

NYARNG Circular Number 629

SUICIDE PREVENTION
PROGRAM



Headquarters New York Army National Guard
330 Old Niskayuna Road
Latham New York 12110-3514

31 August 2010
UNCLASSIFIED

SUMMARY OF REVISIONS

Expires: 31 August 2012
NYARNG Circular Number 629, 31 August 2010
Suicide Prevention Program

This circular is new.

Summary. This circular establishes policies, procedures and sets forth responsibilities for all aspects of the New York Army National Guard Suicide Prevention Program.

Applicability. This publication applies to the New York Army National Guard (NYARNG), unless otherwise stated.

Proponent and exception authority. The proponent for this circular is the Chief of Staff. The proponent has the authority to approve exceptions or waivers to this circular that are consistent with controlling law and regulations. The proponent may delegate this authority in writing, to a branch chief within the proponent's direct reporting unit, in the grade of Lieutenant Colonel or the civilian equivalent. To request an exception or waiver to this circular, send a written request to, Joint Forces Headquarters-New York, ATTN: MNFP, 330 Old Niskayuna Rd, Latham, NY 12110 prior to initiating deviation. Identify specific conflict(s) with this circular and provide justification for the request and alternate measures. Include an assessment of the associated risk with the request.

Army management and control process. This circular does not contain management control provisions.

**HEADQUARTERS NEW YORK ARMY NATIONAL GUARD
330 Old Niskayuna Road
Latham New York 12110-3514**

**NYARNG Circular
Number 629**

31 August 2010

**Expires 31 August 2012
SUICIDE PREVENTION PROGRAM**

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CHAPTER 1

GENERAL

1-1. PURPOSE. This circular describes the New York Army National Guard (NYARNG) Suicide Prevention Program.

1-2. REFERENCES. See Appendix A.

1-3. PROGRAM RESPONSIBILITIES.

a. The Adjutant General (TAG): Appoint a task force or committee and designate a presiding officer to plan, implement, and manage the New York Army National Guard Suicide Prevention Program.

b. The Chief of Staff (COS): Oversee the state Suicide Prevention Program.

c. Suicide Prevention Program Manager (SPPM):

(1) Administers the suicide prevention program for both Military and DA employees with a goal to reduce suicides.

(2) Serves as the presiding officer of the Suicide Prevention Task Force and coordinates the efforts of task force members.

(3) Tracks the training of all ACE-certified personnel and ACE training for the state.

(4) Serves as the point of contact for program information and advice to the commander and to major subordinate commands

(5) Integrates suicide prevention into community, Family, and Soldier support programs as appropriate.

(6) Responsible for reporting Serious Incident (SI) reports pertaining to Suicide to the State Chaplain and Behavioral Health Professional.

d. Suicide Prevention Task Force (SPTF): Will be comprised of SPPM, Chaplain, DPH, State Surgeon, Public Affairs Officer (PAO), MNFP, SJA, Chaplain, MNOT, MNP, and MACOM representatives:

(1) Coordinate program activities and the suicide prevention activities of the command, interested agencies, and persons.

(2) Evaluate program needs and make appropriate recommendations to the commander.

(3) Review, refine, add, or delete items to the program based on an ongoing evaluation of needs.

(4) Develop awareness training for suicide prevention activities and identify appropriate forums for training.

(5) Recommend command policy guidance for training and operations issues to assure that Soldiers and their leaders have sufficient opportunity for quality Family life.

(6) Be aware of publicity generated with respect to suicides in the community and develop public awareness articles for publication.

(7) Meet at the discretion of the task force presiding officer.

(8) In the event of a suicide, review the results of the psychological autopsy (as applicable) to look for the possible causes of the suicide and, if necessary, evaluate prevention efforts and make recommendations to the commander.

(9) Coordinate with civilian support agencies, as necessary.

(10) Implement an integrated Family member Suicide Prevention Program.

e. Joint Operations Center (JOC):

(1) The JOC will notify SPPM, the Chaplain and the Director of Psychological Health (DPH) on any reported suicides, suicide attempts, ideations, and gestures.

(2) The JOC will notify the appropriate leadership, on any reported suicides.

f. Military Naval Operations and Training (MNOT): Incorporate suicide prevention training into the state yearly training guidance.

g. Medical Command (MEDCOM): Provides guidance IAW AR 350-1 in addition to the following:

(1) Provide technical knowledge on best practices for suicide prevention and intervention.

(2) Provide assessment and recommendations for improving the state's Suicide Prevention Program.

(3) Assess and advise the state leadership on stress factors that may result in an increased number of personnel at risk.

h. Chaplains and Unit Ministry Teams (UMT): Will assist commanders in providing suicide prevention awareness training for Soldiers, Families, and DA Civilians IAW AR 600-63.

i. Director of Psychological Health (DPH):

(1) Develop community-based behavioral health networks to improve access to mental health providers.

(2) Educate Soldiers and their Families on how to access behavioral health services.

(3) Assess and refer Soldiers and Family members who may have behavioral health issues.

(4) Conduct leadership education and training.

(5) Build psychological health fitness and resilience while dispelling stigma.

(6) Document and track data to provide quality services and identify needs/trends.

j. Commanders:

(1) Publish a health promotion policy that includes suicide prevention efforts. This policy includes a full scope of prevention activities as listed in this circular to promote a community of healthy behaviors.

(2) Remain sensitive and responsive to the needs of Soldiers, Army civilians, Family members, and retirees.

(3) Encourage all Soldiers, civilians, and Family members to practice a lifestyle that improves and protects physical, behavioral, and spiritual well-being.

(4) Enhance unit readiness and maximize human resources by implementing the health promotion program within their units.

(5) Ensure that Soldiers identified with suicide risk symptoms/behaviors are not belittled, humiliated, or ostracized by other Soldiers and are not identified through special markings or clothing (that is, Soldiers wear reflective training vests with signs identifying them as high-risk individuals).

(6) Promote the battle buddy system throughout the deployment cycle for all Soldiers regardless of rank, position, and organizational affiliation.

(7) Ensure that Soldiers are treated with dignity and respect and are encouraged to seek assistance if they are experiencing challenges or have been identified with suicide risk symptoms.

(8) Ensure that policies are in place for unit watch, weapons profiles, and other unit-related procedures that relate to suicide risk symptoms or suicide-related events.

(9) Refer Soldiers who are undergoing disciplinary action and have multiple risk factors present to appropriate support services to mitigate risk.

(10) Ensure that Families, unit members and co-workers who experience loss due to suicide are provided/offered long-term assistance. See DA Pamphlet 600-24, (Annex D) for a specific list of available prevention, intervention, and postvention resources.

(11) Demonstrate positive efforts to deglamorize the use of all forms of tobacco products.

(12) Initiate proactive measures to prevent loss of life within their units due to suicide and to reduce the impact on survivors if a suicide takes place.

(13) Conduct an AR 15-6 investigation on every suicide and equivocal death which is being investigated as a possible suicide.

(14) Establish task forces, committees, and risk reduction teams to facilitate local health promotion initiatives to reduce high-risk behaviors and build resiliency.

(15) Share a Soldier's information only with those who have a need to know. If a commander or healthcare professional has any questions regarding who has a need to know, they should contact the servicing judge advocate before sharing any information.

(16) Maintain records of Soldiers' annual suicide prevention awareness training.

(17) Follow information outlined in Field Manual (FM) 6-22, Appendix B, Counseling.

k. Suicide Intervention Officers (SIO):

(1) Complete the Army ACE Intervention Training.

(2) Advise the commander on annual suicide prevention training requirements.

(3) Work with the Family Readiness Group (FRG). Leader and Chaplain to develop and maintain a list of Federal, State and local community service agencies, clinics, and hotlines for Soldier referral.

(4) Monitor for Soldiers in crisis and connect Soldiers with helping resources and agencies.

(5) SIO must be appointed on orders (E-6 or above) at each company level.

I. NCO Chain of Command/NCO Support Channel:

(1) Live up to the Army values in caring for your Soldiers.

(2) Implement the battle buddy system in accordance with AR 600-63.

(3) Foster sense of responsibility in Soldiers to provide watchful care and support to peers.

m. Soldiers:

(1) Live up to the Army values in caring for your buddy.

(2) Seek out your buddy for advise, protection and support.

(3) Recognize that seeking help is a sign of strength.

(4) Report all concerns that a buddy may harm themselves.

CHAPTER 2

INTRODUCTION

2-1. BACKGROUND.

a. **The Army Suicide Prevention Phases (ASPP).** The ASPP comprises of three principle phases or categories of activities to mitigate the risk and impact of suicide.

(1) Prevention focuses on preventing normal life "stressors" from turning into life crises. "Prevention Programming" focuses on equipping the Soldier, Family member, and military employee with coping skills to handle overwhelming life circumstances. Prevention includes early screening to establish baseline mental health and to offer specific remedial programs before dysfunctional behavior occurs. Prevention is dependent upon caring and proactive small unit leaders who make the effort to know their subordinates, including estimating their ability to handle stress, and who offer a positive, cohesive environment which nurtures and develops positive life-coping skills. It also includes education about warning signs/symptoms of intense stress. The annual suicide prevention training mandated by the Department of the Army and the NYARNG, are part of our overall strategy for prevention and education. All units are required to report the completion of annual suicide prevention training to MNFP NLT 31 October annually.

(2) Intervention attempts to prevent a life crisis or mental disorder from leading to thoughts of suicide to help someone manage suicidal thoughts and take action to intervene when a suicide appears imminent. Early involvement is a crucial factor in suicide risk reduction. Intervention includes alteration of conditions that produced the current crisis, treatment of underlying psychiatric disorder(s) that contributed to suicidal thoughts, and follow up care to assure problem resolution. This also could include controlling a person's environment such as removing the means of suicide and enacting watchful care from a buddy. Commanders play an integral part during this phase, as it is their responsibility to ensure a particular problem or crisis has been resolved before assuming the threat has passed.

(3) Postvention (defined by the American Association of Suicide Prevention as "the provision of crises intervention, support, and assistance") is required when an individual has attempted or completed a suicide. After an attempt, commanders, NCOs, and Gatekeepers must take steps to secure and protect such individuals before they can harm themselves and/or others. "Postvention" activities also include unit-level interventions (such as Critical Incident Stress Management-CISM-debriefings) following

completed suicidal acts, to minimize psychological reactions to the event, prevent or minimize potential for suicide contagion, strengthen unit cohesion, and promote continued mission readiness.

b. The Department of Veteran Affairs behavioral health providers will serve as a provider for many of our Soldiers. Based on this, we need to familiarize our leaders with the VA estimated levels of suicide risk, which are discussed below:

No risk – Level 1 (suicide not likely): no suicidal ideation.
Mild- Level 2 (likely to survive as outpatient with limited change in safety plans): infrequent suicidal thoughts, low intensity and duration, no plan or intent to die, limited depressive symptoms, full self-control, few risk factors, many protective factors.
Moderate – Level 2 (could survive as an outpatient with safety plan, willingness to engage in treatment, strong support from family/others): frequent suicidal ideation but limited in intensity and duration, some specific plans but no intent to die, self-control intact, some depressive symptoms, some risk factors, significant protective factors.
High – Level 3 (unlikely to survive as an outpatient without full implementation of safety plan): frequent and intense suicidal ideation, specific plan, no voiced intent to die but indicators of intent to die present, such as choosing highly lethal method, termination behavior, thwarted rescue efforts underway; limited self-control, severe depressive symptoms, multiple risk factors and few protective factors.
Imminent – Level 4 (will not survive as an outpatient): intense and persisting suicidal ideation, clear and well-conceived plan, intent to die, inhibited self-control, severe depressive symptoms, overwhelming risk factors, no protective factors.

2-2. MISSION. Implement a suicide prevention program that educates the NYARNG on prevention, intervention and postvention.

2-3. EXECUTION AND TRAINING.

a. **Intent:** The overall intent of the Suicide Prevention Program is to prevent suicides. Program key tasks are as follows:

- (1) Increase suicide awareness with units and personnel.
- (2) Provide timeliness delivery of crucial information to appropriate Gatekeepers.

(3) Provide behavioral health case management, care and follow on treatment as required for “level 2 at risk” personnel.

(4) Provide immediate “level 3 intervention response” as required.

(5) Provide immediate “level 4 response” when a suicide occurs in order to minimize the adverse effects on unit cohesion.

b. Program Concept: Implement key tasks by levels shown below:

(1) **Level One.** The main effort of the program will be phase or level one “prevention” activities. Each company/battery/troop commander is responsible for providing suicide awareness training and support to all assigned personnel annually prevention training will focus on preventing normal life "stressors" from turning into life crises. "Prevention Programming" focuses on equipping personnel with coping skills to handle overwhelming life circumstances. Prevention includes early screening (Periodic Health Assessment (PHA)/Medical Soldier Readiness Process (SRP)/Post Deployment Health Assessment (PDHA)/Post Deployment Health Reassessment (PDHRA)) to establish baseline mental health and to offer specific remedial programs before dysfunctional behavior occurs lists training requirements). See Chapter 4, 4-1.

(2) **Level Two.** After medical screening occurs, unit commanders are responsible to take action if early indicators exist as it relates to behavioral health issues that are normally recorded by the Soldier during medical screening. When a behavioral health red flag occurs on a Soldier’s PHA, Medical SRP, PDHA, or PDHRA, the commander must take action to ensure that the assigned Soldiers receive needed counseling and/or support. See Chapter 4, 4-2.

(3) **Level Three.** When a suicide risk goes to level three (probable or imminent), then immediate intervention is required. Primary or secondary Gatekeepers will execute battle drill three (see Chapter 4, 4-3) with an emphasis on taking steps to secure and protect such individuals before they can harm themselves and or others.

(4) **Level Four.** When a suicide occurs the, primary and secondary Gatekeepers will employ battle drill four (see Chapter 4, 4-4) with an emphasis on minimizing psychological reactions to the event, preventing suicide contagion, strengthening unit cohesion, and promoting continued mission readiness.

CHAPTER 3

GATEKEEPERS

3-1. PRIMARY GATEKEEPERS. Gatekeepers are individuals who, in the performance of their assigned duties and responsibilities, provide specific counseling to personnel in need of support. Gatekeepers will receive training in recognizing and helping individuals with suicide-related symptoms or issues. Gatekeepers will be identified as either "Primary gatekeepers" (whose primary duties involve assisting those in need who are more susceptible to suicide ideation).

3-2. SECONDARY GATEKEEPERS. (Who may have a secondary opportunity to come in contact with a person at risk). The table below provides a list of our primary and secondary Gatekeepers to include both internal and external to our organization.

a. Primary and Secondary Gatekeepers (some are external*)

Primary Gatekeepers	Secondary Gatekeepers
MACOM Crisis Intervention (MCIT)	Company Level Commanders
Bde Level Crisis Intervention (BDCIT)	First Line Leaders
Bn Level Crisis Intervention (BCIT)	Other NY Behavioral Health Providers*
State Chaplain	NYARNG Medical Personnel
Suicide Prevention Program Manager	Military Family Life Consultants
Director of Psychological Health	Vet Centers*
NY VA Behavioral Health Providers*	Inspectors General
West Point Behavioral Health (BH) Providers*	Judge Advocate General
Saratoga Springs Navy Health Clinic*	Counter Drug
Local Law Enforcement*	Family Assistance Specialist
Fort Drum Behavioral Health Providers*	Sexual Assault Response Coordinator

b. MACOM, Brigade (Bde) and Battalion (Bn) Crisis Intervention Teams (CIT) are made up primarily from MACOM, brigade and battalion level personnel to include: S1, Chaplain, Medical NCO, Victims Advocate, SIO and Personnel Service NCO. The MCIT, BDCIT and BCIT are responsible for, intervention actions and "Postvention" support to include grief and bereavement. All commands of Bn level and higher CIT will receive basic and advanced suicide prevention/awareness training as determined by the NYARNG.

c. Behavioral health (BH) professionals provide health promotion, prevention, and clinical services to address suicidal and self-injurious behaviors. BH professionals also provide MCIT, BDCIT, BCIT and other NYARNG organizations with medically and scientifically supported information on suicide and suicide prevention. As such, BH

professionals will receive training on state-of-the-art techniques and information sources pertaining to suicide prevention. The bulk of our BH support will come from military treatment facilities (MTF), local VA offices within the State of New York and the NYNG DPH. NYARNG civilian and contract BH providers will ensure they remain current on suicide prevention information.

CHAPTER 4

SUICIDE PREVENTION BATTLE DRILL

4-1. LEVEL ONE - NO RISK FOR SUICIDE.

a. Task and Purpose: Responsible to ensure a Suicide Prevention Program is implemented and a command climate is created that emphasizes and encourages help-seeking behavior.

b. Conditions: Given a Soldier has not self-identified or identified during an SRP, PDHA, PDHRA, and IDT or observed as having behavioral health issues. This Soldier is at No Risk for suicide.

c. Standards: Each company/battery/troop commander is responsible for providing suicide awareness training and support to all assigned personnel. Prevention training will focus on preventing normal life "stressors" from turning into life crises. "Prevention Programming" focuses on equipping personnel with coping skills to handle overwhelming life circumstances. Prevention includes early screening (PHAs/Medical SRPs/PDHAs/PDHRAs) to establish baseline mental health and to offer specific remedial programs before dysfunctional behavior occurs.

d. Reference: AR 600-63 Army Health Promotion, Army National Guard (ARNG) Suicide Prevention Program Policy (All States Log Number P08-0009), AR 190-40, Serious Incident Report, MNOT Memorandum (Army Suicide Prevention Program) dated 8 April 09.

e. Task Steps and Performance Measures:

(1) Commanders and Gatekeepers will take steps to encourage help-seeking behaviors.

(2) Commanders will implement a suicide prevention program for their units in accordance with (IAW) NGB and state requirements.

(3) Units will conduct Annual Suicide Prevention Training (see Chapter 5, 5-4 for on-line references).

(4) Should training produce any concerns for Soldier well being in regards to suicidal ideations or behaviors refer to (Level Two Suicide Prevention Battle Drill) for guidance.

4-2. LEVEL TWO - MILD TO MODERATE RISK FOR SUICIDE.

a. Task and Purpose: Responsible to ensure Soldiers have access (including transportation) to mental health providers. Level Two actions are taken with the goal of returning Soldiers to Level One or a No Risk status.

b. Conditions: A Soldier self-identifies or is identified during an SRP, PDHA, PDHRA, IDT or observation as having behavioral health issues. This Soldier is at Mild to Moderate Risk for suicide. Soldier is having difficulty coping with stressors including, but not limited to, legal issues, relationships (divorce), unemployment/financial, or loss of a loved one. Additionally, this includes recently redeployed Soldiers showing difficulty readjusting to civilian life.

c. Standards: Soldiers will have an evaluation (if not currently in treatment) and follow-up care or necessary treatment for behavioral health needs. Level Two Soldier's will have accommodations to ensure they are able to make their mental health appointments. Soldiers who maintain his/her appointments will be more likely to return to a Level One and have no or minimal risk of committing suicide. This will aid the cohesiveness and effectiveness of the unit and will reduce the number of incidences.

d. References: AR 600-63 Army Health Promotion, Army National Guard (ARNG) Suicide Prevention Program Policy (All States Log Number P08-0009), AR 190-40, Serious Incident Report (SIR).

e. Task Steps and Performance Measures:

(1) Commanders and Gatekeepers will take steps to encourage or mandate professional assistance for any Soldier identified as meeting the criteria for Level Two Intervention. Level Two Battle Drill is implemented in an attempt to prevent life crisis or certain situations leading to suicidal thoughts or self-injurious behavior.

- (2) Identify at risk Soldier (see Chapter 5, paragraph 5-5).
- (3) Refer Soldier to appropriate resources as needed (see Level Two and Three).
- (4) Leadership will contact Soldier a minimum of every two weeks to monitor progress in stress mitigation.
- (5) Complete incident report and send to JOC. JOC will forward the SIR to SPPM, DPH and Chaplain. See Level 4.
- (6) Any incident involving severe depression, suicidal ideation, violence to self or others or suicidal attempts will be considered a SIR and report IAW Chapter 5, 5-2.

4-3. LEVEL THREE – HIGH RISK FOR SUICIDE.

- a. **Task and Purpose:** Responsible to ensure immediate intervention of probable or imminent suicidal behavior or actions.
- b. **Conditions:** Given a Soldier that is known to be high risk for suicide behavior or has displayed suicidal or self-injurious behavior, actions, thoughts or ideations.
- c. **Standards:** Respond immediately to (Level 3) activity in order to preserve life and to minimize the adverse effects on unit cohesion.
- d. **Reference:** AR 600-63 Army Health Promotion, Army National Guard (ARNG) Suicide Prevention Program Policy (All States Log Number P08-0009), AR 190-40, Serious Incident Report.

e. **Task Steps and Performance Measures:**

- (1) Commanders, NCOs, and installation gatekeepers must take steps to secure and protect such individuals before they harm themselves and/or others.
- (2) Actions to take on contact, notifications, and/or actions:
 - (a) If imminent danger, Call 911.
 - (b) Do not leave Soldier alone.

(c) Remove any means that could be used for self-injury, but do not use force.

(d) Reassure that he or she will be helped.

(e) If not in imminent danger, ask the question directly (Are you thinking about killing yourself?) and stay calm.

(f) Determine if Soldier will voluntarily seek help (Do not leave alone).

(3) If Soldier is willing to seek help:

(a) Escort Soldier to a BH professional, primary care physician, VA center, VA hospital, or Emergency Room.

(b) Complete incident report and send to JOC. JOC will forward to SIR to SPPM, DPH and Chaplain. (See Chapter 4, paragraph 4-4).

(4) If Soldier is NOT willing to seek help:

(a) Call 911 if Soldier has a means and plan to complete suicide.

(b) Notify the JOC at (518) 786-6104 IAW Chapter 5, 5-2.

(c) Initiate a Command Referral for a Behavior Health assessment DODD 6490.1.

f. Commander or representative will make contact with the Soldier according to the following schedule:

(1) Minimum of twice per week for the first four weeks (may be extended if necessary) or what medical professional believes is necessary until determined to be below Level II Risk.

(2) Ensure Soldier is complying with treatment plan established by behavior health facility.

4-4. LEVEL FOUR – SUICIDE ATTEMPT WHICH LEFT THE SOLDIER IN CRITICAL CONDITION.

a. Task and Purpose: Level Four is implemented to normalize the remaining Soldier's responses to an abnormal event, while minimizing the long-term psychological effects.

b. Conditions: This takes place after a successful suicide or a serious suicide attempt, which left the Soldier in critical condition.

c. Standards: Respond immediately to support the family of identified Soldier and his/her fellow Soldier's.

d. Reference: AR 600-63 Army Health Promotion, Army National Guard (ARNG) Suicide Prevention Program Policy (All States Log Number P08-0009), AR 190-40, Serious Incident Report.

e. Task Steps and Performance Measures:

(1) Once aware of a suicide, notify the Joint Operation Center (JOC) at 518-786-6104. The JOC will then notify the appropriate Leadership, the State Support Chaplain, Director of Psychological Health and the State Suicide Prevention Program Manager (SSPPM). The MACOM leadership will notify the battalion who will then notify the commanders.

(2) The commander will notify the NCO and 1SG. They will identify Soldier's that were close to the victim and/or may take the news harder than others. The identified individuals will be contacted by the Chaplain and/or Director of Psychological Health (DPH). The NCO and 1SG will notify the rest of the unit.

(3) If possible, the unit will be pulled together for a debriefing.

(4) The CIT will conduct debriefing with the support of the DPH.

(5) This will assist the Soldier's to understand and normalize the feelings they are experiencing.

(6) Minimizing potential for suicide contagion.

(7) Strengthen unit cohesion.

f. Promote psychological health and well-being, while promoting continued mission readiness. Soldiers, to include commanders and other officers will be encouraged to talk among themselves or to a mental health provider about what they are experiencing.

g. Conduct an AR 15-6 investigation on every suicide and equivocal death which is being investigated as a possible suicide.

4-5. RESOURCES FOR LEVEL 2 AND LEVEL 3.

Status	Level II and Level III Resources for Behavior Health Referrals	Level II Other Resources
All Soldiers and Family Members	1800273TALK(8255) 1-800-342-9647 1-800-SUICIDE www.suicide.org/suicide-hotlines.html	National SP Lifeline Military OneSource National SP Hotline New York State Hotlines
VA Eligible (5yrs AD/ Deployment to Combat Zone)	Vet Centers, VA	Military OneSource
AGR	Tricare, Mental Health Center (Command Referral)	Military OneSource
Temp Tech	See T32 Options	Federal Employee Assistance Program/Military OneSource
ADOS	Tricare, MTF Mental Health Center (Command Referral)	Military OneSource
T10 OWT/CO ADOS	Tricare, MTF Mental Health Center (Command Referral)	Military OneSource
T 32 Soldiers in IDT Status	LOD, MTF Mental Health Center (Command Referral)	Military OneSource
T 32 Soldiers in non-IDT Status	See VA, Military OneSource, personal insurance, MTF Mental Health Center (Command Referral), Family Programs	Military OneSource
State Employees	Insurance Dependent www.suicide.org/suicide-hotlines.html	Easy Program (State Employee Assistance Program) New York State Hotlines
Civilian Contractors	Contracting Company, Community Mental Health Centers/ Hospital Emergency Rooms - Pursue Emergency/Immediate Detention Order	Contract company health benefits

4-6. CONTACTS FOR LEVEL 2 AND LEVEL 3.

Common Stressors	Stress Reduction Enablers	Contact Information	Description of Service
Everything	Person	1800273TALK(8255)	Support
Everything	DPH	Joan Sincavage (518) 396-8993	Mental Health
Relationships	State Support Chaplain	CH Olsen 518-637-4496 Eric.w.olsen@us.army.mil	Strong Bonds Marriage Seminars; Spiritual Advising
Relationships	Military Family Life Consultants	Jolene Kent-Stanley 518-786-0406 Jolene.m.kent-stanley@us.army.mil	Short-Term Solution focused consultation by licensed professionals; No cost; completely confidential
Relationships	Military OneSource	Militaryonesource.com 1-800-342-9647	Twelve in-person non-medical counseling sessions; In your community; No cost
Financial	Military OneSource	Militaryonesource.com 1-800-342-9647	Financial assistance /Budget Planning/Debt issues
Financial	Personal Financial Consultants	Militaryonesource.com 1-800-342-9647	Financial/Budget planning/Debt issues
Financial	Soldier Relief Fund	Family Programs 1-877-715-7817	Assist with Grant request submissions
Employment	ESGR	William Tracy 518-786-4911 William.j.tracy@us.army.mil	Assist in resolving employment related issues
Employment	Transition Assistance Advisor	Eugene Murphy 518-786-4678 Eugene.a.murphy@us.army.mil	Work with VA and Employers to assist with job placement
Employment	Employment Resources	Career Central/ One Stop Center Doug Lansing, 518 462-7600 X162	Works to provide employment opportunities
Legal	Office of the Staff Judge Advocate	LTC Paul Sausville 518-786-4541 Paul.sausville@us.army.mil	Assist with Legal Issues
Legal	Military OneSource	Militaryonesource.com 1-800-342-9647	Legal consultations/legal referrals
Substance Abuse	Army Substance Abuse Program (NYARNG)	SGT Gina Olcott 518-708-7993 (cell)518-786-3452 (office)	Referral Services for substance abuse issues

CHAPTER 5

TRAINING

5-1. TRAINING FOR SUICIDE PREVENTION.

(As of 30 January 2010)

Training For	Frequency and when conducted	Consolidated at a level no lower than	Primary trainer	Resourced by	Validated by
BH Professionals	As required based on duty position. Work with VA's and MTF to the best of our ability.			NYARNG	SPPM
Chaplain's UMT's	Annual	State Level	SPPM	IDT Travel	SPPM
SIO	Annual TBD by NGB	Company Level and above	NGB Suicide Prevention (SP) Training	ARNG G3	SPPM
Soldiers	Annually During IDT	Company Level	MACOM SP Trainer	IDT	SPPM
Family Members	Pre/ Post Deployment	Company Level	Family Programs	Invitational Travel Orders	SPPM
Co Cdrs 1SGs	Unit Level Pre Command Course	State Level	MACOM SP Trainer	IDT	SPPM

5-2. SERIOUS INCIDENT REPORT (SIR) - FOR OFFICIAL USE ONLY (FOUO).

- a. Subject: (SIR Number)
- b. Category: (Indicate Category 1 or 2)

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- c. Type of Incident : (if multiple incidents, list most serious to least serious)
- d. Date/Time of incident : 20091217/1830
- e. Location: Soldiers Apartment (800 Maplewood Ct, Port Jeff STA NY 11856
- f. Other information.
- g. **(FOUO) Personnel Involved:**

(1) Subject Name: John Doe

(2) Pay Grade: E-4

(3) SSN: 000-00-0000

(4) Race: White

(5) Sex: Male

(6) Position: Wheeled Vehicle Mechanic

(7) Security Clearance: No.

(8) Units and Station of Assignment: E Co 3rd/142nd AHB 100 Barton Ave,
Patchogue, NY 11772

(9) Duty Status: M-Day.

(10) Age: 23.

h. Summary of Incident:

(1) SPC John Doe was found dead by authorities yesterday in his apartment. No Information from police report about cause of death has been released yet. Additional information will be forwarded as it becomes available.

(2) Remarks: Unit has been notified by parents about Soldier and requested funeral support.

(3) Publicity: Command Reporting – E Co 3rd/142nd AHB.

(4) POC: 1LT Smith, John, E Co 3rd/142nd AHB Company Commander.

5-3. REFERENCE FOR TRAINING REQUIREMENT.

a. Suicide Prevention Training

<http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx>

b. [Army Suicide Prevention Resources AKO Site](#)

All products and material can be found here. An AKO account is required.

c. [Good Charlotte music video](#).

d. [Prevention Presentation for Soldiers](#).

e. Suicide awareness briefing for leaders. [Suicide awareness briefing](#).

f. [Embedded video from the SMA](#). Note: to make the embedded video work within the slide presentation, copy the video file to the same location on your computer as the briefing slides.

g. [Army Families Suicide Prevention Training](#).

h. [DA Civilians Suicide Prevention Training](#).

i. ACE Suicide Intervention (SI) Program. [ACE SI Train-the-Trainers Manual](#).

j. [ACE SI briefing for Soldiers](#)

5-4. SUICIDE PREVENTION (WARNING SIGNS).

a. When a Soldier presents with any combination of the following, the buddy or chain of command should be more vigilant. It is advised that help should be secured for the Soldier:

- (1)** Talk of suicide or killing someone else.
- (2)** Giving away property or disregard for what happens to one's property.
- (3)** Withdrawal from friends and activities.

(4) Problems with girlfriend (boyfriend) or spouse acting bizarre or unusual (based on your knowledge of the person).

- (5)** Soldiers in trouble for misconduct (Art-15, UCMJ, etc.)
- (6)** Soldiers experiencing financial problems.
- (7)** Soldiers who have lost their job at home (reservists).

b. Those Soldiers leaving the service (retirements, ETs, etc.) When a Soldier presents with any one of these concerns, the Soldier should be seen immediately by a helping provider.

- (1)** Talking or hinting about suicide.
- (2)** Formulating a plan to include acquiring the means to kill oneself.
- (3)** Having a desire to die.
- (4)** Obsession with death (music, poetry, artwork).
- (5)** Themes of death in letters and notes.
- (6)** Finalizing personal affairs.

5-5. SUICIDE PREVENTION (RISK FACTORS).

a. Risk factors are those things that increase the probability that difficulties could result in serious adverse behavioral or physical health.

b. The risk factors only raise the risk of an individual being suicidal it does not mean they are suicidal.

c. The risk factors are often associated with suicidal behavior include:

- (1)** Relationship problems (loss of girlfriend/boyfriend, divorce, etc.)
- (2)** History of previous suicide attempts.
- (3)** Substance abuse.
- (4)** History of depression or other mental illness.
- (5)** Family history of suicide or violence.
- (6)** Work related problems.
- (7)** Transitions (retirement, PCS, discharge, etc.).
- (8)** A serious medical problem.
- (9)** Significant loss (death of loved one, loss due to natural disasters, etc.).
- (10)** Current/pending disciplinary or legal action.
- (11)** Setbacks (academic, career, or personal).
- (12)** Severe, prolonged, and/or perceived unmanageable stress.
- (13)** A sense of powerlessness, helplessness, and/or hopelessness.

d. Suicidal Risk Highest When:

- (1) The person sees no way out and fears things may get worse.
- (2) The predominant emotions are hopelessness and helplessness.
- (3) Thinking is constricted with a tendency to perceive his or her situation as all bad.
- (4) Judgment is impaired by use of alcohol or other substances.

APPENDIX A REFERENCES

- A-1.** Army Regulation (AR) 15-6, Investigations.
- A-2.** Army Regulation (AR) 190-40, Serious Incident Report.
- A-3.** Army Regulation (AR) 350-1, Army Training and Leader Development.
- A-4.** Army Regulation (AR) 600-63, Army Health Promotion.
- A-5.** Army Regulation (AR) 600-85, Army Substance Abuse Program
- A-6.** Department of the Army (DA) Pamphlet Number 600-24 (Army Health Promotion).
- A-7.** Field Manual (FM) 6-22, Appendix B.

APPENDIX B

SUICIDE PREVENTION RESOURCES

- B-1.** U.S. Army Center for Health Promotion and Preventive Medicine
<http://chppm-www.apgea.army.mil/>
- B-2.** Army G-1 Suicide Prevention Website
<http://www.armyg1.army.mil/hR/suicide/default.asp>
- B-3.** Defense Center for Excellence
<http://www.dcoe.health.mil/>
- B-4.** Substance Abuse & Mental Health Services Administration
<http://www.samhsa.gov/>
- B-5.** Suicide Prevention Resource Center
<http://www.sprc.org/>
- B-6.** Screening for Mental Health
<http://www.mentalhealthscreening.org/military/>
- B-7.** Tragedy Assistance Program for Survivors
<http://www.taps.org/>
- B-8.** After Deployment
<http://afterdeployment.org/>
- B-9.** War Fighter Diaries
<http://www.warfighterdiaries.com/>

APPENDIX C

GLOSSARY AND EXPLANATION OF TERMS

**Section I
Abbreviations**

AGR

Active Guard Reserve

ARNG

Army National Guard

ASPP

Army Suicide Prevention Phases

BCIT

Battalion Crisis Intervention Team

BDCIT

Brigade Crisis Intervention Team

BH

Behavioral Health

CISM

Critical Incident Stress Management

CIT

Crisis Intervention Team

DPH

Director of Psychological Health

DSARC

Deployable Sexual Assault Response Coordinator

FM

Field Manual

FRG

Family Readiness Group

IDT

Inactive Duty Training

JOC

Joint Operation Center

JFHQ

Joint Forces Headquarters

MEDCOM

Medical Command

MCIT

MACOM Crisis Intervention Team

MTF

Medical Treatment Facility

NCO

Noncommissioned Officer

NYARNG

New York Army National Guard

PAO

Public Affairs Officer

PDHA

Post-Deployment Health Assessment

PDHRA

Post-Deployment Health Reassessment

PHA

Preventive Health Assessment

PSNCO

Personnel Staff Noncommissioned Officer

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RMT

Risk Management Team

SIO

Suicide Intervention Officer

SJA

State Judge Advocate

SPPM

Suicide Prevention Program Manager

SPTF

Suicide Prevention Task Force

SRP

Soldier Readiness Processing

TAG

The Adjutant General

SRT

Suicide Prevention Response Team

UMT

Unit Ministry Team

VA

Veterans Affairs

**Section II
Terms**

Behavioral Health Provider

Trained mental health person who is credentialed licensed as a psychiatrist, clinical or counseling psychologist, social worker, or psychiatric nurse practitioner/psychiatric nurse specialist.

Postvention

A postvention is an intervention conducted after a suicide, largely taking the form of support for the bereaved (family, friends, and professionals)

Suicide

Self-Identified death with evidence (either explicit or implicit) of intent to die.

Suicide Attempt

A self-inflicted injurious behavior with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die. 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.

Suicidal Ideation

Any self-reported thoughts of engaging in suicide-related behaviors (without an attempt).

Suicide Prevention

Initiatives and activities designed to reduce the incidence of suicide and improve the density ratio of at-risk individuals.

Suicide Prevention Task Force

A committee and activities designed to reduce the incidence of suicide and improve the identity ratio of at-risk individuals.

Risk Management Team

This is an optional element of the ASPP. The RMT will actively monitor the progress of Soldiers identified as at risk. The team is charged with the responsibility of addressing the medical and administrative needs presented by high risk cases.

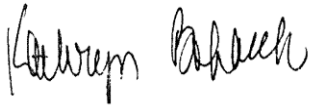
31 August 2010

NYARNG Cir 629

The proponent office of this NYARNG Circular is the Family Program Directorate. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to the Commander, ATTN: MNFP, 330 Old Niskayuna Road, Latham, New York 12110-3514.

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PATRICK A. MURPHY
Major General, NYARNG
The Adjutant General



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Director, Administrative Support

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