

NAVY TACTICS, TECHNIQUES, AND PROCEDURES

COOPERATIVE RELIGIOUS MINISTRY NTTP 1-05.2

EDITION JUNE 2011

DEPARTMENT OF THE NAVY
OFFICE OF THE CHIEF OF NAVAL OPERATIONS

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June 2011

LETTER OF APPROVAL

1. NTTP 1-05.2 (JUN 2011), Cooperative Religious Ministry, is UNCLASSIFIED. Handle in accordance with the administrative procedures contained in NTTP 1-01 (APR 2005), The Navy Warfare Library.
2. NTTP 1-05.2 (JUN 2011) is effective upon receipt.
3. NTTP 1-05.2 (JUN 2011), Cooperative Religious Ministry is an important step in the codification and standardization of delivery of religious ministry. This document describes the shared understanding of the proper processes and procedures to be followed when practicing a critical aspect of religious ministry in the Navy: Chaplain duty. It refers to agreed upon standards for the depth, breadth, and quality of service to be delivered by the practitioners. Above all, it provides the basis for clear expectations on the part of those who receive the services, to include commanders, Service members, families, and other authorized users. This publication supports NWP 1-05, Religious Ministry in the U.S. Navy, and related publications.
4. NTTP 1-05.2 (JUN 2011) is approved for public release.

A handwritten signature in black ink, appearing to read "Wendy B. Carpenter", is written over a horizontal line.

WENDI B. CARPENTER



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IN REPLY REFER TO

1730
Ser N097/207097
24 May 11

From: Chief of Navy Chaplains (OPNAV N097)
To: Commander, Navy Warfare Development Command
Subj: NTTP 1-05.2 COOPERATIVE RELIGIOUS MINISTRY EDITION JUNE 2011

1. Chaplain duty is a signature program delivered by the Navy Chaplain Corps to Sailors, their families, and other authorized personnel as part of Professional Naval Chaplaincy. It is managed locally, but the responsibility for the content of the program belongs to the Chaplains Corps.

2. NTTP 1-05.2 (June 2011), Cooperative Religious Ministry, establishes the standard for the scope and quality of service. Absent unique local circumstances, this is what chaplain duty will consist of wherever Sailors find themselves around the world. Commanders, Sailors, and families will know that they can count on timely energetic execution of chaplain duty by those who respond to the "Call To Serve."

3. NTTP 1-05.2 (June 2011), Cooperative Religious Ministry has the concurrence of Commander, United States Fleet Forces Command; Commander, Pacific Fleet; Commander, Navy Installations Command; and Chief of Navy Chaplains. They are the coordinating review authorities for this publication.

M. L. TIDD
Rear Admiral, CHC, U.S. Navy
Chief of Navy Chaplains

June 2011

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ROUTING

1. NTTP 1-05.2 (JUN 2011), COOPERATIVE RELIGIOUS MINISTRY, is available in the Navy Warfare Library. It is effective upon receipt.
2. Summary. Cooperative religious ministry refers to the programmatic efforts of chaplains to collectively meet the religious requirements of authorized personnel in a designated geographical area. This publication describes:
 - a. Core services delivered by chaplains standing duty
 - b. Standards for the content, scope, and quality of services delivered during duty
 - c. Organization and supervision of the chaplain duty.

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PREFACE

This publication represents an important step toward professionalization of the delivery of religious ministry. Professionalism in this context refers to the shared understanding of the proper processes and procedures to be followed when practicing religious ministry in the Navy. It refers to agreed upon standards for the depth, breadth, and quality of service to be delivered by the practitioners. Above all, it provides the basis for clear expectations on the part of those who receive the services, to include commanders, Service members, families, and other authorized users.

The promulgation of the Department of the Navy (DON) Strategic Plan for Religious Ministry 2008–2013 and the generation of new and revised DON policies on religious ministry provide the overarching guidance for the organization and delivery of religious ministry in the DON. Commanders should have a clear understanding of the nature and scope of service called for in those instructions and delivered by chaplains on duty serving Sailors and their families throughout the fleet. This publication is intended to serve as an authoritative guide in most circumstances. Its purpose is to provide a description of the content of chaplain duty as practiced primarily in fleet concentration areas where area-wide duty is stood. Fleet service should be similar unless policy or unique local circumstances require variation. This publication is not meant to apply to religious ministry in the Bureau of Medicine and Surgery (BUMED), the U.S. Coast Guard, or the U.S. Marine Corps, nor will it discuss chaplain duty watch bill assignments. This publication supports NWP 1-05, Religious Ministry in the U.S. Navy, and related publications. Unless otherwise stated, masculine nouns and pronouns do not refer exclusively to men.

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Procedures for recommending changes are provided below.

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When items for changes are considered urgent, send this information by message to the primary review authority, info NWDC. Clearly identify and justify both the proposed change and its urgency. Information addressees should comment as appropriate. See accompanying sample for urgent change recommendation format on page 15.

ROUTINE CHANGE RECOMMENDATIONS

Submit routine recommended changes to this publication at any time by using the accompanying routine change recommendation letter format on page 16 and mailing it to the address below, or posting the recommendation on the Navy Doctrine Library System site.

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Revised text is indicated by a black vertical line in the outside margin of the page, like the one printed next to this paragraph. The change bar indicates added or restated information. A change bar in the margin adjacent to the chapter number and title indicates a new or completely revised chapter.

WARNINGS, CAUTIONS, AND NOTES

The following definitions apply to warnings, cautions, and notes used in this manual:



WARNING

An operating procedure, practice, or condition that may result in injury or death if not carefully observed or followed.



CAUTION

An operating procedure, practice, or condition that may result in damage to equipment if not carefully observed or followed.

Note

An operating procedure, practice, or condition that requires emphasis.

WORDING

Word usage and intended meaning throughout this publication are as follows:

“Shall” indicates the application of a procedure is mandatory.

“Should” indicates the application of a procedure is recommended.

“May” and “need not” indicate the application of a procedure is optional.

“Will” indicates future time. It never indicates any degree of requirement for application of a procedure.

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ENCL: (List Attached Tables, Figures, etc.)

1. The following changes are recommended for NTTP X-XX, Rev. X, Change X:

a. CHANGE: (Page 1-1, Paragraph 1.1.1, Line 1)

Replace "...the ~~National Command Authority~~ President and Secretary of Defense establishes procedures for the..."

REASON: SECNAVINST #####, dated #####, instructing the term "National Command Authority" be replaced with "President and Secretary of Defense."

b. ADD: (Page 2-1, Paragraph 2.2, Line 4)

Add sentence at end of paragraph "See Figure 2-1."

REASON: Sentence will refer reader to enclosed illustration.

Add Figure 2-1 (see enclosure) where appropriate.

REASON: Enclosed figure helps clarify text in Paragraph 2.2.

c. DELETE: (Page 4-2, Paragraph 4.2.2, Line 3)

Remove "Navy Tactical Support Activity."

"~~...Navy Tactical Support Activity, and the Navy Warfare Development Command are~~ is responsible for..."

REASON: Activity has been deactivated.

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CHAPTER 1

Introduction

1.1 OVERVIEW

“Standing the watch” or “duty” is a fundamental aspect of naval and military service. It is a signature program delivered by the Navy Chaplain Corps (CHC) to Sailors, their families, and other authorized personnel. It is managed locally, but the responsibility for the content of the program belongs to the CHC, and there should be a standard for the scope and quality of service. As a signature program, it should be executed energetically and excellently everywhere as a reflection of the professionalism and dedication of the CHC.

This document is a template for duty which identifies core services which should be offered by the duty chaplain (scope of service), the standard operating procedures (SOPs) for delivery of those services, and the training/certification prerequisites for standing the duty (performance standards), templates for tracking delivery of services, forms for use during duty, a guide to supervision of duty, and a sample plan of action and milestones for roll out of a uniform duty system.

Chaplains in fleet concentration areas currently have access to the manpower and informational resources needed to execute this template. The key ingredient is the willingness to cooperate, coordinate, and share the responsibility for delivery of service to an agreed upon standard of scope and quality. The duty is accomplished by a dedicated team of chaplains who work together to ensure that the quality of ministry delivered to units, personnel, and families in their area reflects their depth of commitment and professionalism.

1.2 CORE SERVICES

Core services of the duty chaplain:

1. Emergency response
2. Counseling as part of the CHC’s “care” capability
3. Individual augmentee (IA)/Global War on Terrorism Support Assignment (GSA)/Overseas Contingency Operations Support Assignment (OSA) support
4. Religious accommodation
5. Sailor-family communications facilitation
6. Information and referral.

Each service is described, a process of qualification is recommended, templates for presenting mission support information and for recording delivery of services are provided, modes of supervision are recommended, and a roll out for the overall system proposed (to include strategic communications). It is hoped that this template will inspire Navy chaplains around the world to seek excellence through aggressive and continuous process improvement in every aspect of ministry.

1.3 COMMITMENT TO QUALITY

The key to achieving the proposed standard is found in the collective commitment of the CHC to ensure that everyone entrusted to it receives the best possible support. After all, how much care is enough? Is there some lesser standard for those not part of one's own unit identification code (UIC) or command? The duty chaplain should strive to deliver the best care possible in the circumstances: compassionate, well-informed, useful, and complete.

In order to achieve the standard, the duty chaplain should:

1. Do the preparatory work necessary to be knowledgeable and able to deliver useful service that adheres to the processes and procedures delineated in the policy.
2. Realize that as the duty chaplain, he/she represents the CHC, the Navy, and the nation with one side of the collar, and God with the other, in responding to the person/s in need.
3. Be prepared to respond energetically to all calls for service, delivering face-to-face service as often as possible within the limits of safety and reason.
4. Treat every caller/counselee graciously, with the appropriate attention and concern.
5. Listen actively and attentively to the concerns expressed.
6. Be prepared to accompany those in need to the help they require.
7. Offer complete, accurate, and useful information.
8. Understand that while many problems cannot be solved immediately, a proper foundation for mitigation can be built.
9. Understand the responsibilities and limitations placed upon chaplains by confidentiality generally, and particularly, relating to the handling of the duty log, the recording of information, and the referral process.
10. When referring someone to another helping agent, attempt to make personal contact and introduction, accomplishing the highest quality "hand-off" possible.
11. Follow up with the Sailor, family, or command in order to ensure the best possible support.
12. Coordinate and communicate with the command chaplain when services have been provided to personnel within his/her command.
13. Coordinate and communicate with the chaplain chain when the situation warrants.
14. Depending on local procedures, be prepared to provide casualty assistance calls officer (CACO) support when on duty.
15. Be prepared to provide emergent response and support across the range of possible crises.
16. Do all of the above in a spirit of cooperation, dedication to service, and professionalism.

CHAPTER 2

Emergency Response Procedures

2.1 EMERGENCY MINISTRY OVERVIEW

The duty chaplain is standing by to deliver support to covered chains of command as they respond to “tone of the force” issues. Often, the duty chaplain is the first responder. As such, he/she must be prepared to offer accurate advice to those in need, victims, loved ones, and command representatives. Suicide, family/domestic issues, food and shelter, victim advocacy, and substance abuse are some examples of issues which can require timely, effective response by trained personnel.

While such a list may be useful as it helps organize information, chaplains should be aware of the complexity inherent in many of the issues with which they will be confronted while standing duty. By looking for possible connections, causal factors, triggers, or contributors to a given situation, the duty chaplain can better formulate a helpful response, as well as help the individual gain insight into his/her troubles and possible solutions or coping strategies. Given the impact of the war, in emergencies to which the duty chaplain might respond, chaplains should look for signs of posttraumatic stress disorder (PTSD) or other operational stress issues. Even in family members, post-traumatic factors can be at play.

Emergent response requires both procedural and informational standards. Procedurally, chaplains should be prepared to follow an approved checklist when delivering support. The DON has identified procedures for responding to suicide, victim, and abuse-related events or circumstances. The qualification process for duty/watch standing should include training and certification on those established procedures.

Information should be maintained in some manner such that it is accessible to the duty chaplain in the delivery of service. Whether by hard copy or electronically, the duty chaplain should have ready access to up-to-date, accurate information on available services. This will be covered more thoroughly in the information and referral section.

General information and additional reference material on Navy support for Sailors in crisis can be found in the Navy Leader’s Guide for Managing Sailors in Distress (<http://www.nmcphc.med.navy.mil/lguide/index.aspx>), and Navy tactics, techniques and procedures (NTTP) 1-15M (DEC 2010), Combat and Operational Stress Control.

In the event of a major issue, such as a casualty assistance call, suicide intervention, domestic abuse, etc., notify the duty watch manager, supervisory chaplain, and/or supernumerary (depending on the local notification rubric). This prepares the chain of command for further necessary actions, and notifies the chaplains that the duty chaplain will be occupied, allowing them to mobilize additional assistance and/or resources. The order of precedence for notification phone calls may vary regionally, but the duty chaplain should only need to notify one other chaplain, who would then complete the reporting requirements.

2.2 EMERGENCY PASTORAL VISITS

Should the duty chaplain be called upon to visit someone’s home, or meet with someone one-on-one, professional precautions should be taken. The duty chaplain should avoid meeting with individuals in isolation. When unavoidable, the duty chaplain should seek religious program specialist (RP) support.

2.3 SUICIDE RESPONSE

Appendix A contains more information on suicide response.

2.3.1 Suicide Ministry Overview

Individuals in pain may resort to the threat of suicide. All such threats must be taken seriously. Persons making such statements must not be left alone. Reassurance that someone cares and is willing to help is very important. The duty chaplain's goal is to get the individual the help he/she needs, while preserving confidentiality. Professional resources exist which can provide additional support for those who are suicidal, to include mental health professionals and the National Suicide Prevention Lifeline at 1-800-273-TALK.

2.3.2 Procedure

Getting help for someone in imminent danger of suicide:

Convince the Sailor to allow you to contact helping agents, say, "I want to get you some help." If he/she gives consent, say, "I'm going to get you some help." Then proceed as follows:

1. Brief the RP.
2. Notify emergency services and inform them of the pertinent details of the situation, or notify the command duty officer (CDO)/staff duty officer (SDO) and/or Quarterdeck and have them do so.
3. Notify the CDO/SDO and quarterdeck.
4. Notify the supervisory chaplain.
5. Notify the chain of command of the Sailor.
6. Consult the CDO to determine additional notifications required by local SOPs.

If the Sailor will not consent to find help on his/her own, offer to go with him: "If I go with you, would you be willing to take a trip to medical and let the doctor know what you just told me?" Or, "Do you mind if I call a doctor and he can come here and you can tell him what you just told me... is that okay?"

If the Sailor does not consent to allow you to make notifications, give him/her contact information and encourage notification. Do not leave the person alone. Make sure he/she feels and knows that people care. If speaking by phone, keep the person on the phone until emergency responders can be called.

With permission, notify the chain of command and CDO. Support is also available through the National Suicide Prevention Lifeline, 1-800-273-TALK. Callers are connected to the nearest available crisis center.

Additional resources:

1. Substance Abuse and Mental Health Services Administration's Mental Health Services Locator—www.mentalhealth.samhsa.gov/databases/
2. Substance Abuse Treatment Facility Locator—<http://dasis3.samhsa.gov>.

2.4 SEXUAL ASSAULT RESPONSE

Appendix B contains more information on sexual assault response.

2.4.1 Response Priorities:

1. Make sure the victim is safe. If not, encourage him/her to call 911.
2. Encourage him/her to preserve the evidence.
3. Comfort him/her and help them contact a victim advocate (VA).

2.4.2 Procedure

If contacted by a victim of sexual assault, the duty chaplain must already be familiar with DON procedures for handling such cases. Reporting decisions made at the outset cannot, in some circumstances, be undone. The chaplain is authorized to offer information and advice within the guidelines expressed in policy and in the reporting options described herein. The duty information resource should have the list of local sexual assault response coordinators (SARCs), with contact information. The chaplain can assist the victim in making contact. Most importantly after determining that the victim is safe, the chaplain can listen, encourage, and support the victim immediately and throughout the process.

2.4.3 If Immediate Help is Needed

If the caller is in immediate danger, he/she should call 911.

2.4.4 To Report a Sexual Assault

The duty information resource should contain the contact information for SARCs. The duty chaplain should encourage the victim to speak to a SARC or victim advocate before speaking to anyone else as important reporting decisions must be made. Once the victim is safe, have the victim make every effort to preserve the evidence. Advise them not to wash, shower, change their clothes, or eat or drink anything. For more information, additional contact details, and answers to questions, you or the victim can visit [Military OneSource.com](http://MilitaryOneSource.com) or call 1-800-342-9647 (twenty four hours a day, seven days a week). Counselors are available at all times to provide telephone crisis counseling and to link the victim with a victim advocate and with a counselor in the local area. They can be assisted in going to the Sexual Assault Prevention Response Office site at www.sapr.mil and clicking on "I Have Been Sexually Assaulted or someone I know has. What are my options?"

2.5 DOMESTIC VIOLENCE RESPONSE

Appendix C contains more information on domestic violence response.

If the caller perceives that he/she is in danger—or feels that he/she or their children are about to be in danger—he or she should call 911. The chaplain should emphasize that domestic violence is not the victim's fault, no one ever has the right to abuse another person, human beings have a right to be safe, and help is available. The chaplain should make clear that he/she cannot be the one to make a report or reveal information shared under the protection of confidentiality. The victim must make the report. The chaplain is standing by to support that decision-making process and the resulting actions. At a minimum, the victim should know that in the chaplain he/she has a trusted agent to turn to who will listen, care, and advise.

The duty information resource should have the contact information for local command SARCs. If not, [Military OneSource.com](http://MilitaryOneSource.com) or their crisis hotline (1-800-342-9647) can provide information on local resources. Reporting categories are described in Appendix C.

It is estimated that more than 1.8 million women have been assaulted by an intimate partner in the preceding twelve months. Anyone can be the victim of domestic violence. Recognizing the characteristics of an abuser and having a safety plan in place can save a victim's life.

2.6 SUBSTANCE ABUSE RESPONSE

Appendix D contains more information on substance abuse response.

2.6.1 Overview

As with other crisis responses, the duty chaplain will be challenged to provide confidential support while encouraging the Sailor to seek additional help. Safety is an important consideration: that of the Sailor, those around him/her, and those who are seeking to assist. The duty chaplain may be called in to provide moral support when an incident has already occurred. The duty chaplain in such circumstances should already be familiar with Navy policy in order to help prepare the Sailor for what lies ahead.

2.6.2 Navy Policy

The Navy maintains a zero tolerance for drug use and Sailors using illicit drugs are typically separated. The commanding officer is responsible for supporting medical assessment, stabilization, and possibly treatment prior to and during the separation process. Additional support from helping agencies may be essential during the often lengthy period of investigation and legal or administrative proceedings. The duty chaplain may be called in during an acute episode and should be knowledgeable about Navy policy and programs. It is important for chaplains to cultivate relationships with command SARP coordinators so that they understand the support role the chaplain can play. That role can include counseling, advice, and spiritual guidance which support the individual in the search for meaning, self-discipline, fortitude, and endurance. It can include the chaplain speaking authoritatively to affirm the value of the individual and encourage connection to helping organizations and/or persons who can help.

Secretary of the Navy instruction (SECNAVINST) 5300.28D (DEC 2005), Military Substance Abuse Prevention and Control, addresses the policies and procedures relating to the Department of the Navy Substance Abuse Prevention and Control Program. It pertains to all active duty Navy personnel, Marines, and reserve components.

Chief of Naval Operations instruction (OPNAVINST) 5350.4D (Series), Alcohol Drug Abuse Prevention and Control. This Instruction series sets forth the Navy policy on alcohol and drug abuse, prevention, and control.

OPNAVINST 5355.3B (SEP 1991), Submarine and Nuclear Propulsion Program Personnel Drug/Alcohol Policy, revises the Department of the Navy procedures for the disposition of submarine or nuclear trained personnel who are identified as drug abusers or alcohol dependent.

2.6.3 Signs of Abuse

While substance abuse is often chronic, and subject to response by the command, the duty chaplain may be called in when a substance abuse crisis occurs. Thus, he/she should be able to identify the signs of substance abuse (see Figure 2-1).

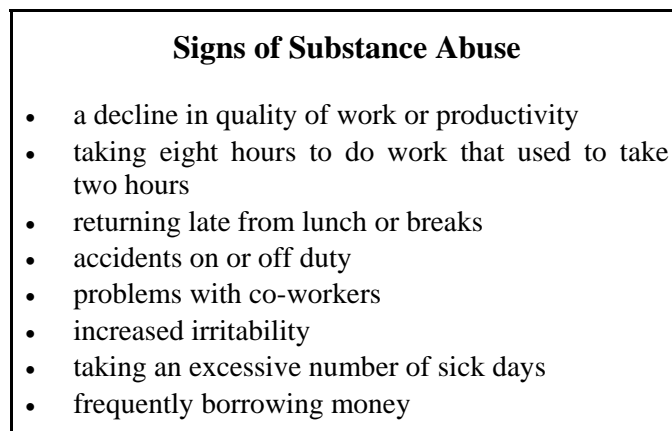


Figure 2-1. Signs of Substance Abuse

2.6.4 Resources

The Navy Leader's Guide for Managing Sailors in Distress is an excellent resource for "tone of the force" issues.

2.7 ACUTE COMBAT AND OPERATIONAL STRESS REACTION RESPONSE

Appendix E contains more information on combat and operational stress response.

2.7.1 Discussion

As with all emergent personal issues, the duty chaplain should seek to determine if the Sailor is a danger to him/herself or others. If so, appropriate action should be taken to safeguard the Sailor and minimize the danger to everyone involved. The command and/or police should be brought in as appropriate within the constraints of confidentiality.

PTSD is a medical diagnosis. When responding to a crisis, the duty chaplain should be careful not to assume a diagnosis or use terminology which could stigmatize or frighten the individual. The fear of stigma is a significant barrier to Sailors who should seek help. At the same time, the chaplain should be familiar with symptoms and appropriate responses.

A Sailor need not have deployed to a combat zone to be experiencing operational stress responses.

The duty chaplain should actively listen to the Sailor with a calm demeanor and provide a quiet and safe environment in which the Sailor can re-establish his/her mental equilibrium. The duty chaplain should seek to empower the Sailor to take control of his/her life, seek proper assistance, and remain connected to all sources of support, to include family, friends, clergy, community, and command.

When advising commands, duty chaplains should be sensitive to the tendency to suspect malingering. Commands should be encouraged to seek medical support in order to ensure proper diagnosis and treatment where appropriate.

2.7.2 Resources

A key resource for chaplains is NTTP 1-15M, Combat and Operational Stress Control.

2.8 CASUALTY ASSISTANCE CALLS OFFICER SUPPORT REFERENCE

Appendix F contains more information on casualty assistance support.

One of the most meaningful ministries delivered by the CHC is that of support for the casualty assistance process. It is with the utmost care that chaplains should properly honor the sacrifice of Sailors and families with dignity, grace, and competence. While extensive materials exist to help prepare CACOs for their duties, many people are not prepared for the emotional aspects of a notification. The duty chaplain should be prepared to offer support not only to the next of kin (NOK), but to the CACO as well. Thus, a general knowledge of the process, the terminology, and the benefits, as well as spiritual and emotional preparedness to minister to the bereaved, are essential.

It is the responsibility of the CACO to notify the NOK. It is wise to review with the CACO the initial steps of the process prior to arrival at the location of notification. This serves to focus the CACO and remind him/her of the services the duty chaplain can provide. Complete information on the process can be found in the Navy Casualty Assistance Calls Officer (CACO) Program Guidebook at <http://www.npc.navy.mil/NR/rdonlyres/3BB8B920-69C3-4A88-AF44-01EC5248BDE7/0/navyCACO.pdf>.

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CHAPTER 3

Individual Augmentee Support

3.1 OVERVIEW

Individual augmentees include, for purposes of this discussion, those who serve in IA, GSA, and OSA assignments. While units with organic chaplains engage IA Sailors and their loved ones throughout the deployment cycle, the majority of individual augmentees (IAs) are sent from commands/UICs without organic ministry support. One of the duty chaplain's responsibilities is to be prepared to respond to IA inquiries or requests for service in such a way as to bolster the IA's well being and to facilitate discussion of issues related to hope, meaning, and faith.

The duty chaplain should be familiar with the published IA care strategy as it applies to the Sailors of his/her command, and can use that knowledge to guide the interaction. Liaison can be made with the IA Sailor's Command IA Coordinator (CIAC), and if one exists, with the unit chaplain.

3.2 PASTORAL APPROACH/METHODS

Be attentive to the needs of the caller. Do your best to communicate that you care. The contributions of the Sailor and your own professional judgment will determine the course of the conversation. "What's it been like since you got home?" might be a transitional question. Other questions worth asking might include those in Figure 3-1.

Be careful not to make promises that you can't keep, and be sure to keep any promises that you make. Ask if you can send information about upcoming Chaplains Religious Enrichment Development Operation (CREDO) retreats, Returning Warrior Workshops, fleet and family support center (FFSC)/Military OneSource services, and/or regional resources, either electronically or by mail.

A duty chaplain speaking with an IA may wish to offer a "welcome home" and a statement of appreciation for service rendered. He/she may conduct an informal religious needs assessment and offer confidential pastoral care and counsel. It would be appropriate to assist the IA in identifying post-deployment stressors and strategies for dealing with them, re-introduce IA to the local (or nearest) Spiritual Fitness Division (CREDO) office and discuss information on marriage enrichment, personal growth, spiritual growth, family enrichment, and singles retreats.

Useful Questions
"How has work been going, now that you're back?"
"How has your IA experience changed your view of how the world works?"
"How are your loved ones doing with the 'more experienced' you?"
"What things have given you hope, since you've been home?"
"What do you find yourself worrying about? Is that something you worried about before you went?"
"What's the most important piece of advice you'd give to someone else who's going on their first IA?"
"Would you say that your faith has been tested by your IA experience?"
"What experiences do you feel uncomfortable talking about with loved ones?"
"What resources can I help you find that might help you deal better with challenges?"
"How may I pray for you and your loved ones?"

Figure 3-1. Useful Questions

NTTP 1-05.2

The duty chaplain can encourage completion of post-deployment surveys, provide information on post-deployment reintegration support services such as CREDO's "warrior transition" retreat, "ready room" programs, and other Navy events and resources. The duty chaplain can refer reservists to Returning Warrior Weekends, and link the IA to Navy support resources and/or to regional/community support resources. Information on all such programs should be readily available in the duty information resource.

CHAPTER 4

Religious Accommodation

4.1 OVERVIEW

The American people expect the Navy to accommodate the religious needs of Sailors and families. The duty chaplain is in the vanguard of this effort, energetically and conscientiously filling the many organizational spaces where chaplains are not assigned to specific UICs. While it is understood that every command has a chaplain either by direct assignment or by virtue of coverage from the next higher echelon, it is also true that in the complex operating environment there will sometimes be gaps and seams. The duty chaplain is the safety net for pastoral responsibility. While on duty, he/she is pastor to all covered commands.

As a professional courtesy, and in the interests of effective follow-up ministry, the duty chaplain should coordinate and communicate with command chaplains whose personnel the duty chaplain may serve.

4.2 PROCEDURE

Accommodation is accomplished through two CHC capabilities: provision of faith-specific religious support and facilitation of the religious needs of those of different faiths from the chaplain.

4.2.1 Provision

Per SECNAVINST 1730.7D, Religious Ministry In The Department Of The Navy, based upon their professional credentials, ecclesiastically endorsed and commissioned chaplains meet faith group-specific needs, including worship services, sacraments, rites, ordinances, religious and/or pastoral counsel, scripture study, and religious education among others.

For the duty chaplain, this means being prepared to respond to the faith-specific needs of his/her co-religionists while on duty. As part of the duty team and in support of the facilitation of the faith needs of his/her co-religionists, this also means serving as a regional subject matter expert for the needs of his/her faith group.

4.2.2 Facilitation

Facilitation of the faith of Service members irrespective of the creed they claim is the unique characteristic of chaplaincy which distinguishes it from all other forms of ministry. Law and policy have mandated religious accommodation as a responsibility of commanders. As a testimony to the American ideals of tolerance and religious freedom, though they serve in the Navy under trying circumstances, Buddhists may strive to be better Buddhists, Christians better Christians, Jews better Jews, Muslims better Muslims, etc. Many Sailors believe that their religious beliefs and spirituality affect all aspects of their lives and that the stronger their faith the better their service to their neighbors and their country. Many Sailors pursue spiritual maturity as part of their effort to be reliable, productive, and responsible. They often attribute to their religious and/or spiritual life their progress toward becoming better equipped to behave honorably, respect others, work diligently, preserve their marriage, and generally contribute to society. Chaplains support that progress.

4.2.2.1 Basic Information

Achievement of the minimum standard for facilitation presupposes thorough and accurate knowledge of the following, which should be included in the duty information resource:

1. Base worship opportunities and chapel services
2. Contact information or schedules for local civilian worship opportunities
3. Extent and availability of other faith community services (education, child care, youth ministries, adult support, family programs, second-hand clothing, soup kitchens, etc.)
4. The identity and contact information for the subject matter experts of each faith group (i.e., the nearest Jewish rabbi, Orthodox priest, Roman Catholic priest, Muslim imam, etc.).

4.2.2.2 Basic Understanding

Basic duty chaplain facilitation requirements also include:

1. A basic understanding of the requirements of all major faith groups (to include ritual, behavioral, and logistical requirements).
2. An awareness of their religious calendars.
3. Knowledge of how to acquire religious supplies.
4. Because the line between religion and culture may be difficult to discern for some personnel, the duty chaplain should have an understanding of the various cultural and ethnic celebrations and recognitions officially embraced by the DON.

CHAPTER 5

Counseling as Part of the Navy Chaplain Corps “Care” Capability

5.1 OVERVIEW

According to SECNAVINST 1730.7D, some counseling occurs outside of a faith-group-specific context and is based on the chaplain’s deep respect for the dignity of the counselee and the chaplain’s own position as a confidential source of advice. Careful professional discernment should allow the duty chaplain to draw upon non-religious and religious resources to assist the counselee while allowing the counselee full freedom to direct his or her own course of care. When sharing religious beliefs, the duty chaplain will always honor and support the right of the counselee to maintain and determine his or her own religious convictions. The duty chaplain will not attempt to convert a counselee without the counselee’s explicit permission. To do so would violate the spirit of the First Amendment’s prohibition against the establishment of religion by inappropriately leveraging the military, positional, and circumstantial authority of chaplaincy to promote a particular religion during a Sailor’s moment of crisis when the Sailor is limited in his or her capacity to choose a particular faith. This limitation on counseling does not, however, hinder the chaplain from offering a wide spectrum of wise counsel, advice, and pastoral care.

Sailors and other authorized personnel often reach out to chaplains at times of personal, family, and professional distress. As an insider who understands how the chain of command works, the chaplain can offer encouragement and advice and can guide Sailors to a better understanding of their naval responsibilities. Sometimes all that is needed is someone who listens attentively from a perspective of concern, care, and objectivity. Although counseling guidance on suicide, domestic violence, substance abuse, and stress reactions are covered elsewhere in this document, some Sailors and families will seek help with other issues such as fear, grief, personal vision, and moral values. Mindful of his/her responsibilities, the duty chaplain should at least offer the minimum standard of care described in Paragraph 1.3.

5.2 REGULARLY SCHEDULED PASTORAL SITE VISITS

The duty chaplain may be called upon to make pastoral site visits in order to provide counseling services on location on a regular basis. Such scheduling should be done in such a way as to preserve the freedom of the duty chaplain to respond to emergencies in a timely manner. That said, depending on the local situation, it may be necessary to use the duty chaplain to deliver pastoral care to transient personnel units, brigs, restriction barracks, or other facilities. If it is the local leaderships’ determination that such visits are necessary, they should also develop appropriate training to qualify duty chaplains for visitations, while identifying and publishing procedures and points of contact for all such facilities. They should also familiarize new chaplains to the area with these locations and introduce them to significant personnel.

5.3 MINISTRY IN THE CONTEXT OF A MASS CASUALTY RESPONSE

Each Navy region has its own SOP for mass casualty response, and religious ministry team (RMT) involvement in that plan should be spelled out during the plan’s development. While that involvement may be different based on regional requirements, manning, and other variables, some general principles are worth noting. Coordination is essential. It can be counterproductive or even dangerous for RMTs to respond haphazardly without advising higher authorities or communicating with regional contingency management authorities. That said, RMTs should

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be prepared and ready to assist under proper guidance by bringing the full range of services to bear as required by the situation, and articulated by contingency managers. RMTs should make every effort to understand their role in contingencies, and adhere scrupulously to designated reporting and coordination regimes.

INSERT LOCAL GUIDANCE HERE

CHAPTER 6

Facilitating Communications for Families and Deployed Sailors

6.1 OVERVIEW

Sailors can easily become engrossed in their military responsibilities and may forget to check in with their family back home. The Duty Chaplain should do everything possible to encourage such communication, though care should be taken to respect privacy and confidentiality for all parties involved.

There are times when family members contact the chaplain because they are considered a “safe” or “neutral” agent. Their concerns often center on the perception that contacting the command directly might negatively impact their family member in uniform. Other times there are significant financial, child care, or other family issues about which the command should be aware. Duty chaplains should be careful to handle communications carefully each time, in order to preserve the trust that has been placed in them by families, Sailors, and the command.

6.2 PROTOCOLS FOR FACILITATING COMMUNICATIONS BETWEEN FAMILIES AND THEIR DEPLOYED SAILORS

Watch bill leaders should determine the reporting protocol. The duty chaplain should follow that protocol. He/she should note in the log and/or on a contact form the identity and contact information of the requesting family member, the reason for the request for contact (financial, emotional, child care plan, marital, health, etc.), and the family member’s permission to share that information with the command, and the name and command of the Sailor.

If there is an RMT organic to the Sailor’s UIC, the duty chaplain can attempt to contact the chaplain aboard in order to facilitate contact as discretely as possible. This also opens the door for follow-on support for the Sailor by the command chaplain. If that course of action is not available, or inappropriate based on the circumstances, the duty chaplain should send an e-mail to the command summarizing the issue and respectfully requesting that the Sailor make contact with the family. The e-mail should courtesy copy the command’s immediate superior in command and the local supervisory chaplain. The duty chaplain should follow up daily until the Sailor has made contact with his/her family.

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CHAPTER 7

Information and Referral

7.1 OVERVIEW

As a confidential source, trusted agent, objective third party, or simply as the first contact at a time of need, the duty chaplain can be a rich resource for a wide range of information for Sailors and family members. Not simply a source of information, the duty chaplain is an advocate for those seeking information and/or help, wisely identifying the nature of the issues involved, and knowledgeably advising as to the best sources of assistance. Information and referral may sound like a cold, fact-based exercise, but in reality, it is a golden opportunity to deliver meaningful, life-changing ministry. Appendix G contains an example of an Information Resource Chart.

7.2 PROCEDURE

For family crises about which a duty chaplain might be called, once the safety of those involved has been established, the duty chaplain can provide caring support, information, and referral services. The information and referral resource (see Appendix G) should include local information on where to acquire food, shelter, clothing, child care, medical assistance, financial assistance and counsel, faith/worship, and community services. Points of contact, locations, and schedules of services should be available in the duty information resource.

The duty program manager should have ongoing dialogue with local clergy, civic organization, as well as Navy helping agencies to ensure the accuracy of the information. These relationships can be decisive in determining the level of support Navy families receive, either on base or out in town. The chaplains who comprise the duty watch bill team in a particular region can identify and share regional, denominational, or national resources with the rest of the team.

7.2.1 Depth of Service

Because of the complexity of family situations, the duty chaplain should do more than just provide phone numbers of other helping agencies. As an expert facilitator of the helping process, the duty chaplain can help the family navigate the system, finding the type of help most appropriate for their situation.

Families may be hesitant to reach out for help, for fear of official involvement. The duty chaplain should be knowledgeable enough about the nature of the various programs and benefits available to be able to accurately reassure families in need. The standards of the chaplain care capability apply (see Paragraph 1.3).

7.2.2 Information Quality

Accessible information which can be provided to those in need is an essential service of the duty chaplain. Every effort should be made to ensure that the information is up-to-date, comprehensive, and accurate. Each duty information resource should include contact information for important local helping agencies, as well as a brief description of the services provided, after-hours availability, prerequisites for service, and any other pertinent information. In addition, a thorough listing of local religious communities and the services they provide should also be available. The process of compiling and keeping current such data will foster the kind of cooperative relationships and synergies which multiply the effectiveness of care given from all sources.

7.2.3 Authorities, Responsibilities, and Resources

It should be understood that referral is a service offered in the context of the CHC's "advise" capability that touches upon "care" and "accommodation." Therefore, it is grounded in respect for human dignity and the innate value of each human person, bounded by the chaplains' responsibilities to the CHC, the Navy, their religious organizations, and those they serve. Referrals should be noted in the duty log, and the following information captured in the reporting regime (forms, etc.):

1. Individual requesting assistance (name, unit, complete contact info including address, home phone, cell phone(s), and e-mail address(es))
2. Organization to which the individual was referred
3. Point of contact (POC) to whom individual was introduced and contact info (if possible)
4. Results of follow-up contact with organization
5. Results of follow-up contact with individual made 12-24 hours later
6. Usefulness of referral (feedback from individual referred, collected during follow-up contact).

Referrals are never the last step of service to our people. Duty chaplains should always follow up until the situation is resolved to their satisfaction given the constraints of military service.

In addition to some form of the chart suggested below, each duty information resource should include the schedule of worship and other faith-based services (scripture studies, men's and women's groups, etc.) offered at local chapels and other military locations. Descriptions of regional CREDO services and contact information should be included. Regularly scheduled training offered regionally should be listed (suicide prevention, pre/mid/post-deployment, anger management, life skills, etc.).

The information resource should include a thorough listing of locally home-ported commands and local shore-based commands and their contact information.

There is virtually no personal or family crisis which can be solved during the duty day/night. The duty chaplain should be prepared to follow-up, and provide for a robust turn-over which will facilitate continued assistance by the next duty or the command chaplain of the Sailor in question. This is essential in order for the minimum standard of care to be achieved, and the CHC's calling to service fulfilled. The following Web site is a search engine for military installations and state resources available to active duty, guard, and reserve service and family members: <http://apps.mhf.dod.mil/pls/psgprod/f?p=MI:ENTRY:1781476845619338>.

CHAPTER 8

Procedures for Standing Duty

8.1 QUALIFICATION PROCESS FOR STANDING DUTY

Under normal conditions, all chaplains should be required to check in with the chaplain watch bill manager within three weeks of check-in at a new command. Within 90 days of check-in, chaplains should complete the following training requirements, turning in to the watch bill manager a completed check-in sheet with the appropriate proofs of completion (computer-generated certificates or signatures from training organizations/individuals). Figure 8-1 lists certifications and sources.

List of Certifications and Sources	
<u>Certification</u>	<u>Source</u>
Suicide awareness training	NKO
Introduction to the Stress Response Continuum and Suicide Awareness Course ID: CPPD-GMT-ISRCSA-1.0 (Print certificate)	
Alcohol and Drug Abuse response training	NKO
Introduction to the Navy’s Drug Abuse Policy Course ID: CPPD-GMT-INDAP-1.0 (Print certificate)	
Introduction to the Navy’s Alcohol Use Policy Course ID: CPPD-GMT-INAUP-1.0 (Print certificate)	
Sexual assault response training	NKO
Sexual Assault Prevention and Response (SAPR) Awareness Training Course ID: CPPD-GMT-SAPR-1.0 (Print certificate)	
Information and Referral training	FFSC
Course offered by FFSC regularly or by appointment	
Review above material with supervisory chaplain	Supervisory chaplain
ChaplainCare (Web site/phone resource) procedures	Local CNIC chaplain
Personal introduction to Partner Organization personnel	Supervisory chaplain
Familiarization with duty information resource binder/notebook	Watch bill manager
Duty Log book rubrics	Watch bill manager
Local transient personnel unit procedures*	Supervisory chaplain
Brig protocols*	Base or brig chaplain
Hospital/clinic protocols for non-staff chaplains*	BUMED chaplain
*Depending on local requirements	

Figure 8-1. List of Certificates and Sources

8.2 DUTY UNDER INSTRUCTION

Supervisory chaplains should provide mentoring and guidance on the proper attitude for chaplain watch standing. They should help familiarize their subordinates with local civilian resources, local military resources, and with local geography.

Supervisory chaplains should walk through the following procedures, to include how they are to be recorded in the duty logbook: a variety of emergency responses, to include CACO; IA/GSA/OSA support; an occasion for religious accommodation; a counseling response; facilitation of communications between a family and their deployed Sailor; referral.

8.3 DUTY LOG BOOK PROCEDURES

The Duty Log Book may contain confidential communication protected under SECNAVINST 1730.9, Chaplain Confidentiality or personally identifying information under SECNAVINST 5211.5E, Department of the Navy (DON) Privacy Program. It must be controlled so that the work product or information is provided the mandated protection.

1. Print legibly in black ink.
2. Initial corrections (legibly).
3. Report thoroughly, clearly, and succinctly.
4. Make an entry for each instance of service requested.
5. Include required information for each entry (date/time of call/interview; caller's name; relationship to Service member; command; reason for call; service provided/referral made; notes).

Sign at end of final entry of the watch, identifying to whom duty is being turned over, and who is supervising turnover.

8.4 PRIVATELY-OWNED VEHICLE USAGE

In executing official duties, if a chaplain's vehicle usage exceeds commuting, and depending upon local procedures, that chaplain may generate a local voucher request in the Defense Transportation System. Under mileage, select "private auto mileage" and enter the number of miles. It is up to the command to determine whether or not to provide reimbursement from its budget or seek a line of accounting from another command.

8.5 SUPERVISION OF THE DUTY

8.5.1 Preparation

The designated supervisory chaplains should complete the training and be certified to stand duty. They should then stand duty under instruction. At that point, they should be qualified to train and supervise others.

8.5.2 Procedure

Each duty turnover should be supervised in person at the designated turnover location (preferably the chapel) per procedures determined locally, described in the local SOP, and validated by appropriate authorities.

The results of turnover should be noted in the log by the supervisor.

8.5.3 Supervisor Responsibilities

1. Be on-call to advise watch standers on proper procedures and attitude of watch standing.
2. Thoroughly review the duty log.
3. Discuss actions taken/not taken and correct procedural and attitudinal errors.
4. Discuss and determine the priority of follow-up actions.
5. Confirm follow-up results and note them in the log.
6. Continue training of watch standers on techniques and procedures.
7. Mentor watch standers on the proper attitude for watch standing.
8. Identify informational and procedural shortfalls, gaps in responsibility or service, barriers to proper care, and watch bill issues.
9. Articulate those issues to the appropriate authorities.

Each week, or whenever the duty supervisor hands off to his or her relief, daily duty reports should be tabulated using the form which follows and a report of activity during duty hours submitted to the designated authorities.

Duty Supervisor's Report Form

Name/Rank/Position _____

Dates (first through last, inclusive) _____

Location _____

Note the number of the following services provided:

- Suicide Response
- Sexual Assault Response
- Domestic Violence Response
- Substance Abuse Response
- Acute posttraumatic stress disorder (PTSD) or
Combat and Operational Stress Control
- Personal and Professional Counseling
- Information and Referral (Sailor)
- Information and Referral (Family)
- Family/Deployed Sailor Communication
- Religious Accommodation
- Casualty assistance calls officer Support
- American Red Cross Message
- Individual augmentee/Global War on Terrorism Support Assignment/Overseas Contingency Operations
Support Assignment Outreach
- Other

Duty Supervisor
Name: _____
Phone(s): _____
E-mail: _____

Totals:

Emergent calls: _____

Non-emergent calls: _____

Notes: (referral issues, recommended procedural changes, new sources of assistance, new contact information, etc.)

Signed

Date

“CONFIDENTIAL COMMUNICATION TO CHAPLAIN, WORK PRODUCT–TO BE PROTECTED AS REQUIRED BY SECNAVINST 1730.9.”

“FOR OFFICIAL USE ONLY–PRIVACY SENSITIVE: ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES.”

Duty Chaplain Service Call/Referral Record Form

To be filled out when a call is received or a visit made by the duty chaplain. To be reviewed by the supervisory chaplain and on-coming chaplain.

Duty Chaplain:

Date/Time of call/Interview:

Caller's name:

Relationship to Service member:

Command:

Reason for call:

Service provided (referral made):

Notes:

Follow-up:

Confidentiality explanation: "You have a right to confidential communications with me. In order for me to get you help, I need your permission. Do I have your permission to seek additional help for you?"

Permission to seek additional assistance/refer: Yes / No

Signed on behalf of the counselee: (Chaplain's signature) _____

"CONFIDENTIAL COMMUNICATION TO CHAPLAIN, WORK PRODUCT--TO BE PROTECTED AS REQUIRED BY SECNAVINST 1730.9."

"FOR OFFICIAL USE ONLY--PRIVACY SENSITIVE: ANY MISUSE OR UNAUTHORIZED DISCLOSURE MAY RESULT IN BOTH CIVIL AND CRIMINAL PENALTIES."

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APPENDIX A

Suicide Response

A.1 THE WARNING SIGNS FOR SUICIDE¹

Support for those who are suicidal can be found through a mental health professional or by calling the National Suicide Prevention Lifeline at 1-800-273-TALK. Act if the caller, or someone they know, exhibits any of the following signs:

1. Threatening to hurt or kill oneself or talking about wanting to hurt or kill oneself
2. Looking for ways to kill oneself by seeking access to firearms, available pills, or other means
3. Talking or writing about death, dying, or suicide when these actions are out of the ordinary for the person
4. Feeling hopeless
5. Feeling rage or uncontrolled anger or seeking revenge
6. Acting reckless or engaging in risky activities—seemingly without thinking
7. Feeling trapped—like there’s no way out
8. Increasing alcohol or drug use
9. Withdrawing from friends, family, and society
10. Feeling anxious, agitated, or unable to sleep or sleeping all the time
11. Experiencing dramatic mood changes
12. Seeing no reason for living or having no sense of purpose in life
13. Giving away valued personal items.

A.2 WHEN SOMEONE IS THREATENING SUICIDE

1. Be direct. Talk openly and matter-of-factly about suicide.
2. Be willing to listen. Allow expressions of feelings. Accept the feelings.
3. Be non-judgmental. Don’t debate whether suicide is right or wrong, or whether feelings are good or bad. Don’t lecture on the value of life.
4. Get involved. Become available. Show interest and support.

¹ Military OneSource–National Suicide Prevention Lifeline, (<http://www.suicidepreventionlifeline.org/GetHelp/Default.aspx>).

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5. Don't dare him or her to do it.
6. Don't act shocked. This will put distance between you.
7. Seek support.
8. Offer hope that alternatives are available but do not offer glib reassurance.
9. Take action. Remove means, such as guns or stockpiled pills.
10. Get help from persons or agencies specializing in crisis intervention and suicide prevention.

A.3 HANDLING ONLINE SUICIDE CONTACTS

If you see a Sailor or other authorized person online who is suicidal, there are several steps you can take to help this person:

1. Offer to help.
2. Give him/her a helpful resource—Send 1-800-273-TALK (8255) and the Web site www.suicidepreventionlifeline.org. Tell him/her it is available 24/7 for anyone in suicidal crisis in the United States.
3. Take his/her words seriously and respond with compassion.
4. Encourage him/her to reach out for help to a friend, family member, counselor, clergy, or other community member.
5. If the person online is saying he/she is going to kill him or herself at that moment or is in the process of attempting suicide, try to find his/her location and call the local police or 911.

A.4 ADVISING SAILORS ON SUICIDE RESPONSES²

The duty chaplain may respond to inquiries by Sailors concerned for a shipmate. The first course of action is to attempt to intervene directly. If that is not possible, the following is a guide to advising Sailors on how to respond to suicidal ideations in shipmates. It is also useful as information to be disseminated generally to audiences to which the duty chaplain has access.

A.4.1 Take All Threats Seriously

Trust your suspicions. It is easy to predict suicidal behaviors when a person shows most of the factors given. However, the warning signs from many people are very subtle. Something like telling loved ones “good-bye” instead of “good-night” may be the only clue. The number of people who do not take threats seriously is surprising!

A.4.2 Answer Cries for Help

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

² Viera, Jane F., CAPT, CHC, USN “What To Do If You Believe Your Shipmate May Be Suicidal.”

A.4.3 Confront the Problem

If you suspect that a person is suicidal, begin asking questions. You may begin with a statement such as, “You sure don’t seem to have been yourself lately.” “You appear to be kind of down.” “Is there something bothering you?” An affirmative answer to any of these might lead to another question, such as, “Are you feeling kind of depressed?” An affirmative answer to that question might result in a statement such as, “I guess sometimes it seems as though it’s not worth it to go on struggling and fighting when so many disappointing things happen to you.” An affirmative answer to that statement might lead to, “Do you sometimes wake up in the morning and wish you were dead?” A “yes” might lead to, “Have you been thinking about killing yourself?” “Has suicide entered your mind?”

A.4.4 Be Direct

Do not be afraid to discuss suicide with the person. Getting them to talk about what’s bothering them is a positive step. Be a good listener and a good friend. Don’t judge, act shocked, or make light of the situation. Don’t keep it a secret. Talking about what’s bothering them may lead the person away from actually doing it by giving them the feeling that someone cares. Ask, “Are you thinking about hurting yourself?” or “Are you thinking about committing suicide?” You cannot give somebody the idea by asking! On the contrary, you are giving them the opportunity to talk about what’s bothering them. Listen, offer hope, take action and get help!

A.4.5 Tell Them You Care

Persons who attempt suicide most often feel alone, worthless and unloved. You can help by letting them know they are not alone, that you care about what they feel and will listen. By assuring the person that some help is available, you are literally throwing them a lifeline. Remember, although a person may think he/she wants to die, he/she has an innate will to live, and is more than likely hoping to find a reason to keep living.

A.4.6 Get Professional Help

The most useful thing that you can do is to encourage the person who is considering suicide to get professional help. If necessary, offer to go with them or take them to help. The Navy community offers many resources of help, including command leadership, chaplains, medical services, Fleet and Family Support Centers, and substance abuse counselors. However, in the Navy only medical providers can legally determine suicide risk. During business hours, it is recommended that you access Navy Medical Centers/Hospitals and clinics for help. After normal working hours, you may need to access your local emergency room. The most important thing is to get your shipmate professional help.

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APPENDIX B

Sexual Assault Response

B.1 QUESTIONS FREQUENTLY ASKED BY VICTIMS³

B.1.1 What is a victim advocate?

The victim advocate (VA) is a trained volunteer who provides support for victims of sexual assault. If you choose and request it, a VA will explain what your options are and help you get the help you need.

B.1.2 What is a sexual assault response coordinator?

The sexual assault response coordinator, or SARC, coordinates sexual assault response efforts. The SARC activates the victim advocate watch list to provide immediate support for victims of sexual assault.

B.1.3 How do I report a sexual assault?

To report a sexual assault, go to <http://www.militaryonesource.com> or call 1-800-342-9647 and ask for the SARC. The SARC will activate the victim watch list and have someone come to you immediately to give you the information you need to decide what you want to do. The SARC will explain the reporting options to you and give you information on the Victim Reporting Preference Statement.

B.1.4 What are my reporting options?

If you have been sexually assaulted, you may choose to report the assault and have full access to all support services (unrestricted reporting option), or you may choose not to report the crime and have access to all services except the investigative and protective services of your command (restricted reporting option). If you contact the victim advocate (VA), he or she will explain your options with you and help you through the process you choose. For more information about the options available see below or go to the Web site.

B.1.5 To whom should I report this?

You may choose to report the assault to a Sexual Assault Response Coordinator, or SARC, who coordinates sexual assault response efforts. The SARC activates the VA watch list to provide immediate support for victims of sexual assault. The VA is a trained volunteer who provides support for victims of sexual assault. If you choose and request it, a VA will explain what your options are and assist you to get the help you need.

B.1.6 What if I just want to talk to someone first?

A VA will listen to your concerns and desires and will let you know your rights and reporting options. A VA will also help you through the medical process so you do not have to go alone. To contact a VA, go to Military OneSource.com or <http://www.sapr.mil/> and look up contact information for the SARC. The SARC will activate the victim watch list to have a VA come to you immediately.

³ Military OneSource—Sexual Assault, (<http://www.militaryonesource.com/MOS/Tools/Search.aspx?&site=All&q=sexual%20assault>). Sexual Assault Prevention and Response Office, (<http://www.sapr.mil/>).

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B.1.7 What are my rights?

The Crime Victim's Bill of Rights ensures fair and sensitive handling of all sexual assault cases.

The victim's rights are:

1. The right to be treated with fairness and with respect for the victim's dignity and privacy.
2. The right to be reasonably protected from the accused.
3. The right to be notified of court proceedings.
4. The right to be present at all public court proceedings related to the offense, unless the court determines that testimony by the victim would be materially affected if the victim heard other testimony at trial.
5. The right to confer with trial counsel.
6. The right to receive available restitution.
7. The right to information about the conviction, sentencing, imprisonment, and release of the accused.
8. The right to be provided with a copy of Victim's Rights.

B.1.8 I want to go to the hospital. Can I do that without reporting the assault?

You can go to a military hospital and not report the assault to military law enforcement or command. A VA can explain all of your rights and reporting options to you and help you through the process. The command and military law enforcement will not be notified unless you request it. Civilian hospitals may also have victim advocates. Make sure the VA understands your military status.

B.2 REPORTING OPTIONS

B.2.1 Overview

When contacted by someone who says they have been sexually assaulted, give them the two types of reporting options: restricted and unrestricted. Regardless of how a victim reports the sexual assault, he or she will be offered a full range of advocacy, medical services, and counseling. When appropriate in an initial conversation, duty chaplains should remind Service members who have been sexually assaulted:

1. It is important to understand the sexual assault reporting options.
2. Failure to initially select the most suitable option may result in victims having less control over the release of their personal information.
3. Failing to seek advice from a SARC or VA can minimize the control victims have over the release of their personal information.
4. Medical personnel at civilian medical facilities may be unaware of official Navy reporting policies. Contact a SARC or VA as soon as possible.

B.2.2 Unrestricted Reporting

With unrestricted reporting, the assault must be reported to the command and to Navy Criminal Investigative Service/law enforcement for investigation. Sexual Assault Prevention and Response SAPR VAs, Sexual Assault Response Coordinators, and health care providers (including fleet and family support center counselors) are

available to provide information on the victim's legal rights regarding restricted reporting. Victims may forfeit their rights to use restricted reporting by talking to someone other than those designated. They retain confidentiality with the chaplain at all times.

B.2.3 Restricted Reporting

Restricted reporting gives a victim time and opportunity to get information and professional advice about their rights and available services, so they can make informed decisions. Often victims initially choose the restricted reporting option and later decide that they want the chain of command notified so that the offender can be held accountable. The victim can elect to change a restricted report to an unrestricted report, but an unrestricted report cannot be later changed to a restricted report. Victims may call the local Fleet and Family Support Center anonymously to learn more about restricted reporting. The option to make a restricted report is available to active duty Service members and their spouses.

Many victims of abuse might feel comfortable talking with their healthcare provider, but fear that the chain of command and/or law enforcement would be notified. Some victims even avoid seeking medical treatment related to abuse because of fear the information will be disclosed to others. Chaplains can help during these instances to provide comfort and a sympathetic ear. Their presence and encouragement may provide the courage victims need to reach out to a greater degree.

Under the restricted reporting option, adult victims may speak to a healthcare professional at a military medical facility or to the chaplain. But it is important that the victim be direct and asks up front about restricted reporting. The healthcare provider will provide needed medical care and get them in touch with a victim advocate at the Fleet and Family Support Center. Restricted reports can also be made directly to the victim advocates or their clinical supervisors at the Fleet and Family Support Center.

B.3 CHAPLAIN'S UNIQUE ROLE

In all cases of sexual assault, the duty chaplain should be very clear that the victim's communication with him/her is confidential, and that the chaplain will take no action to report. The duty chaplain should encourage the seeking of help and the reporting regime which is appropriate for the victim. If the victim later makes the case unrestricted, it should be made clear that it is the victim's option alone. The duty chaplain is never the one who reveals or reports confidential information.

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APPENDIX C

Domestic Violence Response

C.1 WHAT IS DOMESTIC VIOLENCE?⁴

Domestic violence is violent or controlling behavior directed by a person toward a current or past intimate partner. Intimate partners can be any two people that are dating or living together, married, separated, or divorced. Domestic violence is also referred to as battering or partner violence. The abuse can be physical, emotional, and/or sexual, and may occur occasionally or often.

Domestic violence is a pattern of behavior in which the abuser is trying to gain and maintain power and control over the victim. According to Elaine Alpert, MD, MPH, associate professor of public health and medicine at the Boston University School of Medicine, “Many victims of domestic violence have been led to believe that the problems they see in their relationship are their fault. They think it is their responsibility to change themselves and/or their partner so that the abuse will end. However, the abuse is not the victim’s fault. It occurs no matter what the victim does.”

C.2 STAGES

Over time, domestic violence usually occurs more frequently and worsens. It often follows a three-stage cycle:

1. Stage 1—Tension builds. The abuser may criticize and threaten the victim.
2. Stage 2—The abuser becomes physically violent and/or emotionally abusive.
3. Stage 3—The abuser apologizes, promises to change, and may seem very loving. Although the apologies and apparent acts of love may offer hope that things will change, the cycle of violence almost always starts again. It does not end until the abuser seeks help and makes a concerted effort to change or the victim leaves.

C.3 WHO IS AFFECTED?

Domestic violence affects millions of people. It cuts across all ages and all economic, educational, cultural, and religious backgrounds. Although 95 percent of the victims are women abused by men, domestic violence is also committed by women against men and in gay and lesbian relationships. More than three million American children are at risk of exposure to domestic violence each year.

C.4 WHAT ARE THE CHARACTERISTICS OF AN ABUSER?

Although abusers come from all walks of life, they tend to have some characteristics in common, such as:

1. Being possessive and jealous of any other relationships their partner has
2. Wanting to exert control to keep their partner from leaving

⁴ Military OneSource, <http://www.militaryonesource.com/MOS/FindInformation/Category/Topic/Issue/Materialwl.aspx?MaterialID=11669>.

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3. Being verbally and/or physically hurtful
4. Blaming others for their problems
5. Being moody and explosive (e.g., quickly moving between abusive and loving).

C.5 WHAT ARE THE COMMON SIGNS OF ABUSE?

C.5.1 Physical Abuse

Examples of physical abuse include:

1. Hitting, shoving, punching, kicking, or choking
2. Throwing or destroying things
3. Blocking victim from leaving the room or house
4. Subjecting victim to reckless driving
5. Threatening or hurting victim with a weapon.

C.5.2 Emotional Abuse

The abuser does things to make the victim feel scared, worthless, and helpless. Again, this is a pattern of behavior, not just an occasional insult. Examples include:

1. Insulting, blaming, criticizing, name-calling
2. Humiliating victim in public
3. Accusing victim of having affairs
4. Controlling all the money and making victim account for every penny
5. Telling victim what to do, where to go, and who the victim can see
6. Threatening or hurting the victim's children.

C.5.3 Sexual Abuse

Sexual abuse can be sexual acts, demands, or insults. Examples include:

1. Unwanted touching or sexual comments
2. Calling victim sexual names, such as "slut" or "frigid"
3. Forcing victim to have sex
4. Attacking victim's sexual body parts or hurting victim during sex.

C.6 ARE YOU OR IS SOMEONE YOU KNOW BEING ABUSED?

Ask yourself these questions about your partner:

1. Does your partner shove, hit, shake, or slap you?
2. Does your partner make light of the abuse, insist that it didn't happen, or shift the responsibility for his/her abusive behavior, blaming you for it?
3. Does your partner continually put you down, call you names, or humiliate you?
4. Does your partner intimidate you through looks or actions, destroy your property, or display weapons?
5. Does your partner control what you do, who you see and talk to, and where you go?
6. Does your partner limit your involvement outside the relationship?
7. Are you made to feel guilty about the children, or has your partner threatened to take the children away?

Ask yourself these questions about your friend or family member who may be experiencing abuse:

1. Does she/he appear anxious, depressed, withdrawn, and reluctant to talk?
2. Does his/her partner criticize him/her in front of you, making remarks that make you feel uncomfortable when you're around the two of them?
3. Do you see or hear about repeated bruises, broken bones, or other injuries that reportedly result from "accidents"?
4. Does his/her partner try to control her/his every move, make him/her account for his/her time, and accuse him/her of having affairs?
5. Is he/she often late or absent from work, has he/she quit a job altogether, or does he/she leave social engagements early because her/his partner is waiting for him/her?

C.7 HOW CAN A VICTIM OF ABUSE PLAN FOR THEIR SAFETY?

If someone is in an abusive relationship, it is important to have a safety plan. Such a plan can be helpful whether they are trying to stay in or leave the relationship. A domestic violence counselor can help develop a plan tailored to specific needs. Listed below are some common elements of a safety plan:

1. Setting up a signal with the neighbors so they can call the police if the victim is in danger.
2. Getting a restraining order if the victim needs legal protection to keep the abuser away.
3. Planning an escape route and a safe place to go, such as to relatives, friends, or a domestic violence shelter.
4. Keeping items listed below easily accessible for an emergency or if there is a plan to leave. They should consider keeping some of them, including copies of important papers, with a trusted relative or friend.
 - a. Important phone numbers and phone calling card
 - b. Money, checkbook, ATM, and credit cards
 - c. Driver's license

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- d. Keys for home, car, and office
- e. Important papers for themselves and their children, including birth certificates
- f. Social security cards, health insurance cards, and medical and school records
- g. Restraining order and information, including photographs, that will document past abuse
- h. Medications
- i. Change of clothes
- j. Children's favorite toys/blankets.

If they suspect that they will be leaving the relationship, they should try to obtain a credit card or debit card in their own name so that their abuser cannot cancel the cards. If they are ever in danger—or feel that they or their children are about to be in danger—they should call 911. In a growing number of cities and towns across the United States, law enforcement personnel are trained specifically to handle cases of domestic violence.

APPENDIX D

Substance Abuse Response

D.1 METHODS FOR IDENTIFYING SUBSTANCE ABUSERS⁵

D.1.1 Self Identification

The Navy provides evaluation and intervention to Sailors seeking help with alcohol problems. Limited protection is afforded to Sailors when self identifying (OPNAVINST 5350.4).

D.1.2 Medical Identification

Any health care provider who suspects substance problems must refer the Sailor to the SARP program for an evaluation.

D.1.3 Command Referrals

Commanding officers who suspect problem drinking must refer Sailors to SARP via their Drug and Alcohol Program Advisor.

D.1.4 Substance-Related Incident

Many Sailors who enter the SARP are identified subsequent to an alcohol-related incident in which law enforcement or other disciplinary authorities become involved. Examples include driving while intoxicated, underage drinking, and disorderly conduct while drunk. Commanders will be notified in such instances and are responsible to initiate the referral to SARP, per OPNAVINST 5350.4.

D.1.5 Drug Testing

The Navy conducts random urinalysis to detect and deter drug use among all military personnel. The Navy Drug Screening Program consists of the following components: random selection, member's consent, self referral, probable cause, and both command and service directed unit sweeps.

D.2 SUBSTANCE ABUSE AND REHABILITATION PROGRAM

The SARP program staff evaluates all Sailors suspected of drug and alcohol abuse in order to help the command understand the extent of the problem and to determine the Sailor's need for treatment and the level of care required.

A command can refer a Sailor by directly contacting the local SARP office and asking for an evaluation. If the commanding officer elects to prefer charges for suspected drug abuse, this must be done prior to the referral (DD Form 458). However, if the commander is concerned about the emotional health of the Sailor, he or she should have the Sailor evaluated for suicidal or homicidal ideation through a Command Directed Evaluation at Mental Health.

⁵ Military OneSource, <https://www.militaryonesource.com/MOS/FindInformation/Category/Topic/Issue/Materialwl.aspx?MaterialTypeID=9&MaterialID=3867>.

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If a command refers an individual for a substance abuse evaluation, the Sailor must be told the reason(s) for the evaluation emphasizing that the evaluation is not punitive in nature. The Sailor should also be directed to report in uniform for the assessment at the appointed date and time.

During the evaluation, the Sailor will be interviewed and may receive psychological testing. The potential results of the evaluation are:

1. No diagnosis
2. Alcohol/substance abuse
3. Alcohol/substance dependence
4. Other mental health diagnosis.

Members meeting the diagnostic criteria for substance abuse or dependence are put on a duty-limiting profile, which is continuously monitored to determine the appropriateness of continuing or terminating the profile.

D.3 COMPLETING THE SUBSTANCE ABUSE REHABILITATION PROGRAM

Sailors will not be considered to have successfully completed treatment until they no longer meet the criteria for substance abuse. SARP determines when the patient is effectively in recovery and no longer requires program resources and assistance.

When a Licensed Independent Practitioner (LIP) or medical officer determines there is a demonstrated pattern of unacceptable behavior, inability or unwillingness to comply with their treatment plan, or involvement in alcohol and/or drug related incidents after receiving initial treatment, the Sailor will be considered a treatment failure. The determination that a Sailor has failed treatment is based on the Sailor's repeated failure to meet and maintain naval standards of behavior, rather than solely on the use of alcohol. Individuals who have failed the SARP and been determined to be a treatment failure shall be processed for administrative separation by their command unless a written waiver is obtained from Commander, Navy Personnel Command.

D.4 REFERENCES RELEVANT TO ALCOHOL AND/OR SUBSTANCE ABUSE

1. DOD 1010.1, Military Drug Abuse Testing Program
2. DOD 1010.4, Drug and Alcohol Abuse by DoD Personnel
3. DOD 1010.7, Drunk and Drugged Driving By DoD Personnel
4. DOD 1010.9, DoD Civilian Employees Drug Abuse Testing Program
5. SECNAVINST 5300.28C, Military Substance Abuse Prevention and Control
6. SECNAVINST 5300.29B, Alcohol Abuse, Drug Abuse and Operating Motor Vehicles
7. SECNAVINST 1910.4B, Enlisted Separations
8. SECNAVINST 1920.6A, Officer Separations
9. OPNAVINST 5350.4 Series
10. OPNAVINST 5355.3B, Submarine and Nuclear Propulsion Program Personnel Drug/Alcohol Policy.

D.5 RESOURCES

1. Navy Alcohol and Drug Abuse Prevention
2. Commanding Officer's Guide—Alcohol and Drug Abuse Prevention and Control
3. Command Master Chief Guide—Drug and Alcohol Abuse Prevention and Control
4. National Institute on Drug Abuse (NIDA).

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APPENDIX E

Acute Combat and Operational Stress Reaction Response

E.1 SYMPTOMS OVERVIEW^{6 7}

Symptoms of posttraumatic stress disorder may vary in frequency and intensity over time, and may fall into three categories, described in Figure E-1.

Symptom Categories	
Re-experiencing the Event	
	Dreams/nightmares
	Flashbacks
	Anxious reactions to reminders of the event
	Hallucinations
Avoidance	
	Avoiding close emotional contact with family and friends
	Avoiding people or places that are reminders of the event
	Loss of memory about the event
	Feelings of detachment, numbness
Arousal	
	Difficulty falling or staying asleep
	Anger and irritability
	Difficulty concentrating
	Being easily startled

Figure E-1. Symptom Categories

E.2 PHYSICAL SYMPTOMS

Physical symptoms may also occur, such as stomach and digestive problems, chest pain, headaches, dizziness, and immune system problems. People with PTSD may also abuse alcohol or drugs.

⁶ National Center for Post-Traumatic Stress Disorder Web site, (<http://www.ncptsd.va.gov/ncmain/index.jsp>).

⁷ Military OneSource, (<http://www.militaryonesource.com/MOS/FindInformation/Category/Topic/Issue/Materialwl.aspx?MaterialID=8655>).

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PTSD is categorized according to when symptoms occur and how long they last. There are three types of PTSD:

1. Acute—Symptoms last between 1–3 months after the event
2. Chronic—Symptoms last more than three months after the event
3. Delayed onset—Symptoms don't appear until at least six months after the event.

E.3 STRESS REACTIONS AND INJURIES

All Sailors are at risk for stress injuries, no matter how strong, seasoned, or experienced. Everyone has a breaking point, and for each individual, that breaking point changes over time due to many internal and external factors. However, certain risk factors increase the probability that stress reactions or injuries will occur. The presence of risk factors does not automatically mean someone will be injured by excessive stress, but it raises that risk. Many of these risk factors can be modified, reduced, or eliminated. Risk factors often include:

E.3.1 Previous Traumatic Experiences

People who have experienced a previous trauma, such as a rape, car accident, disaster, or act of violence, are more susceptible to PTSD. The stress of the trauma can have a cumulative effect, and a new traumatic experience can exacerbate the negative effects of a previous trauma. This is especially true for those with early and longer-lasting childhood trauma.

E.3.2 History of Abuse

People with a history of physical, emotional, or sexual abuse tend to be more susceptible to PTSD. Such experiences may be related to a previous traumatic experience, and their lasting effects may also be reinforced by any additional trauma in the future.

E.3.3 Family History of Posttraumatic Stress Disorder or Depression

People with a family history of PTSD and/or depression tend to be more susceptible to PTSD.

E.3.4 History of Substance Abuse

People with a history of substance abuse tend to be more susceptible to PTSD. It may be that the drug use and alcoholism interfere with a person's ability to cope with the added stress of a traumatic event.

E.3.5 Poor Coping Skills

Coping skills and the level of psychological functioning can play a role in a person's susceptibility to PTSD. People are more susceptible to PTSD if they have poor coping skills or lower levels of psychological functioning. They also may have little sense of control over their circumstances or blame themselves for the trauma.

E.3.6 Lack of Social Support

Considerable research suggests that positive social and family relationships can help moderate the effects of stress and trauma. Conversely, people who lack supportive relationships and environments tend to be more vulnerable to stress and therefore more at risk for PTSD after experiencing trauma.

E.3.7 Ongoing Stress

The effects of extreme or ongoing stress on a person can result in extensive physical and psychological problems. This can reduce the ability to cope with trauma, therefore increasing the risk of PTSD in the future.

APPENDIX F

Casualty Assistance Calls Officer Support

F.1 INSTRUCTIONS FOR CASUALTY ASSISTANCE CALLS OFFICERS

F.1.1 Notification (First Visit)

This is often the Navy's first contact with a casualty's next of kin (NOK). It is imperative that initial notification be done in person for several reasons:

1. The Navy has a responsibility to ensure the NOK is informed in a caring manner and left in the supportive care of family and friends.
2. You can assess any need for financial assistance or further counseling resources.
3. This establishes a liaison/point-of-contact for the family to answer further questions that will arise.

F.1.2 Hours for Notification

Preferred hours of notification are 0600 to 2400. If it appears the NOK may learn of the casualty through the news media, the Casualty Assistance Division will determine whether notification should be made regardless of the hour. If the death was in theater (in a hostile war zone), notify regardless of the hour.

F.1.3 First, Second, and Third Visits

The key is flexibility! Guidance provided in The Navy Casualty Assistance Calls Program Manual directs casualty assistance calls officers (CACOs) to notify the NOK of a casualty during their first visit, assist with funeral arrangements on the second visit, and address benefits claims during their third visit. However, people deal with grief in different ways. Some families may feel the need to discuss funeral arrangements or benefits immediately after notification. If this occurs, do not feel limited by the first, second, and third visit scenario. If you're able, simply answer the NOK's questions and then gently recommend holding an in-depth discussion regarding benefits and/or funeral arrangements at a later time.

F.2 THE NOTIFICATION PROCESS

After you have been designated as CACO, your Casualty Assistance Calls and Funeral Honors Support (CAC/FHS) Program Coordinator will provide a brief of the casualty occurrence (date, time, place, circumstances, and present location of remains). Contact your local chaplain's office to arrange for a chaplain to accompany you on the initial notification of the NOK. It is preferable that a chaplain accompanies you on this visit, but do not delay notification if a chaplain is not readily available.

Upon arrival to the NOK's residence, politely introduce yourself, then ask the individual if he/she is the (relationship, i.e., wife, husband, father, mother) of (rate/rank and name) assigned to (his/her command). Upon confirmation, inform the NOK in a compassionate and empathetic manner of the cause and circumstances of death as provided by your regional coordinator.

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Inform the NOK that initial details are normally and necessarily brief. Advise them that additional information will be provided when available and that a letter setting forth the circumstances of the casualty incident will be sent by the commanding officer within 48 hours of the casualty occurrence.

Two additional points should be shared. First, it is important that you be compassionate in your speech, attitude, and bearing. The family members will be apprehensive and fearful from the moment they see you approaching. You may also have strong emotions in connection with this assignment, or you may be quite nervous yourself. A calm voice and a caring demeanor will help both the NOK, and you, get through this difficult experience. Second, it has been proven easiest for all involved if the notification of death or injury is revealed in increments. Giving the truth in pieces to the family members is preferable rather than hitting them with it all at once. The increments you use might be as follows: (1) State why you're there. (2) Characterize the news you have to deliver. (3) State who the news is about. (4) Broadly tell what happened. (5) Finally, tell them the bottom line, or the present condition, in a clear and unambiguous fashion.

F.3 NOTIFICATION OF DEATH SCENARIO

The following wording is a possible approach for notification of death. Other scenarios might call for a different approach, but the emphasis would continue to be on clarity of communication and respect for the fallen and their family. [CACO and chaplain approach and knock on door. Mrs. Smith opens door].

CACO: Mrs. Smith? Are you the mother of Susan Smith? Good afternoon, I'm LT Jones. This is Chaplain Green. Mrs. Smith, we have some news for you. Unfortunately, it's not good news. It is about your daughter, Seaman Susan Smith. Susan was involved in an automobile accident while on liberty in Sigonella, Sicily. Susan was very seriously injured and I'm sorry to report, she died as a result of her injuries.

CHAPLAIN: Ma'am, may we come in? [CACO and chaplain enter the home].

In this scene, the CACO delivered the bad news in increments. There is no way the news you have to deliver is going to be anything but bad news. It's going to be painful, regardless of how you do it. But by breaking the news compassionately and in increments, you can make it a little less traumatic.

F.4 WHEN COMPLICATIONS ARISE DURING A CASUALTY CALL

This section describes the possible complications you may encounter during a casualty call. You may not experience all the complications portrayed here, but these, and many others, have occurred at various times in the past.

F.4.1 Initial Shock

There will of course be apprehension at the door, and once the notification is given, there will be shock. Remember that each family and each individual in the family is unique. It's reasonable to expect each person may respond to the news differently.

F.4.2 Young Children

Young children will often reflect the behavior of their mother. If she cries, the children are likely to cry. If she is restrained or unemotional, they're more likely to be, as well. If the father becomes emotional, the children may see you as a threat and may be afraid of you. Avoid the temptation to reach out to them at that time. For this reason, it may be wise to make the initial notification away from the ears of children who are old enough to understand. Unless there is a good reason to do otherwise, it's best to support the parents or other adults as they inform the children of what has happened, rather than doing it yourself. Parents or other family members know the children and know how they may react.

F.4.3 Anger or Denial

Sometimes family members express anger or denial. Often tears and mournful wails will punctuate the notification. It is imperative that the chaplain and the CACO remain patient and composed at all times. Do not invalidate their grief by giving unrealistic assurances. Do not attempt to stop or truncate an emotional outburst. In such situations, simply allow the family members to express whatever they need to express without any interference from you, unless it begins to appear that someone might get hurt.

Your concern about the safety and well-being of all involved includes you. You do not have to allow yourself to get hurt. If the situation becomes dangerous to you, step outside and wait until the situation settles down. Or, you may have to leave altogether. If you do leave, assure someone you will return as soon as possible, and make sure that person knows how to contact you in the interim.

When the initial emotional wave passes, to make a personal connection with the family members, you might ask some general questions about the deceased, such as “Do you have any pictures of John?” “What stands out most about him?” “What did he like to do when he was at home?” These kinds of questions may help to shift the focus away from the immediate pain and shock to past pleasant moments within the family. They may help to build rapport and to set the stage for the continuing work of the CACO.

F.5 CONCLUDING THE FIRST VISIT

Conclude the first visit only after ensuring that, if necessary, a “support group” of friends, relatives, and/or a family clergyman is with the NOK. Close family and family members not at home should be notified without delay. Before leaving, provide the Casualty Assistance Division toll-free telephone number to the NOK. Assure them that you, as CACO, will be available to assist them on a continual basis. However, they should not hesitate to contact Navy representatives on the toll-free telephone number regarding any issue. You may also want to offer to leave a second CACO calling card in a prominent location in the NOK’s residence, such as on the refrigerator door or by the telephone.

As CACOs and chaplains, you can process your own emotions and reactions on the way home. Keep in mind that as long as you are in the family’s home, you are an ambassador, representing the United States Navy, and should maintain a professional demeanor at all times.

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APPENDIX G

Notional Duty Information Resource Chart

Each watch bill team should have a common source of information for use in referral. The following is an example of a chart which can be used for that purpose.

Chaplain Duty Information Resource Chart					
Organization	POC	Phone/E-mail	Hours	Location	Services
Fleet and Family Support Center					
Clinic/Hospital					
Command Duty Officer/Staff Duty Officer					
Quarterdeck					
Child Care Center					
Housing					
Navy Lodge					
Bachelor Enlisted Quarters (BEQ)/Bachelor Officer Quarters (BOQ)					
Womens' Shelters					
Fisher House					
United Service Organizations Inc					
Bureau of Naval Personnel (BUPERS)					
Navy mobilization processing site (NMPS)					
Expeditionary Combat Readiness Center (ECRC)					
Major local command quarterdecks/duty					
Local Personnel Support Det					
Soup Kitchen					
Second hand store					
Navy Marine Corps Relief Society					
Red Cross					
Local religious organizations					
Local civic organizations					
Chaplains Religious Enrichment Development Operation					
Local funeral homes					
Family Advocacy					
Local hospitals and emergency rooms					
Decedent Affairs					
Casualty assistance calls officer coordinator					
Veterans Affairs					

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APPENDIX H

Notional Plan of Action and Milestones

H.1 INTRODUCTION

The following represents a notional plan for implementation of the duty as described in this publication.

H.2 INITIAL TRAINING

1. All prospective supervisory chaplains:
 - a. Complete the training material
 - b. Stand duty under instruction with the watch manager
 - c. Stand duty under supervision by the watch manager
 - d. Provide feedback on the SOP and training process.
2. Each prospective watch stander:
 - a. Completes the training material
 - b. Stands duty under instruction by a supervisory chaplain
 - c. Stands duty under supervision
 - d. Provides feedback on the SOP and training process.

H.3 MILESTONES

1. Day 1–30: Supervisory chaplains complete the training material, are trained and certified, and take ownership of the process.
2. Day 31–75: All chaplains currently in the area complete the training material, are trained and certified, and have a sense of ownership of the product of duty chaplaincy.
3. Day 75: All participants understand the SOP to be a living document, and contribute to its continuous improvement.
4. Day 90, 180, 270: New chaplains entering the area check in, are indoctrinated, complete the training and certification, and join in the shared vision of quality ministry delivered through the CHC signature program of chaplain duty watch standing.
5. Day 360: Chaplain duty watch standing manager offers draft manager turnover binder for comments by all watch standers.

H.4 STRATEGIC COMMUNICATIONS

1. Monthly message or e-mail from regional fleet and shore senior commanders to all host and tenant commands announcing the watch bill and listing the services provided by the duty chaplain
2. Duty-team representative attends all Ombudsman meetings, pre-deployment briefs, and similar events to deliver flyers and speak about services offered by duty chaplains
3. Time set aside at chaplain gatherings (quarterly/monthly training, meetings, etc.) to review procedures, provide feedback on processes, collect additional information for the duty information resource, and provide peer support.

REFERENCES

- DOD 1010.1, Military Drug Abuse Testing Program
- DOD 1010.4, Drug and Alcohol Abuse by DoD Personnel
- DOD 1010.7, Drunk and Drugged Driving By DoD Personnel
- DOD 1010.9, DoD Civilian Employees Drug Abuse Testing Program
- NAVPERS 53500A (10-02), Commanding Officer's Guide—Alcohol and Drug Abuse Prevention and Control
- NTRP 1-05.1, Lay Leaders
- NTTP 1-15M, Combat and Operational Stress Control
- NWP 1-05, Religious Ministry in the U.S. Navy
- OPNAVINST 5350.4 Series
- OPNAVINST 5355.3B, Submarine and Nuclear Propulsion Program Personnel Drug/Alcohol Policy
- SECNAVINST 1730.10, Chaplain Advisement and Liaison
- SECNAVINST 1730.7D, Religious Ministry in the Department of the Navy
- SECNAVINST 1730.8B, Religious Accommodation
- SECNAVINST 1730.9, Chaplain Confidentiality
- SECNAVINST 1910.4B, Enlisted Separations
- SECNAVINST 1920.6A, Officer Separations
- SECNAVINST 5211.5E, Department of the Navy (DON) Privacy Program
- SECNAVINST 5300.28C, Military Substance Abuse Prevention and Control
- SECNAVINST 5300.29B, Alcohol Abuse, Drug Abuse and Operating Motor Vehicles
- Command Master Chief Guide—Drug and Alcohol Abuse Prevention and Control,
<http://www.public.navy.mil/bupers-npc/support/nadap/policy/Documents/CMCG.pdf>
- Military Installations, <http://apps.mhf.dod.mil/pls/psgprod/f?p=MI:ENTRY:1781476845619338>
- Military OneSource.com—Sexual Assault,
<http://www.militaryonesource.com/MOS/Tools/Search.aspx?&site=All&q=sexual%20assault>
- Military OneSource.com—Methods for Identifying Substance Abusers,
<https://www.militaryonesource.com/MOS/FindInformation/Category/Topic/Issue/Materialwl.aspx?MaterialTypeID=9&MaterialID=3867>

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Military OneSource.com—What is Domestic Violence?,

<http://www.militaryonesource.com/MOS/FindInformation/Category/Topic/Issue/Materialwl.aspx?MaterialID=11669>

Navy Casualty Assistance Calls Officer (CACO) Program Guidebook,

<http://www.npc.navy.mil/NR/rdonlyres/3BB8B920-69C3-4A88-AF44-01EC5248BDE7/0/navyCACO.pdf>

Navy Leader's Guide for Managing Sailors in Distress,

<http://www.nmcphc.med.navy.mil/lguide/index.aspx>

National Suicide Prevention Lifeline—Get Help,

<http://www.suicidepreventionlifeline.org/GetHelp/Default.aspx>

Sexual Assault Prevention and Response Office, <http://www.sapr.mil/>

Substance Abuse and Mental Health Services Administration's Mental Health Services Locator,

www.mentalhealth.samhsa.gov/databases/

Substance Abuse Treatment Facility Locator, <http://dasis3.samhsa.gov>

LIST OF ACRONYMS AND ABBREVIATIONS

BUMED	Bureau of Medicine and Surgery
CACO	casualty assistance calls officer
CDO	command duty officer
CHC	Navy Chaplain Corps
CREDO	Chaplains Religious Enrichment Development Operation
DON	Department of the Navy
DTS	Defense Transportation System
ECRC	Expeditionary Combat Readiness Center
FFSC	fleet and family support center
GSA	Global War on Terrorism Support Assignment
IA	individual augmentee
NOK	next of kin
NTTP	Navy tactics, techniques and procedures
OPNAVINST	Chief of Naval Operations instruction
OSA	Overseas Contingency Operations Support Assignment
POC	point of contact
PRA	primary review authority
PTSD	posttraumatic stress disorder
RMT	religious ministry team
RP	Religious Program Specialist
SARC	sexual assault response coordinator
SARP	Substance Abuse and Rehabilitation Program
SDO	staff duty officer
SECNAVINST	Secretary of the Navy instruction

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SOP standard operating procedure

UIC unit identification code

VA victim advocate

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