

REPLY TO

ATTENTION OF

**DEPARTMENT OF THE ARMY**

**US ARMY INSTALLATION MANAGEMENT COMMAND**

**HEADQUARTERS, UNITED STATES ARMY GARRISON, FORT STEWART / HUNTER ARMY AIRFIELD**

**RELIGIOUS SUPPORT OFFICE**

**10 CALVARY WAY, BUILDING 500**

**FORT STEWART, GEORGIA 31314**

IMSH-RS 27 November 2012

MEMORANDUM FOR Fort Stewart/HAAF Chaplains

SUBJECT: Procedures for Engaging Family Life Chaplains for Pastoral Counseling Services

1. **MISSION**. Family Life Chaplains (FLC) have two missions: 1) train unit chaplains on pastoral skills, especially in the area of pastoral counseling and 2) perform pastoral psychotherapy. Two questions arise: 1) how do FLCs train other chaplains and 2) who are the types of clients that would best utilize the training and experience of FLCs? This memorandum outlines the procedures for making a referral to a Family Life Chaplain (question 2), while avoiding the possibility of a missed training opportunity for the unit chaplain (question 1).

2. **TRAINING OPTIONS.** Unit Chaplains have several options when they feel they are unable to provide adequate pastoral care. Prior to making a referral, unit chaplains should coordinate with a FLC in person or by telephone. This ensures there is opportunity to learn the most from the situation and develop the unit chaplain’s pastoral skill set. After consultation with a FLC, a Unit Chaplain may:

1. Bring their client(s) to the FLC and remain with them while observing Family Life Chaplain provide pastoral care. The chaplain and FLC can process what happened, learn from the experience, and develop a treatment plan.
2. Bring a video or audio tape of a session for review and consultation with a FLC (tell your client prior to recording and explain the session will be safeguarded and destroyed after the consultation).
3. Discuss the case in person with the FLC and receive training and resourcing.
4. Discuss the case by phone with the FLC and receive guidance.

3. **ROUTINE PASTORAL CARE**. Routine pastoral counseling issues, such as infidelity, arguing, unforgiveness, self-esteem, spiritual issues, communication techniques, etc. are often presented to the unit chaplain. Most battalion chaplains have basic competencies for these issues that were obtained from seminary, university, or the Chaplain Basic Course. However, if a unit chaplain feels wanting in basic pastoral skills to address any of these issues, it is appropriate to engage the FLC for training as detailed above.

4. Clients directly engaging the Family Life Chaplains on issues outlined or similar to those listed above or clients sent by unit chaplains without prior consultation with a Family Life Chaplain will be directed to their unit or brigade chaplain for pastoral care. If this were a medical model, unit chaplains are the general practitioners and the Family Life Chaplains are the specialists. Both help people get ‘better’ and both have different skills and scopes of practice. Specialists would not normally see patients suffering from the common cold, allergies, or a sore throat; they focus on a specialty. Similarly, Family Life Chaplains are trained and skilled for family, couple, and individual psychopathology, healing past trauma, and similar issues. Issues involving arguing, unforgiveness, or affairs are like the ‘cold and allergies’ of our work. These clients require basic meds, care, and guidance in the form of listening, reflecting, a non-judgmental disposition, positive regard, and empathy. These will help clients experience forgiveness, reconciliation, and more productive communication patterns. Your FLCs desire to empower you with these basic counseling skills and enhance what you already do.

5. Family Life Chaplains do not normally receive the following types of clients or referrals:

1. Suicide intervention (all chaplains are trained for this (ACE and ASIST)).
2. Crisis intervention (all chaplains are trained for this (CISM/CISD/Traumatic Event Management).
3. Operation Helping Hands (refer to ACS during duty hours or the OCDC after hours).
4. Severe Substance Abuse (these must go to ASAP).
5. Other serious addictions warranting institutionalization (these go to the hospital).
6. Unit Administrative Issues (Soldier wants out, wants money, wants help from command). These are in the unit Chaplain / Supervisory Chaplain / Duty Chaplain’s lane.

6. **CLIENTS FOR FAMILY LIFE MINISTRY.** Family Life Chaplains will normally receive the following clients after consultation with a unit or brigade chaplain:

1. Chaplains and Chaplain Assistants needing personal help
2. Senior Leaders needing personal help who may feel uncomfortable with resources within the unit
3. Trauma cases
4. Domestic Violence cases when referred
5. Other DSM-IV-TR related personality or mood disorders (like PTSD and depression)
6. Group therapy / support groups
7. Sexual problems / concerns (identity / disorders related to psychological wounds)
8. Counseling Children
9. Family Systems Problems
10. Clients where cultural background is an issue (bi-racial marriages, children of bi-racial couples, etc).

All clients will be screened at the Family Life Center for an ID card and unit of origin.

7. **PRIORITY OF EFFORT.** The following priority (in order) is applied toward scheduling and utilization of FLC time and services: chaplains and chaplain assistants, senior leaders (AD, RES, & NG or DA Civilian), uniformed military personnel, military dependents, DOD civilians, retirees, and then any other DOD ID card holding personnel.

8. Point of contact for this memorandum is Chaplain (Major) Dan Hardin and Chaplain (Major) Tyson Wood, 912-767-8549.

//ORIGINAL SIGNED//

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