MEMORANDUM FOR Geographic and Functional Command (GFC) U.S. Army Reserve (USAR) Chaplains Sections (CS) and Unit Ministry Teams (UMTs)

SUBJECT: USARC Chaplain Directorate Suicide Prevention and Intervention Standard Operating Procedure (SOP)

1. References.
   a. AR 600-85, The Army Substance Abuse Program, 28 Nov 16
   b. AR 600-63, Army Health Promotion, 14 Apr 15
   c. AR 165-1 Army Chaplain Corps Activities, 23 Jun 15
   d. DA PAM 600-24, Health Promotion, Risk Reduction and Suicide Prevention, 14 Apr 15
   e. FM 1-05 Religious Support, 5 Oct 12
   f. AD 2018-23, Improving the Effectiveness of Essential and Important Army Programs: Sexual Harassment Assault Response and Prevention, Equal Opportunity, Suicide Prevention, Alcohol and Drug Abuse Prevention, and Resilience, 7 Dec 18
   g. Memorandum, USARC, AFRC-CH, 30 Apr 18, subject: Confidential and Privileged Communications Policy

2. Purpose. Provide guidance and resources to USAR chaplains and Religious Affairs Specialists (RAS) when dealing with Soldiers and DA Civilians who express suicidal ideations and/or behavior. This SOP is not comprehensive in its scope. It pertains to the unique role USAR UMTs play in Suicide Prevention and Intervention efforts.

3. Situation.
   a. The Ask, Care, Escort protocol often results in suicidal Soldiers and DA Civilians being brought or reported to the unit chaplain for care. Therefore, UMTs often function as the Quick Reactionary Force (QRF) in regards to suicide prevention and intervention. Although most chaplains provide excellent pastoral care, many are unaware of other people and helping agencies, both military and non-military, which can be leveraged IOT assist the person who is at risk. Additionally, some chaplains are reluctant to confer with other chaplains and/or refer the suicidal person, in part because
they have concerns about keeping confidentiality. This SOP is an effort to address these concerns and give UMTs some guidelines to follow when presented with suicidal Soldiers and/or DA Civilians who need care.

b. Caring for a Soldier who may be suicidal is complex. No one can create a simple flow-chart to walk a unit chaplain through the steps. Rather, chaplains must consider and prioritize many presenting factors all at once: Is the situation confidential? Is the Soldier in physical and/or immediate danger? Who else can/should be brought in to assist in this case? What are the issues which are most distressing and pressing for this Soldier? Should the Soldier be taken to the emergency room, placed on orders, and/or recommended for a command-referred mental-health evaluation? Is the Soldier open to receiving outside help? These are just some of the complex questions a chaplain must weigh and consider, often during the first few minutes of the counseling session.

4. Suicide Prevention Training. The Suicide Prevention Program is the Commander’s program and assigned to the G1. The chaplain is an asset whose capabilities augment the program. Every USAR Command has an assigned Suicide Prevention Program Manager (SPPM). UMTs are strongly encouraged to get to know their SPPM personally and liaison with them in the fight against Soldier suicide. UMTs must bear in mind they are not the team-lead when it comes to suicide prevention, G1 is the proponent of the program. Yet, chaplains should play an active and supportive role on the team.

5. Ask, Care, Escort (ACE) Program. ACE is the only authorized and approved suicide prevention training program for the U.S. Army. This includes ACE training versions for Soldiers, Leaders, Civilians and Families. It serves as a Soldier’s primary tool to identify and respond to a fellow At-Risk Soldier. IAW Army Directive 2018-23, all Soldiers will receive annual face-to-face suicide prevention training. Suicide Prevention training resources, to include slides, videos, and training exercises, can be found at: [http://www.armyg1.army.mil/hr/suicide/training_sub.asp?sub_cat=25](http://www.armyg1.army.mil/hr/suicide/training_sub.asp?sub_cat=25). Utilizing the training exercises and not just the slides is strongly encouraged.

6. Proactively Identify Soldiers at Risk. UMTs must engage the command leadership on all matters of Soldier care. It is critical that UMTs proactively identify Soldiers at risk of suicide and not wait for such Soldiers to be brought to them. Liaison with the CSM and other unit leaders who are aware of Soldiers struggling and/or who may exhibit any of the “Red Flags” below. With few exceptions, most Soldiers at risk of suicide exhibit at least three of the following “Red Flags.” UMTs should make it a top priority to identify, reach out and follow-up with these Soldiers.

   a. Financial Hardship: homelessness, pending eviction, asking for ADOS, etc.
b. **Unemployment and Underemployment**: in 2017 48% of USAR Soldiers who committed suicide were unemployed.

c. **Relationship Woes, Divorce**: This includes both romantic and/or estrangement from close family members and/or friends (i.e. parents have kicked the Soldier out of their home).

d. **Adverse Unit Actions**: Be aware and informed of Soldiers who are flagged, facing UCMJ, GOMAR etc.

e. **Unsatisfactory Participation**: S1 will have this information.

f. **Pending Legal Actions**: DWI, domestic abuse, mounting traffic violations, etc.

g. **History of Mental Health Issues, Depression, Anxiety**: Look for a sharp change in behavior and/or appearance.

h. **Grief, Loss**: Death of a loved one, loss of job, home, etc.

i. **Substance Abuse**: Alcohol, prescriptions, drugs, inhalants, etc.

j. **Access to Firearms**: Recent research revealed that having access to a loaded gun at home "resulted in a 4-fold increase of the odds of suicide."¹

7. **Promote and Practice Absolute Confidentiality**. Many USAR Soldiers are not aware of the **absolute confidentiality** UMTs offer. The Chaplain Corps is the only entity in the Army that can offer absolute confidentiality. UMTs cannot and will not report Soldiers to commanders, or convey any confidential conversations, without the Soldier's expressed consent. When Soldiers, Family members or DA Civilians confide in a chaplain anything, past present or future, that communication remains absolutely confidential as long as it meets the criteria of confidentiality IAW AR 165-1, chapter 16, and the person desires the information to remain confidential.

   a. The cloak of confidentiality also pertains to personnel who assist chaplains, to include religious affairs specialists, chaplain candidates and chapel office staff. They are bound by the same constraints of confidential and privileged communications as chaplains. However, they should make every effort to refer persons in need of counseling and confidentiality to a chaplain as soon as possible.

   b. Most people contemplating suicide present multiple and complex issues. Therefore, chaplains who counsel an at-risk Soldier should always seek the guidance of

¹ See article in *Defense One*, 7 Jun 19, by Patrick Tucker
a senior chaplain to ensure the best possible care and follow-up is provided to the Soldier. AR 165-1 expressly allows for such professional conferral without breaking confidentiality.

c. If the chaplain was notified by a third party that a Soldier is exhibiting suicidal ideations/threats or behavior, that information in itself is not confidential since it was reported to the chaplain by a third party. Therefore, the chaplain should notify appropriate leaders, to include the unit’s SPPM, that he/she was referred an at-risk Soldier. The chaplain must then determine if his/her conversation with the Soldier after the referral meets the criterial of confidential communication.

d. Many people who speak with a chaplain are open to receiving assistance from other helping agencies, especially if the chaplain recommends it. In such cases the chaplain should do a “warm hand-off” of the Soldier to the appropriate agency for follow-on care.

8. **Immediate Follow-Up with Referred Soldiers.** Chaplains must make every effort to follow up with at risk Soldiers who are referred within 24 hours by phone, social media, text, or in person.

a. Chaplains should make every effort to stabilize the Soldier, emotionally and physically. Physical stabilization will almost always require outside resources and helping agencies such as shelters, food pantries, sobriety, etc.

b. If it is determined that the Soldier is an imminent threat to themselves (i.e. they have intent and means for suicide), the chaplain must do everything in their power to escort the Soldier to the emergency room. Most suicidal people who talk with a chaplain want help. However, if the conversation meets the criteria of confidentiality, the chaplain should not violate that confidentiality without the Soldier’s consent. If the Soldier was referred to the chaplain by command leadership, the command can and should call 911, if necessary.

9. **Commander’s Critical Incident Report (CCIRs).** Chaplains should talk with their command leadership and ensure they are “in the loop” to receive notification of all CCIRs, especially those involving Soldiers expressing suicidal ideations and/or behavior. If/when a command generates a CCIR in relation to threat of suicide, the Soldier should be evaluated by a behavioral health professional. If the Soldier refuses a psychological evaluation, the Soldier may be command-directed to receive such an evaluation. Chaplains should refer such Soldiers (in which a CCIR is involved) to the SPPM and/or Behavioral Health for an evaluation.
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a. A USAR chaplain should not “clear” Soldiers reported by CCIRs who have threatened suicide and/or have presented suicidal ideations. Although some chaplains are board certified and/or licensed counselors, chaplains acting in their role as chaplain are not professionally qualified or positioned to make such mental health determinations and thus, they expose their Command to unnecessary risk if they do so.

b. The unit chaplain offers valuable, unique support to the Soldier and is a critical link between the unit and helping agencies, both military and civilian. After referral, the chaplain should continue to follow up with the Soldier and offer pastoral and spiritual care as appropriate.

10. **STARRS Referrals.** The Study to Assess Risk and Resilience in Service Members (STARRS) refers Soldiers whose survey data indicate they may be at risk of self-harm or harm to others. The Office of the Deputy Under-Secretary (ODUSA) refers such USAR Soldiers to the USARC Chaplain Directorate. USAR Soldiers in TPU status are then referred to their respective Command Chaplain for follow-up and contact and care. USAR Soldiers in the IRR are referred to the Readiness Division Deputy Command Chaplain for the same.

   a. Chaplain contact with the referred Soldier should be made within 24 hours, per STARRS guidance. When a chaplain first contacts a STARRS referral, they may say something to the effect, "I'm calling because you took a survey recently, and the person reviewing your answers thought it might be helpful for a chaplain to give you a call. Is there anything I can help you with?"

   b. No closure report with ODUSA or USARC is required for STARRS referrals.

11. **Reporting.** Commands are encouraged to keep and track metrics on referrals and counseling related to Soldiers identified as at-risk of suicide. This information may provide the unit with valuable information and trend analysis. At this time this data is not reported to USARC on a scheduled basis. However, it may be requested on an ad hoc basis.

12. **Leverage Helping Agencies and People.** Chaplains should employ helping agencies whenever possible IOT provide the best possible care for the Soldier. There are a breadth of agencies, both military and civilian, which USAR chaplains should not hesitate to leverage in Soldier care (see enclosure 2). Helping people includes the Soldiers’ Family. Spouses and/or parents often know more than anyone else regarding the Soldier’s situation and can help the chaplain construct a safety plan. Without breaking confidentiality, chaplains should work with the Soldier’s Family whenever possible in providing care for the Soldier.
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For additional information, contact the USARC Chaplain Directorate Chief of Soldier and Family Ministry, CH (LTC) Renee Kiel, renee.r.kiel.mil@mail.mil, 910-570-8200.

Encls
1. USAR Suicide Prevention Resources, v3
2. 12 Red Flags of Suicide Chaplains Need to know, v2
3. Chaplain “Do’s and Don’ts” Chart

JAMES L. BOGGESS
Chaplain (COL), USA
Command Chaplain
Suicide Prevention Program Manager. Every USAR Command has a full-time Suicide Prevention Program Manager. These are your go-to SMEs in Suicide prevention and intervention. Get to know yours by name and keep their contact info handy.

Army Substance Abuse Program. Most every USAR Command has a full-time Alcohol and Drug Control Officer (ADCO). These people also serve as your POCs for the Army Substance Abuse Program (ASAP). Recommend you know your ASAP POC and keep their contact info at hand when dealing with Soldiers struggling with any type of addition.

Directors of Psychological Health. Every USAR Readiness Division has a Director of Psychological Health. These POC are SMEs in assisting Soldiers at risk and/or in crisis. They can also give guidance on command-directed Behavioral Health assessments. See POCs at the end of this paper. Also see their website (must have CAC) at: https://www.usar.army.mil/BehavioralHealth/

USARC Soldier and Family Ministry. This office has a resource website which can be accessed on any computer or smartphone – no CAC necessary: https://usachcstraining.army.mil/usarc

Fort Family. 24/7 Assistance: 866-345-8248 or 844-663-3269. Fort Family provides a single gateway to responsive Family Crisis Assistance, available from 0700 until midnight, 365 days a year for all USAR Soldiers. After midnight, the phone numbers still work, but will be answered by Military OneSource. Recommend utilizing Fort Family over Military OneSource as Ft. Family is especially tailored to assist USAR Soldiers and Families. It provides unit and community based solutions to connect people to help-resources. By pinpointing Families-in-need and local community resources, the AR can quickly connect the Soldier Family and resources thus providing installation-commensurate services in the geographic location of the crisis.

211.org. It is essential for TPU CHs to have a ready list of community services they can use in times of Soldier and Family crisis and/or emergency. 211.org is an excellent web site CHs may use to compile local services and community support organizations.

Give an Hour. Harnesses the skill, expertise and generosity of volunteer mental health professionals across the country to serve Soldiers in need. You can find a provider online at https://giveanhour.org/get-help/
Army Community Service. Army Publishing Directorate published an expedited revision of AR 608-1 which incorporates expanded access to ACS policy for ARNG and USAR Soldiers. The new AR 608-1 policy states "Members of the ARNG and USAR and their identification card eligible Family members are eligible for full access to installation ACS service while on an active duty and during the first year post mobilization, after which time, and for so long as the Soldier remains a member of the ARNG or USAR, eligibility is retained on a space available basis."

Hospital and Family Life USAR CHs. USARC has a list of CHs who have the 7R (Hospital) and/or 7K (Family Life) Skill Identifier. I believe Family Life CHs (7Ks) are one of our most under-utilized USAR resources for helping Soldiers in crisis. If you (the Chaplain) would like to consult with a Family Life Chaplain (7K) for guidance and assistance in this regard, please contact your Command CH or the POC below.

BeThere Peer Support Call and Outreach Center. 844-357-PEER (7337). Text 480-360-6188. Chat online: https://www.BeTherePeerSupport.org 24/7/365. The Department of Defense BeThere Peer Support Center provides resources and support for everyday problems to our Active Duty, National Guard, Reserves and the Family members. The center staffs Veterans and military spouses as peer specialists who anser calls with compassion drawn from their own military-life experience.

The Battle Buddy App. The USAR Battle Buddy application for smart phones, a free download for both iPhone and Android platforms, is an under-utilized resource in the fight against Soldier Suicide. It serves as a quick reference on several helpful topics, to include Domestic Violence, Sexual Assault, Emotional Trauma, Financial Crisis, and Suicidal Ideations. The app will dial the Fort Family Suicide Hotline with the press of a button. It also will walk a Battle Buddy through the Ask/Care/Escort (ACE) protocol and provides valuable follow-on resources. Recommend widest dissemination of the Battle Buddy app across the USAR via STRACOM, and that its availability and use be incorporated into ACE Training throughout the institutional and operational domains.

P3O. If you have a USAR Soldier who is unemployed or underemployed, contact MAJ Danielle Low, Danielle.n.low.mil@mail.mil, 910-570-8014 or contact your nearest Private-Public Partnership Office (P3O): http://www.usar.army.mil/Featured/Private-Public-Partnership/Find-local-support/

Qualifying USAR Soldier are eligible for same-day Mental Health Referrals at their local VA Hospital. See info at https://www.blogs.va.gov/VAntage/61032/same-day-mental-health/?utm_source=Newsletter&utm_medium=email&utm_campaign=VAntage

National Suicide Prevention Lifeline: 800-273-TALK (8255)
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<tr>
<th>PSYCHOLOGICAL HEALTH PROGRAM</th>
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Chaplains are uniquely positioned to help USAR Soldiers who are at risk of Suicide for at least two reasons: (1) They have absolute confidentiality which makes them a safe person to talk with, and (2) Unlike other helping resources, chaplains are down at the BN level across the USAR. These two factors combine to make Chaplains the primary “go-to” resource across the USAR when it comes to Soldiers at risk of suicide.

Problem: After talking with many USAR Chaplains who have had a Soldier commit suicide within their organization, and after reviewing the 15-6 investigations, I am seeing 2 patterns: (1) Most Soldiers who commit suicide present 3-4 “red flags” (out of a list of 12); and (2) Many chaplains report something to the effect, “The Soldier did not give any indication they were going to kill themselves.”

Because Soldiers usually do not tell anyone they are going to kill themselves, recommend Chaplains proactively and caringly inquire of organizational leaders and “Joes” alike which Soldiers are experiencing the “Red Flags” of Soldier suicide. If a Soldier presents 2 or more of these Red Flags, they should be on your watch list.

1. **Financial Hardship** – It may be difficult to believe, but some USAR Soldiers who have committed suicide were homeless and living in their vehicles.

2. **Relationship Woes** – This can be both romantic break-ups and/or estrangement from friends or close family members; divorce or recent separation.

3. **Legal Actions** – It is surprising to me how many Soldiers who commit suicide are facing some sort of legal action such as domestic abuse, DWI, etc.

4. **Adverse Unit Actions** – Many Soldiers who commit suicide are flagged, facing UCMJ or a GOMAR, etc. This info should be readily accessible to the unit chaplain if they would only ask, but often the CH does not know.

5. **Depression/Anxiety**

6. **History of Mental Health Issues** – CHs are encouraged to liaison with S1 and identify those Soldiers with a 2 or 3 under the “S” of PULHES.

7. **Unemployed or Under-employed** – In 2017, 48% of USAR Soldiers who committed Suicide were unemployed or under-employed.
8. **History of Abuse/Traumatic Experiences** – Most Soldiers who take their life have not been deployed, but many have experienced some sort of trauma outside of combat.

9. **Unsatisfactory Participation** – Ask your unit leadership and identify these Soldiers as this is a risk factor.

10. **Grief/Loss** – For example, the recent death of a sibling or close friend.

11. **Substance Abuse** – To include alcohol, prescription meds, drugs, inhalants, etc.

12. **Access to Firearms** - Recent research revealed that having access to a loaded gun at home “resulted in a 4-fold increase of the odds of suicide.”

Recommend chaplains actively network within their units to discover which USAR Soldiers are experiencing the above Red Flags. Most all Soldiers who have committed suicide displayed 2 or more of the red flags above, and many were struggling with 3-5 of the above issues at the time of their death, which clearly overwhelmed them.

Bottom line: Don’t just ask, “Are you thinking of killing yourself?” Ask, “Are you struggling with any of the above issues?” and, once identified, assist them in getting help. There are many helping resources for USAR Soldiers, not least of which is Fort Family and your Command’s Suicide Prevention Program Manager. See separate sheet for a list of resources.

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1 See article in Defense One, 7 Jun 19, by Patrick Tucker
# USAR Chaplain “Dos and Don’ts” in Relation to Soldier Suicide Prevention and Intervention

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<th><strong>DO</strong></th>
<th><strong>DON’T</strong></th>
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<td>Confer with your supervisory chaplain in regards to each suicidal Soldier you counsel, both for their SA and to ensure the best possible care for Soldiers</td>
<td>Work in a “silos” when assisting a Soldier at risk of suicide. Conferring with your supervisory chaplain does not break confidentiality</td>
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<td>Confer with your Director of Behavioral Health and/or Suicide Prevention Program Manager all Soldiers who are reported on a CCIR as having suicidal ideations or behavior</td>
<td>Tell unit leaders that a Soldier who is reported on a CCIR as having suicidal ideations or behavior is not at risk of suicide - this is not the chaplain’s call</td>
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<td>Proactively engage with Sr. Leaders, inquiring about Soldiers who may be demonstrating “Red Flags” of being at risk of suicide</td>
<td>Wait for struggling Soldiers to be brought to you</td>
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<td>Partner with your S1 to obtain reports of Soldiers who are UNSAT, flagged, or under adverse action</td>
<td>Assume S1 or command leadership will give you this information without your initiative</td>
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<td>Keep absolute confidentiality with all Soldiers whose conversations meet the criteria of confidentiality of AR 165-1, Chap 16</td>
<td>Let concerns of confidentiality keep you from conferring with chaplain colleagues who can offer support and guidance – you can confer with them without breaking confidentiality</td>
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<td>Assess all Soldiers brought to you for risk of suicide and offer appropriate pastoral care and referral</td>
<td>Diagnose Soldiers or declare them as not at risk to command leadership</td>
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<td>Keep unit-based metrics regarding suicide ideations/threats/behavior; CCIRs and STARRS reports</td>
<td>Report such data to USARC unless requested</td>
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<td>Refer all Soldiers who are unemployed or under-employed to your P3O POC (see resources)</td>
<td>Offer pastoral support only, work with other helping-agencies to stabilize the Soldier both physically and emotionally</td>
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<td>Get to personally know your CMD’s Suicide Prevention Program Manager (SPPM), Army Substance Abuse Program (ASAP) POC, and Director of Behavioral Health</td>
<td>Wait until there is a crisis to contact these people</td>
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