

# *the* ONE NUMBER *that* MATTERS

*A record 238 suicides among Soldiers was reported in 2009. But when it comes to the lives of the defenders of our nation, only one number matters: One.*

BY CINDY RAMIREZ



Photo by U.S. Air Force Staff Sgt. Stacy L. Pearsall

Rifle at hand, an unidentified Soldier smokes while guarding an Iraqi police station. A record number of Army suicides were reported in 2009, though officials say about 30 percent of them occur among those who have never deployed. While there is no single or simple answer to preventing suicide, officials say the Army is working vigorously to streamline and improve its numerous suicide awareness, prevention and intervention programs.

**After** an intense two days of Applied

Suicide Intervention Skills Training, a group of strangers share a common bond: They've been empowered with the skills to help a suicidal person seek help, and awakened to the stark reality that those skills may not be enough to save everyone they might encounter.

They are skills they hope they'll never have to employ. But the participants — some military, some civilian, men and women of varying ages and professional backgrounds — know all too well they've come to the training because of a crucial problem: Suicides among Soldiers.

In 2009, there was a record 238 reported suicides among active-duty Soldiers and reservists not on active duty, according to the Department of Defense. That compares to 197 in 2008, though the statistics include both confirmed and potential suicides, as many remain under investigation. In fact, suicide rates among Soldiers are higher than among the general U.S. population for the first time since the Vietnam War, Army officials said.

And 2010 is not off to a better start: In January, 27 potential suicides were reported among active-duty Soldiers and reservists not on active duty.

For the ASIST participants, however, only one number matters: One.

"If we can save one life, one Soldier, any one person, then these two days are worth every minute and more," said Master Sgt. Justin Young of the 204th Military Intelligence Battalion, Fort Bliss, Texas, who participated in an ASIST workshop in January.

## OVERWHELMING OPTIONS

Overall, ASIST is one of several suicide intervention programs Armywide aimed to keep Soldiers, family members and care providers from killing themselves. To keep members of the Army family from reaching that point, however, the force counts on numerous other resiliency and coping programs.

Overall, the force has an estimated 400 programs and initiatives — headquarters- or installation-driven — created to alleviate stressors on Soldiers, family members and civilians. The problem, officials said in a message to the field, is that often they are “overwhelmed with options and information.”

As part of the Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention, the Army is analyzing and assessing each of its current suicide prevention programs to determine which are most effective. The data collected will lead to recommendations to support “decisions made by the senior leadership of the Army on the way-ahead for these programs and initiatives,” the message states.

Although it is often believed repeated deployments are to blame, about 30 percent of Army suicides occur among those who have never deployed, and many others are among those who have deployed only once, statistics show.

“What we have learned is that there is no single or simple answer to preventing suicide,” Brig. Gen. Colleen McGuire, director of the Suicide Prevention Task

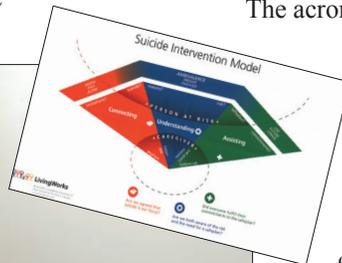
Force, stated in a defense department news release in December 2009. “This tells us that we must continue to take a holistic approach to identifying and helping Soldiers and families with issues such as behavioral health problems, substance abuse and relationship failures.”



Left: Retired Staff Sgt. Debra Wiggins, a consulting trainer with the Applied Suicide Intervention Skills Training program, plays the role of a suicidal person in an intervention scenario during a workshop at Fort Bliss, Texas.



Right: Chaplain Rubin Crespo, standing, an ASIST counselor, pretends to be threatening to jump off a bridge while Master Sgt. Dustin Young, forefront, refers to his intervention tip card during the workshop. Inset: The ASIST tip card reminds holders of the Suicide Intervention Model: Connect, understand, assist.



Photos by Cindy Ramirez



Gen. Peter W. Chiarelli

“I am asking the backbone of our Army, our NCO Corps, and other green-tab leaders and supervisors, to troop the line, walk through the motor-pool, stop by the barracks, eat a meal in the dining facility, and visit the guard post at midnight. Look each and every Soldier in the eye. Convey the message that each one is valued by our Army, their families and friends, and our Nation. Remind Soldiers that their Army remains committed to help, support, and assist them to meet hardships head-on, no matter the struggle, stressor, or challenge.”

Numerous awareness campaigns have brought discussion about the issue to the forefront, but many challenges lay ahead in improving behavioral and mental health, and, in the end, preventing suicides, McGuire said.

In a January letter to Army leaders, Vice Chief of Staff Gen. Peter W. Chiarelli asked the NCO Corps and other leaders to support and assist Soldiers who may be dealing with hardships “head-on,” and to convey the message that each one is valued by the Army and the nation.

When it comes to suicide prevention and intervention, two programs stand out: ACE and ASIST.

## ASK, CARE, ESCORT

The Army’s approved “Ask, Care, Escort,” or ACE Suicide Prevention Training, aims to create awareness — and encourage action.

The acronym:

**A:** Ask your buddy. Have the courage to ask the question, but remain calm.

**C:** Care for your buddy.

Remove any means that could be used to injure themselves, calmly control the situation and listen to the person.

**E:** Escort your buddy. Never leave your buddy alone, and escort them to a chaplain, chain of command or health care professional.

But how does one put ACE into action?

## ASK THE [DARN] QUESTION

In December 2009, the Army approved the use of a suicide intervention training program to help *teach* leaders and Soldiers how to intervene.

The intense “how-to” teaching comes in the form of two- and five-day ASIST workshops produced by Living Works Education, Inc., a private for-profit suicide intervention training company. ASIST is intended to complement and expand on the ACE training.

The five-day ASIST workshop is a “train-the-trainers” course that certifies Army personnel to conduct the workshop Armywide.

The two-day workshops train Army leaders, chaplains, chaplain assistants, substance abuse counselors, family advocacy program workers and medical professionals, among others.

Through videos, discussions and role playing, the program walks participants through scenarios to conduct a suicide intervention. Recognizing that anyone is susceptible to suicide, everyone must be aware that suicidal thoughts often stem from any type of loss, which often leads to uncharacteristic behavior, ASIST trainers said.

ASIST consulting trainer Debra Wiggins, who joined the Army in 1988 and retired as a staff sergeant in 2008, said she's seen positive results.

"I've seen its effectiveness in the change of attitudes in the participants and in the people who come back to tell me their stories after they've used the ASIST intervention," she said.

The key steps under the Suicide Intervention Model: Connect (listen), understand (why they want to die and what they have to live for) and assist (get help). And don't beat around the bush. "Ask the [dam] question!" is heard throughout the training.

"You have to ask it straight out," Wiggins said. "Are you contemplating suicide? Are you having suicidal thoughts? Are you thinking of or planning to kill yourself?" Asking if they intend to "hurt" themselves may be ineffective, Wiggins explained, because suicidal persons are already hurting emotionally and believe killing themselves will end the pain.

Wiggins reminds participants that in an intervention, they are merely first responders who are keeping suicidal people alive long enough to get them to longer-term help.

And somberly, she reminds them that not everyone can or will be saved.



"This gets you interacting and addressing how to deal with the situation, not just to be aware of it."

Young said ASIST goes far beyond offering participants a list of resources and referrals. "They're turning me into a resource," he said, adding that the course "is a program that every NCO should attend."

## POINT OF NO RETURN

Both ACE and ASIST teach how to prevent a suicidal person from killing themselves. The bigger task at hand, however, is how to keep Soldiers from getting to that point of desperation, Army officials said.

To stress the importance of this focus, the Army has updated and improved regulations, including the Health Promotion regulation (AR-600-63), the Suicide Prevention pamphlet (PAM 600-24); and the Combat and Operational Stress Control Manual for Leaders and Soldiers (FM6-22.5).

- AR 600-63 tells commanders they are responsible to ensure that Soldiers identified for suicide risk or

related behaviors are managed in a consistent manner. It also requires commanders establish a policy that prevents Soldiers from being belittled for seeking or receiving behavioral health assistance.

- PAM 600-24 promotes community health promotion councils and suicide prevention task forces and provides standard responsibilities for these programs.

- FM 6-22.5 reminds leaders they must set conditions to allow Soldiers to talk about their combat experiences; and that they must integrate Combat and Operational Stress Control teams, behavioral health and medical personnel into their training and pre-deployment exercises.

## Take the GAT

In its efforts to support Soldiers in all areas of life – physical, emotional and spiritual – the Army is requesting that all Soldiers complete the Global Assessment Tool, a brief, self-paced survey under the Comprehensive Soldier Fitness program by April 2010. Soldiers will take the GAT every two years or 120 days following contingency operation deployments.

To take the GAT: <http://www.army.mil/csfi>

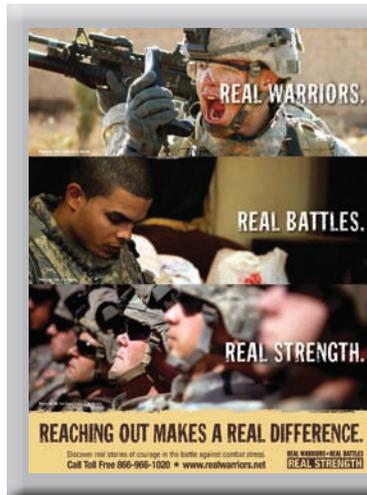
"That's the reality of it," Wiggins said. "It's harsh, but we have to realize not everyone will make it through, and it's not our fault if our intervention was not successful."

A 17-year Army veteran, Young enrolled in the ASIST course in anticipation of becoming a first sergeant. Under new Army regulations, installations, non-commissioned officers and other senior leaders have more defined responsibilities in suicide prevention, including that each barrack, unit and/or formation have ASIST-certified staff.

"I'm glad to see that we've got a program like this," Young said.

To help combat the stigma associated with seeking psychological health care and treatment, the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury established the Real Warriors Campaign.

The campaign features a series of stories of real service members who have sought treatment and are maintaining successful military or civilian careers.



## REAL WARRIORS

The Real Warriors Campaign promotes resilience, facilitates recovery and supports reintegration of returning service members.

The campaign combats the stigma associated with seeking psychological health care and treatment and features stories of real service members who have sought treatment and are continuing to maintain successful military or civilian careers.

## BUILDING RESILIENCY

Beyond creating awareness and updating regulations, the Army has implemented Comprehensive Soldier Fitness, a program that seeks to strengthen Soldiers' psychological, emotional and mental well-being. The program focuses on five dimensions: emotional, social, spiritual, family and physical.

CSF components include: the Global Assessment Tool, an online program that evaluates a Soldiers' strength in those dimensions; Comprehensive Resilience Modules, an online tool that develops those strengths; and Sustainment Resilience Training, designed to build Soldiers' inner strength throughout their careers.

Army Brig. Gen. Richard W. Thomas, Office of the Surgeon General, spoke about Comprehensive Soldier Fitness during the 2010 Nominative Sergeants Major and Senior Enlisted Advisors Conference at Fort Bliss in January.

Comparing it to physical training, Thomas said CSF "prepares, sustains and enriches the force."

"PT is the reason the Army is in better shape than the general population," he said. "Comprehensive Soldier Fitness strengthens our minds, our resiliency to the tough situations we face every day."

To that end, Thomas encouraged NCOs and other senior leaders to become more aware and less afraid to get involved, and called on their leadership to curb the stigma often associated with seeking help.

"If you are a better listener — if you are a better counselor — then you're a better leader," he said.



Photo courtesy U.S. Army by D. Myles Cullen

## MASTER RESILIENCE

Above, Soldiers review the curriculum of the Master Resilience Trainer course at the University of Pennsylvania in Philadelphia in November 2009. Tailored for military use, the 10-day program trains Soldiers in critical thinking and aims to increase their optimism, self-awareness and mental agility.

Fort Jackson, S.C., will house the Army's Master Resilience Training School, with a pilot class in April and the first official class in May. Some 1,800 Soldiers and civilians a year are expected to take the course.

Eventually, every One Station Unit Training drill sergeant and Advanced Individual Training platoon sergeant will participate. Additionally, one NCO per brigade and battalion will also attend the school.

## AGENTS OF HOPE

One of the less talked about components of CSF is spirituality.

Chief of Chaplains Sgt. Maj. Tommy L. Marrero said he believes far too many leaders and Soldiers don't regularly include spirituality in their lives.

"A spiritual Soldier is more resilient than a non-spiritual Soldier," Marrero said. "They find strength through faith, and sometimes Soldiers need to include faith, no matter which faith it may be, in their daily health routines to become resilient to all the challenges they face in and outside the field."

Among the programs the chaplain's office has spearheaded is Strong Bonds, a unit-based, chaplain-led program that helps

build individual resiliency by strengthening the Army family. Through offsite retreats, the program helps single Soldiers, couples and families build and maintain strong relationships. Additionally, pre- and re-deployment components help Army families remain close through a deployment and to reintegrate after it.

## STRONG BONDS

Read more in Cassandra Yardeni's story on pg. 18.

Several installations are developing spiritual centers, Marrero said, that aim to help Soldiers and families find, rediscover or strengthen their spirituality.

The Spiritual Fitness Center at Fort Hood is but one component of its Resiliency Campus, a one-stop shop for resiliency programs that mirror the CSF goals. The Spiritual Fitness Center offers counseling areas, an Internet café and library, meditation areas, and a meeting/worship room.

"It's a place of individual spirituality where anyone can come in and rejuvenate their spirit," said Col. William Rabena, commander of the Resiliency Campus, about the Spiritual Fitness Center. "We always have a chaplain available for anybody who walks in at any time. It's an important part of building resiliency, and we've worked to provide an outlet where people can find tranquility."

Calling chaplains "agents of hope," Marrero said they serve in a "completely pastoral" role.

"We serve the Soldier in a spiritual manner, and we help them find and maintain their spiritual strength, their resiliency," he said.



Photo courtesy U.S. Army by Hylie Jan Pressey

## TELE-HEALTH & TECHNOLOGY

The Department of Defense National Center for Tele-health and Technology is studying the effectiveness of virtual reality exposure therapy on active-duty Soldiers returning from Iraq or Afghanistan who are suffering from post-traumatic stress disorder.

The technology allows health providers to use interactive computer-generated environments to take Soldiers back to where their trauma occurred to reduce anxiety. Soldiers use head-mounted video glasses, a dummy with a mounted game controller or other technologies while talking to a therapist. Repeated sessions help the patient gradually face and deal with the trauma.

“Individual self-regulation training helps so that on demand, a person can stop, think, breathe, do their mental gymnastics, talk sense to themselves and bring themselves down,” said clinical psychologist Jerry E. Wesch, Ph.D., assistant officer in charge of the reset program.

“They bring themselves down so they begin to re-establish self-regulation and stand down their hyper arousal,” he said.

The intensive three-week program, funded by the Darnall center, accommodates a dozen warriors at a time and has served about 200 Soldiers since its inception.

“Our goal is to restore people to continue service,” Wesch said. “Not everyone can or will, but our favorite target is a Soldier who has been through it, is leaking oil, but wants to continue to serve.”

The reset program was modeled after Fort Bliss’ renowned R&R center, a specialized treatment facility for Soldiers with PTSD who want to remain in the Army.

Run by clinical psychologist John Fortunato, Ph.D., the center opened in July 2007 and features 12 therapy rooms, three alternative medicine rooms, a mediation room, warrior lounge and a recreation room.

## RESTORE, RESET, RESILIENCE

Resiliency is defined as the ability to bounce back after adversity or trauma, to recover from setbacks. It is strengthened through coping skills derived from education, training and treatment — components already present in numerous programs and initiatives across the force.

Among them is the Human Performance Lab at Fort Hood’s Resiliency Campus.

Modeled after the Army Center for Enhanced Performance founded at the U.S. Military Academy at West Point, ACEP uses state-of-the-art technologies and sports psychology techniques to teach Soldiers to master mental and emotional skills to strengthen their minds.

Classes include attention and focus control, confidence building, energy management and imagery.

Other examples of installation-based programs aimed to help warriors “bounce back” are the Restoration and Resilience Center at Fort Bliss and the Warrior Combat Stress Reset Program at the Carl R. Darnall Army Medical Center, Fort Hood, Texas.

The Warrior Combat Stress Reset Program, established in August 2008, targets Soldiers with PTSD and is designed to help address common reactions to war experiences by calming the mind, body and spirit. Soldiers “reset” their psyche through relaxation techniques, including breathing exercises, yoga and journaling.



Photo by Cindy Ramirez

The Carl R. Darnall Army Medical Center at Fort Hood, Texas, is home to the Warrior Combat Stress Reset Program.



Photo by Cindy Ramirez

Sgt. 1st Class William E. Loggins, right, demonstrates a computer program that helps Soldiers control their breathing and heartbeat. At left is David Bellinger, performance enhancement specialist, of the Human Performance Lab at Fort Hood’s Resiliency Campus.

The intense six-month program includes several tracks that treat the “whole” Soldier with psychiatric care, psychotherapy, biofeedback, alternative medicine, recreational therapies, meditative and spiritual interventions, among others.

Participating Soldiers in either program are assigned to the Warrior Transition Units of their respective installations.

## RESILIENT COMMUNITIES

Other programs target not only the warrior, but families and communities, as well as the care givers themselves. The Comprehensive Soldier Fitness program includes “family” as one of its most important dimensions of resiliency and strength.

The Army Family Covenant is the force’s promise to take care of not only Soldiers, but also their families. As part of the covenant, established in 2007, the Family and Morale, Welfare and Recreation Command has established a number of initiatives. Across the board, installations are also working to help build resiliency among its health care providers and other support staff.

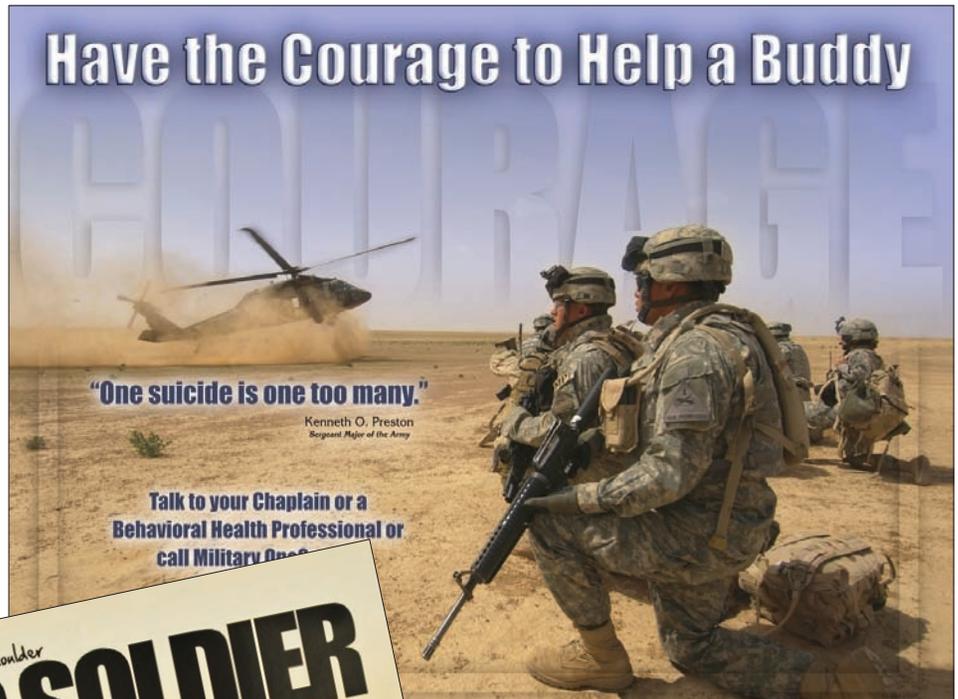
The Fort Hood Resiliency Campus and the Warrior and Family Support Center at Fort Sam Houston, Texas, are two models that other installations across the nation are looking to replicate for their success.

“In my opinion, the Army has finally realized that we must treat the whole Soldier,” Wesch said.

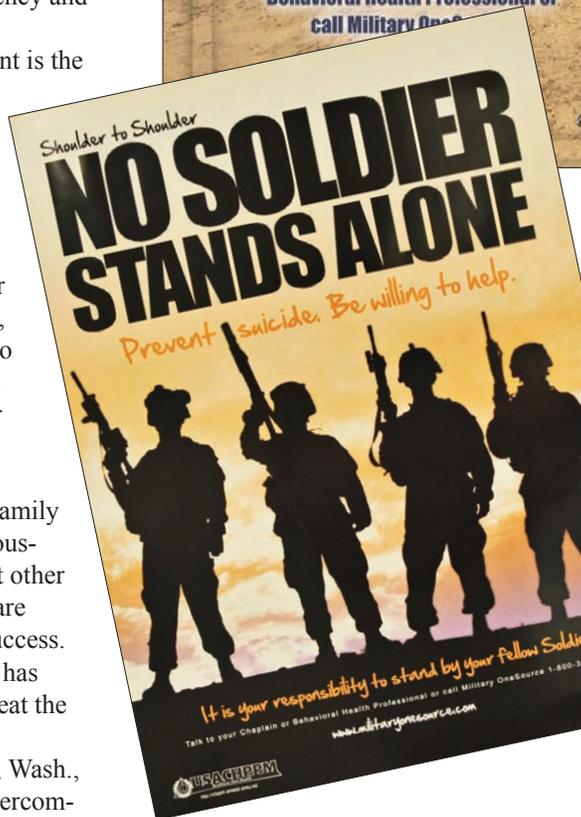
Most recently, Fort Lewis, Wash., opened FOCUS – Families Overcoming Under Stress, a program that aims to enhance the psychological health and resiliency of highly stressed children and families facing multiple deployments.

To take care of the Army’s most precious resource – its Soldiers – the entire community needs to be taken care of, Rabena said: “All of those tenants are built in to Comprehensive Soldier Fitness, and you can’t have strong, resilient Soldiers without any one of those components. They’re paramount, and at the end of the day, they not only keep our Soldiers mentally strong, they keep them alive.” 

To contact Cindy Ramirez, e-mail her at [cindy.ramirez1@us.army.mil](mailto:cindy.ramirez1@us.army.mil).



Posters courtesy U.S. Army Center for Health Promotion and Preventive Medicine



## HELP

### Military OneSource

1-800-342-9647

[www.militaryonesource.com](http://www.militaryonesource.com)

### Defense Center of Excellence Outreach Center

1-866-966-1020

[www.dcoe.health.mil](http://www.dcoe.health.mil)

### Army Suicide Prevention

[www.armyg1.army.mil/hr/suicide/default.asp](http://www.armyg1.army.mil/hr/suicide/default.asp)

## COMING NEXT ISSUE

### Family, Community Resiliency

Several programs focus not only on the warriors’ resiliency, but on that of Army families and communities.

In the next issue of the *NCO Journal*, writer/editor Cindy Ramirez takes a closer look at family, community and provider care programs, including:

- **The Fort Hood Resiliency Campus**, a one-stop shop for resiliency programs that mirror the Comprehensive Soldier Fitness goals for Soldiers and families
- **The Fort Hood Behavioral Health Campaign**, a plan aimed at aiding community members heal in the aftermath of the Nov. 5, 2009, shooting spree that left 13 dead and dozens more injured
- **The Fort Sam Houston Warrior and Family Support Center**, a donation-run facility where wounded warriors and their families find solace