DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY CADET COMMAND AND FORT KNOX
1ST CALVARY REGIMENT ROAD
FORT KNOX, KENTUCKY 40121-5123

AMIM-KNH-SR (600-63a)

JUN 0 5 2025

MEMORANDUM FOR

Commanders, Fort Knox Partners in Excellence
Commanders, All units Reporting Directly to this Headquarters
Deputy Chiefs of General Staff and Chiefs of Special Staff Offices

SUBJECT: Fort Knox Policy Memo #14 - Suicide Postvention and Suicide Response Team (SRT) Operations for a Suspected or Confirmed Suicide Death

1. References:

a. Army Regulation (AR) 600-92, Army Suicide Prevention Program

b. AR 638-85, Army Casualty Program

c. ALARACT 088/2023, Suicide Response Team

d. DoD Postvention Toolkit for a Military Suicide Loss

e. Directorate of Prevention Resilience and Readiness (DPRR) U.S. Army Unit Commander's Suicide Postvention Handbook

f. Fort Knox Policy Memo #16, Suspected Suicide Fatality Review and Analysis Board (S2FRAB) Operations

2. Purpose: To establish policy for commanders and directors to ensure the highest level of postvention assistance and support following a suspected or confirmed suicide of a Service Member (SM).

3. Policy:

a. Postvention consists of a sequence of planned support and interventions carried out with supervisors in the aftermath of a suspected death by suicide event. Postvention may serve as prevention and intervention for survivors. The goal is to support those affected by a suicide, promote healthy recovery, reduce the possibility of suicide contagion, strength unit cohesion, and promote continued mission readiness.

b. If there is suspected or confirmed suicide death event that occurs on the Fort Knox Installation for a SM assigned to a Fort Knox Unit Identification Code (UIC), on

Temporary Duty (TDY) (U.S. Army Cadet Command (USACC) Cadet Summer Training (CST), U.S. Army Recruiting Command (USAREC), U.S. Army Reserve (USAR), Army National Guard (ARNG), etc.) or training with a Fort Knox UIC, the following actions will be taken.

(1) The SM's command or directorate will immediately inform the chain of command and follow guidelines per Commander's Critical Information Requirements (CCIR) for generation of a Serious Incident Report (SIR) through the Installation Operations Center (IOC) (see Enclosure 2).

(2) Initiate proactive measures to prevent loss of life within their units due to suicide and to reduce the impact on survivors if an apparent self-inflicted death takes place. Commanders will confer with their support behavioral health provider and chaplain to determine the actions necessary after suicide attempt. Commanders must be mindful of supporting the SM and balancing privacy and Personally Identifiable Information (PII) while identifying and mitigating risk within the unit (see Enclosure 3 and Enclosure 4).

(3) The SM's Commander will call the Fort Knox Casualty Assistance Center's 24-hour phone at (502) 888-7005 to provide necessary documentation and receive additional guidance on notifications.

(4) The SM's command or directorate will contact the Garrison Commander's (GC) office to alert installation resource providers to support a Suicide Response Team (SRT).

(5) Within the first few hours of notification, the SM's command or directorate will establish a "control center" to manage communication and coordination with the affected unit (see Enclosure 2).

(6) The commanders from all components including geographically dispersed and/or Direct Reporting Unit (DRU) commanders (USACC, USAREC, USAR, ARNG, etc.) for SMs on TDY to or training at Fort Knox must complete and submit a signed and encrypted DA Form 7747, Aug 2023, Commanders Suspected Suicide Event Report to the DCS, G-1, ARD, ATTN: Suicide Prevention at: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@army.mil, on every suicide or equivocal death which is being investigated as a suspected suicide (see Enclosure 1).

(a) Complete and submit Section I of DA Form 7747 to usarmy.pentagon.hqda-dcs-g-1.mbx.csser@army.mil, next higher Command IOC, Fort Knox Installation Suicide Prevention Program Coordinator (SPPC), and Installation Director of Psychological Health within 24 hours.

(b) Complete and Submit Section II of DA Form 7747 to usarmy.pentagon.hqda-dcs-g-1.mbx.csser@army.mil, next higher Command and Installation SPPC within five (5) days.

(c) Complete and submit Section III of DA Form 7747 to usarmy.pentagon.hqda-dcs-g-1.mbx.csser@army.mil next higher Command Installation SPPC within 60 days.

(d) The SM's command, unit and all relevant parties associated with the SM will assist the Fort Knox Installation SPPC in obtaining information to complete DD Form 2996, Department of Defense Suicide Event Report (DoDSER) for a suspected or confirmed suicide death occurring on the Fort Knox Installation.

(e) The Fort Knox Installation SPPC will submit the DoDSER for all suspected or confirmed suicide deaths occurring on the installation regardless of the SM's home station.

c. SRT membership and responsibilities:

(1) Upon receipt of the SIR, the IOC will forward such reports immediately through reporting channels, including distribution to the Senior Commander (SC), Garrison Commander (GC), Senior Command Chaplain, Installation Director of Psychological Health, and the installation SPPC for immediate action (see Enclosure 2).

(2) The GC will convene the SRT no later than 48 hours of a suspected suicide to support the affected command and installation affected by a suicide event. The GC should select SRT members to attend and be appropriately advised and informed by the installation SPPC. The GC will convene the SRT at the Casualty Assistance Center office Bldg. 1378, Graham Hall and assemble the needed community resources for survivors of a death by suicide or suspected suicide (see AR 600-92 paragraph 3-5 and Enclosure 2).

(a) The SRT purpose is to assist and advise the SC, GC, and unit commanders after a suspected suicide in assessing the situation, determining appropriate COAs and directing immediate interagency and inter staff actions. The SRT supports suicide prevention objective to increase the timeliness and usefulness of suicide behavior surveillance and associated risk and protective factors in the reporting system to improve preventive actions (see Enclosure 3, Enclosure 4 and AR 600-92 paragraph 3-5).

(b) The SRT members may be required to sign non-disclosure agreements.

(c) Members include, at a minimum, Command Chief of Staff or G-1, Senior Enlisted Advisor, GC, Fort Knox Installation SPPC, DRU SPPC (i.e. USAREC, HRC, if the SM was TDY to Fort Knox for CST or other training), unit medical officer not assigned or attached to a Military Treatment Facility (MTF) or other Defense Healthcare Agency (DHA) organization, unit chaplain, installation chaplain, U.S. Army Criminal Investigation Division (USACID) Special Agent in Charge, Provost marshal or Directorate of Emergency Services (DES), Public Affairs Office (PAO), Community Readiness and Resilience Integrator (CR2I), Survivor Outreach Services representative, Equal Opportunity Officer, and Casualty Assistance Center Chief.

(d) Additional team members include Army Community Services (ACS) and/or Department of Behavioral Health (DBH) Family Advocacy Program (FAP), Army Substance Abuse Program (ASAP), or Sexual Harassment/Assault Response and Prevention (SHARP) Program Manager at all applicable levels. The GC should ask his or her supporting legal advisor, Installation Director of Psychological Health, and others (as supported by legal) to attend the SRT, as needed.

(e) Members of the SRT will coordinate actions to support immediate unit recovery processes informed by the trauma event model and develop recommendations for medium and long-term postvention activities (see AR 600-92, paragraph 2-12 for postvention).

(f) The SRT will support all commanders on Fort Knox in the identification evaluation and medical evacuation (if necessary) of SM(s) at increased risk of suicide because of a suicide event.

(g) The SRT members will be prepared to review/brief the decedent's background demographics and unit and/or organizational affiliation. Members will review the circumstances of the event and the status of the decedent's family and affected unit members as reported by the unit chaplain and/or casualty assistance officer.

(h) The members of the SRT will be prepared to review and complete suicide event data reporting and information requirements. Members will review postvention phases as outlined in the DPRR U.S. Army Unit Commanders Suicide Postvention Handbook and DoD Postvention Toolkit for a Military Suicide Loss to identify barriers that may hinder SRT and strategies to mitigate any expected harmful behavior (see Enclosure 3 and Enclosure 4).

(i) The SM's command team will recommend inputs to the SRT based on their knowledge of the individual. The SRT members and other identified personnel will support the completion of reporting requirements and gather information.

(j) The SRT members will consolidate the information they gather on the individual and brief the SC or their delegate on relevant findings and support the installation SPPC with the installation Suspected Suicide Fatality Analysis and Review Board (S2FRAB).

(k) The SRT will assign roles and responsibilities, establish reporting timelines, and designate responsible personnel and resources to produce specific reports and meet deadlines.

(l) The Fort Knox Installation SPPC will help with the coordination for Department of the Army Civilians for support provided by the Employee Assistance Program Coordinator.

d. S2FRAB

(1) Installation S2FRAB will occur in a timely manner and no later than 60 days after a SM suicide death. The installation S2FRAB will generate a memorandum on the findings of the S2FRAB to support higher headquarters and DRU, i.e., USAREC (AR 600-92 paragraph 3-6 for Installation S2FRAB, and Fort Knox Policy Memo #16).

(2) DRU (USAREC, HRC, etc.) commanders and SPPC(s) will conduct S2FRAB(s) in a timely manner for suicide deaths within their area of responsibility based on the decedent's home station. DRU commanders are encouraged to coordinate with their Army Command (ACOM) and their Army Service Component Command (ASCC), and other DRU commanders when a suicide death occurs during TDY, training, or while away from their home station (i.e. USAREC, HRC, USACC CST, or other training).

(3) In addition to the DRU S2FRAB occurring in a timely manner after the death of a SM assigned to a DRU, the DRU commander advised by the DRU SPPC will conduct an S2FRAB annually and generate a memorandum on the findings or report on the findings through the Commander's Ready and Resilient Council (CR2C) governance process and submit to usarmy.pentagon.hqda-dcs-g-9.list.suicide-prevention@army.mil (see AR 600-92, paragraph 3-7 for DRU S2FRAB requirements, and Fort Knox Policy Memo #16).

4. The point of contact is the Fort Knox Installation Suicide Prevention Program Coordinator, Mrs. Dawn S. Lankford, dawn.s.lankford.civ@army.mil or (502) 624-7374.

MAURICE BARNETT
Brigadier General, USA
Commanding

4 Encls
1. DA Form 7747
2. Fort Knox Postvention Checklist
3. DoD Postvention Toolkit for Military Loss
4. DPRR U.S. Army Commander's Suicide Postvention Handbook

COMMANDERS SUSPECTED SUICIDE EVENT REPORT

For use of this form, see AR 600-92; the proponent agency is DCS, G-9.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013, Secretary of the Army, 10 USC 7381, Fatality reviews and DA Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention.

PRINCIPAL PURPOSE: To record information on every suicide or equivocal death which is investigated as a possible suicide.

NOTE: This system of records contains protected health information. The DoD Health Information Privacy Regulation (DoD 6025.18-R) issued pursuant to the Health Insurance Portability and Accountability Act of 1996, applies to most such health information. DoD 6025.18-R may place additional procedural requirements on the uses and disclosures of such information beyond those found in the Privacy Act of 1974, as amended, or mentioned in this system of records notice. For additional information see the System of Records Notice(s) A0600-63 DAPE G-1, Commander's Risk Reduction Toolkit (May 01, 2014, 79 FR 24690) at (https://dpcld.defense.gov/Privacy/SORNsIndex/DOD-wide-SORN-Article-View/Article/570760/a0600-63-dape-g-1/).

ROUTINE USE(S): There are no specific routine uses anticipated for this form; however, it may be subject to a number of proper and necessary routine uses identified in the system of records notice specified in the purpose statement above.

DISCLOSURE: Disclosure is voluntary. However, failure to provide information may result in incorrect identification.

SECTIONS I, II & III TO BE COMPLETED BY THE COMMANDER

COMMANDER	LAST NAME	FIRST NAME	MI	RANK
	INSTALLATION	UNIT	UIC	
DATE TIME GROUP (DTG) OF REPORT	LOCAL DTG			

SECTION I - SERIOUS INCIDENT REPORT (SIR)

(See AR 600-63, paragraph 4-10a.(1); AR 190-45)

SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 24 hours of the incident, IAW AR 190-45, para 9-2b

In accordance with AR 25-22, AR 190–45, and DOD 5400.7–R, information contained in this report is law-enforcement sensitive, confidential and private in nature, and any further distribution *(forwarding to unauthorized personnel)* without the authorization of the reporting command's installation PM or DES will be in violation of the UCMJ and USC.

Line 1	**DATE OF INCIDENT:**	
Line 2	**TIME OF INCIDENT:**	
Line 3	**LOCATION OF INCIDENT:**	☐ On-Post ☐ Off-Post

Line 4 — DECEDENT'S INFORMATION

a. NAME: _____ (Last) _____ (First) ____ (MI)
b. RANK: _____
c. DOD ID: _____
d. COMPONENT/DUTY STATUS: _____ / _____
e. PMOS/BRANCH: _____ / _____
f. SEX: _____
g. DATE OF BIRTH *(YYYYMMDD)*: _____
h. AGE: _____
i. RACE/ETHNICITY: _____ / _____
j. UNIT: _____

Line 5 — SUMMARY OF INCIDENT *(Limited to 250 words. Use continuation page as necessary.)*

Line 6 — NEXT OF KIN NOTIFICATION IAW AR 638-8, CHAPTER 4

a. NAME: _____
b. RELATIONSHIP: _____
c. NOTIFIED: _____

Line 7 — UNIT POINT OF CONTACT

a. NAME: _____
b. RANK: _____
c. E-MAIL: _____
d. TELEPHONE: _____

SECTION I - SERIOUS INCIDENT REPORT (SIR)

COMMANDER'S SIGNATURE		**DATE**

SECTION II – COMMANDER'S INITIAL REPORT *(Page I of II)*

(All data points for Section II are contained within the Commander's Risk Reduction Toolkit (CRRT))

SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 5 days of the incident, IAW AR 600-63, para 4-10a.(2)(e)

COMMANDER	LAST NAME	FIRST NAME	MI	RANK
	INSTALLATION	UNIT	UIC	
DECEDENT	LAST NAME	FIRST NAME	MI	RANK
	DOD ID	DATE OF DEATH	UNIT	

Line A — **TIME IN SERVICE:** YEARS: _____ MONTHS: _____

Line B — **EDUCATION:** *(Indicate highest level completed)*

☐ GED ☐ High School Diploma ☐ Some College Classes ☐ Bachelor's Degree ☐ Master's Degree ☐ Doctoral Degree
☐ Civilian Higher Education

Line C — **UNIT AND DUTY LOCATION:**

Unit of assignment and location: _____

Assigned duty location and positions on date of event: _____

STATUS AT TIME OF EVENT: *(check all that apply)*

☐ Active Duty (AD)
☐ Active Duty Training
☐ In-Active Duty Training
☐ Active Guard Reserve (AGR)
☐ Mobilized Guard or Reserve
☐ Trainee (Basic Training or AIT/WOCS/OBC)
☐ Release from Active Duty Within 120 Days
☐ Scheduled for Released from Active Duty Within Last 120 Days
☐ Retired Guard or Reserve not on AD or Drill Status
☐ Hospitalized
☐ Leave
☐ TDY
☐ Deployed
☐ AWOL

DRILL STATUS:

☐ Troop Program Unit (TPU)
☐ Not Participating
☐ Active with Regular Participation
☐ M-day Soldier

Line D — **ARRIVAL DATE TO CURRENT UNIT:** _____

Was the Service Member new to unit *(arrived within six months prior to death)*? ☐ Yes ☐ No

Line E — **STATUS OF UNIT AT TIME OF INCIDENT:**

☐ Deployed Date: _____ ☐ Redeployed Date: _____ ☐ Pending Deployment Date: _____ ☐ N/A

Line F — **INDIVIDUAL DEPLOYMENT HISTORY:**

☐ Pending Deployment Date: _____ ☐ Currently Deployed ☐ Number of Deployments: _____

Line G — **PCS/LEAVE ISSUES:**

☐ Date of last PCS: _____ Location From: _____ To: _____ ☐ N/A

☐ Stressors During PCS Move

Explain *(financial/family/medical)*: _____

SECTION II - TRAINING

Line H	Resiliency Training	Had the decedent received resiliency training within the last 12 months? If so, which? ☐ Hunt the Good Stuff ☐ Real-Time Resilience ☐ Problem Solving ☐ Put It In Perspective ☐ Avoid Thinking Traps ☐ Detect Icebergs ☐ Mental Games ☐ Strengths in Challenges ☐ Assertive Communication ☐ Identify Strength in Self and Others ☐ Active Constructive Responding and Effective Praise ☐ Activating Events – Thoughts – Consequences ☐ Other Regulatory Required Training	☐ Yes ☐ No ☐ N/A
Line I	Suicide Prevention/Awareness/Deterrence	Had the decedent taken suicide training within the past 12 months?	☐ Yes ☐ No ☐ N/A
Line J	Army Physical Fitness Test (APFT)	Had the decedent taken an APFT within the last 12 months: APFT Score: _____ ☐ Pass ☐ Fail	☐ Yes ☐ No ☐ N/A
Line K	Failure to meet Army Body Composition Program (ABCP)	Had the decedent been counseled on or enrolled in ABCP?	☐ Yes ☐ No ☐ N/A

SECTION II – COMMANDER'S INITIAL REPORT *(Page I of II)*

(All data points for Section II are contained within the Commander's Risk Reduction Toolkit (CRRT))

SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 5 days of the incident, IAW AR 600-63, para 4-10a.(2)(e)

SECTION II - LEGAL ISSUES			
Line L	Article 15 (Pending or Completed)	Did the decedent have any documented non-judicial punishment (Article 15s) on his/her record that was either forthcoming or already applied within the last 12 months?	☐ Yes ☐ No ☐ N/A
Line M	Court Martial (Pending or Completed)	Had charges been preferred against the decedent or had they been court-martialed in the last 12 months?	☐ Yes ☐ No ☐ N/A
Line N	Under Investigation	Was the decedent under investigation (a unit preliminary inquiry or AR 15-6; CID; or MPI)? If **YES**: Date Investigation Began: _____	☐ Yes ☐ No ☐ N/A
Line O	Civilian Felony Charges	Was the decedent facing civilian misdemeanor or felony charges at the time of his/her death?	☐ Yes ☐ No ☐ N/A
Line P	Crime Involving Minor	Was the decedent facing charges for child abuse, kidnapping a minor, sexual misconduct with a minor, possessing child pornography, or any other crime involving a person under the age of full legal responsibility?	☐ Yes ☐ No ☐ N/A
Line Q	Arrest Warrant	Was there an outstanding arrest warrant for the decedent at the time of death?	☐ Yes ☐ No ☐ N/A
Line R	Prior Incarceration	Had the decedent spent any time in jail for any previous crimes?	☐ Yes ☐ No ☐ N/A
SECTION II - SLEEP ISSUES			
Line S	Diagnosed Sleep Disorder	Was the decedent diagnosed by a medical or behavioral health professional with a sleep disorder of some kind such as sleep apnea, insomnia, narcolepsy, parasomnia, etc. whether mild or severe?	☐ Yes ☐ No ☐ N/A
SECTION II - BEHAVIORAL HEALTH ISSUES / ASSESSMENT			
Line T	Pre-Existing Mental Health	Are you aware if the decedent had mental health issues prior to enlistment or commissioning?	☐ Yes ☐ No ☐ N/A
Line U	Behavioral Health Physical Profile (DA Form 3349)	If the decedent had a Behavioral Health condition with duty limitation was there a DA Form 3349, Physical Profile?	☐ Yes ☐ No ☐ N/A
Line V	TBI (Traumatic Brain Injury) (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with TBI?	☐ Yes ☐ No ☐ N/A
SECTION II - WORK ISSUES			
Line W	Disciplinary (AWOL/FTR)	Had the decedent been reported as absent without leave (AWOL)/Failure to Report (FTR) prior to taking his/her own life?	☐ Yes ☐ No ☐ N/A
Line X	Suspension of Favorable Personnel Action (FLAG)	Was the decedent flagged under AR 600-8-2 for any other reason? If yes, why? _____	☐ Yes ☐ No ☐ N/A
Line Y	Deployment Issues (Include multiple deployments)	Had the decedent experienced elevated stress levels or home and/or family issues due to extended time in combat, multiple deployments, etc. that were noted as stressors contributing to the decedent deciding to take his/her own life?	☐ Yes ☐ No ☐ N/A
Line Z	TDY Issues (i.e. schools, training)	Had the decedent experienced elevated stress levels or home and/or family issues due to government imposed separation from family, i.e. temporary duty such as schooling, training, etc. that were noted as stressors contributing to the decedent deciding to take his/her own life?	☐ Yes ☐ No ☐ N/A

SECTION II – COMMANDER'S INITIAL REPORT *(Page I and II)*

COMMANDER'S SIGNATURE		**DATE**

SECTION III – COMMANDER'S FINAL REPORT

SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 60 days of the incident

DECEDENT	LAST NAME	FIRST NAME	MI	RANK
	DOD ID	DATE OF DEATH	UNIT	

SECTION III - RELATIONSHIPS

Line 1	**FAMILY MEMBERS** *(List name, address, and relationship of next of kin (i.e. spouse, natural, adopted, step, and illegitimate children, parents, persons standing in loco parentis, sisters, brothers, grandparents)*. Limit interviewees to 10 or less Family members. Use separate sheet if necessary.		
	☐ Dual Military ☐ Single Parent		
Line 2	**MARITAL/SIGNIFICANT OTHER RELATIONSHIP AND STATUS** *(check all that apply)*: ☐ Never Married ☐ Separated/Estranged ☐ Divorce Pending ☐ Significant Other ☐ Married – Number of Years: _____ ☐ Number of Times Married: _____ ☐ Divorced – Date of Divorce: _____		
Line 3	Marital Status Change of Decedent	Was the decedent involved in a legal separation or divorce at any time?	☐ Yes ☐ No ☐ N/A
Line 4	Marital Status Change of Decedent Parents	Were the parents of the decedent involved in a legal separation or divorce at any time?	☐ Yes ☐ No ☐ N/A
Line 5	Non-Marital Relationship Change (Opposite Sex)	Was the decedent involved in the separation or breakup of an opposite sex cohabitation relationship with a significant other, or in the involuntary termination of a relationship with significant other?	☐ Yes ☐ No ☐ N/A
Line 6	Non-Marital Relationship Change (Same Sex)	Was the decedent involved in the separation or breakup of a same-sex cohabitation relationship with a significant other, or in the involuntary termination of a relationship with a significant other?	☐ Yes ☐ No ☐ N/A
Line 7	Loss of Child Custody	Did the decedent experience the loss of custody of a child?	☐ Yes ☐ No ☐ N/A
Line 8	Altercation (Physical or Verbal)	Was the decedent involved in one or more verbal or physical altercations within the last 3 months with a family member, as defined in the parentheses? Family Member: (father, mother, spouse, domestic partner, (opposite or same sex), son, daughter, grandfather, grandmother)	☐ Yes ☐ No ☐ N/A
Line 9	Domestic Abuse of the Decedent	Was the decedent the victim of any form of domestic abuse within the last 3 months: physical, psychological or sexual (childhood, adolescence, or adulthood) prior to death?	☐ Yes ☐ No ☐ N/A
Line 10	Domestic Abuse by Decedent on Family	Was the decedent the perpetrator of domestic abuse on any family member at any time within the last 3 months: physical, psychological or sexual (childhood, adolescence, or adulthood) prior to death?	☐ Yes ☐ No ☐ N/A
Line 11	Infidelity of Spouse or Significant Other (Actual)	Did the spouse or significant other have sexual relations with anyone other than the decedent within the last 3 months?	☐ Yes ☐ No ☐ N/A
Line 12	Infidelity of Spouse or Significant Other (Suspected)	Was the decedent upset or seemingly negatively affected by suspected but unproven infidelity of the spouse or significant other within the last 3 months?	☐ Yes ☐ No ☐ N/A
Line 13	Physical/Geographical Separation (Self-Imposed)	Was the spouse or significant other no longer domiciled with the decedent resulting in a self-imposed, or family-imposed status of "geo-bachelor" that was reported to have possibly influenced the attitudes or actions of the decedent?	☐ Yes ☐ No ☐ N/A

SECTION III – COMMANDER'S FINAL REPORT *(Continued)*
SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 60 days of the incident

SECTION III – LIVING ARRANGEMENTS

Line 14

LIVING ARRANGEMENTS AT TIME OF INCIDENT: *(check all that apply)*. If both are selected additional comments are required.

☐ On Post ☐ Off-Post Explain:

☐ Barracks

☐ Family Housing _____

IDENTIFY ADDITIONAL LIVING ARRANGEMENTS CONDITIONS:

☐ Living Alone

☐ Living with Someone

☐ Family Member ☐ Roommate ☐ Friend ☐ Significant Other

☐ Homeless

☐ Shelter ☐ Car ☐ Street ☐ Other (Explain): _____

☐ Other (Explain):

_____

SECTION III – PREVIOUS SUICIDE ATTEMPTS / SELF INJURY

Line 15	Number of Previous Suicide Attempts	How many times had the decedent previously attempted to end his/her life? _____	
Line 16	Prior Self-Injury Events (ideations, attempts, overdose, cutting, etc.)	Number of events: _____	
	SECTION III – SUICIDE INDICATOR(S)		
Line 17	Suicide Ideations	Was there any evidence the decedent had thoughts of engaging in suicide-related behavior?	☐ Yes ☐ No ☐ N/A
Line 18	Suicide Plans	Was there any evidence the decedent had made any plans regarding a self-initiated action that facilitates self-harm or a suicide attempt?	☐ Yes ☐ No ☐ N/A
Line 19	Suicide Attempts	Was there any evidence the decedent carried out a self-directed potentially injurious behavior with the intent to die?	☐ Yes ☐ No ☐ N/A
Line 20	Denied Ideations	Did spouse, family members, friends, workmates, significant others, or bystanders believe decedent showed suicidal behavior yet subject denied?	☐ Yes ☐ No ☐ N/A
	SECTION III – SUICIDE CONCERN		
Line 21	Behavioral Health Professional/ Paraprofessional Expressed Concern	Were behavioral health personnel aware of any of the indicators cited in the report?	☐ Yes ☐ No ☐ N/A
Line 22	Chaplain or Clergy Expressed Concern	Were chaplain or clergy, aware of any of the indicators cited in the report?	☐ Yes ☐ No ☐ N/A
Line 23	Chain of Command Expressed Concern	Was chain of command aware of any of the indicators cited in the report?	☐ Yes ☐ No ☐ N/A
Line 24	Battle Buddy or Friend Expressed Concern	Were friends or battle buddies aware of any of the indicators cited in the report?	☐ Yes ☐ No ☐ N/A
Line 25	Family Members Expressed Concern	Were family members aware of any of the indicators cited in the report?	☐ Yes ☐ No ☐ N/A
	SECTION III – SUICIDE NOTE		
Line 26	Suicide Note Mentioned	Is the existence of a suicide note mentioned in the report?	☐ Yes ☐ No ☐ N/A
Line 27	Suicide Note Narrative	Is the suicide note included in the report? A "note" can consist of electronic text messages authored prior to the suicide, or a handwritten or typed note of any length.	☐ Yes ☐ No ☐ N/A

SECTION III – COMMANDER'S FINAL REPORT *(Continued)* SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 60 days of the incident			
SECTION III – SUICIDE NOTE *(Continued)*			
Line 28	Suicide Date Coincide With Key Dates	Does Suicide Date Coincide with other anniversary dates (i.e., suicide or deaths of relatives, divorce, birthdays, separation, etc.)?	☐ Yes ☐ No ☐ N/A
SECTION III – DEATH EXPOSURE			
Line 29	Suicide Exposure - Family Member	Had the decedent lost a family member to suicide?	☐ Yes ☐ No ☐ N/A
Line 30	Suicide Exposure – Non-Family	Had the decedent lost a fellow Soldier up to battalion level, civilian friend, coworker, or other important person (non-family member) to suicide?	☐ Yes ☐ No ☐ N/A
Line 31	Suicide Ideation - Family Member	Had the decedent been exposed to suicide ideations, planned suicide, or attempts by a family member?	☐ Yes ☐ No ☐ N/A
Line 32	Suicide Ideation – Non-Family Member	Had the decedent been exposed to suicide ideations, planned suicide, or attempts by a non-family member?	☐ Yes ☐ No ☐ N/A
Line 33	Non-Suicide Death - Family Member	Had the decedent experienced the death of a family member (father, mother, spouse, domestic partner (opposite sex or same-sex), parent of domestic partner, son, daughter, grandfather, grandmother)?	☐ Yes ☐ No ☐ N/A
Line 34	Non-Suicide Death Non-Family	Had the decedent experienced the non-suicidal death of a fellow Soldier, civilian friend, coworker, or other important person?	☐ Yes ☐ No ☐ N/A
SECTION III – SLEEP ISSUES			
Line 35	Sleep Cycle Disturbance	Did the investigating officer report the interruption of a normal sleep cycle as part of the complex of negative issues leading up to the suicide or were there any reported issues of the decedent having sleeplessness, nightmares, suddenly waking, etc.?	☐ Yes ☐ No ☐ N/A
Line 36	Prescription or OTC Drug Use	Was the decedent prescribed, or did the decedent take a prescription or over-the-counter (OTC) sleep aid medication?	☐ Yes ☐ No ☐ N/A
SECTION III – BEHAVIORAL HEALTH ISSUES / ASSESSMENT			
Line 37	Depression (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with a condition labeled as "depression," whether mild or severe?	☐ Yes ☐ No ☐ N/A
Line 38	eProfile (Behavioral Health)	If there was an eProfile documenting decedent's Behavioral Health condition with duty limitations, was the Command Team aware?	☐ Yes ☐ No ☐ N/A
Line 39	Depression (Self -Reported)	Did the decedent label himself or herself as "depressed" or suffering from "depression," whether mild or severe?	☐ Yes ☐ No ☐ N/A
Line 40	Anxiety (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with a condition labeled as "anxiety," whether mild or severe?	☐ Yes ☐ No ☐ N/A
Line 41	Anxiety (Self-Reported)	Did the decedent label himself or herself as "anxious" or suffering from "anxiety," whether mild or severe?	☐ Yes ☐ No ☐ N/A
Line 42	PTSD (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with a condition labeled as Post-Traumatic Stress Disorder (PTSD) whether mild or severe?	☐ Yes ☐ No ☐ N/A
Line 43	Undisclosed (Clinical Diagnosis)	Was the decedent diagnosed by a medical or behavioral health professional with a behavioral health (BH) condition other than those named immediately above that was named or unnamed but referred to as probably influencing the decision to attempt and complete suicide?	☐ Yes ☐ No ☐ N/A
Line 44	Behavioral Health Appointment No-Show	Did the decedent fail to keep one or more scheduled appointments with a (BH) professional?	☐ Yes ☐ No ☐ N/A
Line 45	High Risk Previously Unknown Due to Transfer	a) Had the decedent been labeled as "high risk" prior to joining the unit where the suicide was completed? b) Was this "high risk" characterization unknown to the current command until after the suicide?	☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A

SECTION III – COMMANDER'S FINAL REPORT *(Continued)* SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 60 days of the incident			
SECTION III – BEHAVIORAL HEALTH ISSUES / ASSESSMENT *(Continued)*			
Line 46	Victim of Teasing, Bullying or Hazing	Was the victim the object of teasing, bullying or hazing for any reason (racial, sexual, religious, etc.) by leaders or peers, or for any other reason identified by the IO, while assigned to the current unit?	☐ Yes ☐ No ☐ N/A
Line 47	Prolonged Stress	Did the investigation determine that the decedent had been subjected to continuous stress or high stress for an unspecified but significant period of time prior to the suicide?	☐ Yes ☐ No ☐ N/A
Line 48	Violent Behavior as Perpetrator	Did the decedent have a criminal history or record, military or civilian, of violent behavior against non-family members?	☐ Yes ☐ No ☐ N/A
Line 49	Prior Self-Injury Events Such As Cutting	Had the decedent engaged in cutting or other forms of self-mutilation?	☐ Yes ☐ No ☐ N/A
SECTION III – BEHAVIORAL HEALTH ISSUES / ASSESSMENT - POST DEPLOYMENT			
Line 50	Post Deployment Health Assessment Last 12 Months	Did the decedent take the Post Deployment Health Assessment or Post Deployment Health Reassessment within the 12 months prior to the suicide? (This question and the two immediately following assess the utility of the DHAP family of assessments.)	☐ Yes ☐ No ☐ N/A
Line 51	Post Deployment Health Assessment Issues	If the decedent did take either or both of the assessments, were any behavioral health issues identified?	☐ Yes ☐ No ☐ N/A
Line 52	Post Deployment Health Assessment Follow Up	If the decedent took either of the assessments and BH issues were identified, did the decedent and the command follow up and complete all of the treatments recommended issues or prescribed?	☐ Yes ☐ No ☐ N/A
SECTION III – WORK ISSUES			
Line 53	Toxic Leadership	Was the decedent subjected to a toxic work environment by superiors at the time of death?	☐ Yes ☐ No ☐ N/A
Line 54	High Stress Work Related	Was the decedent in a job in which he/she was subjected to constant high stress? Was the decedent threatened with adverse action if performance declined? If the answer to either question is "Yes," then the response is "Yes."	☐ Yes ☐ No ☐ N/A
Line 55	Responsible for Battle Buddy	Did the decedent express grief/remorse and feel responsible for the injury or death of a battle buddy?	☐ Yes ☐ No ☐ N/A
Line 56	Substandard Military Performance	Had the decedent been cited/counseled for substandard military work performance by leadership? The insertion of word "military" clarifies for Reservists that this question is not about civilian employment, but military.	☐ Yes ☐ No ☐ N/A
Line 57	Security Clearance Difficulties	Did the decedent have a security clearance revoked/denied due to personal, behavioral, legal, financial issues, or did he/she fear it would be revoked or denied if he/she came forward?	☐ Yes ☐ No ☐ N/A
Line 58	Academic Failure or Non-Selection	Did the decedent experience a decline/failure in academic or job-related work?	☐ Yes ☐ No ☐ N/A
Line 59	Deployment Issues (Include Multiple Deploy)	Had the decedent experienced elevated stress levels or home and/or family issues due to extended time in combat, multiple deployments, etc. that were noted as stressors contributing to the decedent deciding to take his/her own life?	☐ Yes ☐ No ☐ N/A
Line 60	Deployment Pending With Orders Received	Had the decedent received official notification of deployment through the receipt of orders (verbal or written)?	☐ Yes ☐ No ☐ N/A

SECTION III – COMMANDER'S FINAL REPORT *(Continued)* SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 60 days of the incident			
SECTION III – WORK ISSUES *(Continued)*			
Line 61	Potential Forced Separation	a) Was the decedent facing non-voluntary separation from the Army? b) Had the decedent been barred from reenlistment either from an administrative separation (non-judicial) or a punitive discharge (court-martial)?	☐ Yes ☐ No ☐ N/A ☐ Yes ☐ No ☐ N/A
Line 62	Elected Separation or Retirement	Had the decedent voluntarily decided to separate or retire from the Army, and was experiencing anxiety over the anticipated difficulty of adjusting to civilian life?	☐ Yes ☐ No ☐ N/A
Line 63	Unemployment Underemployment (RC Only)	**RC Specific:** When not on AD or ADT, was decedent unemployed, underemployed, or involuntarily employed just part time? (This question pertains only to ARNG and USAR Soldiers. It pertains to those whose most enduring employment is short or long tours with the Army and to whom civilian employment is a stop gap situation while awaiting the next tour. (Active Guard/ Reserve (AGR)/Mday/troop program unit (TPU) assignments).	☐ Yes ☐ No ☐ N/A
Line 64	Unemployment Forced (RC Only)	**RC Specific:** Was there civilian employment layoff; firing; demotion; work reduction; reduction in benefits? (This question pertains only to ARNG and USAR Soldiers. It pertains to those whose most enduring employment is civilian employment, and for whom AD or ADT tours may be considered an interruption of civilian career progression. Was there a layoff; firing; demotion; work reduction; reduction in benefits or loss of hours? This question complements and completes the picture derived from previous RC question, developing an understanding of the degree to which civilian employment was source of uncertainty and stress.)	☐ Yes ☐ No ☐ N/A
SECTION III – SOCIAL ISOLATION			
Line 65	Lack of Social Skills	Did the decedent have more difficulty than most peers interacting/ conversing with others?	☐ Yes ☐ No ☐ N/A
Line 66	Sense of Inadequacy	Did the decedent show any signs of feeling like a failure; feelings of not being "good enough", low self-worth, incompetence, powerlessness, and even shame; or less successful than peers and/or subordinates?	☐ Yes ☐ No ☐ N/A
Line 67	Service Member Self-Isolated	Did the decedent seem to withdraw from his/her normal level of social interaction? Was he/she seen as a loner?	☐ Yes ☐ No ☐ N/A
Line 68	Behavioral Change Worsen	Did the Soldier's behavior (eating, sleeping, social interactions, alcohol/drug use, gambling, fighting, spending, etc.) or attitudes change for the worse prior to his/her death? (The question immediately below asks if the decedent's behavior or attitudes improved shortly before the suicide. This question asks about the more frequent symptom where behavior and attitudes worsen before the suicide as the individual feels ever more hopeless.)	☐ Yes ☐ No ☐ N/A
Line 69	Behavioral Change Improve	Did the decedent show improved behavior, mood, social interactions or work performance shortly before the suicide because the evident decision to commit suicide presented a "solution" and had "resolved" the decedent's problems?	☐ Yes ☐ No ☐ N/A
SECTION III – FINANCIAL ISSUES			
Line 70	Indebtedness	Did the decedent express concerns of excessive debt or was there known or reported excessive debt? (Not credit card debt.)	☐ Yes ☐ No ☐ N/A
Line 71	Bankruptcy	Was decedent facing or did he/she file for bankruptcy?	☐ Yes ☐ No ☐ N/A
Line 72	Credit Card Issues	Did the decedent express concerns of excessive credit card debt?	☐ Yes ☐ No ☐ N/A

SECTION III – COMMANDER'S FINAL REPORT *(Continued)* SUBMIT TO: usarmy.pentagon.hqda-dcs-g-1.mbx.csser@mail.mil within 60 days of the incident			
SECTION III – FINANCIAL ISSUES *(Continued)*			
Line 73	SGLI or Civilian Life Insurance Motivated	Did the decedent seem to be motivated to commit suicide due to the belief that the family would be better taken care of because of an existing life insurance policy (SGLI or civilian)?	☐ Yes ☐ No ☐ N/A
Line 74	Theft of Assets by Family Member(s)	Did the decedent claim or report that family member(s) were depleting/had depleted bank accounts or other assets without permission?	☐ Yes ☐ No ☐ N/A
Line 75	Applied or Received Personal Loan	Had the decedent applied for or received a personal loan? This refers to an AER or a loan from a business, but not a loan from a private person.	☐ Yes ☐ No ☐ N/A
SECTION III – MEDICAL / DRUG ISSUES			
Line 76	Pain Requiring Medication	Had the decedent experienced any health issues that required pain medication either prescribed or OTC?	☐ Yes ☐ No ☐ N/A
Line 77	Significant Health Issues for Family Members	Was a family member of the decedent facing significant health issues in the judgment of the decedent or competent medical authority, and needing extra care for their condition and, if so, did this seem to impose a physical, emotional or time burden on the decedent?	☐ Yes ☐ No ☐ N/A
Line 78	Medical Responsibility for Family	Was the decedent responsible for providing care for and/or covering medical costs for Family?	☐ Yes ☐ No ☐ N/A
Line 79	Decedent Facing Serious Illness	Was the decedent confronted with a serious illness or medical condition that could significantly impair his/her current life style or employment prospects, military or civilian?	☐ Yes ☐ No ☐ N/A
Line 80	Decedent Facing Medical Evaluation Board (MEB); Physical Evaluation Board (PEB); MOS/Medical Retention Board (MMRB)	Was the decedent facing a MEB, PEB, or MMRB for a medical condition that potentially jeopardized the decedent's ability to do his/her job?	☐ Yes ☐ No ☐ N/A
SECTION III – DRUG / ALCOHOL ISSUES			
Line 81	History of Drug Abuse	Were there any known or recorded past abuses of drugs?	☐ Yes ☐ No ☐ N/A
Line 82	Drug Presence TOD	Were illegal, prescription or over-the-counter drugs present at the scene or noted as present in the toxicology report from the autopsy at the time of death (TOD)?	☐ Yes ☐ No ☐ N/A
Line 83	History of Alcohol Abuse	Were there known or recorded past instances of abuse or excessive consumption of alcohol?	☐ Yes ☐ No ☐ N/A
Line 84	Alcohol Presence TOD	Was alcohol present at the scene or noted as present in the toxicology report from the autopsy at the time of death (TOD)?	☐ Yes ☐ No ☐ N/A
Line 85	Mood Altering Medications	Had the decedent been prescribed psychotropic drugs for emotional or mental disorders?	☐ Yes ☐ No ☐ N/A
SECTION III – LEADERSHIP / FAMILY ENGAGEMENT			
Line 86	Engaged with Behavioral Health Professional/Paraprofessional	Did the decedent undergo treatment by trained behavioral health professionals who are credentialed or licensed as psychiatrists, clinical or counseling psychologists, social workers, or psychiatric clinical nurse specialists to receive help?	☐ Yes ☐ No ☐ N/A
Line 87	Engaged With Chaplain Clergy	Did the decedent meet or speak with a unit or installation Chaplain or civilian Clergy to receive necessary help? (Guard Confidential Communications per AR 165-1, Chapter 16)	☐ Yes ☐ No ☐ N/A
Line 88	Command Visibility	Was there evidence that leaders of the command (company or battalion) were aware of the decedent's propensity for high risk or suicidal behavior?	☐ Yes ☐ No ☐ N/A

SECTION III – COMMANDER'S FINAL REPORT *(Continued)*
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SECTION III – LEADERSHIP / FAMILY ENGAGEMENT *(Continued)*

Line 89	Engaged with Chain of Command	Was the Chain of Command active in helping the decedent in receiving necessary services or program assistance?	☐ Yes ☐ No ☐ N/A
Line 90	Engaged with Battle Buddy or Friend	Did a Battle Buddy assist the decedent in getting help or reporting the situation to Chain of Command?	☐ Yes ☐ No ☐ N/A
Line 91	Engaged With Spouse or Significant Other	Did the spouse/domestic partner assist the decedent in getting help or reporting situation to Chain of Command?	☐ Yes ☐ No ☐ N/A
Line 92	Engaged With Family (Non-Spouse)	Did family members assist the decedent in getting help or reporting situation to Chain of Command?	☐ Yes ☐ No ☐ N/A
Line 93	Engaged with Others	Did other persons assist the decedent in getting help or reporting situation to Chain of Command?	☐ Yes ☐ No ☐ N/A

SECTION III – GUN SHOT WOUND ISSUE(S)

Line 94	Military Weapon	Was the weapon a military weapon?	☐ Yes ☐ No ☐ N/A
Line 95	Private Weapon Owned	Was the weapon owned by the decedent?	☐ Yes ☐ No ☐ N/A
Line 96	Private Weapon Borrowed	Was the weapon borrowed by the decedent?	☐ Yes ☐ No ☐ N/A
Line 97	Registered With Installation or Unit	Was the weapon registered on the installation or in the unit? (On-post weapons only)	☐ Yes ☐ No ☐ N/A

CONTINUATION / ADDITIONAL COMMENTING:

SECTION III – COMMANDER'S FINAL REPORT

COMMANDER'S SIGNATURE		**DATE**

Fort Knox Postvention Checklist for SM Suicide*

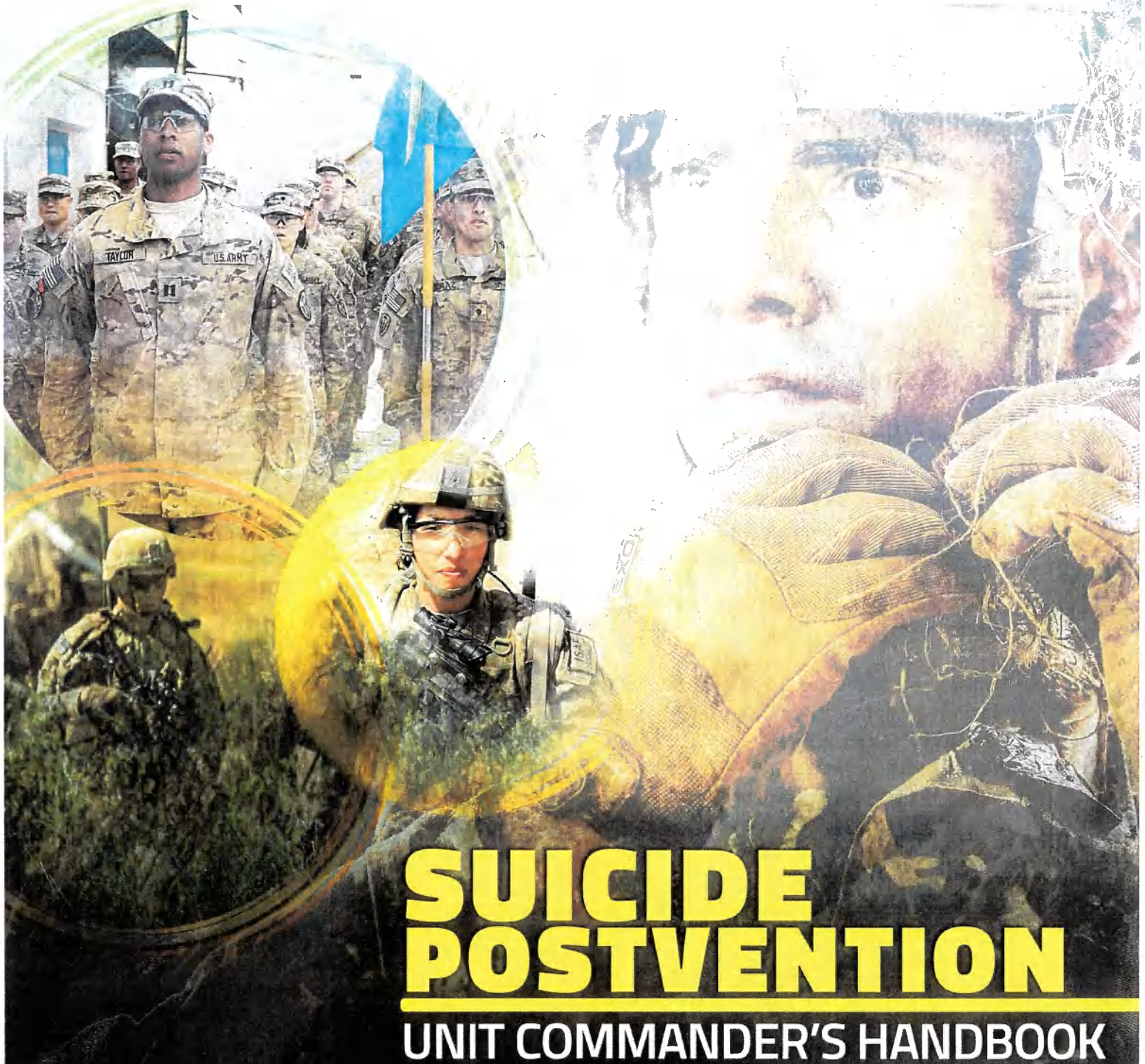
#	Action	Responsibility	Timeline	Date Completed	Remarks
1	Stop all activity and ensure safety of others; call 911, Company Commander DES, and secure area until DES takes charge	Senior Soldier on-site	a.s.a.p.		
2	Immediately inform the SM Battalion Commander/Command Sergeant Major and Unit Chaplain	Company Commander	a.s.a.p.		
3	Contact the Casualty Assistance Center (CAC) of SM place of duty and provide the Soldier's most recent DD Form 93 & Service Member Group Life Insurance (SGLI)	Company Commander	a.s.a.p.		
4	Contact SM BDE CDR, IOC, CAC, SPPC and DHR Director and forward the SIR to each office	BN Commander	a.s.a.p.		
5	Immediately inform the SM Brigade Command Sergeant Major and Brigade Chaplain	BDE Commander	a.s.a.p.		
6	Initiate a staff journal/chronology to record all events following the incident	Battalion XO	a.s.a.p.		Will be used as part of the review board
7	Establish a "control center" in the battalion headquarters and serve as the single point of contact for the commander on all issues relative to the death	Battalion XO	a.s.a.p.		
8	Inform battalion staff	Battalion XO	a.s.a.p.		
9	Complete Section I of DA Form 7747	SM Commander	I + 24 hr		
10	Complete the DA 4187; Change of Duty Status	Unit S1	I + 24 hr		
11	Initiate Summary Court Martial Officer appointment memorandum; the SCMO will immediately report to the CAC	SM Commander	I + 24 hr		
12	Determine the Soldier's religious preference and coordinate special requirements if necessary	SM Unit Chaplain	I + 24 hr		
13	Instlation SPPC begins developing notes for the Senior Commander's installation-wide Suspected Suicide Fatality Review Board (S2FRAB)	SPPC	a.s.a.p.		
14	Garrison Commander, with assistance from the CAC and SPPC, will convene the SRT and assemble the needed community resources for a death by suicide or suspected suicide	Garrison Commander	I + 24 hr		
15	The Garrison Commander will provide an executive summary to the Senior Commander and affected unit commander on the SRT actions and recommendations	Garrison Commander	I + 48 hr		
16	Start coordinations for unit memorial and serve as the single point of contact	Unit Chaplain	I + 48 hr		
17	Prepare posthumous award and deliver final approved award to the Fort Knox CAC	Company Commander	I + 48 hr		
18	Initiate Line of Duty Investigation	SM Commander	I + 48 hr		

Fort Knox Postvention Checklist for SM Suicide*

#	Action	Responsibility	Timeline	Date Completed	Remarks
19	Provide CAC with a Unit Escort NLT 48 hours after death to escort the Soldier's remains to the receiving funeral home. Escort must report to CAC for a briefing.	SM Commander	I + 48 hr		
20	Provide CAC with a Unit Representative for the funeral. Unit representative and Remains Escort can be the same person.	SM Commander	I + 48 hr		
21	Prepare a letter of condolence or sympathy to the Primary NOK as soon as PNOK has been notified.	SM Commander	When possible		
22	Process posthumous DA 638; provide signed copy to the Company Commander to give to the CAC.	Unit S1	I + 48 hr		
23	If the Soldier was promotable, provide CAC a copy of the posthumous promotion NLT 48 hours after death.	Unit S1	I + 48 hr		
24	Prepare the Soldier's military record for use during unit memorial service	Unit S1	I + 48 hr		
25	Contact CAC to identify and support authorized travelers at government expense	Battalion Commander	When possible		
26	Assist commander in the coordination and delivery of unit memorial	Unit Chaplain	When possible		
27	Promptly inform the Senior Commander and Garrision Commander of unit memorial plans	BDE CDR	When possible		
28	Prepare and deliver appropriate comments regarding the deceased to the unit, during the memorial service/ceremony.	SM Commander	When possible		
29	Installation SPPC will secure a location for the Senior Commander's installation-wide Suspected Suicide Fatality Review Board (S2FRAB)	SPPC	When possible		
30	Garrison Commander will host an Installation-wide Suspected Suicide Fatality Review Board (S2FRAB)	Garrison Commander	60 Days		

* If Service Member is not assigned to Fort Knox as a permanent party, home station CAC and Command Team will take lead as soon as initial event (steps 1-2) are completed.

ARMY RESILIENCE DIRECTORATE



SUICIDE POSTVENTION

UNIT COMMANDER'S HANDBOOK

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Unit Commander's Suicide Postvention Handbook

This handbook provides guidance to Commanders to help them effectively lead their units through suicide postvention activities. Postvention refers to a range of activities following a suicide and is a part of the overall spectrum of suicide prevention. This guide will support Commander-led efforts to reset the readiness of the unit through identification of the key tasks and resources required to execute an effective suicide postvention process that destigmatizes the tragedy, operationalizes the aftermath, and promotes individual and unit recovery.

What is Suicide Postvention?

Postvention consists of the structured activities following a suicide attempt or death by suicide that promote recovery and healing among those affected. Postvention includes support to the bereaved, but also assistance to anyone whose risk of suicide might increase in the aftermath of suicide behaviors. Postvention efforts enhance suicide prevention by providing behavioral health, spiritual, and community support services to individuals affected. A Commander's adherence to structured postvention activities and collaboration with subject matter experts in the medical, behavioral health, and community support services are critical components that help meet postvention objectives.

This guide will provide tips, techniques, and practices to meet two of the three postvention objectives:

1) Set a foundation for healthy grieving and facilitate healing of individuals and the unit.
2) Prevent other negative effects of exposure to suicide through identification and referral of those most at risk for behavioral health concerns, including suicide behaviors. Similar to grieving the loss of a Soldier in combat, the primary, long term objective of the postvention process is to return the unit to its state of readiness prior to the event.

The third objective of postvention is to safely memorialize the deceased, and is covered in AR 600-20, Chapter 5-7.

Soldiers benefit from an active postvention approach where support and resources (for example, grief counseling, support groups, and peer mentoring) are offered directly and as soon as possible following a death or a suicide attempt - within hours, if possible and appropriate. Commanders should consult their Installation Director of Psychological Health, unit assigned Behavioral Health Officer (BHO), or assigned Embedded Behavioral Health team for specific support and approaches after a suicide attempt. Proactive postvention can help confront and stabilize any suicide-specific issues among Soldiers.

Commanders should examine their own beliefs and assumptions about suicidal behaviors, as their thoughts and feelings toward suicide can, unintentionally or intentionally, influence communication about the death and the nature of their interaction with survivors. Every interaction with a Soldier affected by suicide behaviors is an opportunity to support and advance their healing and provide them hope. Leaders need to actively engage Soldiers early (within 48 hours of the death) and throughout the postvention process so that they receive the support they need.

Three Phases of Postvention

These phases have key concepts and actions to assist Commanders move from Stabilize, through Grieve, and ultimately to Grow.

STABILIZE

1 **Suicide loss is a sudden, traumatic event that results in a number of issues that need to be assessed and stabilized.**

GRIEVE

2 **While Soldiers grieve throughout the postvention phases, the "Grieve" phase focuses specifically on integrating grief into survivors' lives in a healthy and positive way.**

GROW

3 **Assist Soldiers in finding ways to experience post-traumatic growth. Post-traumatic growth is a positive psychological change that can occur after adverse events such as suicide.**

Commanders will take the following actions after a suicide to guide their unit through the three postvention phases.

Stabilize Phase:

Set the foundation to promote recovery and minimize risk.

Conduct official notification.

a. Contact the local Provost Marshal/ Criminal Investigation Division (CID) or civilian law enforcement.
b. Obtain information from the Judge Advocate General and CID on jurisdiction of the scene and medical investigation.
c. Notify the Chain of Command IAW local Commander's Critical Information Request (CCIR)/ Serious Incident Report (SIR) requirements.
d. Commander's G1/S1, or designee, notifies the Casualty Assistance Center, which initiates the casualty notification and assistance process (AR 638-5). Note that the official cause and manner of death may take a year or longer to determine. Until this information is officially determined, Casualty Assistance Officers use other terms such as "apparent self-inflicted wound."
e. Within the first 24 hours, complete section 1 of the Commanders Suspected Suicide Event Report (CSSER-DA Form 7747 in accordance with AR 600-63 and DA PAM 600-24).

Activate Suicide Response Team (SRT).

The Commander will contact the installation Suicide Prevention Program Coordinator who will activate the SRT within 48 hours of a death by suicide. Its function is to assist and advise the Commander as they assess the situation, determine appropriate courses of action, and direct immediate inter-agency and inter-staff actions required of installation resources beyond the purview of the affected unit Commander.

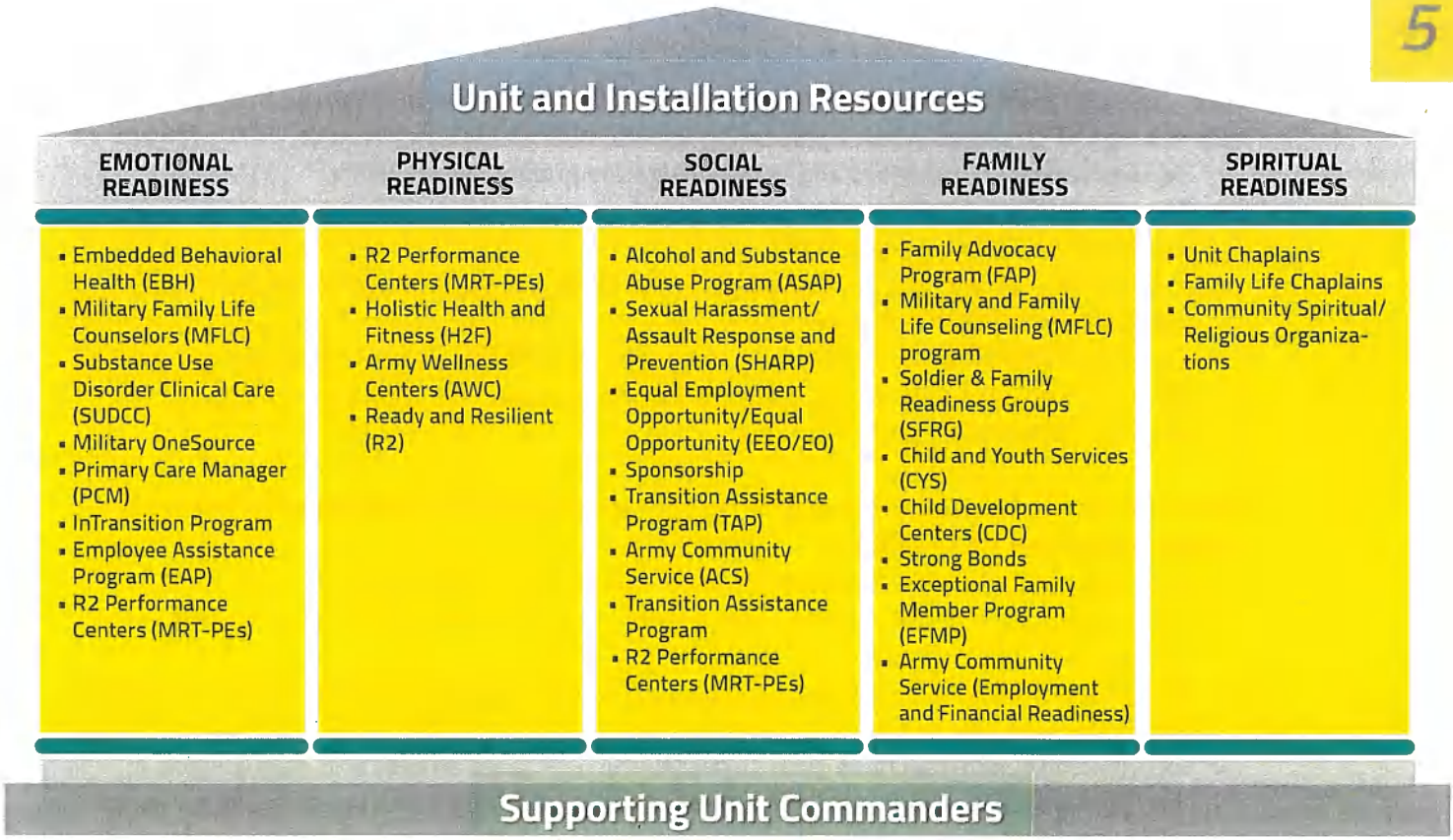
a. **Unit notification and assessment.** In the event of a suicide death, consult with unit assigned Casualty Assistance Officer (CAO), Behavioral Health Provider (BHO or EBH) and unit Chaplain to prepare an announcement to the unit. An effort should be made to notify unit members directly affected by the death in person, in a timely manner, and before others, while respecting the next of kin (NOK) notification. Commanders should request assistance from Chaplain and Behavioral Health Services to assist individuals in the unit with grieving and provide support to individuals impacted by the suicide. Consider having these resources available at the time of notification, when feasible and necessary.

- Consider the following when making the announcement: State that there was a death and that it is apparently self-inflicted. Use the Soldier's name in your announcement only if the NOK notification has been made.
  - » Avoid announcing specific details of the death: Do not mention the method used. Do not announce specific location - announce location as either on-installation or off-installation. Do not announce who found the body, whether or not a note was left, or why the member may have killed himself/herself.
  - » Avoid language that assigns fault or guilt.
- Consider expressing these themes:
  - » Express sadness for the loss and acknowledge the grief of the survivors.
  - » Emphasize that suicide is multi-factored and does not occur as a result of one thing or event. Suicide is not selfish or revengeful. The Soldier may have had a number of negative thoughts and emotions that led to suicide.
  - » Underscore that help is always available.
  - » Reiterate to the audience to seek assistance when distressed, including those who are presently affected by the suicide death.
  - » Encourage Soldiers to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased.
  - » Provide a brief reminder of warning signs for suicide.
- All leaders and Soldiers should assess individuals for any trauma related to the death and refer them for care. Suicide is a traumatic event, particularly when the death occurs in the Family home or in the barracks. Trauma related to the death may need professional treatment and care.
- With the assistance of other leaders, Commanders should assess suicide-specific issues and help survivors navigate these in a way that promotes hope and healing and creates a solid foundation for the grief journey.
- Consider if there are Temporary Duty and deployed fellow unit members who should be notified of the death in a timely manner.
- Notify the Soldier's previous unit of the death, especially if the deceased was a member of the current unit for less than 60 days.

b. **Coordinated and comprehensive community response.** The members of the SRT represent unit assets (i.e. Chaplain), medical, behavioral health and community agencies with subject matter expertise in supporting the Commander and Soldiers with suicide behaviors. The SRT members will:

- Identify compassionate means to assist first responders and bereaved in the handling of practical matters to include cleaning and restoration of the death scene, handling the deceased's personal effects, notification of friends, etc. Helping Soldiers affected by the loss deal with these pragmatic issues can be valuable.
- Identify support services available to the unit and advise the Commander when to use them, how to deploy them, and which Soldiers would benefit from receiving them.
- It is also important to note that an increase in suicide behaviors (suicide contagion) is a serious concern. All media coverage and messages of a fatality related to suicidal behavior should be carefully constructed to minimize risk. Review the responsible media reporting (safe messaging) guide. https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf
- Provide for support of the bereaved. The legacy of stigma connected to suicide and behavioral health may result in social awkwardness, silence, and inaction which could reinforce isolation. Be mindful of the availability (i.e. time) and settings to target resources for support.

The below figure is a sample list of unit and installation resources the SRT can mobilize to support unit Commanders. Activities that enhance resilience skills within these five dimensions can build capabilities required to increase personal readiness and resilience.



c. **Reduce risk.** Some potential command support actions to reduce risk include but are not limited to: ask Soldiers to voluntarily secure weapons until risk subsides, restrict duty assignments based on current medical condition, restrict access to military weapons, conduct an inspection of barracks to remove hazardous items, and encourage periodic check-ins with Soldier.

Initiate death investigation.

Commanders, in accordance with AR 638-8, will initiate an investigation of death and appoint a 15-6 officer to conduct the investigation. The Commander should obtain information from the Judge Advocate General and Criminal Investigation Office on jurisdiction of the scene and medical investigation. Normally, local medical examiners have medical incident authority in these cases but some locations may vary.

Grieve Phase:

Move away from focusing on the cause of death and to emphasizing the life lived and service of the deceased. Take action to facilitate and support healthy grieving.

1. **Increase leadership engagement, formally and informally.** Formal actions should include increasing senior leadership presence in the work area immediately following announcement of a death, unless you discern there is a risk of being perceived as disingenuous. Informal actions include engaging with personnel and communicating messages of support and information. Initially, leadership presence should be fairly intensive, and gradually decrease over the next 30 days to a tempo you find appropriate.

2. **Encourage unit members to seek assistance when distressed, and to message that seeking help is a sign of strength.** When encouraging unit members to seek assistance, do the following:
   - Express sadness for the loss and acknowledge the grief of the survivors.
   - Emphasize that suicide is multi-factored and does not occur as a result of one thing or event. Suicide is not selfish or revengeful.
   - Underscore that help is always available, and provide a list of local resources. Reiterate to seek assistance when distressed.
   - Encourage Soldiers and unit members to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased. Provide a reminder of warning signs for suicide.

3. **Command teams should be familiar with the following information that people bereaved by suicide are likely to find helpful:**
   - Grief in general and what the experience and evolution of mourning is like.
   - Common reactions to suicide loss, such as intense grief, trauma symptoms, guilt, and preoccupation with why the suicide behavior occurred.
   - Physiological responses, such as sleep disruption, appetite loss, and difficulty concentrating or making decisions.
   - Severe or long-term reactions such as depression, increased anxiety or hypervigilance, a changed view of the world, strain in interpersonal relationships, and the possibility of post-traumatic growth.
   - Contact information for programs, services, and treatment.

4. **Make it a priority to assist affected unit members in identifying and connecting with bereavement resources.** Commanders should provide space and time for bereavement and grief in order to help their unit members. Consider having a behavioral health provider, Chaplain, or Military and Family Life Counselor come and meet with the unit, so members in the unit could utilize their services if they choose, thereby providing an active postvention approach and increasing ease of access to resources for those unit members who need it.

5. **Balance the need to grieve and access grief resources with the unit's return to the mission and operational readiness.** Allow sufficient time to grieve and facilitate access to behavioral health resources. As a leader, use your best judgment in determining what and when this return to routine is appropriate and healthy.

6. **Unit Memorial.** The unit memorial is the responsibility of the Command. Its purpose is to assist the Soldiers in the unit in dealing with the realities of death by giving them a means to express their grief, express and receive condolences, and begin the healing process.

   Strive to:

   - Conduct the memorial in the same manner you would any other memorial.
   - Invite the family. Work with the Casualty Affairs Office to communicate information to NOK. Consider filming the memorial and sending the video to NOK.
   - Comfort the grieving by acknowledging their grief and loss. The focus of this message is primarily on grieving unit members. As such, consider a private setting to meet with and comfort Family members prior to the memorial.
   - Memorialize the deceased by saying the deceased's name, and talking about the Soldier's life, service, accomplishments, and contributions.
   - Do not focus on the manner of death and avoid discussing suicide prevention at length.
   - Encourage Service and Family members to seek help. Loss survivors are in a vulnerable state and may be suffering from trauma, spiritual crisis, increased suicide risk, and communication challenges, which may need to be addressed immediately.
   - Deliver the right message at the memorial service to potentially decrease the suicide risk of those receiving the message. Review responsible media reporting/safe messaging: https://www.mentalhealth.va.gov/suicide_prevention/docs/safe_messaging_best_practices.pdf

   As previously stated, all media coverage and messages related to the memorial event should be carefully constructed to minimize risk of suicide contagion.

7. **Anniversaries of suicide (1 month, 6 months, 1 year, etc.) are periods of increased risk for those affected by suicide.** Promote healthy behaviors during this time period and be attuned to those who may be grieving or having a difficult time.

Growth Phase:

An emphasis on the following activities can help survivors grow, build unit cohesion, and instill a culture of help-seeking. These can include individual and/or group interaction, discussions, and/or knowledge building. Postvention efforts in the growth phase usually include efforts to foster and sustain unit cohesion and reduce rumors and/or false narratives.

Develop skills:

Surviving Soldiers may strengthen or develop skills for dealing with stress or traumatic events. Living through a trauma may provide Soldiers with the evidence they need to realize they can be resilient by encouraging candid insights and self-discovery to promote individual, group and/or unit reflection.

Build cohesion:

The experience of coping with a suicide loss may strengthen relationships that survivors have with others in the unit and leaders can emphasize the goal of building unit cohesion. Surviving Soldiers may also build strong bonds with others who have experienced a similar type of loss.

Additional techniques can help leaders promote the growth phase (as adapted from ATP 6-22.5 A Leader's Guide to Health and Fitness)

- Remain flexible and adaptive.
- Mitigate secondary trauma by minimizing vivid descriptions of the deceased's physical condition or means of death.
- Normalize common reactions and reinforce mutual support between team members.
- Affirm shared thoughts, reactions, and grief responses.
- Reinforce respect and recognition of grief reactions in others.
- Mitigate second-guessing or speculation on actions that may or may not have made a difference.
- Normalize the blaming of self or others.
- Emphasize suicidal intentions are not always predictable or evident.
- Stress the value of establishing a trusted and shared support system within the unit.

The postvention response can be complex and Commanders have assets at their disposal to assist in the effective implementation. Utilize the installation suicide prevention program manager, Chaplain, Behavioral Health provider, or others mentioned in this unit Commander's guide.

Appendix: Supplemental Information on the Grieving Phase

Grief is a highly complex but normal and natural human response to the death of a loved one. When the death is sudden, unexpected, and potentially traumatic, as in a death by suicide, the grief process can become complicated by blame, guilt, shame, and anger. Leadership in times of crisis is always an opportunity to reinforce and build trust, confidence, and unit cohesiveness. Feeling cared about and supported in the immediate aftermath of a traumatic event is hugely important in the healing and recovery process. The positive outcomes of this response can contribute to an overall stronger, more cohesive, engaged, and productive unit climate.

Commanders should:

Be aware of what types of unit productivity concessions may be made the first couple of days (lightened duties, funeral attendance, etc.)

Lead from the front by walking around, being visible and checking in with Soldiers.

Help find the right balance between commemorating the deceased, and avoid memorializing the death in a dramatic or glorified fashion.

Be a role model for healthy grieving. Acknowledge and communicate coping strategies for dealing with the loss of a fellow Soldier.

Below is a list of common reactions to loss, the indicators, and resources that Commands can utilize to support the grieving process:

Grieving Reactions

Common Reactions	Indicators	Resources
Sleep Disruption	Difficulty falling asleep and staying asleep	Behavioral Health; Chaplain; Military Family Life Counselor (MFLC)
Appetite Changes	Loss of appetite; weight loss, weight gain	Primary Care Manager; Behavioral Health; Chaplain
Changes in Mental Functioning	Difficulty concentrating, making decisions	Behavioral Health; MFLC; Chaplain;
Complicated Grief	Prolonged period of intense and distressing emotion and difficulty functioning in everyday life	Behavioral Health; Military Family Life Counselor (MFLC); Chaplain
Substance Abuse Issues	Alcohol, drug, and/or prescription misuse	Army Substance Abuse Program, Behavioral Health, SUDCC
Blame and Guilt	Frequent reflection on the time leading up to the loss and thinking about "what if" or "if only" scenarios; mistakenly blame themselves or others for not doing more to help their loved one	Behavioral Health; Chaplain; MFLC
Trauma Reactions	Intrusive thoughts, agitation, nightmares, avoidance	Behavioral Health; Chaplain; MFLC

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