



DEPARTMENT OF THE ARMY
HEADQUARTERS NEW YORK ARMY NATIONAL GUARD
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LATHAM NY 12110-3514

MNOT

24 August 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Letter of Instruction (LOI) 92-12 – NYARNG Suicide Prevention Stand Down

1. REFERENCES.

- a. ALARACT 203/2012, Announcement of Stand Down for Suicide Prevention
- b. ALARACT 219/2012, Army Suicide Prevention Month (September 2012)
- c. ALARACT 221/2012, HQDA Execution Order (EXORD) 282-12, Army Stand Down for Suicide Prevention
- d. Draft ARNG Execution Order 12-01: Suicide Prevention Stand Down
- e. LOI 91-12 – Requirements and Implementation of Unit Risk Inventory and Reintegration Unit Risk Inventory 22 August 2012

2. GENERAL. 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 13 July 2012, a total of 54 ARNG Soldiers have taken their own lives during the current calendar year. The Vice Chief of Staff of the Army has directed a mandatory Suicide Prevention Stand Down for all three Army components, on 27 September 2012. The intent of the Stand Down is 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”.

The NYARNG is well positioned to accomplish this Stand Down and subsequent training through Commander Emphasis and continued implementation of our NYARNG Campaign Plan for Resilience, Risk Reduction and Suicide Prevention (R3SP), NYARNG Comprehensive Soldier Fitness Program, Family Readiness Program and NGR 350-1 Mandatory Training outlined in the Command Training Guidance (CTG). In addition, 65 Soldiers have been certified as Master Resiliency Trainers and with an

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additional 96 soldiers and nine civilians certified as Resiliency Training Assistants (RTAs) with an additional 35 soldiers and civilians scheduled for training in September.

INTENT: The intent of the Stand Down is 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.

END STATE: The overall end state for NYARNG is reduced suicides and increased resilience throughout the force; strong and visible leadership from the top down and Commander's, Leaders, Soldiers, Army Civilians and family members at all levels, who:

- a. Develop a deeper respect for life and take personal responsibility and accountability for their own of comprehensive soldier fitness for the welfare of members of the Army family.
- b. Develop psychologically resilient and empowered personnel who are familiar with suicide prevention tools, services and techniques, recognize suicide indicators and intervene to save lives, when required.

3. CONCEPT OF THE OPERATION. The Stand Down will be conducted in two phases. Phase I (Awareness/Education): Stand Down for Army Forces. Phase II (Training/Sustainment): Health Promotion, Risk Reduction, Suicide Prevention (HPRRSP) and Comprehensive Soldier and Family Fitness (CSF2) targeted training; it 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.

- a. Phase I (Awareness/Education). All Title 10 AGR personnel and ARNG units serving in active status under either Title 10 or Title 32, to include CSTs and Recruiting and Retention Battalion, will conduct an 8-hour Stand Down for Suicide Prevention on 27 September 2012 unless mission dictates that it must be conducted earlier in the month of September. M-day organizations will conduct the Stand Down during the first scheduled drill assembly after 27 September 2012. Extensions beyond the scheduled dates must be approved by the first Major General in the chain of command. Extensions are limited to 30 days or one additional drill assembly; this phase must be completed NLT 30 November 2012. Adequately prepared units who possess both the proper materials and qualified trainers (i.e. MRTs and RTAs) may conduct the Stand Down prior to 27 September 2012. 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. See Enclosure 1 for a Sample Training Schedule which should be adjusted for the unit's individual

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needs and for innovative and meaningful training. Recommended training and activities include:

(1) Ask, Care, Escort (ACE) Training. ACE is the Army-approved and mandated suicide prevention and awareness training model for all Soldiers, leaders, DA Civilians and Family members. This training is approximately 90 minutes long, and the key learning objective is awareness (i.e. risk factors, warning signs, and resources). Training should be conducted at the lowest level possible to enhance squad, crew, team, and section level interaction and discussion. By completing this training during the Stand Down, units will meet the annual Suicide Awareness training requirement. PowerPoint Presentations for Suicide Awareness briefings can be found on AKO: <https://www.us.army.mil/suite/page/503094>.

(2) Leader-led discussions designed to enhance awareness of risk and protective factors, resilience and support services available for intervention. These discussions should be facilitated by the Commander, Senior Leaders, unit Suicide Intervention Officers, and with the assistance of Master Resilience Trainers (MRTs) and Resilience Training Assistants (RTAs). Emphasis should be on bringing awareness to the realities of suicide, the risks associated with it, and the help available to the NYARNG community (see Enclosure 2 for Talking Points). To help facilitate these discussions, there are two videos available; both videos are available on-line, or can be requested from the NYARNG Suicide Prevention Program Manager. 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. Monthly NYARNG Comprehensive Soldier Fitness training may be incorporated into this or other activities for the day but should not take the place of leader-led discussions facilitated by the Commander, Senior Leaders, unit Suicide Intervention Officers.

(a) "Shoulder to Shoulder: Finding Strength and Hope Together." This video, to include an accompanying PowerPoint presentation and trainer facilitation guide, is available at http://www.armyg1.army.mil/hr/suicide/training_sub.asp?sub_cat=20. This video and presentation/discussion takes approximately 60 minutes.

(b) "The Home Front." This interactive video is available at http://www.armyg1.army.mil/hr/suicide/training_sub.asp?sub_cat=20. This video takes approximately 60 minutes.

(3) Community and unit awareness events designed to educate Soldiers and Families on programs that are available to them. Unit events could include suicide and resilience topics at OPD, NCOOP or other professional development. Commanders are encouraged to invite family members to a portion of the drill. Commanders are also encouraged to invite military and community experts to speak to

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Soldiers and Families on relevant programs and resources. Speakers could include representatives from NYARNG Family Programs, Family Support Groups, the Director of Psychological Health, Military Family Life Consultants, chaplains, Military One Source, local veterans' centers, etc. (see Enclosure 3 for Resources). Additionally, Soldiers and Families should be provided information and brochures on Strong Bonds (information is available at <http://dmna.ny.gov/family/famredi.php>). Finally, Commanders should attempt to incorporate 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.

(4) "Terrain Walk" to familiarize leaders with support activities available within the State and community. Given the geographic distribution of NYARNG resources and programs, this may best be accomplished by presenting a map of NYS that depicts facilities that provide support and education to Service Members and their Families (see Enclosure 4 for NYS Map). Additionally, units may develop a similar map for their community, depicting local networks of support (e.g. VA, Veterans' Counseling Centers, etc.). An alternative may be to host a health fair, and bring some local community organizations and services into the armory. The Terrain Walk may be incorporated into the Community and unit awareness events described in the previous paragraph.

(5) 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 anonymous input directly from Soldiers and answers questions directly related to suicide and high-risk behaviors. Additionally, administering the URI during the Stand Down will also fulfill another annual training requirement. The National Guard Bureau requires that the survey is administered annually. Reference NYARNG LOI 91-12. While administering the URI is preferred, commanders may choose to have Soldiers complete the U.S. Army Public Health Command Soldier and Leader Risk Counseling Tool. This tool is available at the following website: <http://www.preventsuicide.army.mil>.

(6) Qualified Master Resilience Trainers (MRTs) and Resilience Training Assistants (RTAs) will support Commanders' suicide Stand Down with resilience training. Recommended modules include Hunt the Good Stuff, Activating Event-Thoughts-Consequences, Detect Icebergs, Avoid Thinking Traps, and Real-Time Resilience. These five skills are of particular use in preventing suicide gestures, attempts, and ideations. Commanders should work with their MRTs and RTAs to determine which modules are relevant to their units and should be provided to their Soldiers. Resilience trainers have the appropriate training material; additionally, it can be found at: <https://www.sft.army.mil>.

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b. Phase II (Training/Sustainment). This phase commences immediately upon completion of Phase I (NLT 30 November 2012) and continues indefinitely. This phase develops the Army into a resilient force through Health Promotion, Risk Reduction, Suicide Prevention (HPRRSP) and Comprehensive Soldier and Family Fitness (CSF2) targeted training. Detailed guidance on Phase II will be published in a separate LOI however; the objectives of this phase will consist of the following activities:

(1) Commanders sustain phase 1 activities as required: Complete leader-led discussions down to squad leader level. The NYARNG's program of Comprehensive Soldier Fitness (CSF) accomplishes this.

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

(3) Commanders conduct regulatory training requirements and other needed instruction based on the results of the risk assessments.

(4) 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.

(5) Conduct Peer-to-Peer training on leader counseling goals and skills IAW appendix b of FM 6-22 Army leadership as a part of routine counseling.

(6) When possible, promote and support physical resilience thru unit PT programs, combatives, foot marching, and marksmanship, etc, IAW AR 350-1, table G1.

(7) 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.

(8) Sustainment training includes mandatory training in suicide prevention and resilience as per AR 350-1 and applicable regulations.

4. TASKS TO SUBORDINATE UNITS:

a. MNHF will designate a representative to serve as the responsible agent to report overall State completion numbers IAW ANNEX A of ARNG EXORD 12-01 titled HQDA Reporting Format.

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b. GOCOMs will manage their MRTs and RTAs as necessary for the Stand Down, so that all units possess enough certified trainers capable of providing the recommended resilience training.

c. GOCOMs will report any units that are granted an extension for completion of Phase I, to include the rescheduled date for the unit's Stand Down. This information will be sent by email to the MNOT point of contact for training SGM David Piwowski NLT 27 September 2012.

d. GOCOMs must request the URI material at least two weeks prior to the date that the surveys will be administered. Materials can be requested from the NYARNG Prevention Coordinator, SGT Kristine Jackson at (518) 344-3452 or kristine.l.jackson@us.army.mil. GOCOMs will submit requests for additional Suicide Awareness and Prevention material to the Suicide Prevention Program Manager, 1LT Karen Marotz. Available material includes videos, posters, ACE cards, and Suicide Prevention Training Tip Cards.

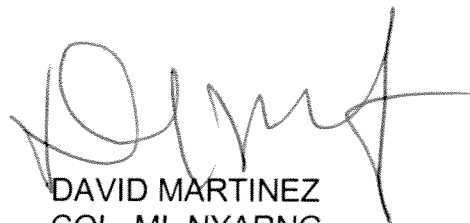
GOCOM units must complete DTMS entry as soon as possible but no later than 10 days after the completion of the stand down. DTMS contains a "mandatory task titled "Stand Down For Suicide Prevention", Task number "DA ALARACT 221/2012 EXORD 282-12". Every DTMS training schedule will include the DTMS event name of "Stand Down For Suicide Prevention". At the conclusion of the training, units must attach the attendance roster in DTMS for this mandatory task. If ACE training (paragraph 3 a. (1)) is completed as a part of the Stand Down, units will meet the annual Suicide Awareness training requirement and should also document that in DTMS. Additionally, if monthly NYARNG CSF training is also completed as a part of the Stand Down, units should also document that in DTMS.

5. COORDINATING INSTRUCTIONS. The point of contact for this matter is the State R3SP Program and Suicide Prevention Program Manager, 1LT Karen Marotz, at (518) 786-4455 or karen.marotz@us.army.mil. The MNOT point of contact for training is SGM David Piwowski at (518) 786-4479 or david.piwowski@us.army.mil.

FOR THE COMMANDER:

3 Encls

1. Sample Training Schedule
2. Talking Points
3. NYS Map of Resources



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