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TELECOMMUNICATIONS(uc),OU:ALARACT RELEASE AUTHORITY(UC)  
SUBJECT: ALARACT 031/2009 HQDA EXORD 103-09 ISO ARMY SUICIDE PREVENTION  
TEXT:  
\*\*\*MISSING CLASSIFICATION\*\*\* UNCLAS

THIS MESSAGE IS BEING SENT BY THE PENTAGON TELECOMMUNICATIONS CENTER ON  
BEHALF OF DA WASHINGTON DC//DAMO-ODO//

THIS MESSAGE HAS BEEN SENT ON BEHALF OF THE CHIEF OF STAFF OF THE ARMY.

**SUBJECT: HQDA EXORD 103-09 ISO ARMY SUICIDE PREVENTION**

FOUO/NONE.//

MSGID/ORDER/HQDA//

REF/A/(U)/AR 600-63, ARMY HEALTH PROMOTION/07 MAY 2007// REF/B/(U)/ARMY DIRECTIVE  
2007-2, DEPLOYMENT CYCLE SUPPORT (DCS) DIRECTIVE/26 MARCH 2007// REF/C/(U)/ARMY  
SUICIDE PREVENTION PROGRAM GUIDE FOR INSTALLATIONS AND UNITS/15 MARCH 2008//  
REF/D/(U)/ACE INTERVENTION CARD, GTA 12-01-003/MAY 2008// REF/E/(U)/GOSC CHARTER/28  
JULY 2008// REF/F/(U)/ALARACT MESSAGE/NATIONAL SUICIDE PREVENTION WEEK, 7 - 13  
SEP 2008/012044ZAUG08// REF/G/(U)/EMAIL/VCSA SENDS ON SUICIDE/281000ZJAN09//  
TIMEZONE/Q// 1. (U) SITUATION.

1.A. IN 2008, SUICIDAL BEHAVIOR AMONG SOLDIERS WAS AT AN ALL TIME HIGH. A TOTAL  
OF 142 SOLDIERS (INCLUDING 13 STILL PENDING FINAL DETERMINATION) TOOK THEIR OWN  
LIVES IN 2008. SUICIDES ARE OCCURRING ACROSS EVERY SEGMENT OF THE FORCE -  
ACTIVE, GUARD AND RESERVE; OFFICERS AND ENLISTED SOLDIERS; DEPLOYED, NON-  
DEPLOYED, AND THOSE WHO HAVE NOT YET BEEN DEPLOYED.

1.B. ARMY LEADERSHIP IS COMMITTED TO REVERSING THE TREND OF INCREASING  
SUICIDAL BEHAVIOR IN THE FORCE AND HAS DIRECTED A STAND-DOWN FOLLOWED BY A  
DELIBERATE CHAIN TEACHING PROGRAM FOCUSED ON SUICIDE PREVENTION THAT  
PROMOTES LEADERSHIP COMMUNICATION WITH EVERYONE IN THEIR COMMAND.  
COMMANDERS AND FIRST LINE SUPERVISORS WILL ENGAGE THEIR SOLDIERS,  
DEPARTMENT OF THE ARMY (DA) CIVILIANS, AND FAMILY MEMBERS IN THIS THREE  
PHASE TRAINING PROGRAM.

1.C. ATTACHED ARE ANNEXES A, B, AND C. ANNEX A IS STRATEGIC COMMUNICATIONS;  
ANNEX B IS TALKING POINTS: SUICIDE PREVENTION STAND-DOWN AND CHAIN TEACH;  
AND ANNEX C IS COMMAND COMPLETION REPORT FORMAT.

2. (U) MISSION. THE ARMY CONDUCTS SUICIDE PREVENTION TRAINING IN THREE PHASES  
FOR ALL SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS TO INCREASE AWARENESS OF  
SUICIDE RISK FACTORS AND WARNING SIGNS AND TO ENCOURAGE INTERVENTION FOR AT  
RISK SOLDIERS. PHASE I CONSISTS OF A STAND-DOWN, WHICH ALL COMMANDS WILL  
CONDUCT DURING 15 FEB 09 TO 15 MAR 09. ARNG OR USAR UNITS LACKING A SCHEDULED  
DRILL OR BATTLE ASSEMBLY DURING THIS 30-DAY PERIOD WILL COMPLETE STAND-DOWN  
BY THE END OF THE NEXT SCHEDULED DRILL OR BATTLE ASSEMBLY. PHASE II CONSISTS  
OF CHAIN TEACH AND IS CONDUCTED 15 MAR 09 TO 15 JUL 09. PHASE III IS SUSTAINMENT  
THAT INITIATES WITH PHASE I, PASSES THROUGH PHASE II, AND CONTINUES  
INDEFINITELY THROUGH ANNUAL TRAINING REQUIREMENTS.

3. (U) EXECUTION.

3.A. INTENT. IT IS IMPERATIVE THAT ALL SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS UNDERSTAND THE INDIVIDUAL SUICIDE RISK FACTORS AND WARNING SIGNS, AND TAKE ACTION TO INTERVENE ON BEHALF OF FELLOW SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS. THE ARMY IS COMMITTED TO PROTECT THE ENTIRE FORCE AND CONDUCTS TRAINING TO IMPRESS THAT FACT ON ALL SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS. THESE TRAINING REQUIREMENTS APPLY TO ALL SOLDIERS AND DA CIVILIANS IN ARMY UNITS AND ORGANIZATIONS REGARDLESS OF COMPONENT OR DEPLOYMENT STATUS. UNITS DEPLOYED ARE TO ORGANIZE AND CONDUCT ARMY SUICIDE PREVENTION STAND-DOWN AND CHAIN TEACH TASKS IN SUCH A MANNER THAT IT IS MEANINGFUL TO SOLDIERS AND DA CIVILIANS ASSIGNED, YET CONSISTENT WITH MISSION, SECURITY AND OTHER TACTICAL CONSTRAINTS. COMMANDERS ARE HIGHLY ENCOURAGED TO RESOURCE AND PERMEATE SUICIDE PREVENTION INTO FAMILY READINESS GROUPS AND SPOUSE FORUMS AT ALL LEVELS. ARMY SUICIDE PREVENTION IS A LEADERSHIP ISSUE, AND LEADERSHIP INVOLVEMENT IS EXPECTED AT EVERY LEVEL. "THIS IS NOT 'BUSINESS AS USUAL'" (REF G, VCSA SENDS).

3.A.(1). PURPOSE:

3.A.(1).(A). INFORM AND EDUCATE SOLDIERS AND DA CIVILIANS ABOUT ASSISTANCE AND INTERVENTION TO DIMINISH SUICIDAL BEHAVIOR AND DECREASE THE NUMBER OF SUICIDES IN THE ARMY.

3.A.(1).(B). MOTIVATE SOLDIERS TO MAINTAIN BOTH PHYSICAL AND MENTAL HEALTH WELLNESS BY ENHANCING SOLDIERS' LIFE SKILLS AND INTERVENTION SKILLS OF LEADERS AND JUNIOR SOLDIERS.

3.A.(1).(C). ENGAGE ARMY LEADERS AT ALL LEVELS TO FOSTER AN ENVIRONMENT OF REDUCED STIGMA ASSOCIATED WITH SEEKING MENTAL HEALTH CARE AND ENHANCING THE CAPABILITIES OF SOLDIERS, DA CIVILIANS, ARMY LEADERS, AND THEIR FAMILIES, AND OTHER BEHAVIORAL HEALTH INFLUENCERS TO TAKE NECESSARY ACTION TO HELP SOLDIERS AND DA CIVILIANS AT RISK.

3.A.(1).(D). ENHANCE AWARENESS THAT THE ARMY IS COMMITTED TO PROVIDING RESOURCES TO ENABLE SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS TO UNDERSTAND THE FACTORS RESPONSIBLE FOR SUICIDES AND TO IDENTIFY EFFECTIVE PREVENTION AND INTERVENTION MEASURES TO REDUCE SUICIDES IN THE ARMY.

3.A.(2). CONCEPT:

3.A.(2).(A). STRONG AND VISIBLE CHAIN OF COMMAND ENDORSEMENT FROM THE TOP DOWN.

3.A.(2).(B). PHASE I CENTERS ON THE "BEYOND THE FRONT" VIDEO AND ACE CARD AND IS INTENDED TO MAKE AN IMPACT WITH IMMEDIATE EXECUTION.

3.A.(2).(C). PHASE II CENTERS ON THE "SHOULDER TO SHOULDER" VIDEO, ACE CARD AND SUICIDE PREVENTION TRAINING TIP CARD, AND IS INTENDED TO AUGMENT PHASE I WITH A MORE DELIBERATE AND PERSONAL APPROACH TO TRAINING CONDUCTED BY SMALL UNIT LEADERS AND FIRST LINE SUPERVISORS FOR SOLDIERS AND DA CIVILIANS WITHIN THEIR RESPONSIBILITY.

3.A.(2).(D). UNITS OBTAIN MATERIALS FROM LOCAL TRAINING AND AUDIOVISUAL SUPPORT CENTERS (TASC) OR ON-LINE TO SUPPORT.

3.A.(2).(E). ALL ECHELONS OF COMMAND ARE RESPONSIBLE FOR DELIVERY OF AWARENESS AND INTERVENTION MESSAGES TO SUBORDINATE COMMANDS - ALL SOLDIERS (ACTIVE, GUARD AND RESERVE), AND DA CIVILIANS.

3.A.(2).(F). REPORTING, BY COMMAND AND NUMBER OF SOLDIERS TRAINED, IS PROVIDED TO THE ARMY G-1 STAFF TO ACKNOWLEDGE COMPLETION OF TRAINING REQUIREMENTS.

3.A.(3). KEY TASKS:

3.A.(3).(A). CONDUCT PHASE I STAND-DOWN TRAINING FEATURING THE "BEYOND THE FRONT" INTERACTIVE VIDEO AND ONLINE VERSION OF ACE CARD.

3.A.(3).(B). CONDUCT PHASE II CHAIN TEACH TRAINING FEATURING THE "SHOULDER TO SHOULDER, NO SOLDIER LEFT BEHIND" VIDEO, ONLINE VERSION OF ACE CARD AND SUICIDE PREVENTION TRAINING TIP CARD, HARD COPIES OF CARDS AVAILABLE THROUGH TASC.

3.A.(3).(C). REPORT COMPLETION OF STAND-DOWN AND CHAIN TEACH REQUIREMENTS IN ACCORDANCE WITH ANNEX C.

3.A.(4). END STATE. SOLDIERS, LEADERS, AND COMMANDERS AT ALL LEVELS, DA CIVILIANS AND FAMILY MEMBERS UNDERSTAND SUICIDE RISK FACTORS, ARE ABLE TO RECOGNIZE WARNING SIGNS, UNDERSTAND HOW TO INTERVENE, AND TAKE APPROPRIATE INTERVENTION ACTIONS AS WARRANTED. SUICIDAL BEHAVIOR ACROSS THE ARMY IS REDUCED AS A RESULT.

3.B. CONCEPT OF OPERATIONS. THIS OPERATION WILL BE CONDUCTED IN THREE PHASES. PHASE I CONSISTS OF A STAND-DOWN, WHICH ALL COMMANDS WILL CONDUCT DURING 15 FEB 09 TO 15 MAR 09. PHASE II CONSISTS OF CHAIN TEACH AND IS CONDUCTED 15 MAR 09 TO 15 JUL 09. PHASE III IS SUSTAINMENT. PHASE III INITIATES WITH PHASE I, PASSES THROUGH PHASE II, AND CONTINUES PERMANENTLY THROUGH ANNUAL TRAINING REQUIREMENTS.

3.B.(1). PHASE I. STAND-DOWN, 15 FEBRUARY 2009 TO 15 MARCH 2009.

3.B.(1).(A). ALL UNITS WILL CONDUCT A STAND-DOWN DURING THE PERIOD 15 FEB TO 15 MAR 09 DURING WHICH ALL SOLDIERS AND DA CIVILIANS WILL PARTICIPATE IN A MANDATORY TRAINING PERIOD CONDUCTED BY COMMANDERS AND LEADERS DOWN TO THE SQUAD OR EQUIVALENT LEVEL. UNIT COMMANDERS SCHEDULE AND CONDUCT TRAINING CONSISTENT WITH UNIT TRAINING AND DRILL SCHEDULES, YET IN SUCH A MANNER AS TO BE MEANINGFUL AND TO IMPRESS THE SERIOUSNESS OF THE SUBJECT ON ALL MEMBERS OF THE ORGANIZATION. ARNG OR USAR UNITS LACKING A SCHEDULED DRILL OR BATTLE ASSEMBLY DURING THIS 30-DAY PERIOD WILL COMPLETE STAND-DOWN BY THE END OF THE NEXT SCHEDULED DRILL OR BATTLE ASSEMBLY. ARMY SUICIDE PREVENTION IS A COMMANDER'S PROGRAM AND IS CONSIDERED A LEADERSHIP ISSUE.

3.B.(1).(B). COMMANDERS CONDUCT STAND-DOWN TRAINING USING THE "BEYOND THE FRONT" FACILITATORS' GUIDE AND INTERACTIVE VIDEO TO ENHANCE SOLDIERS' ABILITY TO RECOGNIZE RISK FACTORS, WARNING SIGNS, AND HOW TO INTERVENE IN ORDER TO PREVENT SUICIDAL BEHAVIOR. ACCESS TO THE "BEYOND THE FRONT" VIDEO ONLINE WILL BE: FIELD GRADE OFFICERS AND CSM / SGM. THE ACE (ASK, CARE, ESCORT) INTERVENTION CARD (GTA 12-01-003) SHOULD BE USED TO EXPLAIN HOW TO HELP A "BUDDY" WHO MAY BE EXHIBITING WARNING SIGNS OF SUICIDAL BEHAVIOR. THE ACE CARD IS AVAILABLE ONLINE AT [HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/603513](https://www.us.army.mil/suite/page/603513). AKO LOGIN IS REQUIRED TO ACCESS THIS WEBSITE. ADDITIONAL DISTRIBUTION OF THIS CARD SHOULD BE MADE AS APPROPRIATE TO ENSURE ALL SOLDIERS HAVE RECEIVED A CARD. COMMANDERS WILL ALLOCATE 2 TO 4 HOURS FOR COMPLETION OF STAND-DOWN TRAINING.

3.B.(1).(C). COMMANDERS AND LEADERS AT ALL LEVELS WILL CLOSELY MONITOR SOLDIERS' REACTIONS TO THE "BEYOND THE FRONT" INTERACTIVE VIDEO AND REMAIN SENSITIVE TO ANY SUICIDAL IDEATION SOLDIERS MAY EXPERIENCE FROM ROLE PLAYING AND REALISTIC REPRESENTATION PORTRAYED IN THE VIDEO. COMMANDERS AND LEADERS MUST INFORM SOLDIERS OF THIS CONCERN BEFORE THE VIDEO IS VIEWED. IF A SERIOUS OR SUSTAINED NEGATIVE REACTION TO VIEWING THE VIDEO IS OBSERVED OR REPORTED, LEADERS SHOULD ESCORT THE SOLDIER TO A CHAPLAIN OR BEHAVIORAL HEALTH PROFESSIONAL IMMEDIATELY. DA CIVILIANS WILL BE SIMILARLY REFERRED OR ESCORTED TO COMPETENT MEDICAL, BEHAVIORAL HEALTH AUTHORITY, OR THE INSTALLATION EMPLOYEE ASSISTANCE PROGRAM COORDINATOR FOR EVALUATION. SOLDIERS AND DA CIVILIANS WILL NOT VIEW THE "BEYOND THE FRONT" VIDEO OUTSIDE OF FACILITATED TRAINING SESSIONS, AND COPYING THE VIDEO IS NOT AUTHORIZED. ANY SERIOUS OR SUSTAINED NEGATIVE REACTION AS A RESULT OF VIEWING THE VIDEO SHOULD BE REPORTED TO THE ARMY SUICIDE PREVENTION PROGRAM MANAGER (PARAGRAPH 5.B.) VIA EMAIL.

3.B.(1).(D). COMMANDERS AND LEADERS AT ALL LEVELS WILL ENCOURAGE SOLDIERS TO WATCH THEMSELVES AND THEIR BUDDIES FOR SIGNS AND SYMPTOMS OF AT RISK OR SUICIDAL BEHAVIORS. LEADERS SHOULD INCLUDE IN THE DISCUSSION POTENTIALLY RISKY BEHAVIORS AND OTHER CAUSES OF SUICIDE TO INCLUDE: (REF ANNEX B - TALKING POINTS) 3.B.(1).(D).1. ALCOHOL ABUSE 3.B.(1).(D).2. ILLEGAL DRUG USE 3.B.(1).(D).3. BROKEN

RELATIONSHIPS 3.B.(1).(D).4. NEGATIVE JOB PERFORMANCE 3.B.(1).(D).5. FINANCIAL DIFFICULTY 3.B.(1).(D).6. PENDING UCMJ ACTION 3.B.(1).(D).7. PAST HISTORY OF HIGH RISK BEHAVIOR 3.B.(1).(E). TRAINING MATERIALS REQUIRED FOR COMPLETION OF STAND-DOWN TRAINING INCLUDE:

3.B.(1).(E).1. "BEYOND THE FRONT" INTERACTIVE VIDEO (GTA 12-01-004) 3.B.(1).(E).2. "BEYOND THE FRONT" FACILITATOR GUIDE 3.B.(1).(E).3. ACE INTERVENTION CARD (GTA 12-01-003) DATED MAY 2008 (ON-LINE) 3.B.(1).(E).4. SUICIDE PREVENTION TRAINING TIP CARD (USACHPPM TA 074-0507) (ON-LINE) 3.B.(1).(E).5. TALKING POINTS TO FACILITATE TRAINING (ANNEX B) 3.B.(1).(F). THE VIDEO AND FACILITATOR GUIDE ARE AVAILABLE FOR DOWNLOAD FOR REMOTE SITE UNITS OR UNITS THAT DID NOT RECEIVE THROUGH OTHER DISTRIBUTION AT <HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/603513>. THE VIDEO DOWNLOAD IS RESTRICTED TO SERGEANTS MAJOR / COMMAND SERGEANTS MAJOR AND FIELD GRADE OFFICERS.

3.B.(1).(G). COMMANDERS MAY ADD AND CONDUCT ADDITIONAL TRAINING AT COMMAND DISCRETION. ADDITIONAL AND OPTIONAL TRAINING SUPPORT MATERIAL MAY BE DOWNLOADED FROM THE USACHPPM WEBSITE LOCATED AT <HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/503094>. AKO LOGIN IS REQUIRED TO ACCESS THIS WEBSITE.

3.B.(2). PHASE II. CHAIN TEACH, 15 MAR 09 TO 15 JULY 09.

3.B.(2).(A). UNITS PREPARE DELIBERATELY FOR CONDUCT OF A CHAIN TEACH SESSION FOR ALL SOLDIERS AND DA CIVILIANS, AND FAMILY MEMBERS. CHAIN TEACH IS CONDUCTED AT ALL LEVELS, BUT ULTIMATELY SOLDIERS SHOULD RECEIVE THIS TRAINING FROM THEIR SQUAD, SECTION OR TEAM LEADER, OR FIRST LINE SUPERVISOR EQUIVALENT. CHAIN TEACH DEVELOPS AN INCREASED AWARENESS IN COMMANDERS, LEADERS AT ALL LEVELS, SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS OF RISK FACTORS, SUICIDAL BEHAVIOR WARNING SIGNS AND HOW TO INTERVENE ON SOLDIERS' BEHALF.

3.B.(2).(B). CONDUCT OF CHAIN TEACH IN THIS PHASE NEEDS TO INVOLVE SQUAD, SECTION OR TEAM LEADERS, AND OTHER FIRST LINE SUPERVISORS. COMMANDERS PLAN CONDUCT OF TRAINING TO INCLUDE UTILIZATION OF THE "SHOULDER TO SHOULDER, NO SOLDIER STANDS ALONE" FACILITATOR GUIDE AND VIDEO. THIS TRAINING FOCUSES ON IMPROVEMENT OF SOLDIERS' ABILITY TO RECOGNIZE RISK BEHAVIORS AND SUICIDAL BEHAVIORS, AND HOW TO INTERVENE TO PREVENT SUICIDAL BEHAVIOR.

3.B.(2).(C). COMMANDERS WILL MAKE THE SUICIDE PREVENTION TIP CARD DEVELOPED BY USACHPPM (TA-074-0507), AND ALL OTHER TRAINING MATERIALS AVAILABLE THROUGH SERVICING TASCs OR ON LINE TO SUPPORT THIS TRAINING. COMMANDERS AND LEADERS SHOULD REEMPHASIZE THE USE OF THE ACE (ASK, CARE AND ESCORT) CARD, AND DEMONSTRATE PRACTICAL USE OF THE ACE APPROACH TO HELP A FELLOW SOLDIER IN NEED. LEADERS SHOULD ENSURE THAT SOLDIERS WHO HAVE NOT PREVIOUSLY RECEIVED AN ACE CARD RECEIVE ONE IN CONJUNCTION WITH THIS TRAINING.

3.B.(2).(D). TRAINING MATERIALS REQUIRED FOR COMPLETION OF CHAIN TEACH TRAINING INCLUDE:

3.B.(2).(D).1. "SHOULDER TO SHOULDER, NO SOLDIER STANDS ALONE" VIDEO.

3.B.(2).(D).2. "SHOULDER TO SHOULDER, NO SOLDIER STANDS ALONE" FACILITATOR GUIDE.

3.B.(2).(D).3. ACE INTERVENTION CARD (GTA 12-01-003) DATED MAY 08.

3.B.(2).(D).4. SUICIDE PREVENTION TRAINING TIP CARD (GTA 12-01-006).

3.B.(2).(D).5. VIGNETTES FOR ROLE PLAY (CONTAINED IN THE SHOULDER TO SHOULDER FACILITATOR GUIDE).

3.B.(2).(D).6. TALKING POINTS TO FACILITATE TRAINING (ANNEX B).

3.B.(2).(E). COMMANDERS MAY CONDUCT ADDITIONAL TRAINING AT THEIR DISCRETION. ADDITIONAL AND OPTIONAL TRAINING SUPPORT MATERIAL MAY BE LOADED FROM THE USACHPPM WEBSITE LOCATED AT <HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/503094>. AKO LOGIN IS REQUIRED TO ACCESS THIS WEBSITE.

3.B.(3). PHASE III. SUSTAINMENT. BEGINS 15 FEB 09, RUNS CONCURRENTLY WITH PHASES I AND II, AND CONTINUES INDEFINITELY. THIS PHASE ESTABLISHES ROUTINE MANDATORY ANNUAL TRAINING REQUIREMENTS, AND INSTITUTIONALIZES ARMY SUICIDE PREVENTION

TRAINING IN ARMY POLICY AND PROCEDURES 3.B.(3).(A). UNITS WILL BEGIN TO CONDUCT ANNUAL SUICIDE PREVENTION TRAINING. TRAINING RECORDS ARE KEPT AT UNIT LEVEL SIMILAR TO THOSE CURRENTLY REQUIRED FOR APFT AND MARKSMANSHIP TRAINING. UNITS WILL CONDUCT SUICIDE PREVENTION TRAINING THROUGHOUT THE DEPLOYMENT CYCLE SUPPORT (DCS) IN ACCORDANCE WITH THE DCS DIRECTIVE. SUICIDE PREVENTION TRAINING IS MADE AVAILABLE BY COMMANDERS TO FAMILY READINESS GROUP LEADERSHIP AND THE GROUPS THEMSELVES IN CONJUNCTION WITH REGULARLY SCHEDULED MEETINGS. FAMILY MEMBERS ARE ENCOURAGED TO PARTICIPATE AS THEY ARE AN IMPORTANT BEHAVIORAL HEALTH INFLUENCER AND COULD ALSO BE A POTENTIALLY AT RISK POPULATION.

3.B.(3).(B). BEHAVIORAL HEALTH PROVIDERS WILL CONTINUALLY REVIEW AND UPDATE TRAINING MATERIALS. THE ASPP GENERAL OFFICER STEERING COMMITTEE (GOSC) WILL DIRECT ADDITIONAL TRAINING MATERIALS AND APPROVE CONTENT.

3.C. TASKS TO ARMY COMMANDS, ARMY SERVICE COMPONENT COMMANDS AND DIRECT REPORTING UNITS.

3.C.(1). GENERAL. COMMUNICATE INSTRUCTIONS TO ALL UNITS AND ORGANIZATIONS, ACTIVE, NATIONAL GUARD AND RESERVE FOR EXECUTION IN ACCORDANCE WITH ESTABLISHED TIMELINES. MONITOR FOR COMPLIANCE AND REPORT TO THE ARMY G-1 WHEN TRAINING REQUIREMENTS HAVE BEEN COMPLETED FOR ALL UNITS AND ORGANIZATIONS WITHIN THE COMMAND. USE STRATEGIC COMMUNICATION GUIDANCE AT ANNEX A FOR GUIDANCE WITH THEMES AND MESSAGES SPECIFIC TO THE ARMY SUICIDE PREVENTION PROGRAM.

3.C.(1).(A). PHASE I, STAND-DOWN. DIRECT ALL UNITS AND ORGANIZATIONS TO SCHEDULE AND COMPLETE STAND-DOWN TRAINING FOR ALL SOLDIERS AND DA CIVILIANS WITHIN RESPECTIVE COMMANDS NOT LATER THAN 15 MAR 09. REPORT COMPLETION OF STAND-DOWN TRAINING IN ACCORDANCE WITH PARAGRAPH 3.D.4.

3.C.(1).(B). PHASE II, CHAIN TEACH. DIRECT ALL UNITS AND ORGANIZATIONS TO SCHEDULE AND COMPLETE CHAIN TEACH TRAINING FOR ALL SOLDIERS AND DA CIVILIANS WITHIN RESPECTIVE COMMANDS BETWEEN 15 MAR 09 AND 15 JUL 09. REPORT COMPLETION OF CHAIN TEACH TRAINING IN ACCORDANCE WITH PARAGRAPH 3.E.(4).

3.C.(1).(C). PHASE III, SUSTAINMENT. CONDUCT SUICIDE PREVENTION TRAINING ANNUALLY. CONDUCT SUICIDE PREVENTION TRAINING AS PART OF DEPLOYMENT CYCLE SUPPORT IN ACCORDANCE WITH THE DCS DIRECTIVE AND SUPPORTING CHECKLISTS. MAKE SUICIDE PREVENTION TRAINING AVAILABLE AND ENCOURAGED ITS USE BY FAMILY READINESS GROUPS AND DURING FRG MEETINGS.

3.C.(1).(D). COMMANDERS WILL MAKE PHASE I, II AND III TRAINING AND TRAINING MATERIALS AVAILABLE TO FAMILY SUPPORT GROUPS AND OTHER APPROPRIATE FAMILY FORUMS.

3.C.(1).(E). COMPLETION OF THESE TASKS IS REQUIRED OF ARMY NATIONAL GUARD AND ARMY RESERVE UNITS, OR THE COMMAND, ARMY SERVICE COMPONENT COMMAND OR DIRECT REPORTING UNIT TO WHICH ASSIGNED. ARNG UNITS REPORT COMPLETION OF PHASE I AND PHASE II TRAINING REQUIREMENTS TO THE G3 THROUGH THE DIRECTOR OF THE ARMY NATIONAL GUARD. ARMY RESERVE UNITS REPORT THROUGH USARC, OR TO OTHER COMMAND, ARMY SERVICE COMPONENT COMMAND OR DIRECT REPORTING UNIT TO WHICH ASSIGNED.

3.C.2. TRADOC. DISTRIBUTE THROUGH TRAINING AND AUDIO VISUAL SUPPORT CENTERS (TASC) "BEYOND THE FRONT" VIDEOS AT A RATE NOT TO EXCEED 4 COPIES OF THE VIDEO PER BATTALION IN PHASE I. IN PHASE II, MAKE DISTRIBUTE: 1) ACE INTERVENTION CARDS (GTA 12-01-003) SUFFICIENT TO MEET UNITS' REQUIREMENTS, 2) SUICIDE PREVENTION TRAINING TIP CARDS (GTA 12-01-006) AND 3) "SHOULDER TO SHOULDER: NO SOLDIER STANDS ALONE" VIDEO. DURING PHASE III, CONSIDER PROFESSIONAL DEVELOPMENT COURSES AND INCORPORATE SUICIDE PREVENTION TRAINING INTO PME FOR LEADERS WHERE APPROPRIATE. BE PREPARED TO PRESENT CONCEPT OF INCORPORATING SUICIDE PREVENTION TRAINING INTO PME TO THE ASPP GOSC FOR APPROVAL.

3.C.3. IMCOM. PROVIDE SUBJECT MATTER EXPERTISE IN SUICIDE PREVENTION AND SUBSTANCE ABUSE TO PREPARE COMMANDERS AND LEADERS AS THE PRIMARY

TRAINERS (I.E., CHAPLAINS, ARMY SUBSTANCE ABUSE PROGRAM, AND FAMILY ADVOCACY PROGRAM) AND USE OF AVAILABLE INSTALLATION FACILITIES TO AUGMENT UNITS' TRAINING ACTIVITIES AS REQUESTED CONSISTENT WITH MISSION REQUIREMENTS.

3.D. TASKS TO THE ARMY STAFF.

3.D.(1). DEPUTY CHIEF OF STAFF, G-1. POLICY PROPONENT FOR ARMY HEALTH PROMOTION, CO-CHAIR OF THE ARMY SUICIDE PREVENTION GENERAL OFFICER STEERING COMMITTEE, AND RESPONSIBLE TO PLAN AND PROVIDE GUIDANCE FOR EXECUTION OF SUICIDE PREVENTION STAND-DOWN AND CHAIN TEACH PHASES. MONITORS AND REPORTS TO VCSA ANNUALLY THE STATUS OF ASPP TRAINING DURING SUSTAINMENT PHASE. DIRECT TRAINING MATERIALS FOR UNITS' USE AND MONITOR THE STATUS OF PROCUREMENT. ENSURES APPROPRIATE TRAINING REGULATIONS ARE UPDATED TO REQUIRE SUICIDE PREVENTION TRAINING TO SUPPORT BOTH THE ANNUAL REQUIREMENT AND THE DEPLOYMENT CYCLE SUPPORT TASKS.

3.D.(2). DEPUTY CHIEF OF STAFF, G-3/5/7. PROMULGATE GUIDANCE AND INSTRUCTIONS TO THE ARMY FOR EXECUTION OF STAND-DOWN AND CHAIN TEACH REQUIREMENTS. INCORPORATE ANNUAL SUICIDE PREVENTION TRAINING INTO REVISION OF APPROPRIATE TRAINING REGULATIONS.

3.D.(3). CENTER FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE. PROVIDE USE OF WEBSITE FROM WHICH ELECTRONIC VERSIONS OF TRAINING MATERIALS MAY BE LOADED.

3.D.(4). SURGEON GENERAL. OVERALL PROPONENT FOR HEALTH CARE, AND CO-CHAIR OF THE ARMY SUICIDE PREVENTION GENERAL OFFICER STEERING COMMITTEE.

3.D.(5). CHIEF OF CHAPLAINS. ENSURE CHAPLAINS ARE PREPARED TO OFFER PASTORAL AND TRAINING SUPPORT TO SOLDIERS AND LEADERS DURING ALL PHASES OF THE STAND-DOWN.

3.D.(6). DIRECTOR, ARMY NATIONAL GUARD. PROVIDE INSTRUCTIONS TO ARMY NATIONAL GUARD LEADERSHIP FOR EXECUTION AND COMPLIANCE OF STAND-DOWN AND CHAIN TEACH TRAINING REQUIREMENTS. DIRECT NATIONAL GUARD COMMANDERS TO COMPLY WITH TASKS TO ARMY COMMANDS, ARMY SERVICE COMPONENT COMMANDS AND DIRECT REPORTING UNITS. REPORT COMPLETION OF PHASE I AND PHASE II TRAINING REQUIREMENTS TO THE ARMY OPERATIONS CENTER, ATTN: DAMO-TRL IN ACCORDANCE WITH PARAGRAPH 3.E.(4).

3.D.(7). CHIEF, ARMY RESERVE. ENSURE INSTRUCTIONS ARE COMMUNICATED TO AND ALL ARMY RESERVE COMMANDERS UNDERSTAND THE REQUIREMENT TO COMPLY WITH TASKS TO ARMY COMMANDS, ARMY SERVICE COMPONENT COMMANDS AND DIRECT REPORTING UNITS. REPORTS OF COMPLETION OF PHASE I AND PHASE II TRAINING ARE TO BE PROVIDED TO THE ARMY OPERATIONS CENTER, ATTN: DAMO-TRL THROUGH THE COMMAND, SERVICE COMPONENT COMMAND OR DIRECT REPORTING UNIT TO WHICH THE UNIT IS ASSIGNED.

3.D.(8). CHIEF OF PUBLIC AFFAIRS. DEVELOP COMMUNICATION PLAN TO ANNOUNCE THE STAND-DOWN AND CHAIN TEACH DIRECTED BY THIS EXORD. MONITOR AND REVISE PUBLIC AFFAIRS GUIDANCE CONTAINED IN ANNEX A AS APPROPRIATE.

3.D.(9). CHIEF OF LEGISLATIVE LIAISON. COORDINATE AND SYNCHRONIZE CONGRESSIONAL NOTIFICATION AS REQUIRED. NOTIFY PROFESSIONAL STAFF MEMBERS OF IMPENDING ACTION AS DIRECTED IN THIS EXORD.

3.E. COORDINATING INSTRUCTIONS.

3.E.(1). THIS EXORD AUTHORIZES EXECUTION OF THE TASKS AND PHASES OF THE SUICIDE PREVENTION TRAINING DESCRIBED ABOVE.

3.E.(2). DIRECT LIAISON IS AUTHORIZED TO COORDINATE AND EXECUTE TASKS AND PHASES.

3.E.(3). TIMELINE.

3.E.(3).(A). 15 FEB 09 - BEGIN PHASE I. PHASE III ALSO BEGINS AND RUNS CONCURRENTLY.

3.E.(3).(B). 15 MAR 09 - END PHASE I, BEGIN PHASE II. PHASE III RUNS CONCURRENTLY.

3.E.(3).(C). 15 APR 09 - COMPLETE REPORTING OF PHASE I COMPLIANCE STATUS.

3.E.(3).(D). 15 JUL 09 - END PHASE II.

3.E.(3).(E). 15 AUG 09 - COMPLETE REPORTING OF PHASE II COMPLIANCE STATUS.

3.E.(4). REPORTING REQUIREMENTS.

3.E.(4).(A). STAND DOWN: ARMY COMMANDS, DIRECTOR ARMY NATIONAL GUARD, ARMY STAFF, ARMY SERVICE COMPONENT COMMANDS, AND DIRECT REPORTING UNITS WILL REPORT COMPLETION OF STAND DOWN AND CHAIN TEACH VIA RECORD TRAFFIC TO THE ARMY OPERATIONS CENTER, ATTN: DAMO-TRL IN ACCORDANCE WITH ANNEX C NLT 31 MAR 09 AND A FINAL COMPLETION REPORT NLT 15 APR 09. ARNG OR USAR UNITS LACKING A SCHEDULED DRILL OR BATTLE ASSEMBLY DURING THIS 30-DAY STAND-DOWN PERIOD WILL REPORT INITIAL COMPLETION STATUS ON 15 APR 09 AND CONTINUALLY REPORT ON THE 15TH OF EACH MONTH UNTIL COMPLETION DURING THE NEXT SCHEDULED DRILL OR BATTLE ASSEMBLY.

3.E.(4).(B). CHAIN TEACH: ARMY COMMANDS, DIRECTOR ARMY NATIONAL GUARD, ARMY STAFF, ARMY SERVICE COMPONENT COMMANDS, AND DIRECT REPORTING UNITS WILL REPORT COMPLETION OF STAND DOWN AND CHAIN TEACH VIA RECORD TRAFFIC TO THE ARMY OPERATIONS CENTER, ATTN: DAMO-TRL IN ACCORDANCE WITH ANNEX C NLT 15 APR 09 AND CONTINUALLY REPORT ON THE 15TH OF EACH MONTH WITH THE FINAL COMPLETION REPORT DUE NLT 15 AUG 09.

3.F. COMMANDER'S CRITICAL INFORMATION REQUIREMENTS (CCIR):

3.F.(1). UNITS THAT CANNOT MEET PHASE I REQUIREMENTS BEFORE 15 MAR 09.

3.F.(2). UNITS THAT CANNOT ACCESS ALL REQUIRED TRAINING MATERIALS.

3.F.(3). EVENTS THAT MAY RECEIVE NEGATIVE MEDIA ATTENTION.

3.F.(4). UNSCHEDULED VISITS BY DISTINGUISHED VISITORS DURING CONDUCT OF PHASE I OR PHASE II TRAINING.

3.F.(5). WHETHER ANY SOLDIERS OR DA CIVILIANS HAVE EXPERIENCED SUICIDAL IDEATION OR OTHER SUICIDAL BEHAVIOR THAT MAY BE ATTRIBUTED TO THE "BEYOND THE FRONT" INTERACTIVE VIDEO OR ANY OF THE OTHER TRAINING MATERIALS USED.

4. (U) SERVICE SUPPORT.

4.A. PHASE I. 13,500 COPIES OF THE "BEYOND THE FRONT" WERE SHIPPED TO CONUS AND OCONUS LOCATIONS ON 2 FEB 09 AND WILL ARRIVE IN THEATER BY STAND-DOWN START DATE. THE "BEYOND THE FRONT" VIDEO IS AVAILABLE FOR DOWNLOAD TO SGM / CSM AND FIELD GRADE OFFICERS ONLINE AT <HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/603513> FOR REMOTE UNITS UNABLE TO ACCESS TASC. THE "BEYOND THE FRONT" FACILITATOR GUIDE IS AVAILABLE ON-LINE TO DOWNLOAD AND USE FROM WEBSITE

<HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/603513>. ACE AND SUICIDE TRAINING TIP CARDS ARE AVAILABLE EITHER THROUGH TASC OR ON-LINE TO LOAD AND USE FROM WEBSITE <HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/603513>.

4.B. PHASE II. 50,000 COPIES OF THE "SHOULDER TO SHOULDER: NO SOLDIER STANDS ALONE" VIDEO WILL BE SHIPPED TO CONUS AND OCONUS LOCATIONS BY 2 MAR 09 AND WILL ARRIVE IN THEATER BY THE CHAIN TEACH START DATE. AN ON-LINE VIDEO LINK WILL BE PROVIDED BY SEPARATE COMMUNICATION. THE "SHOULDER TO SHOULDER" FACILITATOR GUIDE WILL BE POSTED ON-LINE AT WEBSITE

<HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/603513>. SUICIDE PREVENTION TRAINING TIP AND ACE INTERVENTION CARDS ARE ALSO DISTRIBUTED THROUGH SERVICING TASCs OR ON-LINE TO DOWNLOAD AND USE FROM WEBSITE <HTTPS://WWW.US.ARMY.MIL/SUITE/PAGE/603513>.

4.C. PHASE III. COMMANDERS MAY REUSE MATERIALS PROVIDED FOR PHASE I AND II. THE "COMMANDER'S TOOL KIT" IS AVAILABLE NOW AT

<HTTP://WWW.ARMYG1.ARMY.MIL/HR/SUICIDE/DEFAULT.ASP>. ADDITIONAL TRAINING MATERIALS AND RESOURCES WILL BE PROVIDED AS THEY BECOME AVAILABLE.

5. (U) COMMAND AND SIGNAL

5.A. THE VCSA IS RESPONSIBLE TO OVERSEE THE ARMY SUICIDE PREVENTION PROGRAM. THE ASPP GENERAL OFFICER STEERING COMMITTEE DEVELOPS AND PROVIDES RECOMMENDATIONS ON ARMY POLICY AND OTHER DECISIONS.

5.B. THE ARMY G1, HUMAN RESOURCE POLICY DIRECTORATE, COMMAND POLICY PROGRAMS DIVISION IS RESPONSIBLE FOR THE MANAGEMENT OF THE ARMY SUICIDE PREVENTION PROGRAM. THE PROGRAM MANAGER IS MR. WALTER O. MORALES, (703) 604-0620, [WALTER.MORALES@HQDA.ARMY.MIL](mailto:WALTER.MORALES@HQDA.ARMY.MIL).

6. EXPIRATION OF THIS ALARACT CANNOT BE DETERMINED.

ACKNOWLEDGE:

CASEY  
GEN

OFFICIAL:  
THURMAN  
DEPUTY CHIEF OF STAFF, G-3/5/7

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ORIGINAL TO RECIPIENTS:

C:US,O:U.S. GOVERNMENT,OU:DOD,OU:ARMY,OU:ORGANIZATIONS,OU:ADDRESS  
LISTS,CN:AL ALARACT(UC)  
[ALARACT]

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[ALARACT]

ORIGINAL CC RECIPIENTS:

C:US,O:U.S. GOVERNMENT,OU:DOD,OU:ARMY,OU:ORGANIZATIONS,L:CONUS,  
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RELEASE AUTHORITY(UC)  
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PROFILED DISSEMINES:

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[DMSFORFEB@PTSC.PENTAGON.MIL](mailto:DMSFORFEB@PTSC.PENTAGON.MIL) (CC)  
[DMSG1AGCYMAIL@HQDA-DMS.ARMY.MIL](mailto:DMSG1AGCYMAIL@HQDA-DMS.ARMY.MIL) (TO)

DA ID: 2900155

MTSID: c=US;a=DMS;p=GOV+DMS+NIPR;l=AVTAYZ36-090206001052Z-543

SIGNED BY: C:US,O:U.S. Government,OU:DoD,OU:ARMY,OU:Organizations,  
L:CONUS,L:WASHINGTON DC,OU:DA PENTAGON  
TELECOMMUNICATIONS(uc),OU:ALARACT RELEASE  
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ALARACT(uc) \*\*\* VALIDATED \*\*\*

MESSAGE TYPE: OTHERORG

UNCLASSIFIED//



## **ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)**

### 1. (U) References.

1.A. (U) Army Suicide Prevention EXORD #101/ 09, DTG 090205 1545 February 2009

1.B. (U) Army G-1 Suicide Prevention Website

<http://www.armyg1.army.mil/hr/suicide/default.asp>

1.C. (U) AR 600-63: Army Health Promotion

[http://www.army.mil/usapa/epubs/xml\\_pubs/r600\\_63/cover.xml](http://www.army.mil/usapa/epubs/xml_pubs/r600_63/cover.xml)

1.D. (U) U.S. Army Center for Health Promotion and Preventive Medicine

Log on to AKO, and then paste the following URL: <https://www.us.army.mil/suite/portal/index.jsp>

1.E. (U) National Guard Virtual Armory: Suicide Prevention Mission

<http://virtualarmory.com/WELLBEING/SUICIDE.ASPX>

1.F. (U) U.S. Army Reserve – Suicide Prevention Program Website

<https://esaiwr.usar.army.mil/akog1/> (AKO account required)

### 2. (U) Purpose.

2.A. (U) Primary Purpose: To inform Army leaders at all levels and from all components, Soldiers, Families, Army Civilians about programs, training and resources available to assist in suicide prevention through the Army's Stand-Down and Chain Teach program to be conducted from 15 February through 15 July 2009.

2.B. (U) Supports long term ASPP efforts:

- To decrease the stigma of seeking mental health care.
- To reduce suicidal behavior in the Army.
- To encourage Soldiers and Families to seek appropriate solutions to their concerns.
- To enhance life / coping skills
- To strengthen the culture of the Army
- To enhance intervention skills of leaders and junior Soldiers

### 3. (U) Background.

## **ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)**

The Army will demonstrate its commitment to reduce suicidal behavior by conducting a Stand- Down (15 February to 15 March 2009) and a Chain Teach Effort (15 March to 15 July 2009) and ongoing training, services and support to address this important issue at national, regional and local level. Suicides in the Army have reached an all-time high and leaders at all levels must take steps outlined in Army Suicide Prevention EXORD (see references) to address this issue with their Soldiers, DA Civilians and Family Members through Family Readiness Groups.

Suicide prevention is the term used to encompass all three areas of the Army's leadership concerns: suicide prevention awareness, suicide intervention actions, and postvention grief and bereavement support. It is vital to implement each one of these three areas of our program in units and organizations, on installations, and in communities to maintain a comprehensive, proactive, and effective suicide prevention program within the Army.

Suicide is a preventable tragedy for Soldiers, Families, DA Civilians, and Communities. Every effort must be made to understand and inform Army personnel of the risk factors involved, to train Soldiers and Army Civilians to intervene, and make them aware of professional help at every level. According to the National Suicide Prevention Alliance, "when given a chance, life usually prevails." Let's give our Soldiers, Families, and DA Civilians this second chance as life.

#### 4. (U) Theme. "Shoulder to Shoulder: No Soldier Stands Alone"

To succeed in prevention, the Army must show it has decreased or eliminated the stigma of seeking mental health care, and it must convince every Soldier, Family Member and DA Civilian a life lost to suicide is a life we could have saved.

Leaders must plan, coordinate, and deliver suicide prevention education, awareness, and training programs throughout the training period defined in the EXORD and annually to sustain the awareness required to decrease suicidal behavior. We challenge and empower all leaders to make installations, units and communities a suicide prevention-aware environment for Soldiers, Families, and Army Civilians.

5. (U) Posture. Public affairs posture is active. Request Army Commands, Army Service Component Commands, Direct Reporting Units, Installation, and subordinate PAOs promote suicide awareness training and prevention in their command information media. Request all PAOs arrange media opportunities to cover Suicide Awareness Training at their installation, units and communities and have subject-matter experts (SMEs) prepared to discuss what is available at the installation and medical treatment facility, as well as in communities, to support Soldiers and Family Members who develop behavioral health issues and where they can go to seek treatment. Please share your installation / organization internal and external media coverage with the points of contact listed at the end of this PAG.

6. (U) PA Approach. Installations and organizations should provide messaging on:

##### 6.A. (U) Senior Leadership Messages

- Highlight suicide prevention efforts in all activities and engagements with Soldiers, Civilians and Family Members. Conduct suicide prevention training.
- Share Installation, unit and community services and resources that support suicide prevention.

## **ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)**

### 6.B. (U) Installation Events and Activities

- Unit based training, events and activities.
- Installation based events and activities.
- Community based events and activities.

### 6.C. (U) Media / Public Outreach

- Command and Public Information News Releases.
- Online stories highlighting training, care, support and services.
- Veterans Administration, Military and Veterans Service Organizations partnerships and support to suicide prevention efforts.
- Engage local media with local/installation suicide prevention efforts.

### 7. (U) Audiences. Audiences and desired effect

7.A. (U) Internal: All Soldiers, Army Civilians and Family Members receive required training and information that helps them recognize suicidal behavior and find appropriate ways to intervene and save lives. Soldiers, Families, and Army Civilians become advocates and actively engage in suicide prevention. Army spokespersons, commanders, senior enlisted, healthcare providers, and public affairs officers communicate through actions and words the same message on the issue of suicide prevention education, training, and behavioral healthcare support and services. Soldiers, Families, and Army Civilians choose to continue Army careers.

7.B (U) External (Public): The public is aware of Army efforts to address increasing trends in suicidal behavior and understand the challenges facing the force that may contribute to suicidal behavior. They see the Army as doing all it can under challenging conditions. Many civilian employers of Guard and Reserve members are aware of challenges facing our Reserve Component Soldiers and are becoming more aware of services for Soldiers and Families. Many corporations have suicide prevention programs. Media bias leans toward the positive for the Army and includes increased reportage of Congressional support for legislative and appropriations assistance. Prospects who consider the Army see quality of life/care issues as no impediment to service, even finding such issues attractive.

7.C. (U) External (Congress): Full support from DoD, Congress, and the nation are evident for Army initiatives and programs to correct systemic issues within the Army.

### 8. (U) Key Messages

- Our Soldiers live the Warrior Ethos and will never leave a fallen comrade.
- The Army's 2008 suicide prevention theme is: "Shoulder to Shoulder, no Soldier Stands Alone".

## **ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)**

- Suicide Prevention is critical in the Army.
- Suicide prevention is about Soldiers taking care of Soldiers. In the Army, we always take care of our battle buddies.
- Everyone in the Army Family needs to be involved in suicide prevention.
- Taking care of our own is part of our culture and ethos.
- We are committed to decreasing stigma associated with seeking help, to improving access to care, and to incorporating suicide prevention training into all training programs
- World class training and resources are available to assist Soldiers, Families, and Army Civilians in suicide prevention.
- The loss of an American Soldier's life is a tragedy regardless of the reason.
- Our goal is to provide men and women wearing the Army uniform and their Families the best available support to help them overcome the stresses that society in general, as well as military service entails.
- Soldiers and Family members in need have ready access to existing and new services; all they need to do is ask their chain of command, chaplain, leader, buddy, or person trained in Applied Suicide Intervention Skills Training (ASIST) and Ask, Care, Escort (ACE).

### 9. (U) Assessment Reporting (Event Coverage, Social Media, etc.)

PAOs should provide post-event coverage and information of their suicide prevention week / month events to ensure senior Army leadership visibility. Provide a summary to the Army Suicide Prevention Program Manager and to OCPA Plans. This information will be consolidated and provided to the Secretary of the Army in an effort to capture Army activities and engagements.

### 10. (U) Delivery Channels

- DoD and other government agencies
- Face-to-face events (Army-wide Installations, units, communities, and Pentagon)
- Army.mil websites
- Media Outreach
- Veterans Service Organizations /Military Service Organizations & Centers of Influence
- OTSG / MEDCOM

## **ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)**

- Post and Installation Command Information Media
- Veterans Affairs

### 11. (U) Historical Background

In 2001, the Army Suicide Prevention Program launched a prevention campaign including new strategies and a revised Suicide Prevention model. Each year, the Army reviews its program and strives to improve its strategies based on the current environment and lessons learned.

To minimize suicidal behavior, one of the strategies focuses on training Soldiers, leaders, Army Civilians, and Family members to recognize signs of suicidal behavior, understand the risks of suicide, intervention strategies, and how to refer individuals for follow-on support and care.

Program strategies focus on: Increasing awareness and intervention skills for leaders and junior Soldiers, providing actionable intelligence, enhancing life skills, providing comprehensive mental health care, and reducing stigma.

Suicide awareness training includes recognizing the verbal and nonverbal signs and symptoms, identifies behavioral and situational predictors, and Army installation and community support systems that help individuals in times of distress.

Failed relationships, legal and financial problems, and occupational and operational issues are consistently cited as the main stressors/risk factors that lead to suicide.

The suicide rate has nearly doubled since CY2001. The Active Duty suicide rate for CY2008 is 20.2 per 100K Soldiers according to the Army G-1, Suicide Prevention Office.

It is crucial for our Soldiers, Families, and Army Civilians to recognize that seeking help during times of stress is a sign of strength, not weakness. Leadership involvement is key to creating healthy environments where Soldiers, Families, and Army Civilians are encouraged to seek help.

Based on all of these things, it is time to re-charge and re-invigorate internal communications in support of the Army's current efforts to change our culture regarding the stigma associated with seeking help on mental health issues, Post Traumatic Stress Disorder (PTSD), mild traumatic brain injury, and other forms of personal distress. The story at the link below provides the latest information on Army Suicides:

<http://www.army.mil/-news/2009/01/29/16230-army-addresses-rising-suicide-rate-highest-in-four-years/>

### 12. (U) Talking Points:

12.A. (U) Our Soldiers live the Warrior Ethos and will never leave a fallen comrade.

12.B. (U) The Army's 2008 suicide prevention theme is: "Shoulder to Shoulder, no Soldier Stands Alone".

## **ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)**

- Our Soldiers, Families, and Army Civilians are proving to be resilient in the face of continued high operational demands; we are fully committed to enhancing that resiliency.
- Our Soldiers, Families, and Army Civilians must know and must be reminded frequently in our words and actions that it is okay to ask for help during times of distress and personal crisis.
- We focus our efforts on helping Soldiers, Army Civilians, and Families deal with the challenges they face everyday, particularly with home-front issues.
- We are keenly aware of unique stressors facing Soldiers, Army Civilians, and Families today and we continue to address these issues on several fronts, including Battlemind training, Suicide Prevention training, PTSD/mTBI Chain Teaching, and access to comprehensive care.
- We recognize that the mental health of our Soldiers is just as important as their physical health which is why we continue to develop mental health training and awareness programs for Soldiers and their Families.
- We continue to take steps to mitigate suicide risks such as failed relationships, occupational and operational issues, and legal and financial problems that contribute to suicidal behavior.
- The Deployment Cycle Support Process synchronizes and integrates services to Active and Reserve Component Soldiers and Family Members to cope with associated stress before, during, and after deployment.
- Seeking help is a positive step towards protecting yourself and others from the permanent consequences that can arise when extreme stress reactions occur.
- Mental health counseling in and of itself is not a reason to revoke or deny a clearance; Department of Defense-wide implementation guidance on this subject was disseminated in April 2008.
- The Army takes suicide prevention very seriously. We are honor bound to ensure we do everything possible to minimize potential risks. We will never leave a fallen comrade.
- It is crucial for our personnel to know that it is okay to ask for help during times of distress and personal crisis.
- Our leaders are keenly aware of the stresses facing our Soldiers, Families, and Army Civilians both on deployment and at home station and continue to address these issues on several fronts.
- The Army has instituted numerous programs and resources to provide for Soldiers and families in need. For example:
  - In the case of suicides, the U.S. Army is committed to providing the support and care necessary to overcome difficult times by providing the best resources available to our Soldiers, their Families, and Army Civilians.

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- We maintain a comprehensive network of behavioral healthcare providers who render services to all who are entitled.
- As leaders, we are determined to provide targeted and tailored training and to know our Soldiers so we may intervene and immediately provide treatment when necessary.
- Our Soldiers, Army Civilians, and Families are resilient in the face of this prolonged conflict and the Army is committed to enhancing that resiliency.
- Installations and units continue to implement local intervention programs with the assistance of the Community Health Promotion Council, Suicide Prevention Task Force, or Suicide Prevention Coordinators.

### 13. (U) Questions & Answers

13.A. (U) Why is the Army bringing such focus on Suicide Prevention? Aren't PTSD and other behavioral health issues of more concern?

(U) The Army is concerned about all these issues and is taking steps to address each. The Army suicide rate is at the highest level since the service has been keeping records and is of immediate concern of the leadership. Army leaders will focus on training, care, support and services to help Soldiers, DA Civilians and their Family Members to understand the signs of suicidal behavior and what they can do to intervene to help people in need of care. The ultimate goal is to save lives and reduce Army suicides. On a broader scale, the Army is addressing broader behavioral health issues by increasing the number of behavioral health care providers and by providing Deployment Cycle Support training, Battlemind Training and Post Deployment Health Assessments (and Re-Assessments) to address the broad range of behavioral health care issues. The Army is standing up an effort called the Comprehensive Soldier Fitness program that will strengthen Soldiers through resilience training, improved coping strategies and better overall fitness (physical and behavioral health).

13.B. (U) What type of suicide prevention assistance is available to Soldiers?

(U) The Army maintains a comprehensive network of behavioral healthcare providers at each installation. In addition, Unit Ministry Teams (UMT), where available, consisting of a chaplain and chaplain's assistant are part of every Battalion size organization within the Army. These UMTs are embedded with Soldiers and Leaders and are thus readily available to the commanders to assist them in counseling someone who might be at risk. UMT members receive specialized suicide prevention training such as the Applied Suicide Intervention Skills Training (ASIST) and Ask, Care, Escort (ACE). Additionally, every Soldier has been trained in prevention and intervention.

13.C (U) What has the Army done in the last year related to Suicide Prevention and Behavioral Health?

(U) The Army G-1 and The Surgeon General hosted the initial Suicide Prevention General Officer Steering Committee (GOSC). The GOSC is a multi-disciplinary team from across the Army. The focus of this effort is to target root causes that may lead to suicide and change the behavior of leaders and Soldiers to recognize, intervene, and refer those who exhibit risk factors associated with suicide. The GOSC approved the following: (1) the distribution of recognition and intervention training materials; (2) the establishment a suicide prevention analysis and information sharing cell that has epidemiological

## **ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)**

consultation-like capabilities, and (3) staffing the draft GOSC charter and expanded membership to include external agencies including Veterans Affairs, the Centers for Disease Control, and the National Institute of Mental Health. In subsequent meetings, the GOSC reaffirmed the Army Suicide Prevention strategies and expanded them. They include: (1) raising awareness and building intervention skills; (2) improving access to comprehensive care; (3) reducing stigma associated with seeking behavioral healthcare; and (4) improving life skills. GOSC members discussed the value of providing lessons learned to the field and the need to get leaders directly involved in the process. One of the key goals of the GOSC is to share information across the enterprise to reduce risk that may lead to suicide and further emphasize those key policies and programs that improve the well-being of the force.

The Army Chaplain Corps' "Strong Bonds" training program is expanding to reach more Soldiers and Family members to improve relationship-building skills intended to reduce failed relationships for both married and single Soldiers. In addition, commanders are continuing to emphasize Battlemind Training, which is designed to build resiliency for Soldiers and Families.

Unit Ministry Teams and leaders continue to provide Suicide Awareness briefings for leaders and Soldiers throughout the deployment cycle. Additionally, Applied Suicide Intervention Skills Training is provided to key leaders to enhance intervention skills, identify risk factors and warning signs, and refer at-risk Soldiers to the appropriate agency for care.

The Army's Medical Command is recruiting and hiring additional behavioral health providers. They are also screening all Soldiers for possible mental health problems during Initial Entry Training and during the pre- and post-deployment. The Army Medical Department has the subject-matter experts in behavioral health who design the intervention products used in educational and awareness campaigns, and provide treatment for potentially suicidal individuals.

The Deployment Cycle Support Process has integrated psychological resilience products (i.e., Battlemind training) and suicide prevention training is conducted during pre- and post deployment activities.

13.D. (U) What changes to training, care, and support will the Army undertake in the next 6 months to address increase in suicidal behavior?

(U) The Army will take a critical look at policies, procedures, climate, and culture as they pertain to suicide prevention and awareness. They will also approach Suicide Prevention from the broader scheme of behavioral health; focus suicide prevention training to build upon previous behavioral health training, such as that for post traumatic stress disorder; stress efforts to reduce stigma and get help earlier; change the behavior of leaders and Soldiers so that it's seen as a strength to seek behavioral healthcare; and redouble leaders' efforts to prevent suicides.

Chaplains and chaplain assistants will continue to remain proactive in providing training in suicide awareness, prevention, intervention, and postvention (actions after a suicide). We will adapt training based on research and lessons learned to offer the best possible tools to Soldiers and leaders to inculcate coping and resiliency skills. Chaplains will partner with the behavioral health community to emphasize the importance of peer support – "battle buddies" – in recognizing and intervening in advance of a Soldier's decision to view suicide as an option. All areas of chaplain and chaplain assistant training (Basic Officers' Leader Course, Career Course, Basic NCO Course, local training, etc.) will continue to build skills necessary to effectively address life choices that contribute the consideration of suicide as a permanent solution to a temporary problem.



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Continue to focus the Behavioral Health education / marketing campaign to decrease the stigma of seeking treatment for mental healthcare and an awareness of the symptoms and signs of suicide. Develop timely, actionable intelligence that gives leaders an analysis of each suicide or attempt that includes lessons learned, trend data, and potential factors to watch

Develop and distribute a guide for installations and units, a quick reference for leaders booklets “Quick Series”, and a program checklist for Commanders, leaders, Soldiers, Unit Ministry Team personnel, and Installation Management Command.

Distribute additional training tools to include videos “Beyond the Front” and Shoulder-To-Shoulder: No Soldier Stands Alone. “Beyond the Front” is an interactive video that allows Soldiers to select alternate courses of action and view how their decision either positively or negatively affects the prevention of suicide.

13.E. (U) What is the commander’s role in preventing suicides?

(U) First and foremost, all leaders have to KNOW their Soldiers. The primary role of small unit leaders is to provide training to his/her Soldiers in recognizing the behaviors associated with those contemplating suicide and set the proper environment, ensuring all avenues are open for Soldiers to get care without fear of stigma, retribution, or endangering his career.

Suicide prevention is a leadership responsibility and a commander’s program to manage. This could range from an installation commander coordinating the various staffs and support agencies, to a company commander who ensures that his or her Soldiers are properly trained and for setting the proper environment for addressing personal issues.

13.F. (U) What type of pastoral care and religious support is available with regards to behavioral health and suicide prevention?

(U) U.S. Army chaplains and chaplain assistants form the UMT (Unit Ministry Team) and are fully integrated in the care and support of Soldiers and Families. They address the spiritual dimension of a Soldier’s life by providing religious support, in the form of worship services, rites and sacraments, religious education, prayer, and scripture study to enhance the well-being of members of the command, providing a foundation for coping skills and resiliency skills. Additionally, they provide pastoral care and counseling in routine and crisis situations, to include those periods in which a Soldier may find himself or herself facing behavioral health issues. Chaplains are often part of multi-disciplinary teams (social work, behavioral health, medical) that complete a holistic approach to Soldier care by addressing the spiritual or religious dimensions of an issue.

Chaplains are inherently linked with efforts by command and support agencies to ensure the health and well-being of Soldiers and Families. They routinely address the spiritual dimension of well-being through life skills and relationship enhancement training, as well as addressing it through personal pastoral care and counseling in crisis situations. Chaplains are the primary trainers of suicide awareness, prevention, and intervention; they will continue in their efforts to encourage all Soldiers of the responsibility to stand shoulder to shoulder with their battle buddies in ensuring the health of the force.

- Preventive and Responsive Measures:

## ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)

- Relationship enhancement: The majority of Soldiers experiencing suicidal thoughts are experiencing relationship or life choice difficulties. Consequently, the Army conducts training for Soldiers as an important suicide prevention tool. The Strong Bonds: Building Ready Families program is the Chief of Chaplains' initiative designed to give Soldiers and their Families the skills and attitudes necessary to build solid relationships, marriages and families. Strong Bonds events are led by unit chaplains who have been trained in core curricula that address single, couple, and family relationships issues. The retreats provide a safe, secure environment to learn relationship skills and develop strategies to address the impact of repeated deployments, resiliency, and conflict. Modules are continually being revised and developed to address changing needs, including the needs of single Soldiers. In 2008, more than 65,000 Soldiers and Families participated in one of 1,600 planned events aimed at strengthening relationships.
- Training: Chaplains routinely conduct training for Soldiers and leaders in suicide awareness, prevention, and intervention. Often, they are involved in training other topics that lead to a more balanced and healthy life, focusing on those choices a Soldier makes that will enhance their ability to adapt to life situations.
- Pastoral care and counseling: Chaplains are often the first person to whom a Soldier will turn when seeking assistance. They are available to Soldiers for counsel in their work place, in their home or barracks, in the training environment and on the battlefield. In the course of counseling, chaplains may be able to divert a potentially suicidal crisis by helping the Soldier to see alternatives to death, find appropriate help in working through behavioral health issues, and developing a supportive network among peers and loved ones. Chaplains also help those who have experienced loss, such as the Family or the unit, by providing memorial services, critical incident debriefings (often in conjunction with behavioral health teams), and counsel. Each installation has a chaplain on call to respond to crisis outside of duty hours, so a chaplain is available 24/7.
- Future efforts: Chaplains and chaplain assistants will continue to remain proactive in providing training in suicide awareness, prevention, intervention, and postvention (actions after a suicide). We will adapt training based on research and lessons learned to offer the best possible tools to Soldiers and leaders to encourage increased coping and resiliency skills. Chaplains will partner with the behavioral health community to emphasize the importance of peer support – “battle buddies” – in recognizing and intervening in advance of a Soldier's decision to view suicide as an option. All areas of chaplain and chaplain assistant training (Basic Officer Leader Course, Career Course, Basic NCO Course, local training, etc.) will continue to build skills necessary to effectively address life choices that contribute the consideration of suicide as a permanent solution to a temporary problem.

13.G. (U) What is the most common age group for military suicides?

13.G.1. (U) Suicides impact all age groups. However, younger Soldiers make up the majority of Army suicides with Soldiers between the ages of 17-30 typically having the highest rates.

14. (U) Points of Contact

- OCPA-SPD: COL Jonathan Dahms, 703-693-6475, [jonathan.dahms@us.army.mil](mailto:jonathan.dahms@us.army.mil)

## ANNEX A - Strategic Communications to EXORD 103-09 (Army Suicide Prevention)

- OCPA-SPD: Philip Jones, 703-693-1311, [philip.h.jones@us.army.mil](mailto:philip.h.jones@us.army.mil)
- OCPA-CRD: MAJ Rebecca Leggieri, 703-695-7260, [rebecca.leggieri@hqda.army.mil](mailto:rebecca.leggieri@hqda.army.mil)
- OCPA-MRD: MAJ Nathan Banks, 703-697-7550, [nathan.banks@hqda.army.mil](mailto:nathan.banks@hqda.army.mil)
- OCLL: LTC Jenny Davis, 703-697-9134, [jenny.davis@hqda.army.mil](mailto:jenny.davis@hqda.army.mil)
- G-1 PAO: Rhonda Paige, 703-697-2935, [rhonda.paige@hqda.army.mil](mailto:rhonda.paige@hqda.army.mil)
- G-1 / MRA: Sue Cathcart, 703-693-4271, [susan.cathcart@hqda.army.mil](mailto:susan.cathcart@hqda.army.mil)
- OTSG/PA: Cynthia Vaughan, [cynthia.vaughan@us.army.mil](mailto:cynthia.vaughan@us.army.mil)
- OSD(PA): Ms. Cynthia Smith, 703-697-5135, [cynthia.smith@osd.mil](mailto:cynthia.smith@osd.mil)
- OCPA/CRD: Ms. Maureen Ramsey, 703-697-0050  
[maureen.ramsey@hqda.army.mil](mailto:maureen.ramsey@hqda.army.mil)  
MAJ Crystal Oliver, 703-695-2057 [crystal.oliver@hqda.army.mil](mailto:crystal.oliver@hqda.army.mil)
- IMCOM/PA: Mr. Ned Christensen, 703-602-3193 [ned.christensen@hqda.army.mil](mailto:ned.christensen@hqda.army.mil)  
Mr. Steven Unglesbee, 703-602-5459, [steven.unglesbee@hqda.army.mil](mailto:steven.unglesbee@hqda.army.mil)
- FMWRC/PA: Ms. Laurie Pugh, PAO, 703-681-1549, [laurie.pugh@us.army.mil](mailto:laurie.pugh@us.army.mil)

### 15. (U) Additional References

- Suicide Prevention Commander's Tool Kit  
(<http://www.armyg1.army.mil/HR/suicide/commandertoolkit.asp>)
- Department of the Army, Deputy Chief of Staff, G-1: Army Suicide Prevention Program  
(<http://www.armyg1.army.mil/HR/suicide/docs/Commanders%20Tool%20Kit/Suicide%20Prevention%20Guide%20for%20Installations%20and%20Units.pdf>)
- Article: (2008) "Sergeant Lends Ear to Fellow Soldier, Prevents Suicide" (<http://www.army.mil/news/2008/06/10/9811-sergeant-lends-ear-to-fellow-soldier-prevents-suicide/>)
- Article: (2008) "Devastating effects of suicide hurt many" (<http://www.army.mil/news/2008/06/15/10022-devastating-effects-of-suicide-hurt-many/>)
- Article: (2008) "Reducing Stigma Provides Key to Better Mental Health, Officials Say"  
(<http://www.army.mil/news/2007/06/18/3676-reducing-stigma-provides-key-to-better-mental-health-officials-say/>)
- Article: (2008) "Army Medicine Raises Mental Health Awareness with Programs to 'Get Connected"  
(<http://www.army.mil/news/2008/05/01/8887-army-medicine-raises-mental-health-awareness-with-programs-to-get-connected/>)

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- Article: (2008) "Reducing the Stigma of Mental Health Assistance" (<http://www.army.mil/news/2008/05/01/8917-reducing-the-stigma-of-mental-health-assistance/>)
- Article: (2008) "Soldiers Told 'Just Say No' to Question 21" (<http://www.army.mil/news/2008/06/06/9718-soldiers-told-just-say-no-to-question-21/>)
- Article: (2008) "Army Promotes May's Mental Health Month Awareness" (<http://www.army.mil/newsreleases/2008/05/01/8999-army-promotes-mays-mental-health-month-awareness/>)
- American Association for Suicidology ([www.suicidology.org](http://www.suicidology.org))
- Army Administrative Electronic Publication website (<http://www.usapa.army.mil>)
- Army Behavioral Health (<http://www.behavioralhealth.army.mil/index.html>)
- Army National Guard (<http://www.virtualarmory.com/WellBeing/suicide.aspx>)
- Combat Readiness Center (<https://crc.army.mil/home/>)
- Healthy People 2010 ([www.health.gov/healthypeople](http://www.health.gov/healthypeople))
- Installation Management Command ([www.imcom.army.mil/site/hr/asap.asp](http://www.imcom.army.mil/site/hr/asap.asp))
- Living Works Education ([www.livingworks.net](http://www.livingworks.net))
- Military OneSource ([www.militaryonesource.com](http://www.militaryonesource.com))
- National Suicide Prevention Lifeline ([www.suicidepreventionlifeline.org/](http://www.suicidepreventionlifeline.org/))
- Suicide Prevention Advocacy Network ([www.spanusa.org](http://www.spanusa.org))
- Surgeon General's Call to Action ([www.surgeongeneral.gov/library/calltoaction](http://www.surgeongeneral.gov/library/calltoaction))
- Tragedy Assistance Program for Survivors ([www.taps.org](http://www.taps.org))
- U. S. Army Chaplains (<http://www.chapnet.army.mil/>)
- U.S. Army Reserve (<https://esaiwr.usar.army.mil/akog1/>) (AKO account required)

## ANNEX B – Talking points: Suicide Prevention Stand-Down and Chain Teach to EXORD 103-09 (Army Suicide Prevention)

- Army Values
  - **LOYALTY. Bear true faith and allegiance to the U.S. Constitution, the Army, your unit and other Soldiers.** Bearing true faith and allegiance is a matter of believing in and devoting yourself to something or someone. A loyal Soldier is one who supports the leadership and stands up for fellow Soldiers. By wearing the uniform of the U.S. Army you are expressing your loyalty. And by doing your share, you show your loyalty to your unit.
  - **DUTY. Fulfill your obligations.** Doing your duty means more than carrying out your assigned tasks. Duty means being able to accomplish tasks as part of a team. The work of the U.S. Army is a complex combination of missions, tasks and responsibilities — all in constant motion. Our work entails building one assignment onto another. You fulfill your obligations as a part of your unit every time you resist the temptation to take “shortcuts” that might undermine the integrity of the final product.
  - **RESPECT. Treat people as they should be treated.** In the Soldier’s Code, we pledge to “treat others with dignity and respect while expecting others to do the same.” Respect is what allows us to appreciate the best in other people. Respect is trusting that all people have done their jobs and fulfilled their duty. And self-respect is a vital ingredient with the Army value of respect, which results from knowing you have put forth your best effort. The Army is one team and each of us has something to contribute.
  - **SELFLESS SERVICE. Put the welfare of the Nation, the Army and your subordinates before your own.** Selfless service is larger than just one person. In serving your country, you are doing your duty loyally without thought of recognition or gain. The basic building block of selfless service is the commitment of each team member to go a little further, endure a little longer, and look a little closer to see how he or she can add to the effort.
  - **HONOR. Live up to Army values.** The Nation’s highest military award is The Medal of Honor. This award goes to Soldiers who make honor a matter of daily living — Soldiers who develop the habit of being honorable, and solidify that habit with every value choice they make. Honor is a matter of carrying out, acting, and living the values of respect, duty, loyalty, selfless service, integrity and personal courage in everything you do.
  - **INTEGRITY. Do what’s right, legally and morally.** Integrity is a quality you develop by adhering to moral principles. It requires that you do and say nothing that deceives others. As your integrity grows, so does the trust others place in you. The more choices you make based on integrity, the more this highly prized value will affect your relationships with family and friends, and, finally, the fundamental acceptance of yourself.
  - **PERSONAL COURAGE. Face fear, danger or adversity (physical or moral).** Personal courage has long been associated with our Army. With physical courage, it is a matter of enduring physical duress and at times risking personal safety. Facing moral fear or adversity may be a long, slow process of continuing forward on the right path, especially if taking those actions is not popular with others. You can build your personal courage by daily standing up for and acting upon the things that you know are honorable.

## **ANNEX B – Talking points: Suicide Prevention Stand-Down and Chain Teach to EXORD 103-09 (Army Suicide Prevention)**

- Commanders will be proactive in eliminating stigma and should look for opportunities demonstrated in their actions to prove that we are serious about no stigmas in their formations.
- There is no **definite** measure to predict suicide or suicidal behavior. However, the vast majority of individuals who are suicidal often display warning signs.
- Warning signs revealed in the form of risky behavior include but are not limited to:
  - Alcohol Abuse
    - In the Army, approximately 20% to 30% of Soldiers who completed suicide were drinking at the time of the event
  - Illegal Drug Use
    - Younger persons who kill themselves often have a substance abuse disorder in addition to being depressed
  - Broken Relationships
    - An observable risk factor for battle buddies to look for is being aware of when a “bad event” (e.g., Dear John Letter) takes place and what is the observed reaction to this specific event. Reactions that can signal possible suicidal actions include aggressive behavior, anxiety, withdrawal, or agitation
  - Negative Job Performance
    - Mood and behavioral changes – anger and sadness, being preoccupied and tired

**ANNEX B – Talking points: Suicide Prevention Stand-Down and Chain Teach to EXORD 103-09 (Army Suicide Prevention)**

- Financial Difficulty
  - The additional stress of not being able to pay the bills or a bad financial situation can make a Soldier feel overwhelmed and trapped by the situation
- Pending UCMJ Action
  - Pending UCMJ action or other legal problems may act as a precipitant, especially in Soldiers who are concerned about their career. This is true overall, not specific to UCMJ
- Past History of High Risk Behavior
  - The risk of death by suicide may, in part, be related to the severity of the depression. It is estimated that about 60 percent of people who commit suicide have a mood disorder (e.g., major depression).
  - The best indicator that a Soldier is at increased risk for suicide is a history of a prior suicidal attempt
  - It is difficult to add up the risky behaviors in the prediction of these risk factors to predict who will die from suicide.
  - Battle buddies are the closest to notice warning signs or changes in behavior.
  - Depression, anxiety
    - Depression, anxiety and other psychiatric symptoms contribute to suicidal feelings.

**ANNEX C – Reporting Instructions: Suicide Prevention Stand-down and Chain Teach to EXORD 103-09 (Army Suicide Prevention)**

Command Completion Report Format:

<u>COMMAND</u>	<u>ASSIGNED STRENGTH</u>	<u># TRAINED</u>	<u>% TRAINED</u>
HQDA			
ARNG			
USARC			
FORSCOM			
TRADOC			
AMC			
EUSA			
SDDC			
SMDC			
USARCENT			
USARNORTH			
USAREUR			
USARPAC			
USASOC			
USARSO			
ASC			
ATEC			
CID			
IMCOM			
MDW			
MEDCOM			
NETCOM			
USACE			
USMA			