



U.S. Department of Justice
Federal Bureau of Prisons

C H A N G E N O T I C E

OPI PRD/EEO
NUMBER 3792.09, CN-1
DATE February 19, 2025

Battle Buddy Program

/s/

Approved: William W. Lothrop
Acting Director, Federal Bureau of Prisons

This Change Notice (CN) implements the following changes to Program Statement 3792.09, **Battle Buddy Program**, dated July 12, 2016. This CN removes language to ensure consistency with Executive Orders issued by the Executive Office of the President of the United States. Additions are marked with a **highlight** and the deleted text has a ~~strikethrough~~.

REFERENCES

~~P3713.30 — Diversity Management and Affirmative Employment Programs (3/25/2016)~~

Chapter 1. Eligibility

This program is voluntary for any veteran who wishes to participate.

Any qualified staff member may apply to serve as a Battle Buddy. Veterans are strongly encouraged to apply to serve as Battle Buddies as they may have experience in deployment which can provide a more personalized level of support.

There will be a B3 Coordinator for each location that has an Affirmative Employment committee, ~~as defined in the Diversity Management and Affirmative Employment Programs policy.~~



U.S. Department of Justice
Federal Bureau of Prisons

PROGRAM STATEMENT

OPI: PRD/EEO
NUMBER: 3792.09
DATE: July 12, 2016

Battle Buddy Program

/s/

Approved: Thomas R. Kane
Acting Director, Federal Bureau of Prisons

1. PURPOSE AND SCOPE

The Bureau of Prisons (Bureau) Battle Buddy (B3) program is a program available to all Bureau veterans at any point during their career. The B3 provides direct support to any veteran seeking the program's services. The goal is to provide assistance to veterans.

Each veteran shall have the right to join this program freely and without fear of penalty or reprisal and shall be protected under all existing laws to include Title VII of the Civil Rights Act of 1964, as amended, and the Uniformed Services Employment and Reemployment Rights Act (USERRA), 38 U.S.C. §§ 4301-4335.

This program is confidential in nature and is developed to provide an avenue of assistance for Bureau veterans to actively participate in without any type of retribution. Staff who participate in this program must not be punished, discriminated against nor harassed because of such participation.

The B3 program is based on a peer support model, connecting Bureau staff/peers, many of whom are veterans from past conflicts, with newly returning and other veterans who seek assistance with the transition back to their civilian life.

The B3 program ensures that each facility has a B3 Coordinator, trained mentors (Battle Buddies), and HR staff familiar with the requirements of the Program Statement.

For further information for veterans, staff should access Military Resources under Employee Resources in Sallyport at <http://sallyport.bop.gov/employeeresources>.

2. BACKGROUND

The B3 program is derived from the Army’s “Battle Buddy” program for wounded veterans, and the “Buddy to Buddy Program” developed by the Michigan Army National Guard with input from health care professionals from the University of Michigan and Michigan State University.

a. Summary of Changes

Policy Rescinded

None

b. Program Objectives. Expected results of this program are:

- To provide a program to Bureau employees who are serving or have served in the military.
- To provide ease of transition back into the correctional environment for veterans.
- To increase the overall wellness of veterans.
- To properly train Battle Buddies to serve as mentors to veterans.
- To provide Reorientation training to include updates on policy and procedures to returning veterans.
- To provide a liaison to outside resources such as Vet Centers.
- To ensure active B3 programs are available at each Bureau location.
- To ensure B3 Coordinators are notified of mobilization and return of veterans.

c. Institution Supplement. None Required.

REFERENCES

- P3713.30 — ~~Diversity Management and Affirmative Employment Programs (3/25/2016)~~
- P3000.03 Human Resource Management Manual (12/19/07)
- P3792.07 Employee Assistance Program (12/30/06)
- P3713.26 Anti-Harassment Policy (6/16/14)
- P3713.25 Anti-Discrimination Policy (6/16/14)

Other References

Family and Medical Leave Act (FMLA), 29 U.S.C., Sec. 2601 Title VII of the Civil Rights Act of 1964, as amended Uniformed Services Employment and Reemployment Rights Act (USERRA), 38 U.S.C. §§ 4301-4335

Department of Justice Reasonable Accommodations Manual

Master Agreement between Federal Bureau of Prisons and Council of Prison Locals

ACA Standards

None.

Records Retention

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on Sallyport.

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- B. Training Announcement Opportunity**

Chapter 1. Eligibility

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Chapter 2. Roles and Responsibilities

1. Central Office Affirmative Employment Programs Office (AEPO)

The Central Office AEPO will have overall responsibility of the B3 program. Central Office AEPO will compile one report from all of the reports submitted by the B3 Coordinators as listed below. This report will be provided to the National Union upon request.

2. B3 Coordinator

Locally, the B3 Coordinator is the Affirmative Employment Chairperson. He/she will consult with the Disability Employment Program Manager (formerly known as Selective Placement Program Manager) for collaboration.

The B3 Coordinator must establish a relationship with the local or nearest Department of Veterans Affairs (VA) Vet Center to discuss resources available for Bureau staff. On at least an annual basis, the B3 Coordinator must host a program for veterans which showcases the resources available in the community.

The B3 Coordinator must provide information about the program to all returning veterans during the reorientation training described below. In addition, the B3 Coordinator will provide any relevant information to the Battle Buddies related to veterans' issues.

On a quarterly basis, the B3 Coordinator should meet with all Battle Buddies. The meeting should allow discussion amongst all the Battle Buddies about the effectiveness of the program, and include any updates regarding information beneficial to veterans.

The B3 Coordinator must provide the following information on a quarterly basis (October 1, January 1, April 1, and July 1):

- Number and names of current Battle Buddies.
- Number of new participants/active participants.
- Description of services provided (e.g, programs held; interaction with local community).
- Description of relationship formed with Vet Center and any updates.

For institution B3 Coordinators, the reports must be submitted to the Regional Affirmative Employment Program Administrators. For B3 Coordinators located at Grand Prairie and the Training Centers, the reports must be submitted directly to the Central Office AEPO.

The B3 Coordinator is responsible for updating his/her facility Sallyport page. This page should include information about local resources available and links to other information about the program. At a minimum, the contact information for the Employee Assistance Program (EAP) and the Veterans' Crisis Hotline must be listed. This page must also include the names and contact information of available Battle Buddies.

3. Regional Affirmative Employment Program (RAEP) Administrators

On a quarterly basis, the RAEP Administrator will provide a summary report received from all of the institution B3 Coordinators, to include the regional information, to the Central Office AEPO.

4. Grand Prairie and Training Centers

On a quarterly basis, the B3 Coordinators will submit their reports to the Central Office AEPO.

5. Human Resource (HR) Offices

It is imperative that the Human Resource Management Division maintain current information relevant for veterans on Sallyport to include both checklists for Pre and Post Deployment.

Once the Bureau receives written notification from an employee that he/she has been ordered to active duty, the local HR office must initiate a personnel action. The Human Resource Services Center, Consolidated Processing Unit, once notified by a local HR office, will process an "Absent – Uniform Service" personnel action (SF-50) to document that a reservist has been called to active duty.

Upon receiving written notification that the employee is deploying, the local HR office will provide basic counseling and information to the employee regarding benefits related to military activation and how to complete necessary forms/paperwork. If the staff member requires assistance in completing the forms, the HR office will provide the necessary assistance. The HR office must refer to information available on HR Corner on Sallyport for further instructions regarding pre-deployment/post-deployment.

The local HR office must provide the B3 Coordinator notification of when a staff member deploys and when he/she returns.

The local HR office will provide returning veterans with reorientation training within one week of the veteran's return to the Bureau. All efforts will be made to conduct this training on the first day that the employee returns. This training will vary depending on the length of time for which the staff member was deployed and should consist of any changes in Bureau policies and procedures, major changes and events in the institution, updating personnel records, updates to correctional and security practices, firearms recertification, etc. The B3 Coordinator should be included in this training.

6. Chief Executive Officers (CEOs)

CEOs must ensure their facility has an active B3 program. They must support the time utilized by the Battle Buddy and veteran in accordance with this policy.

CEOs will ensure the Training Opportunity Announcement (TOA) for Battle Buddies is issued as needed. The CEO should consult with the B3 Coordinator to ensure there is a sufficient pool of Battle Buddies available locally. The CEO should select the Battle Buddies providing preference to those staff who are veterans.

CEOs should authorize administrative leave if requested for a returning veteran to visit a VA Readjustment Counseling Services Center.

7. Supervisors and Managers

Supervisors and managers must notify the HR Office of any staff member deployment and allow their staff to participate in this program. In addition, they must allow Battle Buddies to perform their duties on duty time.

8. Battle Buddies

The Battle Buddy is a staff member who will serve as a peer support system for the veteran. They are not serving as a therapist to the veteran but as a mentor. The Battle Buddy should review the Staff Mentor Procedure Manual periodically (see Attachment A). In addition, they should periodically review the material available on Sallyport for veterans under Military Resources.

The Battle Buddy is a collateral duty staff member who is selected by the CEO from a list of applicants who applied under the Training Opportunity Announcement (TOA) (see Attachment

B). The Battle Buddy must complete the required training assigned by the HR Office available on BOPLearn.

Battle Buddies are authorized to use up to 20 percent of their on-duty time to perform Battle Buddy Program responsibilities. He/she must notify their supervisors of any trainings, meetings, etc. they will be attending in relation to their duties as a Battle Buddy.

9. Affirmative Employment Meetings

Both the B3 Coordinator and the Disability Employment Program Manager should bring issues of concern regarding the B3 program or from any of the participants in the program to the Affirmative Employment meeting.

10. Department of Veterans Affairs (VA) Vet Centers

The mission of Vet Centers is to welcome home veterans with honor by providing quality readjustment counseling services in a caring manner. The Vet Center counseling services consist of a wide range of psycho-social services offered to eligible veterans and their families in the effort to make a successful transition from military to civilian life. They include:

- Individual and group counseling for veterans and their families.
- Family counseling for military related issues.
- Bereavement counseling for families who experience an active duty death.
- Military sexual trauma counseling and referral.
- Outreach and education including the VA's Post Deployment Health Administration Program, community events, etc.
- Substance abuse assessment and referral.
- Employment assessment and referral.
- Veteran Benefits Administration explanation and referral.
- Screening and referral for medical issues including Traumatic Brain Injury, depression, etc.

Vet Centers are located nationwide in local communities for the purpose of assisting veterans and their families achieve a successful post-war transition to civilian life and employment. A listing of Vet Centers can be found at http://www2.va.gov/directory/guide/vetcenter_flash.asp.

Chapter 3. Program Participation

Any veteran who wishes to have a Battle Buddy should either contact the B3 Coordinator or an available Battle Buddy. If the staff member contacts the B3 Coordinator, he/she will provide a list of eligible Battle Buddies to the requesting staff member. The B3 Coordinator will work with the staff member to select the best match and assign that Battle Buddy to the staff member. The B3 Coordinator will notify the Battle Buddy of his/her selection.

If the requesting staff member contacts the Battle Buddy directly, the Battle Buddy will notify the B3 Coordinator of such selection.

The Battle Buddy and the staff member should plan their initial meeting within one week of selection or assignment.



Bureau Battle Buddy (B³)

VETERANS AND PEERS HELPING
VETERANS

STAFF MENTOR
PROCEDURE MANUAL

***Amended/Edited from the Michigan Army National Guard
"Buddy to Buddy" Program***

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What is the “*Bureau Battle Buddy*” Program?

The **Bureau Battle Buddy (B³)** program is derived from the U.S. Army’s “Battle Buddy™” program for wounded veterans, and the “Buddy To Buddy Program” developed by the Michigan Army National Guard (MI ARNG) along with healthcare professionals from the University of Michigan and Michigan State University. These materials have been amended to meet the unique needs of the Bureau of Prisons staff in dealing with the many challenges they may face when readjusting to civilian life at home after combat and/or deployment. Although we welcome all staff interested in providing assistance to our returning veterans, it is important to recognize that,

Behind these programs is a simple concept: Combat is unlike any other human experience. No one knows more about the issues facing a returning veteran – than a fellow combat veteran.

The B³ provides direct support to staff returning home and to their law enforcement roles. The term “Battle Buddy” began with the Infantry. When deployed in tactical situations, soldiers will have a “Battle Buddy.” The buddies share every task such meals, backing up one another while on sentry duty or ensuring the other is drinking water. The transition from the battlefield to home, in and of itself has many challenges. For the reservists returning to civilian life, among all the other adjustments, they are then separated from their battle buddy. The impact of these changes is multiplied when you add the stressors inherent in the correctional environment. The goal of the B³ Program is to help with transition and assimilation back into life at home and as a Bureau Employee.

The B³ program is based on a peer support model, connecting BOP staff/peers, many of whom are veteran’s from past conflicts, with newly returning veterans. The goal is to provide focused resources to our returning or current veterans. By striving to utilize the experience of our seasoned combat veterans and other peer volunteers, this program provides coordination between the BOP and its support and resources, with those available through the Department of Veteran’s Affairs, “Vet Center” Program.

Mentor support: *Standing beside.*

A first-line contact for the service member returning from deployment, facilitating connection to the Vet Center program, and other resources needed for a successful transition to life at home.

Professional support: *Standing behind.*

Additional back-up support and resources provided for the **Staff Mentor** to contact including the B³ Coordinator and the Vet Center.

Why am I being asked to participate?

By participating in this program, you will help us to help our returning veterans reintegrate back into their families, their jobs and their communities. Although all interested staff will be considered to be a “Battle Buddy”, we recognize that actual combat Veteran mentors (Battle Buddies) have the ability to share with newly returning veterans their common experience, and can provide the unique and much needed support in navigating the transition from war-fighter to home, work, and accessing available resources provided through the VA, DOD, DOJ, and OPM. Once again, you are being asked to serve. This time, the call comes from your fellow service members here at home, who need you to be ready. You will be there to treat these returning service members with honor and dignity in their time of need. You are honoring returning service members and their families through your involvement in this program.

The training offered in the B³ program will prepare you to assist our returning combat veterans in successfully transitioning to life after deployment and any other veteran seeking assistance.

You are not alone. In your first-tier role (called **Staff Mentor**), you have many sources of back-up. Along with your primary resources (Vet Center / B³ Coordinator), this manual provides you with a listing of resources you can access to help your assigned service member address concerns ranging from family issues to military benefits to education and job assistance to help with financial or legal concerns. In addition, mental health professionals including the institutions EAP Coordinator are there to assist you and your assigned service member with identified concerns.

Finally, an additional level of support is available through the B³ program where you can get additional help with referrals to other service providers. All of these resources come together to ensure that concerns are identified and addressed **early**, improving outcomes for service members and their families.

Confidentiality

By agreeing to be part of this program, you are agreeing to honor the confidentiality of the conversations you have with returning veterans. These veterans may share things with you that they would not regularly share with other members of their units, coworkers, or even with family. The thoughts, ideas and personal identifying information disclosed by a staff member participating in the B³ are to be protected and not shared with friends, family or others staff. This is to assure that personal information will remain secure.

This confidentiality agreement specifies the following:

You agree not to share anything that you and your assigned buddy have discussed with the media, with other staff members, or with members of the general public.

You agree to safeguard and protect all data and information that you receive as you participate in this program and you will treat that information as strictly confidential.

There are a few exceptions to this rule of confidentiality:

Periodically, you will be required to report data to the B³Coordinator and/or the Special Emphasis Program Manager, to track the effectiveness of the program.

For safety, if a staff member confides that he/she is planning to hurt him/herself or another person, you are required to pass that information along to the B³ Coordinator, Vet Center, medical or appropriate outside law enforcement personnel in order to ensure the safety of the individual and others.

An intervention by authorities, breaching this confidentiality agreement, is also required if there is an indication of child abuse, which is required by law to be reported to protective services.

What's involved in B³ Training?

As a combat veteran or motivated volunteer, you may be uniquely qualified to help ease the transition from deployment to home for the newly or previously demobilized war fighter/veteran. This training will show you how to put your own life experiences to use, building on your proven ability to relate to and empathize with others. Although the focus of your efforts will be to help others, there are definite benefits ahead for you, too. You and the buddy with whom you are partnered will learn from each other as you take this journey together.

Training consists of several hours of self-study instruction, during which time you will learn:

- **How to maintain strong relationships** based on understanding, concern, trust and respect.
- **How to communicate effectively** using active listening skills and proven questioning techniques. You will gain confidence in using a specially-designed “Quick Guide”.
- **How both you and your “Buddy” can adopt a healthier lifestyle** and take responsibility for establishing and maintaining good self-care habits -- from better eating and sleeping to managing stress.
- **How to recognize the symptoms and indicators of emotional distress**, including depression, post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), suicide and substance abuse.
- **When and how to call for additional support** available within the B³ program, when someone is in need of further assessment and care.

This manual is intended to serve as your guide through B³ training, and to be an on-the-ground reference for you once you are working as a **Staff Mentor**, a first-line contact for service members or current veterans returning from deployment.

The role of a Staff Mentor

If a man does his best, what else is there?

-- General George S. Patton, Jr.

As a Staff Mentor in the B³ program, your objective is to maintain relationships, provide support, encouragement, and information to guide service members through the early days of life after active duty or any time they request assistance. To lay the foundation for the B³ work ahead, it is important to establish a few guidelines, so that expectations (both yours and your assigned “Buddy”) are clear from the start.

“Your job is not to give help, it’s to get help”

As a Staff Mentor, you will be asked to “check in” with your assigned Buddy through personal contacts. You should direct your conversations using a “Quick Guide” designed to identify and track any concerns. You may use this Guide (provided in the Appendix) to assist with conversations.

Staff Mentors must demonstrate a commitment to the following principles:

- **Respect** - The opinions, situations and needs of others, and integrity of the relationship you are building together, are to be honored.
- **Confidentiality** - Others will be sharing personal, sensitive information with you; discretion is vital to creating and maintaining a constructive dialog.
- **Concern** - Your sincere effort to listen and empathize will make the difference in the success of your B³ interactions.
- **Communication** - Dedicate yourself to developing the needed skills, making the necessary amount of contact, and, with the support of B³ Coordinator and/or the Vet Center Representative, recommending additional connections when needed.

As a Staff Mentor, you are NOT required to:

- Know all of the answers**
- Provide counseling or therapy**
- Give medical advice**
- Do personal favor**

As a **Staff Mentor, you are NOT alone**. You are **NOT** expected to diagnose mental illness, or to determine on your own whether a staff member's situation has reached a critical level.

You will be backed up by your local Vet Center representative and the **B³** Coordinator. You should contact these professionals for guidance anytime you are concerned about the well-being of your Buddy or feel uncertain about your role as a **Staff Mentor**.

Staff Mentor access to the Vet Centers

In your role as a **Staff Mentor**, your “**Buddy**” may confide in you regarding a wide range of challenges, from financial or legal questions to family or mental health concerns. Regardless of the issue, one thing is true: the earlier your Buddy makes connection with the right services for his/her situation, the better the outcome will be. By intervening early, we hope to lessen the stress and the risk of additional problems for the service member and his/her family.

While there are a large number of resources available to help support returning veterans, as a Staff Mentor, you will be able to show respect for your “Buddy” by allowing him/her to dictate how and when these services are employed. The Vet Center is a one-stop resource referral. Your B3 training will give you a basic knowledge of the Vet Center program and services available through that program for returning service members. Within that program, fellow veterans who have received even more training are able to further assess the needs of the returning service member, and help him/her gain access to additional mental health, substance abuse and community service agencies

You and other **Staff Mentors** are the first line of contact with returning service members. You may also access the second tier of veteran-delivered support, **B³** Coordinator and your local Vet Center representative, all who stand ready to assist you when you identify a need for additional intervention.

The Vet Center representatives are vets who are very likely to have been deployed or faced combat in Iraq, Afghanistan or other military actions. They will also personally meet and screen many of these formal treatment services your Buddy might want or need.

Your role as a **Staff Mentor** does not end once your buddy is connected with the **Vet Center** or another resource provider for follow-up.

The role of the Vet Centers

What is the Vet Center?

We are the people in VA who welcome home war veterans with honor by providing quality readjustment counseling in a caring manner. Vet Centers understand and appreciate Veterans' war experiences while assisting them and their family members toward a successful post-war adjustment in or near their community.

VET CENTER HISTORY

The Vet Center Program was established by Congress in 1979 out of the recognition that a significant number of Vietnam era vets were still experiencing readjustment problems. Vet Centers are community based and part of the U.S. Department of Veterans Affairs. In April 1991, in response to the Persian Gulf War, Congress extended the eligibility to veterans who served during other periods of armed hostilities after the Vietnam era. Those other periods are identified as Lebanon, Grenada, Panama, the Persian Gulf, Somalia, and Kosovo/Bosnia. In October 1996, Congress extended the eligibility to include WWII and Korean Combat Veterans.

The goal of the Vet Center program is to provide a broad range of counseling, outreach, and referral services to eligible veterans in order to help them make a satisfying post-war readjustment to civilian life. On April 1, 2003 the Secretary of Veterans Affairs extended eligibility for Vet Center services to veterans of Operation Enduring Freedom (OEF) and on June 25, 2003 Vet Center eligibility was extended to veterans of Operation Iraqi Freedom (OIF) and subsequent operations within the Global War on Terrorism (GWOT). The family members of all veterans listed above are eligible for Vet Center services as well. On August 5, 2003, VA Secretary Anthony J. Principi authorized Vet Centers to furnish bereavement counseling services to surviving parents, spouses, children and siblings of service members who die of any cause while on active duty, to include federally activated Reserve and National Guard personnel.

What type of Services does the Vet Centers Offer?

The Vet Center offers readjustment counseling. Readjustment counseling is a wide range of psycho social services offered to eligible Veterans and their families in the effort to make a successful transition from military to civilian life and include:

- Individual and group counseling for Veterans and their families
- Family counseling for military related issues

- Bereavement counseling for families who experience an active duty death
- Military sexual trauma counseling and referral
- Outreach and education including PDHRA, community events, etc.
- Substance abuse assessment and referral
- Employment assessment & referral
- VBA benefits explanation and referral
- Screening & referral for medical issues including TBI, depression, etc.

The Vets Center's web site is located at <http://www.vetcenter.va.gov/index.asp>.

When your service member shares suicidal thoughts

Suicidal thinking can take many forms, from openly discussing a desire to die to acknowledging that, while not wishing to take his/her own life, the person wishes he/ she could just escape from it all. **Depression** often lies beneath these thoughts. A service member may feel that the depression will never get better. That feeling of hopelessness may spiral into suicidal thoughts.

Remember:

**Suicidal talk “trumps” confidentiality.
Once you are aware of any possible suicidal thoughts,
.....DON’T LEAVE YOUR SERVICE MEMBER ALONE!**

Substance abuse may also be at work, as the service member may use alcohol or drugs to numb the stronger symptoms of PTSD. Substance abuse can increase irrationality or impulsivity, which can lead to suicidal plans or acts. **All suicidal feelings and comments should be taken seriously.** If your service member expresses suicidal feelings, refer to the Emergency Protocol.

Remember that you are not alone, and you are not responsible for evaluating or diagnosing the situation on your own.

When you become concerned about the possibility of suicide:

- Remain calm. Take the time necessary to listen carefully to what your service member is saying. Provide active emotional support for his/her feelings.
- Deal directly with the topic of suicide. Tell your service member that you are worried that he/she is thinking about hurting himself/herself. Remember that most people have mixed feelings about death and dying, and are open to help.
- Remember that your service member is involved in an emotional crisis and is not thinking clearly. Discourage him/her from making any irreversible decisions while in crisis.
- Talk about the positive options available, and the reasons to be hopeful for the future.

- Tell your service member that you think it would be a good idea for him/her to speak with a mental health professional.
- It is not your responsibility to act alone. Follow the Emergency Protocol on the following page. Remember: ***suicidal talk “trumps” confidentiality.***
- If your service member is actively hurting himself/herself or threatening to do so, he/she may be taken to a hospital emergency room for evaluation.
- If needed, police may be called to assist with the service member’s safe transportation to a hospital emergency room.

Emergency Protocol

When faced with an emergency situation with one of your assigned service members, follow the steps below:

1. Don't leave your service member alone if possible.
2. If the emergency situation occurs when you are both at the Bureau facility, you should contact the B3 Coordinator or the Chief Psychologist.
3. If the service member is not at the facility, **Call 911**. Provide the emergency operator with the name, address and phone number of the service member. Keep the service member on the phone.
4. After you get emergency help for the service member, notify the **B³** Coordinator at your institution.
5. If additional back-up resources are needed, contact:
 - a. Federal Occupational Health (FOH) EAP: (800) 222-0364
 - b. The National Suicide Lifeline: 1-800-273-TALK (8255)
 - c. The Veterans Crisis Line: 1-800-273-8255

What is effective communication?

Constantly talking isn't necessarily communicating.

--- Charlie Kaufman

Communication is a two-way street. When a speaker's words are interpreted by a Listener exactly as the speaker intended, the conversation is successful. Understanding has been reached, even if the two completely disagree! Mutual understanding is the goal of effective communication. But all too often, our conversations fall short of that goal. What the speaker says doesn't match what the listener hears. Good communications skills improve the odds of reaching mutual understanding.

Navigating the two-way street of communications is easier said than done, but the tools provided here will help you – and as a result, the Battle Buddy you work with – to get the most out of your communications.

Becoming an active listener

What people really need is a good listening to.

--- Mary Lou Casey

To be an active listener is to go beyond simply hearing the words being spoken. The active listener seeks to hear and understand the full meaning of what is being said – both the *content*, or facts, and the *emotion*, or how the person feels about those facts.

Here are the tools an active listener uses:

- **Attending** – Give your undivided attention to the speaker in order to hear the entire message.
- **Inquiring** – Invite the person to tell you his/her story.
- **Questioning** – Listening doesn't mean remaining silent. Ironically, asking questions is an important component of good listening. By asking questions, the listener can make sure the information heard is accurate, and that nothing has been left out.

Two types of questions are used in conversation: **closed-ended** and **open-ended**.

1. **Closed-ended** questions are those that typically generate a one-word or one phrase answer.
2. **Open-ended** questions require the person answering to elaborate more fully, and to include his/her own feelings, impressions and opinions, above-and-beyond “just the facts.”

Here are two examples of approaching the same issue using closed- and open-ended questioning:

CLOSED-ENDED _____

Q: *How are you?*

A: *Fine.*

Q: *Do you think you might be watching too much TV?*

A: *No.*

OPEN-ENDED _____

Q: *What can you tell me about how you're doing?*

A: *Well, I've been a little stressed...*

Q: *How you're spending your free time?*

A: *I mostly watch TV by myself.*

Open-ended questions do what their name promises: they open the door for ongoing communication. Unlike closed-ended questioning, which tend to result in start-and-stop conversations, open-ended questioning keeps the conversation flowing, allows time for reflection, clarification, and elaboration, and eventually, brings both parties to a fuller understanding.

The following are additional examples of open-ended starters:

To what extent...Did you...?

How often...Will you...?

Why...Can you...?

Tell me about...

Help me understand...

What, if any ...

When, i ever...

How, if at all ...

What else...

Reflecting– restate what was said to you in your own words. This kind of reflection serves several purposes:

- Checking that you understood exactly what the speaker intended.
- Giving the speaker a chance to clarify if your restatement doesn't match his/her intended message.
- Letting the speaker know that both the content and the feelings attached to his/her words have been heard completely.

Here are some tips for effective reflecting:

- Use statements, not questions
- End with a downturn in your voice
- Use hypothesis testing (“If I understand you correctly, it sounds like...”)
- Affirm and validate what you hear
- Build trust
- Keep the other person thinking and talking

Common REFLECTING statements:

"It sounds like you're feeling..."

"In other words..."

"So you feel..."

"It sounds like you're not happy with..."

"You're feeling that..."

"You're having trouble with..."

"You're struggling with..."

"So you're saying you're conflicted about..."

Reflect before you fix: Stay non-judgmental – put your own views aside and avoid the urge to suggest solutions. Focus on truly hearing what the other person is saying.

Take time for a self-check: *Did he tell me he was concerned about his job, or did I just assume it?*

Suggested questions to break the silence:

"You seem quiet today.

What's on your mind?"

"What are your thoughts about...?"

No conversation goes smoothly from beginning to end. As you speak with your returning service member, expect that, on occasion, you will encounter roadblocks. Be aware of the most common obstacles to effective communicating, and learn to counter them:

Silence – Moments of silence are to be expected in conversation. Silence is our opportunity to gather thoughts and reflect on questions asked. But important information is sometimes contained in the silences between words. Learning to "read" silence is a key skill to develop. Is the speaker's silence a sign that he/she is thinking? Or is he/she nervous? Fearful? Angry?

Assumptions – You may find yourself making assumptions about what your service member is trying to say. Your assumptions may not be accurate, and may get in the way of hearing what he/she is really telling you. Make sure you "check in with yourself" during the interaction, to avoid "filling in the facts" with your own assumptions.

Distractions – Your own thoughts and preoccupations, as well as environmental factors such as television or other people nearby, can get in the way of hearing what your service member is telling you. Minimize these distractions by arranging to speak from a quiet place, and at an undisturbed time. Prior to meeting with the service member, take a moment to clear your mind of the cares of your day and prepare to listen fully.

Barriers to effective communication

The first conversations you have with your assigned service member may be challenging. It is understandable to feel anxious or nervous, anticipating how each conversation might go. You may be used to talking with these service members as comrades and as friends, whether to discuss military matters or just to shoot the breeze. But the purpose of these conversations goes further. You will be checking in on their well-being. You may wonder whether you will “connect.” Will you be able to tell how your service member is doing? How will you know whether your service member needs help? Relax. You don’t have to learn everything about how your Battle Buddy is doing right away. As you develop your relationship, you will gradually learn more. Effective communication is a process. Be patient and persistent.

During the first check-in, you may want to reiterate that, in the B³ program, all returning service members who want to participate in the program are being paired with a Staff Mentor/Battle Buddy like you. This may help to encourage dialog and overcome the stigma associated with asking for help. You might then begin with a few questions intended to get a snapshot of the situation and to help raise the comfort level:

***What has happened since you’ve been home?
Catch me up on your family.
How have you been spending your time?***

Then try some additional open-ended questions to learn even more about service member’s relationships, and his/her current environment at home or work:

***What kind of work are you doing?
What is a typical day like?
What are you doing to take care of yourself? How is that going?***

To maintain rapport and trust, it can be beneficial to introduce some of your own story of reintegration as well. But beware of letting the conversation drift too far in your direction. While sharing about yourself, continue to return to open-ended questions to keep the conversation focused on your service member:

***My eight-year-old was the little service member while I was gone too.
What’s it been like for you to reconnect with your kids after being away?***

Starting the dialog

The objective of your contact is, over time, to maintain connection and trust, provide support, and, if necessary, encourage your service member to seek further help. Your conversations should lead to a clearer picture of how he/she is **adjusting** – emotionally and physically, and **functioning** – at home, at work or school, and among friends. This is a tall order, and will require that you employ all of the active listening skills you are now learning.

A note about getting “stuck”:

You should not expect that every contact will go smoothly. It is likely that many will be challenging. At times, you may feel the conversation is stuck – headed in an unproductive direction or filled with awkward silence. At those times, remember:

Relax - forcing conversation or showing frustration won't be productive.

Acknowledge - that the conversation seems to be stalled:

“I’m feeling a little stuck today; it seems like we’re not talking like we usually do.

How does it seem to you?”

Return again to open-ended questions, perhaps trying one you haven't used before.

If all else fails, bring the conversation to a close and arrange to speak again soon.

What to expect during check-in conversations

Problems may not be immediately evident during a conversation. Your service member may be reluctant to acknowledge a concern or problem to you or even to him/her. Knowing how to recognize the signs of some of the most common problems of returning service members will make you a more vigilant listener and questioner, and will improve the chance of intervening before the issues becomes a problem for your service member and his/her family.

Remember that reintegration can be a difficult time for service members returning from deployment. It is not unusual for a service member to experience unpleasant emotions and even physical symptoms upon returning home or later. For many, these experiences are part of the normal process of adjusting to civilian life. With the support of family and friends, most service members will recover and readjust completely to life at home. The opportunity to speak with you can also be a key component in helping ease the adjustment to life after active duty. That's why the **B³** program was implemented.

What reactions should you look for when speaking with your service member?

Here are some of the *most common reactions* returning service members experience:

Physical health problems:

- Stomach upset, trouble eating
- Palpitations, pounding heartbeat
- Rapid breathing
- Severe headaches
- Sweating (perhaps when remembering events from deployment)
- Failure to engage in regular self-care such as exercise, diet, safe sex, regular health exams, etc.
- A worsening of chronic pre-existing medical problems
- Sleep problems
- Trouble sleeping and/or exhaustion
- Nightmares
- Relationship problems (marriage, children, other) or problems on the job or at school

Substance misuse:

- Excess use of alcohol
- Use of drugs
- Excessive smoking or eating
- Legal problems
- Arrests
- DUI
- Risky behaviors
- Craving violence to experience an adrenaline rush
- Fighting
- Speeding
- Practicing unsafe sex
- Self-mutilation
- Emotional problems
- Feelings of depression or anxiety
- Feelings of uncertainty, helplessness or hopelessness about the future
- Feeling nervous, fearful or sad
- Feelings of withdrawal, rejection or abandonment
- Trouble concentrating
- Indecisiveness
- Edginess
- Jumpiness; startling easily at sudden noises or movement
- Feeling alienated or detached from family or friends
- Feeling unconcerned about others, or a loss of intimacy
- Feeling on-guard and constantly alert
- Feeling “nothing;” being numb to emotions, including the inability to experience positive emotions such as love or joy
- Distrust of others
- Avoiding people, places or things related to a traumatic event that occurred during deployment
- Feeling overwhelmed with readjustment
- Self-blame
- A negative self-image
- A negative image of the world
- Disturbing dreams, memories or flashbacks
- Anger management problems
- Frustration, irritability or outbursts of anger
- Suicidal thoughts

Listening to the spoken – unspoken and the unspoken

We shall draw from the heart of suffering itself the means of inspiration and survival.

- Sir Winston Churchill

How do you know whether a situation is “normal” or “problematic”?

During your conversations, your service member may tell you about one or more of these emotional or physical reactions. In many instances, these reactions will develop and pass over time. However, if left unattended or unresolved, they may lead to more serious problems over time, including depression, post-traumatic stress disorder (PTSD), substance abuse or suicidal thoughts – all of these will be discussed in detail later in this procedure manual. It is important to be concerned and probe for more information during your conversations, but not to overreact.

As you speak with your service member, ask yourself the following questions to help you identify when a situation is becoming problematic:

Are the service member’s reactions more severe than I would expect?

- Are the symptoms he/she is describing what you would expect based on your own experiences, or do they seem more extreme?
- Are the service member’s reactions causing him/her to get into trouble at home, at school, or with the law?
- Are you concerned that your service member is putting himself/herself, or others, at risk of harm?
- Is the service member trying to manage problems by drinking or using drugs?

Are the service member’s reactions lasting longer than I would expect?

- Are the service member’s problems lasting longer than similar problems encountered by you or others in your unit?
- Does your service member feel that his/her problems are lasting longer than he/she can handle?
- Do you feel the service member’s problems are getting worse over time instead of better?

WHEN IN DOUBT, ASK FOR HELP.

The goal of the B³ program is to make help available to everyone who needs it, as soon as that need is identified. As a **Staff Mentor**, your job is to listen carefully and identify

concerns early. Access to services or resources to help with employment, relationships, parenting, depression, substance abuse and more are there for anyone requesting them.

Once a problem is identified, your job is not to give help, but to get help.

If you are wondering whether a situation has reached a point where additional help is needed, it probably has. It's time to call on the B³ Coordinator.

Does the service member seem to need assistance beyond just talking with you?

If your service member asks for help in dealing with problems, it is likely that his/her support system is also overwhelmed. The fact that he/she is aware of the problem is a positive sign that help will be accepted.

If you feel overwhelmed by the symptoms or problems your service member shares with you, that is another important sign that more assistance is needed. You should not hesitate to ask for help from a B³ program support person.

REMEMBER: As a Staff Mentor, you are NOT being asked to diagnose mental health disorders. Your job is to look out for the warning signs.

What is depression?

Depression is not the same as a short-term feeling of sadness or emptiness. It's more than a temporary case of "the blues". It is a brain disorder, caused by abnormalities in the levels of neurochemicals in the brain.

Clinical depression, also called major depressive disorder (MDD), is a serious, long-term illness that can affect a person's daily functioning and relationships.

There is no single cause known for depression; a number of factors may be at work, alone or together, including a family history of the disease, a recent trauma or loss, or encountering an uncommon level of stress.

What are some of the symptoms of depression?

- Recurring feelings of sadness or hopelessness
- Loss of interest in hobbies or favorite activities, including sex
- Pessimism
- Fatigue or decreased energy
- Changes in sleep such as early morning wakefulness, excessive sleeping or insomnia

- Changes in appetite (either an increase or a decrease)
- Persistent aches, pains or digestive problems
- Thoughts of suicide

How common is depression?

Depression is a very common illness that affects others, not just service members.

Understanding clinical depression

Does treatment help?

The good news is that the majority of people who receive treatment for depression will experience improvement in their symptoms. Unfortunately, many people do not seek treatment, for numerous reasons, including:

- The perceived stigma associated with the disease
- Misunderstanding or confusion about depression's symptoms
- Concern that getting treatment is a sign of weakness
- Worry that seeking treatment will result in job or income loss

What treatment options are available?

A mental healthcare provider may employ one or more strategies to address depression, including:

- Psychotherapy –including interpersonal therapy (“talk” therapy) and other approaches
- Medication

What is substance abuse?

Substance abuse is defined as “the harmful or hazardous use of psychoactive substances, including alcohol, prescription drugs or illegal drugs (such as marijuana, cocaine, methamphetamine or heroin). Even tobacco and caffeine can be abused, leading to the possibility of dependency.

How common is substance abuse?

The most frequently abused substance in the military is alcohol. Veterans are more likely than the general population to use alcohol.

What are the signs of alcohol abuse?

“At risk” drinking is defined as drinking that is likely to lead to more significant problems in the future. Drinking behavior is categorized as “at risk” based on quantity and frequency:

- For men, more than 4 drinks on one occasion or more than 14 drinks weekly constitutes at-risk drinking.
- For women, more than 3 drinks on one occasion or more than 7 drinks weekly constitutes at-risk drinking.

However, an individual may be abusing alcohol even if he/she does not meet these criteria. Any of the following behaviors signal alcohol abuse:

- Drinking frequently to the point of intoxication
- Engaging in binge drinking, which for average adults is defined as consuming 5+ drinks (male) or 4+ drinks (female) in about 2 hours
- Experiencing blackouts after consuming alcohol
- Using alcohol to the point of interference with functioning at home or work
- Using alcohol despite dangerous consequences (driving while intoxicated)
- Using alcohol despite recurrent legal or interpersonal consequences (arrest, domestic violence, etc.)

Is alcohol abuse the same thing as alcoholism?

Alcoholism, or alcohol addiction or dependence, refers to the inability to stop drinking, without necessarily having physical or cognitive symptoms. An individual may display an exceptional capacity to use alcohol without appearing intoxicated, but may still be physically addicted to alcohol.

Understanding substance abuse

Individuals suffering from alcohol dependence may display the following behaviors:

- Shakiness, jitters or nausea when deprived of alcohol – in its advanced state, this is described as delirium tremens, or DTs
- Using alcohol to prevent shakiness
- Inability to cut down alcohol abuse for any period of time
- The pursuit of activities involving alcohol
- Social or interpersonal problems related to alcohol

Treatment options available include:

- 12-step groups
- Individual psychotherapy
- Couple, marital or family therapy
- Support groups
- Inpatient or intensive outpatient hospital treatment

Does treatment help?

Established methods for treating alcohol abuse have been shown to be effective in patients who are motivated to recover and are committed to getting the support needed.

Success in recovery from addiction requires a significant lifestyle change, and constant daily vigilance to remain sober.

Like the treatment of depression, treating substance abuse can be highly effective when administered. But the unfortunate reality is that many substance abusers do not receive treatment.

What factors contribute to substance abuse?

- Stress
- Depression
- Avoidance of pain
- Filling a void
- Seeking pleasure or excitement
- Coping with psychological symptoms other than depression
- Social situations / lifestyle

The test of success is not what you do when you're on top. Success is how high you bounce when you hit bottom.

-General George S. Patton, Jr.

Returning service members who experienced combat or other intense and disturbing events during deployment may face specific problems stemming from the trauma. Trauma-induced problems include the emotional syndrome Post-Traumatic Stress Disorder (PTSD), or the physical or neurological ailments characterized as Traumatic Brain Injury (TBI).

As a service member who has experienced deployment, you already know a few things about stress. You probably know that stress can be either positive or negative (it can keep you alive or it can put you or others in danger). It is common and expected to feel stress both during and after deployment, when returning home and reuniting with family and friends who did not experience deployment. Stress can be unpleasant in the short term, but it usually dissipates over time and doesn't result in long-term problems. But when stress overwhelms our physical and emotional defenses, it can cause us to feel, think and act in ways that are not normal for us. In such cases, additional help is required.

What is PTSD?

Post-Traumatic Stress Disorder (PTSD) is “an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened”, such as when trauma or death are observed during battle.

PTSD is the most severe deployment-related stress disorder.

A service member need not sustain a personal injury to develop PTSD. Witnessing or hearing about someone being threatened, injured or killed in a violent event, or fearing for your own safety during an event can trigger the disorder. Symptoms can appear immediately following the event (while still deployed), or can begin weeks, months, or years later.

Trauma-related disorders

Understanding Post-Traumatic Stress Disorder

Post-Traumatic Stress Disorder (PTSD) may be present when several symptoms like those listed in the three categories below persist for a month or longer, causing significant distress or affect a person's ability to function:

- Re-experiencing the event
- Experiencing “flashbacks”, reliving painful experiences while awake or dreaming, triggered by sights, smells, sounds, or memories
- Having unwanted thoughts, memories or nightmares about the event
- Startling easily or experiencing a “stress reaction” when reminded of the event (for example, upon hearing a car back-fire)
- Emotional numbness and avoidance
- Difficulty feeling love or affection
- Feeling disconnected from other people
- Losing interest in favorite activities
- Avoiding thoughts, feelings, conversations, activities, people or places that could be associated with the event
- Having trouble remembering specifics about the event
- High degrees of vigilance or agitation
- Feeling irritable
- Exhibiting aggressive behavior
- Feeling jumpy or easily startled
- Experiencing difficulty sleeping
- Experiencing a heightened sense of awareness of surroundings

How common is PTSD?

PTSD is a significant public health problem. Although most commonly associated with combat-related events, individuals who have witnessed domestic abuse, crime, natural disasters or other harrowing events may also develop the disorder.

The appearance of some symptoms does not necessarily constitute full-blown PTSD. service members may have PTSD symptoms without experiencing the full PTSD syndrome, and may benefit from intervention.

Post-Traumatic Stress Disorder can be treated with:

- Individual psychotherapy
- Group psychotherapy
- Couple/family therapy
- Medication

Understanding Traumatic Brain Injury

Traumatic Brain Injury (TBI) occurs when a sudden trauma such as a blow or jolt to the head or penetrating head injury causes damage to the brain. The trauma can be external, such as when an object violently strikes the head or neck, or internal, such as when an object pierces the skull and comes in contact with sensitive brain tissue. TBI can occur even when there is no reported loss of consciousness or other evidence of an injury, and even when the individual is wearing a helmet or other protective gear. In combat, TBI is often caused by explosive devices, bullets, vehicle accidents, or falls.

Not every impact to the head results in a traumatic brain injury.

Physical symptoms include:

- Headache
- Stiffness or weakness
- Lack of coordination or balance
- Fatigue
- Difficulty with speech
- Problems performing simple tasks
- Seizures
- Dizziness
- Bladder or bowel control

Cognitive symptoms include:

- Slowed thinking
- Memory loss
- Impaired judgment or concentration
- Difficulty with learning or planning
- Language or communication problems
- Changes in sensory perception

Emotional or behavioral symptoms include:

- Irritability
- Sudden mood changes
- Anxiety
- Low self-esteem
- Difficulty reading social cues
- Depression
- Sexual dysfunction
- Anger
- Difficulty beginning or completing tasks

- Trouble with coping
- Self-centeredness

Military doctors have called TBI “the signature wound of the Iraq War. Some effects of TBI may not appear until weeks, months, or even years after the trauma has occurred. Because the brain is such a sensitive part of the body, it is important to diagnose and begin treatment as soon as possible.

Treatments for physical symptoms include:

- Surgery to repair blood vessels and brain tissue
- Physical rehabilitation therapy
- Pain medication
- Assistive equipment

Treatments for emotional symptoms include:

- Psychiatric treatment
- Support groups
- Education for individuals and families

In addition, TBI patients may require other assistance, including:

- Transportation
- Housing
- Legal aid
- Occupational and speech therapy
- Respite care

Promoting a Healthy Lifestyle

An important component in helping others is taking care of you. As you take on the responsibilities of a Staff Mentor in the B³ program, you can expect to be challenged in many ways. It's important not to lose yourself or lose track of your own needs while assisting others. Make developing good self-care habits a priority. In learning how to take care of yourself, you will also be gathering important tools to share with the service members you will be supporting in the B³ program.

You will be prepared to ask questions to determine whether they are adopting healthy habits in the following areas:

- Relaxation and stress management
- Exercise
- Healthy eating habits
- Good sleep hygiene

Relaxation and Stress Management

Stress is unavoidable in life. Whether we are serving on active duty or dealing with everyday life on the home front, we all experience stress at one time or another. Some stress can be helpful – when the sound of a fire alarm raises your anxiety level, stress is alerting you to avoid danger. With a tight deadline looming, stress motivates you to finish your project.

Look for these common symptoms of stress:

- Feelings of anger
- Tension
- Tight muscles
- Changes in eating habits
- Changes in sleeping habits
- Inability to focus

Exercise

Exercise relieves stress. Nothing relieves exercise

- T. Ikkaku, A. Hosaka, T. Kawabata

Check with your healthcare provider before you start any exercise program.

To manage stress, you can do the following:

Practice Abdominal Breathing

- Place one hand on your abdomen right beneath your rib cage.
- Inhale slowly and deeply through your nose into the bottom of your lungs. Your chest should move only slightly, while your stomach rises, pushing your hand up.
- As you exhale, just let yourself go and imagine your entire body going loose and limp. It should take you twice as long to exhale as it did to inhale.
- Practice three times per day for 2-3 minutes.

Practice Progressive Muscle Relaxation

- “Pay a mental visit” to your muscles, stopping at each area of the body from head to toe to pay attention to areas of tension.
- As you stop at each area, sense and relax each muscle, trying to release unnecessary tension.

Practice Visual Imagery

- Imagine tension flowing out of your body, down your shoulders and arms and out through your fingertips into the air, down your thighs and legs, and out through the soles of your feet into the ground.
- Take a mental “vacation.” Imagine yourself in a pleasant, relaxing place such as on the beach or in the woods.

Practice being deeply mindful of yourself and your surroundings

- Focus on your breathing or some other sensation, or on an object in your surroundings.
- While focusing, allow other thoughts and feelings to flow over you.

We all know that exercise is good for our bodies. It can help us maintain a healthy weight and keep our bodies physically strong. But you may not know that exercise is also a

good mental health practice. Several studies suggest that for individuals with mild to moderate symptoms, exercise can be as effective as medication in the treatment of depression.

Exercise is one of the best investments you can make in your long-term well-being, helping to relieve stress, increase energy and improve sleep.

Here are some keys to establishing and maintaining an adequate level of physical activity:

- Find something you like to do – you’ll be more likely to stick with it.
- Start slow and easy and increase your activity level over time.
- Maintain a regular routine.
- Monitor your daily activity – using a pedometer for walking, an odometer for biking, etc.
- Find an exercise “buddy”.
- Don’t get discouraged. Every effort is worthwhile!

Healthy Eating Habits & Good Sleep Hygiene

To stay in top condition, you need to adopt a balanced diet and healthy eating habits. The following are some guidelines for maintaining a healthy diet:

- Select a moderate, sensible food plan (visit www.MyPyramid.gov for useful tips).
- Regulate portion size.
- Eat on a regular schedule.
- Limit fast food and junk food.
- Include plenty of fresh fruits and vegetables.
- Drink plenty of water each day.
- Avoid drugs and alcohol.
- Limit your caffeine intake.
- Pack healthy snacks to avoid between-meal cravings.

Sleep hygiene refers to the practice of following guidelines to ensure restful, effective sleep. A healthy sleep routine helps you to stay alert during the day and avoid the onset of sleep problems. The basics of good sleep hygiene include:

- Going to bed and rising at the same times each day, even on weekends
- Establishing a regular bedtime routine
- Using relaxation techniques shortly before sleep
- Allowing at least one hour to unwind before bedtime
- Restricting sleep to just the bedroom
- Maintaining a regular meal schedule, and avoiding large meals within one hour of bedtime
- Exercising daily, but avoiding exercise within one hour of bedtime
- Getting adequate exposure to natural daylight each day
- Avoiding naps during the day
- Avoiding stimulants (caffeine, alcohol, etc.) within one hour of bedtime

It is also important to establish the right environment for healthy sleep:

- Keeping the bedroom as comfortable and peaceful as possible.
- Keep the bedroom at a comfortable temperature; ideally, slightly cool.
- Keep the bedroom as dark as possible.

Frequently Asked Questions

Why was I chosen to participate in this program?

You were selected based on a combination of communication skills, self-motivation and life experience that help you relate well to others.

What do we do if we have trouble coming up with things to talk about?

This manual is full of suggestions about what you might want to discuss with your service member. Review the **Communications Skill-Building** section for ideas. If you remain “stuck,” contact the B³ Coordinator to discuss other approaches.

What do I do if I’m not getting along with my service member?

For most people, the opportunity to talk about issues is helpful. But, if individuals feel they are in a situation where they may be judged, they may be reluctant to share, and problems can arise. You should attempt to gain the trust of your assigned service member, and convince him/her that you are sincere in your concern, and are committed to listening without judging.

However, if you do have problems maintaining connection and rapport with your service member, make sure you are addressing your service member with respect, ask open-ended questions to elicit as much information as possible, and to open the door to work together to resolve problems.

For example:

- Is there a way I could be more helpful to you?
- What are some of the things causing you to feel the way you do?

If you are still faced with problems that you can’t resolve with your service member, re-contact the B³ Coordinator to explore finding a new mentor for your assigned service member.

What should I do if my service member is having relationship problems or problems with their children?

Significant others and children often have their own problems dealing with a service member’s return home. In some instances, just listening in a supportive fashion will help you assist your service member through these transition issues. However, more severe or recurrent issues may require more attention. If this becomes the case, contact your local Vet Center Representative for further assistance.

Where do I refer my service member if they are seeking treatment?

They have several options to seek treatment, to include contacting the Vet Center/VA, Federal Occupational Health (1-800-222-0364) or their own health service provider.

What do I do if I feel that my service member needs to get help, but they refuse to do so?

It is normal to be concerned about your service member's health. However, remember that you are not responsible for his/her actions. Your service member must make his/her own decisions. You can contact your local Vet Center Representative at any time to discuss issues in depth.

What if I am having my own problems?

You too may be adjusting to life home after deployment. It is to be expected that you may need to deal with readjustment issues of your own during this time, and conversations with an assigned service member could impact how you feel and function at home or work. If at any point during this program you feel the need to get help for yourself, or if you feel you are having problems fulfilling your duties within the B³ program, you can notify and seek confidential assistance from the B³ Coordinator, your local Vet Center Representative, and/or the Employee Assistance Program.

Communication Quick Guide

Bureau Battle Buddy Program Communication Skills at a Glance

Sample Questions for Starting the Dialogue

- *Catch me up on your family.*
- What has happened since you've been home?
- *How have you been spending your time?*
- *What is a typical day like?*
- *What kind of work are you doing?*
- What are you doing to take care of yourself? How is that going?
- *(If he/she is a parent) What's it been like for you to be with your kids after being away?*

Building Blocks of Open Ended Questions Reflective Statements

Tell me about...?

What do you think about...?

What can you tell me about...?

What would happen if...?

How could you...?

I wonder if there's another way to look at...?

Remember: Listen and reflect before you try to FIX the problem.

It sounds like you're feeling...

In other words...

So you feel...

What did you notice about...?

How do you think we could...?

How did you...?

It sounds like you're not happy with...

You're feeling that...

You're having trouble with....

It sounds like you're not happy with... You're struggling with...

So you're saying you're conflicted about...

Useful Reflective Words

Trapped, Torn, Hopeless, Powerless, Alone, Overwhelmed, Drained

B3 Checklist on Areas of Potential Concern

1. Health problems (headaches, heart palpitations, not taking care of self, etc.)
2. Sleep problems/nightmares
3. Alcohol/Substance misuse
4. Legal problems (arrests, DUI's, etc.)
5. Suicidal thoughts
6. Anger problems
7. Risky behavior (fighting, speeding, etc.)
8. Feelings of depression or anxiety
9. Financial problems
10. Employment problems
11. Relationship problems (marriage, kids, other)
12. Education Problems

When in doubt, ask for help. Call the B3 Coordinator or Vet Center for advice. They are there to help.

Acknowledgements

These materials are an amended/edited version of the **Buddy-to-Buddy** program which is part of the Welcome Back Veterans initiative sponsored by Major League Baseball Charities and the McCormick Foundation to raise public awareness about the issues facing today's veterans and their families, and to raise funds to support programs and services that these returning service members need to repair and restore their lives. This manual was made possible by a generous gift from the McCormick Foundation.

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U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TRAINING
OPPORTUNITY
ANNOUNCEMENT

Number: XXX-XX-XX
Opening Date: XX/XX/XXXX
Closing Date: XX/XX/XXXX
Number of Vacancies: XX
Training Date(s): TBA
Training Location: TBA

Position Title: Bureau Battle Buddy (B3) Program

Purpose & Description: The B³ provides direct support to Veterans returning home and to work as Bureau of Prisons' employees. The term "Battle Buddy" began with the Infantry. When deployed in tactical situations, soldiers were assigned a "Battle Buddy." The buddies shared every task such as meals, sentry duty, or observing each other's actions. The transition from the battlefield to home, in and of itself, has many challenges. For the veteran returning to civilian life, among all the other adjustments, they are separated from their battle buddy. The impact of these changes is multiplied when you add stressors inherent in a correctional environment. The selected B³ participants will help returning Bureau employee veterans with the transition and assimilation back into life at work. Participants will also be required to attend training, provided by local Veteran Centers and/or the Program Coordinator, on the signs and symptoms of substance abuse, suicide prevention, depression, and effective communication.

Mandatory Eligibility/Qualifications: This opportunity is open to all full-time employees who meet the following qualifications:

- Must have successfully completed one (1) year of service with the Bureau of Prisons.
- Must have strong verbal/listening, interpersonal skills, and a strong desire to support staff.
- Available to meet with participants on short notices, in person or via telephone.
- Maintain at least a "Satisfactory" or "Achieved Results" performance evaluation in current position.
- **Application Procedures:** All interested applicants must submit a memorandum indicating interest and eligibility through your supervisor to the Human Resource Department. Preference will be given to staff who have prior military experience, particularly those who have been deployed and have served in combat roles. Thus, this experience should also be included in the memorandum.

Effect on Promotional Consideration: Selectee will remain in his/her present position, grade, and series. This assignment will be collateral to regular assigned duties. No promotions are expected to result from this selection.