



DEPARTMENT OF THE ARMY  
UNITED STATES ARMY GARRISON RHEINLAND-PFALZ  
UNIT 23152  
APO AE 09054-3152

IMRP-ZA

3 January 2017

MEMORANDUM FOR All Members of the United States Army Garrison  
Rheinland-Pfalz (USAG RP) Community

SUBJECT: USAG RP Command Policy Letter # 20, Suicide Prevention Action  
Plan

1. REFERENCES:

- a. Army Regulation 600-63, Army Health Promotion, 15 April 2015
- b. Army Regulation 350-1, Army Training and Leader Development, 19 August 2014
- c. Department of the Army Pamphlet 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, 15 April 2015

2. APPLICABILITY: This policy applies to all units assigned, attached, stationed, based, or otherwise located in the USAG Rheinland-Pfalz community.

3. BACKGROUND: Suicide is a potentially preventable tragedy that must be addressed. Although engaged leadership can never bring back the Soldiers, Civilians, and Family members lost to suicide, it is essential in combating it. It is the responsibility of Army leaders at all levels to do their part in preventing suicide and to ensure that Soldiers, Civilians, and Family members know the resources available to help combat suicide in the home and workplace. This policy provides guidance for the implementation of the USAG RP Suicide Prevention Action Plan, including program oversight, training, and reporting in order to synchronize the USAG RP suicide awareness and prevention program activities.

4. DEFINITIONS: The following definitions will be used to report and discuss suicide as it relates to USAG RP Soldiers, Civilians and Family Members.

- a. Suicide Ideation: Any self-reported thoughts of engaging in suicide-related behaviors (without an attempt)
- b. Suicide Attempt: A self-inflicted potentially injurious behavior with a nonfatal outcome for which there is evidence (either explicit or implicit) of intent to die. A suicide attempt may or may not result in injury. Therefore, this category includes behaviors where there is evidence that the individual intended to die, but the event resulted in no injuries.

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c. Suicide: Self-inflicted death with evidence (either explicit or implicit) of intent to die.

5. SUICIDE PREVENTION TASK FORCE (SPTF): The SPTF plans, implements, and manages the local Army Suicide Prevention Action Plan in accordance with AR 600-63 and DA Pam 600-24. The SPTF is a subcommittee of the Community Health Promotion Council (CHPC), which is facilitated by the USAG RP Suicide Prevention Program Manager (SPPM) and chaired by the Garrison Commander or Representative. The SPTF membership and the respective duties and responsibilities is set forth in AR 600-63 and DA Pam 600-24.

6. SUICIDE RESPONSE TEAM (SRT): The SRT will convene within 48 hours of a suicide attempt or suicide. The Brigade or O-6 level commander along with the unit commander will attend the SRT. The SRT function is to assist the commander in assessing the situation, capturing lessons learned and contributing factors that may have led to the suicide attempt or suicide. The SRT will provide guidance to determine appropriate course of action and community resources available. The SRT membership and the respective duties and responsibilities is set forth in AR 600-63 and DA PAM 600-24.

7. RESPONSIBILITIES OF COMMANDERS: Commanders at all levels are uniquely positioned to impact suicide prevention activities in their formations. All commanders must ensure that the following measures are implemented in their units.

a. Suicide Awareness and Prevention Training is conducted IAW this policy letter.

b. The Soldier Leader Risk Reduction Tool (SLRRT) is conducted within 30 days of a Soldier's arrival to the unit, is reviewed and updated during regularly scheduled counseling, and is filed with the Soldier's counseling packet. A completed SLRRT must be on file prior to any approved absence (pass, leave, TDY). Leaders use the SLRRT along with personal observations, reliable reporting sources (including handoff from previous chain of command), and past counseling sessions/interviews to help determine a Soldier's level or risk.

c. Commanders are trained and understand rights and responsibilities with regards to Protected Health Information in order to facilitate risk communication with Soldiers, healthcare providers, and others in the chain of command.

d. A Command Sponsorship Program with an engaged sponsor and command team is a leadership priority in order to facilitate successful transitions for new Soldiers.

e. Soldiers understand how to seek assistance for suicide related issues.

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f. A health promotion policy is in place addressing unit watch, weapons profiles, and other procedures that relate to suicide-risk symptoms or suicide-related events.

g. Following a suicide attempt or suicide the unit leadership will contact the Army Substance Abuse Program/Suicide Prevention Program Manager to schedule the Suicide Response Team Meeting chaired by garrison leadership.

h. Complete the USAG RP Suicidal Behavior Demographic Report after a suicidal behavior (ideation, attempt, or suicide). The report must be submitted to the Suicide Prevention Program Manager within the suspense date.

8. TRAINING REQUIREMENTS: Army Regulation 350-1 requires annual, pre-, and post-deployment Suicide Prevention and Awareness training. All units in USAG RP community will incorporate monthly training events related to suicide. Examples include, but are not limited to, the "Beyond the Front" video, or the "Shoulder to Shoulder" video (The Suicide Prevention Interactive Role Play), company and battalion level classroom discussions, and focused counseling or sensing sessions.

a. Each Brigade or O-6 level command will have at least one Applied Suicide Intervention Skills Training (ASIST) Training for Trainers (T4T) certified trainer.

b. Each company will have at least two Soldiers trained in ASIST.

c. All ASIST 2-Day Workshops and T4Ts are conducted at installation level only and will be managed by the SPPM. All training should be scheduled through the SPPM.

d. Redeploying units will incorporate Suicide Prevention Training Interactive Role Play as part of the Reintegration Training Process. Units should contact the SPPM to coordinate training.

## 9. REPORTING:

a. All suicide ideations, attempts or deaths of a Soldier will be reported in accordance with the U.S. Army Europe (USAREUR) Commander's Critical Information Requirement (CCIR) located at [https://intranet.eur.army.mil/hq/g33/cuops/USAREUR\\_CCIR/default.aspx](https://intranet.eur.army.mil/hq/g33/cuops/USAREUR_CCIR/default.aspx)

b. All commanders in the USAG RP community will report all suicidal behaviors (ideations, attempts, and suicides) to the SPPM via the USAG RP Suicidal Behavior Demographic Report.

c. Behavior Health will report all suicidal behaviors on a monthly basis to the SPPM. If the suicidal behavior is an attempt or suicide, a Behavior Health POC will notify the SPPM of the behavior within 24 hours.

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10. EXPIRATION: This policy will remain in effect until superseded or rescinded.

11. The POC for this policy is Ms. Leslie A. Sweeney, 493-4902, [leslie.a.sweeney2.civ@mail.mil](mailto:leslie.a.sweeney2.civ@mail.mil) or Mr. Yancy W. Chandler, 493-4901, [yancy.w.chandler.civ@mail.mil](mailto:yancy.w.chandler.civ@mail.mil)

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1. SLRR

2. Demographic Report

  
KEITH E. IGYARTO  
COL, FI  
Commanding

## U.S. Army Soldier Leader Risk Reduction Tool (USA SLRRT)

### INSTRUCTIONS FOR LEADERS

This tool is designed to help leaders identify potential risks among their Soldiers. If a Soldier has a concern or problem, provide him/her with options (suggestions are provided under "Leader Action" for each issue of concern), ensure that you follow up with him/her, and continue to address the plan of action as necessary. Document any pertinent issues of concern and the associated action plan on the Developmental Counseling Form, DA Form 4856.

Refer to Appendix B in the 'Guide for Use of the USA SLRRT' for a more complete list of resources available to assist Soldiers.

Leaders should consult with legal counsel if Article 31 rights may apply.

#	ISSUES OF CONCERN	LEADER ACTIONS
1	Has the Soldier been command referred for any assistance (e.g., legal, financial, spiritual, alcohol, family/relationship, behavioral health, other)? Does the Soldier wish to disclose receiving any similar types of assistance for which he/she was not command referred?	Refer Soldier to appropriate resources. Reserve Component (RC) ensure referral is with appropriate local resource.
2	Is the Soldier experiencing any difficulties getting the assistance he/she needs either on-post or off-post?	Refer Soldier to appropriate resources. RC ensure referral is with appropriate local resource. Follow-up with Soldier within 14 days to ensure that any difficulties have been overcome or resolved.
3	Has the Soldier been unsuccessful in meeting military requirements or standards (e.g., duty performance, PT, Battle Assembly participation (RC only), weight control, weapons qualification, MOS training)?	Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
4	Has the Soldier received negative counseling or evaluations since arriving at the current unit or organization?	Determine if this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
5	Has the Soldier been denied promotion or attendance to schools, or barred from reenlistment for any reason?	Determine if this is a current concern. Develop and implement a plan of action to meet the requirements/standards. Closely monitor the Soldier's progress.
6	Is the Soldier currently undergoing a UCMJ action?	Ensure Soldier has adequate support, to include legal.
7	Does the Soldier have financial or employment concerns, such as inability to cover basic monthly expenses, home foreclosure, difficulty meeting child support payments, or inability to repay loans?	Refer Soldier to unit or installation financial representative or Army Community Service Financial Readiness Program. RC ensure referral is with appropriate local resource.
8	Has the Soldier experienced an accident, injury, illness, or medical condition that resulted in current fitness for duty limitations?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile in e-Profile.
9	Does the Soldier have a current medical profile (temporary or permanent)?	Ensure Soldier has appropriate medical follow-up. Ensure updated medical profile in e-Profile.
10	Does the Soldier have any concerns about medical care, medications or supplements he/she is taking?	Refer to Primary Care Manager or Military Treatment Facility (MTF). RC ensure referral is with appropriate local resource.
11	Is the Soldier currently experiencing problems related to sleep (e.g., trouble falling asleep, trouble staying asleep, performance problems related to sleep, consistently getting less than 7-9 hours of sleep, using alcohol or other substances to get to sleep)?	Refer to Primary Care Manager or MTF. RC ensure referral is with appropriate local resource.
12	Does the Soldier tend to withdraw or socially isolate himself/herself from others?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, or Unit Behavioral Health Team, as appropriate. RC ensure referral is with appropriate local resource.
13	Has the Soldier exhibited excessive anger or aggression in the past three months?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, Unit Behavioral Health Team, Anger Management, or other appropriate support. RC ensure referral is with appropriate local resource.
14	Is the Soldier experiencing serious marital/relationship issues, or immediate family concerns, such as a serious illness in a family member?	Refer to Army Community Services, Military Family Life Counselor, Military OneSource, Unit Ministry Team (UMT), or Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate local resource.
15	Has the Soldier been involved in any incidents of domestic violence or child abuse/neglect?	Refer to Family Advocacy Program. RC ensure referral is with appropriate local resource.
16	Has the Soldier experienced any condition that may be considered cruel, abusive, oppressive, or harmful, to include hazing or assault?	Connect Soldier with appropriate support (e.g. SHARP, EO, Family Advocacy, Unit Ministry, Primary Care Manager, MTF). RC ensure referral is with appropriate local resource.
17	Has the Soldier received a citation for speeding (10 miles over the posted limit) or reckless driving in the past 6 months?	Provide appropriate counseling to ensure Soldier understands good driving habits.
18	Has the Soldier been cited for engaging in risky behavior while in a vehicle (e.g., texting while driving, not utilizing a hands-free cell phone while driving, riding without a seatbelt)? Has the Soldier been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under UCMJ?	Provide appropriate counseling to ensure Soldier understands good driving habits. Ensure the Soldier has been informed that such activities are inherently unsafe, in violation of law and policy, and potentially punishable under the UCMJ.



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#	ISSUES OF CONCERN	LEADER ACTIONS
19	Does the Soldier drive a motorcycle?	Ask Soldier 19a.
19a	IF YES, Does the Soldier have the required privately operated motorcycle (POM) training IAW AR 385-10 and post requirement?	Perform a POM inspection; make copy of Soldier's license, registration (State and post), insurance and Motorcycle Safety Foundation (MSF) certificate. Keep on file. Discuss the POM policy and regulation regarding personal protective equipment (PPE) and mandatory training from an approved motorcycle rider safety course (MSF; Basic Rider Course (MANDATORY); Experienced Rider Course (if applicable in area of operations (AOR)); Military Sport Bike Rider Course (if applicable in AOR); and Military Refresher Training (MRT for those returning from deployment or commander's referral)). RC: Counsel Soldier to ensure he/she understands the requirement to wear all PPE at all times (not only while in a duty status).
20	Does the Soldier engage in any other potentially hazardous recreational activities while off-duty (e.g., skydiving, riding all-terrain vehicles, rock climbing)?	Encourage and ensure the Soldier takes a training course prior to engaging in high risk activities. Ensure Soldier uses appropriate PPE.
21	AR 190-11 requires all privately owned weapons that are brought onto military installations be properly registered with the Provost Marshall. Is the Soldier in compliance with the provisions of AR 190-11 as they apply to registration of privately owned weapons?	Counsel Soldier on the Weapons Safety "THINK". <u>T</u> reat every weapon as if it is loaded; <u>H</u> andle every weapon with care; <u>I</u> dentify the target before you fire; <u>N</u> ever point at anything you don't intend to shoot; <u>K</u> eepthe weapon on safe. Ask Q21a.
21a	IF YES, Has the Soldier attended an approved fire arms safety class/course?	Note where and when the Soldier received the training. If not trained, encourage and ensure Soldier and family receive training.
22	Has the Soldier ever been involved in alcohol or drug related incidents (in the past 3 years) and/or tested positive on a urinalysis?	Refer to Army Substance Abuse Program at time of incident and closely monitor Soldier's progress. RC ensure referral is with appropriate service.
23	Has the Soldier deployed to a location where there was hostile fire or they received hazardous duty pay?	Does the Soldier have any current deployment related concerns? Refer to Primary Care Manager, MTF, or other appropriate support. RC ensure referral is with appropriate service.
24	Has the Soldier experienced difficulty coping with a loss (e.g., death of close friend, family member or team member, loss of social support)?	Refer to Unit Ministry Team (UMT), Primary Care Manager, MTF, Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate service.
25	Has anyone (e.g., spouse, other family member, friends, fellow Soldier) expressed concern about the Soldier's behavior?	Obtain additional information as appropriate. Refer to Army Community Services, Military Family Life Counselor, Military OneSource, Unit Ministry Team (UMT), Unit Behavioral Health Team, or other appropriate support. RC ensure referral is with appropriate service.
26	Has the Soldier expressed any suicidal thoughts or actions, or expressed a desire to harm others?	Escort Soldier to Installation Behavioral Health or MTF Emergency Room, as appropriate, and notify leadership. RC escort to local emergency room and notify leadership. Do not leave Soldier alone. Order Soldiers who possess privately owned weapons on post to store them in the unit arms room; ask Soldiers who possess privately owned weapons off post to voluntarily surrender them to the unit arms room. Consider ordering Soldier to reside in barracks for an evaluation period (3 days) if they choose not to voluntarily surrender weapons stored off post.
27	Based on the concerns above and leader's knowledge of the Soldier, the Soldier may be considered to be at low, moderate, or high risk if the statements below are representative. <i>Note: For Soldiers deemed to be at moderate or high risk, senior leadership (Battalion commander/equivalent or higher) should be notified.</i>	
LOW		Soldier has no significant problems or has problems for which he/she is receiving appropriate support. The potential for adverse outcomes appears to be low.
MODERATE		Behaviors or concerns that place the Soldier at risk of serious problems if not addressd through appropriate actions (e.g., Soldier experiencing serious financial, legal, family/relationship, alcohol, or other concerns, and is experiencing difficulty getting adequate assistance; Soldier exhibiting a pattern of serious risk taking behavior). <b>Senior leadership (Battalion commander/equivalent or higher) should be notified.</b>
HIGH		Behaviors or concerns that potentially place the Soldier or others in danger or harms way (e.g., life threatening risk taking behavior, serious performance problems that jeopardize teammates safety, threat to self or others). <b>Senior leadership (Battalion commander/equivalent or higher) and appropriate support channels should be notified immediately.</b>



## USAG Rheinland-Pfalz Suicidal Behavior Demographic Report

Date of Report

Date Arrived to Unit

Unit/Organization Assigned  
& Installation

Date of Last Unit Risk  
Inventory (URI)

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Suicidal Behavior Category ☐ Ideation ☐ Attempt ☐ Suicide

Date of Suicidal Behavior

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Location of Suicidal  
Behavior ☐ On-Post ☐ Off-Post

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Rank of Individual

MOS of Individual

Time in Service

Age of Individual

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Marital Status ☐ Never Married  
☐ Married  
☐ Legally Separated  
☐ Significant Other  
☐ Divorced

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Family Members

- ☐ Dual Military
- ☐ Single Parent
- ☐ Health Issues
- ☐ Legal Issues
- ☐ Relationship Issues
- ☐ Other Family Concerns

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Living Arrangements

- ☐ On-Post
- ☐ Off-Post
- ☐ Barracks
- ☐ Family Housing
- ☐ Living Alone
- ☐ Living with Someone
- ☐ Other Living Arrangements

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Status of Unit

- ☐ Deployed
- ☐ Redeployed
- ☐ Pending Deployment
- ☐ Other

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Is the Individual Pending  
Deployment?

- ☐ Yes
- ☐ No
- ☐ If 'Yes' date of deployment

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Alcohol/Drug Involvement

- ☐ Alcohol Involvement
- ☐ Drug Involvement
- ☐ Other

Behavior Health/Counseling  
History

- ☐ Yes
- ☐ No



### Details of Current Suicidal Event

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### Disposition of Suicidal event

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### Command's Lesson Learned from Event

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Commander's Name

--

Commander's E-mail

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Commander's Phone

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