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Comments pertaining to this document are invited and should be forwarded to: Chairman, Department of Command, Leadership, and Management, ATTN: Director, Military Family Program, U.S. Army War College, Carlisle Barracks, PA 17013-5010. Comments also may be conveyed directly by calling commercial (717) 245-4787 or DSN 242-4787.

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This document utilizes a variety of resources. Our team visited countless web pages and read many books, all of which are listed in the Resource Section. We also took ideas and information from previous Spouse Projects such as “The Battle Book,” “Choices and Challenges” and “It Takes A Team.” This manual incorporates information from courses such as the AFTB “Crisis and Coping” course and the Ft. Benning Leadership Seminar Module, “Trauma in the Unit.” Thanks are due to a group of Operation Ready volunteers at Ft. Drum, New York, who, in May of 2003, put together several documents that are in our Appendix. This handbook relies principally on the lessons each of the members of our team learned in dealing with trauma in their respective units over the years.
FOREWORD

The Leader's Guide to Trauma in the Unit is an excellent resource for all leaders that helps them to focus on the vital issues that accompany grief or trauma in an organization.

The guide provides a helpful and comprehensive resource for spouse leaders to support survivors through the traumatic effects following the death or illness of a loved one.

This effort represents the dedicated and caring work of the spouses of students in the U.S. Army War College Class of 2004. Throughout a year-long project they have collected and edited information to assist military families through the painful process of individual grief and trauma. They have filled a great need, and combined it with the Army tradition of supporting and helping one another.

We sincerely hope this guide will be a useful and important resource for you in addressing the challenges of today's military leaders and their families.

David H. Huntoon, Jr.
Major General, U.S. Army Commandant
Why We Wrote This Book

“Tell me how much you know of the sufferings of your fellow men and I will tell you how much you have loved them.” -- Helmut Thieliecke

A sudden death…a serious injury or illness…a soldier missing in action — when this happens to anyone in our units, our hearts stop. Trauma — hard to talk about, hard to think about and hard to write about. Why, then, did this group of Army, Marine and Air Force spouses want to do this particular project?

Each of us working on this project has been touched personally by trauma in some way. This compilation represents the combined and varied personal experiences we have had. We have emphasized those experiences we had while our spouses were in command. The “Death of a Soldier” and “Special Circumstances” chapters draw from our experiences during the military conflicts/interventions in Panama, Desert Storm, Somalia, Operation Enduring Freedom, Operation Iraqi Freedom and during training accidents. Trauma can happen at any time — during training, in war, at home or on the way to work. As company and battalion commander spouses, we dealt with deaths and injuries of soldiers in combat and training, terminal illnesses of both active-duty personnel and spouses, and the death of a child. In most cases we learned through the “school of hard knocks.”

We all know that, with the current level of deployments, the chances of trauma in the unit are greater than ever. Though no two traumas are alike, we found in our experiences that the better prepared and knowledgeable we were, the better we were able to assist those directly involved.

This project provides a guide for you to access in case of a trauma in your unit. In our research, we found numerous references to the topic, but we noted a lack of a single comprehensive resource that looked at the issue in depth. Hopefully this book will serve that purpose for you. We address topics that have been important and helpful to us — preparation, the military role, and practical ways to help. It has been our experience that the more familiar we have been with the active-duty role, the easier it has been for us to focus on the “heart” side of helping in times of trauma and crisis.

We encourage you to read this book cover to cover so that you will be familiar with its contents, layout and design before an incident occurs. However, we have designed each chapter to stand on its own so that if you experience a trauma in your unit you can access just the information relevant to your situation. We have also provided an Appendix section and a list of resources that should give you even more information. This publication is by no means an exhaustive resource; we hope that you will add to it and tailor it to your specific needs.
Trauma — hard to talk about, hard to think about and hard to write about. But so important to be informed about before a trauma occurs. We sincerely hope you will find this book a valuable resource and that you will share it with fellow spouses. By being informed and prepared to deal with the unthinkable, it is our sincere belief that we can better serve those in our units who look to us as a source of helpful hands and hopeful hearts.

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INTRODUCTION

“Spare nothing in your efforts to assist the survivors in every way.” --Gen. Maxwell Thurman

Trauma in the unit is arguably the most difficult situation to deal with while your spouse is in command. It is natural to have feelings of inadequacy and anxiety and to be concerned that others are looking to you for example and leadership. There are many ways a unit can pull together to assist the bereaved family, and many people in the unit will want to help. No one ever can be prepared completely for a crisis, but advance planning can ease some of the stress and frustrations of the family and those who support the family in their time of need.

By presenting the information in this book, we are not suggesting that all of it needs to be done by you. If you choose to be involved as a leader during times of crisis, surround yourself with others who also want to help. Never lose sight of the short-term goal of clearly identifying how you can best help the bereaved family members as well as the long-term goal of helping them to take back full responsibility for their lives. Let the family maintain control over what they can reasonably do for themselves. Get ongoing feedback from the family. Don’t contribute to their problem by becoming part of it.

Nothing can soften the shock and devastation of suddenly losing a family member. Other situations that are extremely sensitive are when a soldier is Missing in Action or a Prisoner of War. Serious injury or long-term illness of a family member is also devastating. Every crisis situation will be as unique as the individuals who are involved. Some lessons learned by those of us who have had the privilege to help families as they dealt with traumatic events in their lives include:

1. **Decide early on in your spouse’s command how and to what extent you will be involved during a time of trauma or death.** If you choose not to be involved, then you and your spouse should ask someone else to take your place. During times of crisis the unit spouses really do need the support and leadership of other spouses. Do not wait until the time of crisis to decide how, or if, you will contribute or support. As you establish your role and your relationships in the Family Readiness Group (FRG), don’t forget to think about the possibility of death in the unit and what role you will play during a time of crisis. A close working relationship and open lines of communication with the military and other support agencies involved will be of great benefit to this process and to you as a spouse leader.

2. **If you read nothing else at this point, read How to Approach It in each chapter early in your spouse’s command.** The preparations that will assist during times of crisis are those that the military and the FRG strive to accomplish well in advance of deployment.
3. After the death of a soldier, the military fulfills the roles of casualty notification and interpreting survivor benefits. In the event of a death of a spouse or child, the military role is more limited. You and other spouses represent the “heart” side of the unit, and that is where you can contribute (see Support section).

4. Grieving families have many questions regarding survivor benefits and numerous other issues. Because you and other spouses in the unit provide support, families may look to you for the answers. When families have specific questions that require the expertise of military personnel, do be a point of resource and referral. Refer families to the Casualty Assistance Officer (CAO), legal officer, chaplain, Public Affairs Officer (PAO), etc., when they have questions. Also, do not try to answer the question, “why?”

5. Be careful to be an empathizer, rather than a sympathizer. In other words, show the involved family that you care, but don’t take on their feelings of grief. Be familiar with the Stages of Grief (see Appendix – Grief). This will help you to conserve your energy as a helper to the family and a leader of spouses in the unit. However, be aware that you may actually be grieving this loss yourself and that the unit may be grieving, too. Members of the unit will be watching to see how the unit takes care of its family.

6. Discuss with your spouse whether he/she will attempt to contact you when a critical incident occurs while deployed.

7. Consider speaking with a trusted mentor or Chaplain if you experience feelings of fear, inadequacy or overwhelm. Do not be afraid to make mistakes.

A death in the unit is an overwhelming experience. As a leader, you can play a vital role in the healing process by being yourself, being prepared and being focused on the family in need.
Death of a Soldier
DEATH OF A SOLDIER

PREPARATION

“After a casualty occurs, it is too late to prepare.” --LHS

WHY IT MATTERS

It is extremely difficult to make sound decisions in the midst of turmoil. A person cannot predict how he/she will react in a crisis and often regrets decisions made during that time. Educating FRG members about how the casualty notification and assistance process works in advance allows them to set realistic expectations of what assistance would be provided to them in the event of a casualty. Also, it gives members an opportunity to have discussions with their spouses and make necessary plans and decisions together. Further it makes spouses aware of what their responsibility would be in providing the important paperwork to the Casualty Assistance Officer (CAO). The active-duty member should ensure that their DD Form 93 and SGLI form are kept current.

HOW TO APPROACH IT

Preparedness is really about exercising personal responsibility and taking control over the decisions we make in our lives. The most effective way to approach preparation is through education.

The Chaplain can be an invaluable member of the team responsible for the education and preparation process. Work with the Chaplain to create as many opportunities as possible for the Chaplain to interact with family members, especially the FRG leaders. The unit Chaplain may deploy with the troops. If so, it is essential to determine who will assume his/her duties. Arrange a meeting with the Chaplain and all unit FRG leaders before the deployment. Be sure to include the new Chaplain in the FRG Steering Committee meetings and the Pre-deployment Briefing. It is important to establish a rapport with the Rear Detachment Chaplain.

Casualties happen whether a unit is deployed or not. Preparedness needs to begin when a spouse enters your FRG. The unit welcome packet should include a Spouse’s Important Document Checklist (see Appendix – Important Documents). Army Community Service (ACS) should be able to provide additional sample checklists. Encourage spouses to complete the checklist and keep all documents in one place. In the event of a casualty, this will enable someone to easily locate the necessary paperwork required by the Casualty Assistance Officer.

Ensure that the unit FRG is always functioning properly. Updated phone rosters are essential. Establish an effective Key Caller system and use it at least once a month. Stress to all FRG members that it is their responsibility to be certain that the FRG leader always...
has up-to-date contact information (phone numbers, change of address and how to contact if out of town.)

Encourage all FRG members to enroll in Army Family Team Building (AFTB) and Operation Ready classes. A general understanding of the Army community and how it functions is always helpful. Your local ACS is an excellent resource for classes and training relevant to Trauma in the Unit.

Know how the notification process works in your unit and on your installation — who will be notified and under what conditions. It is important to know how/if this process will change if the unit is deployed in training or combat. Explain to the FRG how the casualty notification process works and the decisions family members would be asked to make in the event of a casualty (see Appendix – Decision Timeline). Encourage the members to discuss this information with their spouses and come up with a plan together. Some things to consider:

- The moment a soldier dies his pay stops. Having the needed documents in one place allows the survivor to immediately file for benefits (see Appendix – Important Documents).
- Many decisions must be made within forty-eight (48) hours. Knowing what these decisions are gives direction to the preparation process. Servicemembers can help their spouses, and potentially ease tensions between the spouse and parents, by ensuring their wishes concerning burial, funeral arrangements, etc. are known and documented (see Appendix – Final Thoughts Worksheet).
- Servicemembers should ensure the following are updated periodically and kept current:
  - DD Form 93 (If all information on DD Form 93 is correct, the time from death on the battlefield to notification is approximately five hours.)
  - SGLI forms
  - Power of Attorney
  - Family Care Plan
  - Wills
  - Survivor Contingency Plan

Have a speaker come in to discuss Survivor Benefits and encourage members to consider financial issues such as life insurance in their personal plans as well. It is important that this planning be part of the ongoing education process as well as part of deployment preparation. Stress is already a factor before a deployment. Emotions run high and this is a difficult time for spouses to first hear of the Casualty Notification Process.

Invite a speaker from the Public Affairs Office to address the group about dealing with the media (see Media section).
PRACTICAL IDEAS

Many FRGs use a spousal information form that includes questions about who they would like to be with them in the event of a trauma. Although this seems helpful, and may be in some cases, we have also seen situations in which this has added more stress to an already difficult situation. Often this section of the form is not updated and friendships change over time. Even a close friend may not be able to offer support if their spouse is also deployed or involved with the casualty. It is best to ask the grieving spouse whom they would like you to call. Be sure the friend is aware of the situation and up to the emotional task before coming to the house.

HELPFUL HINTS

If you feel uncomfortable speaking to the FRG about casualty notification, request a speaker from the G-1 Casualty Office to come and address the group.

Have a meeting prior to deployment with Commanders, Commanders’ spouses, Rear Detachment Commanders and Family Readiness Group leaders to go over the process of notification and support and work through specific trauma scenarios. Some suggested scenarios are: the death of a Commander; mass casualty; if a spouse does not want FRG support; and any others that may seem appropriate.

FRUSTRATIONS

Inaccurate addresses and phone numbers bring the notification process to a halt. Having accurate contact information allows the notification to occur as soon as possible.

Keep in mind that you can only encourage and stress the importance of preparedness. You can give them tools (such as those found in the Appendix), to help them make decisions and organize information, but the individual is responsible to choose or not choose to be prepared.

IMPLICATIONS

Emphasizing personal responsibility and empowering spouses with information through education enables family members to make sound decisions for themselves. Knowing their family is prepared allows the servicemember to focus on the mission.

APPENDIX ITEMS

Important Documents
Decision Timeline
Final Thoughts Worksheet
DEATH OF A SOLDIER

THE PROCESS
CASUALTY NOTIFICATION AND ASSISTANCE

“Transforming the sacrifice of the soldier and his family into the honor of a grateful nation.” – CPT Keith Cerci, 2004

WHY IT MATTERS

Official casualty notification and assistance is not a Family Readiness Group (FRG) function. However, having a general understanding of the process helps a commander’s spouse/FRG unit leader see how their role fits into the bigger picture and how to better offer and organize effective support.

MILITARY ROLE

What is a Casualty?
A casualty is any person who is lost to an organization by reason of having been declared beleaguered, captured, deceased, diseased, detained, injured, ill, interned, missing in action or wounded.

Casualty Status
Casualty status is a term used to classify a casualty. Casualty status determines if or how notification takes place. There are seven casualty statuses:
(1) Deceased
(2) Duty status — Whereabouts Unknown (DUSTWUN)
(3) Missing in Action (MIA)
(4) Very Seriously Ill or Injured (VSI)
(5) Seriously Ill or Injured (SI)
(6) Incapacitating illness or injury
(7) Not Seriously Injured (NSI)

Reporting a Casualty
If a servicemember’s status is deceased, DUSTWUN or MIA, personal notification will be made. If the servicemember is VSI or SI, telephonic notification will be made. Some installations may notify personally; check your local installation for their policy. Telephonic notification is not usually made for servicemembers NSI due to hostile action. Casualty reports are not generated for non-hostile NSI servicemembers. For further information see DODI 1300.18.
The following is the usual order of reporting a casualty:

- Casualty Area Command (CAC) is notified of an incident by:
  - Unit Commander or Representative
  - Police (civilian or military)
  - Medical Treatment Facility
  - Another CAC
- CAC confirms incident.
- CAC collects personnel information.
- CAC produces initial casualty report.
- CAC/DA Casualty Operations coordinates all actions.
- Casualty Notification Officers (CNO) notify Primary Next of Kin (PNOK) and Secondary Next of Kin (SNOK). This information is found on the casualty’s DD Form 93 (Record of Emergency Data). Accurate information on the DD Form 93 is one of the most important factors in a timely notification. The Casualty Notification Officer is generally accompanied by a Chaplain, but the process is not stalled if a Chaplain is not available.
- Casualty Assistance Officer (CAO) visits PNOK and provides assistance as appropriate.
- If requested, an FRG representative may visit to offer emotional and logistical support.
- The Public Affairs Office (PAO) should contact the family members to see if they require information or assistance in dealing with the expected media interest.

Who Is the Primary Next of Kin (PNOK)?
The term PNOK is used to identify one person who will receive notification of the death of the servicemember and from whom the military will request instructions for the transportation, preparation and interment of the deceased. The PNOK will also receive the member’s personal effects in most cases. The designated PNOK is in order of precedence: that is, the first living survivor highest on the following list:

- Member’s surviving spouse.
- If there is no spouse, then the eldest child over the age of 18, including those by prior marriage.
- If there are no children over the age of 18, then father or mother of the deceased.
- If there are no parents, then the eldest brother or sister or another blood relative.

**ROLES AND RESPONSIBILITIES**

**Casualty Notification Officer (CNO)**

**Duties**

- Represents the Secretary of the Army.
- Notifies PNOK and SNOK as listed on the casualty’s DD Form 93.
- Will pass only confirmed information.
Informs the PNOK of the following:
  o A Casualty Assistance Officer will be assigned to them and will make contact as soon as practical, ideally within 24 hours of notification.
  o They will receive a telegram/mailgram confirming the information provided by the CNO.
  o A letter, which will provide more details, will be coming from the soldier’s commander.
  o They should not make any disposition/funeral arrangements until a Casualty Assistance Officer has briefed them.
  o Personal notification will be made to the SNOK.

• PNOK will be notified prior to SNOK whenever possible.
• Personal notification will be made to:
  o PNOK.
  o Children not living with PNOK or from a previous marriage. If children are minors, notification must be made through the legal guardian.
  o Parents.
  o Those listed in the “Other” box on DD Form 93 are usually notified by phone call.

Chaplain
• May be a part of the official Casualty Notification Team, but notification will not be delayed if one is not available.
• Serves as a point of contact between the commander, unit and family.
• During a time of casualty is a source of comfort to the family and to the unit.
• Chaplains are prepared to offer assistance in a variety of ways: prayer, spiritual counsel, and/or as a source of information about funeral services, memorials or other religious observances.
• As a staff officer, the Chaplain is a great coordinator of the helping agencies in the community.
• Chaplains represent various religious traditions, but are trained to assist those in need whatever their faith background. If the family feels the need to speak with a Chaplain from their own church or faith, that request should be made through the Chaplain who is present.

Casualty Assistance Officer (CAO)

Duties
• Represents the Secretary of the Army.
• Assists next of kin during the period immediately following a soldier being declared missing or deceased.
• Provides emotional support to the next of kin.
• Eliminates delays in settling claims and paying survivor benefits.
• Assists next of kin in resolving other personnel-related matters.
• Protects the family’s privacy and interacts with the media as necessary.

**Summary Court Officer**
- Officer appointed to secure and dispose of personal effects of a deceased soldier.

**Public Affairs Officer (PAO)**
(see Media section)

**Family Readiness Group (FRG)**
- If requested, the FRG may offer emotional and logistical support to the family, being sure not to duplicate any assistance or services provided officially through the Army and Army service agencies.
- For more ideas on how the FRG can offer support (see Support section).

**Important Forms**
- DD Form 93 – Record of Emergency Data. Provides name and address of person(s) to be notified in case of sickness, emergency or death. If information on DD Form 93 is accurate time between death on the battlefield and notification is approximately five (5) hours.
- DD Form 1300 – Report of Casualty. The NOK or beneficiary may use the DD Form 1300 to show proof of death to government and commercial agencies that pay benefits to survivors of eligible servicemembers.

**Points of Contact**
- CAC (Casualty Area Command) Toll Free 1-888-325-1601.
- Local point of contact would be through the unit’s G-1 office.

**PRACTICAL IDEAS**

When preparing for a deployment, meet with the Commander and Rear Detachment Commander to:
- Discuss and review general casualty notification and assistance procedures along with specific procedures followed by your unit.
- Explain what you see your role as the commander’s spouse/FRG leader will be in the event of a casualty in the unit.
- Explain realistically what the FRG will be able to offer.
- Check if you have the correct phone number for your local Casualty Notification Office.
- Ask what procedures will be in the event of a mass casualty.
- Establish a positive working relationship and open communication channels with Rear Detachment.
Prior to deployment all leadership (commander, rear detachment commander and spouse leaders) should get together and talk over different trauma scenarios to ensure that the command direction is clear.

**FRUSTRATIONS**

The casualty notification process takes time to ensure all information is accurate and complete. Unfortunately, information regarding casualties is delivered quickly through the news media. This “time delay” creates tremendous strain on a community. Although we cannot expedite the notification process, nor can we restrain the media, we can help reduce the stress with open lines of communication. During a major deployment, one unit found it beneficial to inform the FRGs when the casualty notification process was complete for a specific incident, thereby letting people know that if they had not been notified otherwise, their loved one was not involved in this incident. This word went out through Rear Detachment to all FRGs. This procedure would need to be established prior to deployment.

Unfortunately, the casualty notification process does not always work smoothly. You may receive a call from an FRG member who has heard about a casualty in your unit before you have received word from Rear Detachment. If this occurs, it is important to let the caller know that you have no official information about the incident and that the notification process takes time. Contact Rear Detachment immediately with any information that you were given, and let them work on it through the proper military channels.

**RESOURCES**

*Army Casualty Website:*
www.perscomonline.army.mil/tagd/cmaoc/cmaoc.htm
DEATH OF A SOLDIER

SUPPORT

“Do small things with great love.” --Mother Teresa

WHY IT MATTERS

Responding to a tragedy is an overwhelming experience. We will always feel inadequate when faced with the emotions and the enormity of what has happened. That is why we must think about it now. We must be as prepared as possible…we owe the soldier that much.

MILITARY ROLE

The Casualty Assistance Officer and the Chaplain are key individuals in the command who help the family during this time of trauma. The “green suiters” and community support agencies are trained to handle these situations. As spouses we should focus on the practical, caring means of support or the “heart side.”

HOW TO APPROACH IT

As a leader within the unit, you will be expected to respond quickly and to know what to do by the families in your FRG. Being prepared for a crisis is crucial to your being able to cope and to help others cope with the unexpected. After the casualty occurs, it is too late to prepare.

The casualty notification process can and does differ in each case. Factors that can impact the process are: time of day, location of the death and the location of the person to be notified. Each Division/Installation will have its own guidelines for notification. It is important to find out these guidelines before a deployment. Agree on what your role will be and when you will become involved. Will it be minutes or hours after the notification? Be realistic about your involvement. If your unit sustains more than one casualty, it is very important to be consistent with your support. Remember that neither you nor any spouse will be a part of the Notification Team.

If you have agreed to help, you must be prepared to receive a phone call at any time. Therefore, you might want to think about the following:

- Who will take care of your children?
- Who can help with transportation to and from school and after-school activities?
- What information will you give your children and when? Often, as the leader, you may be so busy that your children may find out about the crisis from someone

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else. This can be very difficult for your child. Plan how you will handle this even if it means discreetly taking a few minutes while at the spouse’s home to call your child and offer reassurance. If your children are old enough, tell them that in the event of the tragedy you may be called upon to offer support.

- Do you have a week-long plan for the care of your children? Can a grandparent, friend or other family member come and stay with them for a few days? If your children are older, can someone check in with them and/or provide a place for them to go after school?
- Be sure you have all your unit’s FRG rosters updated and ready to grab and go. It is also important to have a list of unit and support agency numbers (both duty and after-duty-hours phone numbers).

Whether you arrive days, hours or even minutes after the notification, the grieving process has begun. A minute ago, life was in order, but now it will never be the same. No one can predict how he or she will react when they are given such devastating news, but those who grieve almost always seem out of character. Shock, anger and denial are common. It is important that you do not take anything personally. You should have an understanding of the grief process (see Appendix – Grief).

Each death is life changing and different and each needs to be handled delicately according to the spouse’s/family’s needs. Since every situation is different, you will need to think on your feet and adjust to the situation. These are some things that you might consider:

- Upon entering the home for the first time, you can expect great emotion. Tell the family member that you are sorry about their loved one’s death. Use the deceased soldier’s name soon and often. Doing so makes it easier for everyone to talk about the deceased. This is a great gift to the spouse.
- Ask if there is anyone the spouse would like you to call. Help the spouse make calls to other family members, but let her tell them of the death.
- Do not answer any questions about the death. Refer those questions to the CAO.
- Respect the spouse’s need for privacy. Sometimes, this does not mean leaving but rather going to another room. You may want to stay until family or a close friend arrives. Be sensitive to the needs of the situation and respond accordingly.
- Use discernment when contacting another spouse in the unit to provide emotional support to the bereaved. Depending on the circumstances and the maturity of the person, this could hurt more than it helps. This is especially true if the supporting spouse’s soldier is still in a combat situation.
- It is very helpful to have a notebook to write down any and all questions that the spouse/family has. Remind the spouse of the questions when the CAO is there so that the CAO can answer them. Remember that no matter how rational the spouse appears, he/she often remembers very little about this time. Include FRG rosters and other important numbers in this book.
As a leader, you may have several groups with different emotions to deal with. This is especially true in combat. Your main effort is with the family of the deceased, but you will also be looked to for help, guidance, information and support from spouses whose soldiers have been injured and those whose soldiers are still in harm’s way. Get with other leaders in your unit to divide the responsibilities. Refer spouses to the Rear Detachment whenever possible. Remember that you are not the only one who has to plan, organize and do. Let the people responsible (the Commander, CAO, Chaplain) do their job. Be sure to take offers of help. If someone offers to help, take their name and number and call them when a need arises.

The unit may want to consider having a meeting with Battalion and Company leaders and spouses. This provides an opportunity for them to be informed about what is going on. It also gives them an opportunity to bond together as a group after this tragedy. Companies may want to have a meeting with their soldiers/families for the same purpose.

Remember that the unit is grieving and you are grieving. This is especially true if the soldier was your friend. It may be harder to support your friend due to your own grief. Lower your expectations that you may have of yourself. Allow yourself to grieve.

“One who has no time to mourn, has no time to mend.” --John Dunn

PRACTICAL IDEAS

The following are some guidelines on how the Family Readiness Group can help family members after a casualty. Every circumstance is different and what works well in one situation may not work at all in another. Ask if you can lend specific help. Let them know what you are available to do. Coordinate efforts of all those willing and able to offer help. The following are some areas where assistance may be most urgently needed:

1. Around the House:
   - Is English the first language of family members, or do they need assistance with translation?
   - Are bills due?
   - Is assistance needed with housecleaning or lawn care? Are there errands that can be run?
   - Are meals necessary? If so, are there special needs or dietary restrictions? (see Appendix – Meal Support)
   - Is pet care required?
   - Do they wish help in organizing condolence letters and gifts so notes of thanks may be sent later?

2. Children:
   - What are their ages?
   - Is childcare required?
• Are there any medical issues caretakers need to be aware of?
• Make sure anyone who is babysitting the children knows how the death was explained.
• Have arrangements been made with schools?
• Do they have friends who may be willing to offer support?
• Are there children residing elsewhere?
• Are clothes needed for the funeral or memorial service?
• Are there extracurricular activities the children are involved in? Do teachers/coaches need to be notified? Or do the children want to maintain their schedule to some extent? Is transportation required?

3. Family and Friends:
• Check with the immediate family to see if there are extended family, friends and neighbors that need to be contacted.
• If PNOK/SNOK are not in the area and are not coming to the area a phone call within twenty-four (24) to forty-eight (48) hours of notification is usually appreciated.
• Will visiting family and friends need gate access to the installation, lodging and/or transportation?
• Will visiting family and friends require any support? A basket to include snacks, local maps, important phone numbers and local contact information may be a nice gesture.
• Try to meet with out-of-town family members when they arrive. A brief visit by the Commander and/or the Commander’s spouse is usually appreciated.
• Help the family members meet and talk to soldiers who knew the deceased.

4. Outside Influences:
• Is the spouse employed? Has the employer been contacted?
• Does the family attend church off post and has the pastor been notified?
• Are there appointments to be canceled?

5. Unit Family:
• Show concern, offer care and support. Sometimes people want to be alone and sometimes people need others surrounding them.
• Allow the person time to cope in his or her own manner. Do not rush them.
• Identify volunteers within the unit who are willing to assist with required needs of the family.
• Are there other units on the installation who may have FRG members less emotionally involved willing to offer assistance?
• How is unit morale being affected? Is there a need for grief counseling, and do unit members and their family members know where to go to get it?
• Realize that discomfort and awkwardness occur for all concerned. People who want to help may feel guilty because they haven’t suffered this particular tragedy, or they simply may not know what to say or do.
• It is helpful if the Chaplain can talk with the unit about the grief process and appropriate responses.
• Remember to support the supporter with an occasional meal and childcare.

6. Memorial Service:
• The command is in charge of the memorial service. The Chaplain is the key resource for this service. They should consider the family’s requests, if possible.
• Consider having a guest book at the memorial service.
• Consider having a gathering of the unit, family and out-of-town guests after the memorial.
• If another unit wishes to help ask that they provide volunteer on site childcare in order for unit members to attend the memorial.
• If a soldier’s death was in combat the memorial may be held in theatre. Will there be a service for spouses on the installation? Whatever the unit/installation does, it should be handled the same way for all combat deaths.

7. Funeral Arrangements:
• Is the funeral to be local, or does the family need assistance preparing for departure?
• Does the family require assistance writing the death notice for the newspaper?
• Does the family prefer donations to a particular organization or charity in lieu of flowers?
• The unit may consider giving a memorial of a plant, bush or tree (something that is living). They also may consider giving the family the soldier’s framed medals.
• Is someone available to housesit during the funeral?
• Does the family need help getting ready for the funeral?
• Are their young children who may need childcare during the funeral? Make sure the childcare providers know how the death was explained to the children.
• Will there be a gathering after the service? If so, does the family require help with food, location, clean-up?

8. After the Funeral:
After the immediate family leaves the area and close friends are resuming their normal activities may be the time that a unit can be the most helpful.
• Keep in touch with the family. Remember them with quick calls, notes or whatever is the most appropriate to the situation.
• Pass on names and numbers of appropriate support groups. Bring a book that the family may now be able to find comforting or supportive.
• The grieving process will normally be a long and difficult time. No one is expected to “snap out of it.” Your first impulse may be to try and stop the person from crying. Allow them to cry. If you feel like crying that is okay, too. There is no time limit to feeling pain and loss during trauma. Emotions will play a big part
in the process. It is normal for the grief process to continue for three years or longer. The sorrow will soften but the family will never be the same.

- Is ongoing childcare necessary?
- Will the family be moving? What assistance do they require?
- If the family remains in the area, keep in contact and encourage others to do the same.

HELPFUL HINTS

- Have someone to answer the phone. Ask them not to give any information unless they are sure whom they are talking to and the family member agrees. Often, the media will call and try to elicit information about the death.
- Keep one phone log. Write down all calls and associated telephone numbers. It may mean a lot to the spouse later to see who called. Also, you can use it to call back those who wanted information on the services.
- Ask that any phone calls of condolence that the chain of command receives are noted and that this information is passed on to the family member (in writing is best). Often, VIPs will express their sympathy to the Command Group and the family member does not know that they called. Add these calls to the phone log.
- Have someone keep a notebook of decisions that have been made and that need to be made. Write down thoughts and questions the family member has so that you can pass it on to the CAO. The family member usually has questions that come to mind but they could forget due to the stress.
- Be especially careful to write down any questions or requests that the family member has about the memorial service.
- Keep a record of who sends flowers and a brief description of the arrangement. Keep all cards.
- Get a guest book for visitors to sign at the house and take it to the memorial service.
- Please don’t hesitate to ask for help. Look outside your unit for support. Consider letting others provide meals for those in your unit who are supporting the grieving family. After the local memorial service, other units may provide food for your unit and families.
- Videotape the memorial service. Ask someone (PAO, if possible) to keep the articles and even tape the news coverage. The family member will not want, or even think of, this now but much later they may want it.
- Consider making a videotape of soldiers talking about the deceased. This means a lot to parents and spouses. This can be done right after the memorial service.
- Think about unit pins for parents and family members for the memorial service.
- Collect photos from members of the unit of the soldier. Make copies and give them to the family.
- Be sure that members of the FRG who are offering support know what to say and not to say (see Appendix – Caring Behaviors).
• About a week after the death, or when it seems appropriate to you, consider the gift of a blank journal to the spouse. Everyone reacts and grieves differently, but this is a gesture that is often appreciated.
• Offer to help with thank-you notes.
• Several months from now an official report about the death and the cause will be presented to the spouse. Please remember that this can be a very difficult time for the spouse and for the unit.
• If the death occurred during a deployment, it will be very difficult for the family member when the unit returns. Make a special effort to reach out with phone calls, notes or visits. It is especially meaningful if those who knew and were deployed with the soldier contact the spouse, children and parents.
• Scholarship assistance for dependent survivors of the soldier is provided by many schools, colleges, special scholarship funds and by state law.

FRUSTRATIONS

During this very hectic, emotional and stressful time, be sure to take the time to let your own family know how much they mean to you.

Be patient. Grieving takes a long time, and there is no right timetable. Don’t expect the spouse to return to normal; normal, as it was before, is gone forever.

IMPLICATIONS

How trauma is handled in the unit has long-term effects on the unit family. The unit, as a family, may grow as members see how they care for one another.

“The hardest thing that I have ever had to do is to be a part of the initial support to family members whose soldier had been killed. The experience changed me forever.”

--Company Commander’s Spouse

APPENDIX ITEMS

Grief
Meal Support
Caring Behaviors
Illness/Injury in the Unit
ILLNESS/INJURY IN THE UNIT

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.”

--Martin Luther King, Jr.

WHY IT MATTERS

When illness or injury strikes the unit, the impact can be almost as devastating as a loss. Because of the varying degrees and seriousness of illnesses and injuries, those in support roles may be confused about, or have questions concerning, the best way to give support. Knowing what to do and, sometimes, what not to do, can make a world of difference in the lives of the injured or ill person and their family.

MILITARY ROLE

If a soldier is injured or taken seriously ill while deployed, the spouse will be notified according to the unit/installation policy. Usually, if the servicemember is Very Seriously Ill/Injured (VSI) or Seriously Ill/Injured (SI), telephonic notification will be made. Telephonic notification is not usually made for servicemembers not seriously ill/injured (NSI) due to hostile action. Casualty reports are not generated for non-hostile NSI servicemembers. For further information see DODI 1300.18.

Preparation by the military sponsor is key. Servicemembers should ensure the following are updated periodically and kept current:

- DD Form 93
- SGLI forms
- Power of Attorney
- Family Care Plan
- Wills
- Survivor Contingency Plan

The servicemember and spouse may consider making preparations by doing the following:

- Designate several personal points of contact for help/support.
- Ask them if they will be responsible for specific roles such as:
  - transportation of children to and from school
  - transportation to and from medical facilities
  - pet care
  - taking care of gate access for any visiting family/friends that are non-ID card holders
• Write down contact information for each person willing to provide support, and share that information with each person on the list.

• Provide the supporter with the following if appropriate:
  o keys to house/quarters
  o Medical Power of Attorney for children
  o school release form to allow the supporter to pick up children
  o schedule/location of after-school activities
  o phone numbers for hospital

If illness/injury requires in-home assistance from a person who is not an ID card holder, this person may need the following to function in the military system:

• Gate access to installation
• Important phone numbers (emergency and non-emergency, unit and civilian)
• Permission to access PX/commissary
• If OCONUS, a special driver’s license to drive on post and in the surrounding area
• Maps of post/surrounding area
• Phone number to, and location of, the MP station
• Passports/visas/credit cards/military ID proof of insurance

**HOW TO APPROACH IT**

For those in the supporting role, be sure that the items listed above (in Military Role) have been addressed.

Some additional things to consider:

• Does the family need someone to stay with any children at home prior to the departure so the adult(s) can attend to pre-departure needs if traveling to medical facilities?
• Do errands need to be run (i.e., bank, JAG, employer, make travel arrangements, school, chaplain, hospital records office, vet/kennel, etc.)?
• Will the house/quarters be sitting empty?
• Does the family want the MP/civilian police notified to check on the property?
• Does the family want the mail stopped/picked up? Newspaper(s) stopped/picked up? Plants inside/outside watered/cared for? Will the lawn need mowing or watering?
• Will snow removal be needed?
• Will the family be gone for an extended period of time (refrigerator items/spoilage)?
• Are there pets that will need to be boarded/cared for?
• Are there other minors/aged parents/special-need individuals still living at home not traveling to the medical facility? If so, who will care for them and what is needed?
Are there personal appointments/meetings that need to be cancelled? Does the family want someone to handle it for them? Is there someone specifically the family wants to do this for them?

Has someone been given permission to contact agencies, such as a civilian employer or the schools, on behalf of the family? Many times, schools and daycare centers require more than identification. They may require prior written notification.

Most importantly, what information does the family want shared? What do they not want shared?

MEDEVAC INFORMATION

When the local military or civilian hospital cannot adequately treat the individual, the patient will be medically evacuated (MEDEVACed) to a Military Medical Treatment Facility (MMTF).

If a VSI or SI soldier is MEDEVACed from his/her home duty station to an MMTF, the Joint Federal Travel Regulations (JFTR) authorizes up to two relatives of the patient to travel to and from the hospital at government expense on Invitational Travel Orders (ITO).

If a soldier is injured or taken seriously ill while deployed, the servicemember may be MEDEVACed to the nearest MMTF. In medically serious cases, the government will provide ITOs for up to two relatives of the soldier for travel and lodging at the MMTF where the servicemember is located.

The spouse/relative on ITO needs to bring:

- Copy of ITO
- Military ID card
- Power of Attorney
- Immunization records for traveling child(ren) needing daycare
- Name and phone number for the active duty patient’s parent unit
- Valid passport if traveling overseas (if a family member does not have a passport, one can be obtained quickly through the CAC)

A soldier who is MEDEVACed will arrive at the MMTF in pajamas and a robe. Therefore, it is a good idea to bring the servicemember:

- A pair of sweatpants and shirt (ones that can be cut off for casts, etc.)
- Underwear
- Sneakers and socks
- Jacket/hat, if weather is cold
If you do not qualify for government-funded travel, the Fisher House Foundation, Inc. may be able to provide, at the soldier’s request, a no-cost, round-trip airline ticket for a family member or friend to visit the soldier. There are no provisions for assistance with local travel, overnight accommodations, meals or other expenses.

The Fisher House is a “home away from home” for families of injured/ill servicemen and women. There are 16 Fisher Houses on 12 military installations. Families can stay for $10.00 per day and the fee may be waived. For more information go to fisherhouse.org.

Know where your Major Medical Treatment Facility is located. Contact your local military hospital for the Information number and the Patient Representative number and information on billeting available. Provided below are some commonly used MMTFs:

- **Landstuhl Regional Medical Center (LRMC)** is ten minutes from Ramstein Air Base. It is the largest American hospital outside of the United States. LRMC provides medical treatment to casualties of Operation Iraqi Freedom and Operation Enduring Freedom.
  - Landstuhl Regional Medical Center
    - Information Desk: Commercial – 011-49-6371-86-8106
    - DSN – 486-8106
    - Fisher House at LRMC: Commercial – 011-49-6371-61-83311
    - DSN – 486-6630

- **Walter Reed Army Medical Center (WRAMC)**, Washington, D.C.
  - Information Desk: (202) 782-3501
  - Patient Representative (202) 782-6866
  - Fisher House (on the installation): (301) 295-7374
  - Mologne House Hotel: (202) 782-4600 ($65/night if not on orders)
  - Website: www.wramc.amedd.army.mil

- **Wilford Hall Medical Center**
  - Lackland AFB, TX
    - Hospital Operator: (210) 292-7100
    - Website: www.whmc.af.mil
    - Fisher House (210) 292-3000

- **Brooke Army Medical Center**
  - Fort Sam Houston, San Antonio, TX
    - Information Desk: (210) 916-4141/3400
    - Patient Representative (210) 916-2330
    - Burn Center: (210) 916-2846 (916-BURN)
    - Fisher House: (210) 916-6000

- **National Navy Medical Center**
  - Bethesda, MD
o Patient Administration Beneficiary Services: (301) 295-2126/2139
   (Open 24/7)
o Website: www.bethesda.med.navy.mil
o Fisher House: (301) 295-5334

PRACTICAL IDEAS

The following should be considered when providing support for a family dealing with an illness or injury:

- Do the out-of-town family/friends need transportation to or from the hospital/airport/train/bus station?
- If servicemember is MEDEVACed, will the family need to be picked up on their return? Are they aware of transportation needs on the other end (car rental available, train/bus/taxi)?
- If the soldier is MEDEVACed from the home duty station, can the spouse travel with the soldier?
- Will the family member be put on TDY orders so that lodging, travel and per diem will be reimbursed? Who is the point of contact to arrange this?
- Where will the spouse stay? Who will make the arrangements? Is billeting available at or near the medical facility?
- Meal support is very helpful when illness or injury strikes; however, there are several aspects that need to be considered. See the section below:

MEAL SUPPORT

When providing meal support, designate one person as the overall coordinator. It is helpful if the coordinator is a friend of the family as he/she will be the liaison between the family and those wanting to provide meals. The coordinator should consider the following:

- Will meal support be long term or short term? Are there dietary restrictions or special considerations (religious restrictions; food allergies)? Be sensitive to the fact that medical procedures can compromise an immune system and necessitate special diets or food handling.
- To minimize the stress on the family, one or two individuals should coordinate meals for the family. The coordinator(s) should be aware of the special needs/dietary-support needs and guide meal planning to accommodate. It’s important to remember the primary focus is the family dealing with the illness, not everyone else. Tact and patience are key, especially in long-term support situations.
The coordinator needs to stress the following when arranging meal support:

- There should be a single person who drops off all parts of the meal so the family is not overwhelmed with well-meaning visitors each dropping off a separate course of the dinner.
- Ask the individual cooks to tape any heating/refrigeration directions to the item so the dish can be enjoyed in the manner intended, as well as prevent food from spoiling.
- The coordinator needs to make sure all individuals preparing a meal know time and location for dropping off their portion of the meal. The coordinator’s goal should be to ensure the meal gets to the family at a time that works best for them and is mindful of their schedule. Remember the family dealing with the illness will be juggling their regular life demands on top of any hospital visits/doctor appointments.
- If there are children in the family, please remember most children are not big fans of gourmet meals. It is appropriate for the coordinator to ask the family if they have been receiving many of the same type meals. Please remember lasagna, tater-tot casserole or some other favorite can lose its appeal night after night, for weeks on end, even if it’s from the best restaurant in town! It is also a good idea to ask if there is something the kids might like. Sometimes in our effort to do a good deed, we forget that simplicity is best.
- Ask the family if the meals provided are too much. Maybe they don’t want a meal every night, but rather at specific intervals near treatments or procedures. Maybe they would prefer to have a meal or two they could put in the freezer and pull out as needed.
- Consider providing meals for the families handling childcare or offering support in other ways.
- Disposable pans, plates and zip-type bags are a must so the family does not have to worry about returning dishes to proper owners.

HELPFUL HINTS

For long-term support, consider creating a web page with current information on how the family is doing and how to help. Make sure the family is comfortable with this idea and you know the parameters of information to be shared. The web page could include a calendar of meals that can and will be provided, transportation needs and best times to visit the family. It could also feature a guest book so the family knows who is thinking of them. The web page could also provide the family the opportunity to write a short update or a note of thanks for support they have received.

A coordinator for thank you notes is often a great way to help the family. Early on ask the family if they would like a coordinator to keep a list of individuals who have helped (meals, services, etc.); if they would like someone to write notes for the family (family can sign notes); or if it is a private matter they wish to handle on their own. If the family
does want help writing thank you notes, try to write notes in a timely manner so that those who have helped know that their effort was appreciated by the family.

**IMPLICATIONS**

The key to providing valuable support is to take cues from the family you are supporting; to be flexible and adaptable as the situation changes and to never lose sight of the fact that the family is the primary focus. The family is going to have good days and bad days. So please remember not to take things personally, and encourage others also to be tolerant and kind. The family is going through a difficult situation, and your role is to help make it a little easier, not add to it in any way.

**RESOURCES**

*Fisher House Website:*
www.fisherhouse.org
SPECIAL CIRCUMSTANCES

DEATH, ILLNESS, INJURY OF A LEADER

“You make a living by what you get. You make a life by what you give.”
--Winston Churchill

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

PRACTICAL IDEAS

- Make sure that the S1 or Rear Detachment has, at all times, a complete and updated roster of the unit.
- As with all grieving spouses, a leader’s spouse will often act out of character. Everyone should be aware of this and not take anything personally. It is important that you do not put your own expectations on how a person is grieving.
- When a leader dies, often groups outside the unit help (sister battalions, the Brigade and the Division). Whichever group the spouse is most comfortable with should take the lead in support. Again, do not take this personally. Keep in mind what is best for the spouse.
- It is helpful if the Executive Officer’s (XO) spouse, or if unable the S3’s spouse, coordinates the unit’s efforts of support.
- Someone will be appointed as acting Commander. Usually at a later date there will be a change of command. This can be a very difficult time for the leader’s spouse.
- The unit may have difficulty accepting the new leader and his spouse. Though this is normal, other leaders in the unit should be sensitive to this and try to set the example. It may be helpful to have a social function for the unit as soon as possible after the change of command.
- In the case of injury or illness, a leader may or may not be returned to duty. The leader may even be medically discharged.

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

(For additional ideas see Support section. For additional ideas on illness and injury see Illness/Injury section.)
SPECIAL CIRCUMSTANCES

SUICIDE

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

--Paula D’Arcy

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

PRACTICAL IDEAS

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

(For additional ideas see Support section.)
SPECIAL CIRCUMSTANCES

MIA/POW

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

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

PRACTICAL IDEAS

You might want to have the spouse consider the following:

• Will the family members be entitled to receive pay and benefits while the member is considered MIA/POW?
• While in a missing status, will wages be subject to withholding of federal and state income taxes?
• Will family members be eligible for a delay in filing annual taxes to the IRS?
• How long can a family stay in family housing following the declaration of MIA/POW status?
• Will the spouse be able to move at government expense? If yes, what is the timeline?
• Does the spouse have a VA home loan? If so, they should contact the VA office to get the information they will need.
• Is the Power of Attorney up to date? Contact the CAC due to the complexities of the legal issues involved.
• Has contact been established with the PAO concerning the media?

Additional helpful information:

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

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

MASS CASUALTIES

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

Multiple injuries and/or deaths are certainly one of the most difficult situations a military unit might face. Discussing the potential of this scenario with the Commander and Chaplain prior to this occurring is paramount to handling this tragedy in a way that honors each soldier and his family.

As a leader, it is important to consider the following:
1. For both injured and killed:
   - Who is married/single?
   - Who is married, but the spouse lives elsewhere?
   - Are parents/family local?
   - Is there a fiancé in the area?

2. For those killed:
   - Know who the CAO is for each soldier. Know the phone number for each CAO.
   - Visit each spouse and try to meet all out-of-town family members.
   - As with most casualties, the company FRG will provide the main support for the grieving families. If there are multiple casualties in one company, help them plan how to divide the support efforts. Take all offers for help. Be sure to allow the appropriate agencies and/or the military to handle all issues they are responsible for. Your focus should be on the “heart side.”
   - Be consistent. Try to provide the same level of support for each family.

3. For those injured:
   - Be aware that if the injury did not occur locally, a main concern of the spouse is usually the current and projected location of the soldier.
   - Will the spouse travel to that location? If yes, he/she will need the correct documents/orders (see the Illness/Injury section).
   - Visit or call each spouse and family.
   - Some or all of the injured soldiers may be treated locally. If family comes from out of town, try to meet with them and provide them with local information/maps and the phone number of someone in the unit who can offer assistance if needed.
   - Visit the soldiers in the local hospital and, if they are agreeable, encourage others to make a short visit.
   - Cookies, books, magazines, videos and socks are some ideas of items that might be appreciated by the injured.
• Be consistent and try to provide the same level of support for each soldier and family.

Even when tragedies occur at the same time, no two are ever the same. Each process, each reaction and each emotion is different. Each and every one is incredibly difficult. (For additional ideas see Support section.)
Death of a Spouse or Child
DEATH OF A SPOUSE OR CHILD

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

WHY IT MATTERS

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

The loss of a spouse or child in any circumstance is traumatic, but when it occurs within the typically close-knit atmosphere of a military unit, the effects can be compounded. Often we live next to one another, attend the same chapel and schools, shop at the same commissary and PX and share similar social circles. When a tragedy hits, it truly hits home.

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

MILITARY ROLE

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

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

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

- Army Emergency Relief (AER) will provide “bridge loans” for the cost of a funeral. AER funeral loans will provide reasonable funds to cover a modest yet dignified funeral based upon current national average costs for funerals. (Refer to www.aerhq.org.)
- Dependents of military personnel are entitled to some mortuary benefits. These benefits vary depending on location of the dependent (CONUS/OCONUS). Some are provided on a reimbursable basis. AR 638-2 Table 2-1 and subsequent chapters outline these benefits. (Refer to https://hrc.army.mil to view the regulation.)
- The Army does have a Casualty Reporting System for family members located with their sponsor overseas and family members who become a casualty in CONUS when the sponsor is overseas. This also includes family members who become a casualty OCONUS while their sponsor is in another OCONUS location. AR 600-8-1 details this system.
- Spouses and minor/handicapped children are eligible for burial in National/Post cemeteries. For information refer to DA PAM 290-5, available online at https://hrc.army.mil.
- Spouses and dependent children of military personnel insured under the SGLI program can obtain insurance through the Family Servicemembers’ Group Life Insurance (FSGLI) program. For more information visit insurance.va.gov or call toll-free 1-800-419-1473.

**HOW TO APPROACH IT**

When you reach out, you will be doing so because you care about members of the unit. The unit as a family will grow as members see your concern for others in a difficult situation. What does that mean for you as a spouse in a leadership role, and how can you help your family members be prepared and deal with a tragedy such as this, should it occur?

1. It is important to remember that, as family members, we can choose to participate in this process to whatever extent we feel most comfortable. As difficult as it is to contemplate, reflecting in advance on what level of involvement you feel able to provide will make it easier to assist the FRG should the need arise. Any assistance you can provide will be appreciated by the chain of command, but look to the Commander for guidance and direction as he/she will be cognizant of all the necessary rules and regulations that must be adhered to at this difficult time.
2. There should be a Plan-of-Action in the case of the death of an active duty member. However, in the case of the death of a spouse or child, there is no preparation — the unthinkable has occurred. The better you know your unit, the family members, the unit dynamics and the resources available to your installation, the better prepared you will be to deal with any tragedy that may befall anyone in that unit. This process begins from the moment you become a senior leader in the unit, not once a tragedy has occurred.

3. Be sure to utilize subject matter experts in the unit chain of command (JAG, Personnel unit, housing and AER) to make sure you are dealing with the most current and accurate information.

4. Having a functioning, organized, involved FRG will make it easier to reach out and assist a unit family that experiences the loss of a spouse or child. Below are things that can be done to help the FRG render help most effectively:
   - Rosters and phone trees should always be current. Ensure that personnel data forms have correct information and include a physical address, not just a post office box. Practice using phone trees so they are a familiar tool for unit members. This also encourages members to have contact with one another in non-emergency situations.
   - Identify FRG members who are willing to assist with various needs that will likely arise in a crisis situation: providing meals, childcare, transportation, house sitting, pet sitting, etc.

5. In advance of any tragedy, consider holding an FRG meeting focused on proactive topics such as Family SGLI, wills, living wills and the availability of services offered by community resources such as ACS, Red Cross, etc. Encourage active-duty members and their spouses to keep their records (financial documents; insurance policies; marriage, divorce, and birth certificates; etc.) organized and available.

6. In advance of any tragedy, offer training for interested unit and FRG members on helping in times of trauma and crisis. The unit Chaplain and/or trained social workers, counselors and Army Family Team Building can offer this training. Be familiar with support groups offered through the local community. Most medical facilities and churches offer such services.

7. Develop a working relationship with the chaplains and counselors on your installation. Familiarize yourself with what services they can provide to families in need.

8. Educate yourself about pertinent Army regulations. These can be tedious to weed through, but understanding what the Army does and does not provide to families under these circumstances can allow you to direct the grieving family to appropriate
community resources. Two extremely helpful regulations are AR 638-2 and AR 600-8-1. Both are available online through https://hrc.army.mil.

**PRACTICAL IDEAS**

Ask if you can lend specific help. Let them know what you are available to do. Coordinate efforts of all those willing and able to offer help. The following are some areas where assistance may be most urgently needed:

1. **Around the House:**
   - Is English the first language of family members, or do they need assistance with translation?
   - Are bills due?
   - Is assistance needed with housecleaning or lawn care? Are there errands that can be run?
   - Are meals necessary? If so, are there special needs or dietary restrictions? (see Appendix – Meal Support)
   - Is pet care required?
   - Do they wish help in organizing condolence letters and gifts so notes of thanks may be sent later?
   - Did the death occur in family housing? If so, the house will be considered a crime scene and the family might need help finding temporary housing until the CID investigation is complete.

2. **Children:**
   - What are their ages?
   - Is childcare required?
   - Are there any medical problems caretakers need to be aware of?
   - Have arrangements been made with schools?
   - Do they have friends who may be willing to offer support?
   - Are there children residing elsewhere?
   - Are clothes needed for the funeral or memorial service?
   - Are there extracurricular activities the children are involved in? Do teachers/coaches need to be notified? Or do the children want to maintain their schedule to some extent? Is transportation required?

3. **Family and Friends:**
   - Have extended family, friends and neighbors been contacted that the immediate family wishes to be notified?
   - Will visiting family and friends need lodging and/or transportation?
   - Will visiting family and friends require any support? A “Care Kit” to include snacks, local maps, etc. may be a nice gesture.
4. Outside Influences:
   • Was the spouse employed? Has the employer been contacted?
   • Does the family attend church off post, and has the pastor been notified?
   • Are there appointments to be canceled?

5. Unit Family:
   • Show concern, offer care and support. Sometimes people want to be alone and sometimes people need others surrounding them.
   • Allow the person time to cope in his or her own manner. Do not rush them.
   • Identify volunteers within the unit who are willing to assist with required needs of the family.
   • Are there other units on the installation who may have FRG members less emotionally involved who are willing to offer assistance?
   • How is unit morale being affected? Is there a need for grief counseling, and do unit members and their family members know where to go to get it?
   • Realize that discomfort and awkwardness occur for all concerned. People who want to help may feel guilty because they haven’t suffered this particular tragedy, or they simply may not know what to say or do.

6. Funeral Arrangements:
   • Is the funeral to be local, or does the family need assistance preparing for departure?
   • If the funeral is not local, will the family want a memorial service? What assistance can the unit offer?
   • Does the family require assistance writing the death notice for the newspaper?
   • Does the family prefer donations to a particular organization or charity in lieu of flowers?
   • The unit may consider giving a memorial of a plant, bush or tree (something that is living).
   • Is someone available to housesit during the funeral?
   • Does the family need help getting ready for the funeral?
   • Are there young children who may need childcare during the funeral? Make sure the childcare providers know how the death was explained to the children.
   • Will there be a gathering after the service? If so, does the family require help with food, location, clean-up?

7. After the Funeral:
   The time that a unit can be the most helpful may be after the immediate family leaves the area and when close friends are resuming their normal activities.
   • Keep in touch with the family. Remember them with quick calls, notes or whatever is the most appropriate to the situation. As you are keeping in touch, be aware of signs that they are ready to once again participate in unit functions or activities and make them welcome.
• Pass on names and numbers of appropriate support groups. Bring a book that the family may now be able to find comforting or supportive.
• The grieving process will normally be a long and difficult time. No one is expected to “snap out of it.” Your first impulse may be to try and stop the person from crying. Allow them to cry. If you feel like crying that is okay, too. There is no time limit to feeling pain and loss during trauma. Emotions will play a big part in the process.
• Is ongoing childcare necessary?
• Will the family be moving? Are they considering a compassionate reassignment? If so, ask them to consider where their support system would be. Sometimes the people who have gone through the loss with them may be better support than those at a new duty assignment. (Research suggests that the bereaved should not make any major decisions or changes for a year, whenever it is possible.) However, if they do decide to move, what assistance do they require?
• If the family remains in the unit or area, keep in contact and encourage others to do the same.
• Remember the anniversary dates with a card, phone call or lunch.

HELPFUL HINTS

• Don’t try to do everything yourself. Pace yourself and encourage others to contribute; otherwise, you may find yourself physically and mentally drained. Learn to recognize and learn your own limitations. Sometimes it is best to stay away from situations that are too emotionally charged to allow you to handle them effectively. Some problems will not have simple and easy solutions. Be careful not to become overwhelmed. Be yourself and feel comfortable in whatever help you extend.
• Don’t be afraid to ask others for help. Enlist a volunteer to see that efforts are coordinated and not duplicated.
• Because the loss of a spouse or child can have such a devastating and widespread impact on a unit family, it can be difficult to find enough individuals to fulfill the many needs that present themselves. Developing relationships with the FRG leaders and commanders’ spouses of sister units on your installation can enable you to turn outside your unit for necessary support and assistance.
• Do not give advice. Instead, be familiar with community resources so you can direct them to professionals and experts who can best answer their questions and serve their needs. Have contact phone numbers organized and handy.
• Taking courses dealing with grief and trauma that are offered in your area may help to better prepare you for dealing with this unfortunate eventuality.
• As a leader you can model proactive behavior by having your affairs in order. Be sure the FRG has your correct information. Keep it updated and encourage others to do the same.
• Prepare other members of the FRG or coffee group for the bereaved member’s return to normal activities. Provide examples of appropriate things to say.

• There are no right words to take away the pain, but you being there and showing you care are more important than any words you can ever say.

  Some suggested comments to make:
  o “I’m sorry that (name) died.”
  o “I can’t know how you feel, but I want to help you in any way I can.”
  o “Would you like to talk about (spouse’s or child’s name)?”
  o “You do not need to go through this alone. I know you are doing the best you can to get through this, and I want to help you.”

  Some suggested comments not to make:
  o “You are young, you can have another child.”
  o “At least you have the rest of your family.”
  o “It could have been worse.”
  o “I know just how you feel.”
  o “You’ll get over it.”
  o “Time heals all wounds.”
  o “If there is anything you need just call me.”
  o “It’s a blessing.”
  o “Life goes on.”

• When the official autopsy report is received (6-8 weeks), this can be a very difficult time for the family again.

FRUSTRATIONS

In times of stress and crisis, when nerves are frayed and emotions are understandably running high, it is easy to experience hurt feelings. Make every effort not to take things personally, and encourage others you are volunteering with to do the same. All members of the unit will experience loss in different ways. Accept them where they are, do what you feel comfortable and capable of doing, and maintain focus on the true mission at hand, which is providing care and comfort to the grieving family.

Burnout is a very real possibility among caregivers. Take the lead in modeling for others the necessity to empathize, not sympathize, and the importance of sharing the many tasks the family may need assistance with.

When we find ourselves under stress, our abilities to reason, problem-solve and make good decisions are impaired. By keeping this in mind, we can allow ourselves to revisit decisions made under stress at a later date. Reminding the grieving family of this may be of assistance to them as well.
IMPLICATIONS

The death of a spouse or child within a unit is a tragedy we all hope never to have to deal with. But if faced with the reality of a crisis such as this, the best place to begin in offering aid is with your heart. Do what you feel comfortable and authentic doing. Work with others so that everyone who wishes can be involved in the caring and healing process. Coordinate with others so that you are tapping into everyone’s best assets but, at the same time, not draining everyone’s limited energy.

As unit members pool their compassion, talents, energies and resources, they not only help the grieving family to deal with their loss, but they, themselves, begin the journey of the healing process.

APPENDIX

Meal Support

RESOURCE ITEMS

Army Casualty Website:
www.perscomonline.army.mil/tagd/cmaoc/cmaoc.htm

Human Resource Command Website:
https://hrc.army.mil

FSGLI Information:
1-800-419-1473 or insurance.va.gov
Helping Children Deal With Death
HELPING CHILDREN DEAL WITH DEATH

“The heart of every child beats to the rhythm of a father’s love.” --Steve Curley

As parents we must share our grief with our children. They also have grief to share, but we must try not to burden them with unrealistic expectations and concerns.

IMMEDIATE HELP

What can a parent say or do following a trauma in their immediate family or on the installation to which they are assigned?

Knowing what to say is difficult. Your expression of love and concern are more important than the words. Keep in mind, we live in a small community and news travels quickly.

Promote a safe environment:
- Try to alleviate fears of abandonment and support.
- Try to maintain routines as much as possible — the more stable daily life remains, the easier it will be for children. Maintain rules, mealtimes and bedtimes.

Communicate:
- Make sure children are told as soon as possible — the sooner, the better.
- Always be honest about what has happened and what may occur.
- Make sure they receive accurate information from the right source.
- Be clear, but do not provide unnecessary details that might confuse or scare your child.
- Encourage children to express their feelings, whatever they are. Respect their fears and allow them to cry. This is not the time to say “Don’t cry,” or, “I need you to be a big boy.”
- Share your feelings. You can also share how you deal with your feelings.
- Actively listen. Try to recognize your child’s feelings and help put them into words.

SHORT-TERM SUPPORT

Children and adult grieving stages may have some similarities, but children do grieve differently. Their limited experience and developmental immaturity may cause them to misunderstand aspects of death. They may not be able to express their feelings and may not know how to mourn. They may be reluctant to mention the deceased or to grieve openly.
• Involve the school. Do not hesitate to use counselors and teachers. Their prior experience with grief and their relationship with your child will help.

• If a funeral is involved, parents must decide if children should attend. Under the age of seven years, experts recommend parents should make the decision. Over the age of seven years, experts suggest the parents should let the children decide. Take into account how emotional the service will be and how close the child was to the deceased. If children will attend, explain as much as possible about what they will see ahead of time — explain the rituals. Arrange to have a designated caretaker (who the children know) ready to take them out if necessary.

• Focus on activities — suggest children write a letter, draw a picture, make a card and keep a journal of their feelings.

• Talk about the deceased. Children who have lost someone significant need to have memories of the deceased that they can carry with them.

• Help the child/children find a support peer group (check your local schools and hospitals for bereavement groups).

• Do not let your sense of helplessness keep you from reaching out; acknowledge the reality that grief hurts.

Be aware that young children usually see death as temporary and reversible. School-age children understand the world better than younger children and will attempt to develop their own skills and sense of competency. Understanding and development progress gradually and at different rates as children mature across the age-range. Adolescents have a better understanding of the world than young children; they are capable of understanding long-term consequences of death and trauma. It is around this time adolescents begin to consider issues of their own mortality.

When words seem inadequate or difficult, here are some appropriate comments or ways to show your concern:
  o “I’m sorry that (name) died.” (Not, “I’m sorry about what happened.”)
  o “I can’t know how you feel, but I want to help you in any way I can.”
  o “I care about you.”
  o “I can see that you are very sad.”

LONG-TERM SUPPORT

Be prepared for a range of feelings. Children are likely to display their feelings of sadness on and off over a long period of time and at unexpected moments.

• Be prepared for negative behavior — anger, restlessness and over-activity.

• Other behaviors to prepare for: over-dependency, regressive behavior, denial, assumed mannerisms, idealization, panic, guilt and curiosity.

There are no set time limits to the healing effects of the grieving process, however if there is long-term (several months) denial of the death, avoidance of grief or grief that is
interfering with any semblance of normal living, you may want to seek professional guidance and support.

Warning signs that may indicate professional help may be needed:
- Extended period of depression with the loss of interest in normal, daily activities.
- Inability to sleep, loss of appetite, or prolonged fear of being alone.
- Regressive behavior for an extended period.
- Excessively imitating the deceased.
- Repeated statements of wanting to join the dead person.
- Withdrawal from friends.
- Sharp drop in school performance or refusal to attend school.

**COMMON QUESTIONS ASKED BY CHILDREN**

- Why do people die?
- Does death hurt?
- Is death punishment? Are we being punished when we die?
- Why can’t doctors and hospitals stop someone from dying?
- Where do dead people go? Be considerate of religious beliefs.
- Why did someone I love have to die?
- Why couldn’t it have been someone else?
- Is death like sleeping?
- Why do people die when they are young?
- Grown-ups are big and strong, so why do they die before they get old?
- How long will I live?
- Do people die because they are unhappy?
- How can I stop feeling sad?
- Why are people buried when they die?
- What are funerals for?
Media
MEDIA

MEDIA AND COMMUNICATIONS

“Four hostile newspapers are more to be feared than a thousand bayonets.”
--Napoleon Bonaparte

WHY IT MATTERS

Americans are particularly proud of their servicemen and women. Today news coverage is instantaneous to audiences throughout the world. Whenever a servicemember is killed or injured, Americans want to know the “who, what, when, where and why” issues of the incident, and the media is eager to report it.

In our most stressful hours of coping with a trauma in the unit, you or other family members from the unit may be approached by the media for a formal interview, an informal comment or a gut reaction.

MILITARY ROLE

- During pre/post-deployment briefings, the Public Affairs Office will explain to servicemembers and their family members the media guidelines, interview “dos and don’ts” and command information assets (website, unit newspapers).
- If there is a death of a servicemember, the Public Affairs Office should contact the family members to see if they require information or assistance in dealing with the expected media interest.
- Most local reporters know they are to go through the Public Affairs Office when dealing with sensitive issues such as a death of a soldier. However, this is not necessarily true for national and international media outlets. If the family resides on post/base, the media cannot get access without assistance. However, this situation does not hold for those families residing off the installation. The media may or may not telephone the bereaved family before showing up on their doorstep.
- When a death of a servicemember occurs, the unit “personnel office” (G1/J1) initiates the Next of Kin (NOK) notification.
- Simultaneously, the unit or the Joint Task Force (JTF) Public Affairs Office will disseminate an initial press release. The initial press release will briefly explain the incident, note that the incident is under investigation, and state that the soldier’s name is being withheld until NOK notification has been completed.
- While the NOK procedure is being worked, policy and proprietary restrictions protect the family from further personal data or information concerning the incident from being publicly released.
• After the NOK procedure has been completed, the Service personnel office will notify the Department of Defense (DoD) J1 office and the unit personnel office. This information is then passed to the Public Affairs Office.

• If the NOK is not immediately found, the system/process slows down. Nothing can be done until the NOK is found and notified.

• In accordance with DoD guidance for Operation Enduring Freedom and Operation Iraqi Freedom, the Department of Defense Public Affairs Office is responsible for publishing the initial news release which confirms the names of U.S. servicemembers killed in action.

• Following the DoD news release, the unit/base Public Affairs Office will then publish a news release with updated information of the incident, including the soldier’s name, hometown, when/where the memorial will be, etc.

• Current policy states that there be a 24-hour “grace period” of respect for families of servicemembers killed in action. During that time the media should refrain from contacting the family members.

HOW TO APPROACH IT

The best way to communicate with the media is to prepare for the possibility. Anticipate that the media will contact you as the Commander’s spouse, or the affected family members of a casualty, or even an unaffected family member or other soldier in the unit. At one of your FRG training sessions, and even at your deployment briefs, ask the Public Affairs Office (PAO) to explain the media guidelines when interviewing military family members.

Decide in advance whether speaking to the media under these special circumstances involving trauma in the unit is right for you. Mentor the affected family members by encouraging them to use the PAO for any media interaction. Contact your command whenever you or a unit family member is approached by the media.

PRACTICAL IDEAS

When being interviewed or approached by any media representative, ask for press credentials. Take note of the person’s name and the media represented.

Don’t be intimidated by the media. You may politely refuse to cooperate with the interviewer. Stay in control and do not let anyone treat you like a puppet.

Anticipate questions the reporters may ask. Better yet, prepare a written statement with the help of the PAO, and stick to the statement.
When answering questions:

- Don’t say anything you don’t want printed, heard or seen.
- Put your conclusions or main points up front.
- Think before you speak. Take your time in considering your answer to a question, then answer in 8 second ‘sound bites’ with concise, positive statements.
- 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.
- Use simple language, avoiding military jargon and acronyms.
- Do not speculate or attempt to answer “What if…” questions.
- Keep your answers within your sphere of responsibility.
- Never say, “No Comment.” If you do not know, say so.
- Answer in the first person. Use “I” rather than “we.”
- Be completely truthful! Do not shade the truth or exaggerate.
- Be sincere about how you feel. If it upsets you, or you are frustrated, say that.
- Be courteous and diplomatic. Suggest that the reporter contact the PAO for clarification.

HELPFUL HINTS

The Public Affairs Office should be available to offer information or assistance in dealing with the media to any military family member at any time. For example, a widow may be contacted for comments and reflections by the media at national holidays like Memorial Day, or at the anniversary of the death, or even when a similar accident occurs involving another unit. The PAO can provide guidelines and assistance during these instances.

Remember you are the Army when you are doing an interview. Know your audience.

The term ‘media’ refers to television (CNN, ABC, CBS, FOX, NBC, etc.) as well as published newspapers, radio and the internet.

Not all news is accurate. Read everything. Rely on your chain of command for accurate information. Politely stop all rumors.

Before the media embedding process, the Public Affairs Officer and the media agree to operation ground rules. It is up to the journalist to abide by those “rules of engagement” and maintain the degree of credibility he or she wishes to have with the military. If you think the “rules of engagement” are in question, contact your command and the PAO.
FRUSTRATIONS

This is not the movies! There are no previews! The media won’t let you see, edit, correct or otherwise preview a story before it’s aired or printed.

Do not think you are the only source for a story. If you do not wish to talk to a reporter, you do not have to; however, you can be sure that the reporter will find someone who will. Remember, the chances are that the person who does agree to speak to a reporter will not know the details to the extent you do but their statement will become the one the public hears.

IMPLICATIONS

Almost everyone in today’s world has to interact with the mass media either as passive recipients of information or as active generators of information for mass consumption. This section is only a partial toolbox of resources on the “dos and don’ts” of dealing with the media. Recognize you can do everything right and still end up with the media creating a story with which you are not pleased.
MEDIA

TECHNOLOGY AND MEDIA COVERAGE

WHY IT MATTERS

Military training accidents are significant news stories to the media. Fatalities become special reports on the evening news. Add to this, embedded reporters during a world crisis, conflict or war who may provide immediate coverage of your spouse’s deployed unit. What do you do when you watch a report about your spouse’s unit suffering fatalities or read coverage which, although it does not list names, does give fatality numbers?

HOW TO APPROACH IT

- Notify your higher echelon and Rear Detachment of the media coverage. Let them be aware of what is being reported, on what channel and by which network or news agency. Establish a military Point of Contact (POC) at the command for yourself for future clarification and information regarding the reports.
- Remind fellow spouses that first reports are often inaccurate. Reporters often are not savvy to the unit designation name and can report misinformation. Marines are often reported as soldiers. Are the facts straight? It could look and sound worse than it is. Half truths are often reported for sensationalism.
- Refer any questions from parents, spouses or the media to the proper military channels: Public Affairs Office (PAO), Officer in Charge (OIC), Executive Officer (XO), etc. Official information must flow from the military side, then to the media if appropriate. The commander decides how to use the FRG, if necessary.
- Wait for the official notification process to take place before taking personal action or initiating any FRG role.
- Politely stop all rumors.

PRACTICAL IDEAS

- Develop a scripted response for answering inquiry calls. Have the script approved and initiated by the commander. Stick to the script. Do not use your imagination.
- Initiating a call through the FRG phone tree often reassures spouses that you are aware of the situation and will give them information as soon as possible. Below is a suggested script for initiating a call through the FRG:
✓ **Case 1**: Possible death or injury to a soldier(s) in theater or training:

Hello. My name is _____________. I am your FRG Key Caller. We understand that the news is reporting a *serious event* with soldiers in theater. We are awaiting any information concerning the personnel or units involved. We appreciate your concern and will be getting the information line updated as soon as information is known.

✓ **Case 2**: Information about soldiers specifically in your unit on the news, but not confirmed by the Army:

Hello. My name is _____________. I am your FRG Key Caller. I just wanted to bring your attention to a CNN/Fox News/or media-related story concerning (your unit name). The command is currently researching the accuracy of the report and will be getting out specific information as soon as possible.

- Ask your next higher echelon to establish a policy for completion of notification. Once all NOK for the deceased or SVI soldiers are notified through the official channels, all battalions within the Division (for example) are informed, “Notification is complete for the incident occurring on date XX/XX/XX.” This enables you to update your script, indicating that the notification process is complete, thus lowering the stress levels of the rest of the families in the unit.
- If you cannot remain calm with all the coverage: turn it off. Advise others to do the same. Get the day’s recap of the story on the internet or headline news.
- Do not cause a panic. If the reported news is not yet confirmed, continue with any FRG or personal family plans.
- Do not become an emotional casualty of the war as a result of too much media exposure.
- If you hear a rumor stop it politely. If you hear it twice, call your Rear Detachment Commander.

**HELPFUL HINTS**

Stress levels will be high during times of reports without confirmation of details. It is time to turn to your coping and de-stressing techniques.

If you have an FRG event planned on a day when soldier trauma is being reported, consider inviting a commander from a sister battalion, a post Chaplain or a Public Affairs Officer (PAO) to your function to address questions from the families.
FRUSTRATIONS

The media will be at your doorstep, or at the doorstep of other unit families, looking for quotes and responses.

IMPLICATIONS

By becoming aware of the situations which can arise with the advances of technology, you can prepare yourself and your FRG to meet the challenges which accompany those benefits of instant news awareness.
MEDIA

TECHNOLOGY - CELL PHONE/SATELLITE PHONE

WHY IT MATTERS

With the presence of cell and satellite phones, it is possible for the news of the death of a soldier to leapfrog over the normal channels of notification.

Consider the following situations:

- A fatal car accident occurs. A friend riding in the car calls to notify the parents or spouse of a soldier before the command is notified.
- Following a training incident in the field, some well-meaning friends of a soldier may leak the information back to the families at home before the PNOK has been notified.
- In times of war, a commander may wish to personally notify or prepare his own spouse of a fatality in the battalion. Considering the time differences and the slow process of tracking and notification, this information may precede official notification of the PNOK.
- Friendly embedded reporters hand over a satellite phone to a soldier who unintentionally reveals trauma information to the folks back home.

HOW TO APPROACH IT

- Always rely on the command structure. Notify the appropriate and applicable agencies: Commander, next echelon of command, Public Affairs Office, etc., of the information you receive as soon as possible. Wait for the official notification process before taking any action; then proceed with your chosen course of action.
- For any inquiry calls, reiterate the process of notification. No names are released until the Next of Kin (NOK) is notified. Do not even assure anyone that their spouse is safe. Refer spouse inquiries to the Rear Detachment Commander. Refer media inquiries to the Public Affairs Officer (PAO).
- Even if you do know the specific details of an incident, it is not your place to divulge information. Refer any questions from parents, spouses or the media to the proper military channels: PAO or Rear Detachment Commander.

PRACTICAL IDEAS

- Develop a scripted response for answering inquiry calls. Have the script approved and initiated by the Commander. Stick to the script. Do not use your imagination.
- Politely stop all rumors.
• Wait for the military to determine all the facts of the situation and conduct the official notification. Then encourage assistance to the spouse and family from within the unit.

HELPFUL HINTS

In the case of deployments, a cell/satellite phone connection is an asset to you, the Commander’s spouse. In the case of a soldier’s death, you can provide a link between the unit and the bereaved family (if you choose). The Casualty Assistance Officer (CAO) and Rear Detachment may not have the same communication rapport with the family as you might have. The bereaved family may have a special request, such as trying to locate a personal item which did not come home with the body. Your satellite connection with the Commanding Officer (CO) can be used to expedite the situation.

Be sure to discuss with your spouse, prior to deployment, how/when your spouse will use his/her cell phone to contact you about a death or SVI within the unit.

FRUSTRATIONS

You may find yourself exposed to information which you may be uncomfortable knowing. Until the official notification process is completed, you should not release this information to anyone. Instead of turning to a close friend, it’s best to unburden yourself by talking with your military Chaplain.
GRIEF

DEFINITIONS

- **Grief** – The intense suffering we experience when there has been a severing of an attachment that has great significance. Grief results in physical, emotional and spiritual pain and is often an unconscious response. Grief is a process that is both natural and normal.

- **Mourning** – Is the period of time in which we are processing our loss/grief and attempting to adjust to its reality.

THE GRIEF PROCESS

Stages of Grief

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

**Denial, Anger, Bargaining**

- **Symptoms** – crying, pain, weakness, loss of appetite, nausea, sleep disturbances, numerous physical changes/difficulties

- **Feelings** – shock, protest, anger at self, lowered self-esteem

**Depression/Despair**

- **Symptoms** – inactivity, sadness, difficulty concentrating, feelings of hopelessness and dejection, suicidal tendencies

- **Feelings** – agony, grief, anguish, despair

**Depression/Detachment**

- **Symptoms** – absent spontaneity, hesitancy for new friendships, “bland expressions,” decreased socialization

- **Feelings** – apathy, indifference, loss of interest, desire to withdraw and give up

Adapted from “Trauma in the Unit” section Leadership Seminar, Ft. Benning, Georgia
DECISION TIMELINE

24 to 72 Hours

☐ Receipt of Death Gratuity Check
☐ Disposition of Remains (DA Form 7302-R)
☐ Notification to Family
☐ Locate Documents to apply for benefits
☐ Make Funeral/Burial Arrangements
   ☐ Burial Site National Cemetery/Civilian
   ☐ Honor Guard
   ☐ Funeral Home (DA Form 7302-R must be completed)
   ☐ Type of Uniform
   ☐ Awards and Decorations
☐ Final Burial Arrangements
☐ Notification to commercial life insurance, if any
☐ Stop allotments

10 to 90 Days

☐ Benefits/Entitlement Review
   ☐ ID Card Updated
   ☐ Housing
   ☐ Veteran’s Affairs Benefits
   ☐ TRICARE
   ☐ Social Security
   ☐ SGLI (if any)
   ☐ State Benefits (if any allowed)
☐ Notification of Creditors
☐ Start Preparations for PCS
   ☐ Transportation Appointment
   ☐ Housing
IMPORTANT DOCUMENTS

Most of the following documents are necessary when applying for benefits and settling an estate. The next of kin should locate or know the whereabouts of the documents listed below. Remember; never give the original or a permanent, personal or family record to another person, even for business purposes. Certified copies have all the legal status of the original and ensure that when the original is needed again it will be available.

- Birth Certificates (all family members).
- Death Certificates. DD Form 1300 (Report of Casualty). Civilian death certificates can be purchased through the funeral home (at least 12 certified copies recommended).
- Marriage Certificate and/or divorce papers.
- Immigration and/or naturalization papers.
- Adoption, custody documents.
- Separation documents from military service, i.e., DD Form 214 (Certificate of Release of Discharge from Active Duty).
- Social Security Number/Card (For all family members).
- Wills, Deeds of Trust.
- Insurance policies (life, home, vehicles, boat, etc.).
- Income Tax records (Last 3 years recommended).
- Copies of deeds, abstract, mortgages, rental contracts, etc.
- Documents referring to bank accounts (checking, savings), loans, securities, stocks, bonds, etc.
- References to safety deposit boxes.
- Any reference to an outstanding debt.
- Titles, automobile registrations.
These are my wishes for final rites. They include my consideration of your desires as we discussed, and the following:

Funeral service:  
- [ ] Civilian  
- [ ] Military Service  
- [ ] Full Military Honors  
- [ ] Simple Military Honors  

Address of funeral service:

Accommodations:  
- [ ] Open casket  
- [ ] Closed casket  
- [ ] Wooden casket or urn  
- [ ] Metal casket or urn  

- [ ] Burial  
- [ ] Cremation  

Clothing:  
- [ ] Dress Blues  
- [ ] Class A  
- [ ] BDU  
- [ ] Dress Mess  

Range of cost:  
- [ ] Low  
- [ ] Medium  
- [ ] High  

Any expenses prepaid?

Obituary (words requested)

Pall Bearers?
Honour Guard?

Donate my body for anatomical study? Where?

Organ donation?

Address of burial?  
With Spouse?

Words for tombstone, grave marker?

Any expenses prepaid?

Officiants?  
- [ ] Military Chaplain  
- [ ] Civilian Clergy

Eulogies?

Music?

Flowers?

In lieu of flowers?

Special readings?

Lodge/fraternal associations?

Other remembrances?

Where would survivors go to live?
These are my wishes for final rites. They include my consideration of your desires as we discussed, and the following:

Civilian Funeral service:  □ Elaborate  □ Simple

Address of funeral service:

Accommodations:  □ Open casket  □ Closed casket  □ Wooden (casket or urn)  □ Metal (casket or urn)

□ Burial  □ Cremation  □ Entombment

Clothing:

Range of cost:  □ Low  □ Medium  □ High

Any expenses prepaid?

Obituary (words requested)

Pall Bearers?

Donate my body for anatomical study? Where?

Organ donation?

Address of burial?  □ With Spouse?

Words for tombstone, grave marker?

Any expenses prepaid?

Officiates?  □ Military Chaplain  □ Civilian Clergy

Eulogies?

Music?

Flowers?

In lieu of flowers?

Special readings?

Lodge/fraternal associations?

Other remembrances?

Where would survivors go to live?
### Persons To Be Notified Of My Death

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

You will find important papers in the following locations:

<table>
<thead>
<tr>
<th>Location</th>
<th>Document Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address book -</td>
<td>Marriage license, certificate -</td>
</tr>
<tr>
<td>Adoption records -</td>
<td>Medical records -</td>
</tr>
<tr>
<td>Automobile titles, insurance -</td>
<td>Military service records -</td>
</tr>
<tr>
<td>Bank/credit union statements -</td>
<td>Mortgage papers -</td>
</tr>
<tr>
<td>Birth certificate -</td>
<td>Name change -</td>
</tr>
<tr>
<td>Bonds -</td>
<td>Passport -</td>
</tr>
<tr>
<td>Broker accounts -</td>
<td>Power of attorney -</td>
</tr>
<tr>
<td>Cemetery plot deed -</td>
<td>Profit sharing plan -</td>
</tr>
<tr>
<td>Certificates of deposit -</td>
<td>Property settlements -</td>
</tr>
<tr>
<td>Citizenship papers -</td>
<td>Real estate deeds, title insurance -</td>
</tr>
<tr>
<td>Divorce/separation papers -</td>
<td>RV title, insurance -</td>
</tr>
<tr>
<td>Homeowner's insurance -</td>
<td>Retirement/pension records -</td>
</tr>
<tr>
<td>Income tax returns -</td>
<td>Safe combination -</td>
</tr>
<tr>
<td>Investment records -</td>
<td>Safe deposit box inventory -</td>
</tr>
<tr>
<td>Leases -</td>
<td>location, number, key placement</td>
</tr>
<tr>
<td>Life insurance policies -</td>
<td>Stock certificates -</td>
</tr>
<tr>
<td>Living Will -</td>
<td>Trust documents -</td>
</tr>
<tr>
<td>Loans -</td>
<td>Will (original) -</td>
</tr>
<tr>
<td></td>
<td>Will (copy) -</td>
</tr>
</tbody>
</table>
PERSONAL AND FAMILY DOCUMENTS WORKSHEET

Be sure that all of the following documents are safely stored

<table>
<thead>
<tr>
<th>Type of Document</th>
<th>Account or Policy Number</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption Papers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Automobile Title(s)</td>
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<td></td>
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<tr>
<td>Automobile Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank/Checking Account(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Certificate(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship/Naturalization Papers</td>
<td></td>
<td></td>
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<tr>
<td>Credit Card Number(s)</td>
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<td></td>
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<tr>
<td>Death Certificate(s)</td>
<td></td>
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<tr>
<td>Deeds and Mortgages</td>
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<td></td>
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<tr>
<td>DEERS Enrollment (copy)</td>
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<tr>
<td>Divorce Papers</td>
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<tr>
<td>Family ID Cards</td>
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<tr>
<td>Insurance Policy(s)</td>
<td></td>
<td></td>
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<tr>
<td>(note expiration date)</td>
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<td></td>
</tr>
<tr>
<td>Inventory of Household Property</td>
<td></td>
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<tr>
<td>List of Immediate Family Members (Addresses and Phone Numbers)</td>
<td></td>
<td></td>
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<tr>
<td>Marriage License and Certificate</td>
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<tr>
<td>Military Service Records</td>
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<tr>
<td>Passports/Visas</td>
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<tr>
<td>Power of Attorney</td>
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<tr>
<td>Proof of Service Documents</td>
<td></td>
<td></td>
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<tr>
<td>Real Estate Papers (Deeds, Titles, Mortgages)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Deposit Box</td>
<td></td>
<td></td>
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<tr>
<td>Savings Bonds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Number(s)</td>
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<td></td>
</tr>
<tr>
<td>Tax Records</td>
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<tr>
<td>Title (automobile, boat, trailer)</td>
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</tr>
<tr>
<td>Vaccination Records (including pets)</td>
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<tr>
<td>Will(s)</td>
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</table>
MEAL SUPPORT

When providing meal support designate one person as the overall coordinator. It is helpful if the coordinator is a friend of the family as he/she will be the liaison between the family and those wanting to provide meals. The coordinator should consider the following:

- Will meal support be long term or short term? Are there dietary restrictions or special considerations (religious restrictions; food allergies)? Be sensitive to the fact that medical procedures can compromise an immune system and necessitate special diets or food handling.
- To minimize the stress on the family, one or two individuals should coordinate meals for the family. The coordinator(s) should be aware of the special needs/dietary-support needs and guide meal planning to accommodate. It’s important to remember the primary focus is the family dealing with the illness, not everyone else. Tact and patience are key, especially for long-term support.

The coordinator needs to stress the following when arranging meal support:

- There should be a single person who drops off all parts of the meal so the family is not overwhelmed with well-meaning visitors each dropping off a separate course of the dinner.
- Ask the individual cooks to tape any heating/refrigeration directions to the item so the dish can be enjoyed in the manner intended as well as prevent food from spoiling.
- The coordinator needs to make sure all individuals preparing a meal know time and location for dropping off their portion of the meal. The coordinator’s goal should be to ensure the meal gets to the family at a time that works best for them and is mindful of their schedule. Remember the family dealing with the illness will be juggling their regular life demands on top of any hospital visits/doctor appointments.
- If there are children in the family, please remember most children are not big fans of gourmet meals. It is appropriate for the coordinator to ask the family if they have been receiving many of the same type meals. Please remember lasagna, tater-tot casserole or some other favorite can lose its appeal night after night, for weeks on end, even if it’s from the best restaurant in tow. It is also a good idea to ask if there is something the kids might like. Sometimes in our effort to do a good deed, we forget that simplicity is best.
- Ask the family if the meals provided are too much. Maybe they don’t want a meal every night, but rather at specific intervals near treatments or procedures. Maybe they would prefer to have a meal or two they could put in the freezer and pull out as needed.
- Consider providing meals for the families handling childcare or offering support in other ways.
- Disposable pans, plates and zip-type bags are a must so the family does not have to worry about returning dishes to proper owners.
CARING BEHAVIORS

THE DOs

- Let your genuine concern and caring be visible. Accept that it is not possible for you to make the grieving person feel better. Be accessible, but not pushy.
- Acknowledge the loss with a call, card or letter (letters can be read and reread).
- Do express your sorrow for the deceased and the family. Say you are sorry about the griever’s pain and the situation. Simply say, “I’m sorry” or, “Words fail me.” It is alright to mention the deceased by name.
- Allow the griever to express as much grief as they are feeling at the moment and are willing to share. The griever needs “permission to grieve.”
- Allow the grieving person to talk about the endearing qualities of the person that has died.
- Remember to extend condolences to forgotten mourners: grandparents, siblings, stepchildren, aunts and uncles, and cousins. Be observant of the children. Children mourn too.
- Assure the griever that he/she did everything they could at the time they could.
- Be an “active” listener, and allow the griever to take the lead in conversation.
- Be aware of special and meaningful dates and holidays, especially during the first year.
- Do be patient. Avoid judgments about the bereaved family and the tragic situation.
- Know that it is difficult for grieving people to reach out for help.
- Know that nothing you say will stop the grieving person’s pain. Words are not always necessary.
- Do keep in mind that pain is okay to feel; be aware of your own feelings and how the loss affects you.
- Be aware that usually the most difficult time is 5 to 9 months after the death. The grief process may take at least 18-36 months.
THE DON’Ts

- Don’t let your own sense of helplessness or discomfort keep you from reaching out to the bereaved.
- Don’t try to solve problems. Don’t try to answer the question, “why?”
- Don’t say anything that implies a judgment about their feelings: “You ought to be feeling better now.” or, “You’ll be feeling better in a month or so.” or, “I know how you feel.”
- Don’t change the subject when the griever mentions the deceased. Don’t try to avoid using the deceased person’s name in conversation.
- Don’t suggest, in any way, that the care given to the deceased was inadequate. Don’t make statements or ask questions that induce guilt or affix blame.
- Don’t be afraid of silence. Don’t be afraid of tears.
- Don’t inhibit open communication.
- Don’t be too direct or give advice. (For example, don’t make suggestions regarding packing up clothes, photos, etc.)
- Don’t try to find something positive in the death. Don’t make statements, such as: “God knows best.”
- Don’t discount the loss of a baby through miscarriage, still-birth or early infant death.
- Don’t encourage the grieving person to “get over it” for any reason.
- Don’t impose your own religious beliefs or discount those of the bereaved family.
## Acronyms

<table>
<thead>
<tr>
<th>Army</th>
<th>Marines</th>
<th>Air Force</th>
<th>Navy</th>
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<tbody>
<tr>
<td>Active Duty (AD)</td>
<td>Same</td>
<td>Same</td>
<td>Same</td>
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<tr>
<td>Army Community Service (ACS)</td>
<td>Marine Corps Community Service (MCCS)</td>
<td>Air Force Community Service (AFCS)</td>
<td>Family Service Center (FSC)</td>
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<tr>
<td>Army Emergency Relief (AER)</td>
<td>Navy/Marine Corps Relief Society (NMCRS)</td>
<td>Air Force Aid Society (AFAS)</td>
<td>Navy/Marine Corps Relief Society (NMCRS)</td>
</tr>
<tr>
<td>Army Family Team Building (AFTB)</td>
<td>Marine Corps Family Team Building (MCFTB)</td>
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<td>Army Regulation (AR)</td>
<td>Marine Corps Order (MCO)</td>
<td>Air Force Instruction (AFI)</td>
<td>Navy Regulation (NAVREG)</td>
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<td>American Red Cross (ARC)</td>
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<td>Same</td>
<td>Same</td>
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<td>Army National Guard (ARNG)</td>
<td>Marine Corps Reserve (USMCR)</td>
<td>Air National Guard (ANG)</td>
<td>Navy Reserve (USNR)</td>
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<td>Brigade (BDE)</td>
<td>Regiment (REG)</td>
<td>Group (GP)</td>
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<td>Battalion (BN)</td>
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<td>Squadron (SQ)</td>
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<td>Commander (CDR)</td>
<td>Commanding Officer (CO)</td>
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<td>Community and Family Support Center (CFSC)</td>
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<td>Commanding General (CG)</td>
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<tr>
<td>Command Sergeant Major (CSM)</td>
<td>Command Sergeant Major (SgtMaj/MGySgt)</td>
<td>Command Chief Master Sergeant</td>
<td>Command Master Chief (CMC)</td>
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<td>Department of the Army (DA)</td>
<td>Department of the Navy (DoN)</td>
<td>Department of the Air Force (DAF)</td>
<td>Department of the Navy (DoN)</td>
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<td>Casualty Assistance Officer (CAO)</td>
<td>Casualty Assistance Call Officer (CACO)</td>
<td>Casualty Assistance Call Officer (CACO)</td>
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<tr>
<td>Casualty Area Command (CAC)</td>
<td>Casualty Assistance Office (CAO)</td>
<td>Casualty Assistance Office (CAO)</td>
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<tr>
<td>Army</td>
<td>Marines</td>
<td>Air Force</td>
<td>Navy</td>
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<td>Defense Finance and Accounting System (DFAS)</td>
<td>Same</td>
<td>Same</td>
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<td>Department of Defense (DoD)</td>
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<tr>
<td>Family Readiness Group (FRG)</td>
<td>Key Volunteer Network (KVN)</td>
<td>Key Spouse Program (KSP)</td>
<td>Navy Ombudsman</td>
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<td>Human Resource Service Center (HRSC)</td>
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<tr>
<td>Judge Advocate General (JAG)</td>
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<td>Same</td>
<td>Same</td>
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<td>Missing in Action/Prisoner of War (MIA/POW)</td>
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<tr>
<td>Military Treatment Facility (MTF)</td>
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<td>Same</td>
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<tr>
<td>Noncommissioned Officer (NCO)</td>
<td>Noncommissioned Officer (NCO)</td>
<td>Noncommissioned Officer (NCO)</td>
<td>Chief Petty Officer (CPO)</td>
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<td>Outside Continental United States (OCONUS)</td>
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<td>Same</td>
<td>Same</td>
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<tr>
<td>Personnel Administration Center (PAC)</td>
<td>Administration Center (Admin.)</td>
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</tr>
<tr>
<td>Primary Next of Kin (PNOK)</td>
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<td>Same</td>
</tr>
<tr>
<td>Rear Detachment (RD)</td>
<td>Peacetime/Wartime Support Team (PWST)</td>
<td>Personnel Support Det. (PSD)</td>
<td></td>
</tr>
<tr>
<td>Rear Detachment Commander (RDC)</td>
<td>Peacetime/Wartime Support Officer (PWSTO)</td>
<td>Beach Detachment</td>
<td></td>
</tr>
<tr>
<td>Regulation (REG)</td>
<td>Same</td>
<td>Same</td>
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</tr>
<tr>
<td>Secondary Next of Kin (SNOK)</td>
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<tr>
<td>Survivor Benefit Plan (SBP)</td>
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<td>Same</td>
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<tr>
<td>Servicemen’s Group Life Insurance (SGLI)</td>
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<tr>
<td>Veterans Affairs (VA)</td>
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<td>Same</td>
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Every attempt has been made to find equivalent acronyms for each of the services. Please feel free to add to this chart as needed.
Resources
TRAGEDY ASSISTANCE PROGRAM FOR SURVIVORS (TAPS)

*National Military Survivor Seminar and Good Grief Camp:* A four-day event held each Memorial Day Weekend in the Washington, D.C. area. This healing weekend allows survivors to come together for grief education and to learn skills that assist them in their grief journey. Casualty personnel, commanders, family support personnel and chaplains also come to learn more about the grief process and to strengthen skills that assist them in supporting survivors.

*Peer Mentor Program:* A national network of trained Peer Mentors who have lost a loved one in the armed forces and are able to reach out to and support others who are affected by a similar tragedy. Mentors are available for family, friends and co-workers of fallen service members.

*Community Survivor LINK Program:* Organized groups of survivors, volunteers and professionals in various locations around the country. These groups are designed not only as support groups, but also to give all those interested in supporting military families, opportunities to do so through the mission of TAPS.

*TAPS Chat:* Each Tuesday evening at 9 PM Eastern Standard Time, the TAPS Chat forum is open. It brings together survivors from across the country and is facilitated by a survivor volunteer and/or TAPS Staff. Participants are encouraged to share their hearts with those who can truly understand their grief journey. [www.taps.org](http://www.taps.org)

*TAPS Hotline:* A toll-free crisis and information line that receives calls 24 hours a day everyday. 1-800-959-TAPS (8277)

*Resources Library:* This program maintains a collection of materials on grief, trauma and a variety of related topics of interest to survivors. A selected few of these resources are available to survivors at no fee.

*Counseling Resources and Casework:* This program provides survivors with contacts and information regarding counseling resources in their local area, including local support groups and professional counselors. It also provides problem-solving assistance for survivors who have difficult questions or situations that need to be resolved.

*Quarterly TAPS Magazine:* This publication focuses on military survivor topics that are both informative and inspirational. Also included is a book review section for printed grief materials. The magazine is sent free of charge to survivors, commanders, chaplains, casualty staff and caregivers around the world.
Crisis Response Plan: This plan allows TAPS to network and deploy Trained Crisis Responders during traumatic events involving military personnel.

Crisis Intervention: This program provides “Coping and Casualty” briefings to military commands around the country. This educational briefing approaches casualty from a survivor perspective. The goal of this presentation is to prepare casualty and family services personnel to respond to a wide variety of emotional issues presented by survivors.

Volunteer Program: This program coordinates the efforts of volunteers nationwide. Interested persons are able to volunteer their time and services administratively, professionally or with special events. Applications may be requested by calling (800) 959-8277 or e-mailing info@taps.org.
RECOMMENDED BOOKS

BOOKS FOR PARENTS WHO HAVE LOST A CHILD

*After the Death of a Child: Living With Loss Through the Years* by Anne K. Finkbeiner

*Help Your Marriage Survive the Death of a Child* by Paul C. Rosenblatt

*The Bereaved Parent* by Harriet Sarnoff Schiff

*The Worst Loss: How families heal from the death of a child* by Barbara D. Rosof

BEREAVEMENT BOOKS FOR CHILDREN

**Young Children**

*Last Week My Brother Anthony Died*  by Martha Hickman

*Mum, will Dad ever come back?*  by Paula Hogan

*Remembering Mum* by G. Perkins & L. Morris

**School-Age Children**

*How Do I Feel When People Die* by Sarah Levete; Copper Beach Publishing: 1997

*I’m Fine...I’m With the Angels (ages 5-10)* by TAPS Director of Peer Support Joyce Harvey

*I Remember You Today* by Casey Curry

*Learning to Say Goodbye When a Parent Dies* by Eda LeShan. Offers understanding for youngsters who have suffered personal trauma. Adults who have “catch-up” grieving to do from childhood are provided with helpful ways of dealing with this problem.

*Losing Someone You Love* by Elizabeth Richter. Young people share their experiences about the death of their sibling.

*My Memory Book: A Journal for Grieving Children* by Gretchen Gaines-Lane, LCSW-C, Gaithersburg, MD

*Sad Isn’t Bad: A Good Grief Guide Book for Kids Dealing with Loss* by Michaelene Mundy and R.W. Alley

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Talking about Death  by Karen Bryant-Mole

What on Earth Do You Do When Someone Dies? (5-10) by Trevor Romain

With Dad Alone by Jerrold Beim. In this story it is the mother who dies. The boy must now assume some new duties, such as helping with his younger brothers.

Teens

By the Highway Home by Nancy Stoltz. A thirteen-year-old girl’s adjustment to her brother’s being killed in Vietnam.

Chicken Soup for the Grieving Soul by Jack Canfield & Mark V. Hansen; Deerfield Beach, FL: Health Communications, Inc., 2003

How it Feels When a Parent Dies by Jill Krementz


Mark Love: Hope for the Bereaved by Mark Scivani. A magnificent set of handwritten letters for grieving youth will help them gain insights into how to live through their pain.

Straight Talk About Death for Teenagers: How to Cope with Losing Someone You Love by Earl A. Grollman

GENERAL RESOURCES

Recovering From the Loss of a Sibling by Katherine Fair Donnelly

Talking About Death: A Dialogue Between Parent and Child by Earl A. Grollman

Someone Special Died by Joan S. Prestine

Loss and How to Cope with It by Joanne Berstein

Why Me? Coping with Grief; Loss and Change by Pesach Krauzz, and Morrie Goldfischer
### SURVIVOR SUPPORT RESOURCES

<table>
<thead>
<tr>
<th>Associations</th>
<th>Telephone #</th>
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<tbody>
<tr>
<td>Defense Finance and Accounting Service</td>
<td>800-321-1080</td>
</tr>
<tr>
<td>Department of Veterans Affairs</td>
<td>800-827-1000</td>
</tr>
<tr>
<td>Memorial Programs Service</td>
<td>800-697-6947</td>
</tr>
<tr>
<td>Montgomery GI Bill/VEAP Refund</td>
<td>888-442-4551</td>
</tr>
<tr>
<td>National Cemetery System</td>
<td>800-827-1000</td>
</tr>
<tr>
<td>Presidential Memorial Certificate Program</td>
<td>202-656-4259</td>
</tr>
<tr>
<td>Gold Star Wives of America, Inc.</td>
<td>888-751-6350</td>
</tr>
<tr>
<td>Military Family Resource Center</td>
<td>703-696-9053</td>
</tr>
<tr>
<td>Military Medical Support Office (MMSO)</td>
<td>800-876-1131</td>
</tr>
<tr>
<td>National Military Family Association</td>
<td>703-823-6632</td>
</tr>
<tr>
<td>National Association for Uniformed Services</td>
<td>800-842-3451</td>
</tr>
<tr>
<td>Office of Service Members’ Group Life Insurance</td>
<td>800-419-1473</td>
</tr>
<tr>
<td>Society of Military Widows</td>
<td>800-842-3451</td>
</tr>
<tr>
<td>Social Security Administration</td>
<td>800-772-1213</td>
</tr>
<tr>
<td>Tragedy Assistance Program for Survivors (TAPS)</td>
<td>800-959-8277</td>
</tr>
</tbody>
</table>
DEATH OF A SPOUSE RESOURCES

https://hrc.army.mil
U.S. Army Human Resources Command. Good source for Army regulations and publications. Also provides a direct link to the Army Casualty Website.

lifelines.navy.mil
This website provides good information about financial preparation, coping with trauma and many other topics associated with death of a family member as well as death of the active-duty member.

usaaedfoundation.org
This website provides invaluable information on topics ranging from coping with the emotional loss of a loved one to practical advice on dealing with financial and legal issues. It also provides a checklist for What to Do If Your Spouse Dies.

insurance.va.gov
Provides information and contact numbers for Family Servicemembers’ Group Life Insurance.
SURVIVOR RESOURCES

Federal Survivor Benefits

Defense Finance and Accounting (DFAS): www.dfas.mil

Department of Defense: www.defenselink.mil

Department of Veterans Affairs: www.va.gov

Military Funeral Honors: www.militaryfuneralhonors.osd.mil

National Cemetery Administration: www.cem.va.gov

Social Security Administration – Survivor Benefits: www.ssa.gov/ww&os2.htm

Survivors and Eligible Dependents VA Benefits: www.vba.va.gov/bln/dependents/index/htm

Financial Assistance for Survivors

America First, Inc: www.americafirstinc.org.

Armed Forces Children’s Education Fund: www.afcef.org

Fallen Heroes Last Wish Foundation: www.lastwishfoundation.org

Fallen Patriot Fund: www.fallenpatriotfund.org

Freedom Alliance Scholarship Fund: www.freedomalliance.org/scholarship.htm

Intrepid Fallen Heroes Fund: www.intrepidmuseum.com/foundation_heroesfund.html

Operation Family Fund: www.oeffamilyfund.org

Patriot’s Fund www.patriotfund.us

United Warrior Survivor Foundation: www.frogfriends.com

Grief Support Resources

AARP Grief and Loss Programs www.aarp.org/griefandloss

Aircraft Casualty Emotional Support Services (ACCESS) www.accesshelp.org

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Bereaved Parents of the USA  http://www.bereavedparentsusa.org/

Center for Loss & Life Transition  http://www.centerforloss.com/

Compassionate Friends  http://www.compassionatefriends.org/

Grief Dreams  http://www.griefdreams.com/

Hospice Foundation Grief Resources  http://www.hospicefoundation.org/grief/

Journey of Hearts  http://www.journeyofhearts.org/jofh


Sons and Daughters in Touch  http://www.sdit.org/

The National Center for Grieving Children and Families  http://www.dougy.org/

The Centering Corporation  http://www.centering.org/


Support Groups and Services - by State

American Association of Suicidology  

Bereaved Parents of the USA  
http://www.bereavedparentsusa.org/Chapters/chapters.html

Compassionate Friends  http://www.compassionatefriends.org/states.shtml

Grief Education and Certification

Association for Death Education and Counseling (ADEC)  http://www.adec.org/

Grief, Inc.  http://www.griefinc.com/

GriefRecovery®  http://www.grief-recovery.com/

The American Academy of Grief Counseling  http://www.aihcp.org/aage.htm

The American Grief Academy  http://www.griefinc.com/aga/
Trauma Education and Certification

Association for Traumatic Stress Specialists  http://www.atss-hq.com/index.cfm

International Critic Incident Stress Foundation, Inc.  http://www.icisf.org/

National Center for PTSD  http://www.ncptsd.org/


The International Society for Traumatic Stress Studies  http://www.istss.org/

Military Interest Links

Military.com  http://www.military.com

MilitaryCity.com  http://www.militarycity.com/

Special Operations Warrior Foundation  http://www.specialops.org/

The National Gulf War Resource Center  http://www.ngwrc.org/

Vietnam Veterans Memorial Wall  http://www.thewall-usa.com/

VietnamWall.org  http://www.vietnamwall.org/

Military Organizations and Services

American Gold Star Mothers  http://www.goldstarmoms.com/

Armed Forces Insurance  http://www.afi.org/

Disabled American Veterans  http://www.dav.org/


Military Officers Association of America  http://www.moaa.org/Default.asp

National Guard Association of the United States  http://www.ngaus.org/

National Military Family Association  http://www.ngaus.org/

Society of Military Widows  http://www.militarywidows.org/
The American Legion  http://www legion.org/


The Association of the United States Army  http://www.usa.org/

The Reserve Officers Association  http://www.roa.org/

The Retired Enlisted Association  http://www.trea.org/

Uniform Services Benefit Association  http://www.usba.com/usba/

Veterans of the Vietnam War  http://www.vvnw.org/

Vietnam Veterans of America  http://www.vva.org/