DEPARTMENT OF THE ARMY

**49TH MILITARY POLICE BRIGADE**

**HOMELAND RESPONSE FORCE**

**510 PARKER ROAD**

# FAIRFIELD, CA 94533-1405

NGCA-MPB-CR 28 January 2014

MEMORANDUM FOR RECORD

SUBJECT: 49th Military Police Brigade Resilience, Risk Reduction, and Suicide Prevention (R3SP) Program Standard Operating Procedure (SOP)

1. REFERENCES: Refer to paragraph 2 for the references used within this SOP.

2. PURPOSE. This SOP establishes responsibilities and prescribes procedures for the R3SP within the 49th Military Police Brigade (49 MP BDE). It will provide an all encompassing document for all 49 MP BDE resilience, risk reduction, and suicide prevention measures; establish procedural norms and expectations; and promote readiness through resilience while reducing at-risk behaviors and suicidal actions.

3. MISSION. To create and sustain a culture of personal, family and institutional resilience, by developing leaders who can recognize high stress or risk factors within the BDE ranks and mitigate them through education, interaction and intervention.

4. SCOPE. This SOP applies to all Commanders, Sergeant’s Major, First Sergeants, and Soldiers assigned as Master Resilience Trainers (MRT), Resilience Trainer Assistants (RTA), Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4T), ASIST Gatekeepers, Ask Care Escort – Suicide Intervention (ACE-SI) T4T, and ACE-SI Gatekeepers. It is intended to apply to field and garrison environments and conditions. Commanders retain the authority to assign or relieve individuals from assigned R3SP duties. Subordinate unit SOPs will comply with the provisions of this SOP.

5. DISTRIBUTION. This SOP is issued to all BDE staff sections, battalions, and habitually task organized separate companies and platoons. The brigade S3 section is responsible for maintenance of the SOP and providing copies to units within the BDE.

6. GENERAL. This SOP supersedes all previous versions.

a. This SOP is a working document. It is not intended to replace division or state published guidance or requirements. It will be updated as resources become available, training updates or changes, or as needed to ensure the most efficient and effective program possible.

NGCA-MPB-CR

SUBJECT: 49th Military Police Brigade Resilience, Risk Reduction, and Suicide Prevention (R3SP) Program Standard Operating Procedure (SOP)

b. Individual sections of this SOP may be added or modified on a case-by-case basis. The BDE R3SP Coordinator is the proponent for this publication. Submit all

recommendations for change, in writing, to:

S-3 Operations (NGCA-MPB-OP)

ATTN: 49 MP BDE R3SP Coordinator

49th MP BDE

510 Parker Road

Fairfield, CA 94533

c. Unless otherwise stated, masculine nouns and pronouns refer to male and female Soldiers.

7. The Point of Contact for this SOP is the BDE R3SP Coordinator at phone number 707-437-3811, extension 3.

KELLY A. FISHER

COL, MI

Commanding

DISTRIBUTION:

49 MP BDE

Table of Contents

Content Chapter/Paragraph Page

R3SP: Summary 1

BDE Hierarchy 1.1

Unit Requirements 1.2

Contact Numbers 1.3

References 2

Responsibilities/Duties/Requirements 3

BDE Commander 3.1

BDE R3SP Coordinator 3.2

BDE CSM 3.3

BDE/HHC MRTs 3.4

BDE ASIST T4T 3.5

BDE ACE-SI T4T 3.6

BN Commander 3.7

BN CSM 3.8

BN MRT Representative 3.9

BN ACE-SI T4T 3.10

BN ASIST Gatekeeper Representative 3.11

Company Commander 3.12

First Sergeant 3.13

Company/Unit Level MRT(s) 3.14

Company/Unit Level RTA(s) 3.15

ASIST T4T Facilitator 3.16

ASIST Gatekeeper 3.17

ACE-SI T4T Facilitator 3.18

ACE-SI 3.19

SIO (Suicide Intervention Officer) 3.20

First Line Leaders 3.21

Resilience, CSF2 4

Resilience Training: Company/Unit Level 4.1

Conducting/Participating in RTA Training 4.2

URI and R-URI 4.3

Suicide Prevention and Intervention, ASIST and ACE-SI 5

Integrated System of Prevention and Care 5.1

BATTLE-DRILL: Suicide Attempt, Gesture, or Threat

While at Drill 5.2

BATTLE-DRILL: Suicide Attempt, Gesture, or Threat

Between / Not at Drill 5.3

BATTLE-DRILL: Suicide / Death of a Soldier within the

Unit 5.4

Global Assessment Tool 6

USR and DTMS Reporting Requirements 7

Resources 8

Definitions 9

Appointment Memorandum Example 10

Rosters 11

**1. R3SP: Resilience, Risk Reduction and Suicide Prevention Summary**

a. Problems that Soldiers face can be detrimental not only to the readiness of the individual Soldier but, to the entire unit. This SOP and BDE Program is designed to provide guidance and lay a foundation for subordinate element programs to follow. Consider this SOP a starting point to grow unit programs, build resilience, manage risk reduction, and ultimately, to ensure all Soldiers in the unit are ready and resilient for every mission and everyday life.

b. Why is this important to the NCO? Physically healthy and psychologically strong Soldiers and Families whose resilience and total fitness enables them to thrive in the military and civilian sector, will assist in the 49 MP BDE meeting its diverse and wide range of operational demands.

c. Resilience is closely linked to Performance and Readiness. Performance is just one measure used to assess an individual’s level of resilience. A resilient individual is better able to leverage mental and emotional skills and behavior that promotes optimal human performance, and decreases the likelihood of Soldiers or family members becoming dangers to themselves or others.

d. This SOP follows and incorporates the Army and CAARNG’s Resilience, Risk Reduction, and Suicide Prevention (R3SP) and Comprehensive Soldier and Family Fitness (CSF2) programs; as well as the Applied Suicide Intervention Skills Training (ASIST) and Ask Care Escort – Suicide Intervention (ACE-SI) programs. This brigade level program is designed to increase the physical and psychological health, resilience and performance of the Soldiers and Families of the 49 MP DBE.

e. The basis for the Resilience, Risk Reduction, and Suicide Prevention (R3SP), and Comprehensive Soldier and Family Fitness (CSF2) programs can be found in the Army’s Ready and Resilient Execution Order (EXORD). Events leading to the development of this EXORD and the need for this SOP include:

(1) The United States Army has fought for more than 12 years, the longest period of conflict in our Nation’s history. The unprecedented length and the persistent nature of conflict during this period has strained the resilience of our Soldiers.

(2) The stresses of combat, strains from deployments, and other stresses on the home front, have amplified lapses in standards and discipline among Soldiers and leaders at all levels.

(3) Stresses have increases negative trends such as suicides, domestic violence, sexual harassment and assaults, drug and alcohol abuse, bullying and hazing.

(4) Negative, at-risk and high-risk behaviors have a detrimental effect on overall unit readiness and degrade the trust and confidence that the American people have in the Army National Guard and our Soldiers.

(5) Resilience can also be improved through training and education.

f. Refer to BDE EO/EEO and SHARP polices and SOPs for information regarding those programs.

**1.1 BDE MRT Hierarchy**

Commanders are responsible to ensure that the resilience program within their unit is conducted according to this SOP and applicable regulations.

NCOs and the NCO Support Channel are most involved with individual Soldier wellbeing, therefore CSMs and 1SGs will maintain direct oversight and run their unit’s resilience programs.

RTA (SGT)

RTA (SGT)

RTA (SGT)

RTA (SGT)

MRT (SSG)

MRT (SSG)

CO CDR

1SG (RTA min)

BN CDR

BN CSM (RTA min)

BDE R3SP COORDINATOR (MRT)

BDE CDR

BDE CSM (RTA min)

STATE R3SP COORDINATOR

DIRECT OVERSIGHT

COMMAND OVERSIGHT

TRAINING OVERSIGHT/MRT CHAIN

**1.2 Unit Requirements:** See Chapter 4 for specific Responsibilities/Duties/ Requirements information for individual positions. The following personnel requirements expand upon the requirements outlined in CAARNG, OPERATION ORDER 2012-07-31 (R3SP), Annex A.

a. Battalions, Companies, Separate Detachments (with no higher company) will institute R3SP Programs in accordance with this SOP, as well as current published State and Federal guidance and regulation. The make-up and scope of these programs will be left to the discretion of the unit commander, but will include the following minimum requirements:

(1) Resilience, Risk Reduction and Suicide Prevention measures and incorporates CSF2 at the unit level (see chapters 5 and 6).

(2) Commander’s training guidance; how the Commander intends to conduct R3SP training within the unit.

(2) Scope, duties, and responsibilities of MRT, RTA, ASIST T4T, ASIST/ACE-SI Gatekeepers, SOI, and other R3SP personnel within the unit (see chapter 4).

(3) Global Assessment Tool information (see chapter 7).

(4) Emergency Contact and program contact information (see chapters 1.3 and 6).

(5) Sponsorship (if not already a separate program/SOP).

(6) Train in groups no larger than 45 personnel (platoon size).

(7) OML of Soldiers prepared to attend MRT-C, RTAC, and ASIST/ ACE-SI Gatekeeper Course.

b. BDE HQ/HHC

(1) 1 R3SP Coordinator.

(2) 2 MRTs (this number does not include the BDE R3SP Coordinator).

(3) 1 RTA for every 25 assigned Soldiers.

(4) 1 Family/FRG member RTA (minimum)

(5) 2 ASIST T4T.

(6) 10% of unit ASIST Gatekeepers.

(7) 1 ACE-SI T4T.

(8) 10% of unit ACE-SI.

(9) 1 SIO.

c. BN HQ/HHC

(1) BN R3SP Progrom.

(2) 1 Battalion-level MRT representative.

(3) 1 RTA for every 25 assigned Soldiers.

(4) 1 Family/FRG member RTA (minimum).

(5) 1 ASIST T4T (recommended if training available).

(6) 1 Battalion-level ASIST Gatekeeper representative.

(7) 10% of unit ASIST Gatekeepers.

(8) 1 ACE-SI T4T.

(9) 10% of unit ACE-SI.

(10) 1 Suicide Intervention Officer (SIO).

d. All Company Level/ Separate Companies / Sections

(1) Company Level R2SP Program.

(2) 2 MRT per company element (BDE goal), or 1 MRT per 100 personnel assigned (minimum); 1 MRT per smaller detachment or element with 50 personnel or more. Units with less than 50 personnel will be supported by their next higher echelon.

(3) 1 RTA for every 25 assigned Soldiers (end state goal).

(4) 1 Family/FRG member RTA per unit (minimum; unit size irrelevant).

(5) 10% of unit ASIST Gatekeepers.

(6) 10% of unit ACE-SI.

(7) 1 Suicide Intervention Officer (SIO).

**1.3 Contact Numbers**

a. Crisis, Suicide Prevention and Intervention, Resources and Support Services:

(1) 24 Hour Staff Duty Chaplain, CA ARNG; 877-700-5662

(a) Day time duty phone; 916-854-3398

(2) 49 MP BDE Chaplain, CPT Caldwell (as of 20131204):

(a) 415-279-1596 Cell (text “NG Call” if no answer)

(b) 510-995-8523 Home

(c) 415-541-4995 Work

(3) Military OneSource:

(a) Consultant, non-medical counseling; 800-342-9647

(b) Military Crisis Line; 800-273-TALK (8255)

(c) DoD Safe Helpline Sexual Assault Support; 877-995-5247

(4) San Francisco Bay Area, Behavioral Health Officer;​ 925-207-5367

(5) ​Central Coast California, ​Behavioral Health Officer; ​805-540-4460

(6) Central California, ​Behavioral Health Officer; ​559-341-9001

(7) ​Southern California, Behavioral Health Officer; 562-965-6563

(8) ​San Diego Region, ​Behavioral Health Officer; 760-897-6164

b. CANG Behavioral Health Office: Main Office: 916-854-3019

c. R3SP Program points of contact:

(1) State R3SP Coordinator: CPT Nathan Lavy;

(a) 916-854-3238/3894 Office (M-F, 0800-1700)

(b) 916-539-6527 Cell

(2) BDE R3SP Coordinator: 1LT Brock Young 916-524-8142, Duty (M-F, 0800-1700)

**2. References**

The following list of references is identifies the where the requirements and authority cited or utilized for the creation of this SOP are located.

a. U.S Army Medical Department (AMEDD) Suicide Events Reports (ASER), 10 Jun 03.

b. Army Suicide Prevention Program Guide for Installations and Units, 15 Mar 08.

c. ACE Intervention Card, GTA 12-01-003, May 08.

d. AR 600-8-4, Line of Duty Policy, Procedures, and Investigations, 4 Dec 08.

e. AR 600-63, Army Health Promotion, 20 Sep 09

f. AR 600-20, Army Command Policy, 30 Nov 09.

g. AR 600-85, Army Substance Abuse Program (ASAP), 2 Dec 09.

h. AR 165-1, Army Chaplain Corps Activities, 3 Dec 09.

i. DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 7 Dec 10.

j. Soldier to Soldier Handbook (Peer Support and Resilience Teams), dated 16 Sep 10.

k. ARNG Leader’s Guide To Resilience

l. ARNG Policy Memo, Suicide Investigation Policy Amendment, 1 Oct 10.

m. ARNG-ZCM Memo, Subject: Expectations of the A-Team for a *New Norm*, dated 19 Nov 10.

n. ARNG-ARZ, Subject: Army National Guard (ARNG) Resilience, Risk Reduction, and Suicide Prevention (R3SP) Campaign Plan, dated 23 Nov 10.

o. FORSCOM Policy Memo, United States Army Forces Command Soldier Risk Policy and Tool (FSRPT), 31 Dec 10.

p. RAR, 4 Aug 11, to AR 601-210, Active and Reserve Components Enlistment Program, 8 Feb 11.

q. ATTP 5-0.1, Commander and Staff Officer Guide, 14 Spt 11.

r. ALARACT 383/2011, DTG: R 141629Z OCT 11, SUBJECT: Army Suicide Prevention Program – Suicide Intervention Skills Training.

s. MOI for CAARNG Master Resilience Trainer (MRT) Seat Allocations for FY12, 6 April 2012.

t. ADP 5-0, The Operations Process, 17 May 12.

u. ADRP 5-0, The Operations Process, 17 May 12.

v. ALARACT 079/2012, Army Suicide Prevention Program – Annual Guidance on Suicide Prevention Training.

w. CAARNG OPERATION ORDER 2012-07-31, R3SP-Resilience, Risk Reduction, Suicide Prevention Program.

**PAGE INTENTIONALLY LEFT BLANK**

**3. Responsibilities/Duties/Requirements**

a. This chapter contains the detailed breakdown of responsibilities and duties of personnel within the BDE with regards to Resilience, Risk Reduction, and Suicide Prevention, as well as requirements and recommendations for appointed personnel.

(1) Descriptions supplement and or clarify responsibilities defined in policy and regulation pertaining to those specific positions and will be updated accordingly.

(2) Addition information on individual positions, refer to position/duty specific training guidance and policy.

b. The R3SP program requires command support and engagement at all levels.

c. The BDE R3SP Program is the Commander’s program, however, the NCO support channel will be primarily responsible to supervise and manage the R3SP programs within their and their subordinate units. CSMs and 1SGs are the primary managers of their units’ R3SP program, and will not delegate this responsibility to a subordinate.

(1) NCOs train individuals, teams, and crews.

(2) NCOs have the closest and most direct contact with the Soldiers within the BDE, and are in the unique position to be able to observe and identify changes in Soldiers’ demeanors or mental state that might indicate the need for counseling or intervention.

(3) NCOs and NCO involvement are the key to ensuring Soldier wellbeing.

3.1 BDE Commander

a. Responsibilities/Duties

(1) Command oversight of the BDE R3SP Program and emphasizing the program’s importance to subordinate commanders.

(2) Provides intent, vision and guidance to the BDE.

(3) Appoints BDE R3SP Coordinator in writing. Empowers and supports R3SP Coordinator in the execution of his or her duties.

(4) Require subordinate commanders to incorporate R3SP and CSF2 training objectives into training schedules, calendars, and risk assessments.

(5) Emphasize readiness and resilience training, to include any training that is designed to build mental, physical, and emotional strength and/or address negative indicators/trends.

(6) Ensures subordinate commanders execute deployment health assessments (DHAs) IAW DODI 6490.03 and other directives to ensure health issues are identified for further evaluation/care and to improve unit readiness, in a timely manner.

3.2 BDE R3SP Coordinator: Appointed in writing by BDE CDR.

a. Responsibilities/Duties

(1) Manage the BDE R3SP Program within the BDE CDR’s intent, vision and guidance; advises the BDE CDR on matters of R3SP; and ensures the program’s adherence to current command policy and guidance.

(2) Assists BDE CSM with the oversight of the BDE R3SP program.

(3) Acts as senior trainer within the BDE, monitor and assess unit level training, and assists unit level training as needed.

(4) Ensures updated training/resources are provided to BN/CO level trainers.

(5) Coordinates with State Coordinator for training requirements, classes, and refresher training opportunities.

(6) Prepared to report R3SP, CSF2, MRT, and ASIST statuses to the BDE CDR and State CSM during meetings and conferences.

b. Requirements

(1) Trained (or scheduled to attend) MRT Level 1. Attends MRT Level 2 training as time/training allows.

(2) Trained (or scheduled to attend) ASIST T4T, ASIST Gatekeeper and ACE-SI training.

(3) Will be SFC or above with ability to serve 24 months in position (IAW MILPER message 10-309 dated 1 Dec 10).

(4) Will be full time (ADOS) or AGR.

(5) Should not be the BDE medical Officer/NCO.

(6) Will not be a company level MRT.

(7) Duties will be one of Soldier’s primary duties/functions; will not be considered an “additional” or secondary duty.

(8) Traits: Self-starter; optimistic; extrovert; articulate; physically fit; mentor; coach.

3.3 BDE CSM

a. Responsibilities/Duties

(1) Direct oversight of all R3SP Programs within the BDE, ensuring that, through the NCO Support Channel, they operate within the intent and guidance of the BDE CDR, this SOP, as well as current Army and California Army National Guard Policy.

(2) Ensures BN CSMs are directing and enforcing their respective R3SP programs, and are empowering their subordinate NCOs in their particular unit’s programs.

(3) Ensures that the BNs create and develop R3SP programs and plans IAW the BDE CDRs intent and guidance, as well as published Army and CAARNG policy.

(4) Works with the BDE R3SP Coordinator to ensure personnel in the BDE meet the training standards laid out in this SOP.

b. Requirements

(1) Should be an MRT or RTA (minimum), or be scheduled to attend training as soon as possible.

(2) Should be an ASIST Gatekeeper or ACE-SI Gatekeeper.

3.4 BDE/HHC MRTs: Appointed in writing by HHC CDR.

a. Responsibilities/Duties

(1) Trains subordinate unit RTAs.

(2) Takes direction from BDE CSM for additional duties and responsibilities (this includes any Officer serving as the BDE/HHC MRT).

(3) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) See Company/Unit MRT(s), below.

3.5 BDE ASIST T4T: Appointed in writing by HHC CDR.

a. Responsibilities/Duties

(1) Trains subordinate unit ASIST Gatekeepers.

(2) Coordinates with the BDE R3SP Coordinator IOT develop training program/schedule to train Gatekeepers up to the 10% requirement.

(3) Supports state, BDE, and subordinate unit training events as needed.

(4) Takes direction from BDE CSM for additional duties and responsibilities (this includes any Officer serving as the BDE ASIST T4T).

b. Requirements

(1) See ASIST T4T Facilitator, below.

3.6 BDE ACE-SI T4T: Appointed in writing by HHC CDR.

a. Responsibilities/Duties

(1) Trains subordinate unit ACE-SI.

(2) Takes direction from BDE CSM for additional duties and responsibilities (this includes any Officer serving as the BDE ACE-SI T4T).

(3) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) See ACE-SI T4T Facilitator, below.

3.7 BN Commander

a. Responsibilities/Duties

(1) Command oversight of the BN R3SP Program, ensuring that it stays within the BDE CDR’s intent, and emphasizes the program’s importance to subordinate commanders.

(2) Provides intent, vision and guidance to the BN.

(3) Require subordinate commanders to incorporate R3SP and CSF2 training objectives into training schedules, calendars, and risk assessments.

(5) Emphasizes readiness and resilience training, to include any training that is designed to build mental, physical, and emotional strength and/or address negative indicators/trends.

(6) Appoints required personnel in writing to serve as the Battalion-level R3SP representatives.

3.8 BN CSM

a. Responsibilities/Duties

(1) Direct oversight of the BN R3SP Program, ensuring that, through the NCO Support Channel, it operates within the intent and guidance of the BN CDR.

(2) Oversees the development of the BN R3SP plan, utilizing designated BN personnel.

(3) Ensures 1SGs are enforcing their respective unit R3SP program, and are empowering their subordinate NCOs in their particular unit’s programs, and that the company programs are uniform throughout the BN.

(4) Prepared to report R3SP, CSF2, MRT, and ASIST statuses to the BDE CSM during meetings and conferences.

(5) Ensures that the BN R3SP planning includes identifying the BNs major training events and deployments; deconflicts scheduled unit events during drafting of the plan; and assists 1SGs to develop OMLs OMLs for MRTs, RTAs, ASIST/ACE-SI Gatekeepers IAW Company CMD Team SOPs. Ensures the R3SP training plan is published in the BN training calendar.

b. Requirements

(1) Should be an MRT or RTA (minimum).

(2) Should be an ASIST Gatekeeper or ACE-SI Gatekeeper.

3.9 BN MRT: Appointed in writing by BN CDR.

a. Responsibilities/Duties

(1) Trains subordinate unit RTAs.

(2) Takes direction from BN CSM for additional duties and responsibilities (this includes any Officer serving as the BN MRT).

(3) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) See Company/Unit MRT(s), below.

3.10 BN ACE-SI T4T: Appointed in writing by BN CDR.

a. Responsibilities/Duties

(1) Trains subordinate unit ACE-SI.

(2) Takes direction from BN CSM for additional duties and responsibilities (this includes any Officer serving as the BN ACE-SI T4T).

(3) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) See ACE-SI T4T Facilitator, below.

3.11 BN ASIST Gatekeeper: Appointed in writing by BN CDR.

(1) Trains subordinate unit RTAs.

(2) Takes direction from BN CSM for additional duties and responsibilities (this includes any Officer serving as the BN ASIST Gatekeeper).

(3) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) See ASIST Gatekeeper, below.

3.12 Company Commander

a. Responsibilities/Duties

(1) Company commanders are ultimately responsible for the training of their companies and ensuring Resilience Training takes place within their units.

(2) Unit commanders enforce Soldier compliance with the annual requirement to complete the Global Assessment Tool (GAT), and subsequent prescriptive Comprehensive Resilience Modules.

(3) Appoints Company/Unit level MRTs, RTAs, and ASIST Gatekeepers in writing.

(4) Will determine OML to attend eithertheASIST Gatekeeper 2-day or the ACE-SI Gatekeeper 4-hour training.

(5) Determine how to utilize RTAs within their unit’s R3SP plan; e.g. only supports MRT in a classroom, or is allowed to conduct informal hip-pocket training without MRT present, etc.

3.13 First Sergeant

a. Responsibilities/Duties

(1) Direct oversight of the company R3SP Program, ensuring that, through the NCO Support Channel, it operates within the intent and guidance of the BN CDR.

(2) Oversees the development of the Company R3SP plan, utilizing designated company personnel.

(3) Ensures NCOs and designated R3SP personnel are enforcing the company R3SP program, plan and policies.

(4) Prepared to report R3SP, CSF2, MRT, and ASIST statuses to the BN CSM during meetings and conferences.

(5) Ensures that the company planning includes identifying the company’s major training events and deployments; deconflicts scheduled unit events during drafting of the plan; and develops OMLs for MRTs, RTAs, ASIST/ACE-SI Gatekeepers IAW with this SOP. Ensures the R3SP training plan is published in the company training calendar.

b. Requirements

(1) Should be an MRT or RTA (minimum), or be scheduled to attend training as soon as possible.

(2) Should be an ASIST Gatekeeper or be scheduled to attend training as soon as possible.

3.14 Company/Unit Level MRT(s): Appointed in writing by CO/DET/Element CDR.

a. Responsibilities/Duties

(1) Execute unit level resilience training as directed by the company commander.

(2) Ensures company level R3SP programs follow higher guidance and standards of higher level SOPs and policies, as well as State and Federal policies and programs.

(3) Identify, train, and mentor RTAs to assist in unit MRT training.

(4) Uses the skills during formal and informal counseling

(5) Trains platoon size elements with periodic structured courses identified on unit training calendars.

(6) Teaches deployment modules based on rotation schedules

(7) Serves as the Commander's advisor regarding total fitness and resilience training related issues within the company.

(8) Knows when to refer Soldiers to behavioral health providers, chaplains or other appropriate resources.

(9) Takes direction from 1SG for additional duties and responsibilities (this includes any Officer serving as an MRT).

(10) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) NCO; SGT (by exception), SSG, or SFC, with 2 years remaining TIS; should have minimum 1 year remaining in unit. Field grade Officers and Company grade officers in primary positions (CO, BN Staff, BDE staff, etc) should not be appointed Unit level MRTs. W1-CW3, 2LT/1LT are encouraged to attend the training if available and NCO OML has been exhausted.

(2) Will be appointed in writing by the company commander.

(3) Picked from the best NCOs in the unit, not simply the “only one available to attend training.”

(4) Not a unit medical NCO.

(5) Optimistic, extroverted, and physically fit.

(6) Should not be utilized as a method of mental health treatment.

(7) Graduates of the Army Basic Instructor Course (ABIC), and Small Group Instructor Course (SGIC) are preferred.

(8) Chaplains and behavioral health professionals are not recommended attend the MRT-C.

3.15 Company/Unit Level RTAs: Appointed in writing by CO/DET/Element CDR.

a. Responsibilities/Duties

(1) Assist company MRTs as needed with training and execution of the Company Commander’s intent and training guidance.

(2) Takes direction from 1SG for additional duties and responsibilities (this includes any Officer serving as an RTA).

(3) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) CPL (if in a leadership position and by rare exception), SGT or higher. Company Grade Officers encouraged if available, though Junior NCOs are the target recipients.

(2) Should have 1 year remaining with in service.

(3) Will NOT train resilience skills without an MRT present.

3.16 ASIST T4T Facilitator: Appointed in writing by CO/DET/Element CDR.

a. Responsibilities/Duties

(1) Achieves certification within 1 year of completing T4T workshop and maintains certification in order to remain an active ASIST T4T.

(2) Assist in training subordinate unit ASIST Gatekeepers.

(3) Assists as needed with training and execution of the unit Commander’s intent and training guidance.

(4) Takes direction from CSM/1SG for additional duties and responsibilities (this includes any Officer serving as an ASIST T4T).

(5) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) Primary: Chaplains, Chaplain Assistants, Joint Substance Abuse Program (JSAP) personnel, and medical health professionals.

(2) Secondary: Military Police, Trial Defense Lawyers and Legal Assistants, Inspector General Staff, Suicide Intervention Officers and NCOs.

3.17 ASIST Gatekeeper: Appointed in writing by CO/DET/Element CDR.

a. Responsibilities/Duties

(1) The Commander’s primary resource for suicide intervention and prevention training.

(2) Assists as needed with training and execution of the unit Commander’s intent and training guidance.

(3) Takes direction from CSM/1SG for additional duties and responsibilities (this includes any Officer serving as an ASIST Gatekeeper).

(4) Supports state, BDE, and subordinate unit training events as needed.

b. Requirements

(1) CPL (if in a leadership position and by rare exception), SGT or higher. Company Grade Officers encouraged if available, though Junior NCOs are the target recipients.

(2) First Line Leaders or Family Advocacy Program personnel are also eligible to receive, and are encouraged to take this training.

(3) Should have 2 years remaining TIS; should have 1 year remaining in unit. Officers should not be assigned as ASIST Gatekeepers, though are encouraged to attend the training if available.

(4) Received or is scheduled to receive ACE-SI training.

3.18 ACE-SI T4T Facilitator: Appointed in writing by CO/DET/Element CDR.

a. Responsibilities/Duties

(1) Supports state, BDE, and subordinate unit training events as needed.

(2) Assists as needed with training and execution of the unit Commander’s intent and training guidance.

(3) Takes direction from CSM/1SG for additional duties and responsibilities (this includes any Officer serving as an ACE-SI T4T).

b. Requirements

(1) Unit Chaplains will be primary trainers for ACE-SI.

3.19 ACE-SI: Appointed in writing by CO/DET/Element CDR.

a. Responsibilities/Duties

(1) See ASIST Gatekeeper above.

b. Requirements

(1) See ASIST Gatekeeper above.

3.20 SIO (Suicide Intervention Officer): Appointed in writing by BN/CO/DET/Element CDR.

a. Responsibilities/Duties

(1) Lead suicide prevention trainer and primary ASIST gatekeeper for the unit.

(2) Prepared to speak to Soldiers or Family members in crisis 24 hours a day.

b. Requirements

(1) SSG or above, Enlisted or Officer (NCO preferred).

(2) Appointed in writing.

(3) Possesses high degree of maturity and empathy.

(4) Attend (or be scheduled to attend) the ASIST course and be conversant in both ACE and ACE-SI training programs.

(5) Can be appointed as MRT, T4T, and or appointed as BN representative.

3.21 First Line Leaders

a. Responsibilities/Duties

(1) Communicate consistently with their Soldiers.

(2) Become intimately familiar with the Soldiers under them. Know them and understand their personal issues and concerns.

(2) Recognize changes in Soldiers that could signal that they are in crisis.

**4. Resilience and CSF2.** Leaders within the BDE are strongly encouraged to download and read the ARNG Leader’s Guide to Resilience, which can be found at:

[**https://g1arng.army.pentagon.mil/Programs/LeadersGuidetoResilience/Documents/Supporting%20Documents/ARNG%20Leader’s%20Guide%20–%20Soldier%20Resilience.pdf**](https://g1arng.army.pentagon.mil/Programs/LeadersGuidetoResilience/Documents/Supporting%20Documents/ARNG%20Leader's%20Guide%20–%20Soldier%20Resilience.pdf)

a. Soldiers, leaders, and Families are encouraged to take the GAT (Global Assessment Tool: see Paragraph 7 for more information on the GAT) in order to assess their physical and psychological health.

b. Resilience begins with Sponsorship. Every unit will have a sponsorship program in place and may roll the sponsorship program under their R3SP program.

4.1 Resilience Training, Company/Unit Level: All MRT within the BDE will be prepared to support resilience and RTA training within the BDE. This requires that R3SP personnel and programs foster close working relationships across the BDE spectrum; Company, BN, BDE, MP, EN, HHC, etc.

a. Company level training: The goal for all resilience training will be 1 MRT and 2 RTA for 45 personnel (platoon size elements).

b. CSMs, 1SGs, BN and Company R3SP personnel will coordinate within the BDE for training assets in order to meet this goal.

c. MRT and RTA from across the BDE can be utilized IOT meet this training goal. Soldiers will be paid via SUTA or RMA. Limited IDT travel will be available to support these activities, so utilization of local personnel will be imperative.

4.2 Conducting/Participating in RTA Training

a. RTA training will be planned and coordinated through the BDE R3SP and and State R3SP Coordinators.

b. MRTs and RTAs within the BDE will be prepared to support training throughout the BDE.

c. Planning considerations include:

(1) Must meet instructor to student ratio 12 to 1 minimum.

(2) Minimum 30 Soldiers, 100 Soldiers maximum.

(3) Costs for instructors and students (higher costs may determine if training can take place or not).

(4) Is an ATRRS course, thus must be input into ATRRS PRIOR to conduct.

d. Unit MRTs WILL NOT conduct RTA training on their own without coordinating with BDE and State.

4.3 URI and R-URI: The URI and R-URI are no-cost tools designed to assist commanders in identifying high risk behaviors, aid in targeting education and early intervention strategies, and ultimately increasing readiness and retention. It is NOT a Command Climate Survey.

a. URI: Is an anonymous survey designed to screen for high risk behaviors and unit retention and readiness indicators within non-deploying units.

(1) Will be administered annually to 50% of the unit’s assigned strength, and will be administered no later than 30 days prior to any deployment.

(2) Effective tool for incoming commanders to assess the climate within new unit. Can be used to adjust training and prevention efforts to reduce high risk behaviors and increase Soldier readiness.

(3) To administer a URI to your unit, contact the Prevention Coordinator (PC)/Alcohol Drug Control Officer (ADCO) or Joint Substance Abuse Prevention (JSAP) Office at 916-366-4736.

b. R-URI: The R-URI is an anonymous 81 question survey designed to screen for high risk behaviors, unit retention and readiness indicators, and attitudes affecting unit readiness and personal well being that may have occurred during deployment or since reintegration. The survey is administered between 60-180 days after redeployment.

**5.** **Suicide Prevention and Intervention, ASIST and ACE-SI.**

a. Suicide prevention begins with having resilient Soldiers who can cope with hardships and challenges. Units will have structures in place to act as a safety net to ensure BDE Soldiers are protected.

b. Each subordinate element SOP will contain information on suicide prevention and intervention, ASIST and ACE-SI. This information will include:

(1) Information on risk factors and how to check up on fellow Soldiers.

(2) Training within the unit on how suicide prevention.

(3) List of contacts within the unit who are trained in suicide prevention and intervention, as well as positional and training requirements. This should include ASIST/ACE-SI Gatekeepers, Chaplains, and other personnel Soldiers can contact if they are in need.

(4) Resources that Soldiers seeking help or Soldiers in crisis can utilize if needed.

(5) Battle-drills for reacting to suicidal ideations, attempted suicide, and suicide within the unit.

b. When conducting Suicide Prevention Briefings/Training, units will assign senior/experienced instructors to ensure Soldiers get the most out of the training.

**5.1 Integrated System of Prevention and Care.** In order to meet the requirements above, a 4 pieced approach should be taken. This 4 pieced approach is called the integrated system of prevention and care.

a. The four pieces of integrated system of prevention and care.

(1) **BATTLE BUDDY PROGRAM**: Each unit will initiate a battle-buddy program, where each Soldier within the formation has a battle-buddy that they can reach out to, or who checks up on them. This program should include information on risk factors and warning signs.

(2) **ANNUAL TRAINING**: Annual suicide awareness training takes the form of the ACE (Ask, Care, Escort) program, and yearly mandatory briefings. Commanders will ensure that the best instructors teach the annual suicide prevention modules.

(3) **ASIST AND ACE-SI FIRST RESPONDERS**: There should be no doubt who a Soldier in crisis can contact within a company/unit. List of personnel trained in suicide prevention and intervention, need to be made available to every Soldier, posted on every bulletin board, and published within monthly communications. This should include ASIST/ACE-SI Gatekeepers, Chaplains, and other personnel Soldiers can contact if they are in need.

(4) **RESOURCES:** These include those personnel state above, but also include engaged leadership teams (COs and 1SGs, PLs and PSGs), online and phone contacts, and elements available within the community.

b. The four pieces of the integrated system of prevention and care, graphic for use:



**5.2 BATTLE-DRILL: Suicide Attempt, Gesture, or Threat.**

SOLDIER IS IDENTIFIED AS AT-RISK, ATTEMPTS, GESTURES, OR THREATENS TO COMMIT SUICIDE DURING DRILL.

a. During Drill:

**YES**

**NO**

IS SUICIDE AN IMMEDIATE THREAT?

ARE YOU WITH THEM?

**YES**

NOTIFY CHAIN OF COMMAND

**NO**

**YES**

IS AN ASIST LEADER OR CHAIPLAIN AVAILABLE?

IDENTIFY SOLDIER’S LOCATION

**NO**

**CALL 911**

BRIEF UNIT USING GENERAL TERMS. SQUASH RUMOR, INNUENDO, OR RIDICULE FROM OTHER SOLDIERS SO THEY DON’T BECOME A BARRIER FOR THOSE SEEKING HELP

CONTACT CAARNG BEHAVIORAL HEALTH

Office: 916-854-3019

<http://www.calguard.ca.gov/BH/Documents/CommandDirectedBehavioralHealthEvaluationRequestMarch2013.pdf>

ESCORT TO CHAIN OF COMMAND OR CHAPLAIN

**CALL 800-273-TALK [8255] WITH THE SOLDIER AT-RISK**

MONITOR UNTIL EMS ARRIVES

NOTIFY CHAIN OF COMMAND

**5.3 BATTLE-DRILL: Suicide Attempt, Gesture, or Threat.**

a. Between / Not At Drill:

SOLDIER IS IDENTIFIED AS AT-RISK; ATTEMPTS, GESTURES, OR THREATENS TO COMMIT SUICIDE IN PERSON, OVER PHONE OR SOCIAL MEDIA

ARE YOU WITH THEM?

IS SUICIDE AN IMMEDIATE THREAT?

**NO**

**YES**

**YES**

**CALL 800-273-TALK [8255] WITH THE SOLDIER AT-RISK.**

**NO**

NOTIFY CHAIN OF COMMAND

MONITOR UNTIL EMS ARRIVES

**CALL 911**

NOTIFY CHAIN OF COMMAND

IDENTIFY SOLDIER’S LOCATION

BRIEF UNIT USING GENERAL TERMS. SQUASH RUMOR, INNUENDO, OR RIDICULE FROM OTHER SOLDIERS SO THEY DON’T BECOME A BARRIER FOR THOSE SEEKING HELP

CONTACT CAARNG BEHAVIORAL HEALTH

Office: 916-854-3019

<http://www.calguard.ca.gov/BH/Documents/CommandDirectedBehavioralHealthEvaluationRequestMarch2013.pdf>

**5.4 BATTLE-DRILL: Suicide / Death of a Soldier within the Unit.**

a. Suicide / Death of a Soldier:

SOLDIER WITHIN THE UNIT DIES; COMBAT, ACCIDENT, OR SUICIDE

**NO**

CONTACT UNIT NOTIFICATION CHAIN; **INITIATE SIR**

**WAS THIS A SUICIDE?**

**YES**

**NO**

CONTACT CHAPLAIN, BEHAVIORAL HEALTH, SOLDIER AND FAMILY SERVICES, AND CASUALTY ASSISTANCE AS NEEDED

MONITOR SOLDIERS IN UNIT (ESPECIALLY THOSE CLOSE TO DECEASED) FOR INCREASED RISK AND WARNING SIGNS

CRAFT MESSAGE FOR SOLDIERS/INFORMATION PLAN. KEEP RUMORS FROM SPREADING BY KEEPING PEOPLE ADEQUATELY INFORMED WHILE PROTECTING PRIVACY.

PROVIDE BASIC INFO; TIME, PLACE, METHOD (IF RELEASED), AND HOW THE DEATH WAS DISCOVERED; FUNERAL/MEMORIAL INFORMATION; ETC

PREVENT BARRIERS FOR THOSE SEEKING HELP. SQUASH RUMOR, INNUENDO, OR RIDICULE FROM OTHER SOLDIERS

ENCOURAGE SOLDIERS NEEDING ADDITIONAL ASSISTANCE/SUPPORT TO CONTACT MILITARY ONE-SOURCE, NON-MEDICAL COUNSELING SERVICES AT 800-342-9647, OR CAARNG BEHAVIORAL HEALTH, OFFICE: 916-854-3019

CONTINUE TO MONITOR SOLDIERS IN UNIT (ESPECIALLY THOSE CLOSE TO DECEASED) FOR INCREASED RISK AND WARNING SIGNS; SHOCK; DISBELIEF; ANGER; HELPLESSNESS; ANXIETY; DEPRESSION; ETC

CONTACT CHAPLAIN, BEHAVIORAL HEALTH, SOLDIER AND FAMILY SERVICES, AND CASUALTY ASSISTANCE AS NEEDED

**6. Global Assessment Tool (GAT)**

a. The Global Assessment Tool (GAT) is a survey based instrument used to assess the dimensions of emotional, spiritual, social, and Family fitness. Administered online via Army Knowledge Online (AKO), it takes about 10 to 15 minutes to complete.

b. The percentage of GAT completion within a company will be tracked on the Readiness Management Tool and the USR.

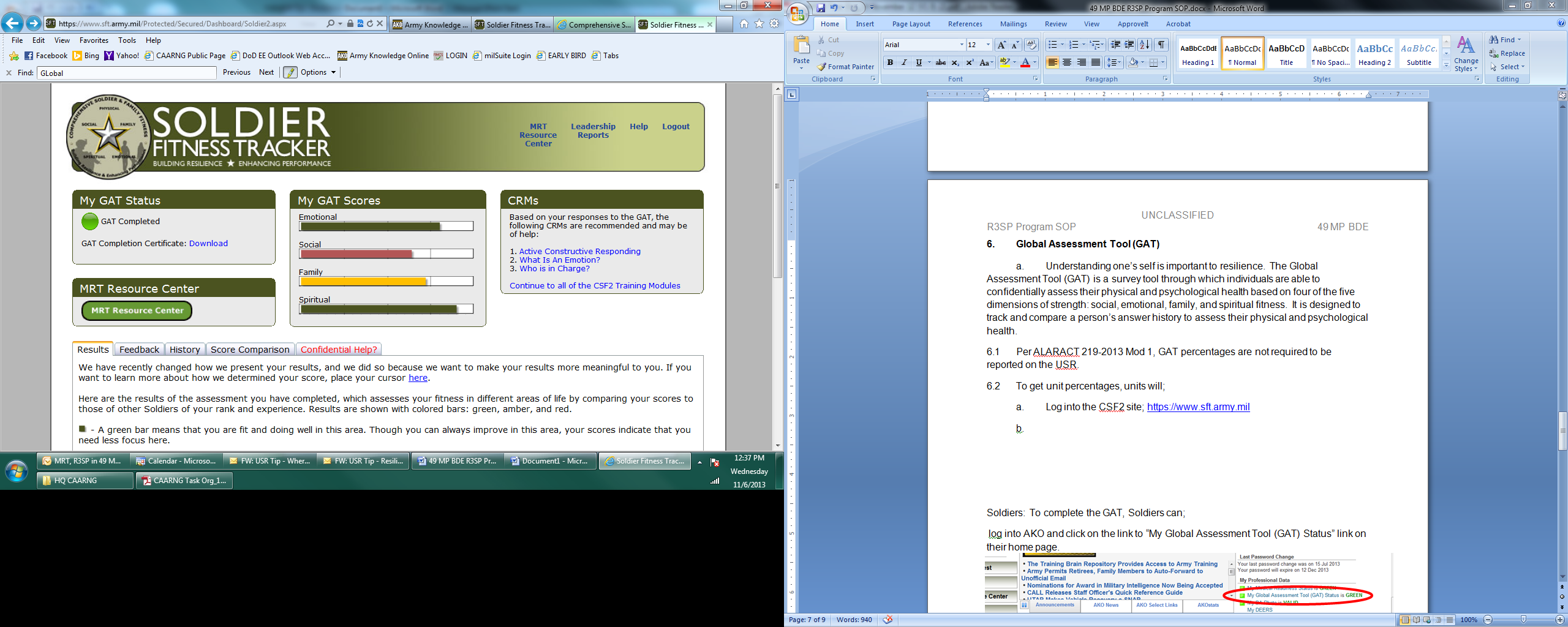
c. Individual GAT results are confidential and Soldiers WILL NOT be compelled to share them. The GAT WILL NOT be used as a selection tool for promotion, command or schooling. The GAT is a survey tool through which individuals are able to confidentially assess their physical and psychological health based on four of the five dimensions of strength: social, emotional, family, and spiritual fitness. It is designed to track and compare a person’s answer history to assess their physical and psychological health.

d. Though confidential, leaders are encouraged to go over the results of the GAT with their Soldiers as part of resiliency training and Soldier care.

6.1 Per ALARACT 219-2013 Mod 1, GAT percentages are now required to be reported on the USR (see paragraph 8.1,b.).

6.2 To get unit percentages, units will:

a. Log into the CSF2 site; <https://www.sft.army.mil>

**** b. Go to “Leadership Reports” in the upper right corner of the GAT home page:

c. Ensure that the unit’s UIC is added to the user’s “Task Force,” clink on the “View My Task Force Report” link.

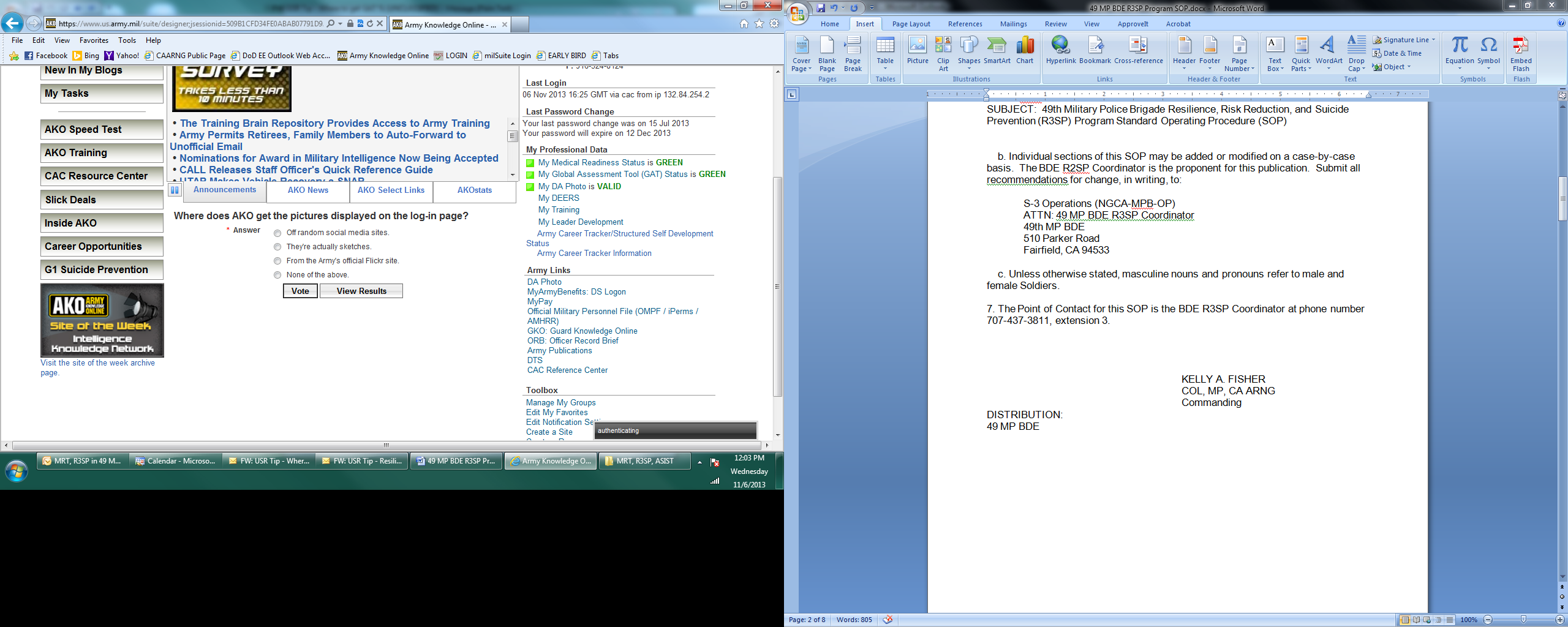
(1) NOTE: Ability to view the leadership report requires access.

(2) NOTE: Leaders will need to add the UIC of the company level unit and all separate detachments in order to get an accurate percentage.

e. Find unit’s percentage by dividing the unit’s “GREEN” column by the unit’s “TOTAL” column. If the unit has a separate detachment, add the “GREEN” column and “TOTAL” columns of the company (-) and all detachments BEFORE finding unit’s percentage.

**6.3 Soldiers:** To complete the GAT, Soldiers will:

a. Log into AKO and click on the link to “My Global Assessment Tool (GAT) Status” link on their home page;



b. Or will log directly into the CFS2 web site at; <https://www.sft.army.mil/>

6.4 Families: To complete the Family GAT, family members can go to; <https://www.sft.army.mil/SFTFamily/>

**7. USR and DTMS Reporting Requirements**

7.1 Per ALARACT 128/2013 and ALARACT 219/2013 (MOD 1 to ALARACT 128/2013), unit MRT training and personnel are now required to be required reported on the USR.

a. Reporting requirements: All company sized elements with at least 100 Soldiers, or an organization with less than 100 assigned Soldiers but with an assigned/authorized commander.

b. In column titled N/A enter the GAT % trained of unit in decimal format. For example if 89% of unit has completed GAT, the data is entered as 0.89 in the N/A column.

c. Ad Hoc Data Sets: Resilience Requirement and Formal Resilience Training will be reported using “AD HOC ITEMS” feature. The two (2) data sets established for reporting the CSF2 training requirements are the "formal resilience requirements" data set and the "resilience training" data set.

d. "Resilience requirements" data set to measure compliance with the MRT staffing requirement of 1 MRT per company/company-sized unit and the resilience training requirement of each company being trained on all 12 MRT skills at least once a year.

(a) **"Trained**" means that 85% of the unit has received training on a skill.   
 (1) First column; enter the number of companies or company-sized units for which you are reporting (to include your unit). Enter numeric input only (e.g. 0, 1, 2...).   
 (2) Second column; enter the number of companies or company-sized units for which you are reporting (to include your unit) that have at least 1 MRT. Enter numeric input only (e.g. 0, 1, 2...).

(3) Third column; enter the total number of MRT's across all companies or company-sized units for which you are reporting (to include your unit). Enter numeric input only (e.g. 0, 1, 2...).

(4) Fourth column; enter the number of companies or company-sized units for which you are reporting (to include your unit) that have formally trained on all 12 resilience skills within the last 12 months (starting from the month prior to the reporting month). For example, if the reporting month is July 2013, a unit has satisfied the resilience training requirement if the unit trained on each of the 12 skills during the period July 2012 through June 2013. Enter numeric input only (e.g. 0, 1, 2...).

e. "Formal resilience training" data set to document formal resilience training by MRT skill. Formal Resilience training is defined as scheduled training events that are generally classroom based and include the use of CSF2 training materials. These events should be led by an MRT with the objective of teaching a specific skill that results in soldiers' understanding and mastering the fundamental concepts of the skill.

(1) First column, enter the corresponding mrt skill id for each mrt skill. Enter only one skill per row. You may have to add additional rows to your dataset. Enter the skill id in all-caps.

(a) Row 1, enter "HTGS" for the skill "Hunt the Good Stuff".

(b) Row 2, enter "RTR" for the skill "Real-Time Resilience".

(c) Row 3, enter "PS" for the skill "Problem Solving".

(d) Row 4, enter "PIIP" for the skill "Put it in Perspective".

(e) Row 5, enter "ATT" for the skill "Avoid Thinking Traps".

(f) Row 6, enter "DI" for the skill "Detect Icebergs".

(g) Row 7, enter "ATC" for the skill "Activating Events-Thoughts-Consequences".

(h) Row 8, enter "MG" for the skill "Mental Games".

(i) Row 9, enter "ISSO" for the skill "Identify Strength in Self and Others".

(j) Row 10, enter "SIC" for the skill "Strengths in Challenges".

(k) Row 11, enter "ACR/EP" for the skill "Active Constructive Responding and Effective Praise".

(l) Row 12, enter "ACOMM" for the skill "Assertive Communication".

(2) Second column, enter the number of companies or company-sized units for which you are reporting (to include your unit) that formally trained on each MRT skill during the reporting period (compo 1 usr reporting period is 1 month, compo 2 and 3 have a USR reporting period of 3 months). Enter numeric input only (e.g. 0, 1, 2...). Enter data for each MRT skill. It is not expected that all units will conduct formal resilience training every reporting period.

(3) Third column, enter the total number of hours of formal training conducted during the reporting period by mrt skill for the units you reported in the second column. Enter decimal input only. Round input to the nearest half-hour (e.g. 0, 0.5, 1, 1.5, 2...).

(3) Fourth column, enter the number of companies or company-sized units for which you are reporting (to include your unit) that formally trained on each MRT skill during the last 12 months (starting with the previous month). Enter numeric input only (e.g. 0, 1, 2...).

(4) Fifth column, enter the total number of hours of formal training conducted by MRT skill during the last 12 months for the units you reported in the fourth column. Enter decimal input only. Round input to the nearest half-hour (e.g. 0, 0.5, 1, 1.5, 2...).

f. Save and submit data into the DRRS-Army database using NETUSR IAW the provisions of AR 220-1.

7.2 Reporting on DTMS.

a. Resiliency training will be conducted IAW unit training plan and reported in DTMS.

b. Copies of lass/training rosters will be scanned and uploaded into DTMS.

8. Resources: The following are resources that Soldiers, Family members, and Leaders within the BDE are encouraged to utilize if needed. This list is NOT all inclusive, and Leaders, Soldiers, and Families within the CAARNG are encouraged to share additional resources as they are found.

**LINKS FOR LEADERS/TRAINERS**

**R3SP Portal Page: PowerPoints and training aids for unit level training in ACE, Suicide Prevention, and Resiliency.**

<https://ngcaportal.ng.army.mil/sites/g1/Suicide%20Prevention/Forms/AllItems.aspx>

**Army Professional Forums:**

<https://login.milsuite.mil>

**Resilience Training:**

<https://www.resilience.army.mil/index.html>

**Ready and Resilient: Multiple leader and Soldier links and information on resiliency and suicide prevention.**

<http://www.army.mil/readyandresilient>

**LINKS FOR SOLDIERS**

**GAT / CSF2 site (Comprehensive Soldier and Family Fitness):** <https://www.sft.army.mil>

**National Suicide Prevention Lifeline:**

[www.preventsuicide.army.mil](http://www.preventsuicide.army.mil)

**LINKS FOR SPOUSES**

**Blue Star Families:** A nationwide support group for all ranks and all services including National Guard and Reserves. The program is a non-profit support group created by military spouses for military spouses. [www.bluestarfam.org](http://www.bluestarfam.org).

**Becoming a Couple Again:** How to Create a Shared Sense of Purpose after a Deployment”: A good source of tips and ideas of what to expect when your spouse returns home. <http://www.usuhs.mil/psy/RFSMC.pdf>.

**Virtual Family Readiness Group:** Provides information, activities and tools for adjusting to military deployments and to enhance the flow of information and increase the resiliency of unit Soldiers and their Families. <http://www.armyfrg.org/skins/frg/home.aspx>.

**Military Spouse Career Advancement Accounts:** Provides up to $6,000 of Financial Assistance (FA) for military spouses who are pursuing licenses, certificates, credentials or degree programs leading to employment in Portable Career Fields. <http://www.militaryonesource.com/>.

**SpouseBuzz:** An online community of military spouses that offers virtual spouse support groups. [www.spousebuzz.com](http://www.spousebuzz.com).

**ARNG Support for Spouses and Families:** ARNG websites that provide information on programs and opportunities available to ARNG Families.

<http://www.arng.army.mil/Familyservices/Pages/default.aspx>

<http://www.jointservicessupport.org/fp/>

**LINKS FOR SUPPORTING CHILDREN DURING DEPLOYMENT**

**Helping Children Cope with Deployments**: This fact sheet contains useful information to help children cope during a parents’ deployment. <http://www.usuhs.mil/psy/CTChildrenCopeDuringDeployment.pdf>

**Kid’s Corner:** Ideas and information by the Department of Defense Military Heath System at <http://www.health.mil/Themes/Military_Children.aspx>.

**Military Child Education Coalition**: A wonderful resource for issues relating to military children’s education. Learn more at [www.militarychild.org](http://www.militarychild.org).

**Our Military Kids:** Awards monetary grants to National Guard and Reserve children for enrichment activities or tutoring while the service member is deployed. Learn more at <http://www.ourmilitarykids.org/>.

**National Association of Child Care Resource & Referral Agencies (NACCRRA):** Offers military parents help in locating non-DoD child-care and administers a fee subsidy program for activated Guard and Reserve Families. Learn more at <http://www.naccrra.org/>.

**Operation Military Kids (OMK):** A partnership between Department of the Army and State and Local Agencies to provide support services to National Guard and Reserve children. <http://www.operationmilitarykids.org/public/home.aspx>.

**Deployment Kids:** Excellent resource for children offering educational, informative, and fun activities. [www.deploymentkids.com](http://www.deploymentkids.com)

**United through Reading:** Allows Soldiers to send videos home. Learn more at <http://www.unitedthroughreading.org/military/>.

**Books for Military Children:** This site was created by a military spouse and librarian. It lists age appropriate books on deployment. Learn more at <http://booksformilitarychildren.info/>.

**Flat Daddy/Mommy:** For younger children, having a Flat Daddy or Mommy can ease the pain of his absence. Flat Daddies/Mommies are life-sized prints of the deployed service member. You can learn more about these at <http://flatdaddies.com/>.

**Daddy/Mommy Doll:** Daddy (or Mommy) dolls are stuffed dolls based upon a photo of the deployed service member. These dolls allow children to actually “hug” the deployed parent as well as sleep with him or her. Find out more at <https://www.hugahero.com/>.

**Dog Tags for Kids:** Your Soldier’s unit can order a set of dog tags specifically made for your child from the service member with the branch of service, year and location of the service member’s deployment on one side. These will be sent to your service member who can then send them from overseas to your child. Learn more at <http://www.dogtagsforkids.com/>.

**LINKS FOR PARENTS**

**Parents Zone:** Support site and blog for parents and other Family members of serving military members (active, reserve, guard, veterans). [www.parentszone.org](http://www.parentszone.org)

**Operation Mom:** A support group for Family and friends of those in active military service. It also provides direct support to military personnel overseas through letters of encouragement, food packages and other necessities. [www.operationmom.org](http://www.operationmom.org)

**Band of Mothers:** A group of military mothers whose goal is to Proudly Seek, Garner and Nurture Support for our Soldiers. <http://thebandofmothers.com/>

**9. Definitions/Acronyms/Abbreviations**

**AR 635-200, Army Enlisted Separations and Discharges**. This regulation sets policies, standards, and procedures to ensure the readiness and competency of the force while providing for the orderly administrative separation of soldiers for a variety of reasons.

**ACE-SI.** Ask Care Escort; Suicide Intervention

**Active listening**. Active, effective listening is the foundation of effective communication. Active listening intentionally focuses on who you are listening to in order to understand what he or she is saying. As the listener, you should then be able to repeat back in your own words what they have said to their satisfaction. You do not have to agree with, like, or fix the problems that you are hearing. Your job is simply to convince the other person that you understand what they're trying to say. A good web site on this technique can be found at . http.//www.taft.cc.ca.us/lrc/class/assignments/actlisten.html

**Administrative Actions**. These can include expeditious administrative separation for suicide risk, routine, administrative separation for personality disorder, fraudulent enlistment, pattern of misconduct, or a variety or other reasons (see the AR 635-200, Army Enlisted Separations Manual); prosecution for malingering.

**Administrative Separation**. Discharge or release from active duty upon or before expiration of enlistment, period of induction, or other required period of service, in the manner prescribed by law, by the Secretary of Defense or the Secretary of the Army, but specifically excluding punitive separation by the sentence of a general or special court-martial.

**Alcohol Abuse**. The use of alcohol to an extent that it has an adverse effect on the following; performance, conduct, discipline, or mission effectiveness and the user’s health, behavior, Family, community, and DON; or leads to unacceptable behavior as evidenced by one or more acts of alcohol-related misconduct. ~ 274 ~

**Alcohol and Drug Control Officer (ADCO)**. Appointed by the CO in writing for at least 1 year, is the commander's liaison with professional and counseling assets within the command and local community and provide technical assistance to the commander regarding substance abuse.

**Alcohol Dependence or Alcoholism**. The psychological or physiological reliance on alcohol.

**Alcohol Related Incident**. Occurs when, in the commanders' judgment, the ingestion of alcohol was a contributing factor to an event that resulted in a violation of the UCMJ.

**Army One Source/Military One Source**. An information resource and referral network available via phone at 1-800-342-9647and Internet access (<http://www.militaryonesource.com/MOS/Army>). The constant coverage augments local installation information and referral resources and ensures Families are provided fast, timely, and accurate information when additional resources for problems are needed. Well educated consultants and specialty research teams are readily available around the clock to provide referrals and civilian resources to military. In addition to providing a wealth of resources for deployment related issues, ACS One Source provides information on everyday issues, parenting and childcare, education, finances, legal, elder care, health and wellness, crisis support and relocation. The service also offers a wide variety of prepaid (free) educational materials in many different formats. tip sheets, booklets, cassette and CD recordings. Additionally, ACS/Military One Source is able to coordinate with providers located in the callers’ area for up to six free individual or Family counseling sessions. Counseling sessions can be arranged for issues relating to deployment and return and reunion, readjustment to returning service member, childhood issues, marital issues, coping, stress, etc.

**ASIST**. Applied Suicide Intervention Skills Training

**ASIST Gate Keeper**. Applied Suicide Intervention Skills Training, Gatekeeper

**ASIST T4T**. Applied Suicide Intervention Skills Training, Training for Trainers

**BDE CDR**. Brigade Commander

**BDE CSM**. Brigade Command Sergeant Major

**BN CDR**. Battalion Commander

**BN CSM**. Battalion Command Sergeant Major

**CAARNG**. California Army National Guard

**CSF2**. Comprehensive Soldier and Family Fitness

**Career Impact/ Consequences**. Many Soldiers worry that seeking help will make them appear “weak” or “defective” to their peers or leaders. In the past there has probably been some basis for this worry, and the stigma associated with seeking help may still be a problem in some units. Current Army National Guard policy is for commands to create a climate where seeking help is encouraged to promote maximum personal and unit readiness. If a Soldier were drowning, they would not hesitate to ask for help, and peers and leadership would do everything in their power to help, regardless of the reason for the distress. It needs to be the same way for Soldiers “drowning” in personal problems or distress. Our readiness and their lives may depend on it. It is important for Soldiers to be confident, and they can ask for help without prejudice to their careers. It is especially important for them to understand that what is more likely to affect their careers is not seeking help, and waiting until problems affect their job performance or mental health. But At any point, seeking help should be welcomed and encouraged as the right and courageous thing to do. This is for the benefit of not only the Soldier involved, but also team-mates who depend on him/her to be there when needed.

**Chaplain**. Provides spiritual guidance, personal counseling, and life issues counseling in a confidential setting. Chaplains are protected by the Uniform Code of Military Justice, which ensures confidentiality. Under military law, chaplains must keep conversations confidential when service members seek their spiritual guidance, either as a formal act of religion or a matter of conscience. Chaplains do not have to keep conversations confidential when a service member speaks with them for reasons other than spiritual guidance. When it is in the best interest of the person involved, the chaplain is expected to assist the individual in identifying the appropriate means of self-disclosure without violating the individual’s trust. For additional information of the Chaplain’s confidentiality guidelines, contact the base legal office or the installation chaplain’s office.

**Characterization of Service**. Classification of quality of services rendered.

-Honorable. An officer whose quality of service has generally met the standards of acceptable conduct and performance of duty, or is otherwise so meritorious that any other characterization would be clearly inappropriate, shall have his or her service characterized as Honorable.

-General (Under Honorable Conditions). If a service has been honest and faithful, but significant negative aspects of conduct or performance of duty outweigh the positive aspects of the Soldier’s military record, it is appropriate to characterize that service as General (Under Honorable Conditions).

-Under Other Than Honorable Conditions. This characterization is appropriate when the Soldier’s conduct or performance of duty, particularly the acts or omissions that give rise to the reasons for separation, constitute a significant departure from that required of a Soldier in the Army National Guard.

Child Maltreatment (abuse or neglect) is the physical or sexual abuse, emotional maltreatment, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is interfamilial or extra familial, under circumstances indicating that the child’s welfare is harmed or threatened. Such acts by a sibling, other Family member, or other person shall be deemed to be child maltreatment only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent. Sexual activity between parent/step-parent and same sex child is treated as incest, not homosexuality. Sex between siblings, where there is a five-year age difference, is considered incest.

**Civilian Law Enforcement**. Given many National Guard Soldiers and their Families live off installations and in the civilian community, commanders may be relying on local law enforcement to report and investigate allegations of domestic violence involving Soldiers. Local civilian law enforcement refers to the agencies in the county in which the service member resides. Many civilian law enforcement agencies have investigators who have received specialized training in domestic violence and can be important resources for commanders. Lastly, installations are now required to pursue formal MOU’s with local civilian law enforcement in accordance with USD Policy Memorandum dated 29 Jan 04 on Establishing Domestic Violence Memoranda of Understanding Between Military and Local Civilian Officials.

**Combat/Operational Stress Reaction (COSR)**. is the term used to describe the physiological, behavioral and psychosocial reactions experienced before, during, or after combat or due to increased operational tempo during any phase of operations or deployment.

**Combat Stress**. is a term used to describe the condition under which a Soldier operates during times of combat.

**Command-Directed Evaluation (CDE)**. When a Soldier will not go for a Mental Health Evaluation for suicide risk, and there is good cause to suspect the Soldier is at risk, the unit commander will have to initiate a Command-Directed Mental Health Evaluation and order the Soldier to submit for evaluation. This requires specific sequence of actions due to the legal issues involved.

**Command Referral**. Occurs when an individual is identified as having a problem with alcohol that warrant a referral to a counseling center for an assessment.

**Controlled Substance**. Any drug or substance (listed in code of Federal Regulation Title 21 Part 308 Schedule of Controlled Substances) which has a stimulant, depressant, or hallucinogenic affect and potential for abuse.

**Counseling**. Counseling or "talking therapy" involves a trained professional assisting a member in resolving problems or making a change. Counseling can be done one-on-one as couples, or groups. It can be helpful for a number of concerns such as stress symptoms, poor sleep, nervousness, tension headaches, relationship difficulties, work problems, depression and anxiety disorders.

**Counseling Center**. Provides a variety of programs and services to military members and their Families to enhance life skills and improve their quality of life. This mission is accomplished through a variety of seminars, workshops, treatment groups, counseling, and interventions services. Individual, marital and Family counseling, provided by licensed professionals, is available by appointment. In addition to counseling services, the Family Advocacy Program (FAP) is dedicated to the prevention, education, reporting, intervention and treatment of domestic violence. For more information and to set up a counseling appointment please contact your installation’s Counseling Center at Soldier and Family Services.

**Dangerous Drugs**. Non-narcotic drugs that are habit forming or have potential for abuse because of their stimulant, depressant, or hallucinogenic effect.

**Discharge**. Complete severance from all military status gained by appointment, enlistment, or induction.

**Disease**. Any alteration in the body or any of its organs or parts that interrupts or disturbs the performance of vital functions, thereby causing or threatening pain, weakness or dysfunction. A disease can exist with or without a person's awareness of it, and can be of known or unknown cause.

**Dismissal**. Separation of a commissioned officer, effected by sentence of a general court-martial, or in commutation of such a sentence, or, in time of war, by order of the President, or separation of a warrant officer (WO-1) who is dismissed by order of the President in time of war. A complete severance from all military status.

**Domestic Abuse**. (1) domestic violence or (2) a pattern of behavior resulting in emotional/psychological abuse, economic control, and/or interference with personal liberty that is directed toward a person of the opposite sex who is. (a) a current or former spouse; (b) a person with whom the abuser shares a child in common; or (c) a current or former intimate partner with whom the abuser shares or has shared a common domicile.

**Domestic Violence**. An offense under the United States Code, the Uniform Code of Military Justice, or state law that involves the use, attempted use, or threatened use of force or violence against a person of the opposite sex, or a violation of a lawful order issued for the protection of a person of the opposite sex, who is. (a) a current or former spouse; (b) a person with whom the abuser shares a child in common; or (c) a current or former intimate partner with whom the abuser shares or has shared a common domicile.

**Domestic Violence Resources**. Community domestic violence resources can be located through civilian law enforcement agencies, the National Domestic Violence Hotline (1-800-779-7233), and ACS One Source. Community resources often include legal aid, emergency shelter for victims and their children, and victim advocacy. ~ 280 ~

**Drug Abuse**. The wrongful use of a controlled substance, prescription medication, over-the-counter medication, or intoxicating substance (other than alcohol) to an extent that it has an adverse effect on performance, conduct, discipline, or mission effectiveness. For purposes of this Manual, drug abuse also includes the intentional inhalation of fumes or gasses of intoxicating substances with the intent of achieving an intoxicating effect on the user’s mental or physical state, and steroid usage other than that specifically prescribed by a competent authority. Drug abuse is also a clinical diagnosis based on specific diagnostic criteria delineated in the American Psychiatric Association, "Diagnostic and Statistical Manual of Mental Disorders," current edition (DSM), and must be determined by a qualified Medical officer (MO) or DoD-authorized licensed practitioner. A diagnosis of drug abuse generally requires some form of intervention and treatment.

**Drug Abuser**. One who has illegally, wrongfully, or improperly used any narcotic substance, marijuana, or dangerous drug, or who has illegally or wrongfully possessed, transferred, or sold the same.

**Drug Demand Reduction Coordinator’s (DDRC)**. primary responsibility is to support the Army National Guards’ illegal drug use prevention activities (e.g., DDR budget, illegal drug use education, and urinalysis testing). For more information please visit. http.//www.acsap.army.mil/sso/pages/index.jsp

**Drug Dependence**. Psychological or physiological reliance on a chemical or pharmacological agent.

**Drug Paraphernalia**. All equipment, products, and materials of any kind that are used, intended for use, or designed for use in injecting, ingesting, inhaling or otherwise introducing drugs into the human body.

**Emotional Abuse**. A type of child maltreatment that includes acts or a pattern of acts, omissions or a pattern of omissions, or passive or passive-aggressive inattention to a child’s emotional needs resulting in an adverse affect upon the child’s psychological wellbeing. Emotional maltreatment includes intentional berating, disparaging or other verbally abusive behavior toward the child, and violent acts that may not cause observable injury

**Enabling**. Any action or behavior that allows a problem to continue after identified or worsened.

**ERB / ORB**. Enlisted Record Brief / Officer Record Brief. These records are used for four primary purposes

-To record significant events, duties, awards and other pertinent information in a Soldier's career for historical purposes.

-To assist local or immediate commanders in making decisions concerning assignments, promotions, eligibility for schooling or overseas duty.

-To maintain the original documentation for underlying entries into the manpower management system computer database.

-To protect the privacy of individual Soldiers by consolidating information and limiting access to this information to personnel in the chain of command.

**Family Advocacy Program (FAP)**. DoD mandated program designed to address the prevention and treatment of domestic violence and child abuse, and to provide direct services that may include crisis intervention and safety planning, counseling and rehabilitation, risk assessment, and training in the field of domestic violence and child abuse. The program is designed to prevent abuse and/or to intervene in Families where there is substantiated or suspected abuse, to protect and provide safety for victims, to hold offenders accountable, and to promote healthy Family life. The program includes prevention and education services, clinical counseling, case management, and victim advocacy.

**Family Advocacy Program Referral**. DoD policy requires everyone to report all suspected cases of child abuse and domestic abuse to FAP. Through public education materials and trainings, FAP teaches the military community how to recognize domestic abuse and child abuse and where to report suspected cases. When FAP receives a report of suspected child or domestic abuse, FAP arranges to meet with the active duty member and the victim(s) separately to conduct thorough clinical assessments. FAP also ensures that the appropriate law enforcement agency (and/or child protective services agency) is notified of abuse reports. Multidisciplinary teams (usually known as the Case Review Committee (CRC) come together to review the facts of every case to determine whether abuse has occurred and to develop treatment recommendations for command.

**Family Care Plan**. A Family Care Plan is a working plan that provides caregivers guidance in the event of the active duty member’s absence. Active duty personnel who are single parents and those who have Exceptional Family Members (EFM) should have ongoing Family Care Plan that is continually reviewed and revised as needed. The plan should provide detailed information such as legal authorizations, medications, emergency contacts, physicians, teachers, therapists and other points of contact who would help care for your special Family member and address other responsibilities the Soldier may have etc.

**Family Readiness**. Families who are prepared and equipped with the skills, tools and knowledge to successfully meet the challenges of the military lifestyle – especially during times of separation and deployment. A successful deployment for the Soldier and Family requires readiness through planning and advanced preparation to ensure the Family can continue efficiently during their absence. ~ 283 ~

**Financial Literacy**. Knowing the facts and vocabulary necessary to manage personal finances.

**Financial Management Classes**. Classes designed with the specific purpose of raising Soldiers’ awareness of financial concepts and practices. Topics include but are not limited to such areas as budgeting, saving strategies, and investment education. The ACS PFM Specialist has a full range of classes for life cycle financial planning and can tailor classes for the needs of the individual or group.

**Helping Agencies**. The following agencies offer the services listed.

-Soldier and Family Services / Support – Personal counseling, stress management, Family/relationship counseling

-Chaplains – Spiritual guidance, personal counseling, life issues counseling

-Army One Source – Anonymous personal, financial, and other advice, brief face-to-face counseling

-Army Emergency Relief – Financial counseling and monetary assistance

-Legal Services – Legal assistance and advice

-Medical – Mental Health evaluation and treatment, health promotion strategies

**Illegal/ Illicit Drugs**. Drugs prohibited by law or lawful drugs when obtained or used without proper authority.

**Immediate Danger**. Examples of immediate danger include. young child or children have been left unsupervised, parent is intoxicated and in any way incapacitated and unable to adequately care for the children, or witnessing or hearing a child being physically abused to the point of injury or potential injury.

**Informational/Educational Brochures**. Brochures on topics related to infant care, community resources, and parenting may be obtained from the installation FAP or NPSP or printed off the web from Army One Source.

**Initial Screening**. Soldiers referred to the SACC will be screened by a drug and alcohol counselor to determine if early intervention or an assessment is warranted if the need for an assessment is ruled out, the individual will be placed in an Early Intervention Program. Generally, the screening process should take no longer than 30 minutes to complete.

**“Just In Time Counseling”**. For those times of heightened stress, the command is able to request Stress Management support from the local Soldier and Family Services (SFS) counseling staff. They may also be able to tailor briefs relative to the needs of the unit and Families who, for example, may require help coping with a suicide in the unit or a training accident. SFS also provides classes on a variety of other topics such as parenting, new parent support and couples counseling. Contact your local Soldier and Family Services office to coordinate.

**Licensed Independent Practitioner (LIP)**. An LIP (physician or clinical psychologist) will be appointed to support the continuum of care. The LIP will be responsible for clinically supervising counselors; authorizing any treatment changes, to include. discharge, making diagnosis, determining portal of entry for Soldiers entering the continuum of care, and approving Individualized Treatment Plans.

**Limited Duty**. Limited Duty status allows a Soldier to remain on active duty when they are not currently fit for full duty, but there is high likelihood that, with appropriate treatment, they can be restored to ongoing full and productive duty in a reasonable amount of time (defined as 6-14 months). This status will usually prevent them from being deployable and has some other administrative ramifications.

**Limits of confidentiality and privacy**. See “Privacy Act of 1974”

**Line of Duty**. In absence of clear and convincing evidence to the contrary, disease or injury suffered by a Soldier will be considered to have been incurred in the line of duty. Disease or injury suffered by a Soldier will not be considered to have been incurred in the line of duty when found under any one of the following circumstances:

-As a result of the Soldier's intentional misconduct or willful neglect;

-While avoiding duty by desertion or unauthorized absence;

-While confined under sentence of court-martial that includes an unremitted dishonorable discharge;

-While confined under sentence of a civil court following conviction of an offense which is defined as a felony by the law of the jurisdiction where convicted.

**Maintain Unit Cohesion**. Cohesive, well-disciplined units have fewer severe stress reactions. Soldiers should routinely debrief each other after an operation, and discuss what they saw and how they felt. Soldiers who have strong emotional reactions to traumatic events should be kept with the unit and treated as Soldiers, not as casualties.

**Malingering**. Deliberately faking symptoms of a disorder, including suicidal thoughts, personality disorder, etc, for secondary gain, such as getting out of military service obligations.

**Soldier and Family Services**. Encompasses those programs focusing upon the needs of the individual concerning education, prevention and intervention /treatment programs. Departments housed in this area will include Retired Activities, Transition Assistance Program, Lifelong Learning Education Programs, Libraries, Child, Youth and Teen Programs, New Parent Support, Exceptional Family Member Program, Information Referral, Suicide Awareness, Intervention and Treatment, and auxiliary programs such as the Armed Services YMCA and Army Emergency Relief. For more information please contact your installations’ Soldier and Family Services Center.

**Medical**. The local Military Medical Treatment Facility, Company, Battalion, BAS, Mental Health Department, OSCAR Team, or whatever unit you may have, which takes care of your local Mental Health needs, specifically suicide risk evaluations and treatment.

**Medical Attention**. Many victims of domestic violence are reluctant to seek medical care but should be strongly advised to do so in order to create documentation of abuse and to preserve evidence should she/he decide to seek a protective order or to press charges. A victim advocate can accompany and support the victim during medical exams.

**Medical Screening**. The clinical and administrative function of determining the need for treatment and the appropriate level of care, if warranted.

**Medical Treatment Facility (MTF)**. A military hospital or outpatient clinic where licensed health practitioners provide diagnostic, medical, and surgical services to eligible personnel.

**MRT**. Master Resilience Trainer

**Narcotics**. Any opiates, such as morphine and codeine.

**Narcotics Anonymous**. Fellowship of men and women who share their experience, strength and hope with each other that they may solve their common problem, and help others to recover from drug addiction. Their primary purpose is to stay abstinence help other addicts achieve sobriety.

**NCO**. Noncommissioned Officer

**“No Contact” Order**. It is Department of Defense Policy that every appropriate effort be made to protect victims of abuse from further harm. Commanders have the authority to make military protective orders to safeguard victims, quell disturbances and maintain good order and discipline while victims are pursuing protection order from civilian courts or to support existing civilian protective orders.

**Military protective orders (MPO)**, often referred to as a "no contact" order bars active duty military members from having contact with specified persons against whom they are alleged or confirmed to have committed an act of domestic violence or child abuse. For example, a commander may order a military member to.

-Avoid contact and communication to the protected person directly, indirectly, or through a third person. This includes face to face, telephone, e-mail, letter, or fax contact.

-Stay away (specified distance) from the protected person's Family, home, workplace or other locations.

-Vacate military housing and/or be provided temporary military quarters.

-Attend counseling.

-Surrender government weapons custody card.

-Removal of on-base stored personal weapons.

-Other orders as necessary based on specific circumstances.

**Official Counseling**. Official Counseling usually requires formal, written counseling when they fail to enroll in the EFMP after receiving an order to enroll. Official counseling for failing to enroll in the EFMP is a rare occurrence.

**Operational Stress**. is the term used to describe physiological, behavioral, and psychosocial reactions experienced due to increased operational tempo during any phase of operations or deployment. It can be the stress or preparation for deployment, the boredom of waiting for action, the frustration of close quarters, the burnout of 24/7 operations, the anxiety of not knowing who is the enemy and never being out of their reach, the shock of seeing and handling human remains, or the stress of reintegrating at home after the deployment is over.

**ORB**. See “ERB/ORB.”

**Personal Financial Planning**. Development and implementation of coordinated and integrated long-range plans to achieve financial success.

**Personality Traits**. Traits are distinguishing qualities or characteristics of a person that lead to adaptive or maladaptive responses to a various different stimuli or situations.

**Personnel Casualty Report** . An electronic message containing casualty information for the purpose of reporting as well as the primary source of information used to inform the next of kin of a casualty’s status.

**Post-partum Depression**. Postpartum depression is a more severe case of the "baby blues" that affects at least 10 percent of new mothers. Postpartum depression, which may occur up to a year after childbirth, usually involves changes in brain chemistry. Although researchers have not yet determined what causes it, several factors, often working in combination with one another, appear to play a role. Sleep deprivation and a sudden drop in hormone levels immediately after birth make new mothers vulnerable to getting the disorder. In addition, a Family history of depression, a lack of social support, and medical complications during pregnancy increase the risk.

**Post Traumatic Stress Disorder (PTSD)**. is a psychiatric illness characterized by chronic intrusive recollections, emotional numbing, and hyper-alertness associated with a prior traumatic experience. A related condition, Acute Stress Disorder, is psychiatric illness characterized by immediate, severe response to a traumatic incident – usually involving significant dissociation or mental “disconnection” from the person’s surroundings. These conditions are relatively uncommon, and only a subset of those exposed to a traumatic situation will go on to develop PTSD or other psychiatric conditions such as clinical depression. The rest of those individuals who undergo a difficult experience such as combat are likely to experience some short-term emotional response. This is normal and is, in fact, valuable. increased alertness and decreased sleepiness, for example, are useful short-term responses to danger. When these reactions persist after the danger is passed, they are referred to as “combat/operational stress reactions” – a normal response to an abnormal situation. It encompasses reactions not only to combat, but also other challenging experiences encountered working in an operational environment.

**Pre-existing condition**. It has been common practice for medical insurance carriers to deny or charge considerably more for coverage for pre-existing medical conditions on applications for new policies. This is an issue for Soldiers who separate from the National Guard who have Family members with diagnosed life-long conditions. Typically retirees chose to retain their TRICARE coverage, however, Soldiers being discharged should be aware of insurance companies with pre-existing condition policies. For more information please see. http.//www.hep-c-alert.org/links/hippa.html

**Pre-marital Counseling**. Statistics show that marriage is much more successful and enjoyable when couples go through counseling prior to saying, "I do." Many Army chaplains have organized pre-marriage seminars that teach skills to help couples prepare for a lifetime together. To find out about pre-marriage seminars available in your area, including Prevention Relationship Enhancement Program (PREP) courses, check with your unit chaplain.

**Prevention Programs and Classes**. A full description of prevention programs and classes can be obtained from the installation Soldier and Family Services. Many installations have classes on personal financial management, couple’s communication, stress management, anger management, parenting, and other life skill topics. Additionally, Army One Source is another important resource to identify community resources and programs.

**Privacy Act of 1974**. The Privacy Act of 1974, 5 U.S.C. § 552a (2000), is characterized as an omnibus "code of fair information practices" that attempts to regulate the collection, maintenance, use, and dissemination of personal information by federal executive branch agencies. No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains. This means that EFMP Coordinators are not permitted to share any medical information about a Family member without prior written consent from that Family member. Certain types of communication are consented to when filling out the EFMP forms.

**Proper Authorities**. Includes the closest Family Advocacy Program (FAP), local or installation law enforcement for emergency situations, and the county Child Protective Services. If the incident involves a Soldier on independent duty or at a geographically separated unit, the commander contacts the Child Protective Services in the county in which the child victim resides. Most states have a child abuse hotline to report abuse. Numbers for states can be obtained by calling. ChildHelp® USA National Child Abuse Hotline, 1-800-4-A-CHILD® (1-800-422-4453).

**Protective Measures**. Commanders can expect to be informed promptly when dangerousness issues arise in the course of a mental health evaluation or treatment. If the Soldier was referred for a formal Command-Directed Evaluation, both oral and written feedback will be given to the commander addressing the specific issues raised by the commander. The provider may recommend duty restrictions such as removal from weapon-bearing duties or temporary change in flying status. Commanders can also help ensure the individual’s duties do not involve significant time alone which there would be opportunity for dwelling on problems and potentially attempting suicide. Commanders may also be directly advised to take steps to reduce access to weapons at the individual’s home. While it is impossible to limit a person’s access to all potential suicidal means, it is important to take reasonable steps to ensure safety when possible. Firearms pose the greatest risk as a readily available means of self-harm and should always be removed from a suicidal individual’s home when legally possible. When this is not possible, counseling the Soldier, Family, or friends, about the dangers of keeping a firearm available to the suicidal Soldier so that it is voluntarily removed, should accomplish weapons removal. Security Forces will generally secure personal firearms in the armory.

**Provost Marshall’s Office (PMO)**. The law enforcement agency at a particular installation. A representative from PMO is a permanent voting member of the Case Review Committee.

**R3SP**. Risk, Resilience Reduction, and Suicide Prevention

**Reasonable Person Standard**. An objective test used to determine if behavior meets the legal test for sexual harassment. The test requires a hypothetical exposure of a reasonable person to the same set of facts and circumstances; if the behavior is offensive, then the test is met. The reasonable person standard considers the complainants perspective and does not rely upon stereotyped notions of acceptable behavior within that particular work environment.

**Reprisal**. Taking or threatening to take an unfavorable personnel action or withholding or threatening to withhold a favorable personnel action, or any other act of retaliation against a military member or civilian employee for participating in the sexual harassment or discrimination complaint process. Reprisal can come from any military member or civilian employee internal or external to the workplace of the complaint or offender.

**Respite Care**. Respite care is short-term temporary care provided to people with disabilities in order that their primary caregivers can take a break from the rigors of supporting a Family member with disabilities. Respite care can be for a few hours or provided overnight. Currently TRICARE Prime and the Program For Persons with Disabilities (PFPWD) does not provide respite care services but will be providing respite services to eligible Extended Care Health Option beneficiaries. When Soldiers are securing respite care services from an agency they should ensure criminal background checks have been completed on respite providers and should ensure the provider has the proper credentials to care for their Family member if they have medical needs.

**Responsible Drinking**. Is self-imposed limitation on time, place and quantity when consuming alcohol.

**Return and Reunion For Soldiers**. A standardized “Return and Reunion for Soldiers” presentation has been developed, and is posted on the ACS website for use by unit commanders and installation staff (commanders, chaplains, SFS staff). All unit commanders are tasked to ensure that Soldiers receive this brief before returning home.

**RTA**. Resilience Training Assistants

**R-URI**. Reintegration Unit Risk Inventory Survey; an anonymous 81 question survey designed to screen for high risk behaviors, unit retention and readiness indicators, and attitudes affecting unit readiness and personal well being that may have occurred during deployment or since reintegration. The survey is administered between 60-180 days after redeployment.

**Safety**. Assessing risk and establishing a safety plan for all parties involved in a domestic violence or child abuse incident is extremely important. Depending on the nature of the referral, separating a couple for a cooling off period until a more complete assessment can be accomplished is often a good idea. Remembering to assess the safety of any other Family members especially children is critical in developing a comprehensive safety plan.

**Safety and support response plan**. A safety and support response plan is the common sense approach to emergency preparedness when you have a special needs Family member who relies on power to use any medical equipment. These Families need to consider having a generator readily available in the event of power loss. Some installations have established processes for Family members residing in base housing to receive generators in the event of an extended power loss. In the event of an evacuation there should be a plan that details pharmaceutical needs, transportation, funding, lodging, medical equipment and medical supplies, emergency contacts etc. The installation EFMP Coordinator can assist Families in their development of their own personal safety and support response plan.

**Safety Plan**. In child maltreatment incidents, establishing a plan to ensure the child’s safety is critical. Ideally, the creation of a safety plan should include input from Family Advocacy Program, Child Protective Services (CPS), and law enforcement. Options may include removing the alleged offender from the home if active duty, developing a plan for monitoring and intervention through FAP or NPSP, placing the child in temporary foster care, or issuing a Child Removal Order. A Family Advocacy Victim Advocate can assist the non-offending parent in developing a safety plan that meets her/his needs. When a victim advocate is not available or the parent refuses the services of a victim advocate, the commander is responsible for ensuring that risk has been assessed and a plan for safety exists.

**Separation (From the Army Guard)**. A general term which includes dismissal, dropping from the rolls, revocation of an appointment or commission, termination of an appointment, release from active duty, release from custody and control of the Army National Guard, or transfer from active duty to the. IRR, Ready Reserve, Retired List, Temporary or Permanent Disability List, or Retired Reserve and similar changes in an active or reserve status.

**Separation (From Marriage)**. A situation in which the partners in a married couple live apart. Spouses are said to be living apart if they no longer reside in the same dwelling, even though they may continue their relationship. A legal separation results when the parties separate and a court rules on the division of property, such as alimony or child support -- but does not grant a divorce.

**Separation Processing**. Processing is initiated on the date a command receives a written request for separation from a member, or on the date a command delivers a member notice of separation proceedings per AR 6355-200. Processing is not completed until the appropriate separation authority takes final action.

**Serious Injury**. An injury or situation which has the strong potential to be life-threatening or results in temporary or permanent loss of use of an organ or limb, including fractured or dislocated bones, deep cuts, torn members of the body, serious damage to the internal or sensory organs, and injuries resulting in shaken baby syndrome.

**Severely Disabled**. A Family member who has a serious impairment or a serious medical condition that is expected to persist over a long time period and requires medical specialists, frequent hospitalizations, or intensive nursing care, pharmacy or laboratory support; or who requires frequent health services not available at most Army Branch Clinics. Some examples of these conditions include. multiple disabilities, serious emotional disturbances, severe birth defects, and conditions requiring placement in residential care facilities. ~ 298 ~

**Sexual Assault**. The intentional sexual contact characterized by the use of force, physical threat, abuse of authority, or when the victim does not or cannot consent. “Consent” shall not be deemed or construed to mean the failure by the victim to offer physical resistance. This can occur without regard to gender or spousal relationship and includes, but is not limited to, rape, nonconsensual sodomy, and indecent assaults or attempts to commit these acts.

**Sexual Assault Response Coordinator (SARC)**. Sexual Assault Response Coordinators (SARCs) serve as the single point of contact for an integrated and transparent response capability and system accountability for sexual assault care. The SARC is considered the center of gravity when it comes to ensuring victims receive appropriate and responsive care with timely access to appropriate services. The SARC coordinates the response to the sexual assault and places particular emphasis on victim support and safety. The SARC oversees routine management and follow up of cases through an established monthly meeting process. The SARC oversees the development and execution of training related to sexual assault. The SARC has oversight responsibility for victim advocates. Please visit the SAPRO web page for a point of contact at your installation.

**Sexual Harassment**. A form of sex discrimination that involves unwelcome sexual advances, request for sexual favors, and other verbal or physical conduct of a sexual nature when:

-Submission to such conduct is made either explicitly or implicitly a term or condition of a person’s job, pay, or career.

-Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person.

-Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creates an intimidating, hostile, or offensive working environment.

-Workplace conduct, to be actionable as “abusive work environment” harassment, need not result in concrete psychological harm to the victim, but rather need only be so severe or pervasive that a reasonable person would perceive, and the victim does perceive, the work environment as hostile or abusive.

-Any person in a supervisory or command position who uses or condones any form of sexual behavior to control, influence, or affect the career, pay, or job of a military member or civilian employee is engaging in sexual harassment.

-Similarly, any military member or civilian employee who makes deliberate or repeated unwelcome verbal comments, gestures, or physical contact of a sexual nature in the workplace is also engaging in sexual harassment.

**Signs of Improvement**. A commander may monitor a situation through consultation with Family Advocacy or the Soldier’s supervisor or First Sergeant. Commonly, a commander will learn the situation is not improving when a subsequent incident or call of concern occurs.

**SIO**. Suicide Intervention Officer

**Sobriety**. Discontinuance and avoidance, i.e. abstinence, from consumption of alcohol or drugs.

**Staff Judge Advocate**. The senior judge advocate assigned to a general officer in command. The Staff Judge Advocate (SJA) serves as the principal legal advisor to the Commanding General and subordinate commands.

**Status Determination**. Clinical Status is the finding of the Case Review Committee (CRC) at the time the case is assessed. Determinations can be.

-Substantiated - Preponderance of the information indicates that the act of maltreatment occurred.

-Suspected - There is a belief abuse/neglect might have occurred but sufficient information is not available at the time of the CRC meeting to substantiate.

-Unsubstantiated - There are two types.

o The act did not occur. Preponderance of information indicates no abuse/neglect occurred.

o Unable to resolve. After all information was made available, it remained unclear whether abuse occurred.

**Stress**. A mentally or emotionally disruptive or upsetting condition occurring in response to adverse external influences and capable of affecting physical health, usually characterized by increased heart rate, a rise in blood pressure, muscular tension, irritability, and depression.

**Strong Bonds**. Strong Bonds is a unit-based, chaplain-led program which assists commanders in building individual resiliency by strengthening the Army Family. The core mission of the Strong Bonds program is to increase individual Soldier and Family member readiness through relationship education and skills training. Strong Bonds is conducted in an offsite retreat format in order to maximize the training effect. The retreat or “get away” provides a fun, safe, and secure environment in which to address the impact of relocations, deployments, and military lifestyle stressors.

**Substantiated**. See Status Determination

**Suicidal Ideation**. Expressions or thoughts about killing oneself.

**Suicide**. Intentionally killing oneself.

**Suicide Attempt**. A potentially self-injurious act with a non-fatal outcome, for which there is at least some intent to die. A suicide attempt may or may not result in injuries.

**Suicide Gesture**. A potentially self-injurious act with a non-fatal outcome for which there is no evidence of intent to die. A suicide gesture may or may not result in injuries.

**Suicide Threat**. Declaration of intent or determination to kill oneself.

**Support Groups**. Based on the needs at their installations, SFTB Coordinators have facilitated support groups for Family members of Soldiers who have been detached from their non-deploying units and sent on deployments with the operating forces. These Family members occasionally do not have access to a traditional FRG and can benefit from additional support.

**Tip of the Iceberg**. Domestic violence and child abuse, by their very nature, often occur within the confines of a Family home and may go unnoticed or unreported until an incident reaches a heightened severity level that prompts a call to law enforcement. Additionally, a victim might fear that disclosure will result in escalating violence or will not be believed or taken seriously. Offenders often minimize and deny their abusive behavior. AD members involved in abuse, either as the victim or offender, often worry that a disclosure will result in disciplinary action or other negative career impact. As a result of these factors, the referral that brought the Family into Family Advocacy is often occurring within a history and pattern of abuse. When making an assessment of a particular incident, exploring history and pattern is extremely important in creating a viable safety plan.

**Traumatic Events**. are events outside the normal experience of people that pose actual or perceived threats of injury or exposure to death that can overwhelm both an individual's and organization's coping resources. Examples of such critical incidents include combat, natural disasters, acts of terrorism, mass casualty accidents, acts of violence (with and without fatalities), observations of traumatic deaths, and aircraft, boat and ship accidents/mishaps.

**Treatment Plans**. A treatment plan will be developed through a collaborative effort between the Soldier and the case manager. Treatment plans will contain clinical problems and agreed upon goals and objectives that will be addressed during treatment. Drug/alcohol dependency/abuse is a diagnosis and should not be confused with or listed as one of the Soldier's problems on the treatment plan.

**Trying to Manipulate**. Occasionally a Soldier may feign suicidal thoughts or behavior for secondary gain, such as to get out of the military. Even if you think this is the case, the liability is too high not to take appropriate action, so you must get the Soldier evaluated by Medical for suicide risk whether you think they are faking or not. Medical is qualified and licensed to determination the level of suicide risk and will let you know what to do with the Soldier, including possible administrative actions to hold a manipulative Soldier accountable, if appropriate.

**URI**. Unit Risk Inventory Survey; an anonymous 53 question survey designed to screen for high risk behaviors and unit retention and readiness indicators. The URI is taken annually by each unit and should be administered no later than 30 days prior to deployment. The URI is an effective tool for incoming commanders to assess the climate within their new unit and should be used to adjust training and prevention efforts to reduce high risk behaviors and increase Soldier readiness.

**Verbal “No Contact” Order**. A military protective order (MPO) is issued by the command of a suspected abuser. A MPO may be verbal or written. A MPO may direct service members to stay away from victims or designated places; refrain from doing certain things; require the service member to move into government quarters; and provide support for Family members.

**Victim Advocate**. Family Advocacy Program staff member or trained volunteer who promotes the best interests of a victim by providing a support system that can include, but is not limited to, crisis intervention, information, guidance (including interpretation of judicial proceedings), and resource assistance. Under the provisions of the Omnibus Crime Control Act of 1990, the Guard is responsible for assigning a VA in certain FAP cases and to sexual assault victims. This person need not be a lawyer, but represents the victim's best interests to either the lawyer or judicial authority. Serves as a consulting CRC member. Victims are not required to use military victim advocates and may use victim advocates from civilian resources.

**Victim Support Rights**. As a Federal crime victim, you have the following rights (as outlined in DD Form 2701):

-The right to be treated with fairness and with respect for their dignity and privacy;

-The right to be reasonably protected from the accused offender;

-The right to be notified of court proceedings;

-The right to be present at all public court proceedings related to the offense, unless the court determines that your testimony would be materially affected if you heard other testimony at trial;

-The right to confer with the attorney for the government in the case;

-The right to available restitution;

-The right to information about the conviction, sentencing, imprisonment, and release of the offender.

**Work Environment**. The workplace and the conditions or atmosphere under which people are required to work.

**Workplace**. An expansive term for military members that may include conduct on or off duty, 24 hours a day.

**PAGE INTENTIONALLY LEFT BLANK**

**10. Appointment Memorandums/Orders.**

a. The following is an example of an appointment memorandum used to appoint personnel as MRTs, RTAs, ASIST T4Ts, ASIST Gatekeepers or SIO. The example is for the appointment of an SIO (Suicide Intervention Officer).

10.1

**/////// EXAMPLE ///////**

OFFICE SYMBOL DATE

MEMORANDUM FOR RECORD

SUBJECT: Appointment Order

1. References:

a. Memorandum, ARNG, NGB-ZA, 17 Sep 08, subject: Army National Guard (ARNG) Suicide Prevention Program Policy.

b. AR 190-45, Law Enforcement Reporting, 30 Mar 07.

c. AR 600-63, Army Health Promotion, 7 May 07.

d. Memorandum, ARNG, NGB-ARO-FP, 2 Nov 07, subject: Serious Incident Reporting Procedure for the Army National Guard.

2. The following individuals will be assigned as the Suicide Intervention Officer (SIO) for the <Unit Name>.

a. Primary

NAME EMAIL ADDRESS CONTACT PHONE #

b. Alternate

NAME EMAIL ADDRESS CONTACT PHONE #

3. The aforementioned personnel will advise the undersigned on issues related to the Resilience, Risk Reduction, and Suicide Program (R3SP) in order to improve the readiness of the Soldiers assigned to <Unit Name>.

4. Point of Contact for this memorandum is the undersigned at (###) ###-####

NAME

RANK, BR, CAARNG

Commander

**11. Roster of BDE personnel: MRT, RTA, ASIST, ACE-SI**