



Battlemind Psychological Debriefings

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Military personnel who experience combat-related events are more likely to report mental health problems yet few early interventions have been designed to do more than assess those with problems or treat those with diagnoses. Psychological debriefing is one early intervention technique that has been used with military populations. While there are several different kinds of debriefings, Battlemind Psychological Debriefing is a recent product of the WRAIR's Battlemind System of Training. Evidence from a new Army study suggests this adaptation of psychological debriefing is effective with individuals returning from combat. The present report outlines the procedures for conducting Battlemind Psychological Debriefing during deployment and at post-deployment. The guidance is based on recommendations following a review of the literature on debriefing, extensive surveys of US military personnel on a combat deployment and on 25 debriefings conducted as part of the first-ever randomized controlled trial of psychological debriefing with a military population.

• **Psychological Impact of Combat Deployment**

Military personnel are routinely deployed on operations that place them at risk for exposure to significant stressors. These deployment-related stressors range from the hassles of deployed life to the dangers of combat exposure (Adler, Litz, & Bartone, 2003; Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004).

Exposure to deployment-related stressors has been linked to increased rates of subsequent health problems. Studies have found exposure to severe combat stressors relate to the subsequent development of a range of physiological diseases (Boscarino, 1997). Other studies have documented the association between exposure to deployment-related stressors and the development of psychiatric

disorders (Hoge et al., 2004; Jordan et al., 1991; King, King, Foy, Keane, & Fairbank, 1999; Wolfe, Erickson, Sharkansky, King, & King, 1999).

Deployment is also associated with increased symptoms of posttraumatic stress disorder (PTSD; Hoge et al., 2004), depression (Hoge et al., 2004; Jordan et al., 1991), and anger problems (Adler, Dolan & Castro, 2000; McCarroll et al., 2000). Furthermore, while symptom reports may be low during the immediate post-deployment period, studies with Soldiers have found that these symptoms increase three to six months later (e.g., Bliese, Wright, Adler & Thomas, 2006; Hoge et al., 2006). In all, it is estimated that between 20-30% of US military personnel returning from combat report significant psychological symptoms (Hoge et al., 2004).

Given that post-deployment symptoms increase over time, interventions need to be conducted early, before problems worsen, and should target even those who do not initially report symptoms.

- **Need for Effective Early Interventions**

The psychological impact of deployment demonstrates the need for effective early interventions that can be provided to units on or returning from deployment. Nevertheless, most research efforts to address combat deployment-related issues focus on assessing mental health and treating individuals with psychiatric diagnoses.

There are few well-designed studies that assess the effectiveness of early interventions following exposure to a specific traumatic event, although such research has been called an ethical duty by the Department of Defense Conference on Early Intervention in 2002. Other researchers have documented the dearth of validated early interventions with individuals exposed to potentially traumatic events (Litz, Gray, Bryant, & Adler, 2002). Researchers have also called for efficacy studies with military personnel, in particular (Castro, Engel, & Adler, 2004; MacDonald, Chamberlain, Long, Pereira-Laird, & Mirfin, 1998).

- **Psychological Debriefing**

One of the most common early interventions with military populations is psychological debriefing which is used in many militaries around the world (Adler & Bartone, 1999). While there are several different types of psychological debriefings, they all contain essentially the same elements: a structured group discussion designed to review a particularly stressful experience. Specific debriefing models vary in terms of the number phases, the focus of the discussion, and the degree of structure provided to the group (Raphael & Wilson, 2000).

Despite the wide use of psychological debriefing, few studies have systematically assessed the efficacy of debriefing with military personnel. However, research on psychological debriefing has been conducted with other populations. There is some controversy in the field of debriefing as to whether psychological debriefing is effective, neutral or even potentially harmful. Those studies reporting harmful

effects have generally misapplied psychological debriefing by debriefing victims of traumatic events (rather than those exposed to traumatic events as part of their occupational responsibility) or conducting psychological debriefings with individuals (rather than with intact groups). For example, Bisson, Jenkins, Alexander, and Bannister (1997) studied severe burn victims; Hobbs, Mayou, Harrison, and Warlock (1996) studied victims of motor vehicle accident; Rose, Brewin, Andrews, and Kirk (1999) studied victims of violent crime.

These studies and the meta-analyses of such studies (Rose, Bisson, & Wessely, 2001; van Emmerik, Kamphuis, Hulsbosch, & Emmelkamp, 2002) have not found psychological debriefing to be effective and have found some evidence that it may be harmful. It should be noted, however, that these meta-analyses included studies that involved the misapplication of psychological debriefing. This misapplication contradicts what is taught in most debriefing models.

- **Psychological Debriefings in the US Army**

The conclusions from existing meta-analyses have little relevance to military personnel because (1) those debriefed were not professionals participating in a mission, (2) they were victims, (3) the type of intervention is not specified, (4) the individuals conducting the training were not trained in standard debriefing methods, and (5) the interventions were conducted with individuals. Despite these and other limitations (see Litz, et al., 2002, for a review), conclusions from these studies have led some to call for a stop to debriefing in any form (e.g., Rose et al., 2001).

This debriefing controversy introduces two important points. First, there is a need for military-relevant research. The few well-designed studies that have been conducted are not helpful in understanding the use of debriefing in military settings and unfortunately military studies typically have not been well-designed. These previous studies have been conducted without control groups (Shalev, Peri, Rogel-Fuchs, Ursano & Marlowe, 1998) or random assignment to condition (Deahl, Srinivasan, Jones, Thomas, Neblett, & Jolly, 2000; Eid, Johnsen, & Weisaeth, 2000). Interestingly, however, studies

with military personnel have yielded positive results but without rigorous methodology, caution must be used in interpreting the findings.

Second, there is no validated alternative to psychological debriefing. While other methods have been introduced (e.g., Psychological First Aid; the United Kingdom's TRiM intervention provided for Navy personnel), these methods have not been subjected to adequate tests of their effectiveness.

Current Army doctrine recommends that mental health providers "avoid psychological debriefings as a means to reduce acute posttraumatic distress or to slow progression to PTSD" (FM 4-02.51, Chapter 6, pg. 6-3). In addition, FM 4-02.51 does not recommend for or against the use of structured group debriefings due to insufficient evidence at the time the manual was written to support or eliminate the use of psychological debriefings. However, the manual stipulates that group debriefings with preexisting groups may improve cohesion, morale and other unit climate variables.

• **Research with Peacekeepers in Kosovo**

In order to address this lack of adequate assessment of psychological debriefing, in cooperation with the Boston Department of Veterans Affairs Healthcare System, we conducted a randomized controlled trial of military personnel deploying to Kosovo for a six month peacekeeping rotation. During their last month of deployment, platoons were randomly assigned to one of three conditions: survey only (which served as the control group), standard stress education and psychological debriefing. After controlling for the effects of exposure to deployment-related events, results demonstrated that those in the debriefing group did not do worse than those in the other two conditions, they reported no greater immediate post-group distress or physiological arousal, and they liked debriefing more than did those in the stress education group. In addition, there was an indication that those in the debriefing group felt slightly more positive about the Army 10 months following the deployment when compared with those in the no-intervention control group (Adler et al., 2004) and debriefing was minimally associated with lower posttraumatic stress and aggression compared to those in the stress education group.

These findings suggest that psychological debriefing is well-received by military personnel, is not harmful, and may even be useful. Despite these findings, however, the study has only limited utility for the Army because there were few highly-stressful events reported by the peacekeepers in the study. Thus, while the study demonstrated the feasibility of conducting such research, it was clear that a debriefing study would have to be conducted with troops returning from a deployment involving greater exposure to high-stress events.

• **Psychological Debriefings During Combat Deployments**

During combat deployments in Iraq and Afghanistan, psychological debriefings are at times conducted with U.S. military service members following potentially traumatic events (e.g. loss of a unit member). These psychological debriefings are conducted as part of an overarching set of behavioral health services and programs. It is important to note that such debriefings, as well as the ones recommended in this report, are delivered in an organizational context that includes access to behavioral health services during deployment and two individual mental health assessments at post-deployment,

The psychological debriefings conducted during combat may be called different names such as Critical Event Debriefing (CED; Koshes, Young, & Stokes, 1995) and Critical Incident Stress Debriefing (CISD; (Mitchell, & Everly, 2001). The name used to describe the debriefing may depend in part on the type of training received by the person conducting the debriefing. Anecdotal accounts suggest that the actual debriefing model may also be adapted by the facilitator. Facilitators sometimes use only certain phases of the debriefing framework or modify phases to fit their personal preferences. One reason facilitators may be tempted to revise existing procedures is that the standard models do not address the deployment-related concerns of military personnel. This haphazard adaptation leads to uncertainty as to what exactly service members are receiving, difficulty in establishing common methods across facilitators, and lack of integration into existing mental health training programs.

In order to address these issues, we developed Battlemind Psychological Debriefing. Battlemind Psychological Debriefing is designed for use in three different ways:

- (1) **in-theatre event-driven debriefing** that occurs following a potentially traumatizing event during deployment;
- (2) **in-theatre time-driven debriefing** that occurs at specified time points during deployment to address the cumulative effects of the deployment; and
- (3) **immediate post-deployment debriefing** to facilitate the transition from combat to home.

This report provides background information on Battlemind Psychological Debriefing, implementation considerations, and separate descriptions of the phases of Battlemind Psychological Debriefings for use in-theatre and at post-deployment.

Note that evidence from a new Army study suggests that post-deployment Battlemind Psychological Debriefing is effective with individuals returning from combat (Adler, Castro, McGurk, Bliese, Cox, & Hoge, 2006). Based on lessons learned from conducting the combat debriefing study and on the development of the Battlemind Training by the Walter Reed Army Institute of Research (WRAIR), the debriefing procedures used in the study have been adapted and expanded for use in-theatre and at post-deployment.

Thus, this report describes Battlemind Psychological Debriefing, an early intervention specifically designed for combat deployment that is integrated with the WRAIR's behavioral health Battlemind Training.

- **The goal of Battlemind Psychological Debriefings**

Battlemind Psychological Debriefings are structured group discussions designed to support military personnel in their transition back to duty after a significant incident (in-theatre) or from the combat environment to the home environment at post-deployment. Battlemind Psychological Debriefings use a set of specific questions to guide participants through a series of phases in which combat events

or deployment experiences are acknowledged among unit members, common reactions are discussed, and actions that can be taken to facilitate the transition are reviewed. Battlemind Psychological Debriefings are not expected to prevent the development of a psychiatric disorder for any one individual but are expected to reduce the level of mental health symptoms for the unit overall.

- **Who should be in a Battlemind Psychological Debriefing?**

Individuals participating in a Battlemind Psychological Debriefings should be members of a platoon or equivalent team, typically involving about 20 to 30 individuals. The individual service members should include all ranks in that platoon, including the platoon leadership. For post-deployment Battlemind Psychological Debriefings, even those service members who joined the deployment months after a particularly significant event or toward the end of the deployment should be included. In many instances, it will not be possible to get the entire platoon together. If necessary, Battlemind Psychological Debriefings may be conducted with partial platoons but it is preferable for the entire platoon to be present.

Battlemind Psychological Debriefings are designed for unit members to share their experiences together, regardless of rank, marital status, or if they have children. Artificial groups should not be created in order to address a particular subgroup such as married service members or single parents or to introduce additional topics, issues, or themes.

- **Battlemind Psychological Debriefing Facilitators**

Battlemind Psychological Debriefings need to have at least two facilitators: a leader and one co-facilitator. It may be helpful if one of these facilitators is a service member, someone who can be regarded as a peer. It's best to have a 10:1, service member: facilitator ratio.

Qualifications. Ideally, Battlemind Psychological Debriefing leaders should be military officers with combat deployment experience who are also trained in some behavioral health specialty (psychologist, psychiatrist, social worker, or chaplain trained in

counseling). Co-facilitators could be enlisted service members with related specialties (e.g., Mental Health Specialist [68X]), or military personnel (officers or enlisted) who have received Battlemind Psychological Debriefing training, regardless of combat deployment experience. Civilians who are familiar with the military, deployments, behavioral health and have received Battlemind Psychological Debriefing training could also serve as leaders or facilitators depending on their level of experience.

In the post-deployment Battlemind Debriefing study, there were no significant facilitator effects influencing the impact of post-deployment Psychological Debriefing. Regardless of military status, it is important to establish a climate of trust, respect, and competency.

Facilitator Role. The Battlemind Psychological Debriefing facilitator has two primary jobs:

- (1) to establish rapport with the group, setting a tone of respect and emotional safety, and
- (2) to transition the group through each of the phases.

In serving this vital function, the Battlemind Psychological Debriefing facilitator should be sure not to dominate any discussion during the Event, Reaction, or Adjustment phases. If facilitators notice that they are speaking too much during the Psychological Debriefing, they need to stop. The facilitators can support each other by being watchful and reorienting the group with a well-timed question or comment as needed.

Another strategy that the facilitator must avoid is turning the session into a question and answer dyad. Although an individual participant may say something that in a normal counseling session would be followed by a therapist's question or interpretation, it is the facilitator's job to reflect the theme or issue back to the group as a whole. This reflection or summary does not need to occur after every comment made by a participant but could occur if there is a particularly difficult or intense comment, and should occur at the end of each phase.

In addition, the facilitators do not need to have an answer for everything, should not use the group's

time to discuss their own experiences, and should not make the Psychological Debriefing into group (or individual) therapy. Facilitators should not force any participant to talk; establishing the ground rules that each person is expected to talk and the value of every member sharing their experiences is enough.

- **Setting the Stage**

Timing. In-theatre Battlemind Psychological Debriefing can be conducted in two different ways depending on mission requirements and staff availability. Battlemind Psychological Debriefings can be conducted shortly after an event involving serious threat of harm or actual harm. Such **event-driven Battlemind Psychological Debriefings** should occur once all affected service members are in a safe environment and other physical needs (i.e. sleep, food, etc.) have been met.

Alternatively, in-theatre Battlemind Psychological Debriefings may be time-driven; conducted at specified times during the deployment. For example, **time-driven Battlemind Psychological Debriefing** may be conducted 4 months after arrival in theatre and again at 8 months into the deployment.

Time-driven Battlemind Psychological Debriefings may be especially important over the course of a year-long deployment as research has demonstrated a link between deployment length and mental health problems (Adler, Huffman, Bliese, & Castro, 2005). Another reason why time-driven debriefings may be a useful alternative to incident-driven debriefings is that there may be so many serious incidents on a combat deployment that the unit becomes reluctant to hold a debriefing after each one. The unit members may come to treat the sessions as a rote exercise. In addition, the cumulative effect of deployment-related stressors can be addressed with time-driven debriefing.

Post-deployment Psychological Debriefings may be conducted during the reintegration process, within two weeks of service members returning home from a deployment, or even at a third location decompression site.

Regardless of where they take place, Battlemind Psychological Debriefings should not be conducted at the end of long duty days (duty days longer than

10 hours) or when the service members are either physically or emotionally exhausted. While no exact day has been identified as optimal, it is recommended that Battlemind Psychological Debriefings be conducted as the last activity of the day. Conducting debriefing at the end of the duty day can avoid the situation in which service members participate in an emotionally focused session followed by an abrupt return to duty. In addition, even after the session is over, individuals in the session may continue to talk with one another or support one another – whereas immediately returning to duty may distract individuals from providing or receiving on-going support.

Location. As previously mentioned, Battlemind Psychological Debriefings can be conducted in-theatre or at home station (post-deployment). In either location, the room used for the debriefing should be large enough to fit chairs for everyone in the platoon plus two to three Battlemind Psychological Debriefing facilitators. For example, conference rooms, day rooms, or classrooms in a community center would be appropriate. It is important to have a location where there will be no interruptions.

Do not allow other unit members (outside of the group) to enter the room in order to conduct non-Battlemind Psychological Debriefing tasks, such as putting out unit information, taskings. The facilitator should keep this from happening.

Room configuration. Prior to the Battlemind Psychological Debriefing, chairs should be placed in a circle, with the facilitator and co-facilitator seated across from one another with the co-facilitator seated near the door (for easy exiting should it be necessary to follow an individual who might leave the room).

Length of Time. The Battlemind Psychological Debriefing can be expected to take about 60 to 120 minutes. This will vary depending on platoon size and how talkative individuals are. It is the facilitators' job to balance between allowing the participants to use the time to express themselves and keeping the group moving.

Creating the right climate. The facilitator should be sure to keep a pleasant tone of voice and not be

condescending. Team members should be aware how their statements come across so they do not sound like a know-it-all. They should also not sound like they are issuing orders or barking at service members when asking debriefing questions. Facilitators also need to be aware of their body language such as making faces or dismissive gestures. Setting the right tone means being appropriate with expressions of sympathy and empathy, listening attentively with good eye contact, and using a respectful tone of voice.

- **Preparing for Battlemind Psychological Debriefing**

Talking with Leaders. The lead facilitator needs to touch base with the key group leader (e.g., platoon leader and platoon sergeant) before the start of the session in order to find out about the significant event(s) that have occurred (casualties, combat experiences, etc.) and to inform the leaders about generally what to expect from the session. In addition, the leaders should be told that the session provides an opportunity for the **leaders** and service members to:

- (1) normalize the experience of the significant event or the post-deployment transition
- (2) talk about events and feelings
- (3) reinforce the meaning of the unit's sacrifice
- (4) prepare the unit psychologically to return to duty

Identifying Local Resources. Besides being appropriately trained, being familiar with other team members, and preparing an appropriate room, Battlemind Psychological Debriefing team members need to know what local mental health resources are available to service members. They need to know what to recommend if service members ask about individual counseling, counseling for family members, and counseling for alcohol or drug problems. Before the debriefing begins, facilitators need to prepare a business-size card or handout with all the key local resources listed and their telephone numbers. These cards (or handouts) need to be reproduced and handed out to all unit members at the end of the Battlemind Psychological Debriefing.

Planning for Immediate Referrals. Debriefing team members need to have a plan for what to do in the (unlikely) event a unit member needs immediate evaluation for mental health concerns. This preparation includes knowing where the individual needs to be evaluated and by whom (e.g., CSH, TMC, Aid Station, ER, Division Mental Health), and who will escort that individual. To this end, the facilitator needs to talk with the senior NCO of the platoon prior to the start of the Battlemind Psychological Debriefing in order to establish a plan and to ensure that the senior NCO (or other designee) is available to escort a service member should an emergency referral occur.

The team members need to set up a plan beforehand as to what role each will play in facilitating access to care (e.g., which team member will call the local resource to alert them that someone is on the way for evaluation, which team member talks to the senior NCO). While these details need to be arranged, it should be noted that it is extremely unlikely that such a requirement will occur. Furthermore, for Battlemind Psychological Debriefings conducted during the post-deployment period, there already is a direct opportunity for military personnel to refer themselves through the Post-Deployment Health Assessment (PDHA).

Know Battlemind Training. Battlemind Training, developed by the Walter Reed Army Institute of Research (WRAIR), is a series of mental health training modules given at pre-deployment and post-deployment to Soldiers and military spouses. Pre-deployment Battlemind Training helps service members prepare for the mental rigors of combat. Post-deployment Battlemind Training emphasizes that the combat skills that helped service members survive a year-long deployment need to be adapted to facilitate the transition home. Facilitators need to become familiar with Battlemind Training and the accompanying speaker notes. These are available on the website: www.Battlemind.org.

Service members participating in the Battlemind Psychological Debriefing conducted at post-deployment may also be receiving these two Battlemind Training sessions (as of this writing, Battlemind II is part of the Post-Deployment Health

ReAssessment [PDHRA]). By incorporating the language and themes from these training sessions, the Battlemind Psychological Debriefing facilitators reinforce the key points. This is especially true in the Transition and Training/Adjustment Phases of the Battlemind Psychological Debriefing (see below).

- **Phase Development: Overview**

As mentioned previously, there are several different types of psychological debriefing but there are many similarities across debriefing models. In terms of similarities, debriefings are semi-structured discussions that use a trained facilitator to guide individuals through a series of questions related to a particularly stressful event. The goal across debriefing models is consistent: normalization of reactions and an opportunity to review the event in a supportive setting. Specific debriefing models vary, however, in terms of the number and type of phases, the focus of the discussion, and the degree of structure provided to the group (Raphael & Wilson, 2000).

Contrast to other debriefing models. While Battlemind Psychological Debriefing is consistent with other debriefing models in that there is a review of events, a specific set of phases, and questions provide structure to the discussion, it is unique in its emphasis on:

- (1) integrating military culture into the ground rules
- (2) discussing positive and negative reactions
- (3) not differentiating between cognitive and emotional reactions
- (4) focusing on Battlemind concepts
- (5) addressing the concept of stigma
- (6) highlighting the need for buddy care and leader care
- (7) explicitly acknowledging the sacrifice of participants

In addition, post-deployment Battlemind Psychological Debriefings are unique in that they explicitly discuss the transition home given that changes experienced on long combat deployments

present challenges to reintegrating with family and friends.

In this section we contrast Battlemind Psychological Debriefing with two models used in the US Army: Critical Incident Stress Debriefing (Everly & Mitchell, 2000) and Critical Event Debriefing. While other models, such as Group Crisis Intervention National Organization for Victim Assistance (GCI NOVA) and Historical Event Reconstruction Debriefing (HERD) have also been discussed in the literature, the CISD and CED models are the most frequently used with military populations. We provide this discussion of similarities and differences with existing debriefing models to facilitate training for those already familiar with the two models and to highlight unique features associated with Battlemind Psychological Debriefing.

Critical-Incident Stress Debriefing

Traditional CISD relies on seven phases: (1) In the Introduction Phase, the ground rules are set up; (2) In the Fact Phase, participants identify themselves and their role in the event; (3) In the Thought Phase, individuals are asked to describe their first thought about the critical event; (4) In the Reactions Phase, participants are asked describe the worst part of the experience; (5) In the Symptom Phase, participants are asked about difficulties or problems they may be experiencing; (6) In the Teaching Phase, basics about stress management and self-care are reviewed; and (7) In the Reentry Phase, participants are reminded about the mental health resources available to them and encouraged to talk to the group leaders and/or mental health personnel after the group is over. Only two phases (the Fact and the Thought Phases) involve direct questions to each individual. The other phases involve questions thrown out to the group as a whole.

Critical Event Debriefing:

Traditional CED relies on six phases. 1) In the Introduction Phase, ground rules are established; 2) in the Chronological Reconstruction Phase, each participant describes, in detail, what exactly happened during the event; 3) in the Cognitive-Affective Reactions Phase, reactions are normalized; 4) in the Symptoms Phase, common symptoms are listed; 5) in the Teaching Phase, coping strategies

are taught to the group members; and finally, 6) the Wrap-Up Phase summarizes what was discussed and brings the group to a close.

Debriefing Models Compared:

CISD and CED are both designed to occur in response to a specific critical event and are typically designed to occur rather soon after that event (there are exceptions, as in the case of delayed onset debriefings but it is not the modal design). In comparison, in-theatre time-driven and post-deployment Battlemind Psychological Debriefings are not in response to a discrete event.

Neither CISD nor CED focuses on the transition from deployment to home or from deployment to returning to duty. In the case of CISD, the focus is on recounting a specific event, normalizing symptoms and providing stress education on how to manage the symptoms. In the case of CED, the focus is on getting a complete reconstruction of the event in order to show the participants other perspectives of what occurred. In all three Battlemind Psychological Debriefings, the focus is on how changes brought on by the events of the accumulation of the events will affect that transition process and on how that transition process can be facilitated.

Besides the timing and focus of the debriefing sessions, the debriefing phases themselves are different in Battlemind Psychological Debriefings. The Battlemind Psychological Debriefings also have unique content in terms of what some of the phases cover (see Table 1 for an overview):

(1) In the Introduction Phase, slightly different ground rules are reviewed. Specifically, unlike CISD ground rules, rank is not ignored, all platoon members are required to participate, and talking is strongly encouraged. In CED, platoon members are encouraged, but not required to speak.

(2) In the Event Phase of post-deployment Battlemind Psychological Debriefings, service members are asked to review one or two of the events that they are carrying with them in the transition process. Unlike CISD, they are not asked to state who they are and what their role was in one specific critical event because the debriefing is to be conducted with an intact

platoon. Discussing details like names and roles do not benefit the platoon members since they have been deployed together for some time. Unlike CED, a complete chronological reconstruction of the critical event is not needed. There are too many events that may have occurred over the course of a year-long deployment to make a detailed review helpful and the event selected should be a highly personal one. Simply identifying the event (e.g., the death of the medic, a particular ambush) can suffice.

(3) In the Reactions Phase, there is a parallel to the Thought and Reaction Phases in CISD. In the case of Battlemind Psychological Debriefing, however, these two phases are combined. Combining these two phases is comparable to the cognitive and affective reactions phase of CED which also merges these two concepts. This new phase consists of questions that elicit cognitive responses to the event(s) and allows participants to talk about event(s) from both a cognitive and emotional level. This shift was made because service members naturally combined the two phases during sessions conducted in support of Battlemind Psychological Debriefing research. Thus, it would be potentially awkward to direct service members through the Reactions phase when that phase may have naturally occurred. Nevertheless, if reactions are limited to cognitive responses, then the facilitators will ask follow-up questions regarding other kinds of reactions.

(4) In the Transition Phase of the post-deployment Battlemind Psychological Debriefings, there are parallels to the Symptom phase of CISD and CED. There are, however, significant differences. The focus in the Transition Phase is discussing how the service members are different, in both a positive and negative way, either after the event (in-theatre) or as they make the transition home (post-deployment). This approach contrasts sharply with the CISD and CED Symptom phase because the Battlemind Psychological Debriefing focus does not medicalize symptoms. Thus, there is an explicit focus on positive changes as well as negative changes, and a message of normalcy and expected recovery is explicitly provided.

In the in-theatre equivalent phase, Self and Buddy Aid, the focus is also on identifying common reactions and normalizing them. However, the major differences in Battlemind Psychological Debriefing are that this discussion is limited to three major reactions (anger, withdrawal, and sleep), and the emphasis is on watching out for each other. In addition, actions to address these reactions are provided at the same time as the reactions are mentioned and not as part of a subsequent phase.

(5) In the Training/Adjustment Phase of the post-deployment Battlemind Psychological Debriefing, there are parallels to the Teaching Phase in CISD and CED in that suggestions are made about how to address issues in adjustment that might become problematic. There is a significant difference in approach, however, in that the Training Phase is fundamentally based on Battlemind Training and provides recommended actions that utilize service members' strengths to help them in their transition back to their unit (in-theatre) or back to their home (post-deployment) and does not rely on general stress management strategies.

This phase is not part of in-theatre Battlemind Psychological Debriefing as detailed skill-based teaching is regarded as premature. The focus should be maintained on the three reactions highlighted in the Self and Buddy Aid Phase.

(6) While Battlemind Psychological Debriefing, CISD and CED all have final phases, the intent of these phases diverges. In CISD and CED there is a general wrapping up and referral information is provided. The Battlemind Focus Phase of in-theatre Battlemind Psychological Debriefing reinforces Battlemind principles and prepares the group to resume the mission. In post-deployment Battlemind Psychological Debriefing, there are several other objectives to the Resetting Phase, including reinforcing positive messages about transition, buddy care and leader responsibility, and the issue of stigma associated with mental health issues. None of these issues are addressed in the CISD or CED models.

Phase	Historical Event Reconstruction Debriefing (HERD)	Group Crisis Intervention National Organization for Victim Assistance (GCI NOVA)	After-Action Debriefing	Critical Event Debriefing (CED)	Critical Incident Stress Debriefing (CISD)	Battlemind Psychological Debriefing (In-Theatre)	Battlemind Psychological Debriefing (Post-Deployment)
1	Introduction	Introduction	Purpose and Ground rules	Introduction	Introduction	Introduction	Introduction
2	Chronological Reconstruction	Event	Event Reconstruction	Chronological Reconstruction	Fact	Event	Event
3		Aftermath	Group Consensus of Event	Cognitive Affective Reactions	Thought	Reactions	Reactions
4		Expectations Future	Thoughts and Feelings		Reaction		
5		Education	Emotional Validation	Symptoms	Symptom	Self and Buddy-Aid	Transition
6		Conclusion	Prevention of Scapegoating	Teaching	Teaching		Training/Adjustment
7			Symptoms	Wrap-up	Re-Entry	Battlemind Focus	Resetting
8			Lessons Learned				

Overview of phases. In in-theatre Battlemind Psychological Debriefing there is a total of five phases whereas in post-deployment Battlemind Psychological Debriefing there is a total of six phases. These phases should be followed in order and the facilitators need to work together to establish who should manage transitions between phases and at which point. One option is to have the lead facilitator conduct all the transitions between phases, with the other co-facilitator(s) adding ground rules (see introduction) and points regarding the Self and Buddy Aid/Transition or Training/Adjustment phases. Another option is to have the team members trade off making the transitions. If this second option is used, the facilitator and co-facilitator(s) need to work well together as a team in order to anticipate when a group is ready to make a transition between phases.

If participants make comments that refer to earlier phases, the facilitator can re-visit that phase and, when appropriate, move the group back through the phases. For example, if during the Training/Adjustment phase, a service member

begins describing an event that occurred on deployment, the facilitator can briefly repeat the transition to the Reactions phase until the group is ready to return to the Training/Adjustment phase.

Additional phases should NOT be inserted into the Battlemind Psychological Debriefing. For example, the facilitator must ensure that the Battlemind Psychological Debriefing does not become

- (1) a religious or prayer service (no prayers should be conducted before, during or after a Battlemind Psychological Debriefing),
- (2) individual or group therapy; or
- (3) an “operational” debriefing.

In the subsequent sections, the Battlemind Psychological Debriefing phases for use in-theatre and for use at post-deployment are reviewed in detail. The goal of each phase is outlined and the key questions posed to the group are presented. Suggestions for actual wording are presented in bold. Facilitators may choose to use the actual wording or may re-word the questions to fit their own style. Re-wording

should be done with caution to ensure that what is said is still consistent with the goal of the specific phase.

Although there are similarities between the phases used in-theatre and those used at post-deployment, there are also major differences. Therefore, the five phases for in-theatre will be presented first, followed by the six phases for post-deployment.

In-theatre Battlemind Psychological Debriefing Procedures

• Phase 1: The Introduction

The goal of the introduction is to establish the climate and the ground rules for the Battlemind Psychological Debriefing.

Team introduction: Once everyone is seated, the lead facilitator should introduce him/herself (example: **“I’m MAJ Smith. I’m a social worker from the 883rd Combat Stress Control Team located at FOB Marez. I have been in Iraq for 4 months”**). The other team members should also introduce themselves. These introductions should be brief but they should provide basic information that establishes the team member’s authority on the subject of service members’ combat reactions and the transition back to their units.

Debriefing goals: The facilitator then needs to explain the goal of the Battlemind Psychological Debriefing. These remarks could be something like this:

Event-driven debriefing:

“This training is designed for your platoon to talk about what happened [say what the event was, such as ‘the death of SSG Smith’]. Other units have found this kind of training helpful. The reality is that your unit is going to have to return to duty and at the same time there needs to be time set-aside to talk about what happened. Other units that have gone through this kind of training have found that this kind of training can help units maintain focus and support each other as a team. Obviously one hour of training won’t take away the things associated with what

happened but by taking a moment to assess how things are going, this training can help you anticipate some of challenges you may face the in next few months and ways of dealing with those challenges ...”

Time-driven debriefing:

“This training is designed to help units take some time to think about the deployment so far, to take a moment to talk about how things are going. Other units have found this kind of training helpful. The reality is that your unit will be here for another [X] months and at the same time there’s been an accumulation of some serious and stressful experiences. By setting aside some time to talk about the deployment, the unit can maintain focus and support each other. Obviously one hour of training won’t make the rest of the deployment a snap but by taking a moment to assess how things are going, this training can help you anticipate some of challenges you may face the in next few months and ways of dealing with those challenges ...”

Used for both In-theatre Event-Driven and Time-Driven Battlemind Psychological Debriefings:

To address the issue of those service members who do not want to be present, say something like **“Some of you don’t feel the need to be here-you may feel you can handle everything on your own. You’re right, but simply being here and giving your input may help your buddies deal with what happened.”**

Clarify misperceptions about Battlemind Psychological Debriefings by saying something like, **“Let me tell you what this group is NOT...This is NOT therapy, this is NOT an investigation, and it’s NOT a critique of your job. It IS a debriefing about [event-driven debriefing: “what happened” or time-driven debriefing: “the last several months”] and a chance to hear different perspectives and reactions to that event. In addition, we’ll talk about some things that may help you during the remainder of your deployment.”**

Review ground rules for Battlemind Psychological Debriefing by running through them in a simple and direct fashion.

Begin by saying something like **“We’re going to go through some of the ground rules for Battlemind Psychological Debriefing.”**

- **“Is there anyone here that doesn’t belong?”** [Double check that everyone is part of the platoon and there is no one who does not belong, like someone from the media. In no case should the media be allowed in the debriefing. Members from the battalion or brigade staff should also not be allowed in the debriefing unless they were involved in the event(s).]
- **“Training will take about 1 to 2 hours – it depends on how you chose to use the time.”** [It’s hard to set an exact amount of time for this process and it is the facilitator’s job to balance between allowing service members to spend the time they need and to have the chance to talk without the Battlemind Psychological Debriefing becoming a marathon event.]
- **“There will be no breaks.”** [If service members need to use the latrine, allow them to do so, but tell them to come right back when they finish. If the service member does not return in a reasonable time, the co-facilitator should go check on the service member to ensure there is not a problem.] Nevertheless, the Battlemind Psychological Debriefing should continue.
- **“The Battlemind Psychological Debriefing is confidential. That means what is said in this room stays in this room. And confidentiality goes for everybody – we won’t discuss what went on here with anyone who doesn’t need to know, and you should not talk about what was said with anyone else outside this group.”** [Note that the facilitators need to take this to heart. They should not be heard discussing the session in the Dining Facility afterwards or joking about what was said. If they do want to discuss it with other team members, then only in a setting where they cannot be overheard.]
- **“Like with anything, there is a limit to what can be promised in terms of confidentiality. For example, if something is said that has bearing on a UCMJ action, then we have a duty to report. So don’t discuss anything involving UCMJ violations unless you want it to be reported. If something comes up about a possible UCMJ-related issue, and it is something that your leadership needs to know, then we will stop you and tell you that if you continue, we will have to report it.”**
- **“We want everyone in the group to participate. However, we want you to only talk about what you feel comfortable talking about. Part of this training is learning how to talk about what happened so you and your buddies can help each other out.”**
- **“Speak only for yourself. Don’t judge what others say.”**
- **“All opinions are important, but be respectful of rank.”** [Note: Be sure to use rank if calling someone by name and to use titles among the team members as well. Battlemind Psychological Debriefings do not have to be conducted in Army Combat Uniforms (ACUs), so don’t insist that they are. If Battlemind Psychological Debriefings are conducted when service members are wearing a Physical Training (PT) uniform, the facilitator and co-facilitator(s) must keep track of the key unit members. If they forget someone’s name or rank, they should not be embarrassed to ask.]
- **“No leadership bashing. That’s not the point of Battlemind Psychological Debriefing.”** [Note that it is typical under stress to seek a scapegoat. This scapegoating needs to be prevented from becoming the theme of the Battlemind Psychological Debriefing as it will not be a productive use of time and may derail

participants from thinking about the parts of the transition back to their units that are under their control. One way to address this, should it happen, is to remark that the focus of Battlemind Psychological Debriefing is to identify what you can do for yourself, your buddy, and for each other. Under no circumstances should team members side with a service member or even the group against their leaders as team members will only have half the story and may risk alienating key leadership.]

- **“You may ask questions at any time.”**
- **“We will be around at the end.”** [Team members should be sure to be available for at least 20 minutes afterwards to allow participants a chance to talk with them privately.]

- **Phase 2. The Event**

The goal of this phase is to have service members begin to talk about the specific stressful event(s) they experienced. It’s important to keep the discussion from being a general agreement that the deployment is “pointless”.

Go around the room (e.g., to the left of the facilitator) and ask something like this:

Event-driven debriefing:

“I’m going to go around the room and ask you to think about the event. Briefly say where you were when the event happened and what you were doing.”

Time-driven debriefing:

“A lot has happened over the last several months. If you were to think about one or two events that were the most difficult, the ones that still stick with you, what would they be? What were the toughest events?”

Used for both In-theatre Event-Driven and Time-Driven Battlemind Psychological Debriefings:

The facilitator should turn to the left and look at the first person. If someone discusses aspects that are part of subsequent phases or irrelevant topics, simply restate the question before the next person begins.

Note to facilitator: Do not tell service members they are “jumping ahead” as they do not know the procedure, and this may impede participation.

The facilitator does not need to repeat back what each person says. In event-driven debriefing, a picture will begin to emerge as each person describes their part of the event (e.g., “I was in the vehicle in front”, or “I was on the radio calling for support”). In time-driven debriefing, a certain rhythm will begin to establish itself as each person describes the event(s) or echoes their agreement with what someone else has said. Sometimes this may end up being a certain date (e.g., December 12th) when, for example, an ambush happened or just the name of a service member who was killed (e.g., Sergeant Sanchez). That’s fine.

There is a balance between not knowing the event service members are describing and getting the group bogged down in a recitation of details. For example, if only a date is mentioned, it will be helpful for the facilitator to clarify what event occurred on that date. Again, this is not to get an exhaustive historical review but to have a general understanding of the significant event(s).

If the facilitator hears an acronym or word that they do not know, then he/she should ask for clarification as this information might be very important for understanding the event. Use caution here because if the facilitator asks for clarification on obvious acronyms (such as IED, VBIED, RIP, etc.), the facilitator risks losing credibility. This is why it is critical that the facilitator be familiar with the military and current acronyms being used in combat zones.

Event-driven debriefing:

In event-driven debriefing, at the end of this phase, and in transitioning to the next phase, the facilitator should very briefly summarize the variety of perspectives with a statement like: **“combat is hard; the event(s) you just described confirm that. Whether you were physically there or not, the event affected you all.”**

Time-driven debriefing:

In time-driven debriefing, at the end of this phase, and in transitioning to the next phase, the facilitator should summarize with a statement such as **“you’ve talked about a lot of really**

difficult things. You've talked about the"

The facilitator should try to recall some specifics to prevent remarks from becoming too generic. For example, the facilitator could remind the group **"you've talked about the loss of Sergeant Sanchez, about the ambush in December, about getting hit by sniper fire..."**

- **Phase 3: Reactions**

The goal of this phase is to have the service members begin to consider and normalize their thoughts and reactions. This phase begins by asking about cognitive responses and moves on to include emotional reactions as well.

Go around the room (e.g., the facilitator should begin again with the service member on the left hand side) and ask something like this:

Event-driven debriefing:

"Now think about the event."

Time-driven debriefing:

"Now think about the events you mentioned."

Used for both In-theatre Event-Driven and Time-Driven Battlemind Psychological Debriefings:

"What were your first thoughts about the event when you went off 'autopilot'? What were your first thoughts when your thinking kicked in?" The facilitator should listen for themes that reflect one of the most difficult aspects of the event – their reactions to the combat-related events they've experienced. These reactions may include guilt, grief, questioning belief in God or belief in the mission. If they do not bring these kinds of themes up on their own, the facilitator will need to prompt the discussion by asking the group as a whole something like **"Now I'm going to open the question up to the group. When you think about the event(s), what was the worst part for you?"**

Note to facilitator: If service members do not immediately talk, the facilitator should let the question sit there, and should not jump in with lots of words or fillers. Often, service members will talk to break the silence. Service members who did not participate much before may begin to use the time. This is also a phase when topics from other phases are likely to be discussed. For example, other events may be mentioned or

symptoms may be mentioned. That's fine. Note also that the service members are likely to bring up a range of emotional responses but that the facilitator should refrain from asking for emotional responses directly.

All thoughts and feelings should be acknowledged as okay. Service members are entitled to think and feel any way they want. The key is for service members not to act on these thoughts and feelings if these actions will get them into trouble. Whenever possible, normalize thoughts and feelings by saying something like, **"Many service members tell us they thought that or felt that way..."**

The facilitator may summarize with a statement highlighting what has been mentioned such as **"some of your first thoughts included how angry you were, how your training kicked in, how you prayed, or thought about how that could have been you..."** The facilitator should try to recall some of the common specific comments so that this feedback is personal to the unit.

Note that one typical theme includes second-guessing and wishing that if only the service member had been in the first vehicle, or been driving, or had not gone on mid-tour leave, or some other choice had been made, that somehow the terrible event could have been avoided. In responding to this kind of theme, the facilitator can address this directly by saying something like **"Many service members think about what else they could have done [give examples], but the fact is that IEDs [or whatever the actual event was] occur at random; combat is not predictable. Service members, and especially leaders, wish it could be predictable; they wish there was something they could have done. But the fact is that combat is random and really bad stuff happens."** Other than this topic, it isn't necessary to try to "fix" or "explain away" reactions service members may be having. Hearing others express their reactions will help service members understand that what they are feeling is normal. Other service members are also likely to confirm these reactions with head nodding and agreement.

- **Phase 4: Self and Buddy-aid**

The goal of this phase is to identify three common symptoms that service members experience

during a combat deployment, normalize those symptoms and emphasize what service members can do for themselves or their buddies.

Event-driven debriefing:

“Even though this is hard, most of you will be okay. Still, after an event like what we have just discussed [may state actual event or a generic statement like death of unit member], there are common symptoms that you may notice in yourself or your buddy. I’d like to highlight three of these for you.”

Time-driven debriefing:

“Even though some of the things that have happened on the deployment have been hard to deal with, most of you are doing just fine. Still, after being in theatre for [x] months, many service members describe changes that they’ve gone through. I’d like to highlight three of these for you.”

Used for both In-theatre Event-Driven and Time-Driven Battlemind Psychological Debriefings:

Anger:

“After many events service members become angry and aggressive; they have a very short fuse. They may want “pay-back” for what happened. The key is to continue to maintain control of your emotions just like you’ve been doing. It’s ok to be angry, you just can’t act on it and you must ensure that you and your buddies follow the ROEs and treat non-combatants with dignity and respect whether you think they deserve it or not. Remember, you are a professional Soldier [or Marine, Sailor, or Airman] and that’s what distinguishes you from the insurgents.”

Explain how to address this symptom:

“Regardless of the ROEs, battalion or brigade rules, you guys know what’s right and what’s wrong. The key thing is for you guys to check each other and not encourage your buddies to act out in inappropriate ways. Soldiers [or Marines, Sailors, or Airmen] tell us it’s tempting to cross the line but much more difficult to cross back. Once you cross that line, you’ll know you’re no longer a professional Soldier [or Marine, Sailor, or Airman].”

Withdrawal:

“Another common symptom is ‘shutting down’, feeling like you can’t continue. Have you guys seen Soldiers do this?” [allow time for discussion]

Note to facilitator: listen for examples of social withdrawal. If no examples are mentioned, give one such as **“You guys know when this is happening. It’s when you or your buddy get out of their routine. For example, your buddy who was a video gamer suddenly stops playing.”** [other examples include no longer emailing or making phone calls home, skipping meals, or ignoring personal hygiene].

The facilitator may mention that shutting down is also like apathy: **“Some of you may feel like you don’t give a shit or care about anything. You may not care about the mission, the military, or even your family or friends.”**

Explain the impact of shutting down: **“Shutting down can be a normal reaction but it can be harmful because it keeps you from being able to use your usual sources of support. Staying shut down can also keep mission focus that much harder.”**

Explain how to address this symptom:

“So here’s some things you can do. Talk to your buddies about what happened and listened to what they have to say. As a buddy, you have to intrude. You may hate to hear this, but it’s true: you have to get into your buddy’s business. If your buddy won’t talk to you about what’s going on, you have to take them to the chaplain or mental health. Don’t just tell them to get help, you need to personally take them.”

Sleep:

“Many of you may find yourself having difficulty sleeping; some of you may already have difficulty sleeping that is unrelated to the event. It’s important that you get good sleep otherwise you’ll be fatigued and it will affect your performance.

Some service members have a hard time getting to sleep; others have a hard time staying asleep; some have nightmares, or a combination of these.”

Explain how to address this symptom:

“What you can do is engage in things that help you relax; things like listening to music, watching movies, playing video games, reading, or working out. If you do these things and still have problems sleeping, go see the Doc. If you know your buddy is having problems sleeping and can’t relax, go with him to see the Doc.”

In transitioning from this stage, the facilitator should highlight the importance of buddy-aid.

- **Phase 5: Battlemind Focus**

In this phase, the goals are to (1) reinforce the Battlemind principles (2) leave the group with a healthy, positive perspective to continue the mission.

“You know first hand that combat is hard. The things that happen in combat take time to understand and put in perspective. And at the same time, you know you still have a mission to do.”

“How have you managed to keep your focus? What has worked for you?”

The goal of these questions is to elicit discussion that identify practical coping strategies, focused on positive adaptation and recognizing both individual differences in how service members adjust and commonalities. Highlight key themes and describe Battlemind principles that support this focus:

“You may hear a lot about Battlemind -- that's the Soldier's inner strength to face fear and adversity in combat with courage. Battlemind Training is a system of training system designed by people in the military for military personnel facing the demands of combat. You already know what it takes first hand. It takes confidence and mental focus. There are several Battlemind principles to keep in mind to maintain that confidence and focus when your team is depending on you.”

Battlemind Principles

1) “steeling” your Battlemind

“Just because you’ve experienced setbacks, you can still expect to succeed.

2) trust your training

“You might find yourself second-guessing decisions you’ve made, avoid doing this so

you continue to be successful. It’s important for you to remember to trust your training and the decisions you make.”

3) listen to your leaders

“Your leaders care about you, but sometimes they don’t show that very well. Don’t be afraid to go to them if you or your buddies are having a problem. If you’re a leader, you need to be receptive when a Soldier comes to you with an issue.”

4) be a buddy

“Be a buddy - We’ve already talked about this; you guys need to continue to look out for each other. Part of that is talking to each other about what happened and listening to what your buddy has to say.”

Time-driven debriefing:

In time-driven debriefing, the final phase should include a statement about positive effects of deployment. It is premature to state this in the event-driven debriefing.

“Most service members report that dealing with serious events during the deployment was hard but had a positive effect on their lives; that it helped them grow personally and professionally. Sometimes this isn’t apparent until after they get back and that’s okay.”

Used for both In-theatre Event-Driven and Time-Driven Battlemind Psychological Debriefings:

The facilitators MUST know ahead of time what resources are available. They also need to have a referral list prepared (the size of a business card) that they will hand out as service members leave the session. They can be told to put this in their wallet with a statement such as: **“We’re going to give you a card with all your local behavioral health resources on it [review the resources briefly]. If you are doing fine and your buddies are doing fine, that’s great. But if you notice that you or a buddy are having a hard time, the card will remind you where to go to get some help.”**

“Leaders may want extra cards. If you are a leader, or will be a leader soon, then you don’t want to be fumbling around trying to find out where to get one of your unit members the help they need. All the information you’ll need is here on the card.”

In closing, facilitators can say something like: **“Each of you will handle things in your own way, in your own time, and most of you are going to be fine - but one of your buddies may need help. Recognizing and seeking help when you or your buddy needs it is a sign of leadership and strength.”**

As the facilitator ends the session, they can say something that basically thanks the service members for their service and that acknowledges the personal sacrifice that service members have made. For example, the facilitator can say something like: **“Thanks for what you’re doing and for the sacrifices you are making.”**

- **End of Session**

Hand out the card as service members depart the room. Provide extra cards to the unit leaders or anyone else who asks for them. Approach those who may be in need of an immediate referral to check in with them, providing assistance as needed.

Post-deployment Battlemind Psychological Debriefing Procedure

- **Phase 1: The Introduction**

The goal of the introduction is to establish the climate and the ground rules for the Battlemind Psychological Debriefing.

Team introduction: Once everyone is seated, the lead facilitator should introduce him/herself (example: **“I’m MAJ Smith. I’m a social worker from the hospital. I deployed to Iraq in 2004 and I’ve been working with service members redeploying from Iraq and Afghanistan since 2003.”**). The other team members should also introduce themselves. These introductions should be brief but they should provide basic information that establishes the facilitator’s authority on the subject of service members’ combat reactions and the transition back home.

Debriefing goals: The facilitator then needs to explain the goal of the Battlemind Psychological Debriefing. These remarks could be something like this:

“This training is designed to give each of you a chance to talk about your experiences on

the deployment and to facilitate the reintegration and reunion process.

This training may help you in the transition process. Transitioning home takes time. You’ve been deployed for a whole year; [use the actual time period the service members were gone], the transition isn’t going to be completed after a one-hour training session. But this training is designed to give you a start. It will help you to anticipate some transition challenges and identify things that may make the transition smoother.”

Being able to talk about your deployment experiences will help all of you when your spouse, family members or friends ask questions. It can also help soldiers deploying in the future if you talk with them about your experiences and how you handled them. By being able to talk about your experiences, you can help train and prepare new service members getting ready to deploy.”

To address the issue of those service members who do not want to be present, say something like **“Some of you don’t feel the need to be here- you may feel you can handle this transition on your own. You’re right, but simply being here and giving your input may help your buddies in their transition back home.”**

Clarify misperceptions about Battlemind Psychological Debriefing by saying something like, **“Let me tell you what this group is NOT...This is NOT therapy, this is NOT an investigation, and it’s NOT a critique of your job. It IS a psychological debriefing about your deployment experiences and a chance to hear different perspectives and reactions. In addition, we’ll talk about some things that will help you have a smoother transition back home.”**

Review ground rules for the Battlemind Psychological Debriefing by running through them in a simple and direct fashion.

Begin by saying something like **“We’re going to go through some of the ground rules for Battlemind Psychological Debriefing.”**

- **“Is there anyone here that doesn’t belong?”** [Double check that everyone is part of the platoon and there is no one who does not belong, like someone from the media. In no case should the media be allowed in the debriefing.]
- **“Training will take about 1 to 2 hours – it depends on how you chose to use the time.”** [It’s hard to set an exact amount of time for this process and it is the facilitator’s job to balance between allowing service members to spend the time they need and to have the chance to talk without the Battlemind Psychological Debriefing becoming a marathon event.] **“There will be no breaks.”** [If service members need to use the latrine, allow them to do so, but tell them to come right back when they finish. If the service member does not return in a reasonable time, the co-facilitator should go check on the service member to ensure there is not a problem.] Nevertheless, the Battlemind Psychological Debriefing should continue.
- **“The Battlemind Psychological Debriefing is confidential. That means what is said in this room stays in this room. And confidentiality goes for everybody – We won’t discuss what went on here with anyone who doesn’t need to know and you should not talk about what was said with anyone else outside this group.”** [Note that the facilitators need to take this to heart. They should not be heard discussing the session in the Dining Facility afterwards, or joking about what was said. If they do want to discuss it with other team members, then only in a setting where they cannot be overheard.]
- **“Like with anything, there is a limit to what can be promised in terms of confidentiality. For example, if something is said that has bearing on a UCMJ action, then we have a duty to report. So don’t discuss anything involving UCMJ violations unless you want it to be reported. If something comes up about a possible UCMJ-related issue, and it is something that your leadership needs to know, then we will stop you and tell you that if you continue, we will have to report it.”**
- **“We want everyone in the group to participate. However, we want you to only talk about what you feel comfortable talking about. This is the beginning of your transition home. Part of this transition is learning how to talk about your deployment experiences, learning how to tell your story.”**
- **“Speak only for yourself. Don’t judge what others say.”**
- **“All opinions are important, but be respectful of rank.”** [Note: Be sure to use rank if calling someone by name and to use titles among the team members as well. Battlemind Psychological Debriefings do not have to be conducted in uniform, so don’t insist that they are. If Battlemind Psychological Debriefings are conducted when service members are wearing civilian clothes, the facilitator and co-facilitator(s) must keep track of the key unit members. If they forget someone’s name or rank, they should not be embarrassed to ask.]
- **“No leadership bashing. That’s not the point of this Battlemind Psychological Debriefing.”** [Note that it is typical under stress to seek a scapegoat. This scapegoating needs to be prevented from becoming the theme of the Psychological Debriefing as it will not be a productive use of time and may derail participants from thinking about the parts of the transition home that are under their control. One way to address this, should it happen, is to remark that the focus of Battlemind Psychological Debriefing is to identify what you can do for yourself, your buddy, and for each other as you transition home. Under no circumstances should team members side with a service member or even the group against their leaders as team members will only have half the story and may risk alienating key leadership.]

- **“Please turn off your cell phones and pagers. There should be no text messaging during this Psychological Debriefing.”**
- **“You may ask questions at any time.”**
- **“We will be around at the end.”** [Team members should be sure to be available for at least 20 minutes afterwards to allow participants a chance to talk with them privately.]

Phase 2. The Event

The goal of this phase is to have service members begin to think about specific stressful events they experienced on the deployment. It is important to keep the discussion from being a general agreement that the deployment was pointless. It is important to set the expectation that this is a place where difficult experiences are okay to share.

Go around the room (e.g., to the left of the facilitator) and ask something like this: **“You have experienced many things on the deployment. If you were to think of one or two events that were the most difficult, the ones that still stick with you, the ones you just can’t shake, what would they be? What were the toughest events?”**

The facilitator should turn and look at the first person. If someone discusses aspects that are part of subsequent phases or irrelevant topics, simply restate the question before the next person begins.

Note to facilitator: Do not tell service members that they are “jumping ahead” as they do not know the procedure, and this may impede participation.

The facilitator does not need to repeat back what each person says. A certain rhythm will begin to establish itself as each person describes the event(s) or echoes their agreement with what someone else has said. Sometimes this may end up being a certain date (e.g., December 12th) when, for example, an ambush happened or just the name of a service member who was killed (e.g., Sergeant Sanchez). That’s fine.

There is a balance between not knowing the event service members are describing and getting the group bogged down in a recitation of details.

For example, if only a date is mentioned, it will be helpful for the facilitator to clarify what event occurred on that date. Again, this is not to get an exhaustive historical review but to have a general understanding of the significant event(s).

If the facilitator hears an acronym or word that they do not know, then he/she should ask for clarification as this information might be very important for understanding the event. Use caution here because if the facilitator asks for clarification on obvious acronyms (such as IED, VBIED, RIP, etc.), the facilitator risks losing credibility. This is why it is critical that the facilitator be familiar with the military and current acronyms being used in combat zones.

At the end of this phase, and in transitioning to the next phase, the facilitator should summarize with a statement such as **“you’ve talked about a lot of really difficult things. You’ve talked about the ...”** The facilitator should try to recall some specifics to prevent remarks from becoming too generic. For example, the facilitator could remind the group **“you’ve talked about the loss of Sergeant Sanchez, about the ambush in December, about getting hit by sniper fire...”**

- **Phase 3: Reactions**

The goal of this phase is to have the service members begin to consider and normalize their thoughts and reactions. This phase begins by asking about cognitive responses and moves on to include emotional reactions as well.

Go around the room (e.g., the facilitator should begin again with the service member on the left hand side) and ask something like this: **“Now think about the events you mentioned. What were your first thoughts about the event when you went off ‘autopilot’? What were your first thoughts when your thinking kicked in?”**

The facilitator should listen for themes that reflect one of the most difficult aspects of the deployment – their reactions to the combat-related events they’ve experienced. These reactions may include guilt, grief, questioning belief in God or belief in the mission. If they do not bring these themes up on their own, the facilitator will need to prompt the discussion by asking the group as a whole something like **“Now I’m going to open the question up to the group. When you think about the events that you mentioned, what was the worst part for you?”**

Note to facilitator: If service members do not immediately talk, the facilitator should let the question sit there, and should not jump in with lots of words or fillers. Often service members will talk to break the silence. Service members who did not participate much before may begin to use the time. This is also a phase when topics from other phases are likely to be discussed. For example, other events may be mentioned or symptoms may be mentioned. That's fine. Note that the service members are likely to bring up a range of emotional responses but the facilitator should refrain from asking for emotional responses directly.

All thoughts and feelings should be acknowledged as okay. Service members are entitled to think and feel any way they want. The key is for service members not to act on these thoughts and feelings if these actions will get them into trouble. Whenever possible, normalize thoughts and feelings by saying something like, **"Many service members tell us they thought that or felt that way..."**

The facilitator may summarize with a statement highlighting what has been mentioned such as **"some of your first thoughts included how angry you were, how your training kicked in, how you prayed, or thought about how that could have been you..."** The facilitator should try to recall some of the common specific comments so that this feedback is personal to the unit.

Note that one typical theme includes second-guessing and wishing that if only the service member had been in the first vehicle, or been driving, or had not gone on mid-tour leave, or some other choice had been made, that somehow the terrible event could have been avoided. In responding to this kind of theme, the facilitator can address this directly by saying something like **"Many service members think about what else they could have done [give examples], but the fact is that IEDs [or whatever the event was] occur at random; combat is not predictable. Service members, and especially leaders, wish it could be predictable; they wish there was something they could have done. But the fact is that combat is random and really bad stuff happens."** Other than that topic, it isn't necessary to try to "fix" or "explain away" reactions Service members may be having. Hearing others express

their reactions will help service members understand that what they are feeling is normal. Other service members are also likely to confirm these reactions with head nodding and agreement.

- **Phase 4: Transition**

The goal of the transition phase is to identify the ways in which service members have changed as a result of the deployment. While these adjustments are also, in effect, reactions, the transition phase differs from the preceding Reactions Phase because the emphasis is on how the service members have changed as a result of the deployment as a whole and how they are currently doing, not on how they reacted to the most difficult events of the deployment. These current changes should include a discussion of the positive and negative changes that may have occurred. The Battlemind Psychological Debriefing facilitator can introduce the Transition Phase by saying something like: **"You've mentioned some pretty tough stuff. Each service member reacts differently to difficult events. How have you changed since the deployment?"** Follow-up prompts could include questions like:

- **"What kinds of changes have you noticed?"**
- **"Have others had similar kinds of changes?"**
- **"Have you noticed physical changes? Changes in how you react to things? Changes in how you relate to people, including people close to you?"**

Service members will come up with a description of many changes they have noticed. They do not all have to mention every single one. If there are some important ones missing, however, the facilitator(s) can add them in by saying something like **"Many service members have also mentioned that they have experienced":**

- Difficulty sleeping
- Not wanting to be with others
- Not relating to people who weren't there
- Being hyper-reactive
- Feeling impatient with people's little problems "the stupid shit"

- Over-reacting, snapping at people
- Appreciating the little things more in life, like porcelain toilets
- Having problems adjusting to civilian driving – driving erratically, too fast, overreacting other vehicles
- Feeling unsafe

It is very important that the positive aspects of the deployment be emphasized. Many service members report:

- Appreciating the little things in life more (i.e. porcelain toilets)
- Valuing friends and family more
- Becoming closer to unit members
- Keeping focused on what's really important in life
- Being able to do the job they were trained to do in the Army
- Being a leader in combat, displaying courage, etc.

Note to Facilitator: Sometimes service members will say that nothing positive happened during the deployment. The facilitator might have to become more involved at this stage and guide the group so that they become aware of these positive aspects of the deployment. For example, the facilitator can say something like: **“Many Soldiers say that they value friends and family more than they used to. What about appreciating the little things in life more – like porcelain.”**

In transitioning from this stage, the facilitator should highlight some of the changes, both positive and negative, that have been mentioned, identifying both those that were relatively common as well as those that might have only been mentioned a couple of times.

• Phase 5: Training/Adjustment

The goal of the training/adjustment phase is to incorporate Battlemind concepts in describing actions that service members can take and thoughts service members can keep in mind to help adjust to life back home. The facilitator can say something like: **“Many service members returning from OIF/OEF have reported the same kinds of reactions you have mentioned**

[briefly list out examples]. **So these are common, normal reactions. Transitioning home takes time and things like sleep problems or being hyper-alert will get better over time.”**

Facilitators should be sure not to medicalize symptoms that service members report. The focus should be kept on the fact that after a year of living in a combat environment, service members have changed and it may take a while, roughly 3 to 4 months, for some of these changes to settle down. When facilitators discuss different options, they can try turning the discussion back to the group and ask if the service members have tried any particular method or what has worked for them.

As a reminder, Battlemind Training emphasizes combat skills that helped service members survive a year-long deployment. Adapting these same skills can help with adjusting to home but if service members don't adapt these skills, their transition may run into trouble.

The facilitators do not need to review every single recommendation in detail. The main concepts should be emphasized but it is ideal if the basic themes and examples actually come from the service members themselves. However, depending on the length of the Battlemind Psychological Debriefing, the group may begin to get restless and so the facilitator may need to be somewhat more didactic in reviewing these points.

The recommendations are based on Battlemind Training and what service members have said is important when transitioning home. Avoid relying on pat phrases or sticking to recommendations that ultimately come down to “eat right and get some sleep”.

- **“Feeling aggressive is normal. Most service members talk about feeling pissed off and edgy. The key is what you do about it. Just like on the deployment you followed Rules of Engagement [ROEs], you need to use the same kind of control and judgment at home. Remember that overreacting to little things is something that lots of service members experience. So you need to monitor yourself and remember to give yourself time to react, most situations don't require split-second, life-or-death decision making at home.”**

- **“Remember what you need to be in control of and what you don’t need to be in control of. This is especially important with your spouse and your kids. You may be used to being in control, of giving orders, and now you need to practice working as a team again, negotiating. This may take some getting used to.”**
 - **“Acknowledge that friends and family members have been successful while you were gone and may have developed new ways of doing things. Don’t expect to pick up where you left off before deploying. Account for changes in your own personality as well as family’s. Tell them when you’re having a hard time and why. You don’t need to go into a lot of detail but they need to know. Be prepared to negotiate. Family and friends are not military units.”**
 - **“After a combat deployment, many service members talk about feeling like they need to have a weapon on them to feel safe. The key is remembering that at home there is no enemy trying to kill you. Don’t carry a loaded weapon in your car. If you do, that’s a sign the transition isn’t going so well. So watch out for yourself and your buddies.”**
 - **“Being keyed up and hyper alert is also typical. service members talk about over-reacting to loud noises (like the cannon firing), having trouble sleeping, and having trouble calming down. After a year on a deployment [use actual time deployed], where being keyed up was part of surviving, it may take a while to reset. Just like you learned to be alert at all times, you will have to re-learn how to tone down your reactions. This is normal and may take a couple of months. That’s why it’s so important to remember to keep your cool when making decisions – being keyed up makes it easy to overreact.”**
 - **“Don’t self-medicate. Trying to get yourself calm by using alcohol or drugs will backfire. Alcohol actually messes up your sleep – it stops you from getting the kind of sleep that you need. If you find yourself relying on alcohol to relax, to calm down, or you have a buddy doing that,**
 - that’s a sign that the transition isn’t going well and you need to figure out a different way to handle things or consider getting help.”
 - **“Be a buddy, don’t encourage others to drink. If you know someone is having a bad time, drinking is only going to make it worse. Watch out for each other.”**
 - **“One of the best ways to get control of being keyed up is to exercise. Regular, routine exercise, healthy eating, going to sleep and waking up at the same time each day, will help you reset.”**
 - **“Do fun things. You just spent a year in combat putting your life on the line; you deserve to enjoy life. Take time for yourself, maintain friendships, and attend social activities.”**
 - **“Be proud of your service and the sacrifices you and your family had to make. Tell your story, in the way you want to tell it. Your family needs to know something about your experiences. You don’t need to tell them all of it. Lots of service members have told us that they don’t feel like talking about it with anyone who wasn’t there. But your family needs to know a part of your story.”**
 - **“Everyone here probably knows someone who was injured or killed during the deployment. We also know that who got injured or killed was probably just due to bad luck; being in the wrong place at the wrong time. Don’t let survival guilt destroy you; your buddies who didn’t make it home would want you to go on and have a good life.”**
 - **“Re-build relationships, rely on your buddies, keep in contact, but balance this with spending time with family members as a group and individually.”**
- The facilitator should conclude this section by reinforcing the notion that there are many actions that service members can do to make their transition go better. For example, the facilitator can say: **“I know we’ve reviewed a lot of ways to make the transition go better. These are things that Soldiers have said worked for them to make the transition go smoother.”**

- **Phase 6: Resetting Your Battlemind**

In the resetting phase, the goals are to (1) prepare the group to end the discussion, (2) to reinforce the Battlemind Psychological Debriefing message that service members deserve the right to a good transition, (3) to remind service members of their responsibility to refer others and to inform them of referral resources, and (4) to leave the group with a positive perspective.

First, to transition, the facilitator can say something direct like **“This is the last part.”**

Second, one reality of the current deployment situation is that post-deployment is also in part a time to begin to get service members ready to go back to combat. This reality can be addressed directly by saying something like: **“Unless you are getting out of the military, you know that you are likely to deploy again. If you do, you’ll want to be as ready as possible. And if you are getting out of the military, you don’t want your civilian life to be negatively impacted by what you went through in combat. Regardless of whether you’re staying in or getting out, you’ve put your life on the line out there for a year [use actual time]; you earned the right to be happy.”**

The facilitator should emphasize this right: **“Some of you may feel like you don’t give a shit or care about anything. You may not care about the Army, about your family, or friends but this is about you. It’s about your right to be happy and you’ve earned that right.”**

Third, service members need to be reminded that they need to continue to look out for one another. The facilitator can say something like: **“If you notice that the transition isn’t going so well for yourself or your buddies, then you need to get help. You can turn to each other, to your leaders, to your unit chaplain, to the doc, to unit or clinic mental health, and to Army One Source.”**

The facilitators MUST know ahead of time what resources are available. They also need to have a referral list prepared (the size of a business card) that they will hand out as service members leave the session. They can be told to put this in your wallet with a statement such as: **“We’re going to give you a card with all your local behavioral health resources on it [review the resources briefly, especially ArmyOneSource]. If**

you are doing fine and your buddies are doing fine, that’s great. But if, in a couple of months, you notice that you or a buddy are having a hard time with the transition, take it out and you’ll know where to get some help.”

“Leaders may want extra cards. If you are a leader, or will be a leader soon, then you don’t want to be fumbling around trying to find out where to get one of your service members the help he or she needs. All the information you’ll need is here on the card.”

In addition, facilitators can say something like: **“Most of you are going to be fine, but your buddy may need help and you can encourage or even help him/her get it. Recognizing and seeking help when you or your friend needs it is a sign of leadership and strength.”**

Address stigma with something like: **“Often, service members who need help are the least likely to get it because of concerns they may have about stigma, about being seen differently, being considered weak, or maybe harming their career.”**

“It’s the leader’s responsibility to make sure that we don’t allow these things to keep our selves and our buddies from getting the help that’s needed.”

“If you hear someone talking about or joking about a service member who is having problems transitioning home, you need to ask, what did you do to help them?”

Fourth, service members can cognitively reframe the experience (this may be particularly relevant for groups that have not spontaneously discussed positive personal changes since the deployment). Facilitators can ask something like: **“If there was one good thing to come out of this experience, what would it be?”** If this has already been covered in an earlier phase, only reiterate it briefly, but it’s important to emphasize the positives of a combat deployment.

“Many service members report that the deployment had a positive effect on their lives; that it helped them grow as a service member and a person. Often they report having a greater appreciation for their families and for life in general. For some, they couldn’t think of any positives when they first

redeployed but later on realized there were some.”

The facilitators can re-emphasize the themes of positive coping, normalizing reactions, acknowledging that the transition may not be easy and may take some time.

The facilitator can say something like: **“This is the beginning of the transition process, it’s only been about a couple of hours, but it’s just a start. Each of you will transition home in your own way and on your own time schedule. Most of you will do just fine. You may notice that you transition unevenly. You may make the transition in terms of work more quickly than in your relationships. Or you may have more difficulty adjusting to work again but your relationships will go relatively smoothly. Everyone adjusts in their own way.”**

As the facilitator ends the session, they can say something that basically thanks the service members for their service and that acknowledges the personal sacrifice that service members have made. The facilitator can say something like: **“Thanks for what you did and for the sacrifices you and your family made and continue to make.”**

- **End of Session**

Hand out the card as service members depart the room. Provide extra cards to the unit leaders or anyone else who asks for them. Approach those who may be in need of an immediate referral to check in with them, providing assistance as needed.

Common Mistakes and Problems

- **Missed Phase**

If for some reason a phase is inadvertently missed, the facilitators should be able to get the Psychological Debriefing back on track by waiting until a service member is done speaking and then asking the appropriate transition question.

- **One Service Member Dominates the Discussion**

It will be natural for some service members to talk more than others. This is not necessarily a problem but it is a question of balance and of ensuring that other participants have time to talk.

Team members can try to redirect the group and involve more participation by restating the original question and looking at others when doing so. The facilitator and co-facilitator(s) must be careful, however, not to cut off unit leaders (such as officers or senior NCOs). If unit leaders feel disrespected by the facilitators, they may become impatient and convey a message to their unit about Battlemind Psychological Debriefings that undermines the process.

- **The Group Isn’t Talking**

Although not a typical problem, it may be that a group will not respond much to the questions that are posed beyond quick answers. One way to handle this is to mention what other service members have described as part of their experience. Another way is to let silence work for the team leader and be patient; the unit leaders or others in the group may begin talking.

There can be a variety of reasons why a group isn’t talking – it may be a reflection of anger at the unit leadership or it may be a reflection of the desire to finish the session as quickly as possible. Regardless, the facilitator needs to be cognizant of these potential undercurrents and not push a group. This is not psychotherapy and does not need an interpretation. Facilitators may want to acknowledge that major losses in combat or transitioning from deployment to home can be difficult and that service members may feel impatient and irritated with everything, even the Battlemind Psychological Debriefing, and that this is the same kind of impatience and irritation they may experience during the deployment or in daily life.

- **A Note for the Facilitators**

Take time for yourselves to unwind after conducting a Battlemind Psychological Debriefing. It’s not ideal to go directly into another session. At the end of each day, try to have a quick meeting to see how things are going. Stay positive with one another.

Work as a team to figure out what went well and what needs to be improved. The team needs to rely on each other to back each other up in case a transition is missed, or an important point is missed. There are a lot of details to track. While the instructions do not need to be memorized, and facilitators can refer to the “Quick Reference Guide” (see attachments), there needs to be

smooth flow, and facilitators need to be comfortable with the format and content of the sessions. Dividing up reactions or training points can also be a way to alleviate the burden on one individual of having to cover all the topics. Using the co-facilitators in this way can create more of a conversational atmosphere.

For many service members, the Battlemind Psychological Debriefing may be the most relevant training they receive. This is the kind of feedback that service members have provided in the past. Your contribution in helping service members handle a critical event or to transition home may have wide-reaching effects on their unit, their families, and their friends. Through good preparation, establishing a climate of trust and consideration, implementation of the Battlemind Psychological Debriefing process, and listening to what service members have to say about their experience, Battlemind Psychological Debriefing facilitators can make a significant difference in the quality of life of service members.

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**Event-Driven
Battlemind Psychological Debriefing
(In-Theatre)
Quick Reference Guide**

To be used in conjunction with
USAMRU-E Research Report 2007-001
Version: 1 FEB 07

- 1) **INTRODUCTION** - Ground rules
- 2) **EVENT**** – Briefly describe the event
- 3) **REACTIONS**** - When your thinking kicked in, after you went off 'auto pilot', what were your first thoughts? (if needed: what was the worst part?)
- 4) **SELF AND BUDDY AID** – Anger, Withdrawal and Sleep. Normalize & look out for each other.
- 5) **BATTLEMIND FOCUS** –Steel Your Battlemind, Trust Your Training, Listen to your Leaders, Be a Buddy. Hand out resource card.

1) INTRO & TEAM INTRO:

a. Introduce team briefly.

b. Goal: "This training is designed for your platoon to talk about what happened. Other units have found this kind of training helpful. The reality is that your unit is going to have to return to duty and at the same time there needs to be time set-aside to talk about what happened. Other units that have gone through this kind of training have found that this kind of training can help units maintain focus and support each other as a team. Obviously one hour of training won't take away the things associated with what happened but by taking a moment to assess how things are going, this training can help you anticipate some of challenges you may face the in next few months and ways of dealing with those challenges ..."

c. This is NOT: Not therapy, Not an investigation, Not a critique of your job. **This IS:** A Psychological Debriefing about the deployment and a chance to hear different perspectives and reactions.

d. Some of you don't feel the need to be here- you may feel you can handle everything on your own. You're right, but simply being here and giving your input may help your buddies deal with what happened.

f. GROUND RULES:

- Is there anyone here that doesn't belong?
- Training is for 1 to 2 hours & no breaks (latrine)
- Battlemind Psychological Debriefing is confidential for everyone
- Limit to confidentiality: UCMJ issues
- You'll only be asked to speak twice, talk only about what you are comfortable with, it's part of learning to tell your story.
- Speak only for yourself; Don't judge others
- While all opinions are equal, be respectful of rank
- No leadership bashing, that's not the point
- No outside interruptions (no text messaging, cell phones)
- You may ask questions at any time
- We will be around at the end

2) EVENT: **Go around room: "I'm going to go around the room and ask you to think about the event. Briefly say where you were when the event happened and what you were doing."

3) REACTIONS: **Go around room: "Now think about the event. What were your first thoughts when you went off 'autopilot'? What were your first thoughts when your thinking kicked in?" [If themes do not reflect difficult reactions, prompt: Now I'm going to open the question up to the group. When you think about the event(s) that you mentioned, what was the worst part for you?]

4) SELF AND BUDDY AID: "Even though this is hard, most of you will be okay. Still, after an event like what we just discussed, there are common symptoms that you may notice in yourself or your buddy.

Anger:

- short fuse, payback. It's okay to be angry, you just can't act on it. Remember, you are a professional, that's what distinguishes you.
- You know what's right and what's wrong. Check each other, don't encourage each other to act out. It's tempting to cross the line but once you cross it, you'll know you are no longer a professional.

Withdrawal:

- Shutting down. Have you guys seen Soldiers do this? Out of routine, don't care.
 - Normal but keeps you from sources of support. Talk about what happened, listen to your buddy, and get involved.
- Sleep:
- Many of you may have difficulty, fatigue can affect your performance.
 - Do things to relax, see Doc if this doesn't help.

5) BATTLEMIND FOCUS:

"The things that happen in combat take time to understand and put in perspective. And at the same time, you know you still have a mission to do. How have you managed to keep your focus? What has worked for you? There are several Battlemind principles to keep in mind to maintain that confidence and focus when your team is depending on you."

- Steeling your Battlemind: "Just because you've experienced setbacks, you can still expect success."
- Trust your training: "You might find yourself second-guessing decisions you've made, avoid doing this so you continue to be successful. It's important for you to remember to trust your training and the decisions you make."
- Listen to your leaders: "Your leaders care about you, but sometimes they don't show that very well. Don't be afraid to go to them if you or your buddies are having a problem. If you're a leader, you need to be receptive when a Soldier comes to you with an issue."
- Be a buddy – "We've already talked about this; you guys need to continue to look out for each other. Part of that is talking to each other about what happened and listening to what your buddy has to say."

END: "Most service members report that dealing with serious events during the deployment was hard but had a positive effect on their lives; that it helped them grow personally and professionally. Sometimes this isn't apparent until after they get back and that's okay."

Provide referral information card.

Time-Driven Battlemind Psychological Debriefing (In-Theatre) Quick Reference Guide

To be used in conjunction with
USAMRU-E Research Report 2007-001
Version: 1 FEB 07

- 1) **INTRODUCTION** - Ground rules
- 2) **EVENT**** – Briefly describe the event
- 3) **REACTIONS**** - When your thinking kicked in, after you went off 'auto pilot', what were your first thoughts? (if needed: what was the worst part?)
- 4) **SELF AND BUDDY AID** – Highlight Anger, Withdrawal and Sleep. Normalize changes & look out for each other.
- 5) **BATTLEMIND FOCUS** –Steel Your Battlemind, Trust Your Training, Listen to your Leaders, Be a Buddy. Hand out resource card.

1) INTRO & TEAM INTRO:

a. Introduce team briefly.

b. **Goal:** "This training is designed to help units take some time to think about the deployment so far, to take a moment to talk about how things are going. Other units have found this kind of training helpful. The reality is that your unit will be here for another [X] months and at the same time there's been an accumulation of some serious and stressful experiences. By setting aside some time to talk about the deployment, the unit can maintain focus and support each other. Obviously one hour of training won't make the rest of the deployment a snap but by taking a moment to assess how things are going, this training can help you anticipate some of challenges you may face the in next few months and ways of dealing with those challenges ..."

c. **This is NOT:** Not therapy, Not an investigation, Not a critique of your job. **This IS:** A Psychological Debriefing about the deployment and a chance to hear different perspectives and reactions.

d. Some of you don't feel the need to be here- you may feel you can handle everything on your own. You're right, but simply being here and

giving your input may help your buddies deal with what happened.

f. **GROUND RULES:**

- Is there anyone here that doesn't belong?
- Training is for 1 to 2 hours & no breaks (latrine)
- Battlemind Psychological Debriefing is confidential for everyone
- Limit to confidentiality: UCMJ issues
- You'll only be asked to speak twice, talk only about what you are comfortable with, it's part of learning to tell your story.
- Speak only for yourself; Don't judge others
- While all opinions are equal, be respectful of rank
- No leadership bashing, that's not the point
- No outside interruptions (no text messaging, cell phones)
- You may ask questions at any time
- We will be around at the end

2) EVENT: **Go around room: "A lot has happened over the last several months. If you were to think about one or two events that were the most difficult, the ones that still stick with you, what would they be? What were the toughest events?"

3) REACTIONS: **Go around room: "You've talked about a lot of really difficult things. You've talked about the ...Now think about the event. What were your first thoughts when you went off 'autopilot'? What were your first thoughts when your thinking kicked in?" [If themes do not reflect difficult reactions, prompt: Now I'm going to open the question up to the group. When you think about the event(s) that you mentioned, what was the worst part for you?]

4) SELF AND BUDDY AID: "Even though some of the things that have happened on the deployment have been hard to deal with, most of you are doing just fine. Still, after being in theatre for [x] months, many service members describe changes that they've gone through. I'd like to highlight three of these for you."

Anger:

- short fuse, payback. It's okay to be angry, you just can't act on it. Remember, you are a professional, that's what distinguishes you.
- You know what's right and what's wrong. Check each other don't encourage each other to act out. It's

tempting to cross the line but once you cross it, you'll know you are no longer a professional.

Withdrawal:

- Shutting down. Have you guys seen Soldiers do this? Out of routine, don't care.
 - Normal but keeps you from sources of support. Talk about what happened, listen to your buddy, and get involved.
- Sleep:
- Many of you may have difficulty, fatigue can affect your performance.
 - Do things to relax, see Doc if this doesn't help.

5) BATTLEMIND FOCUS:

"The things that happen in combat take time to understand and put in perspective. And at the same time, you know you still have a mission to do. How have you managed to keep your focus? What has worked for you? There are several Battlemind principles to keep in mind to maintain that confidence and focus when your team is depending on you."

- Steeling your Battlemind: "Just because you've experienced setbacks, you can still expect success."
- Trust your training: "You might find yourself second-guessing decisions you've made, avoid doing this so you continue to be successful. It's important for you to remember to trust your training and the decisions you make."
- Listen to your leaders: "Your leaders care about you, but sometimes they don't show that very well. Don't be afraid to go to them if you or your buddies are having a problem. If you're a leader, you need to be receptive when a Soldier comes to you with an issue."
- Be a buddy – "We've already talked about this; you guys need to continue to look out for each other. Part of that is talking to each other about what happened and listening to what your buddy has to say."

END: "Most service members report that dealing with serious events during the deployment was hard but had a positive effect on their lives; that it helped them grow personally and professionally. Sometimes this isn't apparent until after they get back and that's okay."

Provide referral information card.

Post-Deployment Battlemind Psychological Debriefing Quick Reference Guide

To be used in conjunction with
USAMRU-E Research Report 2007-001
Version: 1 FEB 07

- 1) **INTRODUCTION** - Ground rules
- 2) **EVENT**** – What are one or two events that stick with you? What was your role in them?
- 3) **REACTIONS**** - When your thinking kicked in, after you went off 'auto pilot', what were your first thoughts? (if needed: what was the worst part?)
- 4) **Transition** – How have you changed?
- 5) **TRAINING/Adjustment** –Normalize experience, remind that transition takes time, review Battlemind skills
- 6) **RE-SETTING** – You earned the right to be happy, look out for each other, leader's responsibility, (if needed: one good thing out of this experience?), and thank them. Hand out cards.

1) INTRO & TEAM INTRO:

a. Introduce team briefly.

b. **Why we are here:** This training is to give you a chance to talk about your experiences on the deployment, to facilitate the reintegration/reunion process.

Some don't feel the need to be here- you may feel you can handle this on your own. You're right, but simply being here and your input may help your buddies in their transition.

d. **Goal:** This training is designed to help the transition process. Your transition will take time. It can not be completed in an hour or in one session. You've been deployed a whole year, the transition isn't going to be immediate. But it is designed to give you a start. It will help you to anticipate some transition challenges and identify things that may make the transition smoother.

e. **This is NOT:** Not therapy, Not an investigation, Not a critique of your job. **This IS:** A PSYCHOLOGICAL DEBRIEFING about the

deployment and a chance to hear different perspectives and reactions. In addition, we'll talk about some things that we'll help you have a smoother transition back home.

f. GROUND RULES:

- Is there anyone here that doesn't belong?
- Training is for 1 to 2 hours & no breaks (latrine)
- Battlemind Psychological Debriefing is confidential for everyone
- Limit to confidentiality: UCMJ issues
- You'll only be asked to speak twice, talk only about what you are comfortable with, it's part of learning to tell your story.
- Speak only for yourself; Don't judge others
- While all opinions are equal, be respectful of rank
- No leadership bashing, that's not the point
- No outside interruptions (no SMS (text messaging), cell phones)
- You may ask questions at any time
- We will be around at the end

2) **EVENT:** **Go around room: "You have experienced many things on the deployment. If you were to think of one or two events that were the most difficult, the ones that still stick with you, the ones you just can't shake, what would they be? What were the toughest events and what was your role in them?"

3) **REACTIONS:** **Go around room: "Now think about one or both of the incidents you mentioned. What were your first thoughts when you went off 'autopilot'? What were your first thoughts when your thinking kicked in? You can pick one of the events or both." [If themes do not reflect difficult aspects of deployment, prompt: Now I'm going to open the question up to the group. When you think about the event(s) that you mentioned, what was the worst part for you?]

4) **TRANSITION:** "You've mentioned some pretty tough stuff. Each Service member reacts differently to tough stressors. How have you changed since the deployment?"
-"How are you different now because of the incident?"
-"Many Service members have also mentioned..."
- Listen for positive and negative changes:
--sleep problems/hyper-reactions
--not wanting to be/relating with others

- impatient/pissed off/irritable/unsafe
- appreciating little things/values changed

5) **TRAINING/ADJUSTMENT:** Many Service members returning from OIF/OEF have reported the same kinds of reactions you have mentioned [list out examples]. So these are common, normal reactions. Transitioning home takes time and things like sleep problems or being hyper-alert will get better over time. Battlemind Training points:
-Re-build relationships
-Remember what you need to be in control of
-Acknowledge family/friends have been successful
-Account for changes in your behavior
-Negotiate
-Practice weapon safety
-Feeling aggressive/edgy is normal, follow ROE, monitor self, give yourself time to make decisions
-Being keyed up is typical, it takes time to re-learn reactions, that's why it's important to keep your cool when making decisions
-Don't self-medicate
-Be a buddy & don't encourage others
-Exercise & stick to routine
-do fun things
-Be proud of your service, tell your story, don't let survival guilt destroy you.

6) RESETTING:

- a) "This is the last part of the group today. Regardless of whether you're staying in or getting out, you've put your life out there for a year; you earned the right to be happy."
- b) "If you notice the transition isn't going so well for yourself or your buddies, then you need to get help: turn to buddies, leaders, chaplain, doc, mental health, Army One Source. We'll be giving you cards with your local resources listed. You don't want to be fumbling around trying to find out how to help one of your Service members."
- c) "Most of you are going to be fine. Recognizing and seeking help is a sign of leadership and strength." (address stigma)
- d) If no theme regarding positive personal experiences, ask: "if there was one good thing to come out of this experience, what would it be?"
- e) Reinforce that this is the start of the transition. Thank them.

END: check informally with those who might need additional support/referral.
Provide referral information card.