

U.S. Army Soldier Leader Risk Reduction Tool (USA SLRRT)

INSTRUCTIONS FOR LEADERS

This tool is designed to help leaders identify potential risks among their Soldiers. If a Soldier has a concern or problem, provide them with options (suggestions are provided under "Leader Action" for each area of concern), ensure that you follow up with him/her, and continue to address the area of concern as necessary. Document any pertinent issues of concern and the associated action plan on the Developmental Counseling Form, DA Form 4856.

Refer to Appendix B in this Guide for Use of the USA SLRRT for a more complete list of recognized concerns for Adult Soldiers.

Leaders should conduct follow-up every 30 days. 30 days may apply.

#	AREAS OF CONCERN	LEADER ACTIONS
1	Has the Soldier been contacted in order for any assistance (e.g., legal, financial, medical, social, family/recreational, individual health, etc.)? Does the Soldier wish to discuss receiving any similar type of assistance for which help has not yet been provided?	Refer Soldier to appropriate resources. Reserve Component (RC) ensure referral is with appropriate local resources. Refer Soldier to appropriate resources. RC ensure referral is with appropriate local resources. Follow-up with Soldier within 14 days to ensure Soldier's difficulties have been addressed or resolved.
2	Is the Soldier experiencing any difficulties getting the assistance he/she needs either at present or in past?	
3	Has the Soldier been unsuccessful in meeting military requirements or standards (e.g., duty performance, PT, Basic Assembly participation, PFC only, weight control, constant qualification, MOS training)?	Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress. Determine this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
4	Has the Soldier received negative counseling or admonition since arriving at the current unit or organization?	Determine this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
5	Has the Soldier been denied permission to attend to affairs, or barred from employment for any reason?	
6	Is the Soldier currently undergoing a UCI or action?	Ensure Soldier has adequate support to reduce legal.
7	Does the Soldier have financial or employment concerns, such as inability to cover basic monthly expenses, home foreclosure, difficulty obtaining child support payments, or inability to repay loans?	Refer Soldier to unit or installation financial representative or Army Community Service Financial Readiness Program. RC ensure referral is with appropriate local resources.
8	Has the Soldier experienced an accident, injury, illness, or medical condition that resulted in his/her being not duty/operational?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile is in profile.
9	Does the Soldier have a current medical profile (primary or secondary)?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile is in profile.
10	Does the Soldier have any concerns about medical care, medications, or supplements he/she is taking?	Refer to Primary Care Manager or Military Treatment Facility (MTF). RC ensure referral is with appropriate local resources.
11	Is the Soldier currently experiencing problems related to sleep (e.g., trouble falling asleep, trouble staying asleep, performance problems noted to sleep, consistently getting less than 7-8 hours of sleep, being absent at other activities due to lack of sleep)?	Refer to Primary Care Manager or MTF. RC ensure referral is with appropriate local resources.
12	Does the Soldier tend to withdraw or socially isolate him/herself at work sites?	Refer to Unit Medical Team (UMT), Primary Care Manager, MTF, or Unit Equipment Health Team, as appropriate. RC ensure referral is with appropriate local resources.
13	Has the Soldier exhibited excessive anger or aggression in the past three months?	Refer to Unit Medical Team (UMT), Primary Care Manager, MTF, and Behavioral Health Team, Anger Management, or other appropriate support. RC ensure referral is with appropriate local resources.
14	Is the Soldier experiencing a current marital/relationship issue, or immediate family concerns, such as a serious illness in a family member?	Refer to Army Community Service, Military Family Life Counselor, Military Chaplain, and Medical Team (UMT) or Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate local resources.
15	Has the Soldier been involved in any incidents of domestic violence or child abuse/neglect?	Refer to Family Advocacy Program. RC ensure referral is with appropriate local resources.
16	Has the Soldier experienced any condition that may be considered mental, abusive, aggressive, or harmful to health (drinking or drug use)?	Connect Soldier with appropriate support (e.g., SHARP, RC, Family Advocacy, Unit Medical, Primary Care Manager, MTF). RC ensure referral is with appropriate local resources.
17	Has the Soldier received a citation for speeding (10 miles over the posted limit or excessive driving in the posted speed limit)?	Provide appropriate counseling/ensure Soldier understands good driving habits.
18	Has the Soldier been caught engaging in risky behavior while on a vehicle (e.g., texting while driving, installing a hands-free cell phone while driving, riding without a seatbelt)? Has the Soldier been informed that performance, any infectious disease, is violation of law and policy, and conduct/acts punishable under the UCMJ?	Provide appropriate counseling to ensure Soldier understands good driving habits. Ensure the Soldier has been informed that such activities are punishable under, in violation of law and policy, and potentially punishable under the UCMJ.

Army Slrrt Counseling Form

Rosina Ehmann

A red circular graphic with a gradient, appearing as a stylized arrow or a partial circle, located to the right of the name bar.

Army Slrrt Counseling Form:

The Army Lawyer ,2013-12 *Soldier's Manual* United States. Department of the Army,1977 Army Techniques Publication Atp 6-22.1 the Counseling Process July 2014 United States Government Us Army,2014-08-04 This publication Army Techniques Publication ATP 6 22 1 The Counseling Process July 2014 provides doctrinal guidance for all leaders military and civilian responsible for planning preparing executing and assessing counseling actions Trainers and educators throughout the Army will also use this publication Commanders staffs and subordinates ensure their decisions and actions comply with applicable U S international and in some cases host nation laws and regulations ATP 6 22 1 applies to the Active Army Army National Guard Army National Guard of the United States and United States Army Reserve unless otherwise stated ATP 6 22 1 provides a doctrinal framework for counseling subordinates ATP 6 22 1 consists of two chapters Chapter 1 addresses the types of developmental counseling event performance and professional growth Chapter 2 addresses counseling fundamentals supporting effective counseling Counselor qualities Counseling skills Counseling practices Accepting limitations Addressing resistance The four stage counseling process Counseling approaches and techniques **Counseling Military Families** Lynn K. Hall,2010-07-15 According to the United States Department of Defense by the end of 1993 there were 2 036 646 reservists and family members and 3 343 235 active duty and family members for a total of 5 379 781 people affected by the military Since then because of the conflict in Iraq the numbers have dramatically increased While we have always had military families in our midst not since the Vietnam War have their struggles been so vivid particularly with alarming rates of increase of both suicide and divorce among military personnel The face of the military has changed for the first time a volunteer army is serving in a major combat zone the level of reservists serving is unprecedented the percentage of women soldiers in virtually all positions is unprecedented and most of the soldiers have left spouses and or families behind The objectives of Counseling Military Families are to help the practicing counselor understand how the military works what issues are constants for the military family and what stressors are faced by the military member and the family The book will begin with an overview of military life including demographic information and examples of military family issues before delving into specific chapters focused on the unique circumstances of reservists career service personnel spouses and children The final section of the book will present treatment models and targeted interventions tailored for use with military families This book will help counselors tailor their interventions to work well with families who are in transition who may have an ingrained resistance to asking for help and who will more than likely be available for counseling for a relatively short period of time **The Effectiveness of Army Counseling** Teddy G. Allen,1978 **Army Correspondence Course** U. S. Military,Department of Defense (DoD),U. S. Army,U. S. Government,2017-03-26 This book reproduces two Army documents Unit Ministry Team UMT Crisis Counseling The Chaplain Assistant s Role and Guide to the Prevention of Suicide and Self Destructive Behavior Lesson 1 Understanding the Distressed Individual Lesson 2 Drug Alcohol Abuse and Suicide Lesson 3

Referrals Lesson 4 Helping Distressed Soldiers During Combat Crisis is a state of disorganization in which people face frustration of important life goals or profound disruption of their cycles and methods of coping with stress Counseling of any kind is an intensely intimate and personal activity crisis counseling even more so Counseling requires a sense of caring stability and perceptivity Moreover counseling requires recognition of the worth of others from all spheres of life Successful counseling also requires a broad educational background and indeed a broad outlook on life It requires basic psychological knowledge and understanding of the employment social and domestic environments in which the counseling is done For the purposes of helping distressed soldiers or their distressed family members awareness of the unique emotional and psychological dynamics of military life is also essential Familiarity with community helping agencies is just as essential to the paraprofessional who helps those in crisis as it is to the seasoned professional counselor In this subcourse you will be required to become familiar with Maslow s hierarchy of needs with nonwelfare and welfare referral agencies civilian and military As an exercise you will be asked to read and respond to a case study which deals with the complexities of trying to help a distressed individual You will also be introduced to ten considerations for first contact response to these individuals Suicide among young adults is a serious and growing problem In the past 25 years there has been a 300 percent increase in the adolescent suicide rate More than 6 500 young Americans kill themselves each year Taking all age groups into account nearly 30 000 Americans kill themselves each year Taking all age groups into account nearly 30 000 Americans die by their own hand each year There are over 1000 suicide attempts in the United States daily or one every minute of every day Nationally suicide is the tenth leading cause of death In persons 14 to 25 years of age it is the third leading cause of death and among college students it is second There is no simple answer as to why people choose to kill themselves Usually the emotional upset is so great that the person just wants to stop the pain The suicidal person feels a tremendous sense of loneliness and isolation They feel helpless hopeless and worthless Often they believe that it does not matter if they live or die and that no one would miss them Suicidal people feel that they cannot cope with their problems and that suicide is the only possible way to escape unbearable pain Counseling in the Army Robert H. Mortenson, NAVAL POSTGRADUATE SCHOOL MONTEREY CA., 1985 This thesis examines the effectiveness of the U S Army s policy and system of providing counseling assistance to the soldier who has a personal problem It provides a brief background on why soldiers experience personal problems how counseling is beneficial and why the Army should be concerned A description is provided of the counseling system available at installation level The data to determine system effectiveness is obtained in two ways The first is a questionnaire that was completed by an Army battalion It provides perceptions from the soldiers and the unit leaders about the counseling system The second effort consists of a series of interviews of the counselors that work on the installation Analyzing both sources provides the information on how the system is currently working Based on this recommendations are made that will improve the counseling system EEO Counseling United States. Department of the Army, 1973

Counseling in the Army Education Program ,2020 Assessment of the position of education counselling and the importance of servicemen considering their educational needs before returning to civilian life

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