



# ***News Release***

**U.S. ARMY SUSTAINMENT COMMAND**

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## **New training aims to reduce suicides -- 2009 trend heading in wrong direction**

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*ROCK ISLAND, Ill.* – This is not business as usual.

With these words, Army leaders up and down the chain of command are sending the message out to the rank and file that we're combating an insidious enemy - one as deadly as war.

In 2008, the Army experienced an all-time high in suicides - 143 - which quickly caught the attention of leadership and media. At the current rate, 2009 Army suicides will surpass last year's troubling figure.

The Army's second-in-command testified in a Senate hearing in mid-March that 48 Soldiers have taken their own lives this year. If that rate continues, more than 200 Soldiers will be dead as a result of suicide by the end of the year.

That's unacceptable, the Army's vice chief of staff, Gen. Peter Chiarelli, told the Senate Armed Services Committee.

Army leadership acknowledges increased stress from a high operations tempo resulting from two wars. Yet, as Chiarelli told the media earlier this year, 2008 statistics show 35 percent of those who committed suicide had no deployment experience at all.

Since the beginning of the wars in Iraq and Afghanistan, the Army has lost more than 580 Soldiers to suicide. In 2008, the number of reported suicides jumped 21 percent from the previous year, Army officials said.

To combat this elusive enemy, the Army is in the midst of fielding a new type of training to educate Soldiers and civilians alike on suicide. While the content is drawn from existing sources, presentation is both more widespread and participatory.

Formerly, the Army conducted Suicide Prevention Week in September to highlight concerns.

Alarming trends prompted better methods of training and awareness. On April 16, Chiarelli approved the Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention. The plan requires careful examination of the Army's doctrine, organization, training, materiel, leadership and education, personnel and facilities to improve the physical, mental and spiritual health of Soldiers. One element of the campaign is the new suicide prevention training.

This training comes in three phases. The first phase was a "stand-down" which began Feb. 15. This phase offered real-life scenario video vignettes that allowed audience members to interact with what they saw based on the decisions they made throughout the example. The video is called "Beyond the Front."

At Rock Island Arsenal, Army Sustainment Command conducted its Phase 1 training with Chaplain (Lt. Col.) Joel Russell spearheading efforts, and assisted by his staff.

"What I think is great about this particular training is that it's a new mode," Russell said, noting the improvement from the traditional slide show, narrated from a lesson plan. "I like it a lot. It really engages the audience."

"With this, we're presenting the same information of a standard suicide prevention briefing, but we have an interactive video ... to have the opportunity to make decisions ... to do the right and proper prevention."

All attendees are also given the Suicide Prevention Training Top Card or SPTTC, which highlights the signs and symptoms of depression, causes of depression, suicide warning signs, and related risk factors. Likewise, everyone is given the wallet-sized "ACE" card which is an acronym for Ask, Care and Escort.

“The ACE card is basically a short way of saying the three key things in assisting someone who is suicidal,” said Sgt. Gary McCracken, ASC chaplain assistant.

McCracken said you must be blunt and ask, “ ‘Are you suicidal? Do you have a plan?’ “

Additionally, battle buddies, friends, and work colleagues must show a potential suicide victim that they care and will stay and listen to them. And finally, one must see that an at-risk person is escorted to a treatment facility.

“A lot of people don’t give themselves permission,” Russell said. “It’s an uncomfortable subject to ask someone ‘Are you suicidal today?’ But I think it [the ACE card] gives you empowerment to do that in case you see that in yourself or someone else.”

And what are the signs of a suicidal person?

“Withdrawal from normal activities, excessive drinking ... alcohol abuse, giving away personal items, depression, isolation, sadness, saying things like ‘I’d be better off if I was gone; nobody needs me.’ They almost have a sense of hopelessness, like they’re use-less,” McCracken said.

Phase II, which started March 16, is an Army-wide, 120-day activity with designated personnel conducting training in a smaller, more intimate setting, again with interactive video.

This “chain-teaching” training is called “Shoulder-to-Shoulder: No Soldier Stands Alone.” It offers three vignettes called “Prior to Deployment,” “Deployment and Employment” and “Following Deployment,” all with different scenarios driven by trainees. Like Phase 1, it involves everyone to discuss the situation, make choices, and see the consequences.

Each scenario engenders discussion by asking tactical, operational and strategic questions like “As a unit commander, do you want to take this Soldier into combat? Why or why not?” (tactical), “This Soldier agrees to speak with you only if you promise not to tell anyone else. What should you do?” (operational), “How could you have prepared your troops in a manner that they do not experience excessive anxiety about deploying?” (strategic).

But as Russell points out, suicide prevention is a program for everyone - because it affects everyone. While watching the vignettes, participants

see a Soldier in the Army Combat Uniform, but as it progresses, one no longer sees the uniform, but rather a human being that needs help.

“You learn how to provide assistance, should you feel someone you know or love” wants to commit suicide, Russell said.

Phase 3 will be sustainment of previous training and is concurrent with phases I and II.

This phase establishes routine annual training requirements and institutionalizes Army Suicide Prevention measures in Army policy and procedures. Units and organizations will conduct annual mandatory suicide prevention training and ensure participation records are maintained by name and directorate, business group, or staff section, Army plans stated.

Additionally, organizations will make suicide prevention training available to Family Readiness Groups and similar family support programs. Organizations will encourage family members to participate as they are an important behavioral health influencer and could also be a potentially at-risk population, Army officials said.

How successful the suicide prevention training will be remains to be seen. But, in order for the training to be effective, it must be addressed at all levels throughout the Army.

“It can happen to anybody,” Russell said. “We need to watch the people we work with, the people that we love. If we see any change in their behavior that might create some anxiety in us, we first confront them about it. If we’re still uncomfortable, then we need to get them the help they need.”

Suicidal awareness and taking action cannot be ignored, Russell said.

“We need to make the intervention. We might be wrong; maybe they’re not suicidal at all, but we need to give them the opportunity,” the ASC chaplain said. “I would rather err on the side of caution and help someone, and maybe lose a friend at worst, than to have someone kill themselves on my watch and me not do anything about it.”

### ***Suicide Risk Factors***

- *Relationship problems*

- *History of previous suicide attempts*
- *Substance abuse*
- *History of depression or other mental illness*
- *Family history of suicide or violence*
- *Work-related problems*
- *Transitions (retirement, PCS, discharge)*
- *Serious medical problem*
- *Significant loss*
- *Current/pending disciplinary or legal action*
- *Setbacks (academic, career or personal)*
- *Severe, prolonged and/or perceived unmanageable stress*
- *A sense of powerlessness, helplessness, and/or hopelessness*

Source: USACHPPM

### ***Life Lines***

- *National Suicide Hotline, 1-800-SUICIDE*
- *[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org), 1-800-273-TALK*
- *[www.armyfamiliesonline.org](http://www.armyfamiliesonline.org), 1-800-833-6622*
- *[www.militaryonesource.com](http://www.militaryonesource.com), 1-800-342-9647*
- *VA Readjustment Counseling Services, 1-800-827-1000, [www.va.gov/rca](http://www.va.gov/rca)*
- *Army G-1, Army Well-Being Liaison Office, 1-800-833-6622*
- *Wounded Soldier and Family Hotline, 1-800-984-8523,*
- *Overseas DSN: 312-328-0002, Stateside DSN: 328-0002,*
- *E-mail: [wsfsupport@conus.army.mil](mailto:wsfsupport@conus.army.mil)*
- *Emergency, dial 911*

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