ARNG EXECUTION ORDER 12-01: Suicide Prevention Stand Down

References:

a. ALARACT 221/2012, DTG: 141638Z AUG 12, SUBJECT: HQDA EXECUTION ORDER (EXORD) 282-12, ARMY STAND DOWN FOR SUICIDE PREVENTION.

b. ALARACT 203/2012, DTG: 011945Z AUG 12, SUBJECT: STAND DOWN WARNO.

c. AR 600-63, Army Health Promotion, 07 SEP 2010.

d. DA PAM 600-24, Army Health Promotion, 07 SEP 2010.

e. Army Campaign Plan for Health Promotion Risk Reduction and Suicide Prevention, Commander's Checklist, Annex D, NOV 2010.

1. Situation. The Army National Guard (ARNG) has been directed by HQDA to execute a mandatory stand down to address the topic of suicide prevention. This is a mandatory requirement as directed in HQDA EXORD 282-12.

a. Background Information. Tragically, in 2011, a total of 165 active duty and 118 not on active duty Soldiers took their own lives. 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, as well as Army Civilians and Family members.

b. As of 13 July 2012, a total of 54 ARNG Soldiers have taken their own lives during the current calendar year.

2. Mission. The ARNG conducts a two-phased suicide prevention stand-down for all Soldiers, Army Civilians, and Family members throughout the Army to decrease/eliminate suicides beginning on <u>27 September 2012</u> for Title 10 and Title 32 full time organizations and <u>on the first scheduled drill after the 27th of September</u> for M-day organizations.

3. Execution:

a. <u>DARNG Intent</u>. The ARNG must successfully complete the stand down in order to prevent further loss of life, enhance awareness of resources available to Soldiers, Army civilians and families, improve the health and discipline of the force, reduce stigma and increase resilience. The theme for the 2012 stand down is "Shoulder to Shoulder, We Stand up for Life".

b. <u>End state</u>. Increased Resilience and reduction in suicides throughout the force.

(1) Leadership endorsement is strong and visible from the top down.

(2) Commanders, Leaders, Soldiers, Army Civilians at all levels, and their Family members, develop a greater respect for life and take personal responsibility and accountability for their own comprehensive fitness as well as for the welfare of members of the Army Family.

ARNG EXECUTION ORDER 12-01: Suicide Prevention Stand Down

(3) Commanders, Leaders, Soldiers, Army Civilians at all levels, and their Family members will be more psychologically resilient and empowered to intervene and save lives by understanding suicide risk factors, protective measures, recognize warning signs, understand how to intervene, and take appropriate intervention actions when needed.

(4) Commanders, Leaders, Soldiers, and Army Civilians at all levels, will be familiar with tools and services available, facilities and points of contact on their respective posts, camps, stations, and know how and when to implement the various prevention, intervention and post intervention actions.

c. Concept of Operation. This operation will be conducted in two phases. Phase 1 (awareness/education): Stand down for ARNG forces. Phase 2 (training/sustainment) consists of Health Promotion Risk Reduction and Suicide Prevention (HPRRSP) targeted training and continues indefinitely according to established training requirements.

(1) Phase 1 (Awareness/education). The active Army requirement is to complete Phase 1 as a single, 8-hour block of training NLT 27 September 2012. All Title 10 AGR personnel and ARNG units serving in active status under either Title 10 or Title 32 will comply with the active Army standard. ARNG units not in Federal or other full-time status (i.e., those units in an M-day status) will conduct the 8-hour stand down training during the first scheduled drill after 27 September 2012. Approval authority for extensions beyond this period is The Adjutant General. Extensions may not exceed 30 days for the full time personnel/units, or the next scheduled IDT period for drilling units.

(a) Commanders should encourage chaplains to be present during and following Phase 1 training in order to provide support/counseling to Soldiers affected by the training.

(b) Leader led discussions designed to enhance awareness of risk and protective factors, resilience and support services available for intervention.

(c) Community and unit awareness events designed to educate the Army Family on the multitude of programs and resources available to support, assist, and heal hidden wounds (E.G., PT run/walk to include interested family members, health fair, town hall, and conduct unit risk assessment, NCODP, OPD, Family Readiness Support Groups and other forums). Encourage testimonials from individuals who have successfully overcome suicide vulnerability, focusing on how they overcame these challenges. Peer-to-Peer training and testimonials should be integrated into this stand down when possible.

(d) "Terrain Walk" designed to familiarize leaders with HPRRSP support activities available at their locality. Senior Leaders should set the example by conducting such visits personally with their immediate staffs. (E.G., behavioral health facilities, ASAP,

ARNG EXECUTION ORDER 12-01: Suicide Prevention Stand Down

ACS, Family Advocacy Center, Chaplain Family Life Center, JAG, etc.) A practical alternative for non-installation based units may be to host a health fair to bring community organizations and services into the armory. Commanders may collaborate to combine events at one location in situations where several armories reside in one city to reduce demand on supporting organizations.

(e) Complete risk assessment for all soldiers to shape leader-led discussions and subsequent training. The Unit Risk Inventory (URI) is the preferred risk assessment as it provides input directly from Soldiers and answers questions directly related to suicide and personal choices or struggles. Other options such as the Commander's Stress Assessment (CSA) tool from ALURRT and the FORSCOM or TRADOC Risk Assessment may be used when logistical requirements make the URI unavailable.

(f) Qualified Master Resilience Trainers (MRT) will support Commanders' suicide stand down with resilience training. Emphasis should be placed on hunt the good stuff, activating event-thoughts-consequences, icebergs, thinking traps, and real-time resilience. Commanders with mature resilience programs may use their discretion to determine which modules will be provided. Most states do not have enough MRTs to accomplish the training in every unit on one stand down day. Resilience training should be moved to Phase II in those situations to ensure all Soldiers receive the required training. All MRTs have the required training materials.

(g) Strong Bonds (SB) brochures should be available and dates/locations of upcoming SB events should be noted. Commanders should consider building moral leadership training into their yearly training calendar and NCODP and OPD events.

(h) The list of training materials, to include selected Comprehensive Soldier Family Fitness (CSF2) modules and public service announcements, is available to commanders at the following website: www.preventsuicide.army.mil. Additional suicide prevention materials will be posted as they become available.

(i) NGB will report completion of Phase 1 as prescribed in the coordinating instructions of this order. The standard for phase 1 is 100% of all available personnel. Installation commanders will record public service announcements in support of the stand down and suicide prevention initiatives.

(j) Outcome: 1) Enhanced leader-led understanding and mutual support; 2) visibly increased leader focus on and attention to Soldier, Army Civilian, and Family member issues impacting resiliency and total health; 3) increased awareness and knowledge of Army and community health promotion, risk reduction and suicide prevention forums and resources; 4) increased willingness to seek help before problems become crises.

(2) Phase 2. Phase 2 commences immediately upon completion of phase 1 and continues indefinitely. It develops the Army into a resilient force through HPRRSP and CSF2 training. Objectives of this phase consist of the following activities:

ARNG EXECUTION ORDER 12-01: Suicide Prevention Stand Down

(a) Commanders sustain phase 1 activities as required: Complete leader-led discussions down to squad leader level.

(b) Commanders review unit training plans to ensure HPRRSP and CSF2 training compliance: Develop deliberate unit strategies for sustaining this effort.

(c) Commanders conduct regulatory training requirements and other needed instruction based on the results of the risk assessments (E.G., ACE, CSF2, ASAP, SHARP, ETC.). CSF2 training should be tied to resiliency initiatives based on the comprehensive soldier and family fitness (CSF2) EXORD (to be published), I.E. resiliency training requirements for Soldiers in processing, identification of CSF2 as a suicide prevention strategy, etc.).

(d) Review and validate that effective sponsorship programs are in place IAW AR 600-8-8, the total Army sponsorship program. Command teams at all levels will establish and sustain a sponsorship program for Soldiers, Civilians, and Families departing and arriving to installations to ensure the right support at the right time. This program is vital to mitigating stress during transitions and building unit cohesion.

(e) Conduct Quarterly Peer-to-Peer training on leader counseling goals and skills IAW appendix b of FM 6-22 Army leadership.

(f) Promote and support physical resilience thru weekly unit intramural sports (commanders cup), robust PT programs, combatives, foot marching, and marksmanship, etc, IAW AR 350-1, table G1.

(g) Commanders may add and conduct additional training at command discretion. Encourage testimonials from individuals who have successfully overcome suicide vulnerability, focusing on how they overcame these challenges. Peer-to-peer training and testimonials should be integrated into this stand down when possible.

(h) Outcomes: 1) Leaders have a higher sense of personal responsibility and accountability for the overall health of members of their units; 2) Leaders have effective counseling skills to successfully assess the wellbeing and total health of their Soldiers; 3) sustained improvement in quality of life for the entire Army family during active service, after separation, and throughout life.

(3) Additional and optional training support material may be downloaded from the Army suicide prevention website located at http://www.ArmyG1.army.mil/HR/suicide/training.asp. AKO login is required to access this website. CSF2 MRT training materials can be downloaded via the digital library in the MRT resource center on the Soldier fitness tracker website, https://www.sft.army.mil.

(4) Sustainment training consists of mandatory training as per AR 350-1 and applicable regulations.

d. Tasks.

ARNG EXECUTION ORDER 12-01: Suicide Prevention Stand Down

(1) ARNG Staff.

(a) ARNG G1 HRS. Policy proponent for Army HPRRSP, and responsible to plan and provide guidance for execution of suicide prevention stand down and training phases. Provide training materials for units' use and monitor the status of procurement. Ensures appropriate training regulations are updated to require HPRRSP and CSF2 training to support both the annual requirement and the deployment cycle support tasks. Monitor and report to VCSA during the monthly VCSA senior suicide review group (SSRG) the status of phase 1 and 2 activities.

(b) ARNG G3 TRT. Provide status of training completion as required to ARNG G1 HRS.

(2) States, Territories, and the District of Columbia.

(a) The Adjutants General or designated representative(s) ensure all training / education of ARNG personnel in a Title 32 status are loaded into DTMS and reported to the ARNG G3 (ARNG-TR) IAW ARNG-TR instructions (To Be Published).

(b) BPT submit biweekly reports of training completion to ARNG-TR via DTMS, DTMS will serve as the central data repository.

e. Timelines.

(1) Training shall be accomplished according to the following timeline;

(a) Full time organizations Phase 1, 27 September 2012.

(b) M-day organizations Phase 1 will be completed during the first scheduled drill after 27 September 2012 unless The Adjutant General allows an additional 30 days for completion of Phase 1.

(c) Phase 2 begins immediately after the completion of phase 1, NLT 30 Nov 2012.

(2) States and Territories will submit biweekly reports to ARNG-TR in accordance with ARNG-TR instructions (To Be Published). Reports will identify any units granted an extension for completion of Phase I and the date each unit is rescheduled to conduct the stand down.

f. Coordinating Instructions.

(1) ARNG G1 HRS will report the completion of Phase 1 stand down activities to Army G-1, ATTN: ASPP (Ms. Sherry Simmons-Coleman) at usarmy.pentagon.hqda-dcs-g-1.mbx.suicide-prevention@mail.mil using Attachment 1 to the HQDA order.

(2) ARNG G1 HRS will report the top 3-5 best practices or outcomes from the Stand Down Day NLT 15 November 2012, to the Army G-1.

ARNG EXECUTION ORDER 12-01: Suicide Prevention Stand Down

(3) All ARNG organizations will ensure the required training/education (Suicide Prevention Stand Down Training) is loaded into DTMS and reported to the ARNG G3 (ARNG-TR).

g. Commander's Critical Information Requirements (CCIR). Report the following CCIR using the same reporting instructions in the coordinating instructions paragraph 1;

(1) ARNG units that cannot meet phase 1 requirements IAW established suspense's.

(2) Units that cannot access all required training materials.

(3) Events that may receive negative media attention.

(4) Best practices implemented locally to support HPRR.

(5) Successful intervention with those at-risk personnel who may have experienced suicidal ideations or attempted suicide.

(6) Soldiers or Army Civilians have experienced suicidal ideation or other suicidal behavior that may be attributed to any of the training materials used.

h. Theme and Top line Messages.

(1) Theme: "Shoulder to Shoulder, We stand up for Life"

(2) Through leadership, education, and respect for each other, we can reduce or eliminate the stigma associated with suicide.

(3) The ARNG employs a holistic, multi-disciplinary approach to suicide prevention that includes health promotion and risk reduction.

(4) Ensuring prompt access to quality health care is an essential component to the ARNG's approach to suicide prevention.

(5) Soldiers, DA Civilians, and Family members with emotional and psychological issues deserve healthy, supportive environments.

(6) The ARNG is committed to raising awareness of the tools and resources available to prevent suicide and increase resiliency.

4. Command and Signal.

a. ARNG TR support for DTMS and training management is CPT Samuel R. Banter (ARNG-TR) Commercial 703-607-7680 or email Samuel.r.banter@ng.army.mil and SFC Brandon Williams (ARNG-TR). Commercial: 703-607-5921, Email: Brandon.williams6@ng.army.mil.

b. ARNG G1 HRS point of contact is LTC Maureen Weigl (ARNG-HRS). Commercial: 703-607-7597, Email: Maureen.weigl@ng.army.mil.

ARNG EXECUTION ORDER 12-01: Suicide Prevention Stand Down

ACKNOWLEDGE:

Ingram
LTG
DARNG

OFFICIAL:

WOOD
G3

ANNEXES:

ANNEX A. HQDA Reporting format (To Be Published)