. Phone numbers (including state FAC and FAC Specialists), links to support agencies, and interactive support are available 24/7.

Army Reserve Family Programs – www.arfp.org
The ARFP web site is a one-stop portal to get connected with Army Reserve Family support information and resources. Phone numbers, links to support agencies and interactive support are available 24/7.

Army Behavioral Health – www.behavioralhealth.army.mil
Answers frequently asked questions about deployment related mental health issues, addresses warrior care, and identifies resources.

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

American Red Cross – www.redcross.org
This web site provides information and interactive support; lists telephone and related links, and offers online support 24/7.

My Hooah 4 Health – www.hooah4health.com
U.S. Army health promotion and wellness web site covers topics of personal-physical, mental, and spiritual-state of Soldiers, Civilians, and their Families as well as topics concerning the deployment process.

Soldier and Family Assistance Center – www.myarmyonesource.com (Select tab "Family Programs").
This Center provides multiple Family services and connections for wounded Soldiers, Families, and

DA Civilians. The virtual SFAC (vSFAC) is a web-based system that offers information and support; especially helpful for Family members who are not near an installation.

Strategic Outreach to Families of All Reservists (SOFAR) – www.sofarusa.org/about_sofar.html
SOFAR is a nonprofit program that connects military Families with clinicians who provide free mental health services with the primary focus on the extended Families of Army Reserve and National Guard Soldiers.

[Veterans Affairs and DoD] after deployment – www.afterdeployment.org
It was designed by the Department of Defense and the Department of Veterans Affairs as an alternative to face-to-face counseling to decrease stigma and provide access to care to those who do not live near a Military Treatment Facility. The focus is on "self checks" and online workshops which help assist with understanding concerns related to post deployment, in areas such as sleep, seeking spiritual fitness, dealing with depression, handling stress, overcoming anger, etc.

WoundedWarrior Resource Center Web Site – www.woundedwarriorresourcecenter.com
This DoD web site provides wounded Service members, their Families, and caregivers with information they need on military facilities, health care services, and benefits. Provides updated information and links to a range of online resources about injuries (e.g., TBI), infections, and other physical conditions that may affect service members.

Key Summary Points for Leaders

Leaders need to be involved in every aspect of their unit to support healthy reintegration.

- Unit requirements: Call attention to everyone's safety and "watching out" for one another | Stress that the transition from theatre to home requires critical thinking, especially an alertness to warning signs followed by responsible actions.
- Promote participation in trainings/briefings and unit events to encourage socializing and receiving information.
- Re-emphasize that emotional and physical closeness develops in time, leading to optimal Family well-being.
- Distinguish between healthy and erratic reintegration behaviors.
- Urge Soldiers/Civilians and Families to take advantage of the spectrum of Army programs and services, and reach out for proper care at the earliest signs of need.

Unit readiness is not simply about mission readiness. It is about Soldier/Civilian and Family well-being and preparedness—the preparations it takes to sustain self-sufficiently in the absence of "front line" leaders. Cohesive units, including cohesive Family Readiness Groups, face adversity collectively by supporting one another and the mission during triumphs and traumas.

Endnotes

1. These military findings provide insights about deployment challenges and the importance of both Soldier and Family readiness: Bowen, 1990; Segal & Harris, 1993; Bowen & Martin, 1998; Bowen & McClure, 1999; Van Laar, 1999; Bowen, Mancini, Martin, Ware, & Nelson, 2003; Orthner & Rose, 2005; DMDC, 2009.

2. The book, "*Back from the Front*," offers valuable information about the most common problems confronting veterans and their Families, such as emotional distancing, sexual difficulties, anger, grief, guilt, and Family violence—written by Matsakis, 2007, quote p. 433.

3. *The Survey of Army Families (SAF V) Report Summary* describes reunion adjustment among Army civilian spouses with returned Soldiers. Prepared for U.S. Army Community and Family Support Center, by Orthner, D.K. & Rose R. (2005).

4. Chong, J.R. (2008). USC to train social workers to deal with military families. *Los Angeles Times,* October 23, 2008.

5. Psychological symptoms and marital satisfaction in spouses of Operation Iraqi Freedom veterans: Relationships with spouses' perceptions of veterans' experiences and symptoms was examined by Renshaw, K.D., Rodriques, C.S., & Jones, D.H. (2008). *Journal of Family Psychology,* 22 (3), 586-594.

6. The information is from Matsakis' work with spouses, 2007.

7. A review of 10 years of military marital data found in Karney and Crown (2007). *Families under stress: An assessment of data, theory and research on marriage and divorce in the military.* Santa Monica, CA: Rand Corporation. Report prepared for the Office of the Secretary of Defense (OSD).

8. *Does divorce make people happier? Findings from a study of unhappy marriages.* New York, NY: Institute for American Values. Authors: Waite, L.J., Browning, D., Gallagher, M., Luo, Y., & Stanley S.M. (2002).

9. This information is from the SAF V, Orthner & Rose 2005.

10. Mental Health Advisory Team (MHAT) V/VI Reports (2008/2009). Operation Iraqi Freedom 06:08—Iraq Operation Enduring Freedom 8: Afghanistan. Office of Surgeon Multi-National Force-Iraq, Office of Command Surgeon, and Office of The Surgeon General U.S. Army Medical Command.

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U.S. Reintegration Readiness: Leader's Handbook

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MATERIALS MAY BE REPRODUCED FOR DEPARTMENT OF ARMY USE.

OPERATION READY

Resources for Educating About Deployment and You

Getting Prepared, Staying Prepared

ARMY COMMUNITY SERVICE
ACS
Real-Life Solutions for Successful Army Living

