

## U.S. Army Europe and 7th Army

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RELEASE #2009-05-13-2     *2009: THE YEAR OF THE NCO*     May 13, 2009

### Second phase of suicide prevention training focuses on more personal approach

By **Dave Melancon**

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**HEIDELBERG, Germany** -- The Army lost one active duty Soldier to suicide in April and is investigating six other potential suicides, according to a May 7 Department of the Army press release.

The same report noted that the Army had 35 active-duty suicides during 2009 and 29 other deaths which are under investigation to determine their cause.

To combat suicide within the ranks, Army Vice Chief of Staff Gen. Peter W. Chiarelli issued a comprehensive, multidisciplinary Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention. The plan, published April 24, encompasses the physical, spiritual, and mental health of Soldiers and their Families.

In U. S. Army Europe, the second phase of Army-mandated suicide prevention training for Soldiers and civilian employees began in March and continues through July, and takes a more personal approach.

Called "Shoulder to Shoulder: No Soldier Stands Alone," the training picks up where the "Beyond the Front" training conducted during a USAREUR-wide suicide prevention

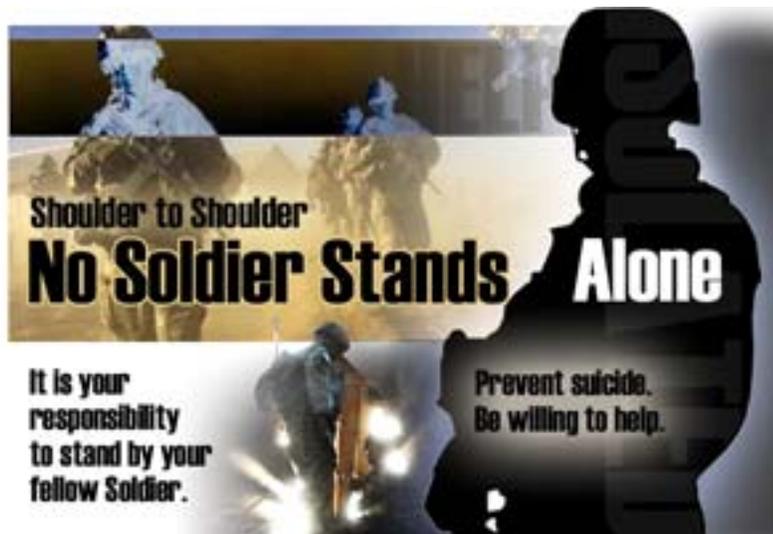


ILLUSTRATION BY SGT CARLOS NORAT

stand-down in March left off. Small-unit leaders and first-line supervisors will conduct the training

“(The first phase) was intended to make an impact with immediate execution by enhancing Soldiers’ ability to recognize risk factors and warning signs,” explained B. Joy Summerlin, Well-Being and Quality of Life program manager for the USAREUR personnel division. “Phase I provided ways to intervene in order to prevent suicidal behavior. Phase II is intended to augment Phase I with a more deliberate and personal approach to training.”

Led by noncommissioned officers and other first-line leaders, “Shoulder to Shoulder” is conducted in small groups with members who know one another, bringing the training closer to home and making it more relevant to the team, she explained.

Leaders from all echelons of the command are expected to participate in the interactive “chain teaching” program focused on how to identify at-risk Soldiers and how their “battle buddies” or leaders can get them the help they need from the appropriate person or agency, Summerlin said. Participants will watch a video and then discuss what they saw, focusing on risk signs, suicidal behaviors and suicide prevention within their organizations.

Soldiers and Department of the Army civilian employees must attend the course. Contractors and family members are invited to participate as well, according to the Army policy.

“Shoulder to Shoulder” is designed to enhance a person’s abilities to spot risky behaviors and other warning signs of potential suicidal behavior, Summerlin said, so they may be able to intervene and prevent those behaviors or suicide attempts.

Unlike the interactive “Beyond the Front” presentation, the 13-minute-long “Shoulder to Shoulder” presentation focuses on the aftermath of suicide and works to eliminate the stigma and myths that may prevent a person from seeking help or from helping a comrade in trouble, said Chap. (Capt.) David Montgomery, V Corps Special Troops Battalion chaplain.

“This is not a scenario-based (presentation),” Montgomery explained. “This is a follow-up to the training that the Soldiers received in the first phase. It is a straight 13 minutes of guys and gals sharing their stories; real-life experiences with suicide, firsthand.”

The chaplain said among the leaders who tell their stories is Maj. Gen. Mark Graham, commander of 1st U.S. Army’s Training Division (West) and Fort Carson, Colo., who talks about how he and his wife coped with the suicide of their son, Mark.

“They are coming at it from a parent’s perspective. They talk about what it did to them,” he said. “It talks about what they had to wrestle with.”

Montgomery said chaplains, health care professionals and subject-matter experts from USAREUR, the Installation Management Command-Europe and the Europe Regional Medical Command are sharing resources and will back up training instructors to increase the program's effectiveness.

The presentation also includes discussion of Army values and loyalty, Montgomery said. "It talks about being there for our buddies, caring for them and supporting them."

One of the primary goals of the training is to convince those who may be contemplating suicide to get help, Montgomery said, noting that sometimes Soldiers are afraid their reputations and careers will be damaged if they ask for help.

The captain added that the small group sessions will allow participants to talk about suicide in a safe environment, but stressed that they are not designed to be group counseling or therapy sessions. "With the smaller groups will have a more intimate setting and will give individuals the opportunity to talk in an environment where you do not have 200 other people."

All members of the Army family are part of the same team, the chaplain said. Everyone -- battle buddies, family members, chaplains and health care professionals -- needs to watch out for one another and be ready to seek or provide help.

Montgomery said help is available and Soldiers do not have to face emotional pain alone or carry their burdens single-handedly.

"When one member of the family hurts, the whole family hurts," he said.



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