

**ALARACT 221/2012**

**DTG: 141638Z AUG 12**

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CENTER ON BEHALF OF DA WASHINGTON DC//DCS/G-3/5/7//

SUBJECT: HQDA EXECUTION ORDER (EXORD) 282-12, ARMY STAND DOWN  
FOR SUICIDE PREVENTION

REFERENCES

REF A/(U)/AR 600-63, ARMY HEALTH PROMOTION/07 SEP 2010//  
REF B/(U)/DA PAM 600-24, ARMY HEALTH PROMOTION, RISK REDUCTION  
AND SUICIDE PREVENTION/07 SEP 2010//  
REF/C/(U)/ARMY CAMPAIGN PLAN FOR HEALTH PROMOTION RISK REDUCTION  
AND SUICIDE PREVENTION, COMMANDER'S CHECKLIST, ANNEX D/ NOV  
2010//  
REF/D/(U)/STAND DOWN WARNO, ALARACT 203-2012, DTG: 011945Z AUG  
12

1. (U) SITUATION. TRAGICALLY, IN 2011, A TOTAL OF 283  
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 DEPLOYED, AS WELL AS ARMY CIVILIANS AND FAMILY  
MEMBERS. AS OF 10 AUGUST 2012, 191 SOLDIERS HAVE TAKEN THEIR  
OWN LIVES DURING THE CURRENT CALENDAR YEAR.

2. (U) MISSION. THE ARMY CONDUCTS A TWO-PHASED SUICIDE  
PREVENTION STAND DOWN FOR ALL SOLDIERS, ARMY CIVILIANS, AND  
FAMILY MEMBERS TO SUBSTANTIALLY REDUCE SUICIDES BEGINNING ON 27  
SEPTEMBER 2012 FOR ACTIVE COMPONENT (AC) ORGANIZATIONS AND ON  
THE FIRST SCHEDULED DRILL/BATTLE ASSEMBLY AFTER 27 SEPTEMBER  
2012 FOR RESERVE COMPONENT (RC) ORGANIZATIONS.

3. (U) EXECUTION.

3.A. (U) INTENT. TO PRESERVE THE STRENGTH OF OUR ARMY,  
PREVENT FURTHER LOSS OF LIFE, ENHANCE AWARENESS OF RESOURCES  
AVAILABLE TO SOLDIERS, ARMY CIVILIANS AND FAMILY MEMBERS,  
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".

3.B. (U) END STATE. INCREASED RESILIENCE AND SUICIDES REDUCED  
THROUGHOUT THE FORCE.

3.B.1. (U) LEADERSHIP ENDORSEMENT IS STRONG AND VISIBLE FROM THE TOP DOWN.

3.B.2. (U) COMMANDERS, LEADERS, SOLDIERS, ARMY CIVILIANS AT ALL LEVELS, AND THEIR FAMILY MEMBERS, DEVELOP A DEEPER RESPECT FOR LIFE AND TAKE PERSONAL RESPONSIBILITY AND ACCOUNTABILITY FOR THEIR OWN COMPREHENSIVE FITNESS FOR THE WELFARE OF MEMBERS OF THE ARMY FAMILY.

3.B.3. (U) COMMANDERS, LEADERS, SOLDIERS, ARMY CIVILIANS AT ALL LEVELS, AND THEIR FAMILY MEMBERS WILL BE MORE PSYCHOLOGICALLY RESILIENT AND EMPOWERED TO INTERVENE AND TO SAVE LIVES BY UNDERSTANDING AND RECOGNIZING WARNING SIGNS, SUICIDE RISK FACTORS, PROTECTIVE MEASURES, UNDERSTANDING INTERVENTION METHODS, AND INTERVENING WHEN NEEDED.

3.B.4. (U) COMMANDERS, LEADERS, SOLDIERS, AND ARMY CIVILIANS AT ALL LEVELS, AND THEIR FAMILY MEMBERS WILL BE FAMILIAR WITH TOOLS AND SERVICES AVAILABLE, FACILITIES AND POINTS OF CONTACT ON THEIR RESPECTIVE POSTS, CAMPS, STATIONS, OR STATE AND LOCAL AGENCIES FOR GEOGRAPHICALLY DISPERSED UNITS AND SOLDIERS, AND WILL KNOW HOW AND WHEN TO IMPLEMENT THE VARIOUS PREVENTION, INTERVENTION AND POST INTERVENTION ACTIONS.

3.C. (U) CONCEPT OF THE OPERATION: THIS OPERATION WILL BE CONDUCTED IN TWO PHASES. PHASE I (AWARENESS/EDUCATION): STAND DOWN FOR ARMY FORCES. PHASE II (TRAINING/SUSTAINMENT) CONSISTS OF HEALTH PROMOTION, RISK REDUCTION, SUICIDE PREVENTION (HPRRSP) TARGETED TRAINING AND CONTINUES INDEFINITELY ACCORDING TO ESTABLISHED TRAINING REQUIREMENTS. LEADERS HAVE BROAD LATITUDE TO DEVELOP AND EXECUTE INNOVATIVE AND MEANINGFUL TRAINING TO MEET THE INTENT OF THE STAND DOWN.

3.C.1. (U) PHASE I (AWARENESS/EDUCATION). AC UNITS WILL COMPLETE PHASE I NLT 27 SEPTEMBER 2012. RC ORGANIZATIONS WILL CONDUCT THE STAND DOWN FOR SUICIDE PREVENTION DURING THE FIRST SCHEDULED DRILL/BATTLE ASSEMBLY AFTER 27 SEPTEMBER 2012. EXTENSIONS BEYOND THE SCHEDULED DATES MUST BE APPROVED BY THE FIRST MAJOR GENERAL IN THE CHAIN OF COMMAND. EXTENSIONS WILL BE LIMITED TO WITHIN 30 DAYS FOR THE AC OR ONE ADDITIONAL DRILL/BATTLE ASSEMBLY FOR THE RC. FOR UNITS THAT ARE EXECUTING THE DEPLOYMENT AND OR REDEPLOYMENT FROM THE CENTCOM AOR ON 27 SEPTEMBER 2012 OR UNITS IN AFGHANISTAN THAT REQUIRE FLEXIBILITY BECAUSE OF ONGOING OPERATIONS, COMMANDERS WILL COMPLETE PHASE I NLT 27 SEPTEMBER 2012. SUICIDE PREVENTION AWARENESS AND TRAINING WILL BE THE PRIMARY FOCUS OF ALL SCHEDULED ACTIVITIES ON THIS

DAY. RECOMMENDED ACTIVITIES INCLUDE:

3.C.1.A. (U) LEADER-LED DISCUSSIONS DESIGNED TO ENHANCE AWARENESS OF RISK AND PROTECTIVE FACTORS, RESILIENCE AND SUPPORT SERVICES AVAILABLE FOR INTERVENTION.

3.C.1.B. (U) 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, UNIT RISK ASSESSMENT, NCDP, 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.

3.C.1.C. (U) "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., ASAP, ACS, FAMILY ADVOCACY CENTER, CHAPLAIN FAMILY LIFE CENTER, JAG, ETC.) PATIENTS RECEIVING SERVICES MIGHT BE KNOWN TO THOSE VISITING THE FACILITY. COMMANDERS WILL TAKE APPROPRIATE MEASURES TO ENSURE PATIENT (CON)FIDENTIALITY IS MAINTAINED DURING TERRAIN WALK VISITS.

3.C.1.D. (U) COMPLETE RISK ASSESSMENT FOR ALL SOLDIERS TO SHAPE LEADER-LED DISCUSSIONS AND SUBSEQUENT TRAINING USING THE U.S.ARMY PUBLIC HEALTH COMMAND SOLDIER AND LEADER RISK COUNSELING TOOL. THIS TOOL WILL BE AVAILABLE NLT 07 SEPTEMBER 12 AT THE FOLLOWING WEBSITE: [HTTP://WWW.PREVENTSUICIDE.ARMY.MIL](http://www.preventsuicide.army.mil). THIS STANDARDIZED, SELF-EXPLAINABLE TOOL WILL ALLOW OUR ARMY TO BASELINE THE FORCE GIVEN THE IMMEDIATE FEEDBACK LEADERS AND SOLDIERS WILL RECEIVE UPON TAKING THE ASSESSMENT AND CONDUCTING THE REQUISITE COUNSELING THAT FOLLOWS THE ASSESSMENT. THIS TOOL, IF PROPERLY IMPLEMENTED, WILL REINFORCE CARING AND ENGAGING LEADERSHIP, TRAIN AND DEMONSTRATE COUNSELING TO STANDARD, AND IMMEDIATELY IDENTIFY SOLDIERS AT RISK TO HARMING THEMSELVES OR OTHERS.

3.C.1.E. (U) 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. THESE SKILLS ARE OF PARTICULAR USE IN PREVENTING SUICIDE GESTURES, ATTEMPTS, AND IDEATIONS. ALL MRT

HAVE APPROPRIATE TRAINING MATERIALS.

3.C.1.F. (U) THE LIST OF TRAINING MATERIALS, TO INCLUDE PUBLIC SERVICE ANNOUNCEMENTS WILL BE AVAILABLE TO COMMANDERS NLT 15 AUGUST 2012 AT THE FOLLOWING WEBSITE:

HTTP://WWW.PREVENTSUICIDE.ARMY.MIL. COMPREHENSIVE SOLDIER AND FAMILY FITNESS (CSF2) TRAINING MATERIALS ARE AVAILABLE TO MRTS VIA THE SOLDIER FITNESS TRACKER WEBSITE:

HTTPS://WWW.SFT.ARMY.MIL. ADDITIONAL SUICIDE PREVENTION MATERIALS WILL BE POSTED AFTER 15 AUGUST 2012 AS THEY BECOME AVAILABLE.

3.C.1.G. (U) ACOM, ASCC, DRU, NGB, AND HQDA PRINCIPAL OFFICIALS WILL REPORT COMPLETION OF PHASE I AS PRESCRIBED IN PARAGRAPH 3.E.3.A, COORDINATING INSTRUCTIONS, OF THIS ORDER. THE STANDARD FOR PHASE I IS 100% OF ALL AVAILABLE PERSONNEL.

3.C.1.H. (U) COMMANDERS OF POSTS, CAMPS, AND STATIONS AND SENIOR ARMY COMMANDERS ON JOINT BASES WILL RECORD PUBLIC SERVICE ANNOUNCEMENTS IN SUPPORT OF THE STAND DOWN AND SUICIDE PREVENTION INITIATIVES.

3.C.1.I. (U) OUTCOMES: 1) ENHANCED LEADER-LED UNDERSTANDING AND INCREASED UNIT COHESION; 2) VISIBLY INCREASED LEADER FOCUS ON SOLDIER, ARMY CIVILIAN, AND FAMILY MEMBER ISSUES IMPACTING RESILIENCE AND COMPREHENSIVE FITNESS; 3) INCREASED AWARENESS AND KNOWLEDGE OF ARMY AND COMMUNITY HEALTH PROMOTION, RISK REDUCTION AND SUICIDE PREVENTION FORUMS AND RESOURCES; 4) REDUCED STIGMA AND INCREASED WILLINGNESS TO SEEK HELP BEFORE PROBLEMS BECOME CRISES.

3.C.2. (U) PHASE II (TRAINING/SUSTAINMENT) COMMENCES IMMEDIATELY UPON COMPLETION OF PHASE I 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:

3.C.2.A. (U) COMMANDERS SUSTAIN PHASE I ACTIVITIES AS REQUIRED: COMPLETE LEADER-LED DISCUSSIONS DOWN TO SQUAD LEADER LEVEL.

3.C.2.B. (U) COMMANDERS REVIEW UNIT TRAINING PLANS TO ENSURE HPRRSP AND CSF2 TRAINING COMPLIANCE: DEVELOP DELIBERATE UNIT STRATEGIES FOR SUSTAINING THIS EFFORT.

3.C.2.C. (U) COMMANDERS CONDUCT REGULATORY TRAINING REQUIREMENTS AND OTHER NEEDED INSTRUCTION BASED ON THE RESULTS OF THE RISK ASSESSMENTS [E.G., ASK, CARE, ESCORT (ACE) CSF2,

ARMY SUBSTANCE ABUSE PROGRAM (ASAP), SEXUAL HARASSMENT/ASSAULT RESPONSE AND PREVENTION (SHARP)]. CSF2 TRAINING SHOULD BE TIED TO RESILIENCE INITIATIVES BASED ON THE CSF2 EXORD (TO BE PUBLISHED), (I.E. RESILIENCE TRAINING FOR SOLDIERS INPROCESSING, IDENTIFICATION OF CSF2 AS A SUICIDE PREVENTION STRATEGY).

3.C.2.D. (U) 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 ARRIVING AND DEPARTING SOLDIERS, CIVILIANS, AND FAMILY MEMBERS 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.

3.C.2.E. (U) CONDUCT QUARTERLY PEER-TO-PEER TRAINING ON LEADER COUNSELING GOALS AND SKILLS IAW APPENDIX B OF FM 6-22 ARMY LEADERSHIP.

3.C.2.F. (U) PROMOTE AND SUPPORT PHYSICAL RESILIENCE THRU ACTIVITIES SUCH AS UNIT INTRAMURAL SPORTS (COMMANDERS CUP), ROBUST PT PROGRAMS, COMBATIVES, FOOT MARCHING, AND MARKSMANSHIP (SEE AR 350-1, TABLE G-1).

3.C.2.G. (U) 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.

3.C.2.H. (U) OUTCOMES: 1) HIGHER SENSE OF PERSONAL RESPONSIBILITY AND ACCOUNTABILITY AMONG LEADERS FOR THE OVERALL HEALTH OF MEMBERS OF THEIR UNITS; 2) LEADERS HAVE EFFECTIVE COUNSELING SKILLS TO SUCCESSFULLY ASSESS THE WELL-BEING AND TOTAL HEALTH OF THEIR SOLDIERS; 3) SIGNIFICANTLY REDUCED STIGMA AND SUICIDE RATES AMONG ALL THREE ELEMENTS OF THE ARMY FAMILY - SOLDIERS, ARMY CIVILIANS AND FAMILY MEMBERS; 4) SUSTAINED IMPROVEMENT IN QUALITY OF LIFE FOR THE ENTIRE ARMY FAMILY DURING ACTIVE SERVICE, AFTER SEPARATION, AND THROUGHOUT LIFE.

3.C.3. (U) 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](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.

3.C.4. (U) SUSTAINMENT TRAINING CONSISTS OF MANDATORY TRAINING AS PER AR 350-1 (TABLE G-1, UNIT TRAINING, or TABLE G-2, INSTITUTIONAL TRAINING) AND OTHER APPLICABLE REGULATIONS (SUCH AS ARMY VALUES, AR 600-20).

3.D. (U) TASKS TO SUBORDINATE UNITS

3.D.1. (U) COMMANDER, TRADOC.

3.D.1.A. (U) DISTRIBUTE THROUGH TRAINING SUPPORT CENTERS (TSC): 1) ACE INTERVENTION CARDS (GTA 12-01-003) SUFFICIENT TO MEET UNITS' REQUIREMENTS, 2) SUICIDE PREVENTION TRAINING TIP CARDS (GTA 12-01-006) IN SUPPORT OF STAND DOWN ON 27 SEPTEMBER 2012.

3.D.1.B. (U) ESTABLISH A DATA FIELD IN DTMS TO CAPTURE THE COMPLETION OF THE SUICIDE PREVENTION STAND DOWN WITHIN ONE WEEK OF DTG OF THIS EXORD.

3.D.2. (U) COMMANDER, IMCOM. PROVIDE SUBJECT MATTER EXPERTISE IN HPRRSP TO SUPPORT COMMANDERS' AND LEADERS' TRAINING ACTIVITIES (I.E., CHAPLAINS, ASAP, FAMILY ADVOCACY PROGRAM) AND USE OF AVAILABLE INSTALLATION FACILITIES TO AUGMENT UNITS' TRAINING ACTIVITIES AS REQUESTED, CONSISTENT WITH MISSION REQUIREMENTS.

3.D.3. COMMANDER, USAMEDCOM. PROVIDE RECOMMENDATIONS TO SENIOR MISSION COMMANDER ON MEDICAL RELATED TRAINING ON SUICIDE PREVENTION. PREPARE BEHAVIORAL HEALTH PERSONNEL AT MEDICAL TREATMENT FACILITY LEVEL TO SUPPORT STAND DOWN ACTIVITIES. DEVELOP COURSES OF ACTION FOR SUICIDE PREVENTION TRAINING WHILE MINIMIZING RISKS TO ACCESS TO CARE. SUPPORT THE DISTRIBUTION OF SUICIDE PREVENTION TRAINING THROUGH PROVIDING WEB-BASED HEALTH PROMOTION MATERIAL. PROVIDE ACCESS TO ELECTRONIC VERSIONS OF TRAINING MATERIALS THAT MAY BE DOWNLOADED NLT 15 AUGUST 2012. INCREASE CAPACITY OF TRAINING RESOURCES. UPDATE ALL HPRRSP-RELATED TRAINING MATERIALS AS REQUIRED BUT AT LEAST ANNUALLY.

3.D.4. (U) TASKS TO THE ARMY STAFF.

3.D.4.A. (U) DEPUTY CHIEF OF STAFF, G-1. POLICY PROPONENT FOR ARMY HEALTH PROMOTION, RISK REDUCTION, AND SUICIDE PREVENTION. 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. ENSURE APPROPRIATE TRAINING REGULATIONS ARE UPDATED TO REQUIRE HPRRSP TRAINING TO SUPPORT BOTH THE ANNUAL REQUIREMENT AND THE DEPLOYMENT CYCLE SUPPORT TASKS. MONITOR AND REPORT THE STATUS OF PHASE I AND PHASE II ACTIVITIES TO VCSA DURING THE MONTHLY VCSA SENIOR SUICIDE REVIEW GROUP (SSRG).

3.D.4.B. (U) DEPUTY CHIEF OF STAFF, G-3/5/7. DISSEMINATE GUIDANCE AND INSTRUCTIONS TO THE ARMY FOR EXECUTION OF STAND DOWN AND TRAINING REQUIREMENTS. ENSURE APPROPRIATE TRAINING REGULATIONS ARE UPDATED TO REQUIRE CSF2 TRAINING TO SUPPORT BOTH THE ANNUAL REQUIREMENT AND THE DEPLOYMENT CYCLE SUPPORT TASKS.

3.D.4.C. (U) CHIEF OF CHAPLAINS. ENSURE CHAPLAINS ARE PREPARED TO OFFER PASTORAL AND TRAINING SUPPORT TO ALL MEMBERS OF THE ARMY FAMILY DURING ALL PHASES OF THE STAND-DOWN. BE PREPARED TO ACT AS ACE TRAINERS.

3.D.4.D. (U) DIRECTOR, ARMY NATIONAL GUARD. PROVIDE INSTRUCTIONS TO ARMY NATIONAL GUARD LEADERSHIP AND TAGS FOR EXECUTION AND COMPLIANCE OF STAND-DOWN AND TRAINING REQUIREMENTS. REPORT COMPLETION OF PHASE I TRAINING REQUIREMENTS TO THE ARMY G-1, IN ACCORDANCE WITH PARAGRAPH 3.E.3.A.

3.D.4.E. (U) CHIEF, ARMY RESERVE. EXECUTE DIRECTED USAR STAND DOWN TO SATISFY PHASE I REQUIREMENTS. ENSURE INSTRUCTIONS ARE COMMUNICATED TO ARMY COMMANDS, ARMY SERVICE COMPONENT COMMANDS AND DIRECT REPORTING UNITS. REPORTS COMPLETION OF PHASE I ACTIVITIES AND TRAINING ARE TO BE PROVIDED TO THE ARMY G-1 THROUGH THE COMMAND, SERVICE COMPONENT COMMAND OR DIRECT REPORTING UNIT TO WHICH THE UNIT IS ASSIGNED.

3.D.4.F. (U) CHIEF OF PUBLIC AFFAIRS. GUIDE COMMUNICATION PLAN DEVELOPMENT TO ANNOUNCE THE STAND DOWN AND TRAINING DIRECTED BY THIS EXORD. MONITOR AND REVISE PUBLIC AFFAIRS GUIDANCE CONTAINED IN 3.G. BELOW AS APPROPRIATE. SUPPORT INSTALLATION COMMANDER MESSAGE PLANNING REQUIREMENTS STATED IN 3.C.1.H. ABOVE.

3.D.4.G. (U) 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. (U) COORDINATING INSTRUCTIONS.

3.E.1. (U) THIS EXORD AUTHORIZES EXECUTION OF THE TASKS AND

PHASES OF THE HPRRSP AND CSF2 TRAINING DESCRIBED ABOVE.

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

3.E.2.A. (U) EXECUTION AND COMPLIANCE WITH OPERATION ORDER 12-094 (ARMY RESERVE WIDE SUICIDE PREVENTION STAND DOWN) IS AUTHORIZED TO SATISFY PHASE I AND II REQUIREMENTS FOR USAR UNITS.

3.E.2.B. (U) TRAINING SHALL BE ACCOMPLISHED ACCORDING TO THE FOLLOWING TIMELINE.

3.E.2.B.1. (U) ACTIVE ARMY AND MOBILIZED RC UNITS: PHASE I, 27 SEPTEMBER 2012; PHASE II, BEGINNING UPON COMPLETION OF PHASE I, NLT 26 OCTOBER 2012.

3.E.2.B.2. (U) RESERVE COMPONENTS: PHASE I, DURING THE FIRST SCHEDULED DRILL/BATTLE ASSEMBLY AFTER 27 SEPTEMBER 2012; PHASE II, BEGINNING UPON COMPLETION OF PHASE I, NLT 30 NOVEMBER 2012.

3.E.3. (U) REPORTING INSTRUCTIONS.

3.E.3.A. (U) ALL ACOM, ASCC, DRU, AND NGB WILL REPORT THE COMPLETION OF PHASE I 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 THE FORMAT IN ATTACHMENT 1 TO THIS EXORD.

3.E.3.A.1. (U) HQDA PRINCIPAL OFFICIALS WILL REPORT THE COMPLETION OF PHASE 1 STAND DOWN ACTIVITIES TO THE OFFICE OF THE ADMINISTRATIVE ASSISTANT (OAA) TO THE (SEC)RETARY OF THE ARMY'S HUMAN RESOURCE MANAGEMENT DIRECTORATE (HRMD). HRMD WILL PROVIDE A CONSOLIDATED HDQA REPORT TO ARMY G-1.

3.E.3.A.2. (U) US ARMY FORCES ASSIGNED TO USARCENT REPORT TO USARCENT. FOR REPORTING PURPOSES, REQUEST THAT US FORCES AFGHANISTAN AND ARMY ELEMENTS ASSIGNED TO TITLE 22 ELEMENTS IN THE USCENTCOM AOR (UNITED STATES MILITARY TRAINING MISSION SAUDI ARABIA, US MILITARY MISSIONS ASSIGNED TO EMBASSIES IN THE CENTCOM AOR) WILL REPORT COMPLETION OF PHASE I TRAINING TO USARCENT G1.

3.E.3.B. (U) ALL ACOM, ASCC, DRU, AND NGB WILL REPORT THE TOP 3-5 BEST PRACTICES OR OUTCOMES FROM STAND DOWN DAY NLT 15 NOVEMBER 2012 TO ADDRESS IN PARA.

3.E.3.C. US FORCES AFGHANISTAN AND ARMY ELEMENTS ASSIGNED TO TITLE 32 ELEMENTS IN THE USCENTCOM AOR (UNITED STATES MILITARY TRAINING MISSION ARABIA, US MILITARY MISSIONS ASSIGNED TO EMBASSIES IN THE CENTCOM AOR) WILL REPORT THE TOP 3-5 BEST PRACTICES OR OUTCOMES TO USARCENT NLT 10 NOVEMBER AND USARCENT SUBMITS TO THE ARMY G-1 NLT 15 NOVEMBER 2012.

3.E.3.D. (U) ALL UNITS WILL ANNOTATE IN DTMS THE INDIVIDUAL SOLDIER COMPLETION OF THE SUICIDE PREVENTION STAND DOWN PHASE I EVENT.

3.E.3.E. (U) ALL UNITS WILL ANNOTATE IN DTMS THE COMPLETION OF ANY APPROPRIATE AR 350-1, APPENDIX G, TABLE G-1 OR G-2, MANDATORY TRAINING REQUIREMENT (SUCH AS CSF2, SHARP, ASAP, EQUAL OPPORTUNITY, OR OTHER MANDATORY TRAINING) IF THE OUTCOMES ARE ACHIEVED DURING THE STAND DOWN AS STATED IN THIS ORDER.

3.F. (U) COMMANDER'S CRITICAL INFORMATION REQUIREMENTS (CCIR). REPORT THE FOLLOWING CCIR USING THE SAME REPORTING INSTRUCTIONS IN PARAGRAPH

3.E.3.A. ABOVE.

3.F.1. (U) ARMY UNITS THAT CANNOT MEET PHASE I REQUIREMENTS IAW ESTABLISHED SUSPENSES.

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

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

3.F.4. (U) SUCCESSFUL INTERVENTION WITH THOSE AT-RISK PERSONNEL WHO MAY HAVE EXPERIENCED SUICIDAL IDEATIONS OR ATTEMPTED SUICIDE.

3.F.5. (U) SOLDIERS OR ARMY CIVILIANS HAVE EXPERIENCED SUICIDAL IDEATION OR OTHER SUICIDAL BEHAVIOR THAT MAY BE ATTRIBUTED TO ANY OF THE TRAINING MATERIALS USED.

3.G. (U) THEME AND TOPLINE MESSAGES

3.G.1. (U) THEME: "SHOULDER TO SHOULDER, WE STAND UP FOR LIFE"

3.G.2. (U) THROUGH LEADERSHIP, EDUCATION, AND RESPECT FOR EACH OTHER, WE CAN REDUCE OR ELIMINATE THE STIGMA ASSOCIATED WITH REQUESTING ASSISTANCE.

3.G.3. (U) THE ARMY EMPLOYS A HOLISTIC, MULTI-DISPLINARY

APPROACH TO SUICIDE PREVENTION THAT INCLUDES HEALTH PROMOTION AND RISK REDUCTION.

3.G.4. (U) ENSURING PROMPT ACCESS TO QUALITY HEALTH CARE IS AN ESSENTIAL COMPONENT TO THE ARMY'S APPROACH TO SUICIDE PREVENTION.

3.G.5. SOLDIERS, DA CIVILIANS, AND FAMILY MEMBERS WITH EMOTIONAL AND PSYCHOLOGICAL ISSUES DESERVE HEALTHY, SUPPORTIVE ENVIRONMENTS.

3.G.6. THE ARMY IS COMMITTED TO RAISING AWARENESS OF THE TOOLS AND RESOURCES AVAILABLE TO PREVENT SUICIDE AND INCREASE RESILIENCE.

4. (U) SUSTAINMENT. (U) ALL DOCUMENTATION AND TRAINING PACKAGES AND AIDS IN SUPPORT OF THE ARMY SUICIDE PREVENTION MONTH OBSERVANCE AND THE STAND DOWN WILL BE POSTED ON THE ARMY SUICIDE PREVENTION PROGRAM WEBSITE AT [HTTP://WWW.PREVENTSUICIDE.ARMY.MIL](http://www.preventsuicide.army.mil). CSF2 TRAINING MATERIALS ARE AVAILABLE TO MRT VIA THE SOLDIER FITNESS TRACKER WEBSITE: [HTTPS://WWW.SFT.ARMY.MIL](https://www.sft.army.mil).

5. (U) COMMAND AND SIGNAL

5.A. (U) THE VCSA OVERSEES HEALTH OF FORCE PROGRAMS. THE HEALTH PROMOTION RISK REDUCTION COUNCIL DEVELOPS AND PROVIDES RECOMMENDATIONS ON ARMY POLICY AND OTHER DECISIONS.

5.B. (U) THE ARMY G-1, HUMAN RESOURCE POLICY DIRECTORATE, HEALTH PROMOTION RISK REDUCTION (HPRR) DIVISION IS RESPONSIBLE FOR THE MANAGEMENT OF THE ARMY SUICIDE PREVENTION PROGRAM. THE CHIEF IS MR. WALTER O. MORALES, (703) 571-7355, [WALTER.O.MORALES.CIV@MAIL.MIL](mailto:WALTER.O.MORALES.CIV@MAIL.MIL); REPORTING POC IS MS SHERRY SIMMONS-COLEMAN, (703) 571-7242, [SHERRY.D.SIMMONSCOLEMAN.CIV@MAIL.MIL](mailto:SHERRY.D.SIMMONSCOLEMAN.CIV@MAIL.MIL).

6. (U) EXPIRATION OF THIS EXORD CANNOT BE DETERMINED.

ACKNOWLEDGE:

(TBD)

OFFICIAL:

DEPUTY CHIEF OF STAFF, G-3/5/7