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**Personnel**

**THE CADET HELPING AGENCIES TEAM  
(CHAT)**



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This instruction implements AFPD 36-20, *Accession of Air Force Military Personnel*, and outlines the institutional agencies involved in providing coordinated mental health care for cadets and delineates the responsibilities for representatives from each of these organizations. This instruction applies to all agencies involved in the development of cadets.

**1. Function of the Cadet Helping Agencies Team (CHAT).** CHAT ensures both the continuity and quality of mental health care provided to cadets. To achieve this, the CHAT focuses on two main goals. First, CHAT serves to review both the institutional needs and processes impacting the mental health care of cadets, including those factors that affect the delivery of such care for the cadet population. Second, this team strives to effectively manage the specific needs of individual cadets, as well as cadets in general, through a well integrated, professionally based, multidisciplinary approach.

**2. Charter.** As an institutional organization, the CHAT must understand and recognize the influence of both formal experiences (e.g., academic, military, athletic, and character-based programs) and informal expectations (e.g., the cadet culture and climate) on the psychological well-being of cadets. Thus, the charter of this team is to advise the senior leadership about the psychological impact these experiences have on cadets. Moreover, this team must be cognizant of the issues involved in providing mental health services to this population. This certainly includes attitudes about seeking help, how cadets and the administration use and view psychological services, and communication within this group about these issues. This knowledge becomes the foundation for providing comprehensive mental health resources to cadets and removing or reducing any barriers to such resources. A subset of CHAT members, described as the clinical subset, must also monitor the quality of services, continuity of care, and availability of appropriate intervention strategies for specific cadets within the Cadet Wing. In other words, this group of medical and mental health providers, counselors, and chaplains is expected to make every effort to ensure that each and every cadet in the helping system receives competent and comprehensive assistance.

**3. Cadet Helping Agencies Team Membership and Organization.** The CHAT requires representation from multiple-mission elements to achieve its purpose. The representative does not need to be the agency head, and in fact, an experienced agency staff member at the action level may best facilitate CHAT goals. (Of course, the agency head is welcome to attend any CHAT meetings.) This team will have at least one appointee from the following organizations: 34th Training Group (34 TRG) (preferably a group air officer commanding (AOC), Life Skills Center (10 MDOS/SGOH), Cadet Counseling and Leadership Development Center (HQ USAFA/DFBLC), Cadet Clinic (10 AMS/SGP), Chaplain (HQ USAFA/HC), Center for Character Development (34 TRW/CWC), Athletics (HQ USAFA/AH), and an “at-large” member appointed by the Dean of the Faculty (HQ USAFA/DF). A selected representative from one of the member agencies will serve as the chairperson for this team. The Chair will hold this position for at least 1 year at which time the committee will review the benefits of rotating this position to another mission element.

**4. Relationships With Other Committees and Programs.** There are a number of other groups already in existence that consider the mental health care of cadets (e.g., Security Committee, Sexual Assault Services Committee, Healthy Eating for Life Program, Alcohol Tiger Team). Since these groups have specific goals within the overarching purpose of the CHAT, the CHAT should be very aware of the activities of these committees and programs. Toward this end, the CHAT should have functional, but not authoritative, oversight for these activities. That is, the CHAT should advise these groups and be advised of their efforts, but the CHAT will neither be responsible for these committees nor capable of tasking them. To keep the CHAT informed about the activities of these groups, these committees and programs will either forward minutes of their meetings or have a representative brief the Cadet Helping Agencies Team about their plans. The latter strategy may be very common, as many of the members and organizations who serve the CHAT are also represented on other committees.

**5. Meeting Schedule.** Given the importance of the psychological well-being of cadets and the dynamic nature of mental states, both the full CHAT and clinical subset will convene at least twice each semester. To facilitate planning and to ensure maximum attendance by CHAT members, regular meetings of the full CHAT will be scheduled at least 30 days in advance. The clinical subset will also meet prior to any major breaks and as needed whenever there is a midcycle AOC. The frequency of meetings during Basic Cadet Training (BCT) will be negotiated by the full CHAT and clinical subset since meetings may need to be held more often.

**6. Feedback Mechanisms.** As a multidisciplinary committee that draws members from a variety of mission elements, there is no single, common supervisor for the CHAT members. There is, however, a predominant issue for the CHAT, which is the general well-being of cadets. Given this focus, the CHAT will provide scheduled, formal, feedback to the Superintendent through the 34 TRW/CC (Commandant of Cadets), with information copies forwarded to HQ USAFA/DF, HQ USAFA/AH, HQ USAFA/HC, and Command Surgeon (10 MDG/SG). This feedback will consist of meeting minutes, proposals, and quarterly briefings, unless otherwise directed. The CHAT will also provide intermittent feedback as required or needed. This contact is important in notifying the chain-of-command of pressing issues or immediate concerns about a specific cadet. This information will be provided when there is a real “need to know” and when administrative intervention is required. Generally, the Chair of the CHAT will initiate this contact.

**7. Providing Continuity of Care and Managing Difficult Cases:**

## 7.1. Providing Continuity of Care:

**7.1.1. Summer Programs.** Cadets embarking on summer programs are in a transitional stage from the academic year. This is significant in two respects. First, many of these programs introduce cadets to a very novel experience and frequently involve considerably less structure. Some cadets do not respond favorably nor show the expected level of responsibility and maturity to these new and different experiences. This issue is complicated by a second factor--the level of accountability frequently changes during summer programs. At a minimum, the officer-in-charge is typically not the cadet's usual AOC. Frequently, the venue for this experience also changes and can be geographically distant from the cadet area. Finally, there is often a change in Academy supervision for cadets when AOCs and other staff are reassigned which constitutes a permanent change of station (PCS) during the summer. Under these circumstances, most cadets manage this opportunity with no problems. However, there are cadets whose status should be reviewed prior to leaving for such summer programs and other cadets who need to be carefully managed if they fail to live up to expectations while participating in such activities. The CHAT attempts to prevent and manage such concerns through the following methods:

7.1.1.1. The 34th Training Squadron (34 TRS) will schedule and HQ USAFA/DFBLC will provide an orientation briefing to summer program commanders about situations warranting referral to a helping agency and identifying the appropriate agencies for managing such referrals.

7.1.1.2. Within the institutionally agreed limits of confidentiality, HQ USAFA/DFBLC, 10 MDOS/SGOH, and HQ USAFA/HC advise the CHAT about individual cadets for whom it may be inappropriate to participate in a variety of summer programs. The CHAT will make recommendations about such cadets to the 34 TRG/CC for final decision.

7.1.1.3. Prior to the end of the spring semester, the 34 TRG provides the CHAT with information about those cadets who are pending administrative action. This ensures a simultaneous, multiagency review of such cadets prior to their embarking on summer programs.

7.1.1.4. Cadet pending a hard-look Military Review Committee (MRC) will be referred to HQ USAFA/DFBLC for an evaluation as part of the MRC prebrief checklist.

7.1.1.5. For MRCs conducted late in the spring semester, HQ USAFA/DFBLC should provide an assessment of the cadets' potential for responsibly dealing with their summer schedule.

7.1.1.6. Similarly, HQ USAFA/DFBLC should evaluate any cadet who demonstrates a leadership deficiency or difficulty during the summer program (e.g., less than 2.0 MPA for a program or significant behavioral incident identified by the summer program staff or chain-of-command). This feedback should document the cadet's mental state and an immediate plan of intervention and treatment for the summer period.

7.1.1.7. The 34 TRG must ensure that such cadets are well monitored during the summer period and the academic year AOC is informed about any infraction or incident prior to the start of the fall semester.

7.1.1.8. The officer in charge (OIC) of the Flight Specialist Program will be a temporary member of CHAT during BCT.

**7.1.2. Transitional Periods.** There are distinct periods and events where it is critical to ensure closer monitoring of cadets who appear either vulnerable or at risk if not carefully managed.

These situations definitely include major breaks (e.g., long holidays) and midyear AOC changes. It is important to provide stability for cadets during these transitional times. The following responsibilities are delineated to ensure this:

7.1.2.1. The 34 TRG will inform the full CHAT of any midyear AOC changes and present a list of cadets pending disenrollment, an MRC, or legal charges prior to major breaks.

7.1.2.2. The 34 TRG will schedule needed phase briefings for AOCs and task CHAT agencies to provide this briefing.

7.1.2.3. HQ USAFA/DFBLC will provide the CHAT with a general list of open alcohol cases prior to major breaks and will submit a specific list for a given squadron whenever there is a midyear AOC change.

7.1.2.4. For any referred cases, the helping agencies will identify any cause for concern to the full CHAT. For instances in which the helping providers are expected to maintain the privacy of the cadet, the providers will use the information from the full CHAT to make a careful evaluation of the current state of the cadet to appropriately assess and manage risk.

7.1.2.5. The clinical subset will always meet prior to these transition periods to review cadet cases that need more careful monitoring during the time of change.

## **7.2. Managing Difficult Cases:**

**7.2.1. BCT.** The CHAT uses an echelon approach in managing the clinical issues presented by specific cadets. This strategy provides an appropriate level of mental health care to match the nature and severity of the problem. The echelon approach throughout BCT uses cadet Flight Specialists to serve as the first line of intervention, essentially providing “buddy care” to basic cadets. The Cadet Counseling and Leadership Development Center, Life Skills Center, and Evans Army Hospital represent other progressive levels of the echelon system. Specific responsibilities are allocated in the following manner:

7.2.1.1. HQ USAFA/DFBLC is responsible for training and leading the Flight Specialist program and for ensuring that Flight Specialists address and report difficulties experienced by basic cadets.

7.2.1.2. The clinical CHAT will meet regularly throughout BCT to identify and minimize the escalation of problems if possible. If the difficulty cannot be maintained as a small difficulty, the clinical CHAT can explore alternative strategies for dealing with the problem.

7.2.1.3. The clinical CHAT will present concerns about the most troublesome cases to the BCT Commander. These discussions will primarily be based on the need for an exception to the “hard out” policy.

**7.2.2. Academic Year Management.** There are a variety of mechanisms to serve difficult cadet situations throughout the academic year. These strategies are intended to prevent problems from becoming amplified. It is important to recognize that even with a variety of available helping agencies, it may not be possible to prevent some emergency situations or completely eliminate instances in which cadets are intent on some form of destructive activity. Thus, the target of this plan is to appropriately manage the *preventable* cases.

7.2.2.1. The DF faculty should refer cadets to helping agencies as needed whenever it appears that a cadet has more than a very temporary difficulty.

7.2.2.2. The 34 TRG should refer any cadet who presents signs or symptoms of behavioral or emotional problems, including indications of suicidality or poorly controlled impulses. This referral will generally be made to HQ USAFA/DFBLC, but for life-threatening and endangering situations or after duty hours, the referral should be made to the Life Skills Center or Emergency Room.

7.2.2.3. As with managing transitions, the 34 TRG will provide the CHAT with a list of cadets who are pending significant administrative action.

7.2.2.4. The clinical CHAT will continue to meet to review sensitive cases being seen within the helping agencies.

7.2.2.5. The Training Wing Operations Center (TWOC), under the 34 TRG, will notify the duty chaplain, HQ USAFA/HC, in the event of a cadet emergency or tragedy that will have psychological ramifications within the Cadet Wing.

**8. Agency Responsibilities.** The strength of a multidisciplinary team is that broad membership contributes several areas of expertise and knowledge. Related to this, each agency serves a specific role in addition to their general role within the CHAT.

**8.1. HQ USAFA/DFBLC.** The mission of this center requires a great deal of involvement with cadets and the 34 TRG. This rather unique relationship enables the HQ USAFA/DFBLC staff to be very aware of the reactions cadets have to their USAFA experiences, to existing policies, and to policy changes. Thus, one of the responsibilities of this agency is to monitor cadet adjustments and cadet behaviors, including trends that take place within the Cadet Wing. In addition to this information and feedback role, HQ USAFA/DFBLC has the responsibility of anticipating responses to policy change. In this capacity, HQ USAFA/DFBLC advises senior leadership about the probable effects of projected changes. Within the CHAT, HQ USAFA/DFBLC has the opportunity to formally channel this feedback through the team. Additionally, HQ USAFA/DFBLC has both the responsibility and opportunity to discuss and review potentially difficult, disruptive, and troublesome cases through the clinical subset. Finally, HQ USAFA/DFBLC has the responsibility of providing direct service to cadets for leadership, alcohol related, and personal concerns. Specific responsibilities are outlined in paragraphs [7.1.1.1.](#), [7.1.1.2.](#), [7.1.1.5.](#), [7.1.1.6.](#), [7.1.1.8.](#), [7.1.2.3.](#), [7.1.2.5.](#), [7.2.1.1.](#), [7.2.1.2.](#), [7.2.1.3.](#), and [7.2.2.4.](#)

**8.2. 10 MDOS/SGOH.** The specific function of these providers is to offer mental health input and resources, including psychiatric and medical, for general issues and specific cases. The Life Skills Center provides outpatient consultation, evaluation, treatment, and appropriate referral services for all cadets. As a second- and third-echelon service, they render direct services to cadets with critical and more serious problems, including those requiring specialized evaluations (for example, Commander Directed Mental Health Evaluations), psychopharmaceutical intervention, and hospitalization. This hospital-based care is coordinated with the services offered by HQ USAFA/DFBLC. Specific primary responsibilities for the CHAT are described in paragraphs [7.1.2.5.](#), [7.2.1.2.](#), [7.2.1.3.](#), and [7.2.2.4.](#)

**8.3. HQ USAFA/HC.** The Chaplains are responsible for providing pastoral care to the Cadet Wing. Pastoral care includes, but is not limited to, counseling, spiritual growth, worship opportunities, and religious instruction, all within the context of a completely confidential relationship. Referrals are made according to the need and wishes of the individual. The Chaplains' role also involves informing, advising, and providing feedback to senior leadership so they can make decisions with the best

information. HQ USAFA/HC will consult with other helping agencies to provide continuity of care and to provide the best services available to the Cadet Wing. Specific responsibilities are delineated in paragraphs [7.1.1.2.](#), [7.1.2.5.](#), [7.2.1.2.](#), [7.2.1.3.](#), and [7.2.2.4.](#)

**8.4. 34 TRG.** The 34 TRG is primarily tasked with the development of officer candidates who understand and appreciate the responsibilities and expectations of being an officer in the profession of arms. This group implements the key training programs and experiences deemed necessary for producing Air Force officers who are effective in the 21st century. The 34 TRG subscribes to the Leadership Development Model in this process, and in so doing, must clearly set and enforce the military standards of this institution. When administering discipline for breaches of appearance, aptitude, and conduct, it is well understood that stress and possibly distress may be an additional consequence. Nonetheless, feedback and consequences based on expectations and performance are fundamentally necessary and reflect the resolve of this military community in maintaining the higher standard. The 34 TRG responsibilities are outlined in paragraphs [7.1.1.1.](#), [7.1.1.3.](#), [7.1.1.4.](#), [7.1.1.7.](#), [7.1.2.1.](#), [7.1.2.2.](#), [7.2.2.2.](#), [7.2.2.3.](#), and [7.2.2.5.](#)

**8.5. 34 TRW/CWC.** Responsibilities include integrating activities related to character development with mental health care. Of specific focus will be the role of CWC's Human Relations Division in managing concerns such as sexual harassment and other forms of discrimination as these issues impact the mental well-being of cadets. Additionally, 34 TRW/CWC is tasked with managing the services of the cadet human relations officers (HREOS). Thus, the 34 TRW/CWC representative is responsible for apprising the CHAT of these issues.

**8.6. 10 AMS/SGP.** The Cadet Clinic provides the resources for evaluating and treating the medical needs of cadets. The Clinic is the most immediate medical resource for cadets and screens a variety of presenting problems, most medical but many with a psychological or psychiatric component. Clinic providers must evaluate the nature and scope of the problem and determine an intervention strategy. This strategy may include direct treatment, referral to a medical specialty, referral to another helping agency, or administrative proceedings. Many of the actions taken by the medical staff related to the physical care of cadets will also have significant psychological impact. Not only does an injury or medical condition affect one's psychological state, but administrative procedures such as Medical Evaluation Boards evaluations for medical turnback also influence a cadet's mental state and response. The magnitude and type of problems seen by clinic providers give them a unique view of the stresses and culture of the Cadet Wing.

**8.7. HQ USAFA/DF.** The member assigned by the Dean provides faculty input regarding the academic mission and how this relates to and is affected by other cadet experiences. This member advises the Dean about CHAT recommendations and brings the Dean's concerns to this committee.

**8.8. HQ USAFA/AH.** The Director of Athletics appoints a member to this Team to promote and maintain a dialogue regarding athletic issues and cadets. This includes the full spectrum of athletic activities and also brings National Collegiate Athletic Association (NCAA) initiatives and programs related to the cadet-athlete to the CHAT.

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Dean of the Faculty

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION***Abbreviations and Acronyms*

**AOC**—Air Officer Commanding

**BCT**—Basic Cadet Training

**CHAT**—Cadet Helping Agencies Team

**CST**—Combat Survival Training

**MRC**—Military Review Committee

**NCAA**—National Collegiate Athletic Association

**OIC**—Officer In Charge

**PCS**—Permanent Change of Station

**TWOC**—Training Wing Operations Center

*Terms*

**Mental Health**—Care referring to examining, addressing, and providing direct services to cadets to improve or develop their psychological adjustment and coping skills. Although direct care is traditionally provided by personnel from the Life Skills Center (10 MDOS/SGOH), Cadet Counseling and Leadership Development Center (HQ USAFA/DFBLC), and the Chaplain's services (HQ USAFA/HC), it is well recognized that institutional policy and policy changes can certainly affect the psychological state of cadets. This is the basis for assembling a committee integrating various mission elements that intentionally include administrative and provider agencies.

**Full CHAT**—This is used to describe the complete membership of the team and the organizations providing representation. The full CHAT is comprised of representatives from the 34th Training Group (34 TRG), 10 MDOS/SGOH, HQ USAFA/DFBLC, the Cadet Clinic (10 AMS/SGP), the Chaplain's Office HQ USAFA/HC), the Center for Character Development (34 TRW/CWC), the Dean of Faculty (HQ USAFA/DF), and the Department of Athletics (HQ USAFA/AH).

**Clinical Subset**—Refers to those members of the Full CHAT who provide direct psychiatric, psychological, and spiritual care to cadets; hence 10 MDOS/SGOH, HQ USAFA/DFBLC, and HQ USAFA/HC.

## Attachment 2

### TRAGEDY RESPONSE PROGRAM (TRP)

#### A2.1. Goals and Actions:

**A2.2. Purpose.** The Tragedy Response Program organizes a system for responding to tragic events significantly affecting or within the Cadet Wing. In the past, aircraft accidents, fatal motor vehicle accidents, and BCT or Combat Survival Training (CST) tragedies have been unfortunate events triggering the activation of a response program. A coordinated response meets the following objectives:

- A2.2.1. Provides prompt and appropriate responses to any crisis impacting cadets in the Cadet Wing.
- A2.2.2. Provides accurate and timely information about the crisis or incident with the focus on effective information management and rumor control.
- A2.2.3. Provides the needed support (administrative, spiritual, counseling) to cadets affected by the crisis.
- A2.2.4. Provides USAFA staff and faculty with needed information about the crisis so they can respond appropriately in the immediate aftermath of the situation.
- A2.2.5. Examines the actions taken and evaluates the response effectiveness of various interventions.

**A2.3. Notification.** Normally the Training Wing Operations (TWOC) or hospital will initiate notification of the Tragedy Response Team members. The Duty Chaplain is likely to be notified early in this process. He or she will notify the HC representative to the CHAP who will continue the notification process for the team. Information to be relayed for this recall includes a brief description of the incident, an overview of the group of cadets affected (e.g. squadron, team, club), information that is approved for release, and procedural directions (e.g., a planned intervention or standby status).

**A2.4. Levels of Intervention.** There are two distinct areas of intervention. Clinical intervention addresses direct service needs for cadet groups. Administrative intervention authorizes actions, including statements of information and decisions affecting cadet schedules and expectations.

**A2.5. Clinical Intervention.** HQ USAFA/DFBLC and HQ USAFA/HC will provide direct service to address the needs and reactions of affected cadet groups. 10 MDOS/SGOH will support, when available, and when the situation warrants their intervention. These agencies will have a coordinated intervention plan to best provide cadets the information they need about the nature of the tragedy and expected emotional reactions to crises (information about the grief and shock response “normalized” reactions— informs cadets of what is typical and expected.) If HQ USAFA/HC has information or is making arrangements about funeral procedures, this information can be disseminated as appropriate. HQ USAFA/DFBLC and HQ USAFA/HC also coordinate crisis intervention through on-site assistance or information about location of services. These agencies provide followup assistance as needed for groups and individuals.

**A2.6. Administrative Intervention.** The 34 TRG and HQ USAFA/DF Tragedy Response Team members advise their senior leadership of status of situation and recommendations for action.

A2.6.1. The 34 TRG obtains information about situation, cadet response, and cadet needs and develops leadership response, to include a statement delivered by the commander or chain-of-command representative explaining the circumstances of the tragedy and describing actions and recommendations. This information keeps cadets appropriately informed and serves to quell rumors.

A2.6.2. HQ USAFA/DF advises DF leadership and helps coordinate appropriate delays and deviations from regular academic expectations (e.g., homework, papers, presentations, GRs).

**A2.7. Review and Modification.** The Tragedy Response Team will brief the CHAT following each crisis situation for purposes of reflection, identification of strengths and weaknesses, evaluation of snags and smooth spots and will offer recommendations about program adjustments.