

## Reserve Component Outreach: Improved Suicide Prevention for the Total Force

by

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United States Army War College  
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USAWC STRATEGY RESEARCH PROJECT

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## Abstract

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The Army is preparing for an uncertain complex future by establishing Force 2025. One area lacking in preparation is Soldier resiliency to face a volatile, fluid environment. The suicide crisis that has plagued the force for 13 years demonstrates the resiliency shortfall. The last two years have seen a drop in fatalities, but the Army still lost 238 Soldiers to suicide in 2014. Suicide prevention must be part of any plan to increase Army resiliency. The current Army Suicide Prevention Program (ASPP) fails to apply a holistic approach to Soldier suicides and contains a gap in its coverage to the Reserve Component (RC), which make up 52 percent of the total Army structure. The bulk of the ASPP for RC personnel is limited to on-line and telephonic resources. The ASPP avoids the use of religious resources despite the fact that over 73 percent of the Soldiers identify a religious preference. Including local religious organizations into the ASPP provides an additional counseling tool for religious adherents across the formation. The recommendation is to establish a voluntary community partnership program between RC units and local religious organizations to provide RC Soldiers with local (face-to-face) resources for suicide prevention.



## **Reserve Component Outreach: Improved Suicide Prevention for the Total Force**

The key to saving a human being is human relationship

—Chaplain (MG) Donald Rutherford  
U.S. Army Chief of Chaplains<sup>1</sup>

The Army is preparing for an uncertain complex future by establishing Force 2025. One area lacking in preparation is Soldier resiliency to face a volatile, fluid environment. The suicide crisis that has plagued the force for 13 years demonstrates the resiliency shortfall.<sup>2</sup> The last two years have seen a drop in fatalities, but the Army still lost 238 Soldiers to suicide in 2014. Suicides are the second leading cause of military deaths since 2010 and are a key indicator of reduced resiliency.<sup>3</sup> The Army Suicide Prevention Program (ASPP) is not as effective as it could be and requires revision to provide a holistic application of all proven tools and include religious resources to accommodate geographically dispersed Reserve Component (RC) Soldiers.<sup>4</sup> Expanding the ASPP to include the empowerment of religious faith will increase outreach to the Army formation where over 73 percent of the Soldiers self-identify a religious preference in their personnel records.<sup>5</sup> The RC contains around 205,000 Army Reserve and 358,200 Army National Guard Soldiers in over 5,100 facilities geographically dispersed throughout the Army institution.<sup>6</sup>

The current ASPP fails to apply a holistic approach to the perpetual crisis of Soldier suicides and contains a gap in its coverage of the RC, which makes up 52 percent of total Army force structure. The Army can mitigate some of this shortfall with some revision that includes using community organizations to provide RC Soldiers with local (face-to-face) resources for suicide prevention.<sup>7</sup> This inexpensive inclusion meets

the Army Campaign Plan intent of addressing Soldier health through mind, body, and spirit and expands outreach to geographically dispersed Soldiers.<sup>8</sup>

This paper examines the omission of religious faith within the program and analyzes the benefits of using a resource that the majority of the RC says is important to them. The paper concludes with recommendations for a revision to the ASPP that will increase Soldier resiliency for the Force 2025: Encourage RC units to voluntarily affiliate with religious community resources to provide a face-to-face resource for these geographically dispersed personnel. Announcing this revision through updated local policies demonstrates the commands' belief in the value of religious faith as a counseling tool for religious adherents.<sup>9</sup> John Kotter's Eight-stage Process for Major Change provides the framework for implementing the recommendations.<sup>10</sup> Kotter's proven process is a leader-driven, sequential approach to implementing change in a change-resistant organization.<sup>11</sup>

#### Force 2025 and Resiliency

The future world stage promises to be a volatile, unpredictable environment. The Department of Defense plan to meet this complex uncertain future is a more efficient and resilient organization called Force 2025.<sup>12</sup> To meet the demands of this plan, each branch of service must make improvements in its organizations, training, and member resiliency. One area that the Army needs improvement is in Soldier resiliency. The suicide crisis in the Army over the past 13 years illustrates the need for increased resiliency in the force. Conventional wisdom says that the multiple deployments into combat are causing the rise in suicides, but recent studies indicate multiple deployments and combat stress are not common denominators in Army suicides.<sup>13</sup> Greater research is required to locate what variables are degrading Soldier resiliency

leading to suicide ideation. Suicide prevention must be a part of any plan to increase resiliency and that plan must reach the broadest possible audience in the Army. The ASPP coverage for geographically dispersed Soldiers needs additional consideration in its outreach to the Army Soldiers assigned to the RC.

The Army views resiliency as integral to achieving Force 2025 objectives and to maintaining military readiness. The increasingly complex security environment facing America requires the most highly trained and professional land force in the world. The future force needs intellectual, emotional, and physical stability to work through escalating adversity and employ Mission Command philosophy to conduct operations.<sup>14</sup> This demands a physically, emotionally, and mentally resilient force that can perform across a growing range of military operations.<sup>15</sup> This future force requires leaders and their Soldiers to be innovative, adaptive, critical problem-solvers capable of transitioning quickly from mission to mission while maintaining presence of mind.

As the Chief of Staff of the Army (CSA), GEN Raymond Odierno stated, “*The strength of our Army is its people.*”<sup>16</sup> Building resiliency in the force now and for the future is a matter of force protection in peace and in war.<sup>17</sup> Soldiers must have the resiliency to withstand the OPTEMPO and expectations of a very complex, uncertain future within a fiscally constrained environment to make Force 2025 a reality. Force 2025 success requires continual leader development that thinks and adapts strategically to an ever-increasingly unpredictable world.<sup>18</sup>

### Measures of Effort

A basic understanding of the current program as a measure of effort is required prior to discussing changes to the program. The Army has made an incredible effort to combat suicide in the ranks during a period of significant activity but numerous studies

show opportunities to improve the program's measures of effectiveness still exist. Gaps in coverage still exist for the RC with much of the outreach being internet-based. Additional resources are needed to reach those not comfortable with "on-line" chats discussing something as traumatic as suicide ideation.<sup>19</sup> The Army employed a strategic approach to suicide mitigation in 2009 when it launched the *Army Campaign for Health Promotion, Risk Reduction and Suicide Prevention* (ACPHP).<sup>20</sup> The campaign plan emphasizes total health from a physical, mental and spiritual focus to result in a holistic approach.<sup>21</sup> Civilian suicide prevention plans in the U.S. and Canada also use this approach and have support from the Psychology community.<sup>22</sup> Nested within the ACPHP is the ASPP.

The ASPP operates under a three-tiered structure to mitigate the risk and consequences of suicide ideation: Prevention, Intervention, and Postvention.<sup>23</sup> Each category approaches the problem from a different angle but does contain some overlap.<sup>24</sup> These three tiers pursue three lines of effort (LOE): doctrine & policy; education, awareness, training, and leadership; and action. Nested within this structure are numerous programs that support all three LOE.<sup>25</sup> The Army has provided several on-line resources to accommodate needs that are available 24 hours a day for those geographically dispersed personnel experiencing a crisis. The Military One-Source is a free on-line program that provides resources and support to all members of the military and their families worldwide. The site offers access to almost any aspect of military life that might require external support. This site provides a virtual link to 24 separate programs that supplement the ACPHP. The site is part of the military outreach to service members to provide confidential, non-medical counseling support on-line, over

the phone or even face-to-face.<sup>26</sup> With such an extensive program with significant command emphasis, it is bewildering why so many Soldiers still take their own life.

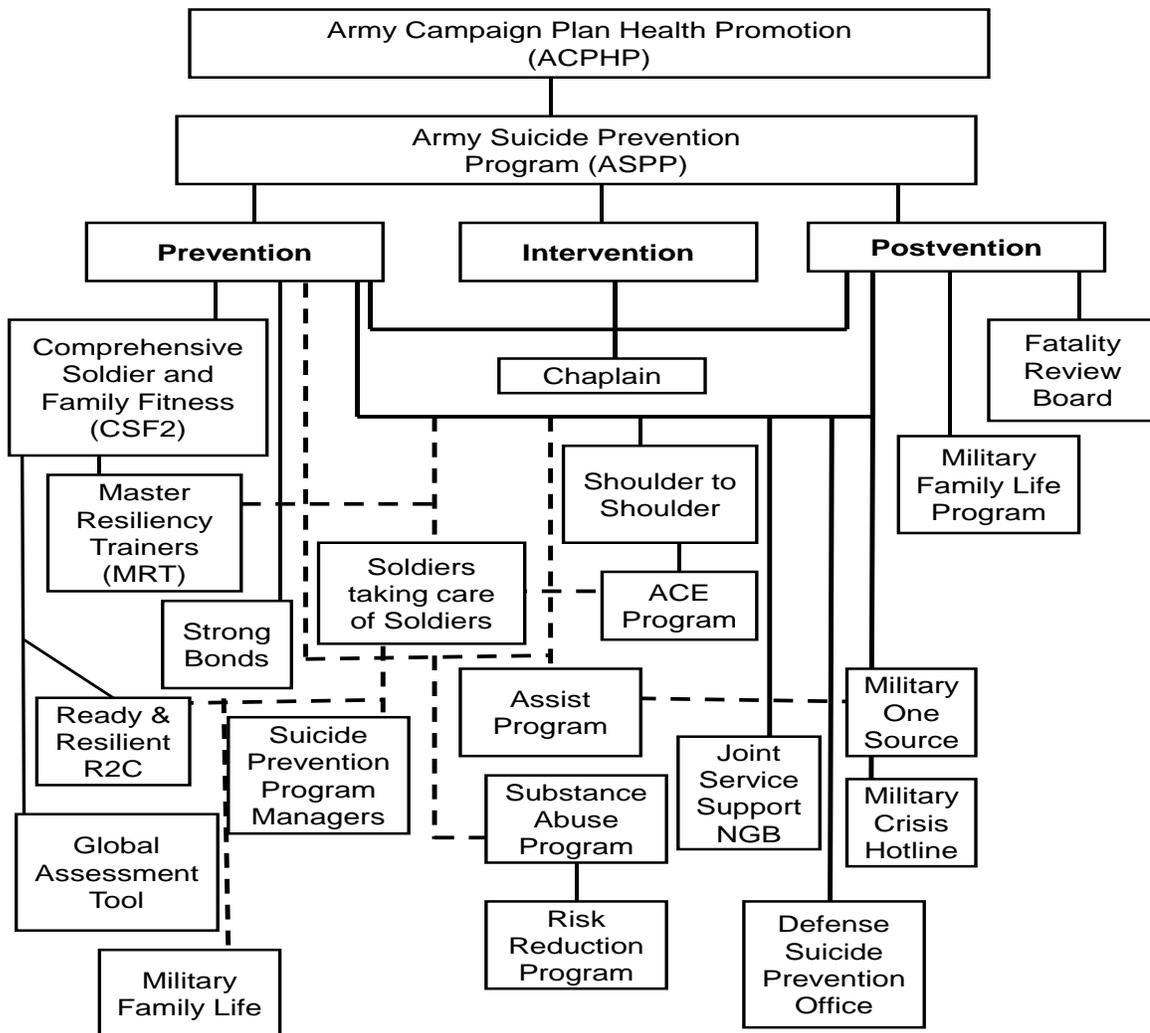


Figure 1. This is an interpretation of several references to provide a snapshot of the ASPP developed within the Army.<sup>27</sup>

### Measures of Effect

Measures of Effect indicate the program’s success rate when compared to the effort. The measure of effort as depicted in the chart above demonstrates the Army’s resolve to protect Soldiers through the ASPP. The results have not been commensurate with the effort. The suicide numbers are still too high, but the trend has turned around

over the last two years. The data posted by the Army G-1 indicates 2013 witnessed a .8 percent reduction from 2012. The 2014 data shows a 2<sup>nd</sup> year of improvement with a 19.1 percent reduction in Army suicides from the previous year. This is great news, but the Army still had 238 members who felt they had no hope, no alternative but death.

Table 1. Author recreated slide from the Department of the Army Calendar Year 2014 summary.<sup>28</sup>

<b><i>Calendar Year Summary as of 31 Dec 14</i></b>					
<b>Category</b>	<b>2014</b>	<b>2013</b>	<b>2012</b>	<b>2011</b>	<b>2010</b>
Active Army (AA)	123	120	165	141	142
Army National Guard (ARNG)	73	120	110	99	113
US Army Reserve (USAR)	42 (see 3)	59	50	44	50
<b>All Soldiers, YTD total (as of 31 Dec)</b>	<b>238</b>	<b>299</b>	<b>325</b>	<b>284</b>	<b>305</b>
DA Civilians	19	22	24	27	30
Family members (of AD Soldiers)	6	8	9	13	14
<b>All categories, YTD total (as of 31 Dec)</b>	<b>263</b>	<b>329</b>	<b>358</b>	<b>324</b>	<b>349</b>
1. ARNG and USAR counts above include both Active Duty (AD) and Not on Active Duty (NAD). 2. CY 2014 ARNG and USAR breakout (as of 31 Dec 2014): ARNG - 7 AD, 66 NAD, USAR 5 AD, 37 NAD. 3. Two (2) USAR CY 2014 AD cases under HRC purview included in USAR count. 4. CY 2014 includes confirmed suicides and suspected suicides pending final determination as to the manner of death. 5. YTD= year to date, CY = calendar year.					

So where do we go from here? The underlying premise for this paper is that all Soldiers have a worldview that provides meaning and direction for their life decisions.<sup>29</sup> A worldview varies widely from person to person and can be faith-based, science-based, and/or ethnically-based to orient the person to his or her environment. This worldview is important because all people view their self-value in relation to that worldview and it dramatically affects their resiliency.<sup>30</sup> During periods of crisis, people lean on that interpretation to make sense of the crisis to determine their response to it. The Army has an obligation to consider resources that connect with a portion of the force that could instill resiliency in times of trial. As mentioned earlier, over 73 percent

of the force associates with some type of religious orientation. The Army has a low cost opportunity in the local communities to provide another resource that distraught Soldiers might “connect with” if they are contemplating suicide. The personnel records and the nation’s culture discussed earlier show that the majority of Soldiers have some level of a broadly defined spiritual need that provides a source of strength for them through trials.<sup>31</sup>

### Organizational Blind Spot

The omission of religion illustrates an organizational blind spot in the Army’s corporate effort to mitigate suicides when it comes to the possibility of religion as an additional resource in the program.<sup>32</sup> Numerous efforts seem to hit common areas within suicide prevention, but most of these efforts tend to focus on modifying current programs looking for the “silver bullet” that will cure suicides. The answer is there is no silver bullet that will cure suicides. Suicide is manageable by locating new options that continually reach a broader audience. This broadened outreach might push the trend downward as Soldiers are provided additional resources to find hope and reduce suicidal ideation. The organizational blind spot becomes obvious by such divergent efforts to improve the program by creating an additional 72 Chaplain positions and then steadily reducing their role in the ASPP.<sup>33</sup> The two decisions appear divergent in that chaplain involvement is important enough to add 72 *new* chaplains to mitigate threat, but the role of religion and religious faith steadily decline in the Army’s prevention program.

The Army discusses suicide prevention in a holistic approach in strategic level plans, but the plan implementation looks more like it is addressing a simple, linear problem.<sup>34</sup> The Suicide crisis is a complex strategic problem that requires a holistic

approach and application to manage the problem.<sup>35</sup> Suicide will not be “solved” as long as individual Soldiers can choose to end their lives, but it can be managed. This requires open-minded common sense that accepts that some viable options may not be politically correct or apply evenly to the entire force. All options considered must be morally, legally, and ethically acceptable, if they meet this criterion then consider them for inclusion.<sup>36</sup>

### The Power of Face-to-Face Human Relationship

The “human connection” is especially vital during periods of great joy or intense duress. This is why weddings and funerals are not “done on-line.” Business studies released over the past few years have validated what most people know intuitively. The money and time invested in face-to-face meetings dramatically improve business relationships.<sup>37</sup> A Forbes 2009 study of 760 business executives resulted in an 85 percent response rate in favor of personal interaction over virtual meetings. They cited the ability to establish trust and bonding that typically did not occur in virtual interactions. The Hospitality industry conducted research and concluded that to capture the customer’s attention, to inspire a positive emotional climate and to build human relationships; face-to-face interaction was the better approach over internet or the telephone.<sup>38</sup> Suicide ideation and hopelessness are intimate feelings that are not easily discussed with a stranger. People will use the phone or internet to talk with a friend, but it is unlikely they will talk to a stranger over the phone or internet about suicide. Some have used the on-line resource, but others will not trust speaking to a stranger about suicide, the relationship is the key component.<sup>39</sup>

## Literature Reviews

The Assistant Secretary of Defense for Health Affairs requested the Rand National Defense Research Institute (NDRI) to conduct a study on military suicides with specific focus areas in 2011 analyzing military suicide epidemiology and identifying suicide prevention best practices in place.<sup>40</sup> There was no effort directed to discover what components within some programs made them effective or to look for possibilities of new programs.<sup>41</sup> The goal of the study was to identify specific elements that create a state-of-the-art suicide prevention strategy that reflect the best practices from across Department of Defense (DoD) and the five services. The result was the 229 page *The War Within: Preventing Suicide in the U.S. Military*, which provided six recommendations that centered on strengthening suicide prevention across the military services.<sup>42</sup> The study identified five categories of high-risk personnel, discussed a variety of correlating evidence, and linked them to access to lethal means and media focus on suicide. Their recommendations focused on increasing awareness and outreach towards treatment, rather than prevention.<sup>43</sup> The Rand Corporation provided a very detailed report but did not consider American culture, which is quite an oversight for a research project of this magnitude.<sup>44</sup> Rand conducted a significant study analyzing ways to prevent American suicides, yet did not mention reviewing the potential benefits of religion and faith. The military comes from a society that claims a belief in God by 83.6 percent of its population.<sup>45</sup> The research results do not mention anything about religion, faith or the primary religious denominations in the entire document.<sup>46</sup> This oversight was a common condition found in many of the studies reviewed on suicide prevention for this SRP. The Rand Study discusses hopelessness throughout the study among other variables linked to suicide tendencies. The report refers to numerous

studies that demonstrate the most common psychological correlations in both chronic and acute cases, is hopelessness, which is the only correlation with a substantial amount of evidence linked with suicide.<sup>47</sup> The report describes studies conducted on both inpatients and outpatients that show patients who self-report a high sense of hopelessness are more likely to commit suicide.<sup>48</sup>

The Army 2020: Generating Health & Discipline in the Force Ahead of the Strategic Reset (Gold Book) expands the comprehensive review of health and discipline in the Army. This 212-page report covers in detail, the health and discipline of the At-Risk population, and the synthesis of surveillance, detection, and response of the At-Risk and High-Risk population. The report discusses the physical and emotional aspects of the Soldiers' health. Post-Traumatic Stress Disorder, (PTSD), Traumatic Brain Injury (TBI), drug & alcohol abuse, and treatment efforts are discussed at length.

The report does not cover the third aspect of spirit within the three components of Soldier Health as outlined by the Army Campaign plan for health Promotion, Risk Reduction, and Suicide Prevention. Despite the 2009 memo from the Vice Chief of Staff directing a three-part approach to Soldier health, the Gold book does not mention anything about religion and faith as component of spiritual health.<sup>49</sup>

The U.S. Army War College (USAWC) conducted a school-wide Suicide Prevention Experiential Education Exercise (SPE3) in 2013 to examine ongoing research and review current Army policies. The overriding themes from the SPE3 stressed continued research to improve current practices and to identify new ideas to reduce suicide.<sup>50</sup> Students in the 2013 USAWC class wrote three Strategy Research Projects (SRP) regarding Army efforts to reduce suicide in its ranks following the

SPE3.<sup>51</sup> A review of these three SRPs is in order before expanding the dialogue into this latest research project.<sup>52</sup>

*Preventing Suicide: A Mission Too Big to Fail.* The first SRP is a group study completed by five students that provide an excellent survey of the Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention (ACPHP). The survey includes the history and integration of the various programs and their limited effects on reducing suicides within the Army. The authors Gloria Duck et al., outline the Army's massive research effort entitled "Study to Assess Risk and Resilience in Service Members" (STARRS).<sup>53</sup> Their research reviews six suicide triggers and identified gaps in policies and programs, as well as an overall lack of national understanding of the root causes of suicide.<sup>54</sup> The paper outlines a strategic approach following four lines of effort (LOE): leadership, resiliency, belongingness, and policy. The paper concludes with 11 generic recommendations focused on prevention, many that the Army was implementing at various levels at the time. This research does not consider a religious or faith-based impact, although the USAWC Stand Down did consider faith and religion during the event.<sup>55</sup>

*The Army's Use of Spirituality in the Prevention of Suicide.* A second SRP focuses more on the advantages of faith for adherents within the ranks and reviews the Suicide Prevention Program in general. The author, LTC Joseph Ignazzitto, describes the Army's efforts between 2002 and 2012 to curb Army suicides yet, during that same period, the number of suicides almost doubled.<sup>56</sup> The SRP then transitions to outline the research showing the positive influence of religion to reduce suicide ideation.<sup>57</sup> Despite the findings, his research demonstrates that Army doctrine has transitioned from

specific religious references to generic spirituality. To illustrate his point, the author lists two primary reports outlining conditions for Soldier health for the future force that do not mention religious faith in its plans, despite the CSA's guidance to address mind, body and spirit for total health.<sup>58</sup> LTC Ignazzitto outlines annual training requirements that reinforce the aspect of spirituality “not necessarily tied to religion,” and encourages an inward focus apart from religion.<sup>59</sup>

The paper concludes with the recommendation for improvements to two sections within the Master Resiliency Training (MRT) and in the Global Assessment Tool (GAT). The author suggests improvements in the family and spiritual dimensions modules in MRT. These two modules should include and emphasize the power of faith and the benefits of “...*the religious component of the spiritual dimension...*”<sup>60</sup> The SRP presents a compelling argument that Army Chaplains should conduct this instruction. The author points out chaplains have demonstrated a proper balance between the establishment and free exercise clauses found in the First Amendment for the last 200 years.<sup>61</sup>

*Suicide Prevention: It's All about Leadership.* The third SRP examines the conclusions reached by the Army about the reasons for the rising suicide rates and the programs implemented to address the crisis. The author, LTC Christopher Luekenga, provides a comprehensive overview consistent with the previous two SRPs and makes a great observation: One common prevention tool in all the programs instituted by the Army is communication and outreach.<sup>62</sup>

The author's research highlights three primary risk factors identified by the Army that have a direct correlation to Army suicides; individual relationship stressors, high risk behaviors, and medical conditions. The paper reports findings that show over 80

percent of Army suicides have at least one of these stressors and that relationship issues are present in 58 percent of suicides in 2009.<sup>63</sup>

The author discusses the social-psychological theories for suicides. These theories support the importance of belonging and hope, but postures some of his conclusions to say that the Army Force Generation (ARFORGEN) model led to conditions conducive for suicide ideation.<sup>64</sup> His conclusions seem at odds with recent studies that show very little causal connection between high OPTEMPO and multiple deployments and suicides.<sup>65</sup> The premise of the paper is that the noncommissioned officers (NCO) professional military education has resulted in small unit leadership failures in dealing with suicide prevention.<sup>66</sup> The research draws a connection between this lack of leadership training and the ARFORGEN model, which he feels, exacerbates the problem.<sup>67</sup> The paper concludes with recommendations in using ARFORGEN as a stabilizing agent in the Army community. Another recommendation is to expand the counseling, coaching, and mentorship training in the junior and mid-grade leadership schools.<sup>68</sup>

All three papers discuss value in relationships and the need for leader involvement, and outline the level of effort the Army has invested into the ASPP. Each papers discuss aspects of suicide prevention, but only one discusses the aspect of hope and religion as another resource to bring to bear against suicide. This is despite the fact that all three use some of the same literature resources and studies to reach their conclusions. Several of those shared sources discuss the benefits of religion in preventing suicide and/or in creating hope in its adherents. This is not to imply malice in any of the authors mentioned here or in the architects of the current suicide prevention

programs. The second SRP demonstrates that, regardless of the motives, leadership omitted faith and religion from the initial policies and plans for military suicide prevention.<sup>69</sup>

Every study reviewed for this paper linked feelings of hopelessness to increased suicide ideation. Clinical studies show causal relationship of hopelessness to a sense of being a burden to others without the possibility of conditions improving over time.<sup>70</sup> A sense of hopelessness and/or helplessness is a common condition in suicides that produces a feeling of enduring unbearable pain for no purposeful reason.<sup>71</sup> Any resource that can instill hope and or reduce an existing sense of hopelessness warrants serious consideration.

#### Religion Promotes Hope

A common source espoused for hope in times of trouble is religion. A *New England Journal of Medicine* study in late 2001 showed that 90 percent of responders indicated faith and prayer helped ease their fear and stress following 9/11, and 92 percent made the same claim after Hurricane Katrina.<sup>72</sup> Religion provides its adherents with a source of hope and purpose.<sup>73</sup> The renowned psychiatrist, Harold G. Koenig, has authored over 280 scientific articles, 60 chapters in professional books, and dozens of his own books defending his findings that religious adherence has a strong connection to personal health and resilience.<sup>74</sup> He testified before the House of Representatives in 2008 that his review of 388 quantitative studies report a 77 percent positive relationship between religion and spirituality and physical and mental health.<sup>75</sup>

The Holy Writings for three of the top religions in America - Christianity, Judaism, and Islam - espouse hope in their teachings and are fundamental to 81 percent of religious adherents in the country.<sup>76</sup> The Christian Bible discusses hope in 28 of the 66

books with 99 specific verses describing reasons for hope and over 100 verses explaining why not to be hopeless. The Book of Psalms is 150 chapters of praises about God's provision and hope in His grace.<sup>77</sup> The Hebrew *Tanach*, read by the adherents of the Jewish faith, discusses hope specifically in five of the 24 books. While not explicitly addressed, hope is woven throughout most of three main sections that make up the *Tanach*: the *Chumash* (Torah), the Prophets, and the Writings.<sup>78</sup> The Muslim *Quran* speaks of hope 156 times in 41 of the 114 *Suras* (chapters) in the book.<sup>79</sup>

Historically, religion and faith have demonstrated value in strengthening people to persevere through incredible hardship. The renowned psychiatrist, Viktor Frankl developed a new psychotherapeutic method called *Logotherapy* because of his suffering in WWII. The unique aspect of *Logotherapy* is that it assists the patient in developing hope for the future that provides a purpose in life. The European survivors experiencing the most hopeless conditions in modern history proved the value of hope and faith during the Nazi holocaust in WWII.<sup>80</sup> Frankl's recounting of his experiences in the *Auschwitz* Concentration camp describe in his book, *Man's Search for Meaning*, that prisoners who held on to a reason for living by clinging to hope for freedom, or for family, could physically and emotionally survive the camp. The prisoners who allowed hopelessness to overtake them usually perished.<sup>81</sup>

### Recommendations

The recommendation for geographically dispersed Soldiers is to incorporate local resources to supplement the ASPP. The dispersion of 3,300 National Guard armories and 1,800 Army Reserve facilities throughout the 50 states and four territories necessitates using local resources.<sup>82</sup> The current ASPP does not have local infrastructure to provide support to the vast majority of the RC personnel. Current

programs for these Soldiers are almost completely web-based. The local communities around each of these facilities could provide a resource to increase outreach to these Soldiers.<sup>83</sup> According to a 2010, Hartford Institute study, there are an estimated 350,000 religious congregations from dozens of different religious organizations in the United States of America.<sup>84</sup> These congregations represent a free local resource available to the RC.

This paper recommends establishing and encouraging an RC voluntary affiliation program with community organizations to provide RC Soldiers with local (person-to-person) resources for suicide prevention. A suggested name for this concept could be the Community Partner Program (CPP). The CPP is a voluntary affiliation program between RC units and local religious organizations in a multi-faith relationship to afford Soldiers an additional resource in times of personal crisis. The intended relationship in this program is similar to the relationship chaplains maintain when interacting with the formation in general. This affiliation is non-binding and does not generate any required actions outside of building a relationship of community and support between the units and religious organizations in the CPP. The voluntary, non-binding foundation of this program allows its activities to remain within current regulations and in full support of the spirit of the Army Campaign Plan.

The majority of the RC units reside outside of normal commuting distances from their battalion headquarters where the military chaplains and Suicide Prevention Program Managers (SPPM) are located. Geographically dispersed Soldiers are at a disadvantage from their AC counterparts who have face-to-face ready-access to the ASPP resources on Army installations. The CPP provides RC Soldiers with a face-to-

face option as an alternative to on-line resources, or in addition to these resources, to assist Soldiers in their time of need.

The CPP provides the benefit of connecting the RC to the community that develops a stronger understanding of the military life and strengthens community bonds. Even if the majority of the church members never meet the unit or its members, this program establishes bonds between the two organizations that will gain strength over time. This connection could be significant for the Family Readiness Groups (FRG) and the Unit Sponsorship Program that are often struggling for volunteers and resources during periods of turmoil. The voluntary spirit and the patriotic convictions within the religious organizations are powerful and the affiliation leverages those convictions to help leaders build resiliency in the unit and community. RC resiliency can be built through community relations, support for single Soldiers, and families of deployed Soldiers. CPP also provides a potential “recruiting benefit” in providing civilians a personal relationship with the Army that might not have existed otherwise.<sup>85</sup>

#### John Kotter’s Eight-stage Process for Major Change

The challenge comes with implementing this suggestion in light of the organizational blind spot with options associated with religion. This recommendation will require a dedicated process to implement the change and to ensure it endures as a voluntary program for all concerned. Organizations are inherently resistant to change according to retired Harvard Business professor, John Kotter. In his 1996 book *Leading Change*, Kotter outlines an eight-stage process to overcome this organizational inertia.<sup>86</sup> This time-proven method must occur in sequence taking each stage to completion prior to starting the next stage.<sup>87</sup> If the entire sequence is completed and the change grounded in the organizational culture, the change will endure.<sup>88</sup>

The first stage is to *establish a sense of urgency* that requires removing complacency in the organization that impedes change. This urgency starts at the senior command levels of the Army Reserve and National Guard Bureaus through statements, policy letters, and discussions at the regional Commanders Conferences. The ASPP is already a discussion topic each year, so this addition would require nominal effort to start the process. Units continue pushing this urgency down through subordinate command channels and through the SGMs meetings down to the 1SGs meetings.

The impediments to progress are strongest around the sources of complacency. Change occurs by removing those pockets of complacency.<sup>89</sup> The Army averaged 290 suicides a year, over the past five years. This average means that a Soldier commits suicide every 28 hours.<sup>90</sup> The trend is still too high, so continued analysis is required to identify any options to reduce the Army suicide numbers. The Army cannot stop all suicides, but it can make every effort to afford Soldiers every possible alternative to suicide.<sup>91</sup> This urgency will require senior leaders to start the conversation, but it requires the chain of command down to the company to emphasize that there is still much work to do before the suicide crisis is over.<sup>92</sup>

The next stage is *creating the guiding coalition* to mobilize influencers within the organization, which requires a team, not an individual.<sup>93</sup> The guiding coalitions start at the division and brigade level commands. The senior officers and SGMs speak to the subordinate leadership to ensure them that this is a safe, voluntary plan that can enhance their suicide prevention efforts down to the company level. The coalition must contain sufficient key players within U.S. Army Reserve Command (USARC), the

National Guard Bureau, Installation Management Command, FRGs, and the Chaplain Corps.

Kotter lists four key characteristics that make an effective team that include positional power, expertise, credibility and leadership. Consider adding anyone who can leverage influence and leadership to push through organizational inertia. Key players are those who can block the change if left out of the coalition.<sup>94</sup> This initiative requires a guiding coalition among the community religious organizations as well. Support from the key players among the primary religious groups within the Army demographics is critical.<sup>95</sup> This requires trust between both teams to adhere to the agreements and trust to choose not to participate or to withdraw from the program without consequence.<sup>96</sup>

The third stage is *developing a vision and a strategy* to develop a clear picture of the future. The USARC would develop the vision and strategy to provide command emphasis and the clear intent for the change. The USARC staff might develop a tri-fold flyer similar to the methods used to develop and publish the *Rally Point 32* initiative.<sup>97</sup> Three conditions result from a strong vision; it clarifies the change intent and its importance to the organization, it incentivizes members to take appropriate action, and it coordinates numerous efforts to the same goal.<sup>98</sup> A clear direction identifies inefficient processes and requirements or restrictions for removal and reallocating efforts towards successful change.<sup>99</sup> The strategy must focus on a very low cost, voluntary program that allows for web-based coordination prior to face-to-face meetings, is unit initiated, and non-proselytizing in nature.<sup>100</sup> Unit members must be free from unsolicited attempts to convert them from one religion to another. The strategic application can mimic the Hire Our Heroes affiliation program.<sup>101</sup>

Stage four is *communicating the change vision* and is the final stage that focuses on changing the status quo. The key is to keep the message simple, consistent in policies and actions, and repeated often.<sup>102</sup> The strategic message implementing the program must emphasize that it is consistent with the Army Campaign Plan, and assists in establishing conditions for Force 2025. The program stresses equal access to all religious organizations in order to increase ties to the local community.

*Empowering Broad-Based Action* is the fifth stage and is critical because it empowers a wide range of people within the organization to push the change to successful conclusion. The members remove obstacles to success in their day-to-day actions that often times the leaders would never know were there. Kotter believes that most of the obstacles reside in four areas, structures, skills, systems, and supervisors that impede progress.<sup>103</sup> Many of the components to implement the affiliation program reside in these four areas, making the path to success more easily coordinated.<sup>104</sup>

Broad-based action is initiated through an introduction briefing at all the annual Commander's Conferences. Broad-based action is empowered through additions to the annual ASPP training, and some additional instruction in the Master Resiliency Training. Publishing policy memos through command channels and the Chaplain Corps keep key leaders informed and support for the change.

The sixth stage is *generating short-term wins*, which establishes momentum and verifies change is the right change for the organization.<sup>105</sup> Leaders have an obligation to be good stewards of the organization by confirming the change is benefiting the organization before making too much investment.<sup>106</sup> A good short-term win example could include the successful launch of the affiliation program website that measures a

high volume of “visits.” Another metric could be enthusiastic participation rates by both RC units and a variety of community religious organizations.<sup>107</sup>

*Consolidating gains and producing more change* is the seventh stage in the process. This stage holds the highest risk for losing momentum and falling into regression. The guiding coalition must push for additional change and continue to promote the vision and increase the sense of urgency.<sup>108</sup> The best opportunity for the program is immediately following a successful pilot program. This is where the coalition applies more pressure to ensure full implementation continues across the Army formation.

The final stage is *anchoring new approaches in the culture* to maintain lasting change as the organization transitions to new leadership and other endeavors. The guiding coalition must articulate the successes of the program by connecting the changes with the program usage and reduced suicides. Then leaders must leverage this success to fuel thinking that is more creative. Anchoring the final version of the CPP occurs when it is documented beyond the local policies and becomes part of the ASPP. This includes updates and additions in future versions of the Army Campaign Plan, the 2025 Army Strategy for Suicide Prevention, the Ready and Resilient Campaign, AR 600-63, Army Health Program, and the DA Pam 600-24, Health, Promotion, Risk reduction, and Prevention.

## Conclusion

Suicides are the second leading cause of military deaths since 2010 and are a key indicator of reduced resiliency. The program is not as effective as it could be and requires revision to provide a holistic application of all proven tools and include religious resources to accommodate the RC Soldiers. Expanding the ASPP to include the

empowerment of religious faith will increase outreach to the Army formation where over 73 percent of the Soldiers self-identify a religious preference.

Force 2025 objectives require a resilient force as a cornerstone to maintaining military readiness. The suicide crisis in the Army illustrates the need for increased resiliency in the force. Suicide prevention must be a part of any plan to increase resiliency and must reach the broadest audience possible.

A literary review of the primary Army study and the last three War College studies on suicide prevention indicate hopelessness as a common condition for suicide ideation. Much of the common research material discussed the need for hope, yet it was not discussed in these extensive research efforts. This organizational blind spot reduces the Army's potential to mitigate suicides with an insufficient program.

Any resource that can instill hope or reduce the sense of hopelessness warrants serious consideration. Religion provides its adherents with a source of hope. The Holy Writings for three of the most observed religions in America - Christianity, Judaism, and Islam - espouse hope and make up almost 81 percent of religious adherents in the country. Suicide ideation and hopelessness are intimate feelings that are most likely discussed with someone previously known. Recent business studies have validated that money and time invested in face-to-face meetings dramatically improve relationships and build trust.

This paper recommends revising the ASPP to increase Soldier resiliency for the Force 2025: Encourage RC units to voluntarily affiliate with religious community resources in a multi-faith, non-proselytizing relationship to enhance the coverage provided by the suicide prevention program. This program provides Soldiers the

opportunity to build connections with the community. Update the policies and training as discussed in this paper to support the CPP and recognize the value of religious faith as a counseling tool for religious adherents.

## Endnotes

<sup>1</sup> U.S. Department of the Army, "Army Suicide Awareness and Prevention: Every One matters!," Office of Chief of Chaplains and DCS, G-1, <http://www.army1.army.mil/dcs/docs/suicide%20awareness%20and%20prevention.ppt> (accessed 29 January 2015), slide 3. Numerous searches have been unable to discern who specifically within the DCS, G-1 or the Chief of Chaplains office used the phrase in the brief. The brief comes with a spiritual overtone so the office of the Chief of Chaplains is referenced as the likely creator of the slide deck.

<sup>2</sup> The Army Ready and Resilient Campaign 2013 defines resilient as, "...the mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn, and grow from temporary setbacks... the mental, physical, emotional, and behavioral ability to face and cope with adversity, adapt to change, recover, learn, and grow from temporary setbacks... This positive perspective and willingness to overcome obstacles is indicative of the quality of resilience." <http://www.army.mil/readyandresilient> (accessed 17 March 2015).

<sup>3</sup> Gregg Zoroya, "Suicides No. 2 Cause of Death in Military," *USA Today*, 14, June, 2012, 1, <http://usatoday30.usatoday.com/news/military/story/2012-06-13/military-suicides/55585182/1>. (accessed 26 January 2015); "Deaths by Suicide While on Active Duty, Active and Reserve Components," U.S. Armed Forces, Armed Forces Health Surveillance Center, 1998-2011," 19 June 2012, <http://www.ncbi.nlm.nih.gov/pubmed/22779434> (accessed 24 January 2015).

<sup>4</sup> The term Reserve Component Soldiers used in this paper refers to both Army National Guard and Army Reserve forces.

<sup>5</sup> Military Leadership Diversity Commission, "Religious Diversity in the U.S. Military," (Arlington, VA: MLDC, June 2010). [http://secular.org/files/mldc-ripsdemographics\\_0.pdf](http://secular.org/files/mldc-ripsdemographics_0.pdf) (accessed 29 January 2015) 22. The 73.1 percent is the average of four survey results, RIPS-65.84, DMDC-69.25, ARIS-75.98, and PEW-78.5 percent; As of 29 December 2014, Human Resources Command Total Army Personnel Data Base-Reserve, (TAPDB-R) database for Army Reserve Soldiers (includes all AGR, TPU, IMA and IRR) contained 289,677 personnel records. 65 percent of the records contained a religious affiliation, with 23 percent indicating no religious preference and around 12 percent having no entry recorded.

<sup>6</sup> These numbers were located at two separate internet sites: National Guard Bureau, The National Guard Bureau 2014 Posture Statement, Washington, DC, 10. <http://www.nationalguard.mil/portals/31/Documents/PostureStatements/2014%20National%20Guard%20Bureau%20Posture%20Statement.pdf>. (accessed 6 January 2015; United States Army Reserve 2014 Posture Statement, "America's Army Reserve: A life-Saving, life-Sustaining Citizen Soldier Force for the Nation," <http://www.usar.army.mil/resources/Media/FINAL%20OMB%20Cleared%20%20->

%20Army%20Reserve%20Posture%20Statement%202014.pdf. (accessed 20 January 2015), 10.

<sup>7</sup> A number of smaller changes will strengthen the conditions for this program to succeed. Updating policies and training to recognize the value of religious faith as a counseling tool for religious adherents across the formation is foundational to empower this affiliation program.

<sup>8</sup> Department of the Army, Office of the Vice Chief of Staff, "Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention (ACPHP)," April 16, 2009, 1. The 32-page memo discusses the holistic approach in several areas recognizing that addressing and focusing on these three core areas (mind, body, spirit) of what it means to be human, addresses the suicide problem as quoted on each page by Gen Peter W. Chiarelli, VCSA.

<sup>9</sup> James N. Fuller, "The Leader's Role in Strategy," *Graziado Business Review*, Pepperdine School of Business and Management, 2005, Volume 8, Issue 2, 1. <http://gbr.pepperdine.edu/2010/08/the-leaders-role-in-strategy/>. (accessed 25 January 2015); Stephen J. Gerras, ed., *Strategic Leadership Primer*, 3<sup>rd</sup> ed., (Carlisle Barracks, PA: Department of Command, Leadership, and Management, 2010), 3.

<sup>10</sup> John P. Kotter, *Leading Change*. (Boston: Harvard Business Review Press, 1996), 20.

<sup>11</sup> John P. Kotter, *Leading Change*, 20-23. John Kotter stresses the need to follow all eight steps in sequence to ensure success. This is not a cut-and-dry formula, but each step builds a foundation for the next step to progress forward, which builds momentum. This momentum is required to push through the institutional inertia to change.

<sup>12</sup> Association of the United States Army, "Force 2025 and Beyond: The U.S. Army's Holistic Modernization Strategy," January 2015, 1. This was reviewed from a periodic War College handout from AUSA, but the article can be accessed at [www.ausa.org](http://www.ausa.org)

<sup>13</sup> Jim McElroy, and Jackie Oberst, "Suicide in the Military: Army-NIH Funded Study Points to Risk and Protective Factors," March 3, 2014, National Institute of Mental Health, <http://www.nimh.nih.gov/news/science-news/2014/suicide-in-the-military-army-nih-funded-study-points-to-risk-and-protective-factors.shtml> (accessed 4 march 2015). The Army Study to Assess Risk and Resilience in Service members (STARRS) discusses the steady rise in Army suicides from 2004 to 2009 among all demographics within the force. The article discusses findings from STARRS and three other article studies and states the root causes of suicide are still unknown. It concludes that isolating risk factors allows new and novel protective factors to be developed.

<sup>14</sup> Martin E. Dempsey, *Mission Command* (Washington, DC: U.S. Joint Chiefs of Staff, April 3, 2012), 4, <http://www.jcs.mil/Portals/36/Documents/Publications/missioncommandwhitepaper2012.pdf>. (accessed 26 December, 2014).

<sup>15</sup> U.S. Secretary of the Army John M. McHugh, "Army Ready and Resilient Campaign Plan," Memorandum for Under Secretary of the Army and the Vice Chief of Staff, Army, Washington DC, 4 February 2013. <http://www.army.mil/article/95793> (accessed 26 December 2014); Gary Sheftick, "SecArmy orders 'Ready and Resilient Campaign,' 5 February 2103, The United States Army Home Page, <http://www.army.mil/article/95793> (accessed 31 December,

2014). The Ready and Resilient Campaign (R2C) Campaign guides the Army's efforts to build and maintain resilience across the Total Army to improve unit readiness and further reinforce the Army Profession. The goal of the campaign is to integrate the numerous initiatives throughout the Army, Army Reserve and the Army National Guard to strengthen the force for today and for the Force 2025.

<sup>16</sup> Raymond T. Odierno, "Initial Thoughts-Chief of Staff," U.S. Army, 2012, Washington DC, <http://usarmy.vo.llnwd.net/e2/c/downloads/219032.pdf>. (accessed 29 November 2014).

<sup>17</sup> Reginald Rogers, "Suicide Prevention: Resiliency Key to Overcoming Threat to Army Ranks," *The United States Army Home Page*, 20 August 2013, [http://www.army.mil/article/101335/Suicide\\_prevention\\_Resiliency\\_key\\_to\\_overcoming\\_threat\\_to\\_army\\_ranks/](http://www.army.mil/article/101335/Suicide_prevention_Resiliency_key_to_overcoming_threat_to_army_ranks/). (accessed 28 January 2015).

<sup>18</sup> Association of the United States Army, "Force 2025 and Beyond: The U.S. Army's Holistic Modernization Strategy," January 2015, 1. This was reviewed from a periodic War College handout from AUSA, but the article can be accessed at [www.ausa.org](http://www.ausa.org)

<sup>19</sup> United States Army Reserve 2014 Posture Statement, "America's Army Reserve: A life-Saving, life-Sustaining Citizen Soldier Force for the Nation," <http://www.usar.army.mil/resources/Media/FINAL%20OMB%20Cleared%20%20-%20Army%20Reserve%20Posture%20Statement%202014.pdf>. (accessed 20 January 2015), 10. There are around 3,300 National Guard armories and around 1,800 Army Reserve facilities (in 1,100 communities) within the Reserve Component with most of the unit members not have ready access to ACPHP resources on active duty installations.

<sup>20</sup> U.S. Department of the Army, Office of the Vice Chief of Staff, "Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention (ACPHP)," April 16, 2009, 1.

<sup>21</sup> Army Campaign Plan for Health, 1.

<sup>22</sup> Antoon A. Leenaars, *Suicide Among the Armed Forces: Understanding the Cost of Service*, (Amityville, NY: Baywood Publishing Co., Inc., 2013, 317. This reference to a holistic approach was validated in the DoD, 2010 report, "*The Challenge and Promise: Strengthening the Force, Preventing Suicide and Saving Lives*," Dr. Leenaars focused his comments in pages 315-322, on the report's Foundational Recommendations. Recommendation 4, describes the value of a mind, body, spirit approach as "...the pinnacle of primary prevention..."

<sup>23</sup> U.S. Department of the Army, *Health Promotion, Risk Reduction, and Suicide Prevention*, Department of the Army Pamphlet 600-24 (Washington DC: U.S. Department of the Army, 17 December 2009, (RAR issue date 7 September 2010)), 1.

<sup>24</sup> Rajeev Ramchand, eds., *The War Within Preventing Suicide in the U.S. Military*, xviii. *Prevention* falls into two categories: Social awareness and leadership and first responder training, and screening for high-risk and referral procedures for mental health problems. Intervention emphasizes actions during an attempt or a known pending attempt. These can include counseling to firearms restriction to escorting a potential suicide victim to a mental health facility. *Postvention* efforts focus on establishing processes and actions following a suicide.

<sup>25</sup> These programs include but are not limited to the: Chaplain Corps, Army One Source website, the Shoulder-to-Shoulder training videos, Ask, Care, Escort (ACE) Program, Military Family Life Consultants, and installation Behavior Health Centers. An excellent description of most of these programs can be found in DA Pam 600-24, *Health Promotion, Risk Reduction, and Suicide Prevention*, RAR edition 7 September, 2010, chapters 2,3 and 4.

<sup>26</sup> Information about Military One-Source and access to the list of numerous links can be found at [http://www.militaryonesource.mil/footer?content\\_id=267441](http://www.militaryonesource.mil/footer?content_id=267441), (accessed 28 December 2014).

<sup>27</sup> The author created this chart following an unsuccessful search for a flow chart depicting the ASSP. The chart was built from information gleaned from the following resources: U.S. Department of the Army, Office of the Vice Chief of Staff, "Army Campaign Plan for Health Promotion, Risk Reduction, and Suicide Prevention (ACPHP)," April 16, 2009; DA Pam 600-24, *Health Promotion, Risk Reduction, and Suicide Prevention*, RAR edition 7 September, 2010, Chapter two; Gloria Duck, Timothy Holman, Jennifer Jessup, Keith Lostroh, and Robert Walter, "Preventing Suicide: A Mission Too Big to Fail." Strategic Research Project, Carlisle, PA: U.S. Army War College, March 2013; and Rajeev Ramchand, eds., *The War Within Preventing Suicide in the U.S. Military*, Santa Monica, CA; RAND Corporation, (2011).

<sup>28</sup> Department of the Army, "Calendar Year Summary as of 31 Dec 14," (Washington DC: DCS, G-1, Suicide Prevention, 02 Jan 15) 2. The Carlisle Barracks ASAP Manager/ADCO provided me a copy of the slides he received from the Suicide Prevention Program Manager (SPPM) at IMCOM ASAP HQ's in San Antonio, TX.

<sup>29</sup> Ken Funk, "What is a Worldview?," 21 March 2001, <http://web.engr.oregonstate.edu/~funkk/Personal/worldview.html>. (accessed 04 February 2015). The author summarizes several psychologists and philosophers definitions to: "...A worldview is the set of beliefs about fundamental aspects of reality that ground and influence all one's perceiving, thinking, knowing, and doing..."

<sup>30</sup> Kenneth R. Samples, "What in the World is a Worldview,?" 01 January 2007, <http://www.reasons.org/articles/what-in-the-world-is-a-worldview>. (accessed 03 February 2015).

<sup>31</sup> Loyd J. Matthews, ed., *The Future of The Army Profession*, (Boston: McGraw-Hill Custom Publishing, 2005), 464.

<sup>32</sup> Department of the Army, Office of the Vice Chief of Staff, "Army Campaign Plan for Health, 1, paragraph 1. Situation. This memo outlines how the Army Campaign Plan will "...emphasize the physical, mental, and spiritual aspects of health to achieve an immediate and lasting impact..." The doctrine and the programs have addressed the physical and mental aspects but are minimal on the spiritual aspect.

<sup>33</sup> Peter W. Chiarelli, *The Army Health Promotion, Risk Reduction, Suicide Prevention, Report 2010*, (Washington, DC: US Department of the Army, July 28, 2010), 126. The report provides a detailed list of accomplishments by the Army to act on the results of this study. Under paragraph d(2) Support to Soldiers: "...Created and authorized the fill of 72 chaplains across the Army..."; Department of the Army, AR 600-63, *Army Health Program*, Sept 2010, 3, places ASPP under the Army G-1: DA Pam 600-24, *Health Promotion, Risk Reduction, and Suicide Prevention*, RAR edition 7 September, 2010, Chapter two. The DA Pam identifies the integral participation of the chaplain in a support role 30 times throughout the document.

<sup>34</sup> The holistic complex problem approach is clear in the Army Campaign Plan for health Promotion, Risk Reduction, and Suicide Prevention, and the 2020 Army Strategy for Suicide Prevention. Approaching suicide prevention as a linear simple problem places all solution results at a disadvantage because the linear approach is insufficient.

<sup>35</sup> U.S. Joints Chief of Staff, *Joint Operation Planning*, Joint Publication 5-0, (Washington DC: US Joint Chiefs of Staff, 11 August 2011), xix, III-1. Operational design and JOPP are complementary interactive parts of the strategic planning process that provide an iterative approach to problem solving that links solutions to the ends-ways-means to accomplish the mission. Design is better suited to address and to manage the suicide problem.

<sup>36</sup> This comment is not an accusation, but it does beg the question of why? Political Correctness can be difficult to characterize, but it is like the Supreme Court Justice Potter Stewart's definition of pornography in 1964. *You might not know how to characterize pornography, but you know it when you see it.* This information was found on the *LawBlog* under Constitutional Law in the article "The Origins of Justice Stewart's "I Know It When I See It." At <http://blogs.wsj.com/law/2007/09/27/the-origins-of-justice-stewarts-i-know-it-when-i-see-it/>. (accessed 19 January 2015).

<sup>37</sup> Jeff Koyen, "Business Meetings: The Case for Face-to-Face," *Forbes Insights*, June 2009, [http://images.forbes.com/forbesinsights/StudyPDFs/Business\\_Meetings\\_FaceToFace.pdf](http://images.forbes.com/forbesinsights/StudyPDFs/Business_Meetings_FaceToFace.pdf) (accessed 7 February 2015), 2-3. Respondents explained that personal interaction built stronger, deeper business relationships (85 percent), ability to read body language and facial expressions (77 percent), and *greater social interaction to bond with co-workers and clients* (75 percent)

<sup>38</sup> Mary Beth McEuen and Christine Duffy, "The Future of Meetings: The Case for Face-to-Face," The Maritz Institute White Paper, 2010. [http://www.themaritzinstitute.com/perspectives/~/\\_media/files/maritzinstitute/white-papers/the-case-for-face-to-face-meetings-the-maritz-institute.pdf](http://www.themaritzinstitute.com/perspectives/~/_media/files/maritzinstitute/white-papers/the-case-for-face-to-face-meetings-the-maritz-institute.pdf). (accessed 9 February 2015), 9; The Center for Hospitality Research at Cornell University also published this study as a Hospitality Industry Perspective (No. 6, September 2010 at [www.chr.cornell.edu](http://www.chr.cornell.edu)).

<sup>39</sup> The author experienced this "reluctance" with a Soldier with suicide ideation in 2014 who refused to speak with a stranger over the phone or computer. The Soldier called his old battalion commander, (a friend of mine), who lived 120 miles away, who was unable to locate a chaplain or a counselor who could speak to the soldier in person. The battalion commander called the author who lived an additional 400 miles away to seek resolution. We conducted a three-way conversation over three separate phone calls for several hours before achieving resolution. The Soldier is still receiving therapy, but feels that if he did not contact us and only depended on the on-line or 1-800 resource, he would be dead today. This is not an indictment of the ASPP program, but illustrates that a face-to-face resource should be made available if the ability exists to establish a low cost option through local communities.

<sup>40</sup> Rajeev Ramchand, Joie Acosta, Rachel M. Burns, Lisa H. Jaycox, and Christopher G. Pernin, *The War Within: Preventing Suicide in the U.S. Military* (San Monica, CA: RAND Center for Military Health Policy Research, February 2011), iii-iv. The request included four specific focus areas: "Review the current evidence detailing suicide epidemiology in the military, Identify "best-practice" suicide-prevention programs, Describe and catalog suicide-prevention activities in DoD and across each service, and Recommend ways to ensure that the activities in DoD and across each service reflect best practices."

<sup>41</sup> Rajeev Ramchand, *The War Within*, 55-56.

<sup>42</sup> Rajeev Ramchand, "U.S. Military Should Improve Behavioral Health Programs in Response to Rising Number of Suicides among Armed Forces," (San Monica, CA: RAND Center for Military Health Policy Research, 2011), 17 February 2011, <http://www.rand.org/news/press/2011/02/17.html>. (accessed 20 January 2015).

<sup>43</sup> Rajeev Ramchand, *The War Within*, 105-120.

<sup>44</sup> A thorough review of the document as well as an internet search on the conditions surrounding the project found no discussion of culture or religion considered in the options to reach a broader audience. A word scan of numerous words linked to culture, religion and/or faith found no use of these words anywhere in the full text. It is possible that culture and religion were considered in the research, but it seems unlikely that the effort was made and not mentioned in the research descriptions, if for no other reason than to rule it out as a viable consideration.

<sup>45</sup> Pew Forum on Religion & Public Life, "The Global Religious Landscape," December 2012, [www.pewforum.org/files/2014/01/global-religion-full.pdf](http://www.pewforum.org/files/2014/01/global-religion-full.pdf). (accessed 04 March 2015). The project found that in 2010 over 83.6 percent of Americans polled believed in some version of God, 50.

<sup>46</sup> A detailed review of the Rand Study found not one use of the words *religion*, *faith*, *church*, *mosque*, *spirituality*, *hope* (only twice) or *synagogue* anywhere in the entire 229 pages of the report that include 11 pages of references. The word "religious" is found once on page 94, where it mentions religious specialists in a list of job specialties in a Navy HQ. This seems odd considering the level importance that religion holds for the vast majority of the country, yet it is omitted in the Rand study for potential value.

<sup>47</sup> Rajeev Ramchand, eds., *The War Within*, 32.

<sup>48</sup> *Ibid.*, 33. The studies referenced when outlining the impact of hopelessness on suicidal patients included McMillan et al., 2007, Wenzel and Beck 2008, and Rudd, 2004 to page 38.

<sup>49</sup> U.S. Department of the Army, *Army 2020 Generating Health and Discipline: Ahead of the Strategic Reset, Report 2012, Army Gold Book* (Washington, DC: U.S. Department of the Army, 2012). A word search within the document failed to find a single use of the words, religion, God, church, Prayer, or pray. The study simply did not discuss religion or faith at all. This seems odd considering much of the information found in this SRP about the recorded facts about faith and resiliency is found in open sources on the internet.

<sup>50</sup> Gloria Duck, Timothy Holman, Jennifer Jessup, Keith Lostroh, and Robert Walter, "Preventing Suicide: A Mission Too Big to Fail." Strategic Research Project, Carlisle, PA: U.S. Army War College, March 2013, 3.

<sup>51</sup> Gloria Duck, et al, 7.

<sup>52</sup> This SRP continues the discussion of three previous SRPs completed in 2013. Read these three SRPs in the order listed here as each one builds on the conversation. The first paper provides a good overview but completely misses the spiritual aspect. The second SRP focuses on the spiritual considerations and provides strong support with increased focus on the

benefits of faith. The final SRP focuses on recommendations to the junior leadership and training:

1. Gloria Duck, Timothy Holman, Jennifer Jessup, Keith Lostroh, and Robert Walter, "Preventing Suicide: A Mission Too Big to Fail." Strategic Research Project, Carlisle, PA: U.S. Army War College, March 2013.
2. Ignazzito, Joseph V. II. "The Army's use of Spirituality in the Prevention of Suicide." Strategic Research Project, Carlisle, PA: U.S. Army War College, March 2013.
3. Christopher S. Luekenga. "Suicide Prevention: It's All about Leadership." Strategic Research Project, Carlisle, PA: U.S. Army War College, March 2013.

<sup>53</sup> Gloria Duck, et al, Preventing Suicide, 2.

<sup>54</sup> Ibid., 8. Suicide triggers are also discussed in detail on pages 13 to 19.

<sup>55</sup> Ibid., 76, 77. Appendix A lists the categories of discussion during the USAWC Suicide Prevention Experiential Education Exercise; U.S. National Institute of Mental Health, "The Making of Army STARRS: An Overview," (<http://www.nimh.nih.gov/health/topics/suicide-prevention/suicide-prevention-studies/the-making-of-army-starrs-an-overview.shtml>)

<sup>56</sup> James Dao and Andrew W. Lehren, "Baffling Rise in Suicides Plagues the U.S. Military," *The New York Times*, 16 May 2013, 1. In 2002, the suicide rate was 10.3 per 100,000 military troops, well below the comparable civilian rate. By early 2013, the military suicide rates have jumped above 18 per 100,000 troops. Since 9/11, over 2,700 service members have committed suicide. Veteran suicides have risen since 2001, to an estimated 22 a day, according to the Department of Veterans Affairs. [http://www.nytimes.com/2013/05/16/us/baffling-rise-in-suicides-plagues-us-military.html?pagewanted=all&\\_r=0](http://www.nytimes.com/2013/05/16/us/baffling-rise-in-suicides-plagues-us-military.html?pagewanted=all&_r=0) (accessed 21 January 2015).

<sup>57</sup> Joseph V. Ignazzito, II. "The Army's use of Spirituality in the Prevention of Suicide." Strategic Research Project, Carlisle, PA: U.S. Army War College, March 2013, 14 and 20.

<sup>58</sup> Joseph V. Ignazzito, II. "The Army's use of Spirituality, 18. He references the *Army Health Promotion, Risk Reduction & Suicide Prevention: Report 2010*, and the *Army 2020 Generating Health & Discipline in the Force Ahead of the Strategic Reset Report 2012*, 70.

<sup>59</sup> Ibid., 7-8. The statements here focus on the spiritual training module found in the GAT, which Soldiers must take each year. The tone of the training is not anti-religion, but it leaves an impression of encouragement towards non-religious spirituality each time I have completed it.

<sup>60</sup> Ibid., 20.

<sup>61</sup> Ibid., 21; U.S. Constitution, Bill of Rights, First Amendment. —"*...Congress shall make no law respecting an establishment of religion, or prohibiting the free exercise thereof...*"

<sup>62</sup> Christopher S. Luekenga. "Suicide Prevention: It's All about Leadership." Strategic Research Project, (Carlisle, PA: U.S. Army War College, March 2013) 3, and 6.

<sup>63</sup> Peter W. Chiarelli, *The Army Health Promotion, Risk Reduction, Suicide Prevention, Report 2010*, 24.

<sup>64</sup> Christopher S. Luekenga. "Suicide Prevention: It's All about Leadership," 15-16

<sup>65</sup> James Dao, "Deployment Factors are not Related to Rise in Military Suicides, Study Finds," *The New York Times*, 6 August 2013. "...Researchers concluded that deployments and exposure to combat were not major factors behind a significant increase in military suicides from 2001 to 2008..." [http://www.nytimes.com/2013/08/07/us/deployment-factors-found-not-related-to-military-suicide-spike.html?\\_r=0](http://www.nytimes.com/2013/08/07/us/deployment-factors-found-not-related-to-military-suicide-spike.html?_r=0) (accessed 20 March 2015).

<sup>66</sup> Christopher S. Luekenga. "Suicide Prevention: It's All about Leadership," 17-19.

<sup>67</sup> U.S. Department of the Army, *Army Force Generation*, Army Regulation 525-29, (Washington DC: U.S. Department of the Army, 14 March 2011, 1. The Army Forces Generation (ARFORGEN) model was created in 2004, and implemented in 2006 as a "...rotational readiness model to provide strategic flexibility to meet security requirements for a continuous presence of deployed forces... The ARFORGEN process is the Army's core process for force generation, executed with supporting-to-supported relationships, that cycles units through three force pools: RESET, Train/Ready, and Available..."

<sup>68</sup> Christopher S. Luekenga. "Suicide Prevention: It's All about Leadership," 27-28.

<sup>69</sup> Joseph V. Ignazzito, II., "The Army's use of Spirituality in the Prevention of Suicide," 17-18. The research discusses the 1987 version of DA Pam 600-63-12, *The Army Health Promotion Program*, and the December 2007 draft Department of Army Suicide Prevention Program quick reference guide as examples of earlier guidance that acknowledged the value of faith and religion for portions of the military population.

<sup>70</sup> Thomas Joiner, *Why People Die By Suicide: Further Development and Tests of the Interpersonal-Psychological Theory of Suicidal Behavior*, Extract <http://portal.idc.ac.il/en/Symposium/HSPSP/2011/Documents/cjoiner11.pdf> (accessed December 26, 2014), 10.

<sup>71</sup> Antoon A. Leenaars, *Suicide Among the Armed Forces*, 318.

<sup>72</sup> Donald Meichenbaum, "Trauma, Spirituality, and Recovery: Toward a Spiritually-Integrated Psychotherapy," [http://www.melissainstitute.org/documents/spirituality\\_psychotherapy.pdf](http://www.melissainstitute.org/documents/spirituality_psychotherapy.pdf) (accessed 11 February 2015), 6. ;Mark A. Shuster, Bradley D. Stein, Lisa h. Jaycox, Rebecca L. Collins, et al, "A National Survey of Stress Reactions after the September 11, 2001, Terrorist Attacks," *The New England Journal of Medicine*, 345:1507-1512, November 15, 2001, <http://www.nejm.org/doi/full/10.1056/NEJM200111153452024#t=article> (accessed 03 February 2015), table 3.

<sup>73</sup> Donald Meichenbaum, "Trauma, Spirituality, and Recovery, 5.

<sup>74</sup> *Spirit-Health Connections Home Page*, "Resources for Integrating health and healing," <http://www.spirit-health.org/author.asp?a=32> (accessed 18 March 2015).

<sup>75</sup> Harold G. Koenig, "Religion, Spirituality, and Public Health: Research, Applications, and Recommendations," Testimony to Subcommittee on Research and Science Education of the House of U.S. Representatives, 18 September 2008), 44.

[http://archives.democrats.science.house.gov/Media/File/Commdocs/hearings/2008/Research/18sept/Koenig\\_Testimony.pdf](http://archives.democrats.science.house.gov/Media/File/Commdocs/hearings/2008/Research/18sept/Koenig_Testimony.pdf) (accessed 21 March 2015).

<sup>76</sup> Pew Forum on Religion & Public Life, "The Global Religious Landscape," December 2012, [www.pewforum.org/files/2014/01/global-religion-full.pdf](http://www.pewforum.org/files/2014/01/global-religion-full.pdf). (accessed 04 March 2015), 50. The 2010-detailed poll found 78.3 percent of those polled were Christian, 1.8 percent were Jewish, and 0.9 percent were Muslim making up 81.0 percent of the country falling into those three faith groups.

<sup>77</sup> King James Bible Online, King James Version (KJV) <http://www.kingjamesbibleonline.org/> (accessed 18 January 2015).

<sup>78</sup> Torah.org. Provides a variety of resources including articles and external links and classes at <http://www.torah.org/> and <http://www.torah.org/learning/basics/primer/torah/bible.html> (accessed 20 January 2015). The Torah also speaks of a female prophet named Hulda for her message of hope in II Kings chapter 22.

<sup>79</sup> Quran Explorer, <http://quranexplorer.com/> (accessed 20 January 2015).

<sup>80</sup> Joseph E. Persico, *Nuremberg: Infamy on trial*, (New York: Penguin books, 1995, Introduction x-xiii; Christopher R. Browning, *Ordinary men; Reserve Police Battalion 101 and The Final Solution in Poland*, (New York: Harper Perennial, 1998, xvi-xix.; Richard Rhodes, *Masters of Death: The SS-Einsatzgruppen and the Invention of the Holocaust*, (New York: Vintage Books, 2002, xi-xii. These three books provide the most detailed, description of the holocaust as a concept and the inhuman destruction it imposed on both the executioner and the executed.

<sup>81</sup> Viktor E. Frankl, *Man's Search for Meaning: An Introduction to Logotherapy*. (Boston: Beacon Press, 1992) 95. The author describes how quickly death could follow once a prisoner lost faith in the future. The prisoner would also lose their spiritual hold on life and the physical and mental decay would begin almost immediately.

<sup>82</sup> Gloria Duck, et al, "Preventing Suicide, 35. The paper recognizes the sheer number of RC units scattered around the country make it cost prohibitive to provide some type of "personal contact" resource. Leveraging community organizations afford low-cost to no-cost face-to-face resource for these geographically dispersed personnel.

<sup>83</sup> Antoon A. Leenaars, *Suicide Among the Armed Force*, 317. The author references DoD's 2010 report that lists in its foundational recommendations the value of leveraging community support resources under recommendation 9. This program also meets the intent of the CSA's guidance in the Campaign plan to address the spiritual health of Soldiers as well as the physical and mental health.

<sup>84</sup> Hartford Institute for religion Research at [http://hrr.hartsem.edu/research/fastfacts/fast\\_facts.html](http://hrr.hartsem.edu/research/fastfacts/fast_facts.html) (Accessed 21 Jan 15). "...This estimate relies on the RCMS 2010 religious congregations census. Of those, about 314,000 are Protestant and other Christian churches, and 24,000 are Catholic and Orthodox churches. Non-Christian religious congregations are estimated at about 12,000..." The site offers an alternate method for verifying congregation counts in an article in the *Journal for the Scientific Study of*

*Religion*, Volume 44, Number 3, September 2005, pp. 307-322 by authors Kirk Hadaway and Penny Marler.

<sup>85</sup> Todd Starnes, "Rear Admiral says religious liberty under threat in military," FoxNews.com, 3 May 2013, <http://radio.foxnews.com/toddstarnes/top-stories/rear-admiral-says-religious-liberty-under-threat-in-military.html>. (accessed 30 January 2015) Increased interaction between communities and the military will help place "a face" to military and possibly reduce the perception of "us and them." There are portions of the civilian population that believe the military is restricting religious liberties beyond constitutional bounds. This is strengthened by headlines announcing stricter policies that appear to demonstrate an overreaction by military leaders at the behest of the U.S. government. These concerns are fueled by the population's limited exposure to the military as fewer and fewer choose the military as a career choice; The START Report, *Hot Spots of terrorism and other Crimes in the United States, 1970 to 2008*, 31 January 2012, [http://www.start.umd.edu/sites/default/files/files/publications/research\\_briefs/LaFree\\_Bersani\\_HotSpotsOfUSTerrorism.pdf](http://www.start.umd.edu/sites/default/files/files/publications/research_briefs/LaFree_Bersani_HotSpotsOfUSTerrorism.pdf). The report concludes that likely future threats to national security will include Christian evangelicals and pro-life groups. The study analyzed 98,000 terrorist attacks since 1970. Christian extremism is mentioned twice, but not attributed to specific groups except for the example of the Aryan Nation, yet fails to provide any explanation how they concluded the Aryan nation's conducted violent acts in the name of Jesus Christ.

<sup>86</sup> John P. Kotter, "Leading Change: Why Transformation Efforts Fail," *Harvard Business Review*, January 2007 issue, <https://hbr.org/2007/01/leading-change-why-transformation-efforts-fail/ar/1>. (accessed 02 February 2015), 1.

<sup>87</sup> John P. Kotter, *Leading Change*. 20-23, 20, exhibit 2, lists the eight stages: Establishing a sense of urgency, Creating the guiding coalition, Developing a vision and a strategy, Communicating the change vision, Empowering broad-based action, Generating short-term wins, Consolidating gains and producing more change, Anchoring new approaches in the culture.

<sup>88</sup> *Ibid.*, 4. Two factors to anchoring the change into the organization's culture include showing the members how the change has affected the organization in a positive manner, and the second factor is to ensure the new leaders embrace the change.

<sup>89</sup> *Ibid.*, 42.

<sup>90</sup> This average is the total numbers of suicides over the past five years and divided by five to identify the average of 290 suicides committed each year by Army personnel. No tangible evidence was found that proved the ASPP was responsible for the wonderful decrease this year.

<sup>91</sup> The point is if political correctness is the cause of the organizational blind spot, then the leadership is guilty of professional and moral dereliction. What is an acceptable loss to safeguard political correctness? If an affiliation program saves 5 percent of the projected losses to suicide, that is 15 lives saved and hundreds spared the agony of a preventable death of a loved one.

<sup>92</sup> John P. Kotter, "*Leading Change*," 46-47.

<sup>93</sup> *Ibid.*, 51.

<sup>94</sup> Ibid., 57.

<sup>95</sup> As of 29 December 2014, Human Resources Command Total Army Personnel Data Base-Reserve, (TAPDB-R) database for Army Reserve Soldiers (includes all AGR, TPU, IMA and IRR) contained 289,677 personnel records. 65 percent of the records contained a religious affiliation, with 23 percent indicating no religious preference and around 12 percent having no entry recorded. The analyst stated that those with a preference listed were “*almost exclusively monotheistic, specifically one of the Christian derivatives...*”

<sup>96</sup> John P. Kotter, “*Leading Change*,” 62.

<sup>97</sup> *The United States Army Reserve Home Page*, Resources, <http://www.usar.army.mil/resources/ForSoldiers/Pages/Rally-Point-32.aspx> (accessed 20 December 2014). This effort involved a webpage added to the USARC homepage, a memorandum down through Army Reserve command channels, and a published handout for distribution.

<sup>98</sup> John P. Kotter, “*Leading Change*,” 68.

<sup>99</sup> A strong vision tells the organization what change needs to occur, not how to change it. This liberates members to recognize and implement additional supporting changes along the way without leadership involvement.

<sup>100</sup> Religious members are expected to engage Soldiers to build relationships, but not to proselytize unit members. Once a Soldier announces that they are a certain religious adherent, then the two can interact without restrictions. The key is that the affiliation program is not used as an entry into a unit to proselytize for any particular faith or belief system.

<sup>101</sup> U.S. Army Human Resources Command Homepage, “IRR Programs and Policies Team Article,” <https://www.hrc.army.mil/STAFF/Individual%20Ready%20Reserve%20Homepage>, (accessed 30 December 2014). This page provides extensive information on the IAP as well as training opportunities, uniform updates, and other subjects that provide value to the Soldier inquiring about the program; Army National Guard: G1 Personnel Gateway, “Individual Ready reserve IRR Affiliation Program,” Some of the IAP format could be applied to this voluntary program providing information for further consideration. <https://g1arng.army.pentagon.mil/programs/iap/pages/default.aspx/rk=0>, (accessed 18 January 2015); Hire Our Heroes Homepage, <https://hireourheroes.org/?gclid=CJiW-OzE0MMCFQUdgQodo3AAzg>, (accessed 7 February 2015).

<sup>102</sup> John P. Kotter, “*Leading Change*,” 89-90. Exhibit 2, on page 90 lists seven key elements to effectively communicating the vision that includes simplicity, metaphors and examples, using multiple forums, repetition, leading by example, clarify any inconsistencies, and allowing for give-and-take.

<sup>103</sup> Ibid., 102.

<sup>104</sup> A list of steps to implement this program by the four areas could be as basic or as detailed as the program participation requires. A few ideas to consider include:

## Structures

A webpage link to the USARC home page that provides a one-stop-shopping tool for anyone interested in the Affiliation program. A quality home page contains a clear vision statement, and intent.

Pull down menus provide easy access to regulations, policy letters and participating units and community organizations. Site should include participation instructions, and instructions for having multiple affiliations.

## Skills

Some level of training for all participants is required to manage expectations and to posture the program for success. Tabs for "training" categories could include instructions for program involvement, and membership and disenrollment instructions.

Another tab might cover limitations for local clergy when interacting with military units, and limitations on what unit commanders can expect from the community organizations. Generic training resources available on the site could include suicide prevention training, grief counseling to Family Readiness Group functions.

## Systems

Develop a pilot program that addresses a segment of the total population to test the program for six months. Perform an assessment at that time to identify improvements with the intent of full implementation within the next six months.

This may take the form of affiliation program rules posted on the web page and distributed through normal channels.

Homepage links can direct members to applicable ASPP activities such as CARE, ASSIST, and Shoulder-to-Shoulder resources.

Establish an organization menu broken out by denomination or provided service with contact information, a FAQ link and other associated resource links

## Supervisors

Place affiliation program introduction into information packets distributed at pre-command courses and in RC annual briefing schedules.

Establish Senior Leader Policy Letters informing units of the option to participate in this HQ endorsed voluntary program.

Ensure Chaplain Corps is familiar with the program to assist in implementation and commander interpretation once the program is active.

<sup>105</sup> John P. Kotter, "*Leading Change*," 118-119.

<sup>106</sup> This program will need to identify and publish the short-term wins to validate the progress in the eyes of those who will oppose the program from the beginning. The Army will have some leaders oppose the program because of complacency and others will oppose the implementation because of the religious connotations.

<sup>107</sup> High participation rates from only local Christian organizations could have a negative impact on the perception of a multi-faith opportunity. Organizers must solicit non-Christian based organizations to ensure multiple faiths have representation in the program. Good stewardship of this effort requires documenting these solicitations to show all faith groups had the opportunity to participate.

<sup>108</sup> John P. Kotter, "*Leading Change*," 143.

