

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 him/her with options (suggestions are provided under "Leader Action" for each issue of concern), ensure that you follow up with him/her, and continue to address the plan of action 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 the 'Guide for Use of the USA SLRRT' for a more complete list of resources available to assist Soldiers.

Leaders should consult with legal counsel if Article 31 rights may apply.

#	ISSUES OF CONCERN	LEADER ACTIONS
1	Has the Soldier been command referred for any assistance (e.g., legal, financial, spiritual, alcohol, family/relationship, behavioral health, other)? Does the Soldier wish to disclose receiving any similar types of assistance for which he/she was not command referred?	Refer Soldier to appropriate resources. Reserve Component (RC) ensure referral is with appropriate local resource.
2	Is the Soldier experiencing any difficulties getting the assistance he/she needs either on-post or off-post?	Refer Soldier to appropriate resources. RC ensure referral is with appropriate local resource. Follow-up with Soldier within 14 days to ensure that any difficulties have been overcome or resolved.
3	Has the Soldier been unsuccessful in meeting military requirements or standards (e.g., duty performance, PT, Battle Assembly participation (RC only), weight control, weapons qualification, MOS training)?	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 evaluations since arriving at the current unit or organization?	Determine if 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 promotion or attendance to schools, or barred from reenlistment for any reason?	Determine if this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
6	Is the Soldier currently undergoing a UCMJ action?	Ensure Soldier has adequate support, to include legal.
7	Does the Soldier have financial or employment concerns, such as inability to cover basic monthly expenses, home foreclosure, difficulty meeting 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 resource.
8	Has the Soldier experienced an accident, injury, illness, or medical condition that resulted in current fitness for duty limitations?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile in e-Profile.
9	Does the Soldier have a current medical profile (temporary or permanent)?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile in e-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 resource.
11	Is the Soldier currently experiencing problems related to sleep (e.g., trouble falling asleep, trouble staying asleep, performance problems related to sleep, consistently getting less than 7-9 hours of sleep, using alcohol or other substances to get to sleep)?	Refer to Primary Care Manager or MTF. RC ensure referral is with appropriate local resource.
12	Does the Soldier tend to withdraw or socially isolate himself/herself from others?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, or Unit Behavioral Health Team, as appropriate. RC ensure referral is with appropriate local resource.
13	Has the Soldier exhibited excessive anger or aggression in the past three months?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, Unit Behavioral Health Team, Anger Management, or other appropriate support. RC ensure referral is with appropriate local resource.
14	Is the Soldier experiencing serious marital/relationship issues, or immediate family concerns, such as a serious illness in a family member?	Refer to Army Community Services, Military Family Life Counselor, Military OneSource, Unit Ministry Team (UMT), or Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate local resource.
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 resource.
16	Has the Soldier experienced any condition that may be considered cruel, abusive, oppressive, or harmful, to include hazing or assault?	Connect Soldier with appropriate support (e.g. SHARP, EO, Family Advocacy, Unit Ministry, Primary Care Manager, MTF). RC ensure referral is with appropriate local resource.
17	Has the Soldier received a citation for speeding (10 miles over the posted limit) or reckless driving in the past 6 months?	Provide appropriate counseling to ensure Soldier understands good driving habits.
18	Has the Soldier been cited for engaging in risky behavior while in a vehicle (e.g., texting while driving, not utilizing a hands-free cell phone while driving, riding without a seatbelt)? Has the Soldier been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under UCMJ?	Provide appropriate counseling to ensure Soldier understands good driving habits. Ensure the Soldier has been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under the UCMJ.

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19	Does the Soldier drive a motorcycle?	Ask Soldier 19a.
19a	IF YES, Does the Soldier have the required privately operated motorcycle (POM) training IAW AR 385-10 and post requirement?	Perform a POM inspection; make copy of Soldier's license, registration (State and post), insurance and Motorcycle Safety Foundation (MSF) certificate. Keep on file. Discuss the POM policy and regulation regarding personal protective equipment (PPE) and mandatory training from an approved motorcycle rider safety course (MSF; Basic Rider Course (MANDATORY); Experienced Rider Course (if applicable in area of operations (AOR)); Military Sport Bike Rider Course (if applicable in AOR); and Military Refresher Training (MRT for those returning from deployment or commander's referral)). RC: Counsel Soldier to ensure he/she understands the requirement to wear all PPE at all times (not only while in a duty status).
20	Does the Soldier engage in any other potentially hazardous recreational activities while off-duty (e.g., skydiving, riding all-terrain vehicles, rock climbing)?	Encourage and ensure the Soldier takes a training course prior to engaging in high risk activities. Ensure Soldier uses appropriate PPE.
21	AR 190-11 requires all privately owned weapons that are brought onto military installations be properly registered with the Provost Marshall. Is the Soldier in compliance with the provisions of AR 190-11 as they apply to registration of privately owned weapons?	Counsel Soldier on the Weapons Safety "THINK". <u>T</u> reat every weapon as if it is loaded; <u>H</u> andle every weapon with care; <u>I</u> dentify the target before you fire; <u>N</u> ever point at anything you don't intend to shoot; <u>K</u> eepthe weapon on safe. Ask Q21a.
21a	IF YES, Has the Soldier attended an approved fire arms safety class/course?	Note where and when the Soldier received the training. If not trained, encourage and ensure Soldier and family receive training.
22	Has the Soldier ever been involved in alcohol or drug related incidents (in the past 3 years) and/or tested positive on a urinalysis?	Refer to Army Substance Abuse Program at time of incident and closely monitor Soldier's progress. RC ensure referral is with appropriate service.
23	Has the Soldier deployed to a location where there was hostile fire or they received hazardous duty pay?	Does the Soldier have any current deployment related concerns? Refer to Primary Care Manager, MTF, or other appropriate support. RC ensure referral is with appropriate service.
24	Has the Soldier experienced difficulty coping with a loss (e.g., death of close friend, family member or team member, loss of social support)?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate service.
25	Has anyone (e.g., spouse, other family member, friends, fellow Soldier) expressed concern about the Soldier's behavior?	Obtain additional information as appropriate. Refer to Army Community Services, Military Family Life Counselor, Military OneSource, Unit Ministry Team (UMT), Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate service.
26	Has the Soldier expressed any suicidal thoughts or actions, or expressed a desire to harm others?	Escort Soldier to Installation Behavioral Health or MTF Emergency Room, as appropriate, and notify leadership. RC escort to local emergency room and notify leadership. Do not leave Soldier alone. Order Soldiers who possess privately owned weapons on post to store them in the unit arms room; ask Soldiers who possess privately owned weapons off post to voluntarily surrender them to the unit arms room. Consider ordering Soldier to reside in barracks for an evaluation period (3 days) if they choose not to voluntarily surrender weapons stored off post.
27	Based on the concerns above and leader's knowledge of the Soldier, the Soldier may be considered to be at low, moderate, or high risk if the statements below are representative. <i>Note: For Soldiers deemed to be at moderate or high risk, senior leadership (Battalion commander/equivalent or higher) should be notified.</i>	
LOW		Soldier has no significant problems or has problems for which he/she is receiving appropriate support. The potential for adverse outcomes appears to be low.
MODERATE		Behaviors or concerns that place the Soldier at risk of serious problems if not addressd through appropriate actions (e.g., Soldier experiencing serious financial, legal, family/relationship, alcohol, or other concerns, and is experiencing difficulty getting adequate assistance; Soldier exhibiting a pattern of serious risk taking behavior). Senior leadership (Battalion commander/equivalent or higher) should be notified.
HIGH		Behaviors or concerns that potentially place the Soldier or others in danger or harms way (e.g., life threatening risk taking behavior, serious performance problems that jeopardize teammates safety, threat to self or others). Senior leadership (Battalion commander/equivalent or higher) and appropriate support channels should be notified immediately.