

Air Force Resiliency Program

Deployment Transition Center Concept of Operations

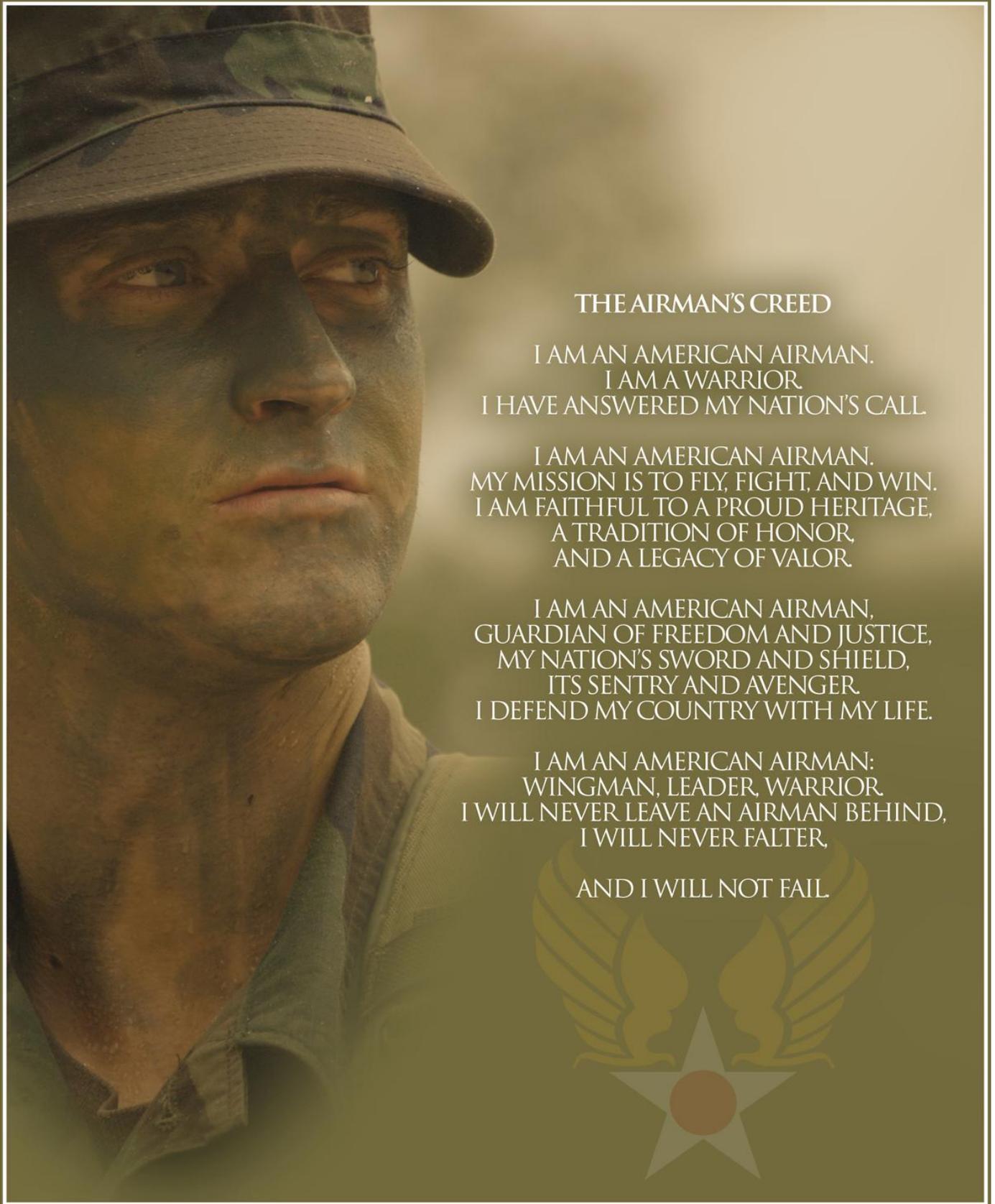


12/13/10

Prepared By: Captain Randi Watts

Reviewed By: Colonel Liza Parr

Approved By: General Carrol H. Chandler



THE AIRMAN'S CREED

I AM AN AMERICAN AIRMAN.
I AM A WARRIOR.
I HAVE ANSWERED MY NATION'S CALL.

I AM AN AMERICAN AIRMAN.
MY MISSION IS TO FLY, FIGHT, AND WIN.
I AM FAITHFUL TO A PROUD HERITAGE,
A TRADITION OF HONOR,
AND A LEGACY OF VALOR.

I AM AN AMERICAN AIRMAN,
GUARDIAN OF FREEDOM AND JUSTICE,
MY NATION'S SWORD AND SHIELD,
ITS SENTRY AND AVENGER.
I DEFEND MY COUNTRY WITH MY LIFE.

I AM AN AMERICAN AIRMAN:
WINGMAN, LEADER, WARRIOR.
I WILL NEVER LEAVE AN AIRMAN BEHIND,
I WILL NEVER FALTER,

AND I WILL NOT FAIL.

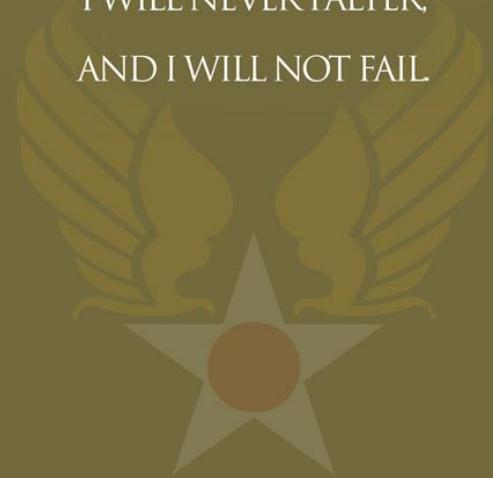


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AF Deployment Transition Center CONOPs

AF Deployment Transition Center (DTC)

CONOPS

Mission Statement

The Air Force Deployment Transition Center (DTC) will be at an en route location between the Area of Responsibility (AOR) and home station. The DTC will use a resiliency-building, strength-based approach to assist Airmen regularly exposed to significant risk of death in direct combat to decompress and reintegrate to their home station, workplace, and families. Career field peers, Chaplain Corps, Mental Health and Airman and Family Readiness Center (A&FRC) consultants will provide enhanced deployment support. This document is intended as guidance for operating a DTC. Curriculum is within the purview of the Medical Operations branch of the Surgeon General's office and is attached as an appendix to the CONOPS for ease of revision after finalization of the CONOPS. Revisions to curriculum should be coordinated with the DTC Program Manager. Major revisions to curriculum must be submitted to the Senior Review Group of the Air Force Resiliency Program.

Background

CORONA South approved the Airman Resiliency Program as briefed by the HAF/SG and tasked USAFE to stand up a Deployment Transition Center at Ramstein AB, Germany. The purpose of the DTC is to allow airmen in selected mission sets time to decompress and start to reintegrate back into day to day life. The DTC was established to support Airmen who deploy "outside the wire" and are exposed to significant risk of death in a combat zone. The DTC Curriculum was created using information gathered from several sources, including the Office of Special Investigations (OSI) Deployment Readiness and Reintegration Program materials, the April 2009 AF Deployment Support Working Group, the Army's 11-13 May 2009 Third Location Decompression Workshop Findings, Bullet Background on AF Warrior Resiliency Program (AFWRP; 29 Oct 09), materials provided from the Canadian Forces reintegration program at Cyprus and relevant peer reviewed research.

The AF developed a standardized pre-exposure briefing for all deployers in 2008. As "outside the wire" (OTW) combat missions increased and exposure rates climbed, more programmatic enhancements were required. The Deployment Support Working Group met in April 2009 and devised the concept of a Deployment Transition Center (DTC). As high-exposure career fields became more aware of the DTC concept they established working groups that continued to refine the DTC concept. In Dec 2009 an SG Charter created a Warrior Resiliency Program Senior Review Group (WRPSRG) and a supporting Warrior Resiliency Program Working Group (WRPWG).

DTC or Third Location Decompression (TLD) is not a new concept to the military. Countries such as Canada, the Netherlands, United Kingdom and on a small scale the United States Army and Air Force OSI are using these programs for returning deployers. Most TLDs are a part of a broader process with goals to maintain the health and fitness of redeploying service members by providing recreational and decompression activities for their troops before returning home. Data from other countries indicates a majority of their Service Members (SMs) who initially reported they would rather not participate in TLD programs later reported finding value in the experience (70 – 90%). SMs report the information provided during the TLD briefings was later useful to them range from 75 – 85%.

No nation has provided conclusive evidence that the TLDs facilitate transitioning from a war time to an in-garrison mission, or prevent mental health problems (e.g., depression, anxiety, or Post Traumatic Stress Disorder {PTSD}) and other adverse events such as suicides, family violence, or alcohol related events. There is evidence however, that SMs appreciate the time to refocus and the information they receive. SMs also report high levels of satisfaction in the materials presented to help themselves and their families during the reintegration phases.

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Program Funding and Financial Considerations

The DTC is currently funded through Overseas Contingency Operations (OCO) funds, and as long as our Airmen are in the AOR, it will continue to be funded through OCO. If OCO funding is eliminated, and the requirement remains, recommend funding through AF base line. Attendees will be lodged at no cost to the SM, and out-of-pocket food expenses will be kept to a minimum for those attendees whose home station is the same as the DTC location.

Program Description

Airmen identified for attendance at the DTC will attend a two-day decompression program. Airmen will travel to the DTC location one day prior to scheduled start date. The day after completion of the program, Airmen will depart for their home station or en route leave. The DTC will use Mental Health, career field, Chaplain Corps, A&FRC consultants, and support personnel to facilitate decompression and preparation for reintegration with their families, friends, coworkers and communities. A core tenet of the DTC is processing as a team; as such the DTC is not designed for teams of less than three members. This is not to say that if needed and identified, smaller teams cannot take advantage of the DTC decompression program. Also, it is recognized and important to note that a team may consist of individuals from different AFSCs.

During the two-day program redeployers will participate in educational discussions on a variety of topics, including: how to manage the effects of combat-related stress (cognitive, physical, spiritual, emotional, and behavioral); responsibilities of leadership in reintegration; family reunification; impact of deployments on married and single service members, coworkers, family, spouses and children of different developmental levels; recommendations for successfully readjusting back to normal life routines, relationships and roles reversals; what to do if “normal” post-deployment effects do not improve; a comprehensive range of formal and informal resources; and various other topics customized to the mission sets, career fields, and experiences of the specific DTC participants. Time will be provided for group and individual discussions about the SMs’ experiences and to relax in a comfortable, safe location prior to returning home. Integral to the DTC is having Mental Health and Chaplain Corps staff consult with the other DTC staff and develop curriculum, lead interactive discussions, be available for informal consultations with SMs, and refer those with significant psychological needs to in-garrison and/or community health care providers.

The three critical elements of the DTC are:

- 1) Time for reintegration/education
- 2) Functional and/or peer leadership
- 3) Transitioning as a deployed team

The current DTC content, guidance, relevant peer reviewed research and additional information from other countries on decompression is currently available on this AF Knowledge Exchange site

<https://kx.afms.mil/airmanresilience>

Expected Outcomes

- **Easing reintegration to work and family:** The DTC will aim to ease the transition from high intensity combat experiences to home and in-garrison work. As the reintegration process begins by disarming, it is the commander’s intent that all Airmen attending the DTC, who are required to return their deployed weapon(s) to home station, will turn over their weapon(s) to TMO in the AOR for shipment to home station. Giving up equipment and weapons is symbolic of the end of a deployment and allows for shifting focus towards how the redeployers will manage work, home, and family roles.

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- **Decreasing stigma associated with Mental Health and increasing knowledge of resources:** The DTC is not considered Mental Health (MH) treatment and is not designed to decrease the frequency of PTSD. One focus, however, is increasing the awareness of potential MH problems and their functional impact on life. Information on resources, the Wingman concept, and how and when a person should seek additional care will be reinforced. The DTC will provide strategies and recommendations to SMs on common reactions to combat and operational stress as well as build awareness of evidence-based treatments. Decreased anxiety associated with seeking assistance will be a result of MH staff providing many of the briefings and being available for informal interactions. Therefore, SMs may be more likely to seek MH services before symptoms have a functional impact on career objectives.
- **Promoting Resiliency, Rest, and Recovery:** The DTC takes a strength-based operational focus by promoting health and functioning. The DTC facilitators will encourage the discussion and reflection of high-intensity and operational experiences in a realistic and positive way through a variety of formal and informal interactions. Strategies and suggestions for coping will be embedded in these interactions whenever possible. These strategies may be incorporated by SMs and could mitigate subsequent psychological symptoms, such as anxiety, by providing an opportunity for SMs to address their physiological arousal levels, and to relax and rest. Time will be dedicated to sleep recovery as sleep and fatigue are the most frequently reported post-deployment symptoms according to PDHRA data.
- **Increased knowledge of available reintegration resources:** The DTC will acquaint SMs with available reintegration resources, such as the Airmen and Family Readiness Center, which provides a range of resources to support reintegration of SMs and their families. Materials such as the Sesame Street videos for children as well as information on websites such as www.Afterdeployment.org and www.dcoe.health.mil; <http://www.realwarriors.net/> are available.

Program Objectives

1. **Rest** Provide a safe environment and transition time for redeployers to relax, recover sleep, and restore energy before returning to their families and home station missions.
2. **Reflect** Facilitate reflection on combat and operational experiences and provide strategies for integration, including anticipating how to discuss experiences with family members, friends, and coworkers.
3. **Recreate** Provide a range of recreational activities to help SMs transition from a high intensity and control-oriented combat and operational environment to lower intensity adaptive social interactions.
4. **Reintegrate** Provide information and skills for managing combat and operational stress, recognizing the need for treatment in self and others, as well as facilitating a smooth reintegration with family and friends.
5. **Recapture** Clarify purpose, values and goals by developing a supportive plan for reintegration.
6. **Resources** Educate redeployers by providing information and handouts on available base and community resources.

Limitations in the Scope of the DTC

The DTC concept is to augment current AF redeployment and post-deployment programs. It will not be used to duplicate existing programs. It will be used solely for decompression and activities regarded as beneficial for reintegration. It is not a MH treatment center, nor is it designed to decrease the frequency of PTSD or other MH conditions. The DTC will not evaluate units/teams/individuals. Periodic summary

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reports of recurring issues and themes can be forwarded to the SRG through the WG. Although current information and feedback indicates positive results, more research and program evaluation is required.

DTC Selection Criteria

SMs will be selected for participation in the DTC based on their mission set. If their mission set is expected to be associated with regular exposure to significant risk of death in direct combat, they should be nominated before deployment. A mission set is defined as a team of Airmen with a designated Unit Line Number and may be from one functional community or comprised of various AFSCs.

Unique DTC Groups

- **Guard & Reserves:** Guard and Reserves are often not co-located with active duty military treatment facilities and therefore will require additional information specific to accessing resources such as the Yellow Ribbon program or how to contact Psychological Services for more information or consultation when needed. Some resources have limited availability due to a member no longer being on military orders or not living near a base. Guard and Reserve members are also away from their units a majority of the time, and will have the additional challenge of reintegrating with civilian employers and other non-military entities who may not understand what the member experienced. The Guard and Reserve Mental Health representatives are responsible for making sure each DTC is aware of the special needs their members may require and materials and/or training has been provided to the DTC staff.
- **Unit Leadership:** Unit leaders are in a challenging position during deployment, which often differs from the experience their team may have had. The DTC Program Manager (PM) should consider separate breakout sessions with leadership elements for each DTC group. Individual consultations should be offered. Special attention should be given to selection of CFFs with experience in a similar leadership position.

Site Selection Criteria

1. **Force Protection:** Strong consideration will be made for protection of the force and a review of lessons learned from other countries and Service programs to include safety, security, public access, mitigation, etc.
2. **Capacity:** Services should be available for a throughput of up to 200 personnel at a time although the DTC staff should also develop a contingency plan for the possibility of an overlap in groups.
3. **Site Seclusion:** The DTC site should have adequate seclusion to provide protection and limited contact with others that may interfere with the goals of the DTC. This allows SMs to understand they have not completed their deployment until the DTC program is complete. Seclusion from potential sources of intrusion such as family, friends, and the media will facilitate improved participation and outcomes.
4. **DTC Program:** Conference room for large group meeting of up to 200 personnel, break-out rooms for small groups ranging from 3 to 20, meeting space for individual consultations, TVs or projectors and computers for DVD curriculum, catering and tech support.
5. **C2:** Command and control with attention to accountability and consolidation of redeployers.
6. **Logistical Support:** Site should have adequate transportation/TMO and resources for check-in/out, flight scheduling, and baggage movement.
7. **Life Support:** Site should have support for adequate lodging, food, laundry, phones, computer, printer, internet and fitness facilities.
8. **Recreation:** Services should be available for an adequate range of low cost recreational activities for redeployers. Consideration should be given to providing exercise equipment and work out space

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within the DTC facility or in close proximity. Also, some mission sets may incorporate a group sport or recreational event at the beginning of the DTC to assist in decompressing the team.

Command and Control

The DTC will have an assigned Detachment Commander and Superintendent who will have ADCON for the SMs while assigned to the DTC. This will allow for a clear chain of command at the DTC site that is well integrated, which is essential for ensuring good order and discipline, maintaining collaborative relationships between the DTC and outside community, and ensuring optimal decompression services. The primary role of the DTC commander will be administration and execution of the DTC program. The DTC commander will work closely with the DTC Program Manager and inform the redeploying leadership teams if disciplinary issues arise and administrative action is required. This will enable the deployed commanders to participate fully in the decompression experience while allowing SMs to know the disciplinary expectations.

DTC Description

Roles and Responsibilities

Headquarters AF Staff: Curriculum ownership, Reintegration Manual, CONOPS ownership, DTC attendance coordination, STRATCOM plan, gatekeeper for DTC throughput.

HQ AF Functional Area Managers (FAMs): FAMs will coordinate on nominated mission sets received from component FAMs. This will allow for total picture awareness at the HQ FAM level. FAMs will not, however, direct or be the final approving authority for DTC attendance. FAMs participate in identification and sourcing of DTC rotational staff requirements.

COMPONENT: In coordination with deployed commanders as needed, identify new/revalidate current mission sets regularly exposed to significant risk of death, therefore requiring DTC attendance. Enter or delete line remarks as needed. Schedule transportation to/from DTC installation. Approve or submit Request for Forces.

Operating MAJCOM: The MAJCOM operating the DTC will provide facility, space & support, and identify resource requirements. MAJCOM A1 will be the functional MAJCOM OPR for the DTC.

DTC Staff Considerations: The staff should include the Detachment Commander and Superintendent, psychologists, psychiatrists, psychiatric nurses, social workers, Mental Health technicians, CFFs, Mission Set Managers (MSM), chaplains and chaplain assistants, logistics staff, and administrative personnel. Staff personnel will be made up of permanently assigned and detailed personnel. Use of deployed personnel to augment the DTC staff will be evaluated at regular intervals. To the maximum extent possible, staff should be sourced from the installation on which the DTC is located. Each discussion group will be co-facilitated either by a Mental Health or Chaplain Corps staff member, and a CFF, therefore each discussion group will be led by at least two facilitators. With appropriate training, the Mental Health staff and Chaplain Corps staff member should be interchangeable in their roles as small group facilitators. The qualifications for each DTC staff member should be thoroughly vetted through the DTC CC and the DTC Program Manager. DTC staff should be selected with plenty of time to prepare prior to the arrival of each group and ensure a positive attitude, which will contribute toward building a constructive DTC experience for the redeployers.

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DTC Detachment Commander (DTC CC): The primary role is to oversee administration and execution of the DTC program. The DTC CC will maintain G-Series orders and is responsible for all personnel and redeployers participating in the program. The DTC CC will provide an introductory briefing to all redeployers, will manage personnel issues, and act as liaison with leadership teams. The DTC CC will assume ADCON from the deployed commander for the duration of the course. The Judge Advocate's office should advise on infractions severe enough to warrant redeployers remaining at the DTC locations for adjudication. Minor incidents may require follow-up action between DTC leadership and the redeployer's home station leadership.

Redeploying team leadership will maintain accountability for their assigned personnel, and the DTC CC will coordinate with the team leadership to ensure accountability. The DTC will use the Wingman concept for all activities outside of the DTC campus.

DTC Program Manager (DTC PM): The primary role is to collaborate with the DTC CC to manage curriculum, agenda, survey feedback compilation, training of all DTC staff, and reviewing credentials and qualifications of facilitators. The DTC PM should be an officer within the Mental Health career field.

DTC Detachment Superintendent: The primary role will be to assist the DTC CC with personnel issues, emergencies, and coordinating resources with home station leadership when required. The superintendent will be responsible for providing redeployers and personnel oversight for enlisted staff. The superintendent will brief all redeployers who process through the DTC on rules of engagement, standards, and expectations. They will also meet with redeployers individually when behavioral and discipline issues need to be addressed.

Support Flight Commander: Provides direct support to the DTC CC on all aspects of logistics, transportation, material management and deployment / redeployment through the DTC. Directs the reception, staging, and onward movement of Airmen attending the DTC. Coordinates movement of cargo and personnel by commercial or military modes using systems which interface with defense total asset visibility systems. Maintains liaison with USAFE, host-wing units and local agencies to schedule and coordinate movements of personnel, and directs coordination of vehicle and equipment requirements as well as lodging and messing in support of the DTC. Evaluates movement forecasts and flow of personnel and cargo into the transportation system, movement capabilities, and efficiency of modes used. Supervises a staff responsible for all logistics support for DTC redeployers.

DTC Travel /Transportation manager: Provides direct support to the Deployment Transition Center Support Flight Commander on all aspects of transportation and redeployment of approximately 1,110 redeployers projected to transition through the DTC. Coordinates the reception, staging, and onward movement of Airmen attending the DTC. Supervises all local traffic management activities. Maintains liaison with MAJCOM staff, component AOR travel offices, host-wing units, and local agencies to schedule and coordinate local movements of personnel. Facilitates execution of combined command tenders for commercial surface transportation and issuing travel warrants for payment of services.

DTC Personnel Programs Manager: Provides direct support to the Deployment Transition Center Support Flight Commander on all aspects of personnel programs to support the redeployment transition of redeployers projected to deploy through the DTC. Coordinates with DTC staff members to adjust the schedule and events as necessary and collaborate with leadership in addressing administrative personnel issues. Secures training resources for program facilitators and coordinates training and resource requirements according to the curriculum and schedule.

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DTC Lodging/Services Programs Manager: Provides direct support to the Deployment Transition Center Support Flight Commander on all aspects of services programs to support the redeployment transition of personnel projected to transition through the DTC. Coordinates all lodging requirements for the Airmen redeploying through the reintegration program. Manages lodging rooms in coordination with the DTC location lodging program manager to ensure highest possible occupancy rates. Coordinates with Mission Set Managers on specific team lodging requirements. Manages the morale, welfare and recreation as well as food service and fitness program requirements.

DTC Client Support Systems Administrator: Provides direct support to the Deployment Transition Center Support Flight Commander on all aspects of functional systems administration for the DTC staff. Coordinates system requirements to include workstations, peripherals, communications devices and software required to support the DTC. Coordinates with mission set managers and program facilitators on communications support requirements to meet curriculum requirements.

Mental Health (MH) Staff: MH staff can include psychiatrists, psychologists, social workers, psychiatric nurses or Mental Health technicians. In addition to group facilitation, MH staff will be responsible for providing suggestions to the PM on curriculum improvement, informally observing and assessing redeployers' behavior and response to various situations, consulting with redeployers who want to discuss materials, issues, and/or concerns outside of the discussion groups, and advising DTC and team leadership on significant issues with individuals. MH staff may provide tailored advice to individuals who may require additional attention upon return to home station.

Chaplain Teams: The Chaplain Corps will have two roles within the DTC. The first will be as group facilitators in small group discussions. Secondly, they will use pastoral skills to interact with redeployers and consult individually if requested by the SM. Although it will not be possible to cover the entire range of religions every effort should be made to accommodate the different spiritual needs of the redeployers. In addition, Chaplain Corps staff will assist in facilitating the DTC curriculum, providing suggestions to the PM on curriculum improvement, informally observing and assessing redeployers' behavior and response to various situations, and advising DTC and team leadership on significant issues with individuals. When appropriate, the Chaplain Corps should consult with the DTC leadership to plan religious ceremonies and remembrances/memorials for the redeployers who may need closure and additional comfort after loss.

Mission Set Managers (MSM): MSMs function as a liaison between the DTC and the deployed team. The MSM is the primary CFF within a mission set and is responsible for communication with leadership of the identified DTC teams prior to redeployment to gather information about the team's deployed experience. The MSM will also provide details to the deployed team about the DTC. The MSM will be the liaison to the inbound CFFs. The MSM will be responsible for gathering the Operational Lessons Learned and formally relaying them to their functional communities, as determined by their career field manager.

Career Field Facilitators (CFF): A Career Field Facilitator is an experienced individual who is usually from the same career field as those who are participating in the program. The CFF plays a critical role in assisting the MH or Chaplain Corps staff in translating career-specific knowledge required to understand the experiences of the SMs. The CFF will participate in the DTC staff training and will co-facilitate small group discussions. A CFF should be selected specifically for the DTC based on career field knowledge, deployment experience, and the ability to learn additional skills in reflective listening and group management. CFFs will not be pulled from the returning deployment team, as that would preclude them from the benefits of the DTC. A CFF's rank should be representative of the redeploying mission set in order to maximize the impact with mission set members.

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Having the right number of CFFs is crucial to the success of the small group discussions. Planning factors for CFFs is as follows:

EOD - approximately 1 CFF/12 attendees

SF – approximately 1 CFF/15 attendees

Convoy Operations – approximately 1 CFF/18 attendees

Airmen & Family Readiness Centers (A&FRC): A&FRC is the leader within the Air Force for family reintegration issues and is a strong advocate of the family on every AF installation. A&FRC will play a key role in providing personnel, information, and family and reintegration resources for the redeployers. There should be a Military and Family Life Consultant (MFLC) available when the DTC is operational. This will provide a non-uniform wearing professional and an A&FRC consultant to the redeployers. MFLCs will serve a consultation role, and not perform duties as a small group facilitator.

Aggregation: Air via strategic (AMC, AMC-contract) aircraft. ULNs are assigned to aggregate airlift by CCDR strategic planners in coordination with component level planners based on available or planned strategic airlift opportunities and initiatives.

Channel:- Air via supporting commander channel (AMC or Service) aircraft. ULNs are booked by supporting LRS/ELRS, or similar servicing joint or sister service organization, on missions based on mode/source (M/S) AC code in the CCDR's TPFDD.

Mustering: An assembled group or team and the act of assembling as a group or team.

Team: Three or more Airmen identified by a UTC (may be a subset of an FTN).

Team Integrity: The act of mustering a team and keeping the team together throughout the course of an assigned mission, training, travel, and/or billeting.

DTC Staff Training

In addition to administrative staff, at a minimum, the DTC staff should consist of MH, Chaplain Corps, and CFF personnel. Training for all DTC staff should be provided prior to arrival of the redeployers. The staffing for the DTC will be determined by the expected throughput, and the number of redeployers participating at any given time as well as services planned to be provided during the DTC (e.g., Chaplain or MH-specific services offered for formal or informal interactions). All staff functioning in a facilitator role will receive training before providing facilitation for groups.

DTC Program Phases

Mission Set/Team Selection

The primary DTC selection process will take place prior to deployment. Home station leadership will meet with Airmen following selection for deployment as soon as is feasible, to provide information and to educate them on the concept and purpose of the DTC, how and when they will be required to attend, and what will be expected from them while participating. It is easier to pre-identify DTC attendees based on mission set and potential exposure than to identify DTC attendees once they are deployed and experience regular exposure to significant risk of death in direct combat.

The pre-identification process is as follows:

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Based on feedback from on-site commanders, the AF component will validate enduring mission sets regularly exposed to significant risk of death in direct combat and nominate emerging mission sets which are anticipated to be regularly exposed to combat. The component will do this at the beginning of each Global Force Management Cycle (GFM) or prior to submitting or approving a Request for Forces (RFF). HAF FAMs will coordinate on the component FAM nominations before component commander final approval. (See figure 1) To determine participation requirements, additional information should also be reviewed from PDHA/PDHRA data which is analyzed quarterly and provides information on which career fields are reporting the highest levels of exposure and post traumatic stress symptoms. As this process develops, supporting component commands will be part of the validation process for selected mission sets.

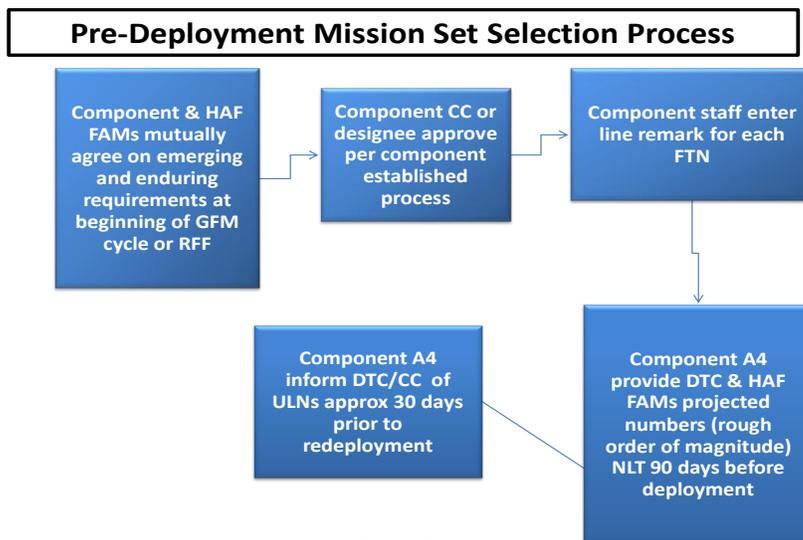
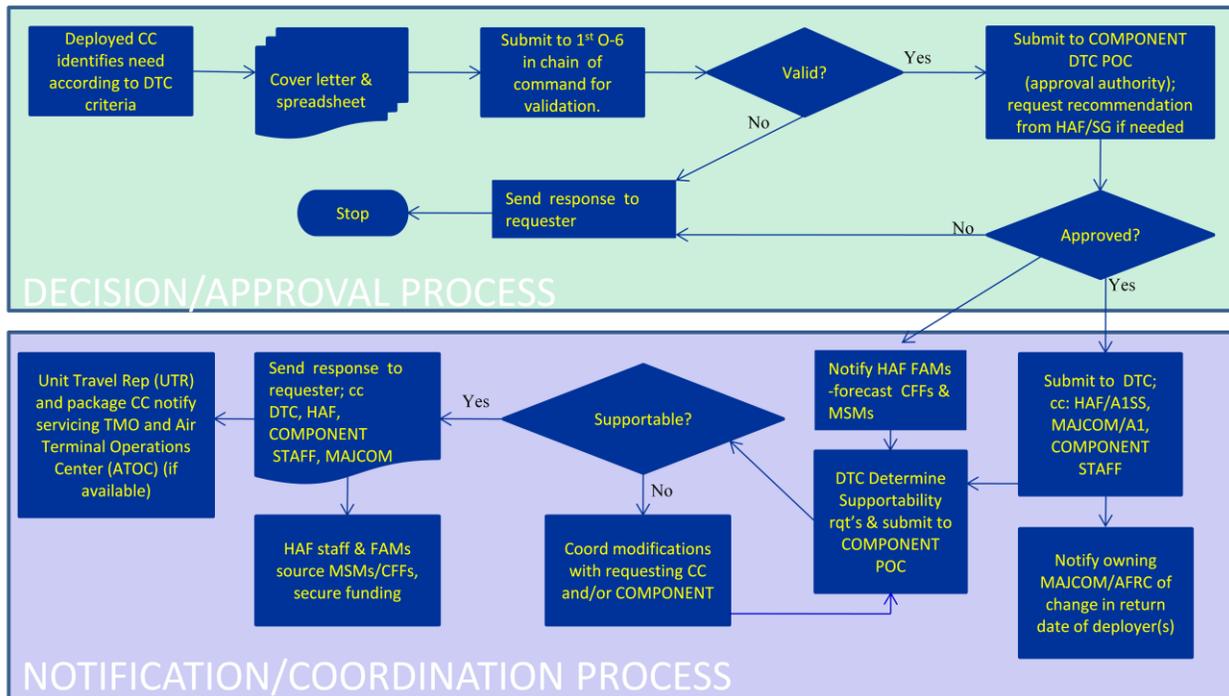


Figure 1

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Mission Set/Team Selection While Deployed

Deployed commanders will also have the option of requesting units, not identified prior to deployment, to participate in the DTC based on unanticipated, regular exposure as defined above. See Figure 2 below for the nomination process flow diagram. If airmen meet the criteria of "regular exposure to significant risk of death in direct combat" they should be nominated by their deployed CC using a Nomination spreadsheet (See below for information to include on spreadsheet). The nomination spreadsheet is forwarded to the first O-6 in the deployed chain of command for validation. If validated, it is routed to the COMPONENT/A1 which, for the current theaters of operations (Iraq and Afghanistan), is AFCENT/A1. If AFCENT/A1 approves the nomination (can seek recommendations from HAF/SG), the notification portion of the process begins with notifications to the HAF/FAM(s), DTC, and the owning MAJCOM/A1. The DTC determines if the request is supportable (with input from the FAM concerning Mission Set Manager and Career Field Facilitator availability). If it is not supportable, coordinates with the appropriate agencies to adjust timing or resources to make DTC attendance supportable. As soon as the date and resources have been coordinated, the involved agencies are notified to begin adjusting movement dates for the attendees to include home station notifications to change the return date.



The nomination spreadsheet referenced in second step of the "Decsion/Approval Process" must include the following information:

- Functional Area
- FAM Name/Phone
- Approval Authority
- Force Tracking Number
- Unit Line Number
- Line Number
- Unit Type Code

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- Air Force Specialty Code
- Earliest Arrival Date
- Latest Arrival Date
- Estimated Tour Length
- Approximate Date of arrival at Ramstein
- Mission Set Name
- Deployed Location
- Cross Functional? Y/N
- Justification for DTC Attendance

Mission Set/Team De-selection

The mission set de-selection process described and illustrated below will be applied under one of two conditions: 1) During the mission set validation process, it is determined that there is no longer a valid requirement to send a certain mission set through the DTC, or 2) Once deployed, a mission set or team within that mission set has a change of mission such that the personnel are not regularly exposed to the risk of death in direct combat. When one of these two circumstances applies, the component, in consultation with the deployed commander, will recommend to the first general officer in the functional chain of command (e.g. HAF/A7C for Civil Engineers, etc) that the mission set or team no longer requires attendance at the DTC. This recommendation will be worked through the HAF FAM. The first general officer in the functional chain of command will approve or disapprove the recommendation. The HAF FAM will inform the DTC, the component, and the HAF ARP Program Manager. The HAF FAM will determine if the CFF is no longer required. If not, the HAF FAM will ensure proper steps are taken to cancel the CFF tasker. This process must be followed for each functional area represented in the mission set.

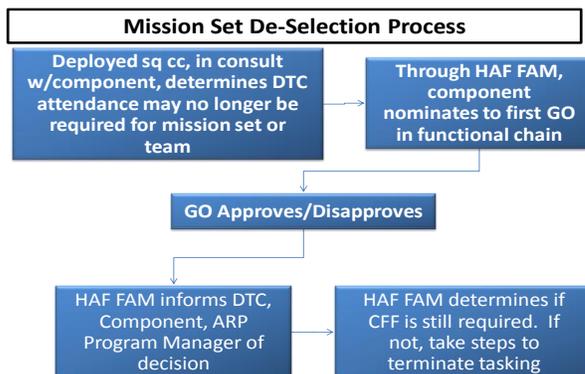


Figure 3

Individual De-selection

Once deployed, commanders might determine that certain individual, pre-identified Airmen do not need to attend the DTC (e.g. a logistician assigned to the EOD team that never went on missions outside the wire). Under these circumstances, the deployed squadron commander will recommend the de-selection to the deployed group (or above) commander. The deployed group (or above) commander, in consultation with the deployed medical unit commander or competent medical authority, will have final approval authority. Once approved, local

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PERSCO and Logistics Plans personnel, and the component staff, must be notified to ensure proper out-processing and movement of individuals de-selected for DTC attendance.

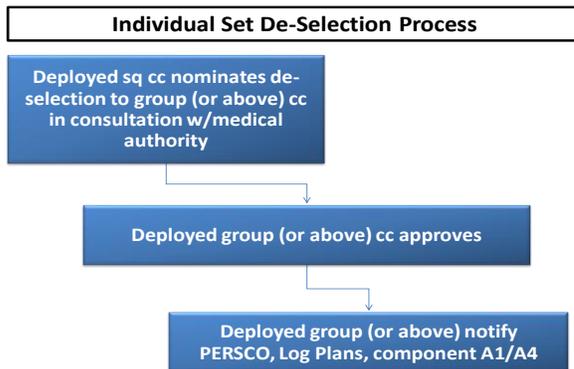


Figure 4

DTC Redeployment Process

Roles and Responsibilities

Component A3X - Gatekeeper/lead for mission set team movement out of AOR

DTC/CC – Tweak flow once team moves out of AOR

Deployed location TMO - Place initial travel requests per the information provided by the unit travel representative or logistics plans office in a timely fashion, and forward to their respective Commercial Ticketing Office (CTO) hub (i.e. Al Udeid, Manas, Kuwait, etc). Serve as the conduit for the deployed unit travel representative/logistic plans representative to coordinate travel with the 379th ELRS/LGRDAP. 379 ELRS/LGRDAP (379ELRS.paxtravel@auab.afcent.af.mil <<mailto:379ELRS.paxtravel@auab.afcent.af.mil>>) will be the only Passenger Travel section to book rotators and arrange commercial travel for DTC attendees. Initial travel requests must be arranged in a timely fashion to maximize team integrity. Working with various airlift constraints, 379 ELRS/LGRDAP will utilize all resources at their disposal to maximize group integrity from the strategic Component AOR to the DTC GEOLOC. However, once a member is considered mission complete and released by the tactical level commander they should depart the deployed location as soon as the transportation system allows IAW the TPFDD construct. The Deployment Transition Center's course will begin once team integrity is achieved at the DTC.

Al Udeid 379 ELRS/LGRDAP – Serve as the sole Traffic Management Office to book rotators and arrange commercial travel onward from the DTC in Ramstein. It is imperative that the deployed UTRs maintain close contact with the 379 ELRS/LGRDAP to ensure there is enough time to maximize seats on rotators as well as arrange commercial travel.

Logistics Plans Office/Unit travel representative - Provide accurate, pertinent information to the 379 ELRS/LGRDAP TMO at Al Udeid. Deployed location TMO can serve as a conduit to reach the 379th but does not book rotators or arrange commercial travel.

Planning and Tracking Team Movement

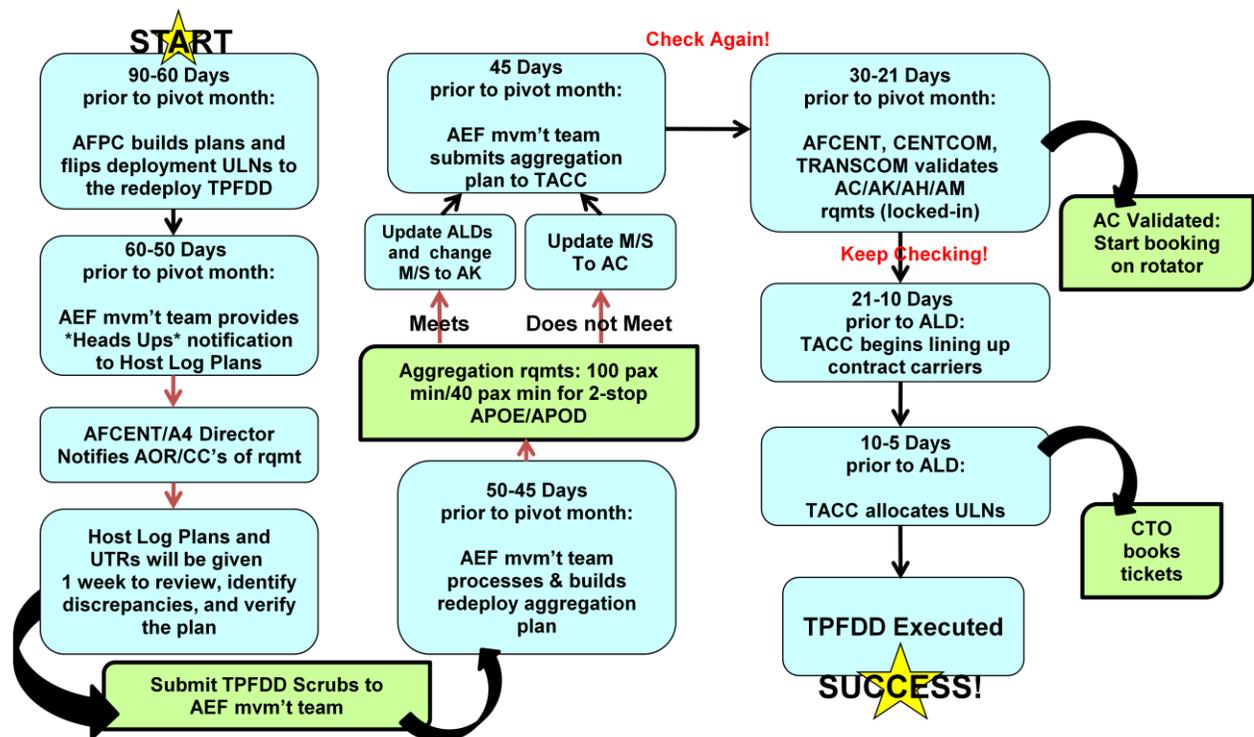
ULN's requiring DTC attendance will be identified by FTN by component Functional Area Managers (FAMs) in coordination with their respective HAF FAMs. Attendance is a requirement primarily based on mission

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sets of specific forces, with additional mission sets that have been involved in unanticipated, regular combat events during their deployment. Line Remark UWA will be used to identify required DTC attendance to the supporting commander through the IDRC (IDO/UDM) to the deploying member. FTNs identified to component/A3X will have their records adjusted to reflect a Point of Debarkation (POD) of the DTC GEOLOC. The supported commander is the final authority concerning time phasing of redeploying forces and must concur on all redeployment TPFDD changes affecting his/her ability to maintain the assigned mission/war-fighting capability and facilitate Replacement In-Place/Turnover of Authority (RIP/TOA) actions.

See Figure 5 for an example of the redeploy TPFDD process flow.

Aggregation Process Flow



UNCLASSIFIED

FIGURE 5: USAFCENT AGGREGATION PROCESS FLOW

Process: Deployed commanders will perform a thorough review of their forces' redeployment data in the TPFDD and ensure all pre-identified mission sets have a POD of the DTC's GEOLOC. All discrepancies should be identified by the commander or their designated representative via the Unit Travel Rep (UTR) to the deployed host wing logistics plans office for action. The deployed host wing logistics plans office will compile the discrepancies and forward to Component A3X AEF Movement Team via the SIPRNET TPFDD scrub and deviation process outlined in the Component AEF ECS Movement Guide.

Movement from AOR to DTC: ULNs within specific movement windows that meet USTRANSCOM strategic lift minimums (100 pax or more) on the same Available to Load Date (ALD) will be coded mode source AK (Contingency Lift) in the redeploy TPFDD. Mode Source AK ULNs will be assigned strategic lift by Tanker Airlift Control Center (TACC), once vetted by USTRANSCOM, in the redeploy TPFDD and will be aggregated

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from the Point of Embarkation (POE) noted in the TPFDD to the DTC GEOLOC. ULNs that do not meet the USTRANSCOM strategic lift minimums (less than 100 pax) will be coded mode source AC (Channel lift) and will be scheduled on the Patriot Express mission through the deployed host wing Traffic Management Flight (TMF). However, movement timing may not be ideal and delays are inevitable. Component Air Forces Forward (AFFOR) A3X staff will align intra-theater lift requests, if needed, to ensure that the redeployer meets the strategic lift mission.

Movement from DTC to Home Station: Due to mission requirements, DTC members are required to move immediately after reintegration (day 4 - departure) and will be assigned mode source AM (Commercial Ticket Program (CTP)). The deployed host wing TMF will book onward movement from the DTC IAW DTR 4500.9R Part 1, Chap 103, Para A(2), and AFI 24-101, Para 2.3. AM ULNs will move via CTP through the closest commercial airport. The DTC is responsible for reception, staging, onward movement and integration (RSOI) once the member arrives at the DTC GEOLOC. This includes any changes to the attendees' scheduled return flight and ground transportation to the commercial airport.

Preparation/Planning

MSMs should provide to facilitators information specific to incoming attendees prior to each new group's arrival, including team composition, mission set, and special circumstances which occurred during the deployment. There may also be events which have taken place at home station during the deployment but might impact the reintegration process. This information can be gathered to tailor the DTC to the redeploying team's specific needs and inform the DTC staff on factors specific to the redeployers.

In preparation for attendance at the DTC, redeployers should be informed of the goals of the DTC program and the expected outcomes.

The logistical support required for the DTC is significant and is a large part of what will create an atmosphere for a successful reintegration experience. Some of the logistical support required will include coordinating with programs and services such as, but not limited to, protocol office, lodging, TMO, base Force Support Squadron, A&FRC, Mental Health, and USO.

Strategic Communication Plan/Media (Attachment 1)

A communication plan addresses advertising the DTC concept and the expected outcomes for SMs both at home station and in the deployed settings. Communication plans will also be developed for commanders in both settings to guide them in how to discuss the DTC with their unit members. The Deployment Transition Center Fact Sheet (Attachment 4) is an example of what could be used to communicate the intent of the DTC program for both commanders and redeployers. The overall plan will anticipate media coverage and how to cover potential misinterpretation of DTC goals. Lessons learned from other countries will be incorporated. Senior leaders who will be discussing the DTC will be provided a slide deck with talking points and potential sound bites to use when being interviewed. Media access should be facilitated by the DTC CC (with local PA assistance) so as not to disrupt center activities.

Potential Areas of Risk or Challenge When Operating a DTC

Force Protection

Special care will be taken in planning the location to account for force protection concerns. SMs should be in a safe environment, protected from outside threats as well as from individual temptations to engage in risky or self-destructive behaviors.

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Expectation Management

Leaders may get the idea the DTC is a PTSD prevention program or will cure MH problems. This overly idealistic view will be squarely addressed in the DTC strategic communication plan. Attachment 1 focuses on expectation management and is a good resource for commander's review and to provide to redeployers an explanation of what the DTC is and is not.

Confidentiality

Efforts are made to allow Airmen to discuss issues in a confidential, non-attributable environment. However, Airmen are still held to the usual standards for professional behavior. Rules and expectations for maintaining PRP, special duty status or security clearance still apply as they do in any other training setting.

DTC staff member is required to report to medical providers and commanders if SM presents a potential risk of harm to self, others or mission including potential disqualifying information for special duty operators such as PRP or PSP members. In the event a SM requires an emergency or involuntary MH evaluation, the PM will advise the DTC CC on requirements per AFI 44-109, *Commander Directed Evaluations*. For other evaluations, referrals to the SM's assigned installation MH or medical clinic will be made when clinically indicated and requested by the redeployer. The suggested coordination will be through the home station Director of Psychological Health and the DTC Program Manager.

Alcohol Consumption

Most of the personnel problems and behavioral issues noticed by other countries' decompression sites have involved alcohol overuse and abuse. Safeguards must be in place that encourage moderation (e.g., policy in place for limits, behavioral plan for those who might overuse or self paced tracking of alcohol use) and the reduction of potential alcohol-related incidents (e.g., unit buddy system). Alcohol limits should be set below the current definition of abuse and will be briefed at the orientation. It should be recognized that the military has a history of alcohol use associated with the decompression process and that if limits are in place and SMs consume in moderation there should be minimal problems. Alcohol related incidents will be monitored closely by the DTC CC and superintendent and discussed with deployed team leadership.

Family Visits

The overall AF concept for a DTC does not include family members (FMs). The Strategic Communication Plan should include messages to SMs and FMs prior to, during deployment and during the redeployment phase. SMs will be reminded that family members are not to attend/visit the location. Family members will not be invited to the DTC following the advice of other countries who have been conducting decompression sites for many years.

Although deployed members may not be completely isolated, they are not home yet and are still in "travel status" en route to home station. The DTC is part of the re-deployment process designed to guard against intrusions, distractions, and stresses that might prevent Airmen from relaxing, reflecting, and preparing for re-integration. FMs are encouraged to contact their base's A&FRC to find out how to facilitate re-integration with the service member.

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Attachment 1

Strategic Communication Plan

STRATEGIC INTENT OF THE PROGRAM	To use a resiliency-building, strength-based approach to empower targeted Airmen to decompress and successfully reintegrate to a home (work and family) environment
PURPOSE OF THE PLAN	<ul style="list-style-type: none"> ➤ Support implementation of the Deployment Transition Center (DTC) at Ramstein AB as part of ongoing, overarching Airman Resiliency efforts ➤ Educate and increase awareness of personnel about the DTC ➤ Clarify questions with timely, clear, and credible information
SPOKESPERSON	➤ Mr. Milam (SES), A1S
AUDIENCES	<ul style="list-style-type: none"> ➤ Audience 1: Internal Air Force Community (Airmen and their families, and including deployed personnel) ➤ Audience 2: Congress ➤ Audience 3: OSD
DESIRED EFFECTS	<ul style="list-style-type: none"> ➤ All audiences: <ul style="list-style-type: none"> ○ <i>Awareness</i> of the Air Force overarching Airman Resiliency Program ○ <i>Understanding</i> of the DTC program
PLANNING PHASES	<ul style="list-style-type: none"> ➤ Phase 1: Announcement. Ensure impacted Airmen and stakeholders receive timely, accurate information about the DTC ➤ Phase 2: Execution. Communicate to Airmen and stakeholders about the DTC ➤ Phase 3: Sustainment. Continue to communicate to Airmen and stakeholders about support available and expand to broader Airman Resiliency communication

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<p>PROPOSED ENGAGEMENT STRATEGY</p> <p>PHASE 3: SUSTAINMENT</p>	<p>Overall Goal for Phase 3: Continue to communicate to Airmen and stakeholders about support available and expand to broader Airman Resiliency communication</p> <p>Assessment (ICAG surveys, data review, etc.) Article/Media Engagements on broader resiliency efforts</p>
THEMES AND MESSAGES	
<p>The Deployment Transition Center will be stood up at Ramstein AB to provide decompression and reintegration support to select mission set personnel returning from deployment.</p>	<ul style="list-style-type: none"> ➤ We chose Ramstein AB to host the DTC due to its strategic location as a key transition point for Airmen on their way from the AOR to home station. ➤ Selected Airmen will attend the DTC enroute from the AOR to home station. ➤ The DTC will conduct a two-day program which will include opportunities for rest and relaxation. ➤ The DTC sessions will consist of small-group discussions (while maintaining team integrity) led by facilitators from the same career fields with similar deployment experiences. ➤ The DTC offers training, not treatment.
<p>The DTC program objective is to help Airmen successfully reintegrate into the home environment after a deployment.</p>	<ul style="list-style-type: none"> ➤ The DTC provides a safe environment and transition time for redeploying Airmen to relax, recover sleep and restore energy before returning to their families and missions at home. ➤ The DTC will provide tools to help Airmen decompress and successfully progress from a high-structure, high-combat operational posture to reintegration into life at home station. ➤ The DTC program will facilitate reflection on combat and operational experiences and provide strategies, to include helping Airmen anticipate how to discuss these experiences with family members, friends and coworkers. ➤ The DTC program will accommodate a range of recreational activities that will help service membes transition from combat operations to operations at home. Reintegration requires rest. ➤ The DTC will provide information and help develop skills to help Airmen manage combat and operational stress.
<p>The DTC is part of a larger Airman Resiliency effort with the goal of ensuring Airman are prepared physically, mentally and emotionally to be a Wingman, Leader, Warrior.</p>	<ul style="list-style-type: none"> ➤ Airmen are our greatest assets and as such, we must help ensure they are emotionally, mentally and physically resilient. ➤ Airman resiliency is especially essential in today’s high operational tempo. ➤ The DTC will provide Airmen tools necessary to improve their resiliency.

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<p>ITEMS OF NOTE</p>	<ul style="list-style-type: none"> ➤ The DTC is an education program, not a treatment program. ➤ Airmen may be concerned that the DTC is a Mental Health program and that their attendance will have career impact.
<p>BACKGROUND (INTERNAL USE ONLY)</p>	<ul style="list-style-type: none"> ➤ Airmen who have experienced exposure to significant risk of death in a combat zone are at risk for combat stress related disorders ➤ At CORONA South (2010), direction was given to develop an AF-wide program to address resiliency needs of these at-risk Airmen and their loved ones <ul style="list-style-type: none"> ○ The program will include a full spectrum of resiliency strategies encompassing an Airman’s entire career (BMT, PME, CC Courses; Pre-, During, Re-, Post-Deployment) ➤ In order to address immediate needs and tailor programs for high exposure Airmen the DTC concept was developed. ➤ The DTC is just one aspect of overarching Airman Resiliency efforts. ➤ Selected Airmen (e.g., EOD, Security Forces, Convoy Ops) will attend the DTC. Those individuals who were regularly exposed to significant risk of death in direct combat are those who will attend the DTC. ➤ The DTC program is <ul style="list-style-type: none"> ○ An opportunity for Airmen in certain career fields to decompress prior to reintegrating with family and unit ○ An educational setting for Airmen to learn strategies for effective reintegration with the following goals: <ul style="list-style-type: none"> ○ Help Airmen to understand what combat stress is and how it affects life ○ Help Airmen learn how to recognize the difference between normal combat stress and more severe issues ○ Help Airmen recognize the difference in expected behavior between deployed and home settings ○ Help Airmen learn common reactions by family, friends, co-workers, and strangers to their deployment experiences and strategies for coping with those reactions ○ Expose Airmen to additional resources available to help in the transition process ○ Intended for group decompression and reintegration ➤ The DTC program is not <ul style="list-style-type: none"> ○ A Mental Health treatment program ○ Anything that will be documented in an Airman’s medical records ○ A substitute for professional Mental Health if desired ○ A cure for Post Traumatic Stress Disorder ○ A substitute for Post Deployment Health Assessments or Post Deployment Health Reassessments ➤ Prior to returning to their home units, selected Airmen will attend a two-day decompression program, which is considered to be a critical part of the overall reintegration process. ➤ The DTC will bring together these units and individuals, in small groups led by senior, combat-experienced peers, along with support personnel, to allow them a shared opportunity to decompress and prepare for the upcoming reintegration with their families, coworkers and communities.

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POCs	<ul style="list-style-type: none">➤ AF/A1: Col Liza Parr (703-604-6426/DSN 664-6426)➤ SAF/MR: Ms. Stephens-Jones (703) 693-9574/DSN 223-9574)➤ SAF/PAO: Ms. Beth Gosselin (703-693-9085/703-695-0640/DSN 225-0640)➤ SAF/PAX: Maj Cynthia Anderson (703-697-8642/DSN 227-8642)➤ SAF/PAX (Assessments): Tai Akiwowo (703-697-0422/DSN 227-0422)➤ SAF/PAY: Maj Michelle Coghill (703-693-9180/DSN 223-9180)➤ AFPC/PA: Mr. Kenneth Pruitt➤ AF/SG: Lt Col David Dickey (703-588-6204/DSN 425-6204)➤ AF/A4/7: Lt Col Kelly Jost (703) 695-1791, DSN 225-1791➤ SAF/LL: Lt Col Patricia Rodriguez-Rey (703-697-1623/DSN 227-1623)➤ SAF/FMBL: Major Alisa Ricks (703-614-7507/DSN 224-7507)
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Strategic Communication Plan Questions and Answers

1. Will participation in this program affect an Airmen's eligibility for PRP, a security clearance, etc.?

Answer: No. Not just because they participated in the DTC. Participation in the DTC is training, not treatment, and as such will not be documented in a medical record. Therefore, normally there is no documentation and no effect on PRP status or security clearance. Efforts are made to allow the Airmen to discuss issues in a confidential, non-attributional environment. However Airmen are still held to the usual standards for professional behavior. Rules and expectations for maintaining PRP status or security clearance still apply as they do in any other training setting.

2. Why was Ramstein AB chosen as the location for the DTC?

Answer: A location outside of the AOR provides the best venue to begin decompression. Most redeployers travel through USAFE soon after departing the AOR and using Ramstein takes advantage of current airflow routes.

3. Who can participate in this program?

Answer: Currently, Security Forces, Civil Engineering (EOD), and Transporter (Convoy Ops) and other Airmen who experience high-exposure to combat operations can participate in the DTC program.

4. Will this program eventually be available for all Airmen?

Answer: At this time, there is no plan to the program for those who have not participated in direct combat operations.

5. What is the nature of the program?

Answer: The DTC program is an education program, not a treatment program. It leverages the experiences of Airmen with previous deployment experience to help facilitate the Airmen's transition from their deployed location to home. During these two days, they will participate in educational discussions on a variety of topics, including: how to manage the effects of combat-related stress; responsibilities of leadership in reintegration; family reunification; impact of deployments on married and single service members, coworkers, family, spouses, and children of different development levels; recommendations for successfully readjusting back to normal life routines, relationships and role reversals; what to do if "normal" post-deployment effects do not improve; a comprehensive range of formal and informal resources; and various others topics customized to the mission sets, career fields, and experiences of the specific DTC participants.

6. Who will staff the DTC and lead the educational discussions? Are there health care providers, counselors or chaplains on the staff?

Answer: The DTC will use Mental Health, career field, Chaplain Corps, A&FRC consultant, and support personnel to facilitate decompression and preparation for reintegration with families, friends, coworkers and communities.

7. If an Airman is experiencing difficulty and needs assistance is a referral to care provided? Is there any follow up to ensure that the need has been addressed?

Answer: Yes, the career field facilitators, Mental Health, and chaplain assets are specifically trained to assess the need for referral to care for attendees. Referrals to the SM's assigned installation Mental Health or medical clinic will be made when clinically indicated and requested by the redeployer. The suggested coordination will be through the home station Director of Psychological Health and the DTC program manager before the member departs the DTC.

8. Does the program identify and provide resources for behavioral health assistance?

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Answer: Program curriculum requires that attendees are educated on resources available through Mental Health, chaplains, and A&FRC consultants by the representatives of those agencies at the DTC.

9. Are the Airmen confined to a controlled area/are they allowed off base?

Answer: The DTC is an extension of deployment and relies on team cohesion in the reintegration process. The DTC includes a prescribed off site event or outing. This experience can be used by the staff to expose redeployers to peacetime social circumstances and to assist them in that part of their reintegration process. The facilitators should attend the outing and may discuss differences between combat and non-combat environments, differences in expectations of self and others, as well as normal physiological reactions and how to manage them.

10. Is the program mandatory? If not, what incentives are there to participate?

Answer: The program is mandatory for identified mission sets.

NOTE: This strategic communication plan has been coordinated through Air Staff two-digits and their comments and changes incorporated. **This plan is current as of the “As of” date in the header but is meant to be a living document and subject to change as required.**

KEY WORDS: deployment, Airman resiliency, reintegration

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Attachment 2

Frequently Asked Questions

Will participation in Deployment Transition automatically affect my PRP? Answer: No, not just because you have participated in the DTC. Participation in the DTC is training, not treatment, and as such will not be documented in a medical record. Therefore, normally there is no documentation and no effect on PRP status or security clearance. However Airmen are still held to the usual standards for professional behavior. Rules and expectations for maintaining PRP or security clearance still apply as they do in any other training setting.

How confidential are my statements during small group discussions? DTC staff are trained that group and individual communications are confidential and facilitators will not document or report any discussions unless there is a perceived risk to oneself, others, mission or UCMJ violations. Only private, one-on-one consultations with a chaplain or chaplain assistant are entirely confidential.

I did a lessons learned after action report downrange. Why are we doing lessons learned again? This portion of the program serves two purposes. First, the lessons learned session facilitates discussion about personal experiences that enable the reintegration education process. Second, career field facilitators will have the opportunity to rapidly transmit urgent TTP change requirements while the downrange formal AAR process works.

Can my family visit during the program? No. The purpose of the program is to provide reintegration strategies prior to reuniting with family members. Emergency situations will be handled on a case-by-case basis by the DTC Commander.

Can I consume alcohol? Yes. Specific alcohol policy is briefed at the orientation, and Airmen are expected to use alcohol responsibly.

How can I be a facilitator for future DTC events? Facilitators are hand-picked by the Career Field Manager. If you desire to participate, notify your Career Field Manager via your chain of command.

Why was Ramstein AB chosen as the location for the DTC? A location outside of the AOR provides the best venue to begin decompression. Most redeployers travel through USAFE soon after departing the AOR and using Ramstein takes advantage of current airflow routes.

Are families getting the same type of “training/information”? The A&FRC at each installation is the hub for reintegration, and collaborates with other Integrated Delivery system (IDS) agencies in the development of reintegration training and education material. In addition, the unit-based Key Spouses ensure smooth family reunions.

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Attachment 3

DTC Integration of Program Objectives Table

1. **Rest** Provide a safe environment and transition time for Redployers to relax, recover sleep, and restore energy.
2. **Reflect** Facilitate reflection on combat and operational experiences and provide strategies for integration, including anticipating how to discuss experiences with family members, coworkers, and acquaintances.
3. **Recreate** Provide a range of recreational activities that will help SMs transition from a high intensity and control-oriented combat operational environment to lower intensity adaptive social interactions.
4. **Reintegrate** Provide information and skills for managing combat and operational stress, recognizing the need for treatment in self and others, as well as facilitating a smooth reintegration with family and friends.
5. **Recapture** Clarify purpose, values and goals by developing a supportive plan for reintegration.
6. **Resources** Educate Redeployers by providing information and handouts on available base and community resources.

DTC Task	Function	Outcome	DTC Objective
Securing Weapons	Secure weapons	Symbolic end to deployment	Rest
Curfew	DTC Staff provide curfew	Provides boundary to encourage rest and safety	Rest
Introductory Brief; ROEs; Out brief	Provide Redeployers with outlines of DTC and behavioral mgt plan	Redeployers understand what is expected of them during DTC; provide closure to Redeployers	Rest, Reflect, Resources
R & R	DTC staff will plan recreational activities for Redeployers	Allow Redeployers to transition from high intensity control-oriented combat operational environments to lower intensity adaptive social interactions	Rest, Reflect, Recreate, Reintegrate
Free Time	Allow Redeployers to begin to exercise choice in how they spend their time	Allow Redeployers time to begin to think about reintegration with family, friends, and coworkers; healthy use of free time	Rest, Reflect, Recreate, Reintegrate
One-on-One Consultations	MH and Chaplain Corps available for consultation	Redeployers able to schedule or contact on-call DTC staff for consultation	Reflect, Reintegrate, Resources
Offsite Event/Outing	DTC Staff and Redeployers travel offsite	Staff discuss and process reactions to novel stimuli	Reflect, Reintegrate
Battlemind	Redeployers view Battlemind Vignettes and discuss	Vignettes and discussion allow opportunity for Redeployers to reflect and think about how they will adapt their battlemind skills to day to day work and home life	Reflect, Reintegrate, Recaptures, Resources
Deployment and Reintegration	MH, Chaplain Corps and CFF cover deployment Lessons Learned	Redeployers have an opportunity to discuss operational lessons such as equipment, training, and TTPs	Reflect, Reintegrate, Recapture, Resources
Telling Your Story	Discussion format offered by MH, Chaplain Corps, and CFFs	Redeployers will participate in a group discussion providing reintegration information with family, friends, and coworkers	Reflect, Reintegrate, Recapture, Resources
Surveys	DTC Staff provide pre/post survey	Survey to provide outcomes and lessons learned for future DTCs	Resources

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Attachment 4

Deployment Transition Center Fact Sheet

What the program offers

- An opportunity to decompress prior to reintegrating with family and unit
- An educational setting to learn strategies for effective reintegration
 - Understand what combat stress and post traumatic stress are and how they affect your life
 - Learn how to recognize the difference between normal combat stress and more severe issues
 - Recognize the differences in expected behavior between deployed and home settings
 - Learn common reactions by family, friends, co-workers, and strangers to your deployment experience and strategies for coping with those reactions
 - Exposure to additional resources available to help in the transition process
- A time to look back on personal/team experiences to assist in reintegration; reintegration is not an event, it is a process

What the program is NOT

- It is not a Mental Health treatment program
- It is not documented in your medical records
- It is not a substitute for professional Mental Health care if desired
- It is not a “cure” for PTSD
- It is not a substitute for Post Deployment Health Assessments or Post Deployment Health Reassessments

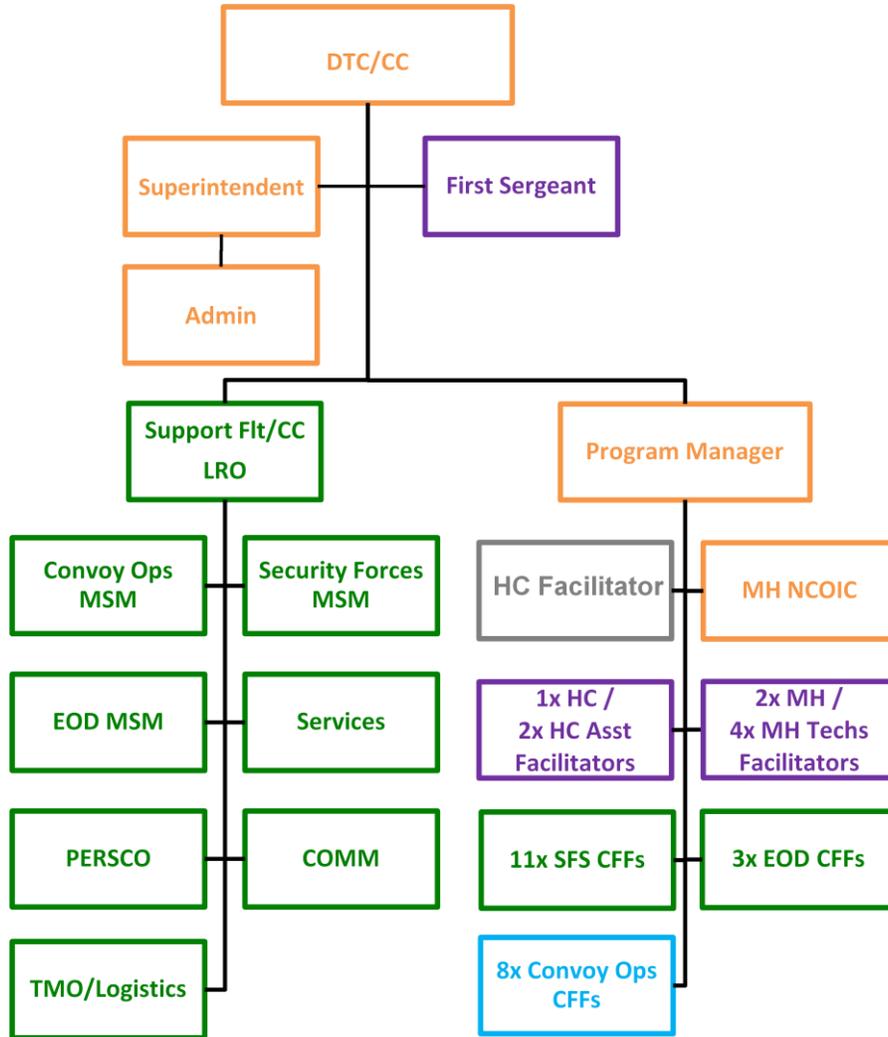
What you can expect

- To remain matched with your unit/team throughout the program
- To participate in small group discussions with your team and facilitators about your deployed experiences
- Facilitators from your career field with similar deployment experience, teamed with Mental Health or Chaplain Corps, to lead discussions
- A social outing which may include eating at a restaurant
- The opportunity to meet one-on-one with a Mental Health provider and appropriate assistance at your home/home station if you desire treatment
- Follow-up from DTC staff to be used for program evaluation

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Attachment 5

Sample DTC org chart



Appendix One

AF Deployment Transition Center (DTC) Curriculum

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DTC Facilitator Training

DTC staff and facilitator (Career Field Facilitators, Chaplains, Chaplain Assistants, Mental Health Providers, Mental Health Technicians) training will be provided prior to arrival of the redeployers. Training will be the responsibility of the Program Manager. Facilitators must obtain training prior to facilitating small groups. Training will consist of a review of the rationale behind the DTC, facilitation of small group discussions, roles of each of the DTC staff, and mission briefs of the teams coming through. For trained staff and facilitators a mission brief will need to be provided for each mission set if staff/facilitators have not previously facilitated members of that group.

Discussion Group Size

A key factor in the DTC model is having mission set teams complete the DTC as a team in order to foster camaraderie and relate shared experience. Although no upper or lower boundary is set for the number of redeployers in the small groups, every effort should be made to keep the groups small enough to allow every member to participate in the discussion. The expected range for discussion groups will be between 5 and 20 with an average of approximately 10. The number in each discussion group should remain flexible with the primary goal being “team integrity”, allowing members who attended training and/or served together in the deployed setting to participate in the same discussion groups. Secondary consideration may be given to family situations of facilitators compared with their groups to enable discussion of family reintegration dynamics, e.g. matching facilitators with groups based on marital/family status.

Preparation/Planning

Mission Set Managers (MSM) will gather information about redeployers within their specific fields prior to their arrival to include team composition, mission set, and special circumstances that occurred during deployment- to include stressors that may have occurred at home station. This information can be gathered to tailor the DTC to the redeploying team’s specific needs and inform the DTC staff on factors specific to the redeployers. Additional just in time training should occur prior to each new group that participates in the DTC.

In preparation for the DTC, leadership should inform redeployers of the goals of the DTC and the expected outcomes.

DTC Agenda

See sample schedule in attachments 1 and 2.

Reception

The DTC staff will welcome the redeployers upon arrival from the AOR at the passenger terminal and handle logistics requirements. The welcoming might include volunteers, USO, leadership, or other VIPs. It may be unavoidable to have local family members greeting redeployers; however reunification with family members prior to attendance at the DTC should be discouraged. If family members are at the terminal, a brief reunion may be allowed, but family members cannot proceed to the DTC.

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Core Curriculum Elements

In this section Chaplain Corps, Mental Health, and Career Field Facilitators will be collectively referred to as "facilitators," as they share facilitating roles.

Orientation

The orientation should be the first formal event for redeployers, typically held the day after arrival. The goals and curriculum of the DTC are explained, introductions made, and the DTC survey is handed out. The DTC Det CC and/or superintendant discuss the purpose of the DTC and the Rules of Engagement (ROEs) during the program. The DTC PM will outline the rationale and details of the curriculum. Roles of the facilitators are discussed. The DTC agenda should be outlined in detail and the redeployers should have a good idea of when, where, and why they are expected to be in place for the discussion groups. The entire DTC program should be described to them from the very beginning as a process that will move seamlessly from deployment to redeployment to reintegration.

Group Sporting Activities

If feasible, a group sporting activity like ultimate Frisbee, volleyball, or soccer, with staff participation at the beginning of the DTC, will enhance team building and set a more recreational environment. Additionally, it will facilitate introductions, decrease stigma, and increase the likelihood of positive interaction during the small group discussions.

Small Group Discussions

Each group meeting will be conducted in a discussion format. Small groups are limited to participants and DTC facilitators only. Exceptions may include the Program Manager observing to ensure quality control. Participation in discussion is encouraged but not mandatory. PowerPoint is not recommended. Discussion groups will be co-facilitated by both a Mental Health or Chaplain Corps staff and a CFF. Each facilitator will be skilled in providing a directed discussion. Each discussion group will focus on resilience-building concepts within a framework of performance optimization and will include an introduction, objectives, directed discussion, and listing of resources. All of the small groups should be flexible in structure to focus on discussion points salient to that particular group, therefore issues like timing and level of depth on an issue are determined within the group setting.

Leadership Breakouts and Individual Consultations

The unique needs of leaders should be recognized. Prior experience with the trial Deployment Transition Sites have shown that it is beneficial to separate leadership from other redeployers. The DTC will provide separate discussion groups for leaders, if at all possible, and should mirror the leadership rank and deployed experience. Groups will be tailored to the needs of the participating leaders. Leaders should also be offered individual consultations with either the senior Mental Health or senior chaplain at the DTC.

Curriculum Program

Deployment and Reintegration: This discussion group has two purposes: 1) allowing the redeployers to discuss deployment experiences and begin the reintegration process and 2) allowing the CFF to assess whether predeployment training was adequate and to gather observations that may guide necessary adjustments to future predeployment training. Small group discussion begins with the purpose of the

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group and introductions. Since this is the first small group discussion, it is a good time to set expectations for the DTC experience. Facilitators should explain to redeployers the purpose of the program as a process that will move from deployment to redeployment to reintegration.

During the Deployment and Reintegration small group, SMs will be given the opportunity to discuss their deployment experiences and identify operational lessons learned. The Career Field Mission Set Manager will provide the CFFs with specific areas to cover during the discussion related to training, equipment, and mission. Guidelines for discussion are included in attachment 3.

This discussion group will lead SMs to identify possible gaps in training and challenges as well as the benefits of their deployment experience. There may have been positive adaptations or changes they've made during deployment such as in the areas of professional skills or leadership, and the opportunity should be given in the group to discuss these as well as the more negative "lessons learned". The facilitators should be careful not to allow the group to engage in purposeless complaining. Instead they should foster a non-attributional, balanced discussion.

Battlemind Vignettes: Battlemind video vignettes, produced by the Army, stimulate discussion about how battlefield experiences impact reintegration. They can assist SMs in learning how to become more aware of their own responses and those of others. The group will review a video vignette and then discuss the issues raised in the presentation. The Battlemind facilitator handout (attch 3) should be reviewed by each facilitator. It describes teaching points and lists questions that can assist in guiding the discussion groups.

Telling Your Story: The facilitators will provide a guided discussion of reintegration expectations for redeployers. The "Telling Your Story" facilitator's guide (attch 5) provides discussion points for guiding the group. SMs will be asked to describe experiences and thoughts about their expectations prior to deployment. Discussion will then move to having SMs talk about their experiences during deployment. Building group cohesiveness and shared views about a common deployment experience is one of the primary goals of this effort. At the end of this session, facilitators will again lead a discussion of resources at the DTC as well as at home and how to access them.

Reintegration: Family, Friends, and Coworkers: Reintegration is the core theme of the DTC experience. Reintegration is not an event, it is a process. This session will focus on the adjustment issues returning deployers may face. Information will be provided to help make the transition easier and less stressful for all parties, including family, friends, and co-workers.

Telling Your Story will focus on the SMs expectations of reintegration into home and base environments. Information will be presented about reintegration and when to seek help for the SM or others. Special care should be taken not to focus only on the adaptations of married individuals and parents but also discuss how being single impacts reintegration with friends and coworkers.

Controlled Response: Information in this content area will focus on the performance enhancement concept of stress. There will be a discussion of strategies to manage increased stress following deployment while transitioning to home station work and family life. The learning objectives will include techniques to manage psychophysiological responses in the context of performance.

Purpose: This information will cover how a sense of purpose and spirituality can be affected by deployment experiences, including questions people may ask about the world, families and themselves, as well as the spiritual growth that many people experience during and post

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deployment. Reintegration issues will be discussed and information given about how people can find ways to meet their spiritual needs.

Positive and Negative Outcomes of Deployment: A deployment experience can be made up of both positive and negative experiences. Research shows that traumatic growth does occur under some circumstances and redeployers may find that they responded with personal growth when tested physically, emotionally, professionally or spiritually during their deployment. SMs may also have symptoms of post traumatic stress, which should be reviewed.

Outing: The DTC includes a prescribed off site event or outing. This experience can be used by the staff to expose redeployers to peacetime social circumstances and to assist them in that part of their reintegration process. The facilitators will attend the outing and may discuss differences between combat and non-combat environments, differences in expectations of self and others, as well as normal physiological reactions and how to manage them.

Outbrief: The Outbrief provides the DTC staff time for a final review of the reintegration process and outcomes of the DTC experience as well as a venue to cover additional administrative and logistical requirements before the return to home station. The facilitators and CFFs will review resources that will be available to the SMs during the final classroom session. Redeployer should complete the DTC survey before they are released for free time or to return to home station.

Future Programming Considerations

Repeat content: With repeated deployments, it is likely that some SMs may participate in the DTC more than once. Depending on the number of repeat redeployers, consideration of curriculum adjustment may be necessary.

Combat and Operational Stress Injury Recovery: If initiated, this session could be facilitated or co-facilitated by a CFF who has experienced a combat operational stress injury (e.g. Post-traumatic stress symptoms, acute stress, or PTSD), had successful treatment and recovered. The CFFs for this class may have previously participated in a prior DTC and may be able to speak to the benefits of the process.

Mental Health (MH) Involvement

Individual Consultations: The DTC staff should provide opportunities for SMs to meet with MH or Chaplain Staff during free time to discuss reintegration issues. If with a medical provider, these are not considered medical appointments but will be provided in an attempt to destigmatize the role of MH staff. While SMs may discuss traumatic events IAW AFI44-153, *Traumatic Stress Response*, the major focus of these meetings will be to discuss normal reactions to deployment stress and expectations about returning home.

The MH or Chaplain Corps staff members use this time to normalize responses and make the SMs aware of expected reactions to combat stress and traumatic events. Alternative services (i.e., Military OneSource, Chaplaincy, and base Military Family Life Consultants) will be discussed and self-referral will be encouraged to the appropriate resource when warranted.

Leaders of some mission sets, in coordination with the DTC Program Manager, may schedule individual educational sessions for their entire redeploying group IAW AFI 44-153. These consultations will allow a provider to individually educate SMs on reactions to stressors, reintegration, and information about follow-on care opportunities.

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In the event an SM requires an emergency or involuntary MH evaluation, the PM will advise the DTC CC on requirements per AFI 44-109, *Commander Directed Evaluations*.

Referrals: The MH staff's primary role is educational while functioning as a DTC staff member. DTC MH staff will provide informed consent when required to redeployers regarding their role as a DTC staff member and requirements to report risk of harm to self, others or mission including potential disqualifying information for special duty operators such as PRP or PSP members to medical providers and commanders. Referrals to the SM's assigned installation MH or medical clinic will be made when clinically indicated and requested by the redeployer. The suggested coordination will be through the home station Director of Psychological Health and the DTC Program Manager.

Program Evaluation and Follow-up

Satisfaction Outcomes: Pre and post surveys will be collected from each redeployer. The survey will provide feedback to the DTC staff for program evaluation and allow for the tracking of exposure rates and potential resiliency factors and risk factors for those participating. The surveys and verbal feedback should be reviewed by the DTC staff after each group finishes and a quarterly report should be generated by the DTC Program Manager in collaboration with the DTC CC and routed through appropriate chains of command. DTC staff should consider longitudinal satisfaction assessment at intervals.

Enhanced Post Deployment Support: SMs complete the Post-Deployment Health Assessment (PDHA) before arriving at the DTC but no later than 30 days after return. As a future goal, once privacy concerns are addressed, positive PDHA results could be shared with the appropriate DTC staff so that services can be targeted at personnel who may need them the most.

Attendance Tracking: DTC attendance must be documented and tracked by DTC personnel.

Follow-up Monitoring

The metrics for determining the effectiveness of a decompression program have not been well developed by any country currently using the concept. The measures listed below are only recommendations at this point but are being reviewed by the AFMOA MH Task Force for inclusion. A compendium of measures are being compiled at AFMOA for longitudinal outcome metrics.

Supporting Literature

Recommendations from the National Institute of Mental Health for evidence-based early psychological intervention for victims/survivors of mass violence include the following identified keys to fostering resiliency and recovery:

- _ Foster but do not force social interactions.
- _ Provide coping skills training.
- _ Provide risk assessment skills training.
- _ Provide education on stress responses, traumatic reminders, coping, normal versus abnormal functioning, risk factors, and services.
- _ Offer group and family interventions.
- _ Foster natural social supports.
- _ Look after the bereaved.
- _ Repair the organizational fabric.

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The DTC curriculum has built into the overall structure and the small group format the content that reflects the above. Battlemind debriefings have demonstrated efficacy specifically with service members who have high levels of combat exposure. Compared with those who just received stress education, they reported fewer symptoms of PTSD or depression, sleep problems, and lower stigma.

Reference Documents

Adler, A.B., Bliese, P.D., McGurk, D., Hoge, C.W., Castro, C.A. (2009). Battlemind debriefing and Battlemind training as early interventions with soldiers returning from Iraq: Randomized by platoon. *Journal of Consulting and Clinical Psychology, 77*, No. 5, 928-940.

Hughes, J. G., Earnshaw, N. M., Greenberg, N, Eldridge, R., Fear, N. T., French, C., Deahl, M. Pl, and Wessely, S. (2008). The use of psychological decompression in military operational environments. *Military Medicine, 173*, 534-538.

National Institute of Mental Health (2002). Mental Health and Mass Violence: Evidence-Based Early Psychological Intervention for Victims/Survivors of Mass Violence. A Workshop to Reach Consensus on Best Practices. NIH Publication No. 02-5138, Washington, D.C.: U.S. Government Printing Office.

Third Location Decompression Workshop Findings, 11-13 May 2009, Portsmouth, United Kingdom Sponsored by Military Operational Medicine Research Program US Army Medical Research and Materiel Command Hosted by Academic Centre for Defence Mental Health, Ministry of Defence and King's College London.

AFOSI Deployment Readiness and Reintegration Program document

Bullet Background on AF Warrior Resiliency Program (AFWRP; 29 Oct 09)

Warrior Resiliency Program Senior Review Group Charter (Dec, 09)

AFI 44-109, Commander Directed Evaluations

AFI 44-153, Traumatic Stress Response, 31 Mar 2006

AFI 10-403, Deployment Planning and Execution, 13 Jan 2008

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Attachment 1, Appendix 1 Small Group Sample Deployment Transition Schedule

Time	Activity	1	2	3	4
Day 1	Arrival Day				
	Aircraft Reception (OPR: DTC CC)				
	Customs and baggage handling (OPR: DTC CC)				
	Transport to DTC				
	Check-in, Welcome and Orientation to the Hotel, Pick up Welcome Packages				
1630-1700	Team Leadership Meeting with DTC CC, Program manager, and superintendent (OPR: DTC CC)				
1700-1800	DTC Staff Meeting				
Day 2	Event Day				
0800-0900	Breakfast				
0900-1000	Orientation Briefing (OPR: DTC Staff)				
1000-1200	PT activity (Soccer/ultimate Frisbee/volleyball)				
1200-1330	Lunch				
1330-1430	Deployment and Reintegration; Lessons Learned (OPR: DTC Staff)	X	X	X	X
1430-1500	Break				
1500-1545	Deployment and Reintegration; Lessons Learned (OPR: DTC Staff)	X	X	X	X
1545-1615	Break				
1615-1730	Battlemind (OPR: DTC Staff)	X	X	X	X
1730-1830	Dinner				

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1900-2000	DTC Staff Hotwash				
1830-2400	Free time or evening activities available locally (optional)				
Day 3	Event Day				
0800-0900	Breakfast				
0830-0900	DTS Staff Meeting				
0900-1000	Telling Your Story (OPR: DTC Staff)	X	X	X	X
1000-1030	Break (as needed)				
1030-1200	Telling the Story Continued (OPR: DTC Staff)	X	X	X	X
1200-1330	Lunch				
1330-1430	Closing Brief (OPR: DTC Staff)				
1430-1700	Free time or activities available locally (optional)				
1530-1700	DTC Staff Hotwash				
1700-1730	Transport to Offsite Dinner				
2000-2030	Transport back to DTC				
2030-2400	Evening Activities available locally (optional)				
Day 4	Departure Day				
(based on departure times)	Check-out				

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Attachment 2, Appendix 1 Large Group Sample Deployment Transition Center Schedule

This schedule is an example of how a large group of 150 could process.

Time	Activity	A	B	C	D	E	F	G	H	I	J
Day 1											
	Pick up at airport (POC Functionals)										
	Transport to Center for lodging assignments (POC Functionals/Services)										
	Introductory ROEs Brief from DTC staff/recreation; Pre DTC Survey (POC Functionals)										
1600-1630	Team Leadership Meeting with DTC Det CC, Program manager, and 1 st Sgt (OPR: DTC Det CC)										
1630-1730	DTC Staff Meeting										
Day 2											
0700-0800	Wake/Breakfast										
0800-0900	Orientation Briefing: Staff introductions (POC DTC Staff)										
0900-1200	PT (Soccer, Ultimate Frisbee, volleyball)	X	X	X	X	X	X	X	X	X	X
1200-1330	Lunch										
1330-1500	Deployment and Reintegration; Lessons Learned (POC CFF)	X	X	X	X	X	X	X	X	X	X
1500-1530	Break										
1530-1630	Battlemind (POC DTC Staff)	X	X	X	X	X	X	X	X	X	X
1700-1800	DTC Staff Meeting										
1630-1730	Outing; Free time; R&R sign up, MH/HC staff available for consultation										
1730-1830	Dinner										
Day 3											

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0700-0900	Wake/Breakfast													
0830-0900	DTC Staff Meeting													
0900-1000	Telling the Story (POC MH/HC/CFF)	X	X	X	X	X	X	X	X	X	X	X	X	X
1000-1030	Break													
1030-1200	Telling the Story (POC MH/HC/CFF)	X	X	X	X	X	X	X	X	X	X	X	X	X
1200-1300	Lunch													
1300-1400	Closing; complete DTC Survey; Free time; MH/HC staff available for consultation	X	X	X	X	X	X	X	X	X	X	X	X	X
1400-curfew	Recreation time													
1500-1600	DTC Hotwash													
1700-2000	Travel to offsite dinner													
Day 4														
0700-0900	Wake/Breakfast													
0900-TBD	Transport to Airport/Free Time (POC Functionals,/Services)													
1200-1300	Lunch if needed based on transportation times													

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Module Title: Deployment and Reintegration

Many personnel find they have grown personally and professionally from their deployment. Additionally, they have a wealth of experiences to share with others to improve their deployment experience and mission readiness. This discussion will give participants the opportunity to share their experiences and identify positive changes they have been able to make as well as share suggested changes that will assist future deployers.

Learning Objectives:

1. Identify challenges during the deployment and areas for mission improvements
2. Identify positive ways you have changed or grown during deployment
3. Offer recommendations in which deployment experience can be improved for others
4. Identify any lessons learned during your deployment
5. Identify ways in which you can be a positive influence for others preparing to deploy

Questions to facilitate discussion:

1. What will you remember most about your deployment experience?
2. Can you identify any lessons that you learned during your deployment that might assist others?
3. What are some ways that you may have grown personally (e.g., fitness, spiritual), professionally (e.g., leadership) during your deployment?
4. What recommendations do you have for leadership that could improve mission readiness, operations or the overall deployment experience for others?
5. How can you provide assistance to others who are going to deploy?

Teaching Points

1. Career Field Facilitators (CFF) should play a major role in this discussion. The CCF may wish to describe some of their own deployment experiences in a fashion that is culturally specific to team members. This should have been part of the CFF training program prior to the initiation of the DTC/S
2. Look for opportunities during discussion/questions to identify issues that come up for the unit/team. Specific issues regarding sleep, avoidance, depression, alcohol use, etc may arise and require some discussion.
3. We suggest you avoid using PPT slides if possible and instead write responses on a white board.
4. Need to try and keep things on track-do not wish this to end up being a gripe session-try to have some of the focus be on positive outcomes of the deployment experience.

Attachment 4, Appendix 1

Battlemind Video Facilitator Notes

NOTE TO FACILITATORS: This information is background-videos and facilitator notes should be discussional in nature. Show the video clip and discuss information from the facilitator notes.

Before I begin, let me ask you some questions: (1) Where are the NCOs and officers? Raise your hand... (2) How many of you have deployed more than once? (3) I'm going to need your help because your leaders or you have been through the transition home before. If there is anything that can help your fellow Airman, if there's something that you can add to the group that will help your fellow Airman's transition home, I want to encourage you to share it.



B Buddies (*cohesion*) vs. *Withdrawal*

A Accountability vs. *Controlling*

T Targeted Aggression vs. *Inappropriate Aggression*

T Tactical Awareness vs. *Hypervigilance*

L Lethally-Armed vs. *"Locked and Loaded" at Home*

E Emotional Control vs. *Anger/Detachment*

M Mission Operational Security (OPSEC) vs. *Secretiveness*

I Individual Responsibility vs. *Guilt*

N Non-Defensive (combat) Driving vs. *Aggressive Driving*

D Discipline and Ordering vs. *Conflict*

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Battlemind consists of two critical components: Self confidence and mental toughness.

What did self-confidence mean when you were in combat? *Listen for/say: “believing in yourself.” “Knowing your job.” “Knowing you could get the job done, whether that meant killing the bad guys, driving a truck, or treating guys who get hurt as the medics do.”+

What does self-confidence mean during your transition home? *Listen for/say: “knowing where you stand.” “Knowing what you’ve got to do to get through it.” “Having confidence that the transition is going to be ok, and that you and your loved ones are going to be ok.”+

What did mental toughness mean when you were in combat? Did everything go well when you were in combat *Listen for/say: “No, of course not.”+ So what did you do when things didn't go well? Did you quit? [Listen for/say: no] You never gave up. That's mental toughness, overcoming obstacles when things don't go well.

Now you're back home.

So what's mental toughness when you are transitioning home? Are things going perfectly smoothly in terms of your transition? *Listen for/say: no+. Are you going to quit? Give up? *Listen for/say: “No, of course not.”

People transition differently, for some it's smooth right from the start. For others there are ups and downs, and for some it's harder. Different things can be hard for different people. Some have more difficulty with their relationships. Others have more difficulty with anger, or sleep.

I challenge those of you who have overcome some things during your transition and have learned from them to help out your buddies who are struggling. You know each other. Can you recognize if your buddy is having a hard time? If no, this training will help you to recognize when it might be time to help a buddy or to get help yourself. Look around and help out those who are struggling.



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[Note to briefer: At the beginning of the introduction of each new Battlemind concept there are questions. They are designed to stimulate interaction and sharing of experiences. Note that questions are primarily

'there and then' questions that are hopefully 'safe' to endorse in the present. (For example, "When you first came back, did you feel the urge to remain armed?") Questions refer to mostly common, or 'normal,' experiences that occur in the first weeks back. In contrast, the BATTLEMIND CHECK questions [which come later in each concept slide set], are rhetorical questions for each Airman to consider privately. These questions are 'here and now' questions that may indicate a problem in the present that should lead the Airman or a buddy to seek medical attention. Early in the brief, if Airman haven't gotten 'the routine,' yet and an individual responds to a BATTLEMIND question, address the Airman's response without further singling them out. You may want to talk to the Airman individually after the training.]



In combat, you were alert and aware at all times. What's your head like when you are in combat? [Answer/say: "it's on a swivel, looking for threats."]+

In combat, your survival depended on your being aware of your surroundings at all times and on reacting immediately to sudden changes.

Back home, you may continue to be hyper-vigilant, meaning you may continue to be extremely alert to possibilities of danger at all times like you were in combat. What is the first thing a Airman who is hyper-vigilant looks for when he enters a room? *Listen for/say: "the exits."+

In combat, it took a while for you to be able to pick out signs of danger, and chances are you got better at it over time. When you come home, it also takes time to learn how to NOT be so alert and aware at all times. It takes time to learn how to relax.

When Airman first get back, is it normal for them to startle at loud noises or having trouble sleeping? Yes, these are very common reactions following combat. However, when you've been back for several months, these kinds of reactions should start to be settling down.

So, keeping this in mind, what do you think we need to look out for as a sign that the "tactical awareness" we developed in combat may be

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causing us trouble now that we're home?

If you are startled easily or still as revved up as you were when you first got back several months later, you may want to go talk to somebody. Or, if your buddy is still startling or still as revved up as they were while deployed, you should talk to him/her and if they need it, get them help.

If a person is revved up all the time, what eventually happens to their body? *Listen for/say: "it breaks down."+

If you are having trouble getting to sleep or having nightmares, or if your buddy is having these difficulties after several weeks, then you may need to get some assistance for yourself or talk to your buddy to see if he they need any help.



In Combat, you are taught to make unpredictable, fast, rapid lane changes, to straddle the middle line, and to keep other vehicles at a distance. Why did you drive this way? *Listen for/say: "to avoid IEDs and VBIEDs."+

What happens when you drive like that back home? [Listen for/say: speeding tickets, accidents, fatalities.]

How tragic is it to survive 6 months in combat only to come home and lose a buddy to an accident? But, sadly, it happens, doesn't it?

Back home, driving fast can 'feel right,' even if you never drove in Iraq. For a lot of Airman, driving fast seems like a way to chase that adrenalin that your body may have become addicted to when you were in combat. However, aggressive driving is not a good way to find that adrenalin rush.

So how can you adapt your BATTLE MIND skill of combat driving now that you're home? You learned how to drive in combat to fit the situation.

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Back home, you also have to drive appropriately for the situation. And, at home, you know there is a low risk of IEDs and VBIEDs.

So, for the “BATTELMIND CHECK” here, what do we need to look for...

The check is: have you noticed that you or a buddy is....:

Chasing adrenaline highs by driving fast?

Involved in driving accidents?

Easily angered while driving?

What is it called when you're angry when you're driving? [listen/say: Road Rage]

If you have it, or if you are afraid to get in the car while your buddy is driving, then you should get help or get your buddy help. If you don't get your buddy help, what's going to eventually happen to that buddy? *Listen/say: “he's going to kill himself or somebody else.”+ And what do you think will eventually happen to you if you don't adapt your driving behavior?



In Combat: It's important to be in control. Little things matter. Maintaining control of your weapon and your gear is necessary for survival. It could be a matter of life or death.

However, at Home: You may become too controlling. You may become angry when someone moves or messes with your stuff, even if it was an

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insignificant move or insignificant stuff. You may feel like nobody cares about doing things right, and having everything orderly, except for you.

Back home, the small details are no longer important. Family decisions are best shared. Not everything is going to happen on your schedule or according to your way of doing things.

In the video, the dad wants his son to play with him on his schedule, and he's not willing to compromise. How does that go over?

If you're trying to control everything when you come home like you did in combat, you can become so stressed and worn out that you will begin to feel overwhelmed. It's impossible to maintain that level of control all the time. It's just too exhausting.

So, what is the thing to look out for when transitioning the skill of "accountability" now that you're home?

Here is the Battlemind Check to indicate whether you are accountable, or controlling:

Do you find yourself...:

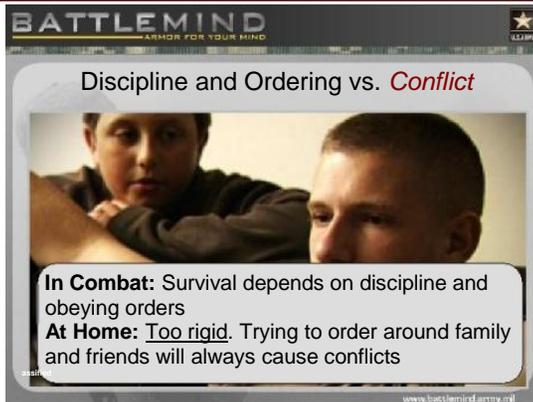
Overreacting to minor events?

Do you have trouble letting family/friends share in making decisions?

Are you trying to control things that don't really matter?

What do people tend to think of you when you are being too controlling? *Listen/say: "you are not pleasant to be around." Some Airman may say, "you're being a jerk."+

If you are still showing these signs after being home for a few months, you may need some help. Get it early. Similarly, encourage your buddy to get help if you see these signs in him/her. Don't let little things build-up into bigger conflicts in your relationships with the most important people: those you love.



In Combat: Survival depends on discipline and obeying orders.

But, At Home: Being too rigid, or feeling like you can order around your spouse, your children, or your friends

(and then get demanding because they won't follow orders), often leads to conflict.

How many of you like taking orders? *Don't expect anyone to raise their hand.+ Do you think your friends and loved ones like taking orders any more than you do?

After spending months living under the rules of military discipline, many Airman find themselves telling family members and friends what to do instead of discussing options with them when they first come home.

Giving and following orders involves a clear chain of command. This simply does not exist within families or friendships.

So what is the Battlemind Check for "Discipline and Ordering" that we need to look out for when we've been home a few months?

The Battlemind check is: (self or buddy):

Relationships aren't going well?

Ongoing conflicts over decisions?

If you are finding that your relationships aren't going well, or if you are having ongoing conflicts over decisions, this is a sign that you may need some help. Also, listen if your spouse or friends are telling you to go get help. Friends and spouses know you now and knew you before you deployed. If they tell you that you should get help, you probably need it. At the very least, it can't hurt to go and get checked out. Often, others recognize these problems before we do. By the same token, encourage your battle buddies to go get checked out if you notice that they keep getting in conflicts at home, with friends, or with you. **Don't let what happened over in combat ruin your relationships**

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In Combat: Targeted aggression is vital. It keeps you and your buddies alive. Targeted aggression involves making split second decisions that are lethal in a highly ambiguous environment.

At Home: If aggression persists, you may find yourself overreacting to minor insults. You may end up snapping at the kids, or buddies, or your NCO.

In more serious situations, inappropriate aggression can include assault. What happens to your career if you assault someone? [Listen/say: "it may be over."]+ What happens to your career if you abuse your spouse? *Listen/say: "it's going to end unless you get help right away."+. What happens to your relationship? *Listen/say: "it may end too."+ But more importantly, assaulting someone isn't the right thing to do.

Aggression isn't something you can just turn off like a switch. It can take some time. When you first return, you may find that you are easily irritated. Lots of Airman report this. You may find yourself yelling, or throwing things, or even threatening someone.

In combat, the enemy is the target. Back home, there are no enemies trying to kill you.

So what do we need to look out for?

When you've been back for 3-6 months; what should be happening to your stupid stuff tolerance factor? Should it be getting bigger? [Listen for/say: yes]. On the other hand, if you are:

Still snapping at your spouse, kids or buddies.

Snapping at or hitting your dog or cat.

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Getting into fights or heated arguments.

Or

Avoiding people or withdrawing from others whose company you used to like.

Then you need to get some help.

Why do some Airman avoid people? *Listen for/say: "because other people make them so irritated they would rather be by themselves."+ Is somebody who avoids others someone we need to be worried about? *Listen for/say: "yes."+

If you know your buddy used to get along with people, but now he's angry all the time or avoiding everybody, what do you need to do as a friend? *Listen for/say: "talk to him and if he needs it, get him some help."



Ok, this guy obviously has hurt feelings and what does he do to fix them? *Listen for/say: "he drinks."+ If you

are already in a depressed mood, what will alcohol do? *Listen for/say: "It will bring you down, or make you more depressed."+

What else does alcohol do as far as whether we do more or less stupid stuff? *Listen/say: "it makes us do more stupid stuff."+

What does alcohol do to your decision making? Alcohol makes it more likely that we will say or do things that will hurt those we care about. Alcohol makes us more likely to do dumb things.

How many of you know what "liquid courage" is? *Listen for/say: "it's when we say or do dumb things after having a few drinks."+

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When this Airman detaches, he misses an important opportunity. No one is perfect. All of us are going to mess up, sometimes....

In this example, the Airman is feeling bad, but instead of going and making it right, he drinks and detaches further.

Does he know he screwed up with his kid? Look at his face. What did he do? Did he try to go fix it? How fast do kids grow up? [Listen for/say: fast].

Do you have a lot of opportunities to make sure you have a good relationship with your kids? No. What should this guy have done? *Listen for/say: go play with kid, compromise, talk with him, etc.... Is a good relationship with his kid at the bottom of a Corona?

What about if you screw-up in a friendship, what should you do? [Listen for/say: talk to your buddy, apologize.]



In Combat: Controlling your emotions during combat is critical for mission success.

But At Home: Detaching and failing to display emotions, or only showing anger, will hurt your relationships. You may be seen as uncaring.

Many Airman say that it is hard to be warm and to show tender feelings, even towards loved ones whom they had really missed.

What does having emotional control mean when you're back home? [Listen for/say: emotional control means showing the right emotion for the situation you're in.+ For example, be mad when it's appropriate to be mad, sad when it's appropriate to be sad, happy when it's appropriate to be happy.

If you only show anger what do your buddies think? You're a jerk. Who wants to be around a jerk?

What do we need to look out for?

Battlemind check (self or buddy)

Can you or your buddy only show anger or detachment?

Are you or your buddy feeling numb?

Do friends & loved ones tell you that you have changed?

Are you or your buddy having relationship problems?

What do people who are numb feel? [Listen for/say: nothing.] Some guys come home and still feeling nothing. Is that a guy who we need to worry about? [Listen for/say: yes.]

If you're having relationship problems, your friends or loved ones tell you you've changed, are they probably right? [Listen for/say: yes].

Many Airman find they can't turn their feelings back on when they come home like there's an on-off switch. For some Airman as soon they got back, their relationships were like they never left. But for others, there were ups and downs and they worked, or are working, to get through it. But for some, relationships really struggle. I challenge those of you with relationships that are going well to look around and help those who you see struggling in their relationship.

If what happened over there is causing you to have problems in your relationships, go get some help. If you know your buddy had a good relationship before he went over, and now you see him and his spouse or girlfriend having problems, talk to him. If he needs help, take him to go get it.



In Combat: In the combat theatre, alcohol use was limited.

At Home: Alcohol is now plentiful.

So you need to pace yourself. Don't drink and drive. Don't drink if you are feeling lonely or depressed. Don't try to calm down a revved-up body by drinking. Don't drink if you're having trouble sleeping. Drinking actually makes sleep worse! Don't encourage each other to get drunk. Look out for each other.

Battlemind Check (self & buddy)

Are you or one of your buddies using alcohol to calm down?

Are you or one of your buddies using alcohol to help get to sleep?

What are other ways to calm down and get to sleep? [Listen for/say: exercise, sex, pills (go see doc).] If you are really revved up and you work out, what does your mind do? [Listen for/say: slow down.] Exercise is really effective because when you have a revved-up mind and you wear yourself out physically, what does your mind do? It slows down also.

Note to Trainer: If Airman says "pills" help them to calm down/sleep, be sure to tell them that some Airman may need to get a prescription to help them calm down or sleep, but they will also still need to work on the stuff that is making them revved-up and keeping them from sleeping.

If your buddies or your loved ones are telling you that you are drinking too much are they probably right? The answer is, "yes." And you need to go get it checked out.

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When should you be concerned about a buddy? The key is to look for changes and to look to see if they are drinking more than they did before they deployed. So, if before you deployed your buddy was drinking responsibly on weekends and is now doing the same thing, should you be concerned? [Listen for/say: no.]

But if your buddy is still trying to make up for 6 months of not drinking by drinking nearly every night or getting completely hammered, should you be concerned? [Listen for/say: yes.]



In Combat: Your responsibility in combat is to survive and to do your best to keep your buddies alive. You make life and death decisions in the heat of the battle.

At Home: Some Airman say they feel guilty or they feel so much grief about losing a buddy that they just shut down. They feel they have failed their buddies who were killed or seriously injured. Some Airman say they feel like they should have done something differently – they should have been on that patrol, they should have been in that seat in the vehicle, they shouldn't have been on R&R. Because of this second-guessing and guilt, they become unable to do their job, get along in their relationships, or to have a decent life. And the guilt just tears them up inside.

It's the same with grief. Should we grieve when we lose a buddy? *Listen for/say: yes.+ It's normal and healthy; we shouldn't forget the buddies we lost. Should you still be grieving after 3-4 months of being home? [Listen for/say: yes.] But if that grief or guilt is keeping you from enjoying your life, then you may need to get help. So here's what we need to look out for...

Trainer Note: If you have time, you can also say: It's easy in hindsight to second guess your decisions or the decisions of others. With the info you had at the time, would you make the same decision? Probably yes. It's learning from your decisions without second guessing them that's important.

If you could trade places with one of your buddies who didn't make it back, and they asked you 'if you don't make it back would you want me to shut down?' What would you say? [answer/say: No.] You'd want them to go on with their life.

Battlemind check (self or buddy)

Certain memories of the deployment keep bothering you?

Still feeling guilty about things that happened in combat?

Airman make decisions in combat with the best information they have. But if guilt and grief are chewing you up that much, if there are certain memories you just cannot get out of your head no matter what you're doing, or if you're feeling so much grief that you can't be happy or appreciate life, then you may need to go get help.

And if you know this is going on with your buddy, talk to him. He may need to get some help.

You guys were deployed for 6 months. Whether you made it outside the wire or not, you were away from home and not with the people you love. You've made sacrifices and you've seen things that most other people never will. And therefore each and every person in this room has earned the right to be happy. And if what happened in combat keeps you from being happy, then get help, you've earned the right to be happy.

There's a sign in Bagram, Afghanistan, at the PAX terminal. It says: "This is a tribute to all who have fallen during Operation Enduring Freedom. Live a life worthy of their sacrifice".

I can't say it any better than that.

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BATTLEMIND
ARMOR FOR YOUR MIND

Mission Operational Security (OPSEC)
vs. Secretiveness

In Combat: Talk about mission only with those
“*having a need to know*”

At Home: Warriors may avoid sharing their
deployment experiences with loved ones

www.battlemind.army.mil

In Combat: you talk about the mission only with those who need to know.

At Home: Airman may avoid sharing their deployment experiences with loved ones.

Many Airman feel like others who haven't been there couldn't understand what they've been through. But being close to someone, loving someone, means sharing the important parts of your life with them.

What's the first question people will ask you when you get back? *Listen for/say: “Did you kill anybody?”. Do these people really care about what your deployment was like? [Listen for/say: no]. So you can tell them that they can find out by going to a recruiter and joining-up.

But when your family asks you what was your deployment like, do they really care? [Listen for/say: yes] So you need to tell them something about your deployment experience. You don't need to tell them all the graphic details, but they do need to know what your day-to-day life was like. If there was anything that happened over there that is affecting how you're doing now, they also need to know about that.

How do your loved ones feel when you tell them about things that went on? [Listen for/say: included, that you care about them+. The “need to know” rule includes friends and family now that you are home.

Who else has a need to know? *Listen for/say: “The new Airman in the unit.”+ The Air Force does a good job of preparing Airman tactically and technically for combat, but we don't always do a good job of preparing them mentally for combat. Airman who had someone sit down and explain to them what it would be like when they had their first casualty, or who were told by their leaders what it would be like, say that conversation really helped them. Before the next deployment, who can help prepare the new Airman? [Listen for/say: you guys.]

It's important to share your story. It's important for your family and friends, AND it's important for you.

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So here's the Battlemind Check.....

Note to Briefer: Below is a possible story you may use to illustrate the concept: An Airman got back from Iraq and told us that he and his wife had 2 cars, and 1 car broke down. He had to go to work and so she was stuck at home. On the 3rd day she lit into him and said: "do you have any idea what it's like to be stuck and not do what you want to do when you want to do it". Do you think he had any idea? [pause for response – answer/say: of course he did]. She had no idea what his deployment was like. He hadn't told her anything so she had no understanding of what he'd gone through.

Battlemind check (self or buddy)

You need to tell your story to your loved ones. Tell it the way you want to tell it. Be proud of what you did.

What about if you're still getting angry when someone asks you about your deployment experiences several months later? It's normal to be irritated when people ask you about your deployment, especially when you first get back. However, if you're still getting really angry 3-6 months later that may be a sign that you need to go talk to someone.

In Combat: Airman say that no one understands their experience except their buddies who were there (we call that cohesion).

At Home: Some Airman may be avoiding family and friends. Some Airman say it only 'feels right' being with battle buddies.

When Airman come home, sometimes they withdraw from their family. They go out with the guys all the time. They spend their whole weekend with their buddies instead of with their families. If you do that what does your family think? They think you don't want to be around them. They wonder, "Why are you different?"

So what do you need to look out for in yourself, your buddies, or your Airman? What is the "Battlemind Check" for Cohesion?

Note to Briefer: You can also add: life has moved on for others while you were away. Friends and loved ones have developed new routines. Your relationship with them has changed and this may lead you to withdraw and spend time with your buddies instead.

Battlemind check (self or buddy)

Signs that you may need to talk to someone include:

Feeling close to buddies over there, but now feeling alone.

Or

Feeling like you are disconnected, or not connecting with loved ones.

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Remember that the transition takes time. For each Airman it will take a different amount of time and some parts of the transition will be easier than others. The key is that if you are still having trouble several months after returning home and you don't see things getting better, then you need to figure out a different strategy. Find someone to talk to. Talk to your buddy or leader, talk to your chaplain. If you need to, talk to a chaplain or someone from Mental Health.

If you know a guy who liked to hang out with his friends before the deployment, but he is now spending all his free time alone, are you worried about that guy? [Listen for/say: yes] What should you do? [Listen for/say: "Talk to him." "Get him some help if he needs it."+

Relationships take effort. What do relationships need? [Listen for/say: communication, work, patience, time, love.] For some Airman, when they come back, they say, 'I was able to reconnect; it was like I never left'.

Others say, "We had a little struggle, but we made it through." For others, the relationship is harder to mend and hasn't gotten better. If you're in that last group, talk to someone. If you know an Airman in that group, reach out to them.



It's a myth that only weak Airmen have mental health problems.

Note to Briefer: Describe the example of Audie Murphy as a strong person who had a mental health problem – you can do this through a series of questions. See below:

How many know who Audie Murphy was?

That he won the Medal of Honor?

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That he was the most decorated soldier in Army history?

That he had what is now called posttraumatic stress disorder (PTSD).

That he spent the last years of life trying to get soldiers the help they need.

The point of this story is that Audie Murphy, one of the toughest Soldiers in Army history, had a mental health problem. So the fact is that everyone is affected by combat.

Some Airman come back better off. They were able to demonstrate their courage. They gained confidence in their abilities. And, when they got back they appreciated things more.

Some Airman struggle when they come back, but they are able to transition home.

Other Airman come back and have a really hard time with the transition.

It's a myth that if a Airman has a problem, he/she will get help.

In fact, most Airman don't get help because of stigma. They may have a negative view of Mental Health themselves. Or, they are afraid that their comrades or leaders will see them differently if they talk to someone.

Do you think less than 50% or more than 50% of Airman who have mental health problems get it? [Listen for/say: less]. Why is that? [Listen for/say: afraid to be treated differently, looked down upon by their chain of command, thought of as weak.]

Who can change this stigma? *Listen for/say: "You guys."+ Who else? *Listen for/say: "Good Leaders."+

It's a myth that fellow Airman's mental health problems are none of your business.

NCOs – what happens to an Airman's job performance when she/he has a mental health problem? [Listen for/say: it suffers.] What happens to unit morale when you have Airman with mental health problems who aren't getting help? [Listen for/say: morale goes down.] Why else should you make sure they get help?

Because it's the right thing to do.

Who is the first person an Airman turns to when they are having a mental health problem? [Listen for/say: buddies.] You guys know each other best, so that means it's your responsibility to make sure your friends who need help get it.

Some Airman believe that it doesn't matter if they go get help – it won't work.

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NCOs – how many of you have had an Airman come to you with a problem and you thought, if only they came to you earlier, you could have helped them.

It's the same thing for mental health problems. The earlier you get help, the better.

What happens to morale if an Airman comes back and they are better. It goes up. And that person can help others who are struggling.

The Air Force has created multiple ways for someone with a mental health problem to get help. This Airman started by going to sick call and was referred to Mental Health for counseling from there. If the Air Force didn't want you to get assistance, they wouldn't invest in all these resources.

Does the Air Force really care about Airman mental health problems? Some Airman don't think so. But who makes up the Air Force? You guys do.

So what's the way to show the Air Force cares? By buddies taking care of each other.

So how else does the Air Force show it cares? It funds programs. And the fact is that the Air Force has provided multiple ways for Airman to get help.

Here are some of the ways to get help.

As we've already talked about, the first place Airman go to for help is to their buddies and their good leaders.

What's a nice thing about going to a chaplain for help? It's confidential.

Some Airman go to the clinic with a physical problem and bring up the fact that they have problems sleeping, or have anger problems, and the doctor can get them the help they need. That's what the guy in the video did.

If you need more help? Who can you go to? Mental Health.

You can also go off base. However, depending on where you are stationed, Mental Health specialists may not speak English and you may have to pay out of pocket for it.

Military One Source provides up to 6 free counseling sessions per problem in the States. This help is confidential, so they don't tell your chain of command that you are being seen. Also, this help will not appear in your military records.

The VA is an important source of care for Airman who are getting out of the Air Force. They have medical centers, community clinics, and vet centers within 50 miles of most locations. All Airman who served in an operational theater have five years of benefits through the VA after the get out.

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All Airman returning from combat must learn to adapt their Battlemind skills so that they can be just as effective at home as they were in combat. All Airman must learn not to respond at home the way they did in combat because if they do, they could get into trouble. You can do this by building on your proven strengths. Avoid the myths of Mental Health. Airman and Leaders at every level, team, squad, and group must work to educate their subordinates and each other about these myths and about the facts of Mental Health.

Remember, "It takes courage to ask for help, and it takes leaders and good buddies help a fellow Airman get help."

Thank you for all that you do.

Attachment 5

Telling Your Story Facilitator Notes

OBJECTIVES

- Provide an opportunity for redeployers to talk about their personal experiences
- Educate redeployers on how our mental, physical, emotional, and spiritual lives can be impacted by deployment experiences
- Educate redeployers on thoughts and behaviors that facilitate and hinder reintegration with family, friends, and coworkers
- Ensure redeployers are aware of resources available to them and their families that may facilitate the reintegration process or address problems areas they or others identify

METHOD

Guided discussion

REINTEGRATION WITH SELF

- Discussion of operational environment (e.g. acclimating to mortar and/or rocket attacks, IEDs, people, weather, food, life on base, inconveniences)
- Discussion of operational experiences (e.g. driving, missions, funny moments, most fearful moment, homesick period, interacting with indigenous population, etc.)
- Discussion of operational tempo (e.g. work hours, time off)
- Discussion of seemingly inconsequential decisions that ultimately had consequential impact (e.g. close-calls)
- Recognition of indicators of stress (behavioral, cognitive, emotional and physical)
- Ask about sleep during the deployment and what it was like? Do they think they started any bad habits?
- What are they expecting to happen with their sleep when they return? Ask what others have experiences and what they have done to improve sleep. Discuss stimulus control techniques and modified sleep restriction? Discuss bad habits for sleep (napping, using alcohol) and ask them how to watch out for them.
- Discuss personal signs of fun-meter being on empty (overstressed) during deployment

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- Discuss recognizing when co-workers overstressed (e.g. impatient; easily angered; withdrawn; depression; decision-making slower; etc.)
- Identify resources (e.g. chaplains, Mental Health, Air Force One Source, etc.) should normal reactions to stressors become problematic
- Ask for signs of Combat Operational Stress Symptoms (COSR) or PTSD and causes
- Emphasize value of early identification and intervention
- Discuss responsibility as leader and/or peer in recognizing signs of PTSD
- Identify behaviors that are necessary while deployed that can cause problems back home (e.g. aggressive driving)
- Ask what is the thing one thing they each will remember most about this deployment?
- What helped you most through this deployment?

REINTEGRATION WITH FAMILY

- Discuss reunion fantasies and expectations
- Discuss challenge of balancing personal expectations with the expectations of well-meaning others (e.g. family, friends, co-workers, neighbors)
- Why might spouse or significant other be angry and/or jealous when you return home(e.g. you receive medals while he/she may get verbal acknowledgment for keeping things going; spouse forced to take on additional responsibilities)?
- Why might spouse be apprehensive (e.g. loss of new freedoms; concern whether decisions will be second-guessed; rejection of changes in self and/or home)?
- Identify other reactions of spouse (e.g. deep sobbing from relief and/or no longer needing to maintain strong appearance for children)
- Why might children be angry with you (e.g. missed key events)? Why might children be apprehensive about your return (e.g. must account for six months worth of transgressions)?
- Why might children be distant or overly clingy?
- How do you think your family has been sleeping during your deployment? Do you think they might have developed some bad bad habits? What do you think would maximize your chances of sleeping well when you return home?

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- Discuss advantages of listening to family stories and not just telling your own
- Might train on Reflective Listening Skills (Comm Check)
- Discuss new skills and confidence gained by family members and how these may alter roles and responsibilities
- Discuss chances of role reversal
- Generate personal examples of lessons learned about what not to say or do
- Generate personal examples of successful family reintegration techniques/rituals
- Discuss how lengthy deployments impact emotional/sexual intimacy; generate personal examples of how folks rekindled emotional/sexual intimacy
- Identify resources should problems arise with family reintegration

REINTEGRATION WITH FRIENDS

- Discuss expectations friends may have for your return
- Discuss challenge of balancing personal expectations with the expectations of well-meaning others (e.g. family, friends, co-workers, neighbors)
- Why might a friend be angry and/or jealous when you return home?
- Why might old friends be distant?
- Discuss advantages of listening to friends and not just telling your own
- Discuss how you will deal with hearing all the things that people did while you were gone and them not being able to relate to what you went through?
- Discuss chances of role reversal
- Generate personal examples of lessons learned about what not to say or do

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- Generate personal examples of successful family reintegration techniques/rituals
- Discuss how lengthy deployments impact emotional/sexual intimacy; generate personal examples of how folks rekindled emotional/sexual intimacy
- Identify resources should problems arise with family reintegration

REINTEGRATION WITH WORKPLACE

- Highlight remarkable similarities between family dynamics and workplace dynamics
- Discuss reasons for possible jealousy/anger/resentment from coworkers (e.g. medals and adulation for returnee).
- Discuss why some coworkers may be apprehensive about return (e.g. may have to leave starting line-up and return to being bench player; fear programs initiated during absence may be dismantled)?
- Highlight importance of establishing expectations about reintegration pace and timetable (NOTE: danger of becoming quickly overwhelmed with email and piles of stuff)
- Discuss positive and negative workplace reintegration experiences
- Identify resources that can assist with workplace reintegration

WRAPPING THINGS UP

- Have everyone identify at least one thing that made their deployment worth the personal sacrifice
- So after all that we have talked about what are some normal reactions you might have upon returning home?
- What are the reactions you might have that would let you know that you need to talk to someone other than a family or friend?
- Might ask them about each other such as, How would you know that Larry over hear needs to talk to someone?
- Discuss list of resources