Leaders' Guide for Building Personal Readiness and Resilience

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Introduction

The purpose of this guide is to highlight the impact of Ready and Resilient principles and Army Values on Personal and Mission Readiness. It is intended to be a user friendly, "living document" geared toward offering leaders supported insight into the identification of the influencing factors that affect Soldiers' lives; their personal readiness and resiliency; unit level personnel readiness; and the unit's ability to accomplish its mission.

When appointed as the 39th Chief of Staff of the Army, General Mark A. Milley said:

"We have the most skilled, ethical, and combat hardened Army in our Nation's history. No matter where we are around the world, America's Soldiers are displaying courage, commitment and character. We are demonstrating unparalleled competence and agility. And no matter the challenge, no matter how complex the environment, or how dangerous the situation, our Soldiers fight and win."

General Milley further outlined his *Top Three Priorities,* aimed at moving the Army forward in its most challenging times, as:

"#1. Readiness: (Current Fight) Our fundamental task is like no other – it is to win in the unforgiving crucible of ground combat. We must ensure the Army remains ready as the world's premier combat force. Readiness for ground combat is – and will remain – the U.S. Army's #1 priority. We will always be ready to fight today, and we will always prepare to fight tomorrow. Our most valued assets, indeed, the Nation's most valued assets, are our Soldiers and our solemn commitment must always be to never send them into harm's way untrained, poorly led, undermanned, or with less than the best equipment we can provide. Readiness is #1, and there is no other #1.

#2. Future Army: (Future Fight) We will do what it takes to build an agile, adaptive Army of the future. We need to listen and learn – first from the Army itself, from other services, from our interagency partners, but also from the private sector, and even from our critics. Developing a lethal, professional and technically competent force requires an openness to new ideas and new ways of doing things in an increasingly complex world. We will change and adapt.

#3. Take Care of the Troops: (Always) Every day we must keep foremost in our minds our Soldiers, Civilians, and their Families. Our collective strength depends on our people - their mental and physical resilience is at our core. We must always treat each other with respect and lead with integrity. Our Soldiers are the crown jewels of the Nation; we must love them, protect them, and always keep faith with them."

As leaders, each of you play a significant role in helping shape the Army of the future, and as such, are challenged to adopt General Milley's priorities as your own, ensuring each

permeates throughout your units in order to maintain unit personnel readiness and your Soldiers' Personal Readiness and Resiliency at the highest levels possible.

Numerous sources of information and resources to assist you in meeting that challenge, address any issues you may encounter along the way, and to help you resolve them are cross referenced throughout this guide and presented in a quick reference (*Appendix A: Risk Behaviors and Resources for Army Leaders,* pages 60 through 70) at the end of this document.

This guide, the *Leaders' Guide for Building Personal Readiness and Resilience* presents a vision of an Army built on a Culture of Trust, with Soldiers building strength and confidence in one another through proactive application of these principles, practices and qualities. It describes the strengthening influence of recognized protective factors in many facets of Soldiers' and Army Families' lives. It addresses legal issues associated with protecting personal information such as those defined within the *Health Insurance Portability and Accountability Act of 1996.* Leaders need to be aware of these things in order to maintain the highest level of unit readiness, personnel readiness and their individual Soldiers' ability to perform their duties. It features the role of active engagement in identifying early indicators of potential self-defeating risk behaviors, and in preventing their destructive outcomes through graduated intervention before the risk behavior is acted out – getting "left of the boom." To help leaders recognize early indicators of trouble, this guide discusses a host of risk factors and warning signs (*see pages 16 through 21 for risk factors and pages 29 through 31 for warning signs*) and shows that many risk behaviors share a common set of the same risk factors and warning signs. Since many risk behaviors can have severe personal, family, and mission readiness impacts, this guide provides detailed guidance on legal and administrative requirements for addressing, mitigating where possible, and managing the effects of some of these risk behaviors. Finally, this tool recognizes the humanity of us all and speaks plainly to the emotional dimension of recovering from traumatic incidents that sometimes play out in Soldiers' lives. The Army R2 Community stands ready to address your concerns and provide the necessary resources tailored to assist you in meeting the many challenges and requirements you face daily in managing the Army's greatest resource, its Soldiers.

Building Readiness and Resilience

Personal Readiness

Our nation's trust and confidence in the U.S. Army as an institution is measured by our commitment, ability and collective efforts to sustain individual Soldier, unit and Total Army readiness at the highest levels possible. Actively engaging in leadership practices that positively encourage and motivate individuals builds personal resilience and enhances readiness. Reaching out to others, particularly those in transition or during off-duty time, to assist them in managing family and professional responsibilities enhances work efforts; improves skill sets; and enables Soldiers to cope with life stressors. Recognizing societal and Army culture challenges and increasing intervention and support when needed, strengthens trust, both personally and of others. Positive encouragement by all Army leaders further enhances visibility among all Soldiers, family members, peers, and Army civilian employees and results in sustained unit preparedness.

Numerous, invaluable Department of the Army, Navy, Air Force, Marine, federal, state, local and community resources are readily available and can provide supporting efforts to proactively strengthen Personal Readiness and Resilience and directly or indirectly address individual behaviors. These include, but are not limited to the following initiatives:

- Ready and Resilient Campaign (R2C) -- an Army initiative that strives to achieve and sustain a more ready "total force." Begun in 2012, the campaign recognized that Army leaders and organizations required tools and processes to increase the readiness and resilience of Soldiers, Department of the Army civilian employees and family members. The R2C, acknowledging the toll of 12 years of war, focused its efforts on providing the means to heal a wide array of "wounds" while introducing methods to increase the resilience and effectiveness of the Total Army. R2C integrates and synchronizes multiple efforts and programs to improve the readiness and resilience of the Army Family - Soldiers (Active Duty, Reserve and National Guard), Army civilians and families. It creates a holistic, collaborative, and coherent enterprise to increase individual and unit readiness and resilience, and builds physical, emotional, and psychological resilience in our Force in order to improve performance and deal with the rigors and challenges of our demanding profession.
- Community resources -- these are resources that commanders and leaders may utilize within the local on-post and off-post community to support Soldiers, Army civilian employees and families. A few examples are Army Community Services, American Red Cross, Veterans of Foreign Wars, faith-based organizations and other local not-for-profit organizations.
- Federal, state and local governments -- an abundance of federal, state and locally funded governmental organizations provides services to Service communities which assist Soldiers, Army Civilian employees and families to improve their quality of life and resilience.

To this end, Personal Readiness is the physical, psychological, social, spiritual and family preparedness to achieve and sustain optimal performance in supporting the Army mission in environments of uncertainty and persistent danger. It is incumbent on the Soldier, his or her leaders and the institution to achieve and sustain high levels of Personal Readiness to meet the demands of a complex and constantly evolving security environment demanding a more agile, adaptive, durable, and competent force.

Deployability

When Soldiers are personally prepared and ready to meet Army global challenges, they demonstrate competency and confidence in their professional skills and affairs, and need little to no spin-up prior to deployment or mission execution. They are self-assured and eager to interact with others seeking opportunities to learn, grow, lead, and assist. Soldiers who have the health and physicality to rapidly acclimate wherever they operate are able to confidently and effectively execute under the most arduous of conditions. It is noteworthy that the Soldier who is personally ready has the capacity, agility, and drive to continually learn; the ability to effectively process new and challenging situations; possesses the grit to handle the stress and psychological trauma associated with multiple missions; and demonstrates the ability and perception skills necessary to identify Soldiers who may need help. Furthermore, a Soldier who possesses strong personal readiness characteristics is one who operates from a strong moral foundation, buttressed by Army Values, the Soldier's Creed, the Warrior Ethos, and the Army ethic. Lastly, the well attuned; professionally prepared and ready Soldier is clearly capable of building relational confidence and competence, orchestrating and maintaining positive relationships with team and unit members, peers and others; grows healthy family relationships; and ensures that families can take care of themselves and others in their absence.

Performance

The future operational environment depicted in the most recent National Military Strategy and the Army Operating Concept requires that our Soldiers, Army civilian employees and families be Resilient and sustain Personal Readiness. Every Soldier must perform at his or her optimal level if the Army is to successfully meet its global challenges. Leaders are charged with exemplifying Army Values and holding themselves and their subordinates accountable. With that end in mind, the Army provides ready and resilient capabilities to assist leaders in achieving and sustaining Personal Readiness and human performance. Training across the Army must build upon Army Values and Personal Readiness. Accordingly, the primary purpose of Ready and Resilient training is to provide comprehensive training resources to leaders aimed at assisting them in their efforts to enhance Personal Readiness, Resilience and performance. Leaders are accountable for ensuring the maximum level of Personal Readiness is achieved throughout their units. Their intent must be to increase their Soldiers' overall preparedness, deployability,

health, and performance down to the lowest levels within the unit by integrating training, improving visibility and empowering accountability.

A Culture of Trust and the Army Ethic

To retain the trust of the American people and to develop and maintain the cohesion needed to fight and win our nation's wars, it is imperative that we develop within our Army, a Culture of Trust. To this end, the Army Ethic defines the moral principles that guide us in the conduct of our missions, performance of duty, and all aspects of Army life. Our Ethic is reflected in law, Army Values, creeds, oaths, ethos, and shared beliefs embedded within Army culture. It inspires and motivates all of us to make right decisions and to "do the right thing" at all times. Abiding by the Army Ethic builds that Culture of Trust and an Army of trusted professionals.

Personnel Care

Engaged and empowered leaders make a difference in the lives of our Soldiers and their families. Leaders have a duty and obligation to be vigilant when a member of their command or organization is accused of an offense that may result in disciplinary action. Being the subject of an investigation can be inherently stressful and may impact Personal Readiness and performance; therefore, leaders must continue to treat the Soldier with dignity and respect during the process. Leaders are also reminded that the stigma of being accused often has long-lasting impacts - regardless of the outcome of the case. For that reason, leaders are highly encouraged to engage and take action to monitor the Soldier's physical and psychological, and social health to mitigate stress and minimize the chance for crisis. This includes strengthening the Soldier, leveraging the support and unit cohesion by not attempting to move them to another squad, platoon or command unless extreme circumstances dictate. Leaders have a duty and obligation to provide continuous visibility of the Soldier and, therefore, may also need to notify the family of the investigation to heighten their awareness and ensure they, too, are vigilant in looking for any signs of increased stress or crisis. Leaders must be aware that notification to key family members could have mixed results; positive or negative. All members of the Army team have a duty and obligation to engage when alerted to a deviation from normal behavior or standards and before it escalate to crisis.

Protective Factors

Army ideals, as imperative as they are, can sometimes become clouded as Soldiers face their day-to-day struggles to accomplish the Army mission and fulfill their responsibilities. To that end, experience and research have shown that Soldiers and leaders can build into their daily routines a host of positive, self-affirming actions and attitudes that renew energy and strengthen commitment to "do the right thing". These actions and attitudes are often called

protective factors. Members of our Army team must be familiar with these so they can be proactive in building their Personal Readiness and remain vigilant for the first sign of disruptive issues. Protective factors play a role in mitigating behaviors that deviate from the Army standard and undermine the Culture of Trust. They strengthen the Soldier and are shown to be effective buffers for risk. Found in all five domains of Personal Readiness: Physical, Psychological, Social, Spiritual and Family Preparedness, protective factors are applicable at all times to all Soldiers. They serve to reinforce the conduct and refresh the commitment of the overwhelming majority of Soldiers who are trying to "do the right thing." They provide focus on those activities and attitudes that Soldiers and their leaders constantly incorporate into their lives. In short, they help build resilience. By focusing on protective factors in their Soldiers' lives and units, leaders can identify and prevent potentially negative, risky behavior.

Protective factors are skills, strengths, or resources that help people deal effectively with stressful events. Protective factors enhance resilience and help to counterbalance risk factors (negative life events such as relationship, work, or academic reverses). Protective factors may be personal, external, or environmental and help make it less likely that a Soldier will consider or engage in risky behaviors. Protective factors:

- Enhance a person's resilience.
- Often counterbalance risk factors.
- Include sources of support, connection with others, and stress reduction during difficult times.

As a leader, your job is to enhance protective factors through your personal example and sound unit policies. Effective leaders model and promote the strengthening of protective factors, avoiding many "down-stream" time-consuming problems and readiness distractors. Protective factors provide remediation before it is necessary. They forestall many negative events and risk behaviors before they occur, both by addressing the underlying causes of risky behavior and by providing alternatives or antidotes.

Shared Benefit of Protective Factors

As discussed above, protective factors can mitigate the likelihood of a Soldier acting out any number of risk behaviors (see *Appendix A* for specific details). The table below is suggestive of the multiple beneficial impacts that protective factors can have on reducing and perhaps eliminating a variety of risk behaviors. The table is not complete. It is intended to illustrate that one protective factor can mitigate several adverse outcomes. The reader will no doubt be able to think of several other risk behaviors that could be mitigated through consistent implementation of protective factors in a unit or in the life of an individual.

Table 1 – Interrelationship between Protective Factors and Adverse Outcomes

Protective Factors	Suicide	Sexual Assault	Substance Abuse	Domestic Violence
Create and maintain a safe environment (free from violence, sexual harassment, drugs, etc.)		X	X	X
Academic achievement		X		X
Maintain realistic optimism and belief to survive and function as a good Soldier	X		X	
Learn to regulate emotions and avoid impulsive behaviors (self-control)	X	X	X	X
Develop associations with others who share your world view, faith, or religion and draw strength from each other	X	X	X	X
Develop and encourage empathy	X	X		X
Implement Army Values in relationships with self and others	X	X		X
Seek out a "buddy" in whom to confide	X		X	
Avoid isolation when faced with stressors; build friendships during good social times	X		X	
Develop positive social skills; notice how people you admire handle social situations	X	X		X
Practice help-seeking behaviors; accept help from experienced people such as, behavioral health providers, chaplain, chain of command or a trusted friend; they have walked the path you're on	X		X	
Nurture/cultivate good relationships with Family; communicate regularly; program time to be together; leave the Army at the office when you go home	X	X		X
Dependable employment	X			X
Social norms that promote gender equality		X		X

Protective Factors by the Domains of Personal Readiness

The following section provides a more complete list of protective factors by the five domains of Personal Readiness: Physical, Psychological, Spiritual, Social, and Family Preparedness. Rather than showing the risk behaviors that might be mitigated by these protective factors as above, the table below lists each factor followed by a brief explanation of "why it matters."

Table 2 – Protective Factors by the Personal Readiness Domains

Protective Factor	Impact of Factor
Protective Factors in the Physical Domain	
Know your sources of physical health care.	Unaddressed problems weaken Soldiers' capacity to cope with all forms of adversity. Know these sources before there's a problem.
Create and maintain a safe environment (free from violence, sexual harassment, drugs, etc.)	Sexual violence or assault is known to be a major contributor to long-term behavioral health issues, early separation, suicidal ideations, attempts, and completions.
Engage in practices that maintain good physical health (such as, those included in the Performance Triad: sleep, activity, nutrition).	Good physical health provides the fundamental capacity to accomplish the mission. Good physical health promotes good mental health, life outlook, enhanced self-esteem, and greater ability to do your job effectively.
Protective Factors in the Psychological Domain	
Maintain realistic optimism and belief in the ability to survive and function as a good Soldier.	Everything does not and will not turn out bad – no catastrophic thinking. A positive outlook on one's life situation provides incentives to overcome stressors and setbacks. Resiliency activities and skills are a valuable tool to maintain realistic optimism and to combat life stressors.
Learn to regulate emotions and avoid impulsive behaviors (good, old-fashioned self-control).	Pass up small "positives" to avoid major "negatives." Using self-control to avoid risky behaviors avoids the anxiety and other effects of their negative consequences.
Recognize, accept, and face fears.	Directly addressing and overcoming fears removes a persistent source of anxiety and stress while it improves life satisfaction and morale. Build a plan together that the Soldier is comfortable with.
Know your sources of behavioral health care, including chaplain and clinical care.	Establish trusted points of contact in advance at each organization. They can provide advice for you and help for your Soldiers.

Protective Factor	Impact of Factor
Protective Factors in the Social Domain	
Implement Army Values in relationships with self and others.	Army Values are a keystone for dealing with a Soldier's life stresses. Honoring Army Values in daily life eliminates the many adverse consequences of violating them.
Seek out a "buddy" in whom to confide.	A trusted friend can be a source of relief and balanced feedback.
Avoid isolation when faced with stressors. Build friendships during good times.	Isolation from others during times of stress makes you bear the weight of the problem alone.
Develop positive social skills. Notice how people you admire handle social situations.	Soldiers that have good interactions with others are able to find support from friends and groups when faced with adversity.
Attend life skills or related training or observe and copy how people you respect handle problems.	Good life skills are necessary for continuing and meaningful interaction with others and society as a whole. Good life skills lead to satisfying relationships.
Be active and frequently participate in unit activities.	Activities with one's unit promote higher morale and esprit de corps.
Join or participate in social support groups, faith-based organizations, and self-help groups.	Social support groups provide needed assistance in times of need.
Practice help-seeking behavior. Accept help from experienced people, such as, behavior health providers, chaplain, chain of command, or a trusted friend. They have already walked the path you're on.	The recognition that one needs help is key to a long-term recovery from behavioral health issues. Good leaders will help Soldiers get the help they require.
Protective Factors in the Spiritual Domain	
Contemplate the large and small miracles all around – hunt the good stuff.	Focusing outside oneself and noticing the good and beautiful in the world provides a source of strength and hope that can carry Soldiers beyond the worries of the immediate present.
Develop associations with others who share your world view, faith, or religion, and draw strength from each other.	Religious participation, attendance, and affiliation are historically and empirically recognized as protective factors against risky behaviors such as suicidal behaviors, substance abuse, and domestic violence, etc. Religious activity offers an obvious sense of belonging to a group of like-minded individuals. Conversely, significant factors in at-risk behaviors are isolation and a perceived lack of such support.
Spend frequent time in the practices; literature; or scriptures of your faith group.	Time in the literature of one's faith group brings individuals back to their core values and beliefs and provides perspective when coping with present stressors. Building spiritual fitness in this way provides Soldiers with the sense of who they are, why

Protective Factor	Impact of Factor
	they are here, and what their purpose for living is; it provides broader perspective.
Provide uncompensated service to others, including, battle buddies, family members, unit members, or the community where you are stationed or where you live. Sometimes make it anonymous service.	Providing freely given and sometimes anonymous service can enhance self-esteem, and one's sense of purposefulness and belonging – all effective deterrents against many high-risk behaviors. Spiritual fitness through service gives a greater purpose to life and one's relationships with others.
Protective Factors: Family Preparedness Domain	
Nurture/cultivate good relationships with Family. Communicate regularly. Program time to be together. Leave the Army at the office when you go home.	Strong family ties are a very important protective factor providing love, support, and encouragement as Soldiers deal with life's problems.

Risk Factors

While this guide and Army culture focus on promoting the recognition and integration of protective factors into Army daily life, Soldiers are human and things do go wrong. That's why it's important to seek to address these issues at their earliest manifestation. But in order to do so, Soldiers, leaders, and family members must be able to recognize the indicators of developing difficulties. These indicators are typically divided into two classes called risk factors, previously mentioned, and warning signs. Our Army team must raise awareness regarding protective factors, risk factors, and warning signs so we may all act proactively. Risk factors are those life situations, characteristics, and stressors that elevate the chance that an individual may seek relief from stress by engaging in risk behaviors. Risk factors are characteristics that may be associated with a higher likelihood of negative outcomes. Examples include: history of depression; recent psychiatric hospitalization; association with sexually-aggressive peer groups; and high-conflict home/social environment. Warning signs are those life situations, characteristics, or activities that indicate an immediate likelihood of engaging in a risk behavior. For example, while alcohol abuse may be a risk factor that could lead to more serious risk behaviors and outcomes sometime in the future, but giving away all of one's personal possessions on the same day that a hand gun is purchased is a warning sign that a suicide attempt is probably imminent. In order to be proactive, we must be vigilant at all times to spot risk factors and warning signs.

Finally, in those rare cases where the most severe risk behaviors (e.g. sexual assault, suicide and homicide) are carried out, there comes a heavy human price. Guilt, grief and regret can all

consume both victims, perpetrators and survivors. Leaders, Soldiers and family members need to understand their own emotional reactions, and understand how others under their authority or within their personal support groups may respond emotionally. This guide, while speaking directly to these human emotional or psychological issues, also addresses the administrative and legal requirements faced by leaders when dealing with severe risk behaviors.

Risk Factors by Domains of Personal Readiness

The following section provides a more complete list of risk factors by the five domains of Personal Readiness: Physical, Psychological, Spiritual, Social, and Family Preparedness. Rather than showing the risk behaviors that might be mitigated by these risk factors as above, the table below lists each Factor followed by a brief explanation of "why it matters." Following each factor is brief explanation of the impact of these factors.

Regarding suicides, the Army Study to Assess Risk and Resilience in Service Members found that non-fatal suicidal behavior is most common among Soldiers who are female, non-Hispanic Caucasian, never married, junior enlisted, who possess less than a high school education, and who entered Army service before age 21 or after age 25. The study also found that female Soldiers are twice as likely as males to make a suicide attempt and that Caucasian males, rank of E-1 and E-4, are at greatest risk for completing suicide. Refer to: (*https://www.army.mil/article/111451/Army_STARRS_study_busting_myths_on_suicide/*) for additional information.

Table 3 – Risk Factors by the Personal Readiness Domains

Risk Factor	Impact of Factor
Risk Factors in the Physical Domain	
Serious medical problems or physical illness (self or family member) or chronic pain	Serious illness could bring a Soldier to the point of despair causing loss of a willingness to continue to bear life's burdens. This can manifest as a fear of becoming a burden to others or a fear of the inability to pay expected high medical bills. Chronic pain can also lead to prescription or illegal drug dependency.
Drug or alcohol abuse (chronic or acute)	Drug or alcohol abuse alters clear thinking, can lead to negative behavior, often results in legal difficulties, and may result in death. Suicide is almost always accompanied by very recent or ongoing alcohol or drug consumption. Alcohol increases the likelihood of "impulsive" suicides.
Risk Factors in the Psychological Domain	

Risk Factor	Impact of Factor
Soldiers with a mental health disorder may perceive little or no need for treatment	Leaders should understand they cannot rely on the self-assessments and perceptions of Soldiers with behavioral health issues. They may be genuinely unaware, or they may seek to hide the issue and the suicidal intentions.
Pre-existing behavioral health problems and behavioral health disorders that emerged after joining the Army[1]	As part of getting to know new Soldiers, leaders should be attuned to this risk factor and determine if possible, if there were any pre-accessioning mental health issues.
Stigma associated with asking for help and unwillingness to seek help for behavioral health and substance abuse treatment	Fear for loss of career progression. Fear of being perceived as dangerous, violent, or crazy.
Time period of 30 to 60 days following a psychiatric hospitalization[2]	Leaders must be very vigilant and aware of the progress of these Soldiers remembering they may deliberately deny any new ideations or attempts.
Previous suicide attempts and history of suicide plan(s); family history of suicide, suicide attempts, depression, other psychiatric illness	Soldiers who attempt are very likely to attempt again. Family history of suicide can make a Soldier believe suicide is "OK."
Severe, prolonged stress, caused by real or imagined issues	To obtain relief, many Soldiers feel suicide is a clear or only way to eliminate the stress, or they "self-medicate" with alcohol or drugs. Or they vent their stress by abusing family members.
Depression, TBI, and/or history of PTSD and aggressive tendencies	Diagnosed or undiagnosed behavioral health illness can cause behaviors and negative emotions that, without treatment, put an individual at a higher risk level. These things are frequently associated with attempts and suicides.
Feeling sad, depressed, hopeless, anxious, psychic/unbearable pain, or inner tension	Diagnosed or undiagnosed mental illness may cause behaviors to end pain and suffering or relieve the perceived burden on others. Without treatment, a Soldier is at a higher risk for adverse behavior.
Sense of powerlessness, helplessness, and/or hopelessness. Belief that loved ones, friends, and colleagues would be better off without you. Guilt about an injury or death or other very negative event:	"No way out" or "catastrophic thinking" syndrome is when a Soldier expects and mentally amplifies only the worst outcomes. The Soldier can feel that they are in a hopeless situation and nothing they can do

[1] Army STARRS identified this population to be at higher levels of risk for risk behaviors. Specifically, Soldiers aged 17-26, with pre-existing (pre-accessioning) behavioral health problems (especially depression) were significant predictors of the onset of suicidality in the first decade of Army service. Behavioral health disorders that emerged after joining the Army were event stronger predictors of suicide.

[2] Army STARRS identified this population to be at higher levels of risk for risk behaviors. Specifically, Army STARRS found a greatly increased risk of suicide in the 30 to 60 days following a psychiatric hospitalization.

Risk Factor	Impact of Factor
no way out and situation is bad, things may get even worse, etc.	will ever make the situation better. Buddies and leaders can provided critical balanced perspective.
Impulsivity or aggression	Many suicides and domestic and sexual assaults are completed on impulse, almost always enabled by drug or alcohol use at the time of the suicide. Displaying or getting used to aggressive behavior can remove barriers to self-inflicted violence (suicide).
Risk Factors in the Social Domain	
Specific demographic characteristics such as (1) the lack of a high school diploma or General Educational Development (GED) and (2) being a Caucasian male, rank E-1 and E-4[3]	Regarding educational attainment, Soldiers may see themselves as being held back in progressing upward in the Army and society in general, or feel inferior compared to buddies. Caucasian males in the rank of E-1 and E-4 are Army's most "at risk" demographic for suicide.
Soldiers in Combat Arms, especially infantrymen and combat engineers (high risk in first five years of service)	Leaders dealing with these young Soldiers in particular need to be aware of and proactive in educating them and being extra vigilant.
Combat medics within their first year of service; especially young, white females with low educational attainment[4]	Leaders dealing with these young Soldiers in particular need to be aware of and proactive in educating them and being extra vigilant.
Deployment for Soldiers with less than 18 months of service[5]	For young Soldiers, deployments represent many different kinds of transitions and stressors. Leaders dealing with these young Soldiers in particular need to be aware of and proactive in educating them and being extra vigilant.
Soldiers in their first five years of service, and who are planning to separate[6]	Leaders should remember effective prevention screening and support in the separation process.
Age/grade mismatch: an older Soldier holding a rank typical of a younger Soldier and/or lower in rank than his or her same-age peers[7]	An age/grade mismatch can bring feelings of inferiority, or long-term concern for future ability to make a living and provide, or concerns about long-term retention in service. When coupled with other

[3] Army STARRS identified this population to be at higher levels of risk for risk behaviors.

[4] Army STARRS identified this populations to be at higher levels of risk for risk behaviors. The risk for suicide for combat medics peaked around the second month of service for men and the sixth month of service for females.

[5] Army STARRS identified an increased risk of suicide for Soldiers on their first deployment with less than 18 months of time in service.

[6] Army STARRS identified this population to be at greater risk for suicidal thoughts, plans, or attempts.

[7] Army STARRS identified this population to be at higher levels of risk for risk behaviors.

Risk Factor	Impact of Factor
	risk factors or stressors, this mismatch brings a heightened risk of suicide.
Poor social skills/difficulty interacting with others and making friends (social isolation and low self-esteem)	Social isolation is a major risk factor for young Soldiers on their first enlistment.
Work-related problems/stress	This includes fear that their ability to make a living will be permanently ruined or a fear that they will not be able to support loved ones. Suicide and Service members Group Life Insurance (SGLI) for family may be seen as a solution.
Toxic leadership	Toxic leadership generates fear and anxiety while crushing morale. It often promotes "zero defects" which kills initiative, and promotes scapegoating and blaming. Stigma abounds. Soldiers will not confide in toxic leaders.
Bullying, hazing, belittling, and discrimination	These practices generate anxiety, fear, and perhaps anger in the victim and arrogance in the perpetrator. They cause intense, negative feelings that can lead to suicide and substance abuse, and they defeat any intention to take a risk by showing a vulnerability by asking for help.
Transitions and difficulty dealing with them (retirement, PCS, discharge, deployment, separation, etc.)	Life transitions can be a real issue for many Soldiers – moving into a new unit, marriage, having children, retiring from the military, etc.
Career setbacks or perceived failures, academic, poor school performance, poor evaluation, not making rank or personal career goals	These events can lead to the feeling of being unable to pull one's own weight and being a burden to others. They can also lead to catastrophic thinking.
Experiencing financial problems (bankruptcy, foreclosure, debt)	Debt, facing foreclosure on homes, and/or having bills is overwhelming and may lead to a negative behavior or suicide to escape the worry and responsibility.
Association with sexually-aggressive peer groups[8]; Social norms supportive of sexual violence and male sexual entitlement; Weak laws and policies related to sexual violence	Association with sexually-aggressive peer groups and the social norms supportive of sexual violence and male sexual entitlement provide justification for and normalize the crime of sexual assault for some individuals. The weak laws and policies related to sexual violence further increase the risk of sexual assault as some perpetrators may view the punishments as insufficient deterrents.
Current/pending disciplinary, legal actions or incarceration (Article 15, facing charges under the Uniform Code of Military Justice (UCMJ))	Serious risk factor for those facing lengthy jail time or other than honorable discharge from the Army. There

[8] Army STARRS identified these populations to be at higher levels of risk for these risk behaviors.

Risk Factor	Impact of Factor
	is a heightened risk for senior non-commissioned officers (NCOs) and officers.
Facing issues related to misconduct (arrest, investigation, trial, discharge, etc.)	Investigations are inherently stressful and cause some to act out in adverse ways. Other than honorable discharge removes access to medical and compensation benefits – extremely stressful.
Loss of employment (Reserve Components or Army Civilian)	This is a key issue for the Reserve Component Soldiers; returning from active status to the community and facing unemployment can create a serious financial hardship. Employers do not always adhere to laws defining reemployment rights and enforcement can be difficult or non-existent. A Soldier's perception of self-worth may be decreased and they may feel as if they are becoming a burden to their families. Suicide and SGLI for family may be seen as a solution.
Isolated social from family and friends	Social isolation is a major risk factor for young Soldiers on their first enlistment.
Failed intimate relationships (divorce) or relationship strain (separation, break-up, etc.)	When an important relationship ends, a Soldier loses his or her emotional support base and may choose a negative behavior as a response to this crisis. With loss of perceived "one and only," life has little meaning. As the result of a failed relationship, a Soldier may feel inadequate, that he or she can't do anything right. The loss of a life companion or "soul mate" can make life seem hopeless.
Being a victim of physical or psychological abuse	Being a victim of physical or psychological abuse is one of the strongest predictors or perpetration in adulthood.
Exposure to suicide or domestic violence as a child; exposure to others who have committed suicide and suicide contagion (friends, colleagues, etc.; in real life or via the media and internet)	Soldiers can be influenced by what they have seen and by those around them. A suicide of someone known or close may make suicide seem more acceptable or normal.
Significant/recent loss and/or grief (death of loved one, spouse, family, friend; loss due to natural disasters	After loss, emptiness and sorrow place an individual without a set of robust coping life skills at greater risk of suicide.
Failed intimate relationship (divorce) or relationship strain (separation, break-up)	As the result of a failed relationship, a Soldier may feel inadequate, that he or she can't do anything right. The loss of a life companion or "soul mate" can make life seem hopeless.
Risk Factors in the Spiritual Domain	
In some cultural or religious beliefs, suicide is a noble resolution of a personal dilemma	This can be a significant issue for some Soldiers depending on their cultural background.

Risk Factor	Impact of Factor
Risk Factors: Family Preparedness Domain	
Intense embarrassment or humiliation before family, friends, or colleagues	Soldiers in this situation feel or may be isolated from social supports. Suicide may be viewed as a way to escape shame.
Violence or high conflict in the home or social environment (perpetrator or victim)[9]	Violence within the family has a demonstrated connection to suicide attempts. Leaders should watch Soldiers involved in any way with family violence.
Access to means of suicide (particularly, handguns in the home)[10]	Easy access to weapons can lead to suicide during spikes of severe stress. Privately-owned weapons off post are used far more often than military weapons.

Risk Reduction Program

The Risk Reduction Program is a tool designed to identify and reduce Soldiers' high-risk behaviors in the areas of substance abuse, spouse and child abuse, sexually-transmitted diseases, suicide, crimes against property, crimes against persons, absences without leave, traffic violations, accidents (which include injuries), and financial problems. By identifying areas of concern, the Risk Reduction Program promotes effective use of installation resources and acts as a coordinated effort between leaders and installation agencies to implement intervention and prevention programs. The table below shows the high-risk behaviors that the Risk Reduction Program monitors per Army Directive 2015-21. It provides metrics on these issues for use at the unit level.

[9] Army STARRS identified this population to be at greater risk for suicidal thoughts, plans, or attempts.

[10] Army STARRS identified this population to be at greater risk for suicidal thoughts, plans, or attempts.

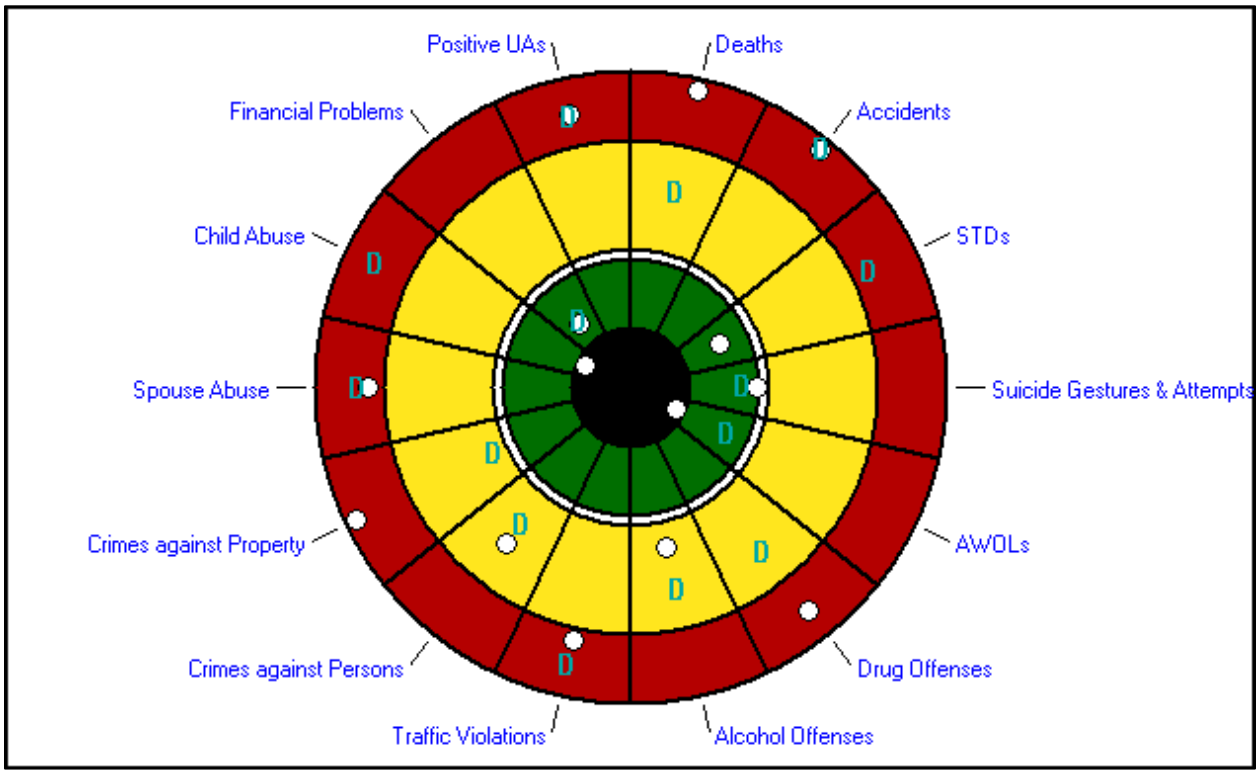
Table 4 – High-Risk Factors Monitored by the Risk Reduction Program

No.	Factor	Definition
1	Deaths	The number of Soldier deaths among members of the reporting unit. (DO NOT include deaths which occurred in theater.)
2	Accidents (Class C, D & E)	The number of Soldiers in the reporting unit who are involved in a Class C, Class D or Class E accident.
3	Self-Harm	The number of Soldiers in the reporting unit who have committed self-inflicted, potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of a lack of intent to die. (Do not count ideations.)
4	Suicide Attempts	The number of Soldiers in the reporting unit who have committed self-inflicted, potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of intent to die. (Do not count ideations.)
5	AWOLs	The number of Soldiers in the reporting unit who are titled with AWOL by law enforcement.
6	Drug Offenses	The number of Soldiers in the reporting unit who are titled with drug offenses by law enforcement. These include, but are not limited to, possession and sale (but NOT positive urinalysis) of a controlled substance and any other prohibited substance.
7	Alcohol Offenses	The number of Soldiers in the reporting unit who are titled with an alcohol-related offense by law enforcement. These include, but are not limited to, driving under the influence, public intoxication, drunk and disorderly, reporting to work while intoxicated, alcohol-related reckless driving, possession by a minor, and consumption by a minor. (These include alcohol as a secondary or tertiary offense.)
8	Traffic Violations	The number of Soldiers in the reporting unit who are titled with a moving traffic violation by law enforcement. These include, but are not limited to, speeding, driving without a license or driving with a suspended license, failure to obey a traffic device, accidents, and non-alcohol-related reckless driving.
9	Crimes Against Persons	The numbers of Soldiers in the reporting unit who are titled with crimes against persons by law enforcement. These include, but are not limited to simple assault, aggravated assault, (attempted or) murder, robbery, kidnapping, harassment and threats, sodomy, rape, and adultery. (Do not include any of the drug offenses, alcohol offenses, domestic abuse incidents, or child abuse incidents.)
10	Crimes Against Property	The number of Soldiers in the reporting unit who are titled with crimes against property by law enforcement. These include, but are not limited to, house breaking/burglary, auto theft, arson, theft of government property, theft of private property, intentional damage to property, and vandalism.
11	Crimes Against Society	The number of Soldiers in the reporting unit who are titled with crimes against society by law enforcement. These include, but are not limited to, concealed weapon, weapons violations, gambling, prostitution, curfew violations, and vagrancy.
12	Domestic Violence	The number of Soldiers in the reporting unit who have cases that meet the criteria for domestic violence, as defined in AR 608-18, "The Army Family Advocacy Program;" applies in cases where the Soldier is identified as either the perpetrator or the victim. (This definition does not include child abuse. Also, do not count the Soldier under crimes against persons.)

No.	Factor	Definition
13	Child Abuse	The number of Soldiers in the reporting unit who are identified as the alleged perpetrator in cases that meet the criteria for the following offenses, as defined in AR 608-18: child abuse, child abuse/physical maltreatment, child emotional maltreatment, child neglect, and child physical maltreatment. (Do not include the Soldier under crimes against persons.)
14	Financial Problems/Risk	The number of Soldiers in the reporting unit who were either (1) voluntarily or command-directed for financial problems such as writing bad checks, excessive debt, and an inability to meet current financial obligations; or (2) had a FICO score of 619 or below coupled with a debt-to-income ratio of 40 percent or more.
15	Urinalysis Samples Tested	The number of urinalysis specimens tested at the Forensic Toxicology Drug Testing Laboratory. NOTE: Number of specimens collected might be higher than those tested at the laboratory, since specimens must meet forensic specifications to be tested.
16	Positive Urinalysis Tests	The number of Soldiers in the reporting unit who have tested positive for illicit drug use (after Medical Review Officer evaluation). NOTE: This includes abuse of pharmaceuticals and legal synthetics.
17	Disciplinary Actions	The number of Soldiers in the reporting unit who have received disciplinary actions (non-judicial). These include, but are not limited to, non-judicial punishment under Article 15, Uniform Code of Military Justice, and Memoranda of Reprimand.
18	Administrative Separations Initiated	The number of Soldiers in the reporting unit who had administrative separations initiated in accordance with AR 635-200, "Active Duty Enlisted Administrative Separations," chapters 5, 9, 10, 13, or 14; or AR 600-8-24, "Officer Transfers and Discharges," chapter 4.
19	Administrative Eliminations	The number of Soldiers in the reporting unit who were approved for separation from the Army in accordance with AR 635-200 (chapters 5, 9, 10, 13, and 14) or AR 600-8-24 (chapter 4).
20	Courts-Martial	The number of Soldiers in the reporting unit who were tried and found guilty by court-martial.

The Risk Reduction Program is fully automated. It generates the graphic featured below, which allows commanders to assess at a glance areas where their particular unit may need to make more extensive use of available programs and agencies to mitigate any negative trends. The graphic below is just one of many that the Risk Reduction Program can produce to assist commanders and other leaders.

Figure 1 – Risk Reduction



Areas of Risk and Multiple Potential Negative Outcomes

Sexual assault, alcohol and substance use disorder, domestic abuse, and suicide share many common protective factors and risk factors. They are not stove-piped or stand-alone outcomes, but they interact with one another, and compound each other's negative effects in many ways, and can lead to other high-risk behaviors or crimes. For instance, a sexual assault almost always results in severe depression and other negative feelings in the victim (and perhaps the perpetrator). The affected individual may move directly to suicide, or seek self-medication through alcohol or drug abuse. Alcohol or drug abuse, can worsen negative feelings or lower inhibitions that again result in suicide, domestic violence, or other crime. On the other hand, "innocent" over-indulgence in alcohol with one's buddies can create a path to sexual assault or lead directly to suicide if other, perhaps hidden, issues are present. The anxiety and depression usually accompanying commission of serious crimes can lead to self-medication through alcohol

to suicide or directly to suicide to escape adverse consequences. The stress of pending adverse consequences can, in turn, result in more self-medication and domestic violence. Alcohol and drug abuse are also major contributors to accidents that occur pursuant to fulfillment of the Army's mission.

While the risk factors or alerts listed below mostly originate in suicide prevention training, they also may indicate other problematic behaviors. Research and common sense tell us that these kinds of alerts connect to multiple risky behaviors, like self-harm, alcohol and drug addiction, sexual offenses, domestic violence, bullying, and more. These factors may apply to victims, perpetrators or both.

Table 5 – Interrelationship between Risk Factors and Adverse Outcomes

Risk Factors	Suicide	Sexual Assault	Substance Abuse	Domestic Violence
Serious medical problems or physical illness (self or family member) or chronic pain	X		X	X
Drug or alcohol abuse (chronic or acute)	X	X		X
Soldiers with a mental health disorder may perceive little or no need for treatment	X			
Pre-existing behavioral health problems and behavioral health disorders that emerged after joining the Army[11]	X	X		
Stigma associated with asking for help and unwillingness to seek help for behavioral health and substance abuse treatment	X	X		X
Time period of 30 to 60 days following a psychiatric hospitalization[12]	X		X	
Previous suicide attempts and history of suicide plan(s)	X		X	
Family history of suicide, suicide attempts, depression, or other psychiatric illness	X		X	X
Severe, prolonged stress, caused by real or imagined issues	X		X	X

[11] Army STARRS identified this population to be at a higher level of risk for these risk behaviors. Specifically, Soldiers aged 17-26, with pre-existing (pre-accessioning) behavioral health problems (especially depression) were significant predictors of the onset of suicidality in the first decade of Army service. Behavioral health disorders that emerged after joining the Army were event stronger predictors of suicide.

[12] Army STARRS identified this population to be at a higher level of risk for these risk behaviors. Specifically, Army STARRS found a greatly increased risk of suicide in the 30 to 60 days following a psychiatric hospitalization.

Risk Factors	Suicide	Sexual Assault	Substance Abuse	Domestic Violence
Depression, traumatic brain injury (TBI), and/or history of post-traumatic stress disorder (PTSD) and aggressive tendencies	X		X	X
Feeling sad, depressed, hopeless, anxious, psychic/unbearable pain, or inner tension	X		X	
Sense of powerlessness, helplessness, and/or hopelessness; belief that loved ones, friends, and colleagues would be better off without you.	X		X	
Guilt about an injury, death, or other very negative event (no way out and situation is bad; things may get even worse)	X		X	
Impulsivity or aggression	X	X		X
Specific demographic characteristics such as (1) the lack of a high school diploma or General Educational Development (GED) and (2) being a Caucasian male, rank E-1 and E-4[13]	X	X		X
Soldiers in Combat Arms, especially infantrymen and combat engineers (high risk in first five years of service)[14]	X			
Combat medics within their first year of service; especially young, white females with low educational attainment[15]	X	X		
Deployment for Soldiers with less than 18 months of service[16]	X	X		
Soldiers in their first five years of service, and who are planning to separate[17]	X			
Age/grade mismatch: an older Soldier holding a rank typical of a younger Soldier and/or lower in rank than his or her same-age peers[18]	X		X	
Poor social skills/difficulty interacting with others and making friends (social isolation and low self-esteem)	X		X	

[13] Army STARRS identified this population to be at a higher level of risk for these risk behaviors. The population without a high school diploma or GED was found to be at higher risk for suicide, substance abuse, and domestic violence. The population of Caucasian males, ranks E-1 and E-4, were found to be at higher risk for suicide and substance abuse.

[14] Army STARRS identified this population to be at a higher level of risk for these risk behaviors.

[15] Army STARRS identified this population to be at a higher level of risk for these risk behaviors. The risk for suicide for combat medics peaked around the second month of service for men and the sixth month of service for females.

[16] Army STARRS identified an increased risk of suicide for Soldiers on their first deployment with less than 18 months of time in service.

[17] Army STARRS identified this population to be at greater risk for suicidal thoughts, plans, or attempts.

[18] Army STARRS identified these populations to be at higher levels of risk for these risk behaviors.

Risk Factors	Suicide	Sexual Assault	Substance Abuse	Domestic Violence
Work-related problems/stress	X		X	
Toxic leadership	X		X	
Bullying, hazing, belittling, and discrimination	X		X	
Transitions and difficulty dealing with them (retirement, PCS, discharge, deployment, separation, etc.)	X		X	
Career setbacks or perceived failures, academic, poor school performance, poor evaluation, not making rank or personal career goals	X		X	X
Experiencing financial problems (bankruptcy, foreclosure, debt)	X		X	
Early sexual initiation		X		
Association with sexually-aggressive peer groups[19]		X		
Social norms supportive of sexual violence and male sexual entitlement		X		X
Weak laws and policies related to sexual violence		X		
Current/pending disciplinary, legal actions or incarceration (Article 15, facing charges under the Uniform Code of Military Justice (UCMJ)	X		X	
Facing issues related to misconduct (arrest, investigation, trial, discharge, etc.)	X		X	
Loss of employment (Reserve Components or Army Civilian)	X		X	
Isolated socially from family and friends	X			X
Failed intimate relationships (divorce) or relationship strain (separation, break-up, etc.)	X		X	X
Violence or high conflict in the home or social environment (perpetrator or victim)[20]	X	X		X
Being a victim of physical or psychological abuse (one of the strongest predictors or perpetration)				X
Exposure to suicide or domestic violence as a child	X			X
Exposure to others who have committed suicide and suicide contagion (friends, colleagues, etc.; in real life or via the media and internet)	X			

[19] Army STARRS identified these populations to be at higher levels of risk for these risk behaviors.

[20] Army STARRS identified these populations to be at higher levels of risk for these risk behaviors.

Risk Factors	Suicide	Sexual Assault	Substance Abuse	Domestic Violence
Significant/recent loss and/or grief (death of loved one, spouse, family, friend; loss due to natural disasters	X		X	
Intense embarrassment or humiliation before family, friends, or colleagues	X			
In some cultural or religious beliefs, suicide is a noble resolution of a personal dilemma	X			
Access to means of suicide (particular, handguns in the house)[21]	X			

Warning Signs by Domains of Personal Readiness

Warning signs are those life situations, characteristics, and stressors that indicate an immediate risk of accident, injury, or death in the near term. If Soldiers and leaders recognize these signs, they can engage to prevent serious outcomes, up to and including suicide and homicide. They can occur after a trigger event, a short-term crisis like a relationship change or misconduct, when hopeless individuals conclude that a permanent negative outcome may be the only option. However, it is important to remember that the reasons someone could reach a point of crisis are complex.

- Often, there is some overlap in alerts (risk factors and warning signs).
- Warning signs, by definition, indicate an immediate risk in the near term.
- All warning signs carry immediate potential for adverse outcomes and must be responded to promptly.

Warning signs may vary in intensity and immediacy, calling for a correctly calibrated response.

Warning signs cannot be ignored.

The following table lists warning signs and provides a brief explanation of the impact of these warning signs.

Table 6 – Warning Signs by the Personal Readiness Domains

Warning Sign	Impact of Warning Signs
Warning Signs in the Physical Domain	
Noticeable changes in eating/sleeping habits and personal hygiene; worsening appearance	Loss of appetite, sleep problems etc., can be a signs of clinical depression. Suddenly becoming less concerned about personal appearance, may be a "cry for help."
Neglecting responsibilities	Sudden or growing lack of concern about duties or responsibilities may indicate a person too depressed to perform well or a person who has given up on self, life, and who sees no point in trying.
Reckless or dangerous or other high-risk but legal behavior	These activities may be an attempt to make a suicide look like an accidental death, or an attitude that living is no better than dying.
Self-injurious behavior	Self-harm (self-injury, self-abuse, and self-mutilation) by cutting, burning, hitting, etc., is a symptom of trouble that cannot be ignored. Five percent of people who engage in deliberate self-harm die by suicide within 5 to 10 years.
Increased alcohol and/or drug use or abuse	Destructive/unhealthy behaviors can weaken judgment and could indicate the Soldier is trying to hurt himself or herself and no longer values life.
Warning Signs in the Psychological Domain	
Sudden negative change in mood (for example: depression, irritability, rage, anger, hopelessness)	Sudden change in personality and/or consistent and pervasive thoughts of hopelessness and despair can lead to escape through suicide.
Themes of death in letters and notes	Themes of death in letters and notes can indicate a Soldier's thoughts and willingness to harm oneself. These can be an effort to reach out for help.
Obsession with death and the morbid (for example, in music, poetry, art work, etc.)	This type of obsession can be an outlet describing an individual's thoughts and ability to commit a crime that results in death or injury to themselves and/or another person.
Planning suicide	Without engagement, Soldiers who are planning suicide are very likely to attempt suicide. The more specific the plan, the more serious the intent.

Warning Sign	Impact of Warning Signs
Unexplained or sudden improvement in mood and behavior after a period of poor performance or apparent moodiness or depression	At times, when the decision is finally made to take one's own life, it is accompanied by a sense of finality and relief. The suicidal person can finally relax since the future is now clear and problems are "solved." Great care is needed.
Finalizing personal affairs	Making sure all the bills are paid, tying up loose ends, and making arrangements as though the person were going on a long trip could be a sign that the Soldier has made a decision to end his or her life.
Increasing severity or clustering of violent outbursts[22]	Violent outbursts are red flags of future suicidal behavior and other negative outcomes. Soldiers exhibiting such behavior should obtain behavioral health support.
Sudden reckless involvement in exceptionally high-risk behavior or sports	"Death wish," tempting fate by taking risks that could lead to death, (driving fast or running red lights), may be an indication that a Soldier neither values his or her life or others' lives nor cares about the consequences.
Themes of death in letters and notes	Themes of death in letters and notes can indicate a Soldier's thoughts and willingness to harm oneself. These can also be an effort to reach out for help.
Giving away possessions or disregard for what happens to possessions/suddenly making a will	Soldiers considering suicide may begin to put his or her personal business in order (visiting friends and family members, giving away personal possessions, making a will, cleaning up his or her room or home, or writing a note).
Expressing a strong wish to die, talking/hinting about or planning suicide, or a desire to kill someone else	Seventy-five percent of all suicides give some warning of their intentions to a friend or family member.
Sudden or impulsive purchase of a firearm or obtaining other items, such as poisons, medications	Buying a firearm or other means like poison may be a preparations to harm oneself or another.
Warning Signs in the Social Domain	
Sudden unusual isolation and withdrawal from social situations, friends, or loss of interest or pleasure in activities	Uncharacteristically choosing to be alone, avoiding friends or social activities is a possible symptom of depression, a leading cause of suicide.

[22] Army STARRS identified that individuals who experienced increasing severity or clustering of four or more events of violent outbursts were at greater risk for suicidal attempts or self-injurious behavior within the next 30 days.

Warning Sign	Impact of Warning Signs
Risk Factors in the Spiritual Domain	
Soldier openly questioning the spiritual validity of his or her faith tenets as they apply to the taking of one's life or inflicting self-harm, or to a judgment or afterlife	Those closest to the Soldier who share a common faith background or experience may recognize a negative shift or change in attitudes and/or behaviors.
Risk Factors: Family Preparedness Domain	
Uncharacteristic friction in the family	Sometimes family is the first to notice presence of warning signs in loved one. Family members can encourage the Soldier to seek help.

Tools for Leaders

The Visibility Factor

Using current and emerging tools to gain a holistic picture of personal readiness from entry to end of service, leaders can gain better insight into unit Personal Readiness. Clear understanding and insight gain visibility, monitor trends and build a unit-wide culture of trust. Intended to provide unit status, trend analysis provides self-awareness across the five domains of Personal Readiness: Physical, Psychological, Social, Spiritual, and Family Preparedness. Tools and enhancements available to Commanders and leaders include:

- Resilience and Performance Training
- *Engage Training* and active involvement by Unit Prevention Leaders
- Risk Management Team Meetings

Enhanced visibility not only increases unit readiness but enhances Soldier self-development and maintains self-disciple to increase strengths and reduce the potential for crisis. It guides leaders in the development, implementation and monitoring of individual Soldier personal plans aimed to maintain positive individual Personal Readiness and support the unit's Culture of Trust.

Tools for Leaders

The Army has provided tools and training for leaders to strengthen protective (resilience) factors, to build esprit and cohesion, and to mitigate a wide variety of risk factors and warning signs.

- Some of these are tools under the commander's direct control.
- Others rely on garrison or senior leaders to maintain and make available to unit leaders and other users.

The table below lists a number of these tools and available training, both those directly under the commander's or other Army leader's control and those that depend on more senior support to remain viable and available as needed. They are arranged under the headings of "Preventing and Mitigating Accidents and Death," and "Recovery and Normalization" indicating the phase where they would probably be most useful. Please keep in mind that commanders and other leaders, where applicable, always have the discretion to use these tools whenever they might be helpful.

Table 7 – Tools for Leaders

Unit Commander Controlled (Tactical)	Installation Controlled (Operational)	Reference AR or Other Authority
Preventing and Mitigating Accidents or Death		
	Risk Reduction Program	AR 600-85, Chapter 12 DA PAM 600-24, Paragraph 2-16
	Risk Management Team	AR 600-63, Paragraph 4-5.a.(4)(b)
Senior Leader Risk Reduction Tool (SLRRT)	Installation Prevention Team	DA PAM 600-24, Paragraph 2-16
Army Substance Abuse Prevention, Education and Training	Alcohol and Drug Control Officers (ADCOs) Employee Assistance Program Coordinators (EAPCs)	AR 600-85, Chapter 9
Army Sexual Harassment/Assault Response and Prevention (SHARP)	Sexual Assault Response Coordinators (SARCs) and Victim Advocates (Vas)	AR 600-20, Chapters 7 and 8
Army Physical Fitness Test (APFT)	Master Fitness Trainer Course	Field Manual (FM) 7-22 AR 350-53, 3-2; 4-3 AR 350-1, App. G
Resilience Skills		AR 350-53, Chapter 3
ACE Suicide Intervention (ACE-SI)	Suicide prevention action plan; Applied Suicide Intervention Skills Training (ASIST)	AR 600-63 DA PAM 600-24
Privately-owned weapon/means reduction control		AR 190-11
Commander's Risk Reduction Dashboard (CRRD)		AR-600-63
Global Assessment Tool (GAT)		AR 350-53
Department of Defense Equal Opportunity Management Institute (DEOMI) Organizational Climate Survey		Army Directive 2013-29 https://www.deocs.net/public/readBeforeRequest.cfm

Unit Commander Controlled (Tactical)	Installation Controlled (Operational)	Reference AR or Other Authority
Unit Risk Inventory (URI)/Reintegration-Unit Risk Inventory (R-URI)		AR 600-85
	Department of Defense Education Activity Schools	Department of Defense Directive 1342.20
	Total Army Sponsorship	AR 600-8-8
	Soldier for Life Transition Assistance Program	AR 600-81
	Better Opportunities for Single Soldiers (BOSS)	AR 215-1, Paragraph 8-11
	Financial Readiness	AR 608-1, Chapter 4, Section V.
	Morale, Welfare, and Recreation (MWR), Army Community Services (ACS)	AR 215-1, Chapter 8 AR 608-1
	Military and Family Life Consultant Program	DoD Instruction 6490.06
	Public Affairs Program	AR 360-1
Chapter discharges correctly applied		AR 635-200
Engage		Engage Version 1.0, July 2016
Unit watch		DA PAM 600-24 AR 600-63
	Strong Bonds	AR 165-1, Paragraph 16-6
	PTSD, TBI, command-directed behavioral health visits	DoD Instruction 6490.04, Section 546 Public Law 102-484, "National Defense Authorization Act for Fiscal Year 1993," October 23, 1992 MEDCOM 40-38, Command Directed Behavioral Health Evaluations, 1 SEP 01. OTSG/MEDCOM Policy 10-042, Release of Protected Health Information (PHI) to Unit Command Officials, 30 June 2010.
	Admission of psychiatric patients(Military)	AR 40-400, Paragraph 2-15 AR 40-400, Paragraph 2-12j

Unit Commander Controlled (Tactical)	Installation Controlled (Operational)	Reference AR or Other Authority
	Behavioral health, psychiatric detainment of nonmilitary beneficiaries	
	Specialized Suicide Augmentation Response Team (SSART)	AR 600-63 DA PAM 600-24
	Epidemiological Consultation (EPICON)	DA PAM 40-11, Chapter 6-2f(7)
Accessible medical records; HIPAA controlled		Department of Defense Instruction 8580.02
Recovery and Normalization		
	Installation Suicide Response Team	AR 600-63, Chapter 4-11
Suicide Response Plan	U.S. Army Casualty and Mortuary Affairs Operations Center (CMAOC)	AR 638-2
	Administrative and legal reporting requirements	AR 638-2 AR 190-45
	Survivor Outreach Services	http://www.sos.army.mil
Memorial service, formal ceremonies, funerals	Memorial ceremonies, services, and funerals	Army Technical Publication (ATP) 1-05.02 AR 600-20, Chapter 5-14
	Office of the Installation Chaplain	AR 165-1
	Report of Mental Status Evaluation	DA Form 3822 AR 40-66
	Survivor Benefit Plan (SBP) Process	https://g1arng.army.pentagon.mil/processes/suvivorsbenefitplanprocess/pages/default.aspx
	The Fatality Review Committee	AR 608-18, 1-7.b(16); Chapter 2-3
	Military Police or Installation CID office	AR 195-2, Paragraph 1-7.k.
Long-term assistance to families; unit sponsored family support programs		AR 600-63, Chapter 1-31.m

Unit Commander Controlled (Tactical)	Installation Controlled (Operational)	Reference AR or Other Authority
	Family Advocacy Program	AR 608-18

Engage – "getting left of the boom"

Despite our best efforts, Soldiers may find themselves facing stressful situations, either as the result of their own making or from the actions of others. These stressors can impel Soldiers to engage in any number of risk behaviors harmful not only to themselves, but to their unit and/or their loved ones as well. To help leaders identify and manage stressors effectively, the Army has developed *Engage*. *Engage* is a scientifically-validated training module designed to emphasize a Soldier's duty and obligation to engage when alerted to a deviation from standard. It is based on Army Values and teaches the principles of peer-to-peer engagement. In the training, Soldiers discuss a variety of scenarios customized to address targeted behaviors determined by the routine assessment of leaders. The scenarios allow Soldiers in their squads to anticipate situations and proactively prepare responses. Soldiers increase their readiness to help at the first sign of alert rather than only reacting to crisis. By reducing the threshold for responsibility, a Culture of Trust is developed, further enhancing unit readiness and mission accomplishment. To illustrate the fact that a single stressor or risk factor can lead to any number of risk behaviors, consider the different outcomes to a common scenario.

Figure 2 – Scenario #1: "Simple" Indebtedness Issues Can Have Devastating Outcomes

Scenario #1. "Simple" Indebtedness Issues Can Have Devastating Outcomes

Sergeant E-5 Smith is a rock steady performer in the unit. He is accompanied on post in his current assignment by his wife and young child. Additionally, SGT Smith is providing monthly financial support to his elderly parents. He's been a little down lately, but nothing that seems to merit intervention, but the command has noticed. One day he is called into the Commander's Office and is presented with a letter of indebtedness from a local merchant. The Captain addresses him. "Sergeant Smith, I'm disappointed in you; I thought better of you. Failure to pay debts is inconsistent with Army Values and the integrity of a non-commissioned officer. Maybe we promoted you too soon. Please get this fixed immediately. Dismissed."

SGT Smith leaves the office despondent, and not a little upset that all his solid work for the past year has apparently been forgotten and has gone unnoticed and unappreciated. Nobody seems the least interested in what is really going on.

Three Potential Outcomes

1) SGT Smith gets in his POV and heads slowly home. On an impulse he decides to stop by the Club and have a few drinks. As the drinks deaden the pain, he collects himself and continues home. Unaware that he is driving erratically, he is pulled over by the MPs and cited for DUI. His bright career is in jeopardy. This would be serious enough if it stopped there. But,

2) Having no other options, SGT Smith calls his wife from the MP station to come pick him up and take him home. His wife is aware of the impact this incident could easily have on his career and the family's well-being. On the way home she lights into him for acting so irresponsibly and not addressing the problem with his parents more forcefully. She continues to accuse and belittle him after they get home. SGT Smith becomes more depressed and angry at his wife. Suddenly he lashes out, strikes her and knocks her down. She tearfully calls the MPs. SGT Smith is arrested. *Now* his career *is* over – and maybe his marriage.

3) After spending the night in confinement, he is released to his Commander. The day does not go well. After being advised of the possible legal and administrative actions the Army can take, he is frightened, depressed and angry. SGT Smith is not accustomed to things like this happening to him. They hurt him deeply. He again stops by the club and "self-medicates" with more alcohol to deaden the pain. This time he gets home without being stopped. His wife is afraid of him and berates him for making things worse by drinking again. Deep down he knows she's right. He feels like a worthless burden to himself and others. Still under the depressing and inhibition-lowering effects of alcohol, he goes to his bedroom closet, takes and loads his personal revolver, and ends his own life. Now a tragedy that will linger for the lifetimes of his wife and child has been acted out.

One stressor, or risk factor, financial problems, led to three different outcomes -- all of which have been acted out in the real world.

Now consider the effects of a different approach; the approach *Engage* promotes.

Figure 3 – Scenario #2: Principles of *Engage* Applied

Scenario #2. ***Engage*** **Encourages** Early Intervention; Adverse Outcomes are avoided

Sergeant E-5 Smith is a rock steady performer in the unit. He is accompanied on post in his current assignment by his wife and young child. Additionally, SGT Smith is providing monthly financial support to his elderly parents. He's been a little down lately, but nothing that seems to merit intervention, but the command has noticed. One day he is called into the Commander's Office and is presented with a letter of indebtedness from a local merchant. The Captain addresses him. "Sergeant Smith, I got a letter of indebtedness from a local business. I was surprised. This is not like you. You are an outstanding NCO. And I'll tell you, the letter is not really the issue. The issue is what caused you to not pay a debt; something so unlike you. Please tell me what's going on.

SGT Smith was reluctant to open up, but sensing his commander's genuine concern, he told the commander that his parents had been stealing from and emptying his checking account for the last several months. And that despite his best efforts, he could not get them to stop. And that this was stressing his marriage too. SGT Smith admitted he didn't know how to stop the stealing.

A Better Outcome

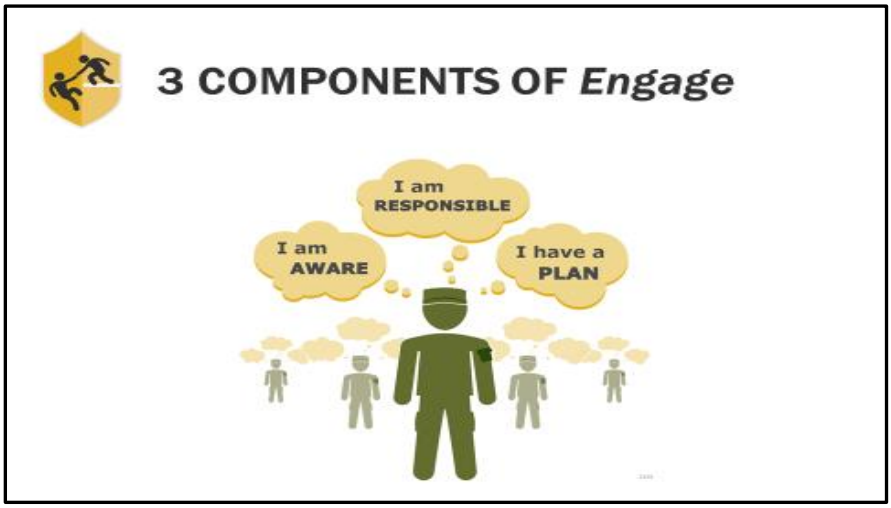
The 1SG helped SGT Smith contact a financial advisor in Family Advocacy and supported him on unit time. He was helped to secure an AER loan to handle immediate debts. His current checking account was closed, another one opened to which only he and his wife had access, and his pay allotment was directed to the new account. And arrangements were made to send a monthly amount to his parents that would help them, and which SGT Smith could afford.

One stressor, or risk factor, financial problems, three different outcomes avoided—because of intervention well "left of the boom."

Any number of scenarios could be cited to the same effect: high-risk behaviors share many common precursors or risk factors. If we address the root causes of the problems early-on, we avoid the destructive outcomes. *Engage* works hand-in-hand with protective factors to

forestall problems and keep individuals and units resilient, strong and ready. It reinforces the beneficial impact of promoting and incorporating protective factors into daily routines. When engaging with others, we must strive to strengthen connections, build a Culture of Trust and support unit/team cohesion. It is our relationship with each other that will help us to change the trajectory of someone's life so that their stressors don't culminate in crisis. *Engage* is widely applicable to the many negative behaviors that are all too prevalent in the Army today. It describes a way to develop the ability and skill to engage early, safely, and effectively when you see something happening that could have adverse or drastic effects. Its intent is to have Soldiers engage far "to the left" of a serious high-risk behavior such as sexual assault, physical assault, suicide, homicide, driving under the influence, etc. In other words, at the first indication of difficulties, Soldiers engage to determine and correct the root causes of the problem.

Figure 4 – The Three Components of *Engage*



Engage seeks every Soldier's "buy in" and commitment to:

- **Having situational awareness** in noticing what's happening around them (**alerts**). You've seen or heard something that concerns you. Then, you check your observations. You **seek more information** for clarification.
- **Taking responsibility** and recognizing that enlistment or commissioning oaths and Army Values require us to act. You consider how your choice could impact you or your community days/weeks/months/years later. Consider that you have a duty to ***Engage***, simply because of the uniform you wear.
- **Having a plan** in their toolkit so they can thoughtfully choose an action which will be safe and productive in potentially risky situations. You decide a course of action that ensures the best outcome. Your plan will be calibrated to your personal abilities and the assistance that those around us can provide.

Personal Network

Engage reminds us that there are common alerts of which Soldiers need to be aware. What we notice depends on our relationship with someone. Alerts can be observed by a network of people: leaders, family/close friends, and peers. We can communicate with others in this network to assess the need to engage. Often, individuals experiencing problems may be unaware that they are having problems that can lead to high-risk outcomes. It often falls to others to point out the problems to them, like burned out taillights. When you drive a car that has a burned out taillight, you are often unaware, and it falls to your buddies (or the police) to tell you. Pointing out alerts and concerns may not always be immediately appreciated by the person-at-risk, but will help in the long term. It is especially critical to engage when acute alerts are present. Experience has shown that effective Soldier sustainment results from a combination of observational insights and helping capabilities provided by a network of individuals who know the Soldier and share a common concern for them.

Figure 5 – The Personal Network

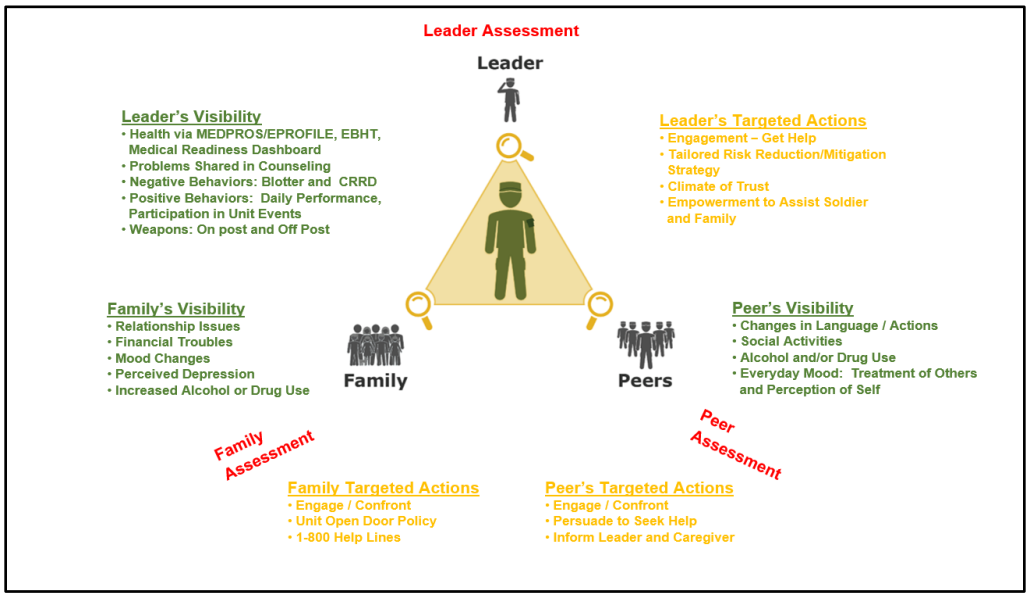
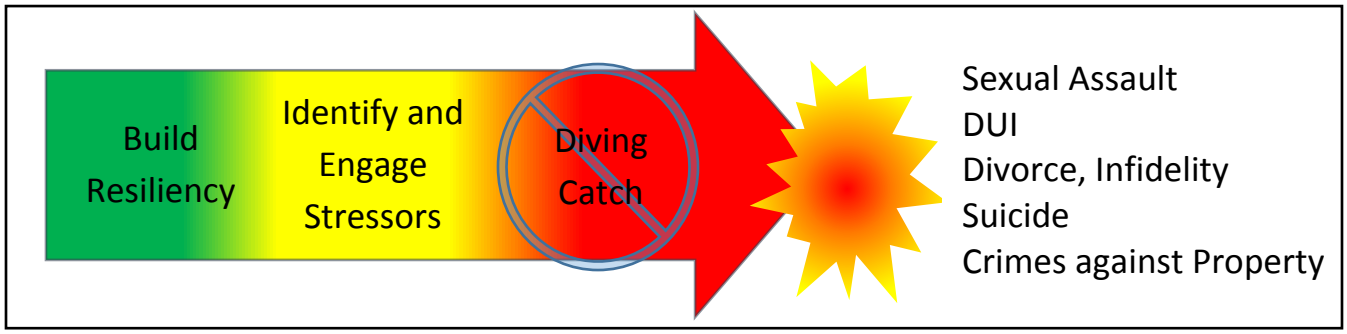


Figure 6 – The Personal Network Process



By understanding, addressing, and mitigating the root causes and the effects of the first, "minor" manifestations of trouble, "diving catches," perhaps just hours ahead of the major risk behavior, or complete misses, can be avoided. In this way, personal and unit readiness are maintained daily. This is what *Engage* is all about.

The following story from the *Army Times* in July 2016 clearly confirms one of the key concepts of *Engage* – that early engagement with the first symptoms of lesser issues can prevent truly tragic consequences later on.

Figure 7 – Early Engagement

On July 9, 2016, the *Army Times* published a story entitled,

"This widow's story will break your heart, and compel the Army to change."

CPT Elizabeth Schloemann begins her story by describing the beginning of another perfectly normal day, with "no sense of dread of what might come." "I got the kids up for school and went to work. By 10 a.m., my husband sent me a text asking me to have lunch. At 11 a.m., I got called into an impromptu meeting and had to cancel. 'Maybe tomorrow,' he said. 'Definitely,' I replied, looking forward to some alone time with him." The day passes normally, and "after the kids were asleep, my husband and I sat down to watch a movie." Moments after the movie ended, she left the room to check the baby and "a gun shot rang out."

The rest of the article describes the agony of trying to come to terms with that death; the stress on the young children; their deepening problems at school; her continuing nightmare of self-doubt and pain.

She concludes, "It's so easy for us to think suicide is the problem [or sexual assault or substance abuse] and all we have to do is teach people not to kill themselves, but we're wrong. Suicide isn't the problem. It's the end result of a series of problems and we need to learn how to treat Soldiers like people and help them find the right outlet. When a Soldier misses formation, our first instinct is to be angry or insulted instead of finding out why they are missing work. A Soldier has to believe their leadership is invested in them as a person."

This is the essence of Engage and all prevention – engage well "left of the boom;" engage at the manifestation of the first "problem" in that "series of problems" long before they spiral down to that final irreversible act or before sexual assault culminates in its severe, long-lasting wounds, or substance abuse ruins another life. Engage.

Risk Factors and Warning Signs – Social Norming

As a leader, your job is to promote and strengthen protective factors in your Soldiers and to watch for alerts while reducing risk factors and negative behaviors.

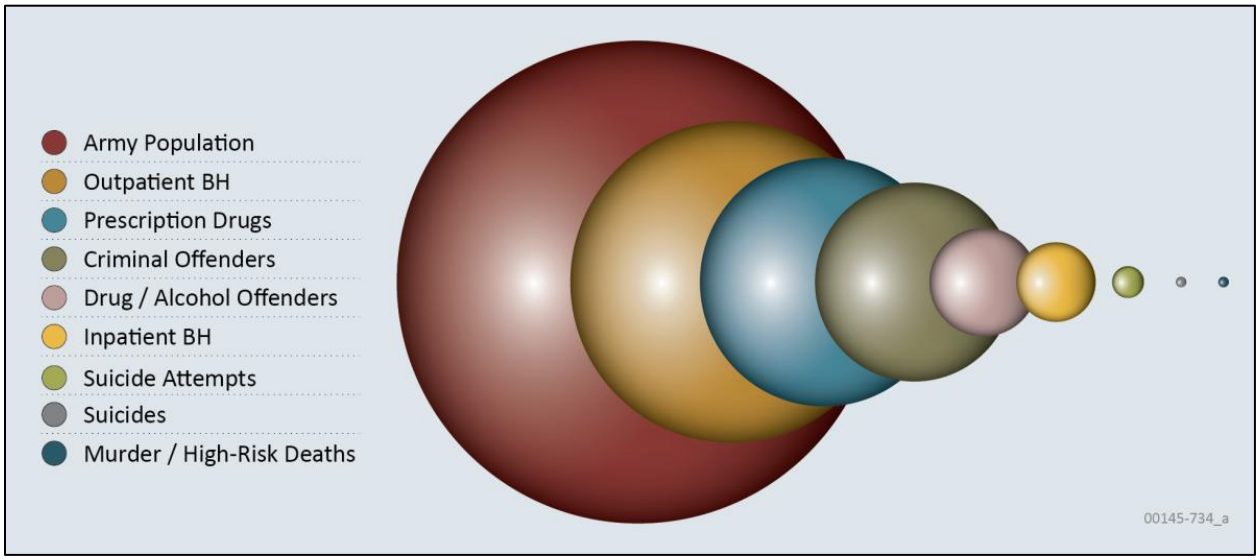
Risk factors are those life situations, characteristics, and stressors that increase the chance that individuals will engage in risky behaviors, up to and including the taking of their own lives. Risk factors are often referred to as high-risk behaviors. High-risk behavior is legal or illegal behavior that could result in the death, injury or illness of, or legal sanctions against, the individual or others, and could negatively impact personal and unit readiness.

- One or more risk factors or behaviors may be continuously present in everyone's lives.
- Knowing your Soldiers and the lives they lead is critical to preventing adverse outcomes.
- Some risky behaviors occur without apparent ill effect which can create the impression they are "OK."

It is important to remember that while suicide is obviously so tragically irreversible for the decedent, and extremely damaging to the survivors, it remains a very rare event. Fewer than 1 in every 3,800 (0.026%) Total Army Soldiers (active, Guard, and Reserve inclusive) died by suicide in 2015. This fact presents commanders and other leaders with a difficult exercise in judgment and discretion. Virtually all Soldiers carry one or more of the risk factors. Many carry many risk factors but never attempt or die by suicide. Some manifest no risk factors or warning signs prior to suicide. The challenge is to be aware enough and attentive enough to discern those who are dipping onto that final fatal trajectory. This is where *Engage* again manifests its utility. By emphasizing the importance of catching the very earliest and often visible signs of a life going out of balance, leaders, buddies, and family members can address issues very early and prevent many Soldiers from ever reaching the more extreme kinds of distress where suicide, substance abuse, and other risk behaviors begin to appear as viable options. So, while leaders and others may see risk factors all around, caution, tempered by this perspective, needs to be maintained.

The below figure depicts the relative frequency of a number of high-risk behaviors and is helpful in providing the perspective discussed above. Fortunately, some of these high-risk sub-populations are relatively small, particularly in the case of suicides and homicides when compared against the baseline population. Their relative rarity explains part of the difficulty in identifying and targeting these specific individuals within the larger population. Therefore, attention to risk factors is essential.

Figure 8 – Social Norming-Relative Frequency of High-Risk Behaviors



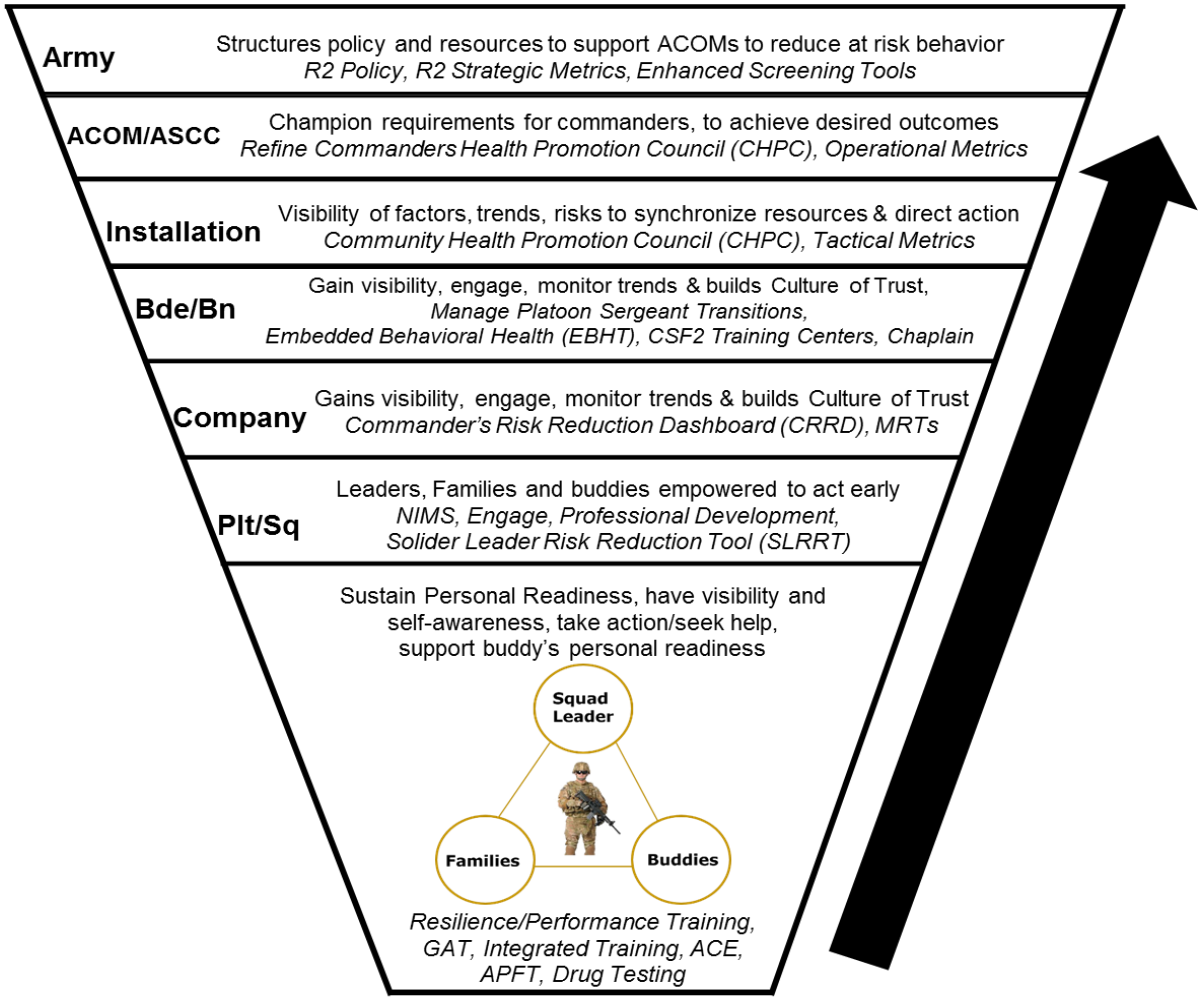
Echeloned Support to Soldiers and Unit Leaders

The "Funnel" graphic below depicts how the Army is organizing to support Soldiers, families and leaders in their efforts to sustain and enable personal readiness, and to develop engaged and empowered leaders who will foster a Culture of Trust. Specific sections of this Guide ("Tools for Leaders," the "Risk Reduction Program," and the "U.S. Army Combat Readiness Center") are all examples of proactive intervention and risk mitigation involving the collaborative work of numerous echelons of command. The Army seeks to strengthen and focus this support through

- Visibility: using current and emerging tools to gain a holistic picture of personal readiness from accessioning to end-of-service.
- Routine Assessment: focusing on conditional changes (individual and environment) rather than symptoms - gets at root causes.
- Targeted Actions: targeting resources, tools, and integrated training to build protective factors and mitigate risk to readiness as issues are identified through assessment.

The focus of this effort, as the apex of the graphic depicts, is the same triangle of support around which *Engage* is built.

Figure 9 – Echeloned Support to Soldiers and Unit Leaders



Engagement Efforts: Were You "Shut Down"?

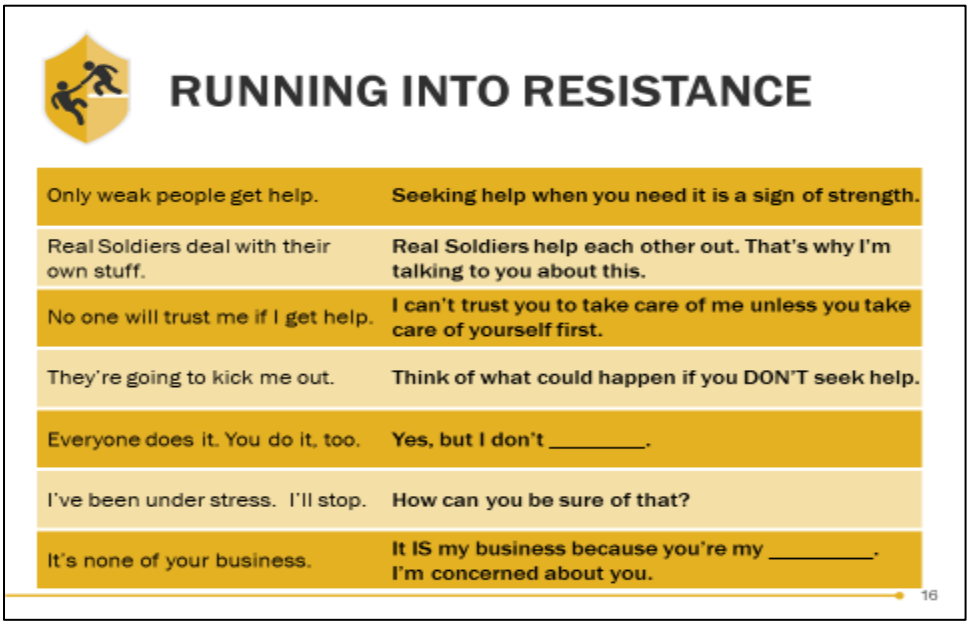
Being "shut down" in your engagement efforts by the person you are trying to help is usually a specific manifestation of the larger problem of the person being unwilling to get help of any kind. The well-known influence of stigma has a heavy impact here. The challenge for the engager is to discover how to change the defiant person's mind, not only about talking with you or someone trusted, but about getting help in the long term. Remember, the individual in need may already have privately perceived a problem and be secretly terrified that they are slipping into emotional or mental illness and, therefore, may be very reluctant to talk. The key is to try and avoid a debate over whether the individual is damaged or ill, or must seek help. Rather, look for common ground to open the helping dialogue. Below are some tips to keep in mind.

- "It's none of your business!" In fact, it is the engager's business since the Army Values require us to "engage" for the good of the individual and the force. All members of the Army team have a "duty and obligation" to engage when there is a deviation from standard.
- Make sure you are in a private place where no one will barge in. Make sure there is time to talk.
- Don't force it. The individual likely feels very vulnerable.
  - Mentally determine another time when the setting might be better and end the conversation on a positive note. Agree to another time and place if that seems realistic given your present situation. (If the person is manifesting clear warning signs that a suicide attempt may be imminent, DO NOT leave the person alone, but escort immediately.)
  - Make sure to reengage when that better time comes.
- Stop trying to reason. Don't get into a debate about who is right and who is wrong. Don't try to show that you are wiser.
  - Ask questions instead, generally open ended questions, to understand their issues and their perspective.
  - Learn what the individual believes about the situation, without judging the content or act shocked.
- Focus on the problems the individual can "safely" see and acknowledge. Suggest they get help for those.
  - For example, if they acknowledge sleep loss or problems concentrating, ask if they will seek help for those issues. Leave the underlying issues for the qualified practitioner.
  - Don't hammer them with everything else.
  - Having one's personal feelings on display and evaluated is difficult enough. To be seen as trying to do this as an amateur "therapist" is worse.
- Suggest the individual see a general practitioner. It is often far easier to persuade them to do this than to see a psychiatrist or psychologist or behavioral health specialist.
  - The stigma involved in seeing a general practitioner will be greatly reduced.
  - This physician can diagnose depression, prescribe medicine and may have the credibility to successfully refer to a behavioral health professional.
- Work as a team.
  - Ask if you can attend an appointment with the doctor or behavioral health professional along with the individual, just once, so you can share your observations and get advice on how best to help.
  - If asked to accompany more than once, do so.

- Enlist others. Who else can see the changes in the individual's behavior and cares about or loves this person, and can credibly express that genuine concern?
  - Perhaps a spouse, parent, battle buddy, adult child, chaplain or religious leader can help you break through.
- Leverage your concern or love. Ask the person to get help for your sake.
  - If the individual resists getting help, you will not win on the strength of your argument.
  - You might win on the strength of your relationship.
  - Suicidal feelings, or feelings of depression and anxiety, especially when first acknowledged, are very personal.
  - Simply saying "I care about you," or words to that effect will help.
- Share your own vulnerability. If you've accepted help for anything—a problem at work, an illness, an emotional problem—tell the individual about it.
  - This will help reduce their sense of weakness, which is a contributing factor to denial.
- Ask for help for yourself to be able to help the person with difficulties.
  - See a therapist to discuss what you are trying to do and to get help problem solving.
  - Contact organizations such as the National Alliance on Mental Illness to find information on caretaking or support groups.
- It is likely the person will not divulge all the issues in the first personal talk.
  - Be sensitive as to when the person becomes reluctant to share more and don't push.

Note: The purpose of this is to get the person to agree to seek help from someone competent and trusted, not to do analysis and "cure" themselves. *Engage* offers additional insight.

Figure 10 – Running into Resistance



Eliminating Stigma in Your Command

Commanders, other leaders and all Soldiers will be more successful in developing protective factors, engaging, and many other issues of morale and operations, if stigma has been reduced to a minimum in their units. The elimination of stigma is a common characteristic of every resilient, healthy unit. Our efforts to prevent certain risky behaviors and their outcomes are weakened when stigma remains in the unit. It is a key factor in explaining why more Soldiers, Army civilian employees, and family members do not seek help when struggling with behavioral and relationship issues before it's too late. Our efforts to take action in potentially serious situations are affected by the feelings of Soldiers that their friends or leaders will look down on them for needing help.

Seeking help for behavioral issues can appear to run contrary to the Soldier's Creed, which reads in part, "I am disciplined, physically, and mentally tough…" Yet no one disputes that when a "physically tough" Soldier is wounded, seriously injured, or ill that this same physically tough Soldier should seek medical help so that he or she can be healed and resume the mission. It is equally true that "mentally tough" Soldiers can receive "hidden wounds" that need professional treatment. Mental toughness, like physical toughness, includes seeking help for mental or emotional wounds, even though, unlike physical wounds, mental wounds are hidden rather than physically visible. Part of being "mentally tough" includes the wisdom and the strength to seek help when needed, before a damaging crisis occurs. Stigma weakens your unit.

- Your duty as a leader is to reduce stigma to an absolute minimum so that those in need will seek help/treatment.
- One overall key to reducing stigma is to ensure that when a Soldier does seek help and is provided with a treatment plan, there is:
  - Little impact to the mission.
  - Little notice by members of the unit.

Other examples of leader actions to reduce stigma include:

- Reinforcing Army Values.
- Seeking help yourself when needed.
- Normalizing healthy help-seeking behavior through an intentional, aggressive strategic communications plan.
- Increasing behavioral health visibility and presence in Soldier areas.
- Eliminating policies that discriminate against Soldiers who receive behavioral health or other forms of counseling.
- Knowing resources and making appropriate referrals when necessary.
- Establishing zero-tolerance policies toward bullying, hazing, belittling, discrimination, and other behaviors that adversely impact good order and discipline.
- Educating all Soldiers, Army civilian employees and family members about anxiety, stress, depression, PTSD, and treatment.
- Supporting confidentiality between the Soldier and his or her behavioral health care provider.
- Reinforcing the power of one's Personal Network as a support system in times of crisis.
- Removing organizational barriers to help-seeking behaviors.

Intervening with Questions

When warning signs are spotted, or even suspected, intervention must be made. Step 1 of the "Ask, Care, Escort" (ACE) model requires us to be aware and intervene with questions. Here the Army Values of Duty, Selfless Service, and Personal Courage kick in – the Duty and obligation to care for one another, the Selfless Service of temporarily setting aside your own agenda to take the time to help a buddy, and the Personal Courage to ask the hard questions as described below.

- Ask increasingly direct levels of questions which are phrased to require responses other than a dialogue-ending "yes" or "no."
- Open a discussion using less direct questions. If your subordinate leaders are building a solid relationship with their Soldiers, they may be able to engage in this type of

questioning more effectively than you can, as you may be seen as more distant and as a perhaps a threatening authority figure.

- If you, your subordinate leaders, or a referring Soldier observe clearly identifiable self-harm behaviors, it may be inappropriate and even pointless to start with the type of conversational questions that fit under Level 1 and more relevant to move to Level 3 or 4 questions.
- Level 4 questions must be asked directly if the situation warrants. Here are some samples of the four levels:
  - Level 1: How was your weekend? How was your temporary duty (TDY)? How is the family? How is work?
  - Level 2: You seem off your game…really down. What is worrying you?
  - Level 3: Are you having problems? What can I do to help you?
  - Level 4: Are you thinking of _____? (Whatever the warning sign seems to indicate). Ask the question directly, though this is difficult.

Asking this question will not increase the likelihood that the person will commit the act.

If the answer to the Level 4 question is "yes," you MUST act or intervene, as that is your duty and obligation as a soldier to recognize your responsibility. Step 2 of the ACE model also applies: "Care." You "care" enough to accept that it is your responsibility to listen, try to understand, and determine your course of action. Not a course of action for the ultimate "solution" to the apparent problem at hand; rather, a course of action to obtain the proper level of help right now.

- The level of action or engagement in these cases depends upon the response(s) to your questions and may result in:
  - Taking no action.
  - Informing the chain of command.
  - Ensuring that the Soldier is immediately escorted to a first responder, such as, the chaplain, a behavioral health professional, or the emergency room.
  - Personally conducting the Soldier to a first responder.

The responses above are calibrated by your own capabilities relative to the situation at hand and the nature of the incident to which you are responding. If the situation you are dealing with happens to be a potential suicide, and the individual says that he or she is, in fact, thinking of suicide, then you move to Step 3 of ACE: "Escort." When you identify warning signs or acute alerts of immediate danger of serious injury or death to self or others, you or someone you observe, physically take the person to someone who can safeguard him or her from harm and provide help. This can include your chain of command, the chaplain, the emergency room, a

behavioral health specialist/counselor, military or civilian police, or calling 911 if need be. Regardless of where you escort the individual, tell your chain of command. Remember, do not judge the seriousness of the threat— however, a statement of intent by someone that will result in serious injury or death to anyone for any reason always requires an escort response.

To help Soldiers and Army leaders deal most effectively with intervention, the Army's developed ACE Training. It was designed to provide Soldiers with the awareness, knowledge, and skills necessary to intervene with those at risk for suicide. ACE was created in response to Army leadership's request to develop a suicide intervention skills training support package for Army-wide distribution. Refer to: (https://www.army.mil/article/44579/ace-suicide-prevention-program-wins-national-recognition/) for additional information.

Health Insurance Portability and Accountability Act Guidance for Leaders

In the process of "engaging with questions," it may well be that medical issues will surface as an underlying cause for risk behavior. The following provides examples of information requirements that leaders can know and can ask for without their Soldiers' approval, what leaders cannot know, and examples of certain other readiness-related data elements that are not protected by the Health Insurance Portability and Accountability Act. Refer to (*https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996*) for additional information.

Table 8 – Leader's Health Insurance Portability and Accountability Act Guidance

How Health Insurance Portability and Accountability Act impacts a Commander:
• **Commanders have a right and need to know health information about Soldiers (and certain specific issues with Families) that impacts the readiness of the unit and the individual Soldiers' ability to perform his duties.** • **A major goal of the Health Insurance Portability and Accountability Act of 1996 is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and to promote high quality health care.** • **HIPAA strikes a balance that permits important uses of information, while protecting the privacy of people who seek health care.**

What Commanders CAN know and ask for without Soldiers Approval:

- MEB/PEB related data
- Requirements for deployability
- Performance limiting medications (narcotics, sleep medications)
- Performance limiting conditions (epilepsy, heart disease, hallucinations)
- Duty related for surety (nuclear/chemical/biological)
- Flight status
- Command directed Mental Health Evaluation results
- Medical LOD determinations/Accident Investigations
- Eligibility for Warrior Transition Unit (WTU)
- Hospitalization/Serious Injury/Very Serious Injury status
- Appointments made and missed status
- Army Weight Control Program documentation
- Army Family Advocacy Program initial and follow-up reports
- Immediate threat to life or health (Suicidal/ Homicidal)

What Commanders CAN know and ask for without Soldiers Approval Examples:

- Has PVT Smith had all of his required vaccinations to deploy?
- What is the status of the Medical Evaluation Board on PVT Smith?
- Does PVT Smith have an appointment today?
- PVT Smith just had surgery. Is he on medications that would limit his duties as a mechanic?
- Is CW2 Jones cleared for Flight Duty/Chemical Surety mission?
- What is the status of the Family Advocacy case involving CPT Rogers and his son?
- PVT Smith is seeing multiple doctors for many conditions. Is he on any medications or treatment plans that would interfere with deployment? His duties as a driver? Is he a candidate for a WTU?

What is NOT protected by the Health Insurance Portability and Accountability Act drug testing program of DoD

- Provision of healthcare to foreign national beneficiaries of Military Health System OCONUS
- DNA repository
- Provision of healthcare to enemy POWs and other detainees
- Education records maintained by DoD schools
- Records maintained by DoD day care centers
- Military Entrance Processing Stations

What Commanders CANNOT know:

- Medical Information that does NOT impact readiness or ability to do job.
- Soldier Family information (unless and only as it applies to Family Advocacy IAW AR 608-18)

What Commanders CANNOT know Examples:

- **Is PVT Smith's wife in for an appointment?**
- **What medications is PVT Smith on? Is PVT Smith on birth control pills?**
- **I Heard COL Rogers is having surgery to have his gallbladder removed, is that correct?**
- **Did SGT Jones refer himself for mental health?**

Commander's Risk Reduction Dashboard

The Commander's Risk Reduction Dashboard is a web-based Commander's tool designed to provide Company and Battalion Commanders with an automated capability to more effectively gain visibility of individual Soldier risk history. In its current state, the Commander's Risk Reduction Dashboard incorporates risk factors varying from health, demographics, and deployments, to legal affairs and substance abuse to assist commanders in validating the current risk assessment of assigned Soldiers and in the identification of potentially high-risk incoming Soldiers. Currently in development, the Commander's Risk Reduction Dashboard Increment 2 will provide Commanders with a holistic, near real time visualization of their unit and individual Soldier risk behaviors, and will incorporate predictive modeling and mitigation best practices to assist in creating and maintaining resilient Soldiers and units.

Scheduled to be incorporated into the Commander's Risk Reduction Dashboard Increment 2, the Army's Risk Reduction Program is a commander's tool designed to identify and reduce Soldiers' high-risk behaviors. The RRP emphasizes an effective collaboration between commanders and installation agencies to implement intervention and prevention programs.

Intervention Resources

Appendix A: *Risk Behaviors and Resources for Leaders* (page) provides links to authoritative resources for a number of high-risk behaviors including:

- Sexual Harassment and Assault
- Suicide Prevention
- Substance Abuse
- Domestic Violence
- Workplace Harassment
- Toxic Leadership
- Bullying and Hazing

Each of the resources included contain links to numerous other secondary sources for further information.

U.S. Army Combat Readiness Center

The U.S. Army Combat Readiness Center provides safety and risk management expertise to the Army, Department of Defense, and other agencies. Much of its guidance and policy is designed to strengthen and develop leaders and Soldiers in confronting those risks that are inherent in the Army's mission. It develops, maintains, and evaluates Army Safety policy and programs; and communicates relevant risk management information to leaders to help them strengthen personal and mission readiness.

Risk management is the Army's primary decision-making process to identify hazards, reduce risk, and to prevent accidents and can be used by Soldiers at any time even if they aren't at work. Needless tragedies ruin lives and careers, and weaken the Army. Alcohol alone is involved in 50 percent of off-duty vehicle fatalities. Besides urging Soldiers to use the principles of risk management, leaders, battle buddies, and family members can help reduce on- and off-duty deaths by getting involved in their Soldiers' lives and helping them make better decisions in every aspect of their lives. The U.S. Army Combat Readiness Center website, https://safety.army.mil/, features tools that were developed to keep the Total Army safe and strong and to identify hazards, reduce risk and prevent both accidental and tactical loss.

The Assessment Factor

Commanders and other leaders need to be aware, visible, and well attuned to their unit's climate. Continuous assessments, utilizing existing systems, help measure the health of the unit, ensure unit personal readiness, and support overall unit readiness and deployability. Assessing the impact of risk to Soldiers by individuals at all levels within the unit assists Commanders in their effort to focus on unit mission. Additionally, internal assessments leverage self-development tools and maintain self-disciple to increase strengths and reduce the potential for crisis. Assessments can mitigate risk and provide feedback and tools to Soldiers to help them assess and enhance their own personal degree of deployability while sustaining unit readiness. Ongoing assessments not only help leaders manage Soldiers' personal readiness, they account for actions that lead to positive and sustained command climate and promote a Culture of Trust. Additionally, when used effectively, assessments can help leaders identify potentially harmful and negative trends within the unit quickly, well before they result in a crisis.

Targeted Actions

Recovery and Normalization - Caring for Your Soldiers

Recovery and normalization for surviving individuals and the unit involve many things carried out in the aftermath of a hurtful, criminal, or lethal behavior. The goals of Recovery and Normalization are to:

- Support those affected by a hurtful, criminal, or lethal behavior.
- Promote healthy recovery and return to normal activity (of the victim and perpetrator where possible).
- Reduce the possibility of additional risky events.
- Strengthen unit cohesion.
- Promote continued mission readiness.

Serious accidents and death can cause intense emotion, grief, guilt, self-doubt, and deep personal misgivings, and they may require a demanding legal and administrative response.

- Particularly in the event of an accidental or combat death, or suicide, you, as the leader:
  - Must provide calm and focused leadership.
  - Be prepared to react to the immediate shock/emotions.
  - Must address the legal and administrative requirements.
- Almost simultaneously:
  - Remain focused on the goals of restoring the resilience and personal readiness of your Soldiers.
  - Remain focused on the overall readiness of your unit.

The Army's fundamental doctrinal expression of leadership, **"BE-KNOW-DO"** is particularly important. It provides the basis for conduct in caring for Soldiers in the Recovery and Normalization phase. Depending on the seriousness of the negative event, commanders will select from the suggestions made below:

BE:

- A source of stability, command presence, and calm.
- Honest with your Soldiers in all areas.
- Vigilant in adhering to Army Values, thereby building trust in your integrity among unit members.
- A role model of healthy grieving and resilient "Soldiering" working to rebuild the team and restore operational readiness.
- Courteous and supportive of those who are in a state of grieving.
- Vigilant in watching for changes in survivor physical and behavioral health over the long term.
- Patient with irrational first reactions from Soldiers and with those who express grief differently than you.
- Sensitive to linguistic and cultural nuances in grieving, particularly during memorials and funerals.
- Consistent as you explain events and circumstances to multiple offices and agencies that are mandated to be involved in death and suicide investigations.
- Accurate in reporting – maintain an audit trail to enable you to recall information.
- Candid about what you do not know – proactive in circling back if you are able to find information.
- Patient with external stakeholders pressing for "more information faster."
- Aware of the state of individuals close to the deceased at key markers, such as 90 days post-event, deceased's birthday, anniversary of death, etc.

KNOW:

- The names, phone numbers, and locations of 1) local medical facility, 2) military police, 3) chaplain's office, 4) local PAO, 5) casualty affairs office, 6) how to contact your own chain of command 24/7. *Also after hours contact information for all of the above.*
- The members of your camp, post or station Suicide Response Team (AR 600-63, Paragraph 4-11) and how to activate it.
- The Suicide Response Plan (DA PAM 600-24, Paragraph 5-1) for your camp, post, or station so you can follow its guidance.
- The signs of grieving, depression, post-traumatic stress disorder, and potential suicide (be alert!).
- The names of Soldier, next of kin, extended family, key friends.
- The steps of healthy grieving and permit Soldiers to grieve. Grief stages are:
  - **Shock & Disbelief**: numbness, life is meaningless
  - **Anger & Guilt**: blame and recrimination of self or victim
  - **Bargaining**: Bargain with the powers that be to escape pain
  - **Depression**: Realization of finality; intense sadness and despair
  - **Acceptance**: Nothing will change the death; focus on new normal
- That death produces varying levels of grief; it is a natural process through which a person accepts a major loss. It is personal and can last months or years. It is the outward expression of loss.
- That leaders (including yourself) also experience grief.
- That the effective steps to working through grief can take an extended time.
- That when a loved one dies, the best thing you can do is to allow yourself and your Soldiers to grieve.
- That there are many ways to cope with grief effectively.
  - **Seek out caring people.** Find relatives and friends who understand your feelings. Tell them how you feel; it will help you to work through the grieving process. Join a support group with others who have experienced similar losses. Support groups exist at most military installations.
  - **Take care of your health.** Eat properly, exercise and get plenty of rest. Be aware of the danger of using medication or alcohol to deal with your grief. See a medical professional if necessary.
  - **Be patient.** It takes effort and time to absorb a major loss, accept your changed life. Begin to live again in the present and do not dwell on the past.
  - **Seek help.** If your feelings, as a leader, become too much to bear, seek professional assistance to help work through your grief, anxiety, or stress. Do not become another victim.

DO:

- Keep chain of command informed.
- Work closely with Casualty Assistance Officers and follow regulatory guidance from the Casualty and Mortuary Affairs Operations Center as provided by the Casualty Notification Officer and the Casualty Assistance Officer.
- Follow Public Affairs Office guidance and let the Public Affairs Office provide all communication with the media.
- Preserve privacy of victim and survivors.
- Follow all local reporting requirements and windows in addition to those required by Army Regulation.
- Advise chain of command of new information; hostile reactions, or outside persons attempting to disrupt unit plans or operations.
- Avoid hiding your own feelings, but show that you are still able to function effectively. Soldiers will then realize that they can also be sad without losing their ability to perform their duties effectively. Hiding feelings can lead Soldiers to misperceive you as not caring.
- Balance mission and people:
  - **Plan**. Even if on the fly.
  - **Delegate**. It is a good opportunity to bring your leadership team together.
  - **Follow Up**. Simple planning and execution doctrine.
  - **Lead from the front**. It only takes five minutes to touch base with an individual who is having difficulty with the loss, but they will notice, and when you can talk to your subordinates from a position of knowledge, they will figure it out and support you.
- Emphasize the unnecessary nature of suicide as alternatives are readily available.
- Express disappointment that the Soldier member did not recognize that help was available.
- Provide brief reminder of warning signs.
- Work to restore:
  - **Climate**. Trust in leaders, in the Army institution, in each other. Reinforce and build trust in organizational leadership.
  - **Cohesion**. Encourage unit members to stick together and rally.
  - **Performance**. Resume current operations to mission standard.
  - **Readiness**. Aim for sustained unit, individual, and personal readiness with little or no degradation from previous levels.
- Schedule recovery activities such as unit-level engagements, as needed, designed to strengthen unit cohesion, and promote continued mission readiness.

- Provide opportunities and safe places for grieving – the post chapel or set aside a room in the unit.
- Help others to grieve:
  - **Listen.** The leader should encourage the person to talk about his or her feelings and to share memories of the deceased. Remember, it may take the person a long time to recover from the loss.
  - **Offer practical help.** Understand what the individual needs – sometimes simple needs such as child care, meals, and running errands are ways to help. Involving others can build a stronger team and bonds that will last far beyond your current assignment.
  - **Encourage professional help when needed.** Don't hesitate to recommend professional help when you feel someone is experiencing too much pain to cope with alone or without professional counseling.
- Make grief counseling available; actively combat stigma regarding seeking counseling.
- Plan, conduct memorial ceremony, or service, or funeral (consider family wishes). Unit memorial ceremonies and services show respect to the service of Soldiers who have died, and offer support to unit survivors. Address the need for, and appropriateness of, memorial activities and ensure that such activities do not romanticize or sensationalize the death. (Soldiers should not view suicide as a way to achieve "fame" or notoriety.) .
  - If not conducted properly, a memorial service may lead to adulation of the suicide event and thus potentially trigger "copy-cat" events among unidentified/unstable personnel. Therefore, memorial services should avoid idealizing deceased.
- Assure that pertinent training (Engage, resilience training, ACE, sexual harassment/assault training, substance abuse training, etc.) is conducted on time and to standard.
- Build a non-toxic, positive command climate.
- Participate, as requested, with any appointed independent reviewer process (suicide investigations or medical investigations). Avoid defensiveness. Acknowledge the processes are intended to determine if there are any "lessons learned" in regards to suicide prevention, not to affix blame.

DO NOT:

- Speculate on manner or reason for death.
- Make any negative reference or speak derisively of the deceased.
- "Get ahead" of constituted authorities or substitute personal opinion for official findings.
- Tell grieving Soldiers to "Get over it," or "Real Soldiers don't cry," or use similar phrases that discourage honest dialogue.
- Offer generic comfort or platitudes, such as "It was for the best" or "Everything will work out." Instead, offer a simple expression of sorrow and take time to listen.
- Ever mock someone's expression of grief.
- Belittle or prohibit someone from going to the chaplain or behavioral health for extended counseling.
- Create public memorials such as plaques, trees, or flags at half-mast. These may, in rare situations, encourage other at-risk people to attempt suicide in a desperate bid to obtain respect or adulation for themselves.
- When speaking to the service member's unit, announce specific details of the suicide. Merely state it was a suicide or reported suicide.
  - Do not mention the method used.
  - Do not offer specifics regarding location other than it was either on-installation or off-installation.
  - Do not announce specific such as who found the body, whether or not a note was left, or why the Soldier may have killed himself or herself.

Appendix A – Risk Behaviors and Resources for Army Leaders

Sexual Assault

Program Overview

The U.S. Army Sexual Harassment/Assault Response and Prevention Program's mission is to reduce with an aim toward eliminating sexual offenses within the Army through cultural change, prevention, intervention, investigation, accountability, advocacy/response, assessment, and training to sustain the All-Volunteer Force.

The Army's Sexual Harassment/Assault Response and Prevention Program:

- Defines an integrated, proactive effort by the Army to end sexual harassment and sexual assault within its ranks.
- Permeates the Army structure from the Pentagon down to the individual Soldier level
- Has full-time staff at brigade level.
- Promotes cultural change across the Army with a vision toward a culture of discipline and respect in which Soldiers intervene in sexual harassment and sexual assault to protect one another.
- Includes a comprehensive effort to educate leaders and Soldiers about sexual harassment and sexual assault.
- Employs a concrete training program that teaches Soldiers to be alert to serial offender tactics, to intervene to stop incidents and disrupt offenders, and where and how to seek help.
- Provides commanders and other leaders with the essential resources, education, and training needed to succeed in bringing an end to sexual harassment and sexual assault in the Army.

As part of the Army's Sexual Harassment/Assault Response and Prevention Program, leaders have the ultimate responsibility for command climate and culture, safety, prevention and response efforts, accountability, assessment, and safe reporting.

Through the Army Sexual Harassment/Assault Response and Prevention Program, the Secretary of the Army and Chief of Staff of the Army implement guidance from the Office of the Secretary of Defense and changes in law through policies and procedures applied across the force. The Sexual Harassment/Assault Response and Prevention Program's sexual harassment prevention

efforts are complemented by the Army's Equal Employment Opportunity Program, which provides a sexual harassment complaint process for civilian employees.

Sexual Assault Response Coordinators and Victim Advocates receive training certified by the National Advocate Credentialing Program and are credentialed through the Department of Defense Sexual Assault Advocate Certification Program. Sexual Assault Response Coordinators and Victim Advocates assist Soldiers with sexual assault reports, providing a 24/7 response capability. These professionals also support leaders with prevention, training, and awareness efforts.

Leaders also have a responsibility to establish a command climate in which safety is promoted, and civilian employees' managers and supervisors are expected to encourage a safe workplace, where discrimination, including sexual harassment, is discouraged. The Army Sexual Harassment/Assault Response and Prevention Program website contains guidance for leaders of all levels as well as links to Army Sexual Harassment/Assault Response and Prevention Program prevention and training materials. http://www.sexualassault.army.mil/

External Resources/References

- **National Sexual Assault Hotline, 800-656-HOPE (4673)** – The Rape, Abuse and Incest National Network is the nation's largest anti-sexual violence organization. It created and operates the National Sexual Assault Hotline in partnership with more than 1,000 local sexual assault service providers across the country. Calling the National Sexual Assault Hotline provides access to a range of free services including:
  - Confidential support from a trained staff member
  - Support finding a local health facility that is trained to care for survivors of sexual assault and offers services like sexual assault forensic exams
  - Someone to help talk through what happened
  - Local resources that can assist with the next steps toward healing and recovery
  - Referrals for local long-term support
  - Information about the laws in the caller's community
  - Basic information about medical concerns

  https://www.rainn.org/
- **Department of Defense Safe Helpline, 877-995-5247** – The Department of Defense Safe Helpline is a groundbreaking crisis support service for members of the Department of Defense community affected by sexual assault. Safe Helpline provides live, one-on-one specialized support and information, and is confidential, anonymous, and secure. Safe Helpline services are available worldwide, 24/7 — providing victims with the help they need anytime, anywhere. Aimed to provide crisis response, information, and to connect

survivors to needed resources, while simultaneously building confidence in the reporting process. When survivors are ready, Safe Helpline staff will connect them to a Sexual Assault Response Coordinator or Victim Advocate. https://www.safehelpline.org/

- **Department of Defense Sexual Assault Prevention and Response Office** – The Department of Defense Sexual Assault Prevention and Response Office is responsible for oversight of the Department's sexual assault policy. It works hand-in-hand with the Services and the civilian community to develop and implement innovative prevention and response programs. http://www.sapr.mil/

Suicide Prevention

Program Overview

As an integral component of Army's Ready and Resilient effort, the Army Suicide Prevention Strategy improves readiness of the Army through the development and enhancement of suicide prevention policies, training, data collection, and analysis, and strategic communications designed to minimize suicide behavior; thereby preserving mission effectiveness through individual readiness and resilience for Soldiers, Army civilian employees, and family members. http://www.armyg1.army.mil/hr/suicide/

External Resources/References

- **National Suicide Prevention Lifeline, 800-273-TALK (8255)** – The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. http://suicidepreventionlifeline.org/
- **Veterans Crisis Line, 800-273-TALK (8255), Press 1** – The Veterans Crisis Line connects Veterans in crisis and their families and friends with qualified, caring Department of Veterans Affairs responders through a confidential toll-free hotline, online chat, or text. https://www.veteranscrisisline.net/
- **Military OneSource and Military Family Life Counseling Program non-medical counseling, 800-342-9647** – Confidential, non-medical counseling is available free of charge to service members and military family members through Military OneSource and the Military and Family Life Counseling Program. Non-medical counseling is an effective and well-established strategy for finding answers to common emotional and interpersonal difficulties (such as adjustment after a deployment, marital conflicts, stress management, parenting challenges, and coping with a loss) and is an important

first step for many people to prevent problems from developing into more serious issue. http://www.militaryonesource.mil/

- **Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury Outreach Center, 866-966-1020** – The center is staffed with professional health resource consultants with expertise in psychological health and traumatic brain injury who understand military culture. They are available 24/7 by phone, online chat or email. http://dcoe.mil/
- **Defense Suicide Prevention Office** – The Defense Suicide Prevention Office provides advocacy, program oversight, and policy for Department of Defense suicide prevention, intervention and postvention efforts to reduce suicidal behaviors in Service members, civilians and their families. http://www.dspo.mil/

Substance Abuse

Program Overview

The Army Substance Abuse function is responsible for providing guidance and leadership on all non-clinical alcohol and other drug policy issues; developing, establishing, administering, and evaluating non-clinical alcohol and other drug abuse prevention, education, and training programs; overseeing the Military, Drug-Free Workplace and Department of Transportation biochemical (drug) testing programs; and for the oversight of local Army substance abuse programs worldwide.

The Army Substance Abuse website provides Soldiers, commanders, other leaders, personnel, Unit Prevention Leaders and all other members of the Army community with an informative, user-friendly online environment. Those using the site have access to a multitude of information on Biochemical (drug) Testing Programs, the Ready and Resilient Program, Soldier Assistance Program, Employee Assistance Program, alcohol and drug abuse prevention training materials, as well as general information about the program. https://asap.army.mil/

Substance Use Disorder Clinical Care

The Substance Use Disorder Clinical Care (SUDCC) is responsible for providing Outpatient/Inpatient treatment and rehabilitation through the Behavioral Health System of Care.

External Resources/References

- **Substance Abuse and Mental Health Services Administration National Helpline, 800-662-HELP (4357)** – The Substance Abuse and Mental Health Services Administration National Helpline (also known as the Treatment Referral Routing Service) is a

confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals and family members facing mental and/or substance use disorders. This service provides referrals to local treatment facilities, support groups, and community-based organizations. Callers can also order free publications and other information. http://www.samhsa.gov/find-help/national-helpline

- **Partnership for Drug-Free Kids Helpline, 855-DRUGFREE (378-4373)** – The Partnership for Drug-Free Kids national Helpline helps parents whose children are abusing drugs or alcohol take effective action to support their loved one. The Helpline is staffed by trained and caring, bilingual, master's-level parent support specialists who speak confidentially with callers and share information to help. The specialists listen to the each caller's story and propose a course of action — which may be to prevent further use, intervene in their child's behavior, find treatment, support their child's recovery by reducing family conflict, encourage a child's positive behaviors and/or promote self-care. http://www.drugfree.org/
- **National Institute on Alcohol Abuse and Alcoholism** – The National Institute on Alcohol Abuse and Alcoholism is one of the 27 institutes and centers that comprise the National Institutes of Health. The National Institute on Alcohol Abuse and Alcoholism supports and conducts research on the impact of alcohol use on human health and well-being. It is the largest funder of alcohol research in the world. The National Institute on Alcohol Abuse and Alcoholism website provides information on alcohol, alcohol use, and treatment of alcohol-related problems. http://niaaa.nih.gov/

Domestic Violence

Program Overview

The U.S. Army Family Advocacy Program is dedicated to the prevention, education, prompt reporting, investigation, intervention, and treatment of spouse and child abuse. The program provides a variety of services to Soldiers and Families to enhance their relationship skills and improve their quality of life. This mission is accomplished through a variety of seminars, workshops, counseling, and intervention designed to help strengthen Army Families, enhance resiliency and relationship skills, and improve quality of life.

There are two additional programs within the Family Advocacy Program that help with specific needs:

- **Victim Advocacy Program** – The Victim Advocacy Program provides comprehensive support to victims of domestic abuse, including crisis intervention, safety planning, and help to secure medical treatment for injuries, information on legal rights and

proceedings, referral to military and civilian shelters, and other resources. Victim advocacy services are available 24 hours a day 7 days a week.

- **New Parent Support Program** – The New Parent Support Program helps to build strong, healthy military Families for Soldiers and Family members who are expecting a child, or have children up to 3 years of age. Through various supportive services, classes, and home visits, the NPSP helps new parents learn to cope with the everyday demands of parenthood, as well as stress, isolation, and post-deployment reunions.

http://www.armymwr.com/family/fap.aspx

External Resources/References

- **The National Domestic Violence Hotline, 800-779-SAFE (7233)** – Operating around the clock, seven days a week, confidential and free of cost, the National Domestic Violence Hotline provides lifesaving tools and immediate support to enable victims to find safety and live lives free of abuse. Callers to The Hotline can expect highly trained, experienced advocates to offer compassionate support, crisis intervention information and referral services in more than 170 languages. Visitors to this site can find information about domestic violence, safety planning, local resources and ways to support the organization. http://www.thehotline.org/

Work Place Harassment

Program Overview

A distinguishing characteristic shared by Service Members and civilians is the ethos modeled in their interactions with each other and in support of the mission. The vast majority of Service Members and civilians are driven by core values and inherent principles and standards, such as honesty, integrity, caring, open-mindedness, inclusiveness, impartiality, accountability, and respect. Promoting an environment free from personal, social or institutional barriers that prevents Department of Defense members from rising to the highest possible level of responsibility is fundamental to mission readiness. Workplace harassment, unlawful discrimination, and retaliation of Department of Defense members based on any individual or group characteristics protected by law or policy violates Department of Defense policy. Harassment and unlawful discrimination erode mission readiness, undermine the character and purpose of the Department, and will not be tolerated, condoned or ignored. Leaders have the ultimate responsibility to hold their subordinates accountable. Leaders at all levels are the guardians of trust and confidence among members of Department of Defense. They set the tone by modeling appropriate behavior. Leaders also provide open communication to promote timely reporting. They accept the challenge of transparency by balancing the privacy needs of

complainants and reassuring those under their supervision that complaints are addressed and consequences applied as necessary. Leaders also demonstrate integrity by providing accurate data and developing strategies to address trends or gaps identified by the data.

To this end, The Army has adapted a holistic approach to providing employees and leadership with the necessary programs to sustain dignity and respect in the workplace. It has in place well defined policy that assigns responsibilities for workplace harassment and unlawful discrimination prevention and identifies response programs and activities applicable to its military Service members and Department of Defense civilian employees. It has formally addressed processes available to civilian employees through which allegations of workplace harassment can be raised outside of the Equal Employment Opportunity complaints process, as required by Equal Employment Opportunity Commission Management Directive 715. Additionally, while it has updated the harassment (including sexual harassment) framework and provided guidance on prevention, training and education, the Army has also developed requirements for tracking and reporting incidents of workplace harassment and unlawful discrimination. Promoting an environment free from personal, social or institutional barriers that prevent Department of Defense members from rising to the highest possible level of responsibility is fundamental to mission readiness.

External Resources/References

- DoD Instruction 1438.06, "Department of Defense Workplace Violence Prevention and Response Policy", January 16, 2014
- The United States Department of Labor, Occupational Safety and Health Administration https://www.osha.gov/SLTC/workplaceviolence/

Toxic Leadership

Descriptive Overview

The Army is a world-class institution that strives to create leaders who can perform well in all types of environments and adhere to Army values in order to live ethically and follow a path which they deem is right. By adopting these values and making ethical choices not based on favoritism or other factors, and being concerned about their subordinates' well-being, strong leaders are produced who inspire and bring out the best in those that they lead and ultimately improve the Army as a whole.

Unfortunately, not all leaders are created equally and without proper oversight, bad leadership can create leaders who breed the same types of undesirable environments. These leaders may use inappropriate and at times abusive strategies such as bullying, berating or "smoking" Soldiers mercilessly to obtain immediate results, often without concern for others. These so

called toxic leaders consistently use dysfunctional behaviors to deceive, intimidate, coerce or unfairly punish others to get what they want for themselves and excel at "snowing" their superiors and advancing through the Army ranks.

Army Doctrine Publication 6-22 defines toxic leadership as "a combination of self-centered attitudes, motivations, and behaviors that have adverse effects on subordinates, the organization, and mission performance". Toxic leadership can hurt Soldiers and the Army. Soldiers who are exposed to toxic leaders tend to perform their jobs at a minimum standard and are not as innovative or take risks for fear of consequences. They hunker down waiting for the leader to eventually be transferred out of the unit. At the extreme, such behavior affects the health and well-being of Soldiers by creating extreme stress that can be a contributing factor to suicide when they reach their limits and look for a way out.

The Army recognizes there is a leadership problem in a small percentage of their leaders and has taken steps to identify and even discharge them from Service. Therefore it is up to both the command and individual leaders to take responsibility for recognizing instances of toxic leadership, reporting them and taking action to correct and further prevent such instances which can have life or death consequences.

Command responsibilities:

- Continually asses the command climate to identify problems early.
- Recognize when there are leadership problems with their subordinates, address concerns with the individuals, hold them accountable and discharge them from the Army as a last resort.
- Conduct training that increases awareness of what constitutes toxic leadership and its effects on individuals and unit morale.
- Perform 360 evaluations for commanders below the battalion level.

Individual responsibilities:

- Be on the lookout for behavior that makes a person feel humiliated, belittled or de-energized and is out of line with general discipline.
- Conducting oneself in accordance with Army values of ethics and good conduct and being concerned with the well-being of self and others.
- Be yourself, learn your own leadership style and don't tolerate such bad behavior.
- Report toxic leaders and/or behavior to their commander, or other leaders in a position to help.

External Resources/References

- Defense Equal Opportunity Management Institute, Organizational Climate Survey for survey component of command climate assessments.
  https://www.deomi.org/PublicAffairs/ClimateSurvey.cfm

- Toxic Leaders Decrease Soldiers' Effectiveness https://www.army.mil/article/157327/Toxic_leaders_decrease_Soldiers
- https://www.ausa.org/sites/default/files/Ulmer_0612.pdf

Bullying and Hazing

Descriptive Overview

The Army prides itself on being a values-based organization where everyone is treated with a sense of fairness, dignity and respect and lives their lives according to the Army ethic. Hazing and bullying do not reflect these values and actually undermine a Soldier's dignity and respect. Both are prohibited in all cases, to include off-duty or "unofficial" celebrations or unit functions on and off post. Consent of the Service member is irrelevant and hazing and bullying are never allowed and are prohibited and prosecutable under the Uniformed Code of Military Justice.

Hazing and bullying are very similar but have some distinctive differences. Both cover any conduct by a Service member or members, regardless of rank or position, which is cruel, abusive, humiliating, oppressive, demeaning, or harmful to another Service member. They also can both include physical and nonphysical interactions and can be done through electronic media. The main difference between the two is that bullying is always committed with the intent to exclude or reject another from inclusion in a group and oftentimes includes excessive corrective measures (i.e. corrective training), while hazing tends to involve the infliction of physical or psychological pain that goes beyond what is required for corrective training or improvement of behavior. At this point it crosses the line and becomes non-permissible. Hazing usually stops with corrective intervention but bullying can persist if there are no intervention measures taken.

Therefore it is up to both the command and individuals to take responsibility for recognizing instances of bullying and hazing, reporting them and taking action to correct and further prevent such instances. Command responsibilities associated with bullying and hazing include:

- Post written command policy statements- to the company-level- on how people should be treated, how to file complaints, and should reiterate that complainants are protected from reprisal.
- Conduct training annually as part of the EO training requirements related to promoting a healthy unit climate. This includes information on hazing and bullying prevention and response. At a minimum, this training must address activities that constitute hazing and bullying and those that do not. This training will include, but is not limited to:

  - Training prevention and response strategies.
  - Informing Soldiers of advocacy and victim assistance services.
  - Reporting and investigation procedures.
  - Emphasizing that hazing, bullying, and other harassment and unlawful discrimination, are unacceptable and prohibited.
  - Differentiating between hazing and bullying behavior and permissible, appropriate administrative corrective measures, extra military instruction, and command-authorized physical training.
  - Providing examples of hazing and bullying behaviors and discussions about how these behaviors negatively impact the mission.
  - Providing instructions as how to immediately report instances of hazing and/or bullying to law enforcement, Judicial Advocate General or Inspector General and investigate instances as possible violations of the Uniformed Code of Military Justice.
- Ensure that all incidents are recorded and tracked in Joint Personnel Adjudication System

Individual responsibilities associated with bullying and hazing include:

- Advise the command of any incidents of hazing or bullying.
- Conduct oneself in accordance with this paragraph and treating all persons as they should be treated –with dignity and respect.
- Report hazing or bullying to one's commander, law enforcement, or the Inspector General.

External Resources/References

- The Substance Abuse and Mental Health Services Administration website provides a wealth of authoritative information relative to the prevention of bullying and includes numerous internal links for further help. http://www.samhsa.gov/tribal-ttac/resources/bullying-prevention
- Army Regulation 600-20 - Army Command Policy: Chapter 4-20
- Servicing Judge Advocate/Legal Advisor- Commanders consult with legal personnel regarding advice and available courses of action.
- Equal Opportunity Advisor - Commanders coordinate with their unit Equal Opportunity Advisors to ensure all hazing or bullying allegations are recorded and tracked in the Equal Opportunity Reporting System.

- Joint Personnel Accounting System (or subsequent system) – If the Service member has a security clearance, commanders will ensure the security manager records the derogatory information as an incident report in the Joint Personnel Accounting System.

Appendix B – Legal and Administrative Actions Following a Completed Suicide

In the rare event of a suicide, there are a number of critical actions required of a commander. This appendix discusses the numerous legal and administrative requirements that a commander must fulfill. By satisfying legal and administrative requirements, you will be in a better position to deal with the human responses to tragedy and to respond appropriately. You will better fulfill the commander's primary role to return the unit to fully operational, mission ready status. (See the section above entitled "Recovery and Normalization - Caring for Your Soldiers" for guidance on dealing with the emotional and psychological issues often accompanying a death or suicide.)

React – Day 1

Upon notification of a death or apparent suicide, your most critical goal is to fulfill your responsibility as a commander by providing calm and focused leadership. The following checklist will help structure your activities in support of that goal.

Table 9 – React to Suicide Checklist – Day 1

Actions by Commander	Coordinate Outside Unit	Source
If situation warrants, take steps to save life.	Always call 911. The dispatcher will send an ambulance (and/or civilian police if off-post).	http://www.army.mil/article/97140/
Obtain names of those who discovered the body; conduct hasty interview with them as soon as possible.	Contact military police and chaplain. Contact higher headquarters. Your higher headquarters should activate the Suicide Response Team.	Army Regulation (AR) 190-45, Paragraph 8-3.m. Department of the Army Pamphlet (DA PAM) 600-24, para. 2-11.d.
Immediately determine or confirm the likely nature of the reported incident.		http://www.riversidetraumacenter.org/documents/riversidetraumacenerpostventionguidelines6_24_11.pdf Postvention Tasks, 1
	Notify your chain of command.	Defense Suicide Prevention Office (DSPO) Postvention Guide, June 2016
Preserve and safeguard the site as potential crime scene; restrict access.		
Determine close friends and others close to the deceased who are most likely to be despondent and	Contact behavioral health, the unit chaplain, or preferred clergy for support and assistance.	AR 600-63, Paragraph 4-1.b.3.(3)

Actions by Commander	Coordinate Outside Unit	Source
who may be tempted to commit suicide themselves.		
Assign responsibility to provide care for any Soldier who has expressed suicide ideation or attempted suicide in the past.	Contact and advise chaplain and behavioral health if such individuals are in the unit. Secure chaplain and behavioral health support from higher headquarters or installation if this support is not available at your level.	AR 600-63, Paragraph 4-1.b.3.(3) DA PAM 600-24
Assemble key unit personnel and provide situational awareness to dispel rumors; issue guidance to all to preserve individual privacy.		
Assemble/brief the unit to disseminate correct information, dispel rumors, and discourage speculation. Acknowledge grief and grieving are normal and "permitted" in unit.	Ask battalion commander, chaplain, and behavioral health to address Soldiers.	Suicide Intervention Leaders' Handbook
	Contact the local Staff Judge Advocate (SJA) and determine who has jurisdiction of the scene and investigation	DSPO Postvention Guide, June 2016
Assign responsibility to executive officer or first sergeant to respond to administrative requirements originating with the community, media, concerned individuals not from the unit.	Contact the Public Affairs Officer (PAO) for guidance regarding outside media inquiries.	
Begin coordination/collaboration with the Casualty Affairs Officer (CAO).	Contact the CAO to begin general coordination, get guidance and discuss Family reaction.	AR 600-8-1, Paragraph 3-10.G.

Public Affairs Guidance

As soon as practicable, contact the local Public Affairs Office. The Public Affairs Office is responsible to make all statements to the media and will guide you through this stressful time to assure there are no missteps.

Army personnel are encouraged to use this Public Affairs Guidance as a guide in the planning and execution of speaking to media activities and agencies regarding deaths by suicide among members of the Total Army Family (Soldiers, their families, and Army civilian employees).

Some deaths by suicide may be newsworthy. However, careful consideration must be given to statements prior to any media coverage of suicide events. Persons other than Public Affairs

Officers are advised to immediately contact your local Public Affairs Office for guidance before speaking with anyone from the media.

FACTS:

- The strength of the Army is its people.
- One loss to suicide is one too many.
- Research shows that there is no single cause of suicide, and that it is important to take a comprehensive look at the individual's risk factors while building and strengthening protective factors.
- It is the responsibility of all leaders to know and care for those in their formations to ensure they are able to achieve and sustain personal readiness in support of the Army mission.

IMPORTANT POINTS COVERING SUICIDE

- Caution must be exercised when speaking with and allowing media to cover a death by suicide within the Army. The way media cover suicide can influence behavior negatively by contributing to contagion or positively by encouraging help seeking. When contacted by the media regarding a death by suicide, contact your local PAO immediately.
- Worldwide research has found that certain types of news coverage can increase the likelihood of suicide in vulnerable individuals.
- Risk of additional suicides increases when the story explicitly describes the suicide method, uses dramatic/graphic headlines or images, and repeated/extensive coverage sensationalizes or glamorizes a death.
- Covering suicide carefully, even briefly, can change public misperceptions and correct myths, which can encourage those who are vulnerable or at risk to seek help.

KEY MESSAGES:

- The Army's most precious asset is its people, which is why one death by suicide is one too many.
- Any death which occurs by the act of suicide is tragic and affects families, friends, units and entire communities, as well as the larger Army community.
- Army Senior Leaders are committed to building a Ready and Resilient Force by sustaining personal readiness and mitigating risk factors that run counter to Army Values.
- Each individual has a personal responsibility to strengthen their personal readiness and resilience.

- It is a shared responsibility among Leaders, Soldiers, Army civilian employees, and family members to foster an environment of trust. All members of the Total Army Family are expected to treat themselves and others with dignity and respect.

AVOID MISLEADING INFORMATION/OFFER HOPE

- Suicide is a complex phenomenon. Several factors may be associated with causes, including mental illnesses that may not have been recognized or treated; however, mental illnesses are treatable.
- Avoid reporting that death by suicide was preceded by a single event, such as a recent job loss, divorce, or bad grades. Disclosing information of this kind may leave the public with a false representation and misleading understanding of suicide.
- Consider quoting a behavioral health specialist or an expert on the subject of suicide prevention regarding causes and treatments. Avoid putting expert opinions in a dramatic context.
- Use the story to inform readers about the causes of suicide, its warning signs, and protective factors identified through research that build resilience, along with recent treatment advances.
- Add statement(s) about the many treatment options available, stories of those who overcame a suicidal crisis, and resources for help.
- Include local and national resources where readers/viewers can find treatment, information, and advice that promote help-seeking.

Table 10 – Guidance for Public Affairs Officers

Instead of This…	Do This…
Big or dramatic headlines, or prominent placement (e.g., "Soldier Used Shotgun to Commit Suicide").	Inform the audience without dramatizing the suicide and minimize prominence (e.g., "Kurt Cobain Dead at 27").
Including photos/videos of the location, or method of death, grieving Family, friends, memorials, or funerals.	Use school/work or family photo; include hotline logo or local crisis phone numbers.
Describing recent suicides as a "trend," "epidemic," "escalating," or other strong terms.	Carefully investigate the most recent U.S. Centers for Disease Control (CDC) data and use non-sensational words like "rise" or "higher."
Describing a suicide as inexplicable or "without warning."	Most, but not all, people who die by suicide exhibit warning signs. Include the "warnings" and "What to Do" sidebar in your article if possible.
Investigating and reporting on a death by suicide similarly to reporting on crimes.	Report on suicide as a public health issue

Talking Points

- Soldiers, Army civilian employees, and families have demonstrated overwhelming strength and resilience over the past decade and are proving to be resilient in the environments of uncertainty and persistent danger; leaders are fully committed to preserving the overall health and resilience of the Force.
- The Army continues to build upon the lessons learned and potential best practices from its ongoing Ready and Resilient efforts to reduce behaviors that run counter to our Army Values while building resilience, strengthening our Professionals and sustaining Personal Readiness across the Total Army.
- Leaders at every level are committed to cultivating and sustaining a supportive climate built on trust, dignity and respect, and challenge those under their charge to live as Army professionals and exemplify the Army Values to sustain a Ready and Resilient Force.
- Every Army Professional – Soldier, Army civilian employees, and family member who supports them – serves as a key member of the Army Team and must have personal responsibility for their own resilience and personal readiness.
- Through leadership, education, and respect for ourselves and one another, we can reduce or eliminate the stigma associated with seeking help.
- Army commanders and other leaders have a responsibility to foster a climate of resilience and self-discipline where individuals take action and are engagers instead of bystanders, keeping themselves and others free of unnecessary risk.

Report – Days 1-7

Reporting requirements begin almost immediately, as soon as you have verified a death or possible suicide.

Table 11 – Mandatory Actions Following a Completed Suicide, Days 1-7

Mandatory Reports	Time Frame	Source
Leader notifies chain of command.	< 2 hours	AR 600-8-1, Paragraph 3-1.
Leader notifies military police and USACIDC.	< 2 hours	AR 190-45, Paragraph 8-3. m.
Leader provides initial serious incident reports per AR 190–45	ASAP	AR 600-63, Paragraph 4-4. m.(2)(d)
Casualty Notification Officer (CNO) makes notification to the next of kin (NOK).	< 4 hours	AR 600-8-1, Paragraph 5-2 a., 6-7 (2)
Leader assembles and notifies unit.	2-4 hours	Suicide Intervention Leaders' Handbook
CAO calls NOK to schedule visit appointment.	< 8 hours	AR 600-8-1, Paragraphs 5-2 and 6-7
Leader prepares Letter of Sympathy in coordination with CAO.	< 24 hours	AR 600-8-1, Paragraph 8–2

Mandatory Reports	Time Frame	Source
Leader and CAO visit family.	24-48 hours	DA PMA 600-24, Paragraph 4-1a.(2)
Leader contacts the family by telephone to offer condolences	w/in one week	AR 600-8-1, Paragraph 2-14.b.(1)
Leader plans memorial ceremony a/o service or funeral.	3-7 days	ATP 1-05.02, Paragraph 2-17
Leader prepares to support AR 15-6 and line of duty investigating officer.		DA PAM 600-24, Paragraph 2-9.d. AR 15-6
Commander begins the Commander's Suspected Suicide Event Report, (DA Form 7747) and completes it as prescribed	Begin < five days Finish < 30 days	DA PAM 600-24, Paragraph 2-9.d. AR 600-63, Paragraph 1-31.w.

Respond – Days 2-30

After the initial notifications and the departure of investigative personnel, you must work to immediately reestablish unit resilience and cohesion while permitting healthy grieving.

Table 12 – Report Suicide Response Actions – Days 2-30

Actions by Commander	Coordinate Outside Unit	Source
Serve as a role model to include acknowledging your own grief. Show up visibly and often.		Suicide Intervention Leaders' Handbook
Acknowledge that grieving is personal and can take time.		
Re-establish unit equilibrium and optimal functioning.		American Association of Suicidology http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/Managers-Guidebook-To-Suicide-Postvention.pdf
Plan, announce, and conduct unit memorial ceremony or service.	Chaplain will organize this event. The sergeant major/first sergeant will be required for personnel support.	ATP 1-05.02, Chapter 2
Invite family to attend unit memorial.	Work with CAO and SJA to carefully determine benefits the command or unit can lawfully provide family in conjunction with this invitation (for example, invitational travel orders, military lodging, or transportation, etc.)	ATP 1-05.02, Paragraph 2-17
Reinforce and build trust in organizational leadership.		American Association of Suicidology http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/Managers-Guidebook-To-Suicide-Postvention.pdf
Instruct unit leaders to be very sensitive to potential for suicide in those who		American Association of Suicidology http://www.suicidology.org/Portals/14/docs

have expressed suicide ideation or attempted suicide in the past.		/Survivors/Loss%20Survivors/Managers-Guidebook-To-Suicide-Postvention.pdf

Restore – Days 31-365

Table 13 – Report Suicide Response Actions – Days 31-365

Actions by Commander	Coordinate Outside Unit	Source
Assess the degree to which anniversaries, events, and milestones are likely to affect your unit or individual Soldiers.	If circumstances warrant formal ceremonies or acknowledgement(s), coordinate with chain of command and PAO as anniversaries approach	American Association of Suicidology http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/Managers-Guidebook-To-Suicide-Postvention.pdf
Refocus unit members on long-term goals for personal readiness and professional competence, and reemphasize renewed excellence in mission accomplishment to build esprit.		
Watch for signs of "complicated grief" enduring beyond six months or significantly affecting the Soldier's personal or professional life.	Consult with chaplain and/or behavioral health.	
Collect and communicate suicide data for lessons learned, trend analysis, and to enhance quality of care.		DA PAM 600-24, D-2
Transition from postvention to prevention.	Consult with camp, post, station Suicide Response team, Health Promotion Council, Suicide Prevention Program Manager.	American Association of Suicidology http://www.suicidology.org/Portals/14/docs/Survivors/Loss%20Survivors/Managers-Guidebook-To-Suicide-Postvention.pdf

Appendix C – Actions Following a Suicide Attempt

(Source: DSPO Leader Guide and Postvention Checklist, June 2016)

This checklist is designed to assist leaders in addressing suicide attempts by those in their units. There can be many factors involved in a person's decision to attempt suicide, but the proper response to the attempt can diminish the risk factors for another attempt and greatly aid in restoring the individual to the unit with minimal disruption.

BE:

- A source of stability, command presence and calm.
- A role model of healthy, resilient "Soldiering."
- Honest with your Soldiers in all areas.
- Vigilant in adhering to Army Values – thereby building trust in your integrity among unit members.
- Proactive in assessing your unit objectively.
- Aware or become informed of the ongoing and underlying issues that resulted in the attempt.
- Vigilant in addressing those concerns.
- Objective in assessing the information you find.

KNOW:

- Suicide is an act made by a person seeking relief from real or perceived pain. A person who makes a suicide attempt may have:
  - Been prevented from taking an action they intended to result in death.
  - Not intended to die, but felt the need to demonstrate an attempt for others to know they are in pain.
  - Been under the influence of drugs (including alcohol) which caused an impaired decision (often referred to as "impulsive").
  - Been suffering from mental illness and extremely impaired but did not die as a consequence of the suicide plan.
- A suicide attempt requires formal assessment and often results in hospitalization to stabilize the individual, as well as ensure their safety.
  - If the member is hospitalized, it is recommended you consult with the Soldier's primary care manager, or unit physician, regarding visiting the individual while they are in the hospital.

- Long-term care and attention to precipitating issues will be required – one suicide attempt is a strong predictor of another.
- Returning to work for a Soldier: A person who has experienced a crisis may find returning to work to be comforting (a sense of normalcy) or distressing. Help maintain a sense of purpose and belongingness within the unit for the returning member. Work may need to be tailored to accommodate for follow-up appointments and assessed abilities of the person upon their return. The goal is to gradually return to full duties, as appropriate.

DO:

- Never underestimate the power of the simple statement: "What can I do to be helpful to your recovery process?" or "How can I help?"
- Contact 911 (if law enforcement is not already involved), the military police and USACIDC. Have the contact information readily at hand for these agencies for contact after hours.
- Notify chain of command. The commander will initiate notification messages as per Army and local command policy.
  - Ensure notifications are kept to short list of "need to know" and contain minimum amount of information to convey nature of critical event.
  - Limiting "need to know" contacts helps avoid stigmatizing the Soldier's return to the unit as fewer people will be aware of what happened.
- If attempt was by an active-duty Soldier:
  - Call primary care manager, on-call medical provider, or emergency room.
  - The medical provider can complete, or assign a clinical provider to complete, a safety plan and coordinate a command-directed evaluation.
- If attempt was by an Army Civilian:
  - The installation Medical Treatment Facility or Mental Health Clinic can provide guidance on options available. However, if emergency personnel responded to the attempt, the civilian attempter will most likely be taken to the nearest emergency room.
  - Generally, civilian authorities and hospitals will be the lead agents for response to the attempts by civilians.
- If the attempt occurred in the workplace:
  - Notify local law enforcement (if they were not already notified) and the chain of command.
  - Ensure the area of the attempt has been secured

  - Contact the Soldier's primary care manager, unit physician, or on-call medical provider for consultation.
  - Consider care available for co-workers of the individual.
  - Consult with the chaplain, non-medical counseling department, behavioral health office, or mental health clinic staff on options available.
- Ensure the active-duty Soldier is cleared for return to duty by their primary care manager or unit physician:
  - Consultation between primary care manager/unit physician and command can ensure a work schedule that accommodates the Soldier and provides additional supervision/support, without risk of appearing to show secondary gain for having attempted suicide.
- Recommendations:
  - "No alcohol" order.
  - Non-weapons related duties.
  - Secure personal weapons, providing an alternative (such as, installation armory, friend's house, etc.).
- Returning to work: Army Civilian:
  - Recommend discussing alcohol and weapons.
  - Engage with employee to ensure they provide documentation indicating they are medically cleared by their treating provider to return to the work environment.
  - If out for extended period of time, have the employee report to occupational health to be cleared for return to work.
  - Coordinate with the local civilian personnel office on accommodations (if required) to work schedule and work environment.
- Consider leave requests carefully. Support the employee by ensuring leave requests involve structured time or planned events that will enhance them as they take time away from work.
- Ensure all members of the unit are aware that seeking help is a sign of strength and helps protect mission and family by improving personal functioning instead of having personal suffering.
- Consult with non-medical counseling department, behavioral health office, or mental health clinic providers to develop a supportive plan to re-integrate the Soldier into the workplace.
- Engage family and support networks to increase support and surveillance of the Soldier.
  - Encourage family and friends to reach out to the unit if they become concerned about the Soldier emotional state.

DO NOT:

- Treat a returning Soldier as fragile or "damaged."
  - If they sense they are being "singled out" or treated differently in the presence of peers, it can damage the recovery process.
  - Avoid speaking frankly with the Soldier and being receptive to their thoughts on returning to work and how to avoid either their or your, perception of "walking on egg shells."

Appendix D – Glossary

This appendix provides definitions for a limited set of terms. Most of these terms are included because they have a particular usage or meaning either within the Department of Defense, Army or in the context of this report. A few others are included to ensure understanding of intended meaning because they are key terms within this guide. This glossary does not include other scientific terms for which standard definitions are readily available.

Terms:

Army Substance Abuse – an Army-wide function responsible for providing guidance and leadership on all non-clinical alcohol and other drug policy issues; developing, establishing, administering, and evaluating non-clinical alcohol and other drug abuse prevention, education, and training programs; overseeing the Military, Drug-Free Workplace and Department of Transportation biochemical (drug) testing programs; and for the oversight of local Army substance abuse programs worldwide.

Army Suicide Prevention (ASP) – an Army-wide commitment to provide resources for suicide awareness, intervention skills, prevention, and follow-up in an effort to reduce the occurrence of suicidal behavior across the Army. ASP develops initiatives to tailor and target policies, programs, and training in order to mitigate risk and behavior associated with suicide. A function of the ASPP is to track demographic data on suicidal behaviors to assist Army leaders in the identification of trends.

Ask, Care, Escort (ACE) – the Army-approved model for suicide prevention and awareness training used to engage with someone who may be at risk of suicide.

Comprehensive Soldier Family and Fitness - established to increase the resilience and enhance the performance of Soldiers, Army civilian employees, and families. CSF2 accomplishes its mission by assessing and training specific mental and physical resilience and performance enhancement techniques and skills. These techniques and skills increase physical, emotional, social, spiritual, and family strengths (the Five Dimensions of Strength) through the judicious application of different combinations of services offered through the CSF2 Program components.

Engage – an Army-wide training module designed to emphasize a Soldier's duty and obligation to engage when alerted to a deviation from standard. It is based on Army Values and teaches the principles of peer-to-peer engagement.

Engagement – actions undertaken to prevent an individual experiencing a life crisis or a behavioral health disorder from committing suicide. Examples include listening, showing empathy, and escorting a person to receive help.

Mitigation – reduce the severity and impact of accidents and stressors to your unit and to your Soldiers by addressing the earliest manifestation of a potential issue. Apply a continuum of efforts - training, peer and leader support, engagement, administrative action, and policy implementation.

Personal Readiness – physical, psychological, social, spiritual, and family preparedness to achieve and sustain optimal performance in supporting the Army mission in environments of uncertainty and persistent danger.

Postvention – actions taken after an incident of suicidal behavior that serve to moderate the effects of the event on the survivors of a person who has completed or attempted suicide.

Prevention – a continuum of awareness, intervention, and postvention. All efforts that surround building resiliency, reducing stigma, building awareness, and strategic communication. Prevention reduces the incidence of accidents and stressors by living Army Values, and promoting participation in the associations and activities that enhance resilience (protective factors).

Prevention and mitigation phase – encompasses efforts that build awareness of risky behaviors and their consequences, build resilience, and reduce stigma.

Protective factors – skills, strengths, or resources that help people deal more effectively with stressful events. Protective factors enhance resilience and help to counterbalance risk factors (negative life events such as academic, occupational, or social pressures). Protective factors may be personal, external, or environmental. Protective factors reduce the likelihood of engaging in substance or drug abuse, sexual harassment or assault, or attempting or completing a suicide.

Protective (resilience) factors – characteristics or activities that make it less likely that individuals will consider or engage in risky behaviors or experience their consequences.

Ready and Resilient – provides capabilities to Commanders and leaders to enable them to achieve and sustain personal readiness, foster an environment of trust, and optimize human performance in environments of uncertainty and persistent danger. The Ready and Resilient Campaign integrates and synchronizes multiple efforts and initiatives to improve the readiness and resilience of the Total Army - Soldiers (active duty, Reserve, National Guard), Army civilian employees and families. Ready and Resilient builds upon mental, physical, emotional, behavioral and spiritual resilience in our Soldiers, civilian employees and families to enhance

their ability to manage the rigors and challenges of a demanding profession. At the heart of this initiative is a focus on building the personal as an enabler to achieving enhanced performance, which directly links to the increased readiness of the individual, their unit and the Total Army.

Recovery and normalization – support those affected by an injurious, criminal, or lethal behavior, promote healthy recovery and normalization of activity (of the perpetrator and victim where possible), reduce the possibility of additional risky events, strengthen unit cohesion, and promote continued mission readiness.

Risk factors – those life situations, characteristics, and stressors that elevate the chance that an individual would be involved in substance abuse, sexual assault or the taking of their own life by suicide.

Self-harm (self-injurious) – self-inflicted, potentially injurious behavior with a non-fatal outcome for which there is evidence (either explicit or implicit) of a lack of intent to die. Persons engage in self-harm behaviors when they wish to use the appearance of intending to kill themselves in order to attain some other end (for example, to seek help, punish others, to receive attention, or to regulate negative mood).

Sexual Harassment/Assault Response and Prevention – exists so that the Army can prevent incidents of sexual harassment and sexual assault before they occur. The SHARP program's mission is to promote an Army culture and command climate that ensures adherence to the Army Values and ensures that every Army team member will be treated with dignity and respect at all times and in all circumstances. Every Soldier, Army civilian employee, and family member serves and supports the Army and the Nation; they deserve no less.

Stigma – the perception among leaders and Soldiers that help-seeking behavior will either be detrimental to their career (e.g. prejudicial to promotion or selection to leadership positions) or that it will reduce their social status among their peers.

Substance Use Disorder (SUD) –condition where misuse of substances such as alcohol, drugs, or tobacco, has led to increased risk of injury, accidents, or physical and mental health problems. Available treatments address all types of problems related to substance use, from unhealthy use to life-threatening addictions.

Suicide attempt – a non-fatal, self-directed, potentially injurious behavior with an intent to die as a result of the behavior. A suicide attempt may or may not result in injury. Therefore, this category includes behaviors where there is evidence that the individual intended to die, but the event resulted in no injuries.

Suicide ideation – thoughts of engaging in suicide-related behavior.

Warning signs – life situations, characteristics, and stressors that indicate an immediate risk of suicide. These are strong behavior or conversational cues that often occur after a trigger event, a short-term crisis like a relationship change or misconduct, when hopeless individuals conclude that suicide is the only option.