

HOW DO CHAPLAINS IN THE UNITED STATES ARMY WORK TO
ASSIST IN STEMMING THE TIDE OF SUICIDE CASES?

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General Studies

by

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14. ABSTRACT The Chaplain Corps in the Army has served through all the major wars that the United States has fought. Their purpose has been to give balance to the command, and at the same time, ensure that the morale of the Soldier, his family and unit are spiritually and emotionally well. The current wars in Afghanistan and Iraq, with the other prevailing social and economic conditions in the society have contributed to increased stress and subsequent depression among Soldiers. This spiral has led to an unprecedented amount of suicide cases. The Army has implemented a number of prevention programs aimed at saving lives and reducing the impact of self-harming behaviors. The chaplain remains the primary unhindered referral source to deal with these issues, and they work with community health professionals and social workers to halt this situation. This paper examines how they work, and makes a determination as to what activities can be further enhanced to improve the work of chaplains in suicide prevention.					
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The opinions and conclusions expressed herein are those of the student author and do not necessarily represent the views of the U.S. Army Command and General Staff College or any other governmental agency. (References to this study should include the foregoing statement.)

ABSTRACT

HOW DO CHAPLAINS IN THE UNITED STATES ARMY WORK TO ASSIST IN STEMMING THE TIDE OF SUICIDE CASES, by LTC Patrick West, Guyana Defence Force, 79 pages.

The Chaplain Corps in the Army has served through all the major wars that the United States has fought. Their purpose has been to give balance to the command and at the same time ensure that the morale of the Soldier, his family and unit are spiritually and emotionally well. The current wars in Afghanistan and Iraq, with the other prevailing social and economic conditions in the society have contributed to increased stress and subsequent depression among Soldiers. This spiral has led to an unprecedented amount of suicide cases. The Army has implemented a number of prevention programs aimed at saving lives and reducing the impact of self-harming behaviors. The chaplain remains the primary unhindered referral source to deal with these issues, and they work with community health professionals and social workers to halt this situation. This paper examines how they work, and makes a determination as to what activities can be further enhanced to improve the work of chaplains in suicide prevention.

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ACRONYMS

ACE	Ask, Care and Escort.
ACS	Army Community Services
ASIS	Applied, Suicide, Intervention, Skills
FM	Field Manual
USACHPPM	United States Army Center for Health Promotion and Preventative Medicine
UMT	Unit Ministry Team
VSO	Veterans' Service Organization

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CHAPTER 1

INTRODUCTION

Chaplains have served in the U.S. Army since the revolutionary War. The continental congress enacted regulations and salaries governing chaplains. George Washington, as Commander-in-Chief, was resolute in his view that chaplains were necessary for the good ordering of the military and steadfast in his convictions that only well-qualified men should be chosen to serve as chaplains. (Department of the Army 2003, 1-3)

This act makes the Chaplaincy Corps one of the oldest branches in the U. S. Army today. It was on the “29th of July 1775, the Continental Congress provided for the appointment of chaplains to the armed forces” (Department of the Army 2003, 1-3). From its creation to today it is significant to note the maturity and evolution that has taken place in this corps. This corps was resolute in the performance of its duties at its inception, and it continues to perform the functions that it was enacted to do since its founding. As a matter of fact, this branch of the U S Army forms a critical part of the command relationship that exists within units to support the force in times of war and peace.

The Chaplain Corps brings to bear unique skills that support welfare and morale among the troops, and helps to ensure that the counsel and support for the Soldier and his/her family brings balance to their lives. These tasks are ever more difficult in this time of increased conflicts: Two wars that are fought in Afghanistan and Iraq simultaneously, and the other conflicts and support missions in different parts of the world. In addition the Army now finds itself fighting another war.

The issue of suicide has joined the band of the wars that are fought by the US Army. With every strand of its muscle the Army is reaching to halt the rise in the cases of

suicide that have left many homes perplexed. In its quest for answers the Army is leaving no stone unturned to stem this tide that is sweeping through the ranks. Suicide continues to have a traumatic effect on the morale of the Soldiers. And at the same time, it challenges the recruiting motto of being “Army Strong” which is not just normal strength, but also to be strong physically, mentally, socially, emotionally and spiritually, and to have the required strength of character.

The Army has seen a dramatic number of suicide cases among its members in recent times. The families of these Soldiers are now in distress because of these losses, and apparently there is no end in sight to this scourge of suicide that is dwelling among the ranks. This phenomenon has blown away the explanation for Army Strong as ranks crumble and Soldiers seek to end their own lives.

In an effort to build moral and spiritual strength the Army has available its Chaplaincy Corps that supports the general Army population. It works to ensure that ranks are counseled and given the requisite spiritual support in times of need. Thus, it is with this in mind that this research is being done.

Purpose of Study

The purpose of this study is to examine the work of the U S Army Chaplaincy Corps and to determine if their efforts can be further enhanced to assist in reducing the volume of suicide cases.

Issues

These are some of the issues at hand:

1. The level of suicide cases has passed the average for the national population.

2. The efforts at resilience training and suicide prevention need to be further enhanced in light of the prolonged deployments.
3. How does the Chaplaincy approach the issue of suicide counseling?
4. Are there differences in the roles of Chaplains in suicide counseling based upon their specific faith traditions?
5. Are they in possession of the resources to operate efficiently in this crisis?

The Problem

The problem is that the United States Army has seen an unprecedented rise in the number of suicide cases over the last year. These numbers are so staggering that they have now surpassed the average for the national population. In order to address this problem the Army is leaving no stone unturned to arrest this decaying situation. Thus there are a number of groups and organizations working inside and outside of the Army to address this problem. The U S Army Chaplaincy Corps is one such group within the Army that is active in the work of suicide prevention. This group has used a number of tools, standards and systems to deliver its charge to the American soldier. While not the proponent agency, which is the Office of the Surgeon General, chaplains continue to be accessible to Soldiers regardless of their location, and are seen as trusted professionals in the execution of their duties.

Primary Research Question

Suicide is one of the greatest problems facing the U S Army. How do chaplains in the United States Army work to assist in stemming the tide of suicide cases?

Secondary Research Questions.

In order to answer the primary question, these are the secondary research questions:

1. How many cases of suicide occurred in Army during the past year?
2. What were the major reported causes of suicide?
3. What programs are in place for chaplains to deal with suicide cases?
4. How many of these cases were referred to or came to these chaplains?
5. At what point of an identified crisis in a person's life is the person referred to the special skills of the Chaplain?
6. When does the referred person cease to be followed up by these chaplains?
7. What other support systems are in place for chaplains to deal with suicide cases?
8. How does the Army view the use of religion in suicide prevention?

Thesis Statement

The Army Chaplaincy Corps has been active in the Army to help in the achievement of balance in the lives of the ranks. This work has them involved in different aspects of social and spiritual support to the different ranks within their spheres of influence. The work or the importance of faith should be emphasized at every level. As a matter of fact in the opening brief of the CGSC class 09-02 faith was promoted as one of the five 'F's that was necessary in the lives of the officers.

This role of faith has been and will continue to be promoted by chaplains, as each will work within the scope of their professional competence to bring balance to the lives of the ranks of the Army. The Army has continued to commission and utilize chaplains to

do counseling whenever there is the need for their work. The work of the chaplain is now intensified with the apparent extended deployment of ranks on the various missions overseas, the current challenges in the financial system and the social, emotional and mental fatigues that are prevalent. The Chaplaincy Corps has worked and will continue to work in assisting Soldiers handle the various crises that they encounter during these challenging times.

There is no doubt that the challenges of today are not being handled effectively by the ranks, which is why many Soldiers may be seeking to escape life by committing suicide. Chaplains would have handled some of these Soldiers, and in the course of their ministry some may have reversed their desire to commit suicide, while some would have still chosen to commit suicide. The question abounds: How do the chaplains work to stem the tide of suicide cases that now confronts the Army?

Assumptions

The following assumptions can be safely made in light of the evidence that is present:

1. The assumption that we can make is that the present programs will continue to be promoted in the same manner in the foreseeable future.
2. The previous studies have contributed meaningfully to the present practices that are currently in place.
3. This research will meaningfully contribute to the present body of literature and therefore enhance best practices for suicide prevention.

Limitations

The researcher believes that time is a limited factor to adequately address all the issues that are topical right now. It is apparent that the scope of work of the Army Chaplaincy Corps is so vast that it cannot be fully addressed in the range of this study in the time that is available. Additionally, the work of the other agencies involved in the process of suicide prevention and all the programs in place cannot be dealt within the scope of this study.

As it relates to the all the necessary data and information required to make this study a success, the researcher believes that all non confidential information will be made available to assist this process, since, both the researcher and the United States Army stand to benefit from this work.

The fact that the researcher has little experience in the area of suicide counseling may be a factor that might affect this study. This limitation however will not affect this study negatively since the process identified to acquire information to inform opinion will be done to the standards that are consistent with academia. Additionally, every attempt to be as objective as possible in the analysis will be made even though the researcher is a practicing Christian.

Delimitation

The only chaplains who were available for this particular research were those from the Christian faith tradition. The researcher believes that other investigators can attempt to venture into the other faith traditions, although the work of pastoral counseling may be similar for all chaplains regardless of their religious tradition.

It should also be noted that this study will in no way attempt to purport that the work of chaplains in suicide counseling is not an absolute answer to the problem. The researcher believes that the work that the chaplains are doing has greatly contributed to the work of suicide prevention, and the findings of this thesis can only enhance those efforts.

Significance of the Study

This study is important because of the following reasons:

1. It will add to the body of literature and thereby improve best practices.
2. It will assist the United States Army in reviewing its present strategy and thereby making programs more effective.
3. It will inform the Guyana Defence Force of the processes that we need to adopt to prevent such a situation from arising within our ranks.

Summary and Conclusion

The purpose of this chapter was to fix our focus on the importance of the role of the chaplain in the United States Army. Every effort was made to demonstrate its significance and for us to be aware of its function, the purpose of its conception and the important role it plays in the command relationship. Besides that, this chapter also laid the foundation for the study that is being proposed, and has listed those issues that were important for the realization of the ultimate goal of the main thesis statement.

The Chaplaincy Corps is reflective of the Army in that it has seen all the battles that the Army has fought since the Corps was established. With that in mind we must note that there is no shortage of experience within chaplaincy of counseling Soldiers in

combat or returning from combat operations. However, the societal challenges of the 21st century with the present combat configuration have continued to cause the increase in suicide cases. The main question that was asked is “how” is an effort by this chapter, to determine in its foundation the ability of the Corps or the Army to accept the fact that there must be some additional work by or evolution of thought not only by chaplaincy but by all concerned to stem the tide of suicide cases.

CHAPTER 2

LITERATURE REVIEW

The primary research question examined in this thesis is to examine how chaplains work to assist in stemming the tide of suicide. The previous chapter sought to give an overview of the Chaplaincy Corps, its origin and work thus far and at the same time set the stage for the understanding of the primary research question. The purpose of this chapter is to review the body of literature available on the work in assisting in suicide prevention. An analysis of the various Army, religious, governmental and scholarly information sources related to each of the secondary questions will be the means of accomplishing this task.

The process will be done under the following themes:

1. How many cases of suicide occurred in the past year?
2. What are the major reported causes of suicide?
3. What programs are in place for chaplains to deal with suicide cases?
4. At what point of an identified crises in a person's life is the person referred to the special skills of the chaplain.
5. When does the referred person cease to be followed up by these chaplains?
6. What other support systems are in place for chaplains to deal with suicide cases?
7. How does the Army view the use of religion in suicide prevention?

How Many Suicides Occurred in the Last Year?

The literature has indicated that there has been a progressive rise in suicide cases in the Army. In a review of the last three years we can note from the New York Amsterdam News “the alarming statistics show that suicide by the Active Duty Soldiers, and National Guard and Reserve troops have risen to 115 in 2008, which is nearly 13 percent increase over the 102 suicide cases for 2006’ (Williams 2008, 13). The author expresses his concern by further indicating that this phenomenon seems to be on the rise with the increase of post traumatic stress disorder (PTSD). Although the Army has addressed the issue of PTSD by hiring more mental health professionals, there is still a rise in the number of Soldiers wanting to take their lives.

Suicide is now listed as one of the leading causes of death in the lives of Soldiers besides hostile fire, accidents and illness. And the literature further asserts that “10 to 20 times as many Soldiers have thought to harm themselves or attempted suicide” (Williams 2008, 13).

The indications that are seen from the literature further assert that “the 2008 numbers were the highest annual level of suicides among Soldiers since the pentagon began tracking the rate 28 years ago” (Shaw 2009, 3). Although this review is primarily focused on 2008 we can still look at some statistics that are available from the literature to see the gravity of the problem that exist in the Army today. “The Army said 24 soldiers are believed to have committed suicide in January alone-six times as many as killed themselves in January 2008” (Shaw 2009, 3)

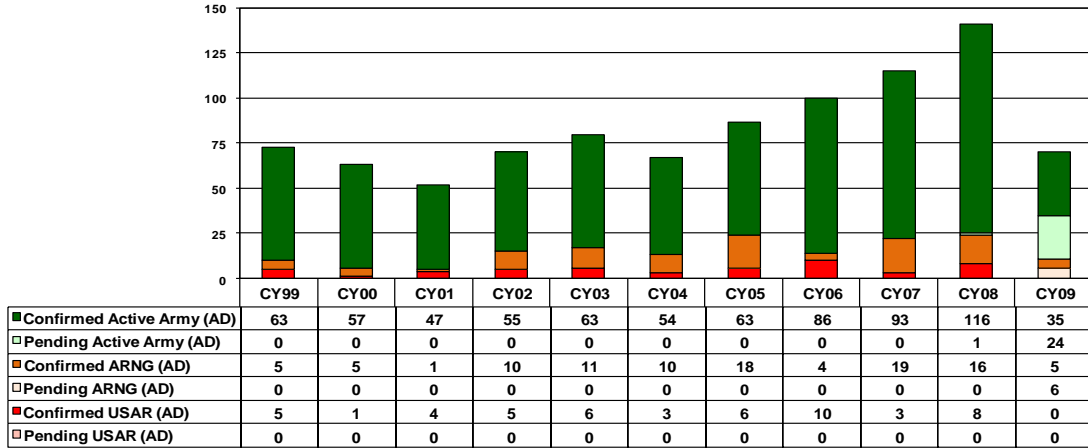


Figure 1. Rate of Suicides

Source: U S Army, “America’s Army: The Strength of the Nation” (Brief to DTG on 8 June 2009).

Thus this information and the startling reality check of the January 2009 statistics indicate there is no doubt according to the literature that the rate of suicides in the Army are on the rise. And secondly, the data for 2009 indicates that 2008 will be surpassed again. These statistics from the available data are critical to this research that can show how chaplains can assist to reduce the number of cases.

The number of cases highlighted in this study does not identify the rates for murder suicide, to determine if these are on the increase. Neither were these cases highlighted by sex, race or age. The researcher does not believe that exploration into these areas will necessarily address the primary basis of this sub-problem.

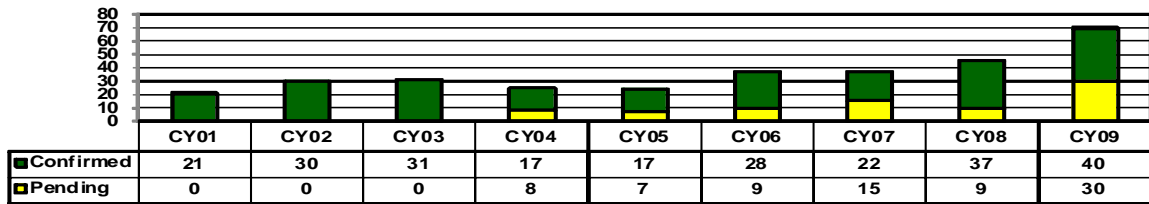


Figure 2. Rate of Active Duty Suicides

Source: U S Army, “America’s Army: The Strength of the Nation” (Brief to DTG on 8 June 2009).

The trends from the literature also highlights that the increase is not restricted to active duty alone but also to not on active duty personnel. Although the results pending volume is very large for 2009, we can already note the increase as at May 2009 in the bar chart below.

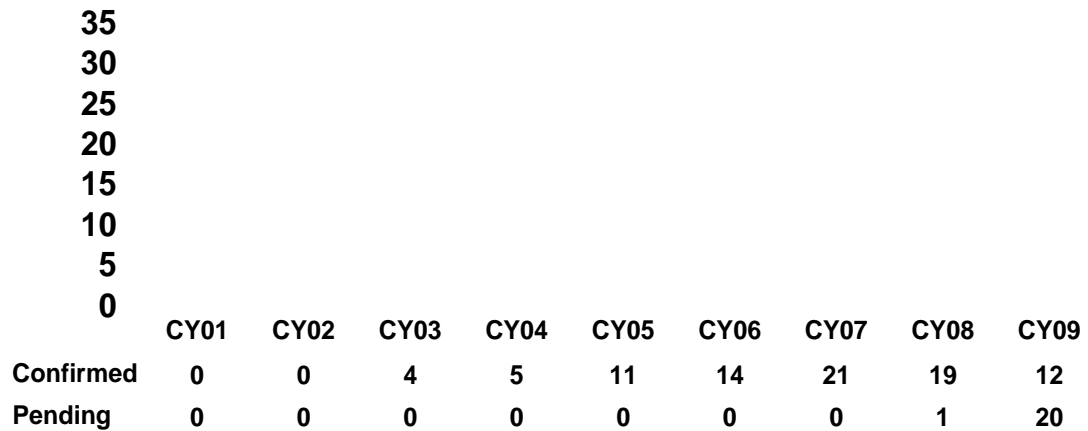


Figure 3. Rate of Suicide for Non Active Duty Soldiers

Source: U S Army, “America’s Army: The Strength of the Nation” (Brief to DTG on 8 June 2009).

Additionally there was no attempt to acquire data that separates the list of military families affected as against the number of non-military families that were affected. The focus was and still is the volume of suicide cases that are on the rise and how the chaplains work to stem that increase.

What Are the Major Causes of Suicide?

The literature may be limited in its identification for the causes of suicide prevention because commonly the process of acquiring the cause of suicide was not from the victims themselves, unless there was a suicide note. However, the researcher was fortunate to garner from the literature what may be the probable causes of suicide. The literature stated that “failed relationships, legal worries and financial problems are constantly cited as the main stressors that lead to suicide, according to Army Suicide Prevention Program officials” (Ellis 2007, 42).

Although the main condition was identified primarily to be some mental disorder such as PTSD, this was not the cause of death. The symptoms that were identified were the obvious manifestations of the conditions that contributed to the suicidal deaths of Soldiers.

The literature in light of the aforementioned has indicated that the Army embarked on a program that can recognize suicidal behavior, how to intervene and the process of referral that was necessary if the signs were evident. The “Army Suicide Prevention Model” (Ellis 2007, 43) is used as a guide in this teaching process.

In an examination of the two tables below we can compare active and non-active military personnel. The rate of suicide and the methodology used as of May 2009 are noted.

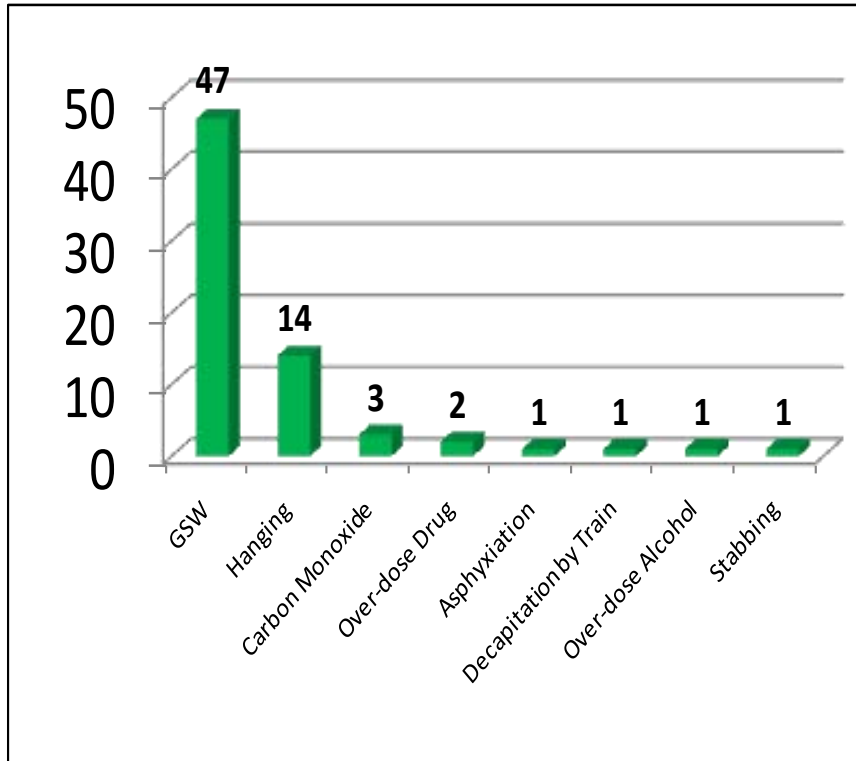


Figure 4. Methods of Suicide for Active Duty Soldiers

Source: U S Army, "America's Army: The Strength of the Nation" (Brief to DTG on 8 June 2009).

The above figure illustrates that there was a total of 70 cases of suicides for active duty ranks as of May 2009 and indicates the methods that were used to commit such acts.

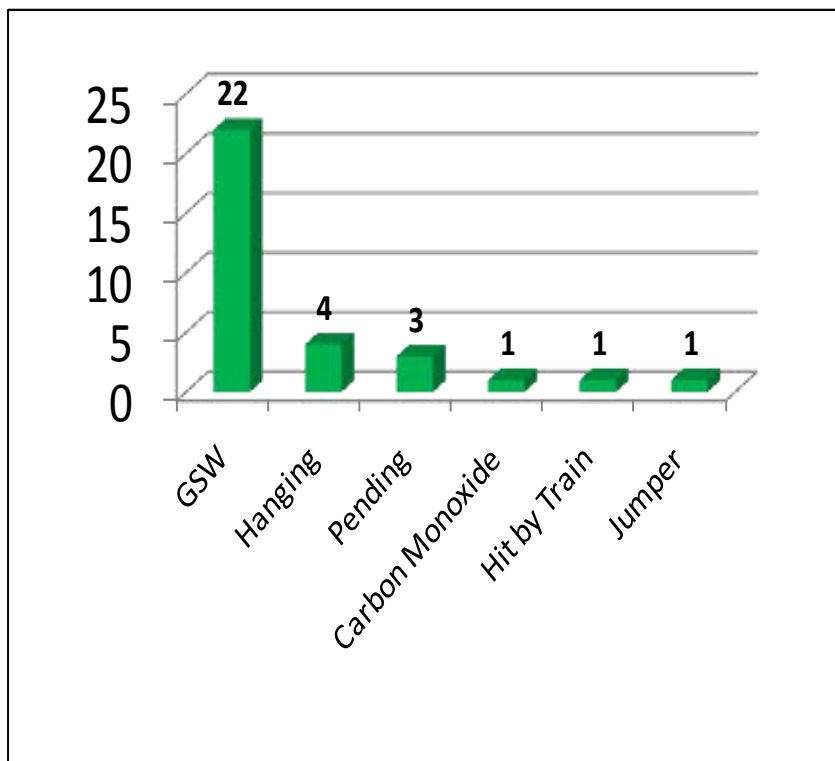


Figure 5. Methods of Suicide for Non Active Duty Soldiers

Source: U S Army, “America’s Army: The Strength of the Nation” (Brief to DTG on 8 June 2009).

The above figure illustrates that there was a total of 32 cases of suicide among non active duty personnel as of May 2009.

What Programs are in Place for Chaplains to Deal with Suicide Cases?

In an effort to determine the programs that are in place for chaplains to deal with suicide cases, the researcher reviewed the literature to make a proper analysis. One of the first things that was discovered in the literature was that “the chaplain and the behavioral health professional are both trained to screen at risk Soldiers and provide follow on counseling and care” (Ellis 2007, 43). This screening was provided at regular intervals to

ensure that the health of the Soldier is good, and this includes pre-deployment, post deployment and redeployment screenings. This activity that is conducted by chaplains is geared according to the literature to enable the Soldier to cope with the daily issue of life.

The literature was also expressive in the fact that Chaplaincy was one of the branches of the Army that was involved in a collaborative effort to develop new strategies to assist in suicide prevention. It states “In 2001 Army Chief of Staff Gen Eric K. Shinseki directed a review of the Army Suicide-Prevention Program. With collaboration from the Office of the Chief of Chaplains, the Office of the Surgeon General and the Army G1, officials developed new strategies and a revised suicide prevention model” (Ellis 2007, 42).

In 2009 we can still see the collaborative work of the chaplains in suicide prevention with the creation of another task force that was created to examine all the Army’s recent suicides and to find commonalities “Washington, March 6, 2009–The Army has created a suicide prevention task force as part of its month long “stand-down’ to address suicide among soldiers.” (09, Army Creates Suicide Prevention Task Force During ‘Stand Down,’ March 6, 2009). This collaboration was done with the various agencies that are involved in the process of suicide prevention.

Besides the issue of being collaborative, it was also evident from the literature that chaplains are also active in the process of pastoral care. This care is also a step in the process of suicide prevention, “If the soldier presents a specific risk, the commander ensures that the individual is sent to the appropriate agency for help. Soldiers are sent to the chaplain for pastoral counseling, but if that doesn’t help; they may be sent to a behavioral health professional” (Ellis 2007, 43). Besides that FM 1-05 states that they

“provide commanders with pastoral care, personal counseling, advice, confidentiality, and sacred confidence” (Department of the Army 2003, 1-7).

In concluding this aspect of the programs that are in place the literature also asserts that chaplains also offer training in suicide prevention. This process of offering training is not unique to Army chaplains alone since we can note that the issue of suicide is wide spread to all services. Although this research is specific to the Army, the researcher still thought it prudent to highlight from the literature what the Navy was doing. “Naples, Italy-Navy Chaplains across the Europe, Africa, Southwest Asia region are offering a special suicide prevention program to help address the concerns that Navy and Marine Corp leadership have regarded as one of their priorities, suicide prevention” (Rockwell-Pate 2009, 1).

How Many of these Cases were Referred to or came to Chaplaincy?

The researcher does not want to assume that Chaplains were always available or that all persons who were challenged psychologically wanted to go to Chaplains. As a matter of fact the limited research that was done found that chaplains were involved in the collaborative process of assisting in suicide prevention. And that once an at risk person was identified by the commander he/she was referred to the Chaplain, and thereafter to the behavioral health specialist if it was determined that further help was warranted. The literature still leaves the researcher to wonder if this was the process carried out in every case, and if not, what percentages were referred to or came to the Chaplaincy, since it is silent on this matter.

It is also important to note that this becomes more complicated when we see the comments of Army Chaplain Randall Dolinger at Camp Dogwood, just south of Baghdad

“Perhaps the most troubling thing for the Army, the report found that a majority of these Soldiers didn’t communicate to their comrades, chaplains, or spouses any intent” (Miller 2006, 48). This probably is the most troubling aspect since there are no indications for any one of the parties to be aware of any suicidal intent other than by keen observation. Work will have to be done to promote active communication to allow for the release of stressors in the lives of the Soldiers. Based on the aforementioned it may be asserted that an attempt at suicide may be an ultimate scream for help by an individual who failed to use every other form of communication and at the same time may be inhibited by the fear of stigmatization.

At What Point of an Identified Crisis in a Person’s Life is the Person Referred to the Special Skills of the Chaplain?

The literature has spoken about the identification of a crisis in a person’s life and it has indicated “if a Soldier presents a specific risk, the commander ensures that the individual is sent to the appropriate agency for help. Soldiers are sent to the chaplain for pastoral counseling, but if that doesn’t help, they may be sent to a behavioral health professional” (Ellis 2007, 43). The reason that this is posited by the literature and that it may be plausible is that the chaplain is not only trained to screen at risk Soldiers but also to provide the appropriate care and counseling.

Although this may be, we can note that this system is not totally perfect since it is obvious that some Soldiers are able to have individual crises and go undetected by anyone as Dolinger states “how do you detect the one who would normally slip through the cracks” (Miller 2006, 48). Thus, we can conclude here that once they are identified

they are sent to the relevant personnel for help, however there is still the problem of a number of persons going undetected in the system.

What are the symptoms that identify suicide behavior? According to the USACHPPM these can be identified as “thoughts, gestures, attempts and completed acts” (Triggs 2001, 15).

The pamphlet TA-075-0507 on ‘Suicide Prevention: Warning Signs and Risk Factors’ listed at Appendix A, clearly identifies all the signs that are likely to be present in any individual that may be contemplating suicide. This is distributed to all ranks in the Army and empowers them to assist in the identification process of personnel who are experiencing different symptoms in their lives. To make the process simpler the USACHPPM produce the hand card TA-095-0605 “Ask, Care and Escort” (ACE), and this is listed at Appendix B. This is touted as the A, B, C of suicide prevention, since it makes the Soldier his brother’s keeper by indicating the questions that he should ask, how he should care and to where he is to escort his buddy should there be a detection of suicidal symptoms.

When Does the Referred Person Cease to be Followed up by these Groups?

From the researcher’s understanding of the literature there is no end to the process of follow up for persons who are identified to have a crisis in his or her life. The literature states emphatically “The chaplains and behavioral health professional are trained to screen at-risk Soldiers and provide follow-on counseling and care” (Ellis 2007, 43). The inference here is that until there is a clean bill of health given, the Soldier is monitored and counseled by these professionals. Additionally, FM 1-05 advocates that the work of pastoral care must be given to all Soldiers who are in need of same.

What Other Support Systems are in Place for Chaplains to Deal with Suicide Cases?

There is no apparent shortage of support to deal with the issue of suicide prevention. Every reasonable piece of literature calls for the total involvement of all to be involved in the process of suicide prevention. The handout TA -084-0108 that is listed at Appendix C, and produced by the USACHPPM is entitled “Family Coping and Resiliency Suicide Prevention Training Tip Card” is one of the tools used to support the family unit in suicide prevention. It deals with identification of the stressors that a family can experience, resilient coping strategies for adults/soldiers and children/adolescents, negative coping strategies that can promote the risk of suicide for the same four groups, and the resources that are available to support the family.

Another major tool that is used is that of video games ‘a new interactive video encourages soldiers to seek help to cope with stress’ (Lubold 2008, 4). The idea behind this intervention and implementation of this tool is that, “People are drawn into it; they see themselves because (the situations in the movie) are very realistic. . . . The problems resonate, and they feel the emotions of the characters because they look like and sound like and behave like them, so it becomes a first person experience” (Lubold 2008, 4).

Although there is no available data to validate the success of this program as a suicide prevention tool, it continues to be promoted among the ranks. This approach among other, are what is speaking to the desperateness of the situation and the need to ensure that a solution is arrived at very quickly.

Another tool that was produced by the USACHPPM, TA -076-0607 that is listed at Appendix D, not only identifies warning signs but also lists the additional resources available to assist in suicide prevention. These include:

1. Army Suicide Prevention Program.
2. U S Army Center for Health Promotion and Preventive Medicine.
3. Office Chief of Chaplains.
4. Army Families Online.
5. Army Behavioral Health.
6. Battlemind Training.
7. National Suicide Prevention Lifeline.
8. American Association of Suicidology.
9. National Hopeline Center.
10. Veterans' Service Organizations.

How does the Army View the Use of Religion in Suicide Prevention?

This aspect of the study acknowledges the fact of the separation of the church and state and will not attempt to breach this constitutional reality. However, in an analysis of the literature the researcher found some things that were quite interesting. The first thing that the researcher noted that the literature says about chaplains is that they provide ‘religious guidance, care and counsel’ (Department of the Army, 2003, 1-2). It should be noted that the behavioral health professionals use the tools of their trade to counsel and treat soldiers, but there is some limitation to the chaplain using the tools of his trade to counsel. The basis of his/her faith is one of the tools he/she may use to guide his/her actions and thoughts in the counseling process. These tools used would be the cornerstone of his/her particular faith traditions and practices.

The researcher also noted from the literature that the chaplain has the authority from the federal government to carry out his/her duties as a chaplain regardless of his/her

religious traditions. In the process of doing this they are to provide to the spiritual need of the Soldiers. In so doing they are required to “preach, teach, and conduct religious services, in accordance with the tenants and rules of their tradition, the principles of their faith and the dictates of their conscience” (Department of the Army 2003, 1-4).

Some other theorists, have made their comments on the point of religious commitment and its effect on the lifestyle of individuals. “Religious commitment measured in terms of core beliefs and practices, may be a powerful counteragent against suicide” (Stack 1983, 364).

“Marx once wrote that religion is the opium of the people. If so, it can provide comfort to the oppressed in society. If nothing else, it can promise a blissful afterlife to those who presently endure adversity. In addition, religion can reduce suicide through means such as building up self-esteem by providing alternative stratification system; uniting the congregation against a common enemy, Satan; promoting belief in prayer as an answer to adversity; and glorifying poverty, a condition potentially conducive to suicide” (Stack 1983, 364). This premise may be an important key in our understanding the role of religion in suicide prevention and this should probably be the focus of other research in later years.

The facts of history, although not an aspect of this research, should be able to stimulate some further investigation into the role of religion in the cultivation of the mind of people. What gives people the hope that they live for? Why make all the sacrifices to enter paradise? How do they obtain strength to overcome adverse condition? These are some curious questions that one may have. However, we can still observe the significant impact that the power of religion is having on some groups of the societies that we live in

today. Probably, there are lessons for us to note in our quest for answers to the suicide problem.

However, if religiosity was an ultimate solution then those who are consumed by its practices would be immune from suicide. The literature tells us that the Chaplaincy Corps has had three of its members to date who have succumbed to the factors of stress and ended their own lives.

With the prognosis of stress being the underlying cause of most of the social ills that are prevailing, it may be interesting to note what effect a massive input of religious revivalism can do to make an impact of teaching people to cope with the challenges of life. Since, it was evident from some recent publication in other sections of the media that there was also an increase in other related conditions.

General Peter Chiarelli, Army Vice Chief of Staff, was noted at issuing decisive instructions to commanders to control these other related factors. “Concerns about alcohol abuse have led Chiarelli to issue a memo in May urging commanders to treat and, where necessary under Army rules, punish soldiers who test positive for substance abuse or fail blood-alcohol tests” (Zoroya 2009, 1). In this article its author also indicates that there has been an increase of 12 percent in alcohol related problems since 2005. The graph below gives a view of this trend. Zoroya can also be quoted as saying that “identifying and treating substance and alcohol abuse will help improve the Army’s mental health care and curb suicides, which reached a record 142 cases in 2008. There have been 82 confirmed or suspected suicides this year among active duty compared with 51 for the same period in 2008” (Zoroya 2009, 1). This article further confirms that this

issue of suicide has many factors and many players, and the Chaplaincy Corps is just one of the key players in the fight.

Although this thesis is not about alcohol or drug abuse, the point has to be emphasized that there are a multiplicity of social factors that are contributors to suicidal behavior. There is no one single unit, department or entity that will be able to curb the rise in suicidal behavior.

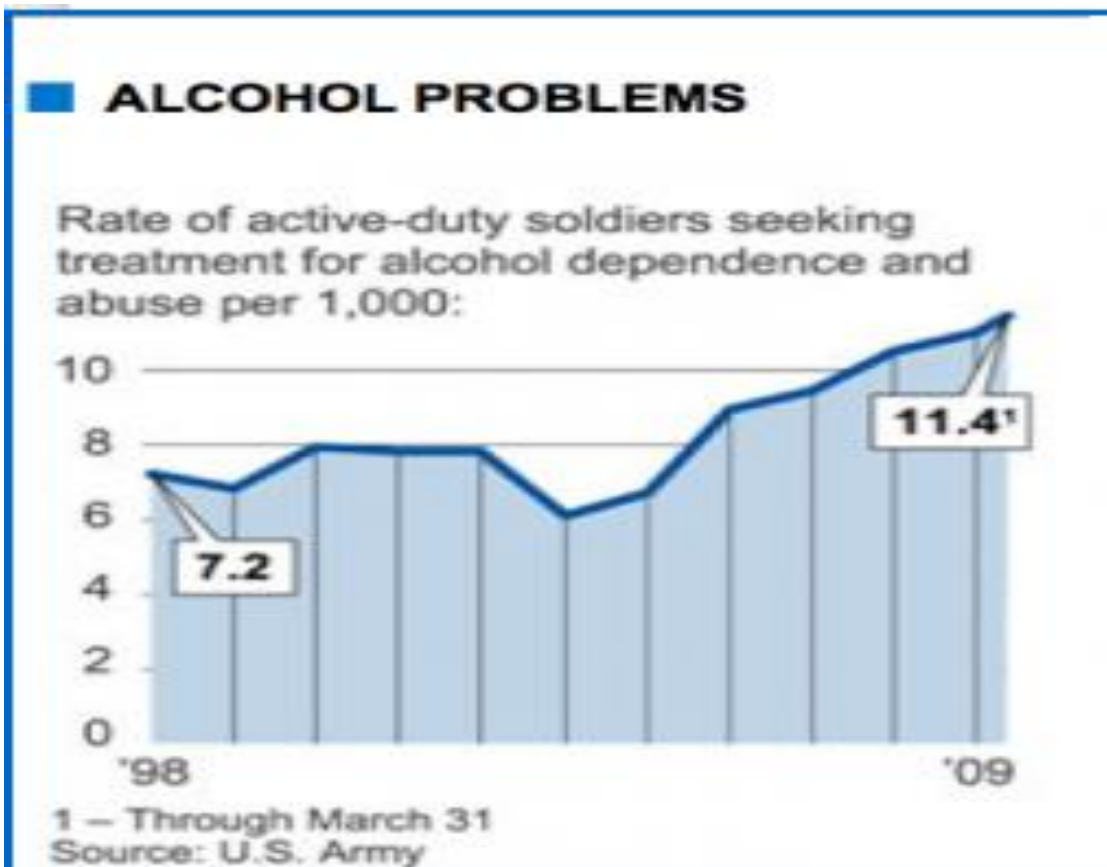


Figure 6. Rate of Active Duty Soldiers on Treatment for Alcohol Abuse
Source: USA Today, 19 June 2009.

It may be possible for one to surmise that after the withdrawal from Iraq and the subsequent withdrawal from Afghanistan that the reality of horrendous mental, social and emotional challenges will be most visible in the lives of Soldiers. The Army must begin to evaluate contingencies and the role of the major players such as the Surgeon General's Office , the Office of the Chief of Chaplains and the various veterans' service organizations, to ensure that they are preparing for possible challenges should they occur in the foreseeable future.

Summary and Conclusion

This chapter was examined under the various themes of the secondary question in an effort to determine what the literature has to say about the primary question. The efforts of the Army Chaplaincy Corps can be seen to be visible in every way to provide the necessary care and counseling that are necessary for Soldiers and their families who are stressed to the point of despair. Their efforts have continued to be tireless as they collaborated with the various agencies and departments of the Army to reduce the number of suicide cases that are occurring in this year 2009.

New methods and interventions that are determined to be compatible with the changing times and the available technology have been and will continue to be used. Through it all the chaplain has stood out as counselor, instructor and as one of the principle strategists to fight the wave of suicide. With the changes that will result in the future to the present combat environment, the chaplain will probably have to consider what else is there to do to help reduce the challenges that are presently contributing to the rise in suicide cases.

CHAPTER 3

RESEARCH DESIGN

The intent of this chapter is to recognize the analysis utilized in this thesis that will formulate a conclusion and recommendations to determine how chaplaincy can assist the United States Army to stem the tide of suicide cases that are surging among its ranks.

This research is specifically qualitative in nature since it will seek to identify factors that may be important, and to generate theories or possible explanations.

Understandably, there is the tendency for this type of research to be more humane in its orientation, and probably more in tune with contemporary social thinking.

Qualitative research is a situated activity that locates the observer in the world. It consists of a set of material practices that makes the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs, recordings and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of it, or to interpret, phenomena in terms of the meanings people bring to them. (Denzin 2003, 4)

The design that will be used to address the problem of this study will include a preliminary collection of information for each of the secondary questions from the military, governmental and scholarly sources that are relevant to the research question; organization of the data; construction of the literature review; further collection of information; analysis, conclusion and recommendations.

The collection of the data will be a very time consuming process and will require at least four weeks. It is my intention to ensure that the information collected will be sufficient to effectively address each of the secondary questions.

This process will entail a review of some secondary data and if necessary a historical interview being done with some of the chaplains here at CGSC. This will seek to garner their individual experiences in their work to deal with the issue of suicide. These interviews will be unstructured but will still address the specific theme of the work of the chaplaincy in assisting in suicide prevention. The list of the questions utilized will be standard for all the participants and is stated prior to their responses in the subsequent chapter.

The focus of the questions will be for the interviewees to give their opinions on issues that are relevant to the main thesis question, along with their individual experiences in training, dealing with suicide counseling and what may be some suggestions for chaplaincy involvement in the future. It is anticipated that five chaplains will be interviewed, and thereafter a compilation of the similarities and differences of those views will be examined.

All the interviews will be conducted at the Command and General Staff College, and will be done by the use of audio recording equipment that will be kept on file to corroborate the accuracy of the data garnered. This will allow future researchers to utilize the information from these interviews to enhance the process of learning in some related field. The chaplains interviewed will also have the prerogative of retaining an electronic copy of their respective interviews.

The Office of the CGSC Chaplain will be used to clarify my intent and to ensure that there are no breeches on the tenets of religious practices. Additionally, the thesis committee will be conferred with to ensure that the focus of the thesis is maintained.

It is expected that all participants in this interview process will be required to sign the informed consent forms and would be free to retain an electronic copy of their interviews. They will also be advised that these interviews once completed will be the property of the Command and General Staff College. However, if at any time after the interviews are completed any of the interviewees are of the opinion that some of the information given may be inaccurate or may not necessarily represent the best of their intentions, they can request to be reinterviewed to make those corrections deemed necessary before the final document is submitted.

The researcher has identified some essential qualifying criteria for the volunteers who will be interviewed. These are:

1. They must be credentialed as chaplains by the Army Chaplaincy Corp.
2. They must be practicing as chaplains in their respective units.
3. They must be able to share their beliefs about their work as chaplains.

CHAPTER 4

ANALYSIS

The purpose of this chapter is to analyze the work that chaplains do in the Army to assist in stemming the tide of suicide cases. This chapter will commence with the roles and mission of the Chaplaincy Corps in relation to the Army. This aspect is essential for us to understand the relationship that should exist between the chaplain and the commander of any unit. We should be able to determine if there is any implied task that is beyond the mission of the Chaplaincy Corps.

After this, the chaplains who would have volunteered to be a part of this research will be interviewed. These interviews are conducted for the sole purpose of determining their experiences in this thesis work dealing with suicide, and garnering from them any recommendations that will in any way enhance the work that they are presently doing.

These interviews will be done by audio recording, after which transcripts of them will be detailed in this document in order to make the appropriate determination(s) that would be highlighted in the conclusion and recommendations. Copies of the entire interviews will be held on file at the Command and General Staff College for further review, and to assist the process of learning that would be done by future researchers.

Mission of the Chaplaincy Corps.

The mission of the Chaplaincy Corps as outline by FM 1- 05 is the following:

The mission of the UMT is to provide and perform religious support to soldiers, families and authorized civilians as directed by the commander. Chaplains serve as personal staff officers to commanders at all levels of the command providing essential information on troop and unit morale, quality of life matters, free

exercise of religious issues, ethical decision making, and the impact of religion on the operation.

Role of the Chaplain

The role of the chaplain as outlined in AR 165 -1 and FM 1- 05 can be regarded as two fold, the first being that of religious support and the second being that of a personal staff officer. In religious support the chaplain is required to do the following:

1. As a religious leader executes the religious support mission, which ensures the free exercise of religion for Soldiers and authorized personnel.

2. The chaplain is a non-combatant and will not bear arms.

3. As a personal staff officer that operates within the chain of command, there are a number of specific responsibilities that are listed for the chaplain to do. These include:

a. Advise the commander on issues of religion, ethics and morale, including the religious needs of all personnel for whom the commander is responsible.

b. Provide the commander with pastoral care, personal counseling, advice, confidentially and sacred confidence.

c. Develop and implement the commander's religious support program.

d. Exercise staff supervision and technical control over religious support throughout the command.

e. Provide moral and spiritual leadership to the command and community.

At a simple glance, the synergy that exists between the mission and the role can be seen. The mission as well as the role highlights the twofold mission of the chaplaincy. The roles indicate that he/she has continual interface between the commander and the troops with the most critical issues to deal with. It also emphasizes the fact that he/she is

the one that has confidence, integrity and the training to determine the critical needs of the Soldier and his family.

As with all chaplains, their ability in pastoral care gives them that knowledge and aptitude to do effective counseling. This important element will not only support the commander's work, but in this time of crises is able to be one of the bridges that the Office of the Surgeon General should be able to effectively use to assist in the work of suicide prevention.

Oral Interviews:

At this stage we will examine the oral interviews that were conducted in order to determine how chaplains in the Army work to assist in stemming the tide of suicide cases.

The interviews were conducted between the 15th and the 25th of September 2009. The first three were conducted at the Lewis and Clark building, and the last two were conducted at the Fort Leavenworth Chapel.

The questions that were asked were the same for all interviewees, and they will be listed during each interview, so as to prevent any misrepresentation of the facts that are presented here. At the conclusion of the five interviews, the researcher will then examine the similarities and differences gathered from the various responses. These will then be compared against the information compiled in the literature review and thereafter I will conclude this chapter.

Interview # 1

Notes of Interview # 1. Conducted with Chaplain Stanton Trotter whose denomination is the Anglican Church. He has been a chaplain for the past nine years and is presently a student at CGSC in class 10-01.

Q1. What do you believe are the major causes of suicide?

A1. There is no one specific cause of suicide, so I will identify some major themes garnered from young soldiers who were overwhelmed with a situation. A big theme is a loss of a relationship whether they were engaged, were married and there was unfaithfulness. A second theme is a loss of a loved one. The other one is a complete sense of detachment and loneliness and this can manifest itself in many ways, for example, first time deployment which removed them from their support structure. Another thing is when their position in the military has been taken away, or when they feel they don't have a future, or there is some level of despair in their lives based upon their perceived failures to achieve the things they wanted from the Army.

Q2. What programs are in place for chaplains to deal with suicide cases?

A2. There are more people who can provide counseling, there is a robust mental health department, but in reality, they are overstressed, overworked and under resourced. Every time I try to refer someone to get to talk to mental health is when they are on the brink of committing suicide. That is what I have seen. Other agencies are 'Military One Source,' where they get up to six sessions of counseling. The next step is to connect the Soldier with his buddy so that they can know that they are not in the world alone. This aspect is the most practical that I have seen.

Q3. How many cases of potential suicides were referred to you or came to you as chaplain?

A3. At least 40 or 50 in my career most of these were during my tenure as Battalion chaplain.

Q4. At what point of an identified crisis in a person's life is that person referred to the special skills of the chaplain?

A4. At every possible stage. There are warning signs that are thought in the suicide awareness classes. Persons are referred by members of their unit, soldiers sometimes refer themselves. People don't want to kill themselves they just want to stop the inner pain that is going on inside of them. There were persons who were actually caught writing their suicide notes and brought over to my office to receive help.

Q5. When do you cease to follow up a case that was being deal with by you?

A5. When I professionally view or assess that the soldier is no longer intent on killing themselves or I have handed them over to the mental health and they have custody over them. Also when I hand them over to a commander and say to that commander that the individual needs to be on suicide watch for a period.

Q6. What other support systems are in place for chaplains to deal with suicide cases?

A6. Not everyone who comes to the chaplain is a religious or spiritual person although everyone is spiritual to some degree. However, they wouldn't generally come for spiritual counseling, but they may come for emotional counseling. This limits the amount of religious or spiritual guidance that I can give, if the person is spiritual then I can guide them into understanding God's love and grace and comfort. This opens up a

whole host of resources not just the Bible but also the way we understand theology, and answer where is God in your crisis right now.

Q7. In your opinion how does the Army view the use of religion in suicide prevention?

A7. On a surface level the chaplain is one of the persons who can teach the army suicide awareness class. The follow on part is when the soldier wants to go beyond the psychological and wants to know how God can love him. Thus, only when the soldier is open to receiving religious and spiritual care can I administer it. The Army is very clear that we don't force any particular religion on anyone, but we are available to let people understand and connect with God when they want to.

Q8. How can spiritual resilience training and suicide prevention be enhanced?

A8. There is probably a need for us to say how to be resilient by being spiritual, or if spirituality can contribute to resiliency because we have a fear of offending people.

Q9. Are there differences in the roles of chaplains in suicide counseling based upon their specific religious traditions?

A9. This is more an issue of personality than denomination. All chaplains provide the same pastoral care and counseling to each soldier, it is just a matter of style based upon their individual personalities.

Q10. Do you have the resources necessary, or do you lack the latitude to operate efficiently in this crisis?

A10. Yes, I have the resources. The only thing is that sometimes the chaplains are sometimes stretched thin because in some units or in some positions as a chaplain you have more soldiers than other times. For example, you may be in a battalion and have six

hundred soldiers and when deployed you may be in an isolated area with as much as eleven hundred soldiers with you as the only chaplain. There are no inhibitions or limitations to our duties as chaplains.

Q11. What recommendations would you make to improve the work of chaplains in suicide prevention?

A11. Chaplains need to be proactive in order to build relationships with soldiers. This is a very difficult task if you have a very large unit but the true way to prevent suicide is to build relationships with the soldiers. As people know the chaplain they will come forward readily for assistance. Therefore chaplains must practice the ministry of presence, and to do this more than anything. The bottom line is that the soldier must get to know his chaplains.

There are not enough chaplains during deployment when there are attachments to units. My opinion is that when you get to a certain number probably one thousand there must be an additional chaplain to provide that support to the soldier and the commander.

There is a need for some type of teaching block that is led by chaplains that indicates how spirituality can make you more resilient. This should include the connection to God, the theology of God's providence and the sharing of a community of faith. So regardless of your religion once you practice these things it will increase your spiritual resiliency.

Interview # 2

Notes of Interview # 2 conducted with Chaplain Steve Roberts whose denomination is Pentecostal. He is a chaplain for fifteen years, and his current appointment is that of CGSC chaplain.

Q1. What do you believe are the major causes of suicide?

A1. Some of the soldiers probably have less coping skill than previous generations, the operational tempo. A combination of all these pressures pushes these younger soldiers to lean toward suicide.

Q2. What programs are in place for chaplains to deal with suicide cases?

A2. ASIS, ACE there was AIDE. The new ACE program has assisted in the drive of suicide prevention.

Q3. How many cases were referred to you or came to you as chaplain?

A3. Personally, I dealt with seven suicides. There was a significant impact on the unit with the loss of each life. People wonder why they did not reach out or ask for help, why they did not come forward and ask the questions. One of my attempts was my own chaplain assistant. He was too embarrassed to come forward and ask for assistance until it was so big, he felt that killing himself was the only answer. Luckily, he wasn't successful, and he went on to receive treatment and moved on with his life.

Q4. At what point of an identified crisis in a person's life is that person referred to the special skills of the chaplain?

A4. Every case is different. There are a lot of leaders who are clued into their men and once anything is noted they encourage them to go and seek some help. Unfortunately a lot of those problems usually come out at a crisis moment, for example, a soldier getting drunk, or he receives an article 15. There is that spiral downwards and the chain of command will begin their interventions as necessary. My concern is that the soldiers come to us when the problems are so bad, and they don't know what else to do. There is need for greater spiritual resiliency to be encouraged in the lives of soldiers.

Q5. When do you cease to follow up a case that was being dealt with by you?

A5. Usually when they have moved on to another unit, or it has become pretty apparent that they are not intent on committing suicide anymore, or mental health has determined that they need medication, therapy or group care. The process really never ends for us until the soldier agrees that he completed a treatment program or has indicated he is no longer suicidal.

Q6. What other support systems are in place for chaplains to deal with suicide cases?

A6. Chaplain assistant, Behavioral Health, Army One Source, the VA, local parishes, and local churches. Even now more and more agencies are reaching out to the military so there is no shortage of assistance.

Q7. In your opinion how does the Army view the use of religion in suicide prevention?

A7. I know that there is need for the soldier to be resilient, but how do we determine if the soldier is healthy enough to fight our nation's battle? The spiritual piece is a bit hard for people to grasp. General Marshal believed that the Soldier's soul is everything, and it was his view that if the Soldier was wounded spiritually, he was going to be ineffective in combat. So, I think that we are seeing a swing back to that through the 'Comprehensive Soldier Fitness,' but it was a part that was overlooked in the past and people are trying to come back to that, at least that is my hope and prayer.

Q8. How can spiritual resilience training and suicide prevention be enhanced?

A8. I believe in God and that brings a lot of comfort and balance into my life, so when things are bad I always fall back on my faith. The Soldier must be taught to look at

the heart first, instead of all the other symptomatic problems because I think that we are talking of issues of the heart that people are struggling with. We need to find a way to blend it together, and this will give lasting changes in the lives of our Soldiers and bring more lasting results. I looked at 'Teen Challenge' which has probably one of the most effective drug rehabilitation programs and noted that it is faith based. There is less return to drugs and less repeat offenders. There are some things about being spiritually focus that help them out.

Q9. Are there differences in the roles of chaplains in suicide counseling based upon their specific religious traditions?

A9. There was a change in the Army confidentially policy that came from the Chief of Chaplains. Before that it was denominationally dependent. Pastoral care is however, the same across the chaplaincy. The differences are fundamentally personality and spiritual condition.

Q10. Do you have the resources necessary, or do you lack the latitude to operate efficiently in this crisis?

A10. There is no shortage of resources, as it relates to latitude; I have always had the liberty to perform my duties as a chaplain.

Q11. What recommendations would you make to improve the work of chaplains in suicide prevention?

A11. There is need for manageable chaplain to Soldier ratio. There are issues with the need for Catholic priests. Generally, there is a chaplain in every unit, and we have been good at this.

Chaplain must not allow themselves to be ostracized in any way but seek to build relationships with their Soldiers and commanders.

Suicide must not be an afterthought; chaplains must be proactive within their respective units.

Spiritual resiliency must be built by incorporating religious text that has relevance. There is a need for us to find creative ways to bring messages that will result in balance to the Soldier and at the same time prepare him to face the challenges of life.

We must always look for better ways to make a change to the heart.

Interview # 3

Notes of Interview # 3 conducted with Chaplain Geoffrey Alleyne whose denomination is that of the Church of the Nazarene. He has been a chaplain for the past seventeen years, and his present appointment is Chaplain for the Gospel Congregation at Fort Leavenworth.

Q1. What do you believe are the major causes of suicide?

A1. There are many factors these include depression, family issues and relationship issues. The job in the Army is stressful and when you add family, deployment and children these all help to create a stressful environment. And sometimes the young Soldier finds it difficult to cope with these issues, and the result is depression. If no help is sought for this state they find themselves in they become suicidal, and some may eventually commit suicide.

Q2. What programs are in place for chaplains to deal with suicide cases?

A2. There is suicide prevention briefings and other services that are offered.

Q3. How many cases were referred to you or came to you as chaplain?

A3. In my career, I would have seen some 300 soldiers for suicide related issues; also I have done many suicide prevention briefings.

Q4. At what point of an identified crisis in a person's life is that person referred to the special skills of the chaplain?

A4. Most soldiers are referred by one of the individuals in the chain of command. Some soldiers recognize that they have problems, and they seek out the chaplain. The phone numbers are known, and there are no inhibitions to the Soldier contacting the chaplain.

Q5. When do you cease to follow up a case that was being dealt with by you?

A5 It depends on the situation. If a Soldier is brought in who indicates that he is going to commit suicide immediately he is sent to mental health and then taken to a hospital emergency room where he is held for observation. Sometimes, after those soldiers are sent back to the unit the chaplains do follow up to see how best we can serve them. If the Soldier is not in imminent danger of committing suicide, then we talk to him to ensure that he does not plan to do it, does not have the means to do it, and that he not going to do it when he is referred back to his company. There are times when we would ask the company to put the soldier on suicide watch for twenty four hours.

Q6. What other support systems are in place for chaplains to deal with suicide cases?

A6. We try to give suicide prevention briefings at least twice a year, soldier can come and see us at anytime, or they can go to the mental health specialist, family advocacy, social workers, psychiatrists and psychologists. Anyone of these groups can be readily accessed by the soldier. The soldier is always advised that there is nothing that

they are going through that cannot be resolved. And that the chaplain is there to work together with them through their situation. Since, suicide is not the answer to their problems.

Q7. In your opinion how does the Army view the use of religion in suicide prevention?

A7. The chaplains are here to bring the soldiers to God and God to the soldiers. When a Soldier comes to me I don't only deal with his problem. I also come from a spiritual standpoint and do pastoral counseling with them. Most people who give their lives to God have a source to turn to in the midst of their problems, situations and difficulties. Non-Christians also come to chaplains, but regardless of whether they are Christians or not, a lot of our answers are rooted in the Word of God and comes from the Word of God. The Army sees the Soldier as a whole individual with mental, spiritual, physical and emotional needs. And for the soldier to be fully fit for duty, his spiritual man has to be nurtured.

Q8. How can spiritual resilience training and suicide prevention be enhanced?

A8. There are worship services, prayer breakfasts, duty day with God and other programs to help the Soldier build his spiritual fitness. This building up will help them to deal with the stresses they encounter. Soldiers who don't have a spiritual source have a greater probability of committing suicide.

Q9. Are there differences in the roles of chaplains in suicide counseling based upon their specific religious traditions?

A9. Most chaplains have the same approach to suicide prevention. There is a standard teaching. There is the spiritual element that is also added to the teaching from

the Word of God. I will have a pastoral view like many chaplains since our basis is the Word of God. Soldiers come to the chaplain because they need more than the regular talk to deal with their issues.

Q10. Do you have the resources necessary, or do you lack the latitude to operate efficiently in this crisis?

A10. We have adequate resources to deal with this issue, and we also had extensive training to deal with the issue of suicide. The relevant commanders have also given us the latitude to operate and deal with the soldier and his problem

Q11. What recommendations would you make to improve the work of chaplains in suicide prevention?

A11. Young chaplains at the battalion level need to spend more time with their soldier down at the motor pool, on road march, mess hall and where ever the soldiers are, that is where he needs to be.

Soldiers need to be involved in their churches and practice their faith in order to assist in building their resiliency.

Interview # 4

Notes of interview # 4 conducted with Chaplain Matthew Gibson whose denomination is that of Seventh Day Adventist. He has been a chaplain in excess of fifteen years, and his present appointment is Family Life Chaplain at Fort Leavenworth

Q1. What do you believe are the major causes of suicide?

A1. After psychological autopsy was done the major causes of persons taking their lives are personal issues, family, relationships, financial and legal issues

(bankruptcy or some form of punitive action from legal authority). The top three are relationship, financial and legal.

Q2. What programs are in place for chaplains to deal with suicide cases?

A2. There are a number of programs: there is ACE, which is offered through the Medical Command. This helps soldiers to recognize when their buddies are in trouble, how to recognize the signs and symptoms of suicidal behavior, to stay with them to find out if they have a plan to take their lives and to ensure that they get them to someone that can help them, whether it be the chaplain, the emergency room or their commander.

Another program would be one that we call ASIS (Applied, Suicide, Intervention, Skills). I teach a two day program which gives the battalion chaplain and chaplain assistant the skills that are necessary to recognize the contributory factors that would lead to a person taking their life. It gives them the skills they need to help that person get through that crisis, and get them to someone that can help, which is applied suicide intervention. On the MEDCOM side there is another program that is called 'Battle Mind' which helps with soldier resiliency and letting the soldier know that it is essential that he seeks help from the various sources that are provided in the military. They can talk to someone, that is, a counselor from mental health, a chaplain or their commander. All communication is confidential.

Battalion Chaplains teach suicide prevention skills, stress management and people dealing with grief and loss.

Q3. How many cases were referred to you or came to you as chaplain?

A3. Approximately 50 persons from 1997 to present.

Q4. At what point of an identified crisis in a person's life is that person referred to the special skills of the chaplain?

A4. Usually, a first line supervisor will recognize when there is something awry in the person's performance, and they are escorted to the chaplain. A spouse, supervisor or a buddy may report it. There may be grief, depression, weight lost or weight gain, pending disciplinary action, or a recent divorce in the life of the soldier. The chaplain will do an evaluation and inventory intake to determine if this person is experiencing suicidal thoughts. Nine times out of ten a person may cry out for help.

Q5. When do you cease to follow up a case that was being dealt with by you?

A5. We will continue to follow up with that person, since although we help to get them through that crisis we need to check to ensure that they are applying those coping skills to deal with those problems that may be prolonged, so we continue to follow up on them. Chaplains do what we call ministry of presence, where we will see them in the motor pool, or visit them in the office. We will continue to check on them just to ensure that they are not continuing to have those suicidal thoughts. When we would have evaluated the person properly and are satisfied that all is well we may cease to follow up, but this is a judgment call.

Q6. What other support systems are in place for chaplains to deal with suicide cases?

A6. There are several programs that we use to take a holistic approach. We work with the Army Community Services (ACS), Strong Bonds, family therapy, family counseling. There are several inventories that we would use to do an assessment of a person to determine if they are suicidal. We would give them the survival skills for

healthy families, and individual for single soldiers. There is an also family life consultant which is a Department of Defense program. These are civilians, some of them former military, some of them former chaplains.

There is the community mental health at Hoge Barracks, because we take this holistic approach by dealing with all aspects of the person life.

Persons can access these resources without fear of discrimination or stigmatization.

Q7. In your opinion how does the Army view the use of religion in suicide prevention?

A7. My opinion is that chaplains are there to inform the command of matters of morale. Soldiers are taken care of in a holistic way. Some persons view this as a sin when a person takes their own life. I believe that such a person is not healthy and that it is a mental issue. I believe that as a Minister I have a duty to help that individual through that crisis whatever it may be. I don't force religion on anyone during counseling; as a matter of fact, it is about providing a ministry to everyone.

Q8. How can spiritual resilience training and suicide prevention be enhanced?

A8. I think that spiritual resiliency has to be demonstrated not only in our pulpits but in our personal relationships with our Soldiers. They have to know that this is someone that I can trust. Even in my discourse from the pulpit, I am communicating the tools that are available that God cares for you and that he understands what you are going through. He would never leave you, nor forsake you. I want to give them hope, I want to give them that resiliency. Once they understand that there is hope, help and healing, this can be instrumental in building their lives. And thereby enhance suicide prevention.

The comprehensive soldier fitness program is just one of the many programs that are here and available to address resiliency. It deals with the five dimensions of fitness. The resources are available. We just have to do more work to break down the barriers to help.

Q9. Are there differences in the roles of chaplains in suicide counseling based upon their specific religious traditions?

A9. All chaplains are trained in suicide prevention and education and are given the tools to counsel. They are trained to do assessments of the soldier who are going through any stress. As such fundamentally, there are no differences in their approach. Denomination beliefs are placed aside in the process of chaplain assistance to soldiers. There is also no fear of proselytizing in this process of counseling.

Q10. Do you have the resources necessary, or do you lack the latitude to operate efficiently in this crisis?

A10. Chaplains are given the commander's master religious plan and they put that together. Resources are available not only from the commander, but from the garrison as well as the Army. Everyone has an opportunity to take advantage of these resources to take care of the soldiers.

Q11. What recommendations would you make to improve the work of chaplains in suicide prevention?

A11. New chaplains are given the training in suicide prevention, so that they can have an understanding of when to refer, and what steps to take in the process of encountering a suicide case.

Interview # 5

Notes of Interview # 5 conducted with Chaplain Joseph Hannon whose denomination is that of the Roman Catholic Church. He has been a chaplain in excess of seventeen years, and his present appointment is Roman Catholic Pastor at Fort Leavenworth.

Q1. What do you believe are the major causes of suicide?

A1. The cause of the spike in the Army suicide rate at this time comes from stress of the constant deployments. The Army also lowered its standard at intake level making less demands, and that may or may not be relevant to the number of suicide attempts in the Army. The reality is the number of suicide attempts and actual suicides have gone up in recent years. The suicide rate in the Army until very recent times was lower than the average rate of the United States, so I think the increase in the rate of Army suicides can be attributed to much more strain that is placed on individual units and families.

Q2. What programs are in place for chaplains to deal with suicide cases?

A2. There are a number of programs. Some are preventative education programs and chaplains as a group are very active in presenting, especially to units, the reality of suicide, things that lead to suicide, and common ways that individuals and fellow Soldiers can help to prevent suicide. It is strictly an educational endeavor. It is greatly needed because there are a lot of powerful emotions that surround this topic, whether one is contemplating suicide or one is a member of a unit.

It is possibly not talked about as much as it should be among the soldiers themselves. The cultural prejudices come from the wider society. They are not generated in the Army, although the Army's ethos is that everyone is fit, and everyone is ready for

duty. So it is very hard for soldiers, as individuals, to admit to themselves that they need to seek help, that they should seek help and that they want to seek help. There is part of our culture that makes that very difficult to do, and some demand almost secrecy before they address powerful issues in them, things that are literally destroying their health, and indeed might destroy their lives.

Q3. How many cases were referred to you or came to you as chaplain?

A3. It would be very hard to estimate, but the folks that I have encountered generally were in deep crisis. They are generally brought here by their unit members who are genuinely worried about them. They are in such emotional turmoil or dept of turmoil that they cannot function in a normal way at their units, and they are brought many times, first to the chaplain or sometimes, first to mental health and then to the chaplain.

Invariably, the chaplain is part of the loop.

Personally, I am very defensive and will always insist that the person be brought to the mental health authorities and a full assessment be done, just to be defensive. And in a number of cases that has proven to be most helpful when people go into a curative phase. Given the nature of the Army I was never able to follow up on these folks and find out what happened to them in the long run.

Q4. At what point of an identified crisis in a person's life is that person referred to the special skills of the chaplain?

A4. There was a captain some eight or nine years ago who came to me with questions of death and the afterlife. He asked a range of questions about death, one of which was about suicide and the moral responsibility of a person. I did not see the young man as a person in crisis, and subsequently found out sadly two months later that he had

committed suicide. I was not aware of the true state of mind that this young man was in at the time, so I have learnt some lessons from that and to be more defensive, and more complete. Now this was an officer who came of his own volition, so it would have been harder for me to kind of insist that he get some professional health. And I did not see the danger at that point in time.

Q5. When do you cease to follow up a case that was being dealt with by you?

A5. Well the referrals have not been with people in the unit that I was involved with. I came late into the chaplaincy at the rank of major, so I have always been involved with a large area of people with other chaplains at the lower level. Personally, I have not done follow up other than to relate to the battalion chaplain and seek to have that chaplain do follow up. But with the constant turmoil in the system, in general, people coming and going in the system even in the United States, and in the war situation, it was not possible for me to follow up with people that I had referred to counseling because of concern for deep issues in their lives. Recently, in Iraq I wrote a recommendation to the head of stress management, and the person went to the consult. I found out that the person was immediately taken out of the theatre. So I think that was an effective intervention on my part and totally supported by the mental health side.

Q6. What other support systems are in place for chaplains to deal with suicide cases?

A6. The Army increasingly honors requests for Soldier who seek psychological help outside the system, and that would be paid for by the Army insurance (Tricare). There is also a system now where counselors who are indirectly connected to the Army working on post, and a soldier can come in and talk freely without any fear of anything

ending up on his record. This quells the fear that something will end up on their record that follows them, that will hinder their upward mobility. I don't know if their fear is founded or not, but definitely that fear is real. So, it makes it convenient for ranks to seek help off base rather than on base just because of the level of fear within themselves.

Q7. In your opinion how does the Army view the use of religion in suicide prevention?

A7. It is not viewed in a denominational way. This is one of the instances where all chaplains work out of a common spiritual background and spiritual base to deal with issues that are deeper than the work of any one organized religious group. The chaplain working from a spiritual platform trying to prevent a human tragedy can very easily align with folks who work out of a more scientific or secular background, such as psychologist or psychiatrist. They may be religious people but use the tools of science, or at least the best tools that we have in terms of the art and science of psychology and psychiatry. So there is a very easy compatibility of the chaplain working with folks from a spiritual basis.

Q8. How can spiritual resilience training and suicide prevention be enhanced?

A8. I think that some of the detail studies of human beings under stress, for example, the experiences of people in concentration camps in World War II, prisoner of war camps or where people are in effect tortured show that there is a breaking or separation of those who have some platform deeper than the ordinary support system in the human being. One of the groups who have that platform is people of faith, and faith by definition deals with the human spirit. We cannot globalize through scientific methods of whatever types. There are deep experiences that affect the human person and the

human life. A typical example would be the psychiatrist Victor Frankl who lived for years in a prisoner of war camp in Nazi Germany, and in fact developed a system of psychology/psychiatry that the person generates from, with that comes from the human soul, the human spirit. There are many examples of the human soul and spirit being empowered to do things that ordinarily cannot be done.

Many times people in those terrible situations went into a depression and died, because they gave up. Some did not die; those people were motivated by faith, which is the spiritual reality.

Q9. Are there differences in the roles of chaplains in suicide counseling based upon their specific religious traditions?

A9. There might be I do not have any way of knowing that, I think this is one of those areas that a chaplain of whatever religion or religious background must fall back upon the resources on his entire tradition, because what is being dealt with is something that is very powerful and deep with the human heart, soul and body. That is leading to self destruction. I do not believe that anybody has a full explanation for this phenomenon, so it is one of those areas in life where every religion grapples with it. Just as people of no faith grapple with this deep mystery that leads to self destruction.

There is a wide range of ways that individual chaplains are trying to be helpful, curative and supportive, to seek to save the life of an individual.

Q10. Do you have the resources necessary, or do you lack the latitude to operate efficiently in this crisis?

A10. There are adequate resources available for the chaplains to do their duties. However, those chaplains must rely on the wider resource of all their training and all their enculturation in their respective faith.

Commanders are most supportive. They have never not accepted a suggestion that I would offer to him as it relates to persons who should be sent to mental health or otherwise.

Q11. What recommendations would you make to improve the work of chaplains in suicide prevention?

A11. There is a need for a closer working relationship, learning relationship and an exchange of experiences between the chaplaincy and those who deal directly in the mental health world, in other words, psychologist, psychiatrist and social workers, all of whom are fully trained and certified. I think there is need for some mechanism where all these groups can talk and share and learn from each other.

Comparison of the View of the Chaplains.

The researcher will now examine the view of the chaplains in order to determine what are the similarities and differences that are contained therein.

Similarities:

The following are the similarities in the view of the chaplains who were interviewed as part of this research.

1. There were all Christian chaplains, since this was a requirement for this particular research.

2. All subscribe to the notion that pastoral care was an essential ingredient in their counseling process. This care was constant regardless of their respective faith traditions.

3. There was a common understanding of the needs of the Soldier and their duty to assist in satisfying those needs. This was further emphasized by their understanding of the fact that they are the commanders staff officer and the soldiers' friend and confident.

4. There was a greater need for chaplains at the battalion level to be more visible with the troops. This view was that it makes the Soldier more aware of his chaplain and what he can do for him.

5. All see the value of the other support systems in place and they do not attempt to posture that they are the ultimate solution to the question of suicide.

6. There needs to be an augmentation of chaplains when units are reconfigured during deployment, thus ensuring that no one chaplain is overwhelmed by the large number of soldiers he has to minister to.

7. Generally, there was a need for more chaplains to balance the chaplain to soldier ratio. As to what is this ratio, the researcher was unable to determine, but the suggestion that follow indicates that there must be a magic number as the optimum number for one chaplain to deal with in the execution of his duties.

8. The chaplain has been and continues to be accessible to the Soldier at all times.

9. The extent of support that is given to chaplains to work in suicide prevention is beyond comparison. Support is available in both materiel and personnel to do this job. Additionally, there are no encumbrances to the work of chaplains in the execution of his duties. There was a need for soldiers to be more spiritually resilient. The extent of resiliency training and building would have to be determined. There is also a need to

define a concept of how to proceed with this process of resiliency training without any contravention of the requisite statutes.

Differences:

The following are the difference of the views of the chaplains who were interviewed.

1. They were all from varying denomination, and therefore some aspects of their religious traditions would be different.
2. There were differences in their concepts and approach to making a soldier spiritually resilient.

Comparison of the View of the Chaplain with that of the Reviewed Literature.

The researcher will now compare the views of the chaplains who were interviewed with that of the literature to determine what may be similar or different.

Similarities:

The following are the similarities in the view of the chaplains who were interviewed with that of the literature that was reviewed.

1. The chaplains identified most of the causes of suicide that were similar to that of the literature.
2. The chaplains held to the view that this matter of suicide prevention needed the support of the many players in it. The literature as well supported this view.

3. The literature supports the use of pastoral care and counseling, and this is one of the major tools that the chaplains indicate that they utilized in order to be coherent and effective.

4. Both the reviewed literature and the interviewed chaplains infer that there was no definite time period when the referred soldier should cease to be followed up.

5. The support systems that were identified in the literature are the same ones that are utilized by the chaplains.

Differences.

The following differences were noted between the interviewed chaplains and the reviewed literature.

1. The literature was silent about the needs for a chaplain to Soldier ratio. This may be necessary with the different augmentations that occur on the battle field, so that adequate counseling is available to the soldier.

2. The literature was also silent about the need for more chaplains in the corps. Since the underlying problem with the issue of ratios may be solved if the chaplaincy corps can recruit and retain the required amount of chaplains for the Army

3. The literature did not deal with the issue of spiritual resiliency, although it was an issue in the paper. However, this appeared to be a major focus of the chaplains.

4. The apparent presence of fear and stigmatization was not dealt with in the literature when it reviewed the secondary questions. Whether this fear is real or perceived, it is apparently affecting the Soldiers desiring to reach out for help. The Army will have to do much more to erase this perception.

Summary and Conclusion

This chapter examined the mission and the role of the chaplaincy to determine the synergy between the two, and this laid the foundation for the interviews that were conducted with five Christian chaplains who were of different faith traditions.

The similarities and differences in the views of the chaplains were then compiled. Thereafter, the similarities and differences that were found in the views of the interviewed chaplains and the literature reviewed were also compiled. The findings here will no doubt influence any decision made in the recommendations in the subsequent chapter.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

The purpose of this chapter is to synthesize the findings of chapter 4 so that we can conclude on the question of “How do chaplains in the Army work to assist in stemming the tide of suicide cases.” In doing this the researcher established a list of secondary questions and primary issues that were dealt with in the course of the study.

The researcher also noted that the Army suicide prevention consists of several stages, and that these stages are taught throughout the Army. It was also noted that the chaplains played an integral part in the process, regardless of the stage that was occurring, since he/she is regarded as the principal unimpeded referral source. Soldiers can access help from the chaplain, the mental health specialist, the emergency room, the local parishes and consult with the chain of command for any assistance to receive help off the installation.

The problems of stigma and discrimination are apparently having a negative effect on the work of suicide prevention. Since there is the phobia that once persons are in some ways affected by the symptoms of suicide, their careers are going to be in jeopardy. Some work has been done by the Army in the area of discrimination and stigmatization, but there is still sufficient evidence to support the need for an extensive campaign to erase the fears associated with the stress of being suicidal that robs the soldier of seeking help.

The researcher also found that chaplains work extensively in counseling, pastoral care, follow up, a ministry of presence and in collaboration with the other agencies

involved in the work of suicide prevention. The extent of emphasis that was placed on counseling and pastoral care that was provided by the chaplains was beyond comparison. There was some concern of the lack of an effective ministry of presence especially by the younger chaplains, and implicit in this was that opportunities can be missed at the most critical points in the lives of Soldiers because chaplains were not in place. However, the collaboration that is done with mental health, unit commander and other agencies involved in the fight against suicide is very good.

The question can be asked if they do enough. It may or may not be. However, the researcher is of the view that there are some things that can be done to further enhance the work of the chaplains in suicide prevention. The following recommendations are made:

1. There is a greater need for the chaplains to be assigned to units that are reorganized during deployment. This will ensure that no one chaplain is overwhelmed by the numbers that he would have to deal with in a high stressed environment.

2. There should be some formula to determine what should be an acceptable chaplain to Soldier ratio at all locations, whether in combat zones or at the home stations.

3. There is a concern about the unit chaplains not practicing their ‘ministry of presence’. This would have to be reemphasized so that the Soldier can be aware of his chaplain and the level of support that is available to him/her through the chaplain. This activity must be done at the individual and collective level.

4. There should be a sharing of ideas, knowledge and experiences by the parties involved in suicide prevention. Although the researcher is aware of this at some levels in the Army, this sharing should also take place at the level of the unit chaplain as well.

5. There are obviously some vacancies in the chaplain corps that should be filled urgently. Although I am aware that there is ongoing training to fill some of these positions, there is still not likely to be the maturity and experience needed to handle these troubled Soldiers. Therefore, I would suggest that an attempt be made to acquire these skills from allied armies or the civilian population. This, if adopted, would have to be done cautiously, since the process of dealing with the mind and spiritual condition of the soldier is not something that can be enthusiastically given to an ‘ally’ or a civilian with no regimentation.

6. One of the issues of this paper was that of resiliency. Some of the chaplains were of the view that in order to build resiliency there should be some standardized teaching about the providence of God and other themes that are common for all religious traditions. This is probably worthy of some further examination.

7. There should be a more coordinated system of follow up and feed back as it relates to suicidal persons, and when these persons have moved on there must be a handing over of the process of follow up to where that person is going.

8. Further research should be done with the Christian chaplain population to validate these views, since the population that was utilized was restricted and probably myopic. Their views may therefore not necessarily be reflective of the remainder of that particular chaplain group.

9. Further research should be done of the other religious groups within the chaplaincy to determine their views as it relates to the issues highlighted in this study, so that a comprehensive perspective of all opinions can be compiled and evaluated for its merit.

The Army continues to recognize that the Soldier is a total being. Each has a physical, social, emotional, mental and spiritual part that makes them whole. Therefore all efforts are being made to ensure that all Soldiers are totally fit and capable of fighting this nation's battles. With the above mentioned recommendations the researcher is of the view that the work of the chaplains can be further enhanced and the overall effect will be a resilient Soldier.

APPENDIX A

SUICIDE PREVENTION: WARNING SIGNS AND RISK FACTORS

Suicide Prevention: Warning Signs & Risk Factors

Warning Signs:

When a Soldier presents with any combination of the following, the buddy or chain of command should be more vigilant. It is advised that help should be secured for the Soldier.

- Talk of suicide or killing someone else
- Giving away property or disregard for what happens to one's property
- Withdrawal from friends and activities
- Problems with girlfriend (boyfriend) or spouse
- Acting bizarre or unusual (based on your knowledge of the person)
- Soldiers in trouble for misconduct (Art-15, UCMJ, etc.)
- Soldiers experiencing financial problems
- Soldiers who have lost their job at home (reservists)
- Those soldiers leaving the service (retirements, ETSs, etc.)

When a Soldier presents with any one of these concerns, the Soldier should be seen immediately by a helping provider.

- Talking or hinting about suicide
- Formulating a plan to include acquiring the means to kill oneself
- Having a desire to die
- Obsession with death (music, poetry, artwork)
- Themes of death in letters and notes
- Finalizing personal affairs
- Giving away personal possessions



Risk Factors:

Risk factors are those things that increase the probability that difficulties could result in serious adverse behavioral or physical health. The risk factors only raise the risk of an individual being suicidal it does not mean they are suicidal.

The risk factors are often associated with suicidal behavior include:

- Relationship problems (loss of girlfriend/boyfriend, divorce, etc.).
- History of previous suicide attempts.
- Substance abuse.
- History of depression or other mental illness.
- Family history of suicide or violence.
- Work related problems.
- Transitions (retirement, PCS, discharge, etc.).
- A serious medical problem.
- Significant loss (death of loved one, loss due to natural disasters, etc.).
- Current/pending disciplinary or legal action.
- Setbacks (academic, career, or personal).
- Severe, prolonged, and/or perceived unmanageable stress.
- A sense of powerlessness, helplessness, and/or hopelessness.

Suicidal Risk Highest When:









- The person sees **no way out** and fears things may get worse.
- The predominant emotions are **hopelessness and helplessness**.
- **Thinking is constricted** with a tendency to perceive his or her situation as all bad.
- Judgment is impaired by use of **alcohol or other substances**.

TA-075-0507

Source: United States Army Center for Health Promotion and Preventative Medicine, TA-075-0507.

APPENDIX B

ASK, CARE AND ESCORT

 <p>Ask your buddy</p> <ul style="list-style-type: none"> • Have the courage to ask the question, but stay calm • Ask the question directly, e.g., Are you thinking of killing yourself? <p>Care for your buddy</p> <ul style="list-style-type: none"> • Remove any means that could be used for self-injury • Calmly control the situation; do not use force <p>Escort your buddy</p> <ul style="list-style-type: none"> • Never leave your buddy alone • Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider <p>USACHPPM http://chppm-www.apgea.army.mil/ TA-095-0605</p>	 <p>Ask your buddy</p> <ul style="list-style-type: none"> • Have the courage to ask the question, but stay calm • Ask the question directly, e.g., Are you thinking of killing yourself? <p>Care for your buddy</p> <ul style="list-style-type: none"> • Remove any means that could be used for self-injury • Calmly control the situation; do not use force <p>Escort your buddy</p> <ul style="list-style-type: none"> • Never leave your buddy alone • Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider <p>USACHPPM http://chppm-www.apgea.army.mil/ TA-095-0605</p>
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Source: United States Army Center for Health Promotion and Preventative Medicine, TA-095-0606, <http://chppm-www.apgea.army.mil/>.

APPENDIX C

ARMY SUICIDE PREVENTION PROGRAM

GTA 12-01-001

ARMY SUICIDE PREVENTION PROGRAM

EFFECTIVE DATE 15 JAN 2007



Warning Signs of Suicide

- Failed Relationships
- Legal/Financial/Occupational Problems
- Previous Suicide Attempts
- Suicide Threats
- Alcohol and Drug Abuse
- Statements Revealing a Desire to Die
- Sudden Changes in Behavior
- Prolonged Depression
- Making Final Arrangements
- Giving Away Prized Possessions
- Purchasing a Gun or Stockpiling Pills
- Feelings of Humiliation

IF YOUR BUDDY SHOWS SOME OF THE SIGNS ABOVE:

* **Identify the Need:** Listen. "How can I help?"

* **Ask:** "Are you thinking about suicide?"

* **Act:** Take to one of the helpers below that fits the need

Buddy: _____

1st-Line Leader: _____

Chaplain: _____

Mental Health: _____

Police/Ambulance: 911

Military One Source: 1-800-342-9647

<http://www.militaryonesource.com/skins/MOS/home.aspx>

National Suicide Prevention Lifeline: 1-800-273-8255

TA-076-0607

Additional Resources

Army Suicide Prevention Program

<http://www.armyg1.army.mil/hr/suicide.asp>

U.S. Army Center for Health Promotion and Preventive Medicine

[http://chppmwww.apgea.army.mil/
dhpw/readiness/suicide.aspx](http://chppmwww.apgea.army.mil/dhpw/readiness/suicide.aspx)

Office Chief of Chaplains

<http://www.chapnet.army.mil/>

Army Families Online

<http://www.armyfamiliesonline.org/>

Army Behavioral Health

<http://www.behavioralhealth.army.mil/>

Battlemind Training

<http://www.battlemind.org/>

National Suicide Prevention Lifeline

1-800-273-TALK (8255)

<http://www.suicidepreventionlifeline.org/>

American Association of Suicidology

<http://www.suicidology.org/>

National Hopeline Center

<http://www.hopeline.com/>



Everyone Matters!



Source: United States Army Center for Health Promotion and Preventative Medicine, TA-076-0607.

APPENDIX D

FAMILY COPING AND RESILIENCY SUICIDE PREVENTION TIP CARD

Family Coping and Resiliency Suicide Prevention Training Tip Card

This card is to be used as a training aid for the Suicide Prevention for Army Family Members awareness brief.

Army life can be stressful. Stressors that you and your Family might experience include:

- ▶ Deployment separation. Separation from a loved one inevitably strains communication which can affect your relationship. In addition, taking on new responsibilities at home can be challenging and frustrating.
- ▶ Previous suicide attempts.
- ▶ Frequent moves. Many of the stressors that families experience are related to moving.
- ▶ New schools. Adjusting to a new school and a new schedule can be very difficult.
- ▶ New jobs. Finding a new job and/or learning the details of a job that you have been transferred to can be exhausting and overwhelming.
- ▶ Meeting new friends. Both adults and children can have a hard time meeting new people and developing friendships.
- ▶ Not making the next rank, UCMJ, or bad ratings.

Both adults and children can be affected by stressors and can use resilient or negative strategies to cope. Encourage the use of resilient coping strategies.

Resilient Coping Strategies

Adults/Soldiers:

- ▶ Breathing deeply. Slow, deep breaths give your body more oxygen and can produce a calming and focused effect.
- ▶ Church/religious activities. Attending church or other religious activities can provide support.
- ▶ Cooking. Some find great joy in preparing food. The rhythmic motion of chopping vegetables or the aroma of freshly baked bread can be very soothing.
- ▶ Exercising. In addition to keeping you fit, exercise can be a great stress reliever and a great coping strategy. When your body is fit and healthy, coping with stressful situations will be easier.
- ▶ Spending time in nature. Take time to notice the natural beauty around you by taking a walk in a park. Merely getting away from your stresses and finding peace and relaxation, even if only for a few minutes each day, can be beneficial.
- ▶ Support groups. You may feel as if you are the only one dealing with stress and depression; however, you are not alone. Look for support in your area. These groups can be formal groups established in the community, informal groups in your neighborhood, or groups associated with the Army via the Army Family Readiness Group (FRG) www.armyfrg.org.
- ▶ Talking to others. Don't underestimate the power of talk. Talking about your thoughts and feelings can be very useful. Even if the person with whom you are talking cannot fix the problem, the act of putting your emotions into words can be helpful.
- ▶ Volunteering. When you give back to others, whether you volunteer to work with children, the homeless, elderly populations, or at a local animal shelter, you find out just how strong you are. Visit www.volunteermatch.org for opportunities in your area.
- ▶ Writing/journaling. Put your thoughts and emotions on paper. Writing can help you to sort out how you are feeling. You don't have to show what you have written to anyone. Keeping a journal can help you track your moods.

Children/Adolescents:

- ▶ Church/school activities. Children are social beings. Involving them in church and school activities feeds their need for friendship, provides them with support, and exposes them to positive influences.
- ▶ Drawing/journaling. Children can sometimes find it difficult to express their emotions verbally.

If so, drawing and journaling can be great alternatives to express their feelings in a personal, safe way.

- ▶ Reassurance/fun outings. Children benefit from reassurance that they get from individuals who are close to them. Creating fun environments/outings for children reminds them how it feels to be happy.
- ▶ Sports. In addition to providing an outlet for energy, relieving stress, and improving physical fitness, involvement in sports is a great way for children to improve their self-confidence, make friends, and gain support.
- ▶ Talking to others. Just as with adults, children benefit when they share their thoughts and feelings with others. It allows them to know that they are not alone.

Extended use of negative coping strategies can be a risk factor for suicide.

Negative Coping Strategies

Adults/Soldiers:

- ▶ Eating in excess or not enough. Eating or bingeing when stressed is a common but ineffective coping strategy. Not eating enough can be a sign of depression. Both eating patterns are maladaptive and should be replaced with resilient strategies.
- ▶ Not talking. Keeping feelings bottled up inside is not a beneficial way to cope with problems. When people do not talk about their feelings, they become consumed with the negative, which makes a problem seem larger and less manageable.
- ▶ Self-injurious behaviors (e.g., self-cutting, drinking alcohol, taking pain killers, reckless driving, etc.). These behaviors are very serious. They are sometimes a cry for help, but engaging in these behaviors even one time can be fatal.
- ▶ Withdrawing. Individuals might feel that they need to keep to themselves and not burden others with their problems when they are feeling stressed; however, the opposite is true. Withdrawing from others and/or the problem will only make the problem worse.

Children/Adolescents:

- ▶ Drastic mood changes. Mood swings are not uncommon during adolescence; however, uncharacteristic mood swings or violent mood swings could indicate a problem coping with stress.
- ▶ Not talking. Keeping feelings inside is not a helpful strategy for children who might not understand a stressor. Children have fewer resources for coping, and if they don't express their feelings, others cannot provide them with the support they need.
- ▶ Self-injurious behaviors. Behaviors such as self-cutting, drinking, taking pills, promiscuous sexual acts, and other risky behaviors can be a cry for help; however, these acts can also be deadly.
- ▶ Withdrawing. A child who withdraws from family and friends is isolating himself/herself can be at risk for depression.

Your Resources

- ▶ Army Center for Health Promotion and Preventive Medicine (CHPPM)
 - ▶ <http://chppm-www.apgea.army.mil>
- ▶ Army Families Online
 - ▶ <http://www.armyfamiliesonline.org>
- ▶ Family Readiness Library
 - ▶ <http://deploymenthealthlibrary.fhp.osd.mil>
- ▶ National Suicide Prevention Lifeline
 - ▶ 1-800-273-TALK
- ▶ Military OneSource
 - ▶ <http://www.militaryonesource.com> or 1-800-342-9647
- ▶ My Army Life Too for families and friends
 - ▶ <http://www.myarmylifetoo.com>
- ▶ Suicide Prevention Action Network (SPAN)
 - ▶ <http://www.spanusa.org>



TA-084-0108

Source: United States Army Center for Health Promotion and Preventative Medicine, TA-084-0108.

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