The summer months are just around the corner, and with them come the excitement of vacations and much-anticipated rest and relaxation. For the Army Family, summer also brings a larger number of permanent changes of station. Whether short, long or permanent, these transitions and separations are not only more prevalent this time of year; they can also lead to loss of connections.

Enhancing resilience during this time when Soldiers lose ties with their units, families and friends, gives us the greatest opportunity to effect change and boost positive outcomes.

First, as leaders, we must communicate to Soldiers that each and every one is a valued member of the Army team, and that each is essential to readiness and mission accomplishment. Leaders must foster an environment that stresses to Soldiers the importance of treating each other, and themselves, with dignity and respect. That way, relationships and teams can thrive.

Second, as leaders, we must take the time to know our Soldiers and our Soldiers’ families; and urge our Soldiers to know their fellow teammates. We, leaders and Soldiers, must be proactive in building self-awareness and strengthening relationships so we can take action when we notice a change in our own or a fellow teammate’s regular behavior. By building connections and promoting a culture of trust, we can strengthen the readiness of our Soldiers.

Third, all leaders must be proactive in strengthening protective factors and enhancing resilience for the Soldiers in their formations. Leveraging email, social media, and other mobile communications to interact with those displaced from the units is critical to maintaining a connection and providing a lifeline to those who need it. As leaders, we must also encourage and model behaviors for our Soldiers, such as maintaining good health, sustaining quality of life, and setting clear goals.

Bottom line: to achieve positive outcomes over the summer, I encourage all of us to:
Live the Army Values.
Promote a Culture of Trust.
Encourage community.
Model healthy behavior.
Engage when you notice a change in a person’s regular behavior.
The 2017 Army Trials, the final forum for selecting Team Army for the 2017 Department of Defense Warrior Games, took place at Fort Bliss, Texas, April 2-6. On April 1, Athletes participated in a Mental Gauntlet, to complement their physical preparation for the competition ahead. Fort Bliss Warrior Transition Battalion’s Command Sgt. Maj. Matthew E. Unger set the tone for the afternoon’s mental workout, saying “The brain controls how we act, function and speak. Never let your disability control your brain.”

Master Resilience Trainer-Performance Experts (MRT-PEs) from U.S. Army’s Ready and Resilient led the mental gauntlet, the intent of which was to reinforce skills the MRT-PEs taught the athletes during their practices.

Five teams, Alpha through Echo, rotated and completed five exercises: a pingpong challenge, intended to challenge the athletes’ focus and motivation; a paper-folding exercise to illustrate the benefit of a growth mindset; a deliberate breathing station using emWave technology that monitors breathing and shows when an athlete is using energy most efficiently; a “helium stick” exercise (pictured above) to build communication and practice managing frustration; and a performance plan station for athletes to develop and record performance plans for their individual events.

While the athletes found the exercises to be fun and challenging, developing their performance plans was a clear favorite. U.S. Army Veteran Sgt. 1st Class David Luli explained, “The workshop was awesome. Subconsciously I already had the plan that I wrote down in my mind, I just hadn’t gone into detail and put it on paper, so it was tremendous. It just gives a little bit more structure and purpose to what you’re doing.”

Reducing the Risk and Incidences of Suicide, Substance Abuse and SHARP instances at Red River Army Depot

Red River Army Depot

Red River Army Depot experienced success in suicide prevention, reduction of substance abuse and sexual harassment/assault response and prevention (SHARP) issues through a series of face-to-face and train-the-trainer programs.

The depot holds quarterly Supervisory Leadership Symposia, during which supervisors are trained in two separate groups on methods of leading discussions in these areas. Senior Leaders learn how to monitor the training provided by first- and second-line supervisors. First- and second-line supervisors then complete the train-the-trainer portion. Community Support Office staff ensures training is conducted to standard.

The Employee Assistance Office has received increased exposure and referrals when individuals have presented with signs of depression, anxiety and indicators of negative behaviors, and the depot employs a multi-disciplinary approach in dealing with these alerts and indicators.

The Threat Assessment Team is headed by the Director for Emergency Services with membership from the activity where the problem surfaced, the Community Support Office, EEO, Legal, Civilian Personnel, and the Occupational Health Clinic. Two separate newsletters, on targeted to supervisors and the other for front-line employees, cover a wide range of topics and include ways to avoid substance abuse issues and methods for improving individual’s mental and physical health. All efforts are in keeping with the depot’s motto of supporting the warfighter with “our best and nothing less.”

As a result, Red River Army Depot has experienced a decrease in Substance Abuse issues, increase in reporting and prevention of suicidal issues, effective policing and response to allegations of Sexual Harassment and Assault.

POC for additional information is Paul Ronan at Red River Army Depot, 903-334-4019 or by e-mail at paul.j.ronan.civ@mail.mil
Evidence-Based During Deployment for Spouse Online Modules Added to the Deployment Cycle Resilience Training Curriculum

By Jay Nolet, Walter Reed Army Institute of Research

The Walter Reed Army Institute of Research (WRAIR) Research Transition Office (RTO) is collaborating with Dr. Linda Nichols and her staff at the Memphis VA to transition their “Spouse Deployed” eLearning modules into a series of During Deployment for Spouses online trainings, as part of its commitment to developing and maintaining Deployment Cycle Resilience Training for the U.S. Army. Dr. Nichols’s original material is an outgrowth of the Telephone Support During Overseas Deployment for Military Spouses study (W81XWH-11-2-0087). That study demonstrated that spouses who engaged in the curriculum significantly improved in resilience, depression, anxiety and coping.

The “During Deployment for Spouses" trainings include 16 modules, each 30-45 minutes long. They provide strategies that use problem solving to handle the day-to-day challenges; teach skills regarding resilience, communication, and maintaining the relationship; and include concepts from existing Pre- and Post-Deployment training, along with similar language and skills from the Master Resilience Trainer course. This provides continuity throughout all phases of deployment.

The accompanying workbook helps develop a plan for achieving goals, problem solving, and growing resilience while not physically at the computer participating in the module. These modules are ala carte, with spouses able to take what they need, when they need it, and in any order. Engaging in these modules will make the deployment experience easier for the family and the deployed Soldier and set up the family success when they begin the reintegration process.

For more information on Deployment Cycle Resilience training please go to: [www.rto.wrair.army.mil](http://www.rto.wrair.army.mil)

If you have feedback on the newsletter or you would like to contribute, please contact R2 Public Affairs ([usarmy.pentagon.hqda-dcs-g-1.list.r2pao@mail.mil](mailto:usarmy.pentagon.hqda-dcs-g-1.list.r2pao@mail.mil)).
The Behavioral Health Risk Assessment Data Report (BH-RADR), released annually, contains data regarding behavioral health diagnoses, encounters, and referrals among active-duty Army. Data collected from deployment health assessments, as well as annual health assessments, are analyzed and reported.

**Highlights of the BH-RADR: 2013-2014**

Of Soldiers that had deployed within 5 years of the PHA:
- 10% screened positive for symptoms of **depression**
- 13% screened positive for symptoms of **PTSD**

These Soldiers may experience:
- moderate to severe PTSD and/or depression symptoms, making it difficult to function.
- strained relationships with their spouses/partners, children, and friends. The Soldier’s spouse/partner is also at risk for anxiety and depression, and their children are at greater risk for behavioral problems.

16% of Soldiers screened positive 90-180 days post-deployment for **hazardous drinking**.

These Soldiers may:
- experience feelings that make it extremely difficult to function, affecting unit readiness.
- self-medicate with drugs/alcohol in an attempt to sleep or to cope with painful memories. Problems with sleep can result in tardiness or missing formations, trouble concentrating on work, irritability, and withdrawal from those around them.

For your Consideration...

**BH** support is essential to helping Soldiers who screen positive or have concerning changes in behavior. Soldiers should be made aware of the BH care available to them and their Families and know exactly where to go to get caring, compassionate, and respectful assistance on the installation.

Leaders play a key role in the health of Soldiers; minimizing stigma is as important as reaching out when observing concerning changes in behavior.

- Mission readiness is the #1 priority.
- Readiness is achieved by promoting, improving, conserving, and/or restoring BH and physical well-being of our Soldiers and Family members.

**BH** screenings help identify Soldiers in need
- Company leadership should be informed when warning signs persist so both the first-line leader and the company leader can support the Soldier and encourage the Soldier to seek help.
- Leadership team should minimize behaviors that foster stigma and prevent help-seeking.
The Role of Family and Loved Ones in Substance Misuse

_Courtesy of Real Warriors_

Studies have shown a link between stressful life events and substance misuse in the military. Service members frequently experience stress due to situations like training, combat or multiple deployments. Service members who have experienced these events may turn to substances to help them find relief. This can include using alcohol, tobacco, or prescription and non-prescription drugs. Difficulty coping with a traumatic event does not automatically lead to substance misuse, but it may mean your loved one is more at risk. If your warrior is coping with substance misuse, you can help by encouraging the service member to get professional treatment. Without support, substance misuse can spiral out of control.

How You Can Help

_Do:_
* Listen to their concerns
* Acknowledge concerning behaviors
* Offer sympathy and support
* Seek expert advice from a health care provider
* Assist with chosen form of treatment, if possible

_Do Not:_
* Panic or offer pity
* Offer financial assistance
* Set unrealistic goals for your loved one’s recovery timeline
* Cut off dialogue

Care for Yourself

Here is a list of some tips for maintaining your health while caring for others:

* Make time for yourself
* Exercise
* Eat healthy
* Practice deep breathing or meditation
* Stay optimistic
* Take a walk

If you or a loved one needs additional support, you can contact the DCoE Outreach Center to confidentially speak with a trained health resource consultant 24/7, or call 866-966-1020. Full article is available at: [http://www.realwarriors.net/family/support/substanceabuse.php](http://www.realwarriors.net/family/support/substanceabuse.php)