

SOP

Unit Risk Inventory

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UNIT RISK INVENTORY

Standard Operating Procedures (SOP)

The purpose of this SOP is to familiarize commanders with the Unit Risk Inventory (URI) (see appendix A). This manual provides detailed instructions for administering the URI and background information on the Risk Reduction Program, of which the URI is a part.

BACKGROUND

The URI has been administered to over 30,000 soldiers over the past 3 years as part of the Risk Reduction Program (see below). The URI assessment results help commanders:

- Assess the status of their unit's human relations readiness,
- Gather valuable information about the level of high-risk behavior exhibited by their soldiers in the areas of:
 - alcohol and drug use,
 - command environment (unit cohesion, discrimination, sexual harassment, effects of downsizing and realignment, effects of optempo, and command accessibility),
 - self-perceptions, personal relationships and sexual practices,
 - stress levels and accidents and injuries
 - violence, crimes, and spouse and child abuse,
 - suicide, and
 - financial problems,
- Make smarter decisions and create more effective action plans by pin-pointing specific prevention, education, and/or intervention programs based on the needs of their soldiers,
- Minimize unproductive and ineffective services/programs to soldiers, and
- Lead more effectively.

UNIT RISK INVENTORY

1. The URI is an anonymous, self-reporting, 55-question, pencil and paper assessment tool that takes no more than 30 minutes to administer. In order to promote honest responses from soldiers and to eliminate the fear of attribution, soldier-specific questions are not asked. In order to protect the validity of the data, the test can only be administered annually* and must be administered to a minimum of 75% of the unit's assigned officer/enlisted strength.**

Components of the URI

- Part One of the URI (questions 1 - 10) originate from the Alcohol Use Disorders Identification Test¹ (AUDIT) developed by the World Health Organization in 1989 which, based on individual responses, determines whether soldiers exhibit problem drinking levels.
- Part Two (questions 11 – 55) pertain to alcohol and drug use, spouse and child abuse, sexual practices, self-perceptions, command environment, personal relationships, violence, suicide, crimes, and financial problems.

Administration Procedures

1. Request URIs, based on total officer/enlisted assigned, from ASCAP POC. While the goal for the administration of the URI is always 100% of the unit's assigned strength, a **mandatory** minimum of 75% of all assigned officers and enlisted soldiers must take the URI; fewer participants limits the applicability of the results. Upon request, the commander will receive a complete package to include a blank cover sheet, computerized URIs, and a pre-addressed air way bill and FedEx Pak.
2. Every effort should be made to administer the URI to all soldiers in a unit at one time in one location (examples might be a mandatory Training or Safety Day, etc).
3. Identify survey administration location. The room should be large enough for the entire company to complete the URI at one sitting. The area should provide adequate work space between individuals and the ability to work on a hard writing surface. If desks/tables are not available, provide firm platforms such as clipboards or notebooks to guarantee that participants do not poke holes in the computerized form. NOTE: If an answer sheet is torn, has holes, or is disfigured, the information cannot be processed.
4. Identify an individual from outside the command to administer the URI. This will further assure soldiers of the anonymity of the URI and allow the Commander, First Sergeant, and Training Officer or Training NCO to take the URI.
5. Administer the URI.
 - a. Before soldiers arrive, post the unit's UIC using characters large enough to be read by all participants.
 - b. Have all participants seated and quiet prior to distributing the URI.
 - c. Hand out the URI and pencils.
 - d. Brief participants on the purpose and process of the URI administration:

¹ Babor, T.F., and Grant, M., From Clinical Research to Secondary Prevention: International Collaboration in the Development of the Alcohol Use Disorders Identification Test (AUDIT). Alcohol Health and Research World 13(4): 371-374, 1989.

1. Explain the Commander's desire to pinpoint specific training topics and concerns soldiers may have, etc.
 2. Point out that, in order to encourage candid responses from all the soldiers, no demographic information is requested on the URI; that the results are designed to produce a unit profile rather than identify individual soldiers.
 3. Explain that the analysis is completed by a government contract agency in Reston, VA and only summary information will be provided to the commander.
 4. Although there is no set time limit for filling out the URI, explain that it should take participants no longer than 30 minutes to complete the questionnaire.
- e. Collect the completed forms; bundle and send them with the completed cover sheet (see sample at Appendix B) via Federal Express to the processing contractor, Science Applications International Corporation (SAIC). Use the pre-addressed airway bill and FedEx Pak provided.
- f. SAIC will produce and forward to the unit commander a URI Summary of Results Report (see sample at Appendix C).

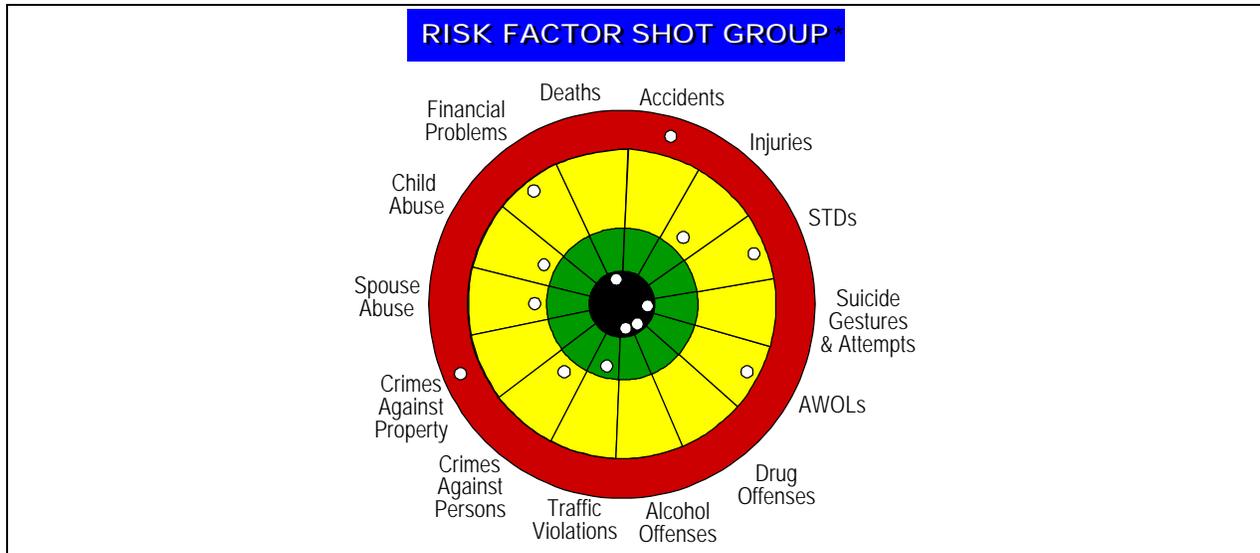
*The URI should not be administered more than once to a unit within one year of any previous administration because of "test familiarity" or "test burnout" and because many of the questions ask about soldier behavior within the past year.

**The URI is designed for use at the company level. While many, if not most, company-sized units have assigned unit strengths of over 50 soldiers, those with fewer than 50 soldiers are not uncommon. In light of the promise of anonymity, administration of the URI to small portions of a unit is discouraged because the smaller the unit size, the more difficult it will be to convince soldiers that their anonymity is protected. When possible, and if commanders agree, attempt to group units together, possibly at the battalion level and create a fictitious UIC; this will result in receiving one Summary Report for the group. If a small unit must be surveyed by itself, then 100% of the unit must be surveyed.

RISK REDUCTION PROGRAM

1. The URI is an assessment tool originally designed for use in conjunction with the Risk Reduction Program (RRP). The RRP is one component of the Army Center for Substance Abuse Programs (ACSAP) services aimed at providing alcohol and drug intervention and prevention services at the installation level. Originating at Ft. Campbell, KY in 1993, the RRP has expanded to twenty-two installations in FORSCOM, TRADOC, USARPAC, USARSO, and EUSA (see appendix D for a list of participating installations and points of contact). The primary objective of the RRP is to reduce high risk behaviors (substance abuse, suicide, spouse/child abuse, AWOL, crimes against persons/property, driving while intoxicated, injuries/accidents, sexually transmitted diseases, and financial indebtedness within the Army), thus increasing soldier readiness.

- The RRP provides commanders with a consolidated picture of the level of high risk behaviors in their units relative to other units on their installation. This picture is created by consolidating data on a quarterly basis from installation agencies (Alcohol and Drug, Safety, Provost Marshal, Army Community Services/Family Advocacy, Preventive Medicine, Chaplain's Office, Community Mental Health Center, Staff Judge Advocate, etc.) by an installation RRP POC who forwards the data to ACSAP for processing. This information is processed and returned, through the RRP POC, to commanders in the form of a battalion-specific "Risk Factor Shot Group".



This report consolidates all the data points for a battalion in such a manner that, with consultation from agency representatives, commanders can quickly identify those high risk behaviors prevalent in their unit and determine what, if any, intervention/prevention strategies might be appropriate. Interventions range from individual chain of command actions and unit-level small group activities, leader, and/or soldier training to installation-wide combined efforts. As part of the RRP, commanders may choose to get more specific information about the prevalence of risk behavior in their units by using the URI.

- The POC for requesting URIs and/or participation in the RRP is Dr. Les McFarling, Army Center for Substance Abuse Programs, 703-681-5577, DSN 761-5577, or mcfarlin@usadaoa-emh1.army.mil

Appendix A - URI (not a reproducible document – request hard copy SOP for sample of URI)

COVER SHEET
For Returning Completed Unit Risk Inventories

Installation: _____ State: ____ Date Administered: _____

UIC of Unit Surveyed: _____ Name of Unit Surveyed: _____

Number of Individuals Surveyed: _____ Assigned Strength of Unit Surveyed: _____

The surveyed unit is a Company Troop Battery Detachment
 Regiment Battalion Squadron

Other, specify: _____

Name of Next Higher Unit: _____

Is a Roll-Up Report at the next higher unit desired? NO YES

<p>If a Roll-Up Report is desired, provide the UIC of the next higher unit: _____</p> <p>That unit is a <input type="checkbox"/> Regiment <input type="checkbox"/> Battalion <input type="checkbox"/> Squadron <input type="checkbox"/> Other, specify: _____</p> <p>Also, provide the UICs of all the reporting units in that next higher unit: _____ _____</p>

Name(s) of Administrator(s): _____

Commercial Telephone Number: _____

Shipping Instructions

1. Place completed Cover Sheet on top of completed, corresponding URIs and secure as one bundle.
2. Place secured bundle(s) in a pre-addressed FedEx Pak. (Depending on overall size, more than one unit's URIs may fit in one package.)
3. Send Pak to Peter Berty, SAIC, 11251 Roger Bacon Drive, Reston, Virginia 20190.

<p>For additional URI survey forms and other supplies, call Dr. Les McFarling at ASCAP, (703) 681-5577, DSN 761-5577. For questions about processing completed URIs and report production, call Lisette Bergeron (703) 318-4790 or Peter Berty (703) 318-4552.</p>
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Appendix C - Sample URI Summary of Results (request hard copy SOP to receive sample)

Appendix D - Participating Installations and POCs

<u>Installation</u>	<u>ADCO</u>	<u>Other POC</u>	<u>DSN Phone</u>	<u>Comm Phone</u>
Ft Benning	T.Tennent	S.Bowling	835-1138	706 545-1138
Ft Bliss	W.Carter	R.Shay	978-1033	915 568-1033
Ft Bragg	D.Licklider	P.Roller	236-4100	910 396-4100/7879
Ft Campbell	C.Davila	W.Marquess	635-3711	502 798-3711
Ft Carson	P.Damon	G.McClain	691-2181	719 526-2181
Ft Drum	C.Haraczka	C.Cohen	341-6701	315 772-6701
Ft Eustis	L.Carter	P.Watson	927-2924	804-878-2924
Hawaii	L.Shibao	C. Tutko	315 455 4470	808-655-4470/9113
Ft Hood	J. Hines	SFC Ward	737-3098	254 287-3098/6505
Ft Huachuca	B.Barfield	E.Radmore	821-3604	520 533-3604
Japan	B. Stewart		315-263-4401	011-81-311-763-4401
Korea	D. Silvia		730-1226	011-82-351-1226
Ft Lee	P.Stallworth	K.Christman	687-9079	804-734-9079
Ft Lewis	M.Sheahan	J.Johnson	357-1448	253 967-1448/2202
Okinawa	J.Velker		315-644-4149	011-81-611-744-4149
Panama	L.Acevedo	SGT Phillips	313-285-5419	011 507 285 5419
Ft Richardson	J. Lundy	L. Frey	317-384-1416	907-353-1416
Ft Riley	B.Powers	L.Fox	856-6376	785 239-6376
Ft Rucker	R.Sorrells	C.Sutton	558-2789	334 255-2789
Ft Sill	B.Ferguson	L.Cooper	639-4205	405 442-4205
Ft Stewart	L.Braxton	C.Smith	870-4045	912 767-4045
TRADOC	D. Conway		680-5278	757 728-5278
USASOC	MAJ Readshaw		239-5015	910-432-5015
Ft Wainwright	S.Krajcir		317-353-1377	907 353-1377/1370
ASCAP Hqtrs	L.McFarling		761-5577	703-681-5577