USARC
Psychological Health Program
Leadership Pocket Guide

July 2021

Notes

Local Points of Contact

Role	Name	Contact Information
Director of Psychological Health		
Chaplain		
Soldier and Family Readiness Program Manager		
Suicide Prevention Program Manager		

https://www.usar.army.mil/PHP/

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Purpose & Overview:

Resilience and psychological health are vital aspects to readiness that require comprehensive prevention, intervention, and postvention responses from exceptional leaders. Leaders must foster and promote resilience among their Soldiers. This guide will assist in familiarizing leaders with available resiliency tools and resources to prevent and respond to behavioral health emergencies.

This guide is designed to be a **quick reference resource** for:

- Commanders
- First Sergeants
- Supervisors
- All leaders

Prevention Overview:

The guide is aimed to assist those in leadership positions with identifying and reducing risks associated with impeded access to psychological health care. . Additionally, this guide can serve as a supplement to Reserve Component procedures for Soldier support and provide greater understanding of the resources available to Reserve Soldiers.

Additional Services

- **Tragedy Assistance Program for Survivors (TAPS):**

https://www.taps.org/

  - TAPS offers compassionate care to all those grieving the loss of a loved one who died while serving in our Armed Forces or as a result of his or her service. Available 24/7 through a national peer support network and connection to grief resources, all at no cost to surviving families and loved ones.
  - No restrictions on duty status. Anyone that has loved and lost is eligible. Also available to assist Wings/Squadrons.

- **Military One Source**

https://www.militaryonesource.mil/

  - Military OneSource is your 24/7 connection to information, answers and support to help you reach your goals, overcome challenges and thrive.

- **Give-an-Hour**

https://giveanhour.org/

  - National network of volunteers capable of responding to both acute and chronic conditions that arise within our society. By harnessing the skill and expertise of volunteer professionals, we are able to increase the likelihood that those in need receive the support and care they deserve.

- **Veteran's Affairs**
  - Mobile Vet Centers

https://www.vetcenter.va.gov/

    - Provide readjustment counseling and *information resources* to Veterans across the country. Like community-based Vet Centers, Mobile Vet Centers focus on services that help Veterans make the difficult transition between military and civilian life.
  - VA clinics/hospitals

https://www.va.gov/directory/guide/division.asp?dnum=1&isFlash=0

Resources

Risks & Warning Signs:

Indicators of a Soldier Potentially in Distress:

Remember: Many distressed Soldiers will have more than one indicator of distress. Multiple, and compounding, problems may place some at greater risk for a negative outcomes.

Relationship Problems: Pay particular attention to a Soldier's behavior, and language; related to the value, intensity, and length of the impacted relationship(s). Leaders should note perceived or actual dissolution of relationships, including family and romantic relationships.

Financial Problems: Leaders should note financial burdens of a real, or perceived, "*overwhelming*" nature. Monitor the language or behaviors of who may consider SGLI, life insurance, or other death-related benefits as a "*solution*" to their problems.

Legal Problems: Particularly note legal problems related to crimes of sexual nature, divorce, or those where the Soldier may be facing a significant amount of time in military or civilian confinement.

Occupational Problems: Work-related problems include high-stress jobs, experiences of intensified stress in the work-place, a real or perceived, lack of social support, or situations where a Soldier views themselves as burdens on others or a "*drag*" to the military mission.

Psychiatric Conditions: These may include a history of suicidal thoughts or behaviors; a history of self-directed violent behavior (e.g., cutting, burning, etc.), extreme anger, and impulsive behavior.

Alcohol and Substance Use-Related Problems: Ensure alcohol-related incidents, even seemingly minor infractions or indicators of problems are addressed.

A culture of "taking care of our own" or "sweeping it under the rug" versus referral to ASAP places the mission and Soldiers at risk

Medical Conditions: Chronic health issues, especially those posing a real or perceived threat to a military career, can contribute to distress.

Significant stressors: Note events, or issues, which remove Soldiers from the work center; these may include inpatient psychiatric hospitalization or being a victim of a crime, **specifically crime victims** (sexual or otherwise) reporting to and returning from the trial.

Proposed Unit Best Practices:

- **Unit & Team Connectedness**
  - ◊ Get to know your Soldiers & their families.
  - ◊ Utilize leaders and direct supervisors as chains for communication; for personal success and life changes, in addition to mission readiness.
  - ◊ The more leaders know about their Soldier increases the ability to interpret changes in circumstances that may increase the risk in self harm.
  - ◊ Increase periodic contact and maintain open communication.
  - ◊ Contact unit members regularly outside of BA weekend

- **Newcomers & Sponsorship of New Soldiers**
  - ◊ Attempt to link Soldiers with similar interests, support, and social circles.
  - ◊ Incorporate family into newcomers/spousal packages.
  - ◊ Establish Unit Soldier sponsorship or integration procedures for those arriving at a new unit.

- **Encourage Utilization of Chaplain 100% Confidentiality**
  - ◊ Aid in increased visibility throughout the Unit.
  - ◊ Aid in increase periodic check-ins with Soldiers.
  - ◊ Encourage "walk about" for regular visibility.

- **Engagement with Director of Psychological Health**
  - ◊ Assist in ensuring follow-up with members.
  - ◊ Allow Regularly scheduled Unit visits and briefings for regular visibility.
  - ◊ Ensure clear, and consistent, communication of unit needs for improved service and resource connection.

- **Defense Organizational Climate Survey (DEOCS)**
  - ◊ Take seriously- critical comments and suggestions
  - ◊ Be transparent and review all DEOCS with your unit.

Proper Terminology - Safe Language:

When Describing:	Say This:	NOT This:
Individuals who have experienced suicidal thoughts, feelings and actions, to include suicide attempts	Attempt Survivors People with Lived Experience	They were unsuccessful at suicide They had a failed or incomplete suicide attempt Anything that indicates weakness or cowardliness
When referring to the act of suicide during which a person survives the attempt	Attempted suicide Non-fatal suicide attempt	Failed suicide attempt Incomplete suicide Unsuccessful suicide
The individual who died by suicide and/or the suicide event	Use the person's name Died by/from suicide Death by suicide Suicide death Killed him/herself Took his/her life	**Do not:** • Sensationalize or glorify suicide. • Discuss the suicide event in detail. • Discuss the content of a suicide note. • Say the act was inevitable, cowardly or selfish. Do **not** use the terms: Completed suicide Successful suicide Commit or committed suicide
Individuals who lost a friend or loved one to suicide	Survivor of Suicide Suicide Survivor Suicide Loss Survivor	Anything to indicate guilt or culpability

Coordinate: Contain the crisis by ensuring that all personnel preserve the scene, incident of specifics, communication within the unit, etc.

Key Consideration: Accidental or poorly executed notifications can have a lasting negative impact on the soldier & family's healing and confidence in the Reserve.

Get Centered: Meet with a trusted helper to get emotional clarity and shape your message to those affected. Leaders most often process their grief more quickly than others to effectively lead through postvention. Briefly processing the incident, immediately, following the event will initiate this process and help you communicate clearly and compassionately.

Key Consideration: Set a meeting with your DPH Team. A core capability of the Psychological Health Program is to advise leaders on crisis, morale, responses, and ethics. Your DPH offers everyone privileged communication, including leaders.

Notify: Protect the privacy of the Soldier by ensuring appropriate notification to the next of kin.

Dispel Rumors. Manage rumors by accurately, respectfully, and carefully communicating information about events in a timely way. This can be challenging when some unit members witnessed the events or were involved in the occurrence. Use communication plans that were developed in advance.

Support: Provide practical assistance to those affected, including unit members and family members.

Lead: Reinforce and build trust in leadership by making unit members feel cared about, supported, and secure. Leading competently and compassionately through a crisis increases unit cohesiveness.

Foster a Culture of Resilience: Consult with your local helping agencies about practical steps you can take to foster a culture of resilience, help-seeking, and crisis mitigation in the unit.

Comfort: Mental Health is individualized and can be complex. A wide range of emotions are experienced. Normalize experiences, guide healthy coping mechanisms, and check-in with soldiers more often than usual - Model healthy coping strategies**.**

Options for Supplemental Leadership Training

- **SafeTALK:**
  - ◊ A half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. SafeTALK-trained helpers can recognize invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.

- **USARC PHP Leadership Talking Points:**
  - ◊ This toolkit will assist commanders and Unit leadership with safe messaging, creating a regular and repeated conversation with Soldiers regarding mental health. The intent is to spend a few minutes during a regularly scheduled briefing or meeting to discuss the suggested topics. Locate the Commanders Talking Points at: https://www.usar.army.mil/BehavioralHealthCommanders/

- **Applied Suicide Intervention Skills Training (ASIST):**
  - ◊ A two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.
  - ◊ Contact your respective state/service branch Suicide Prevention Program Manager for ASIST trainers in your state/region.

- **Suicide Prevention Best Practices**
  - ◊ **Suicide Prevention Resource Center (SPRC):**
    - ⇒ https://www.sprc.org/
  - ◊ **American Foundation for Suicide Prevention (AFSP)**
    - ⇒ https://afsp.org/
    - ⇒ The nation's largest non-profit dedicated to saving lives and bringing hope to those affected by suicide.
  - ◊ **American Association of Suicidology (AAS):**
    - ⇒ https://www.suicidology.org/
- **Suicide Prevention Awareness month**
  - ◊ Awareness Campaign

Medical and Leadership Communication Considerations

- Regularly remind Soldiers that seeking assistance is **NOT** a sign of weakness, and asking for help is not a cause for negative career actions.
- Educate Soldiers on waiver processes for medical/mental health concerns (if applicable)
- HIPAA/PII Reminders - Remind Soldiers that their communication with Medical Professionals remains confidential. With exception to indicators for harm as well as applicable DoD regulations. However, there are exceptions like harm to self or others. In situations where safety is a concern confidentiality may be waived; if this happens, it is strictly to ensure safety, not to administer punitive actions.
- Ensure Soldiers understand that Commanders only have access to information that Soldiers voluntarily share, or falls under an exception set by the Privacy Act, HIPPA and the Department of Defense (Ex: safety, mission readiness, medical boards/reviews.).
    - ◊ For example, a Commander can see that a Soldier has a profile for Depressive Disorder, but will not be able to access the notes involving the details of therapy sessions etc.

Prepare: A suicide related event is an extraordinarily stressful event and can be chaotic.

Developing authentic relationships with unit Soldiers is essential to prepare to effectively lead during crisis*:*

- This involves leaders at all levels getting to know their Soldiers and creating an environment where individuals feel valued and secure
- Set the example by getting out and getting to know unit members in the field doing the job every day
    - ◊ Prepare contingency plans with your leadership team and communicate to subordinate leaders the intervention procedures before the occurrence of a death, or crisis, to avoid missteps.
    - ◊ Establish a unit response process within your command - before something happens
    - ◊ Develop an internal and external communication plan, including the event coordinator/action officer.
        - o Things will happen quickly through social media - it often can't be stopped - so have social media and email templates ready to use. The most difficult time to create supportive messages for dissemination is in the immediate aftermath of the suicide
    - ◊ Use situational exercises with your leadership team to prepare
- Build a close partnership with your unit Religious Support Team for personal advisement and spiritual care for the unit.

Seek support from other leaders who have experienced a mental health crisis.

- ◊ The USARC Psychological Health Program has a list of leaders willing to share their experience.

Postvention Continued

Postvention Considerations:

- Continually update, or establish a Postvention SOP with your regional DPH.
- Maintain high visibility visits to the unit with intent to taper off to your routine pace by 30 days after death.
    - ◊ Consider taking DPH and/or a Chaplain with you on walk around.
    - ◊ At the 30 day mark, note to unit "I recognize you're moving along and I respect the work it has taken."
- Be prepared for other unit issues to become heightened around 30 days (since you've been busy with the issues related to the death).
    - ◊ Delegate to trusted leaders
- 30 days mark a key chronological milestone in recovery from a crisis, it is important to consider unit members will have mixed reactions.
    - ◊ Some will view it as "time to move on."
    - ◊ Some will count it as an emotional anniversary of the event (but with lesser severity).
    - ◊ Some may be irritated over others' lack of progress: "why hasn't everyone moved on already?"
- Tailor your actions following the 30 day mark based on information you discern regarding health of the unit on recovery.
- Anniversaries of the event are periods of increased risk--increase strength -base messaging and encourage *battle buddy* concept.

Regarding Social Media:

- Involve your Public Affairs office and review the Public Affairs Guidance (PAG) on messaging.
- It is possible the death is announced/discussed on social media sites even prior to the notification of the next of kin.
- If social media is being used to report/discuss the death:
    - ◊ Discuss with senior leaders and PAO the appropriate means to have a posting to the social media.
    - ◊ An example posting for Facebook:
        - ⇒ "We here in (unit) share in your loss. If you're struggling with the news, there are lots of people and resources willing to help. Here is a list of resources in the (unit) area (insert appropriate contact info for your area). If you are outside our area, the 1-800-273-TALK crisis line is available nationally. Your local churches and mental health center can help you find additional nearby resources."

Overcoming Stigma

Those in leadership positions set the standard for organizational stigma or acceptance of self-care; regularly discuss obtaining professional help, and maintaining self-care, openly, without judgment. These steps are conducive to decreasing the stigma regarding mental health and can assist in reducing attempts or deaths by suicide.

Commanders should:

- Increase unit education and mental health literacy.
- Ensure there are contact-based unit strategies for peer services and communication.
- Assist in decreasing obstacles to care.
- Ensure that discriminatory behaviors towards those seeking help are discouraged and addressed.
- Encourage open communication regarding self-care and mindfulness as tools to best maintain the fighting strength (while also increasing and normalizing resilience).
- Educate Soldiers on the security clearance process, legal, and organizational standards for protecting confidential information as well as ensuring Soldiers are able to maintain readiness.
- Decrease disruptions to care when appropriate.
- Encourage the use of DPH for relationship issues, discuss challenges with children or aging parents.
- Encourage use of Soldier and Family Readiness for financial planning, key spouse involvement, family care plan development, and planning for retirement/separation.
- Educate unit members on 100% confidentiality of Chaplain Corps services to faith and non-faith service members.

Intervention

"Asking the question" is sometimes difficult. The most effective way in determining if BH assistance is needed, or if there is a risk for harm/crisis, is to be direct.

The are a few communication models to references in intervening or mitigating possible crisis.

1. SAFER—Revised Model
2. AID LIFE
3. ACT

SAFER—Revised Model

- **S—Stabilize the Situation**
  - ⇒ Mitigate affective escalation
  - ⇒ Remove from provocative stressors
  - ⇒ May use a diversion (i.e. walk, coffe, etc.)

- **A—Acknowledge the Crisis**
  - ⇒ What happened?
  - ⇒ Establish rapport and sense of safety
  - ⇒ Provide for cathartic ventilation

- **F—Facilitate Understanding**
  - ⇒ Explain, outline feelings
  - ⇒ Normalize reactions

- **E—Encourage Effective Coping Techniques**
  - ⇒ Discuss what the soldier uses, and your own coping/survival skills for times of stress
  - ⇒ Discuss immediate and short term coping
  - ⇒ Develop a plan for immediate action (if possible)

- **R—Recovery of Referral**
  - ⇒ Assess current level of functioning, and ability to complete directives/tasks for CMD mission
  - ⇒ Openly discuss need for further assistance
  - ⇒ If needed, identify, and follow-up with appropriate referral.

Postvention Overview:

Postvention is:
The period after the loss of a soldier, which includes efforts to facilitate the healing. The process consists of individuals, families, and units, to aid in grief and distress often experienced by a suicide loss. It is also a time to mitigate the adverse effects of exposure to suicide.

Postvention Includes:
- Opportunities for healthy grieving by individuals and the collective group— may include memorial services.
- Compassion, as well as immediate and long-term support to those directly impacted by a suicide loss, is vital to comprehensive suicide prevention efforts.

Postvention Refers to:
- Supportive actions to maintain resilience for individuals, family members, and the unit following the loss of a Soldier.

Postvention May Involve:
- Religious support;
- Mental health support;
- Leadership messages; and,
- Any other actions to facilitate healing and decrease contagion

Experts agree that healthy public opportunities for groups of people that have established relationships and interact closely with one another, such as military units, are an important aspect of postvention.

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

	Past Month		Lifetime (Worst Point)	
Ask questions that are bolded and <u>under-lined</u>.	**YES**	**NO**	**YES**	**NO**
Ask Questions 1 and 2				
1) *<u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>*				
2) *<u>Have you actually had any thoughts of killing yourself?</u>*				
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.				
3) *<u>Have you been thinking about how you might do this?</u>* E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"				
4) *<u>Have you had these thoughts and had some intention of acting on them?</u>* As opposed to "*I have the thoughts but I definitely will not do anything about them.*"				
5) *<u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>*				

- Low Risk
- Moderate Risk
- High Risk

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Intervention cont.

<u>AID LIFE</u>

- **<u>A</u>—Ask**
  - ⇒ Be direct
  - ⇒ It is better to fear upsetting a soldier, than to let fear cause us to potentially miss an opportunity to intervene or even save a life
  - ⇒ Don't imply punitive action, or judgment
- **<u>I</u>—Intervene Immediately**
  - ⇒ Notify proper authorities/ER, crisis line
  - ⇒ Create a safety plan
- **<u>D</u>—Don't Keep it a Secret**
  - ⇒ Collaborate with trusted team members
  - ⇒ Utilize PHP
  - ⇒ Reach out to other BH personnel
- **<u>L</u>—Locate Help**
  - ⇒ Utilize PHP to find a provider (if going to the emergency room is not the most appropriate intervention)
  - ⇒ Use a battle buddy system or persons the soldier trusts
  - ⇒ Integrate local community, and government agencies in established safety plan
- **<u>I</u>—Inform**
  - ⇒ Be open with leadership and USARC organizations established to aid
  - ⇒ Having a crisis at a unit is not an immediate reflection of the unit, or leadership
  - ⇒ Allow collaborative efforts to keep soldiers safe, and expand resource that will be readily available
- **<u>F</u>—Find**
  - ⇒ Identify the most appropriate solution to resolve the crisis
- **<u>E</u>—Expedite**
  - ⇒ Establish priorities of action to ensure timely response/Action

Intervention cont.

ACT

- **A—Acknowledge**
  - ⇒ Take it seriously
  - ⇒ Be willing to listen

- **C—Care**
  - ⇒ Voice your concern
  - ⇒ Reassure—not alone
  - ⇒ Ask about a plan

- **T—Treatment**
  - ⇒ Utilize PHP
  - ⇒ There is nothing wrong with allowing ourselves the time to heal.
  - ⇒ Encourage the use of Behavioral Health/Mental Health professionals to ensure the soldier can carry on with the mission.
  - ⇒ Use the hurt leg example:

    "*We may pull or strain a muscle, but with rest, stretching, and being attentive to the muscle, we can return to regular running capability. The can be said in times of stress, or when needing support."*
  - ⇒ Practicing emotional intelligence key to remaining fit, and executing the mission.

Risk	Indicators For Increased Risk	Contributing Factors	Possible Interventions
High Acute Risk	* Persistent suicidal ideation or thought *Strong intention to act or plan, **OR** *Not able to control impulse	*Acute state of psychiatric disorder or acute psychiatric symptoms *Acute precipitating event(s) *Inadequate protective factors	Admission generally indicated; unless significant change reduces risk
Intermediate Acute Risk	*Current Suicidal ideation or thoughts *No intent to act *Able to control impulse *No recent attempt or preparatory behaviors or rehearsal of act	*Existence of warning signs or risk factors; **AND** *Limited protective factors	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low Acute Risk	*Recent suicidal ideation or thoughts *No intention to act on plan, able to control impulse *No planning or rehearsing a suicide act *No previous attempt	*Existence of protective factors *Limited risk factors	Outpatient referral, symptom reduction. Give emergency/crisis numbers.
Undetermined Risk	Due to difficulty in determining the level of risk, Unit has concerns about Soldier despite denial of ideation or intent. The Soldier should be immediately referred for an evaluation by DPH.		

Do's & Don'ts of Intervention

Do's

- Remain Clam
- Accept their feelings
- Rephrase thoughts
- Focus on central issue
- Stay close
- Emphasize temporary nature of problems
- **EXPLORE RESOURCES**

Don'ts

- Don't overlook signs
- Don't sound shocked
- Don't offer empty promises
- Don't try to cheer him/her up
- Don't debate morality
- Don't assume things will improve
- Don't leave person alone
- Don't keep it a secrete
- **DON'T REMAIN THE ONLY ONE HELPING**

Characteristics of a Good Listener

- Maintains a good self image
- Listens intently
- Expresses self clearly
- Honest, empathetic
- Focuses on here & now
- Cares about people
- Copes with strong emotions

Risk Identification Tools