



RISK REDUCTION PROGRAM



SUICIDE PREVENTION PROGRAM

The Army Suicide Prevention Program develops and implements progressive, complementary training and education activities for leaders, Soldiers, and prevention professionals to impart the knowledge, skills, and attitudes that enable increased protection and reduced risk of suicide.

- Assist Commanders in planning, coordinating, and conducting Suicide Prevention/Intervention (SP/SI)
- Educate and train Utah Army National Guard Soldiers on suicide prevention and postvention actions to minimize the risk of suicide
- Conduct annual suicide prevention training using the ACE (Ask, Care, Escort) training model



SUBSTANCE ABUSE PREVENTION PROGRAM

The Army Substance Abuse Program (ASAP) provides guidance and leadership on non-clinical alcohol and other drug policy issues; develops, establishes, administers, and evaluates alcohol and other drug abuse prevention, education, treatment and testing programs; oversees the military Drug Free Federal Workplace and drug testing programs.

- Provide effective alcohol and other drug abuse prevention and education at all levels of command, and encourage commanders to provide alcohol and drug-free leisure activities
- Implement alcohol and other drug risk reduction and prevention strategies
- Restore to duty those substance-impaired Soldiers who have the potential for continued military service



RISK REDUCTION PROGRAM

The Risk Reduction Program (RRP) reduces high-risk behavior by Soldiers. This program was designed to help commanders maintain Soldier readiness and prevent high-risk incidents. As part of the Army Resiliency Directorate (ARD), readiness and resilience are critical elements of the RRP.

- Train leaders in identifying and reducing high-risk factors
- Identify and target high-risk behaviors for prevention
- Promote Risk Reduction as a prevention strategy
- Prevent unhealthy and destructive behaviors
- Increase Soldier and unit readiness

**TRAIN TO THE LEVEL
OF YOUR LIFE**



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UTARNG SUICIDE PREVENTION



Protective Factors

Protective factors are behaviors or supports that reduce risk and encourage healthy behaviors. The goal is to support and build these skills in your unit.

Having healthy coping skills
Relationships that are supportive
Having a sense of purpose and meaning

Risk Factors

Risk factors are issues that increase the suicide risk of an individual. At this point the thing to do is to check in and then get connected to a Chaplain, suicide prevention coordinator, or a supervisor.

Isolation	Loss or conflict
Severe Anger	Sleep changes
Anxiety or Depression	Increased substance use

Warning Signs

Warning signs may indicate that someone is contemplating suicide. This must be taken seriously. It's time to **Ask, Care, Escort**.

Actively talking about death
Giving away belongings
Talking about harming oneself

WHAT DO I DO IN A CRISIS?



Ask

Ask directly if they are thinking about suicide.



Care

Show care and empathy by listening and offering support.



Escort

Call 988

Do not leave them alone.



Report

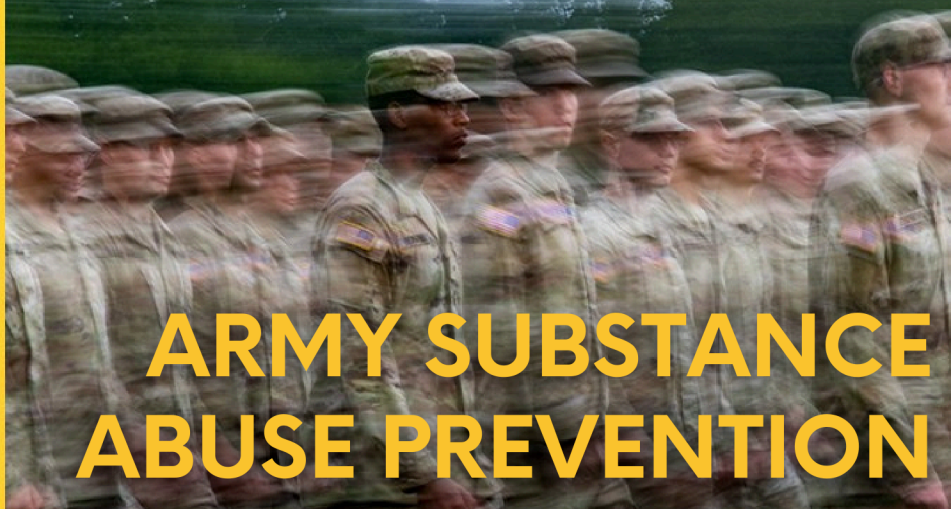
Call the Psychological Health Program. They will follow up.



Resources

Use our resource page to become aware of resources that may help in the future.

Let's Talk. I'm Listening.

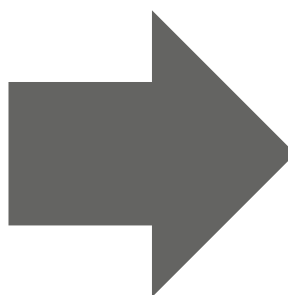


ARMY SUBSTANCE ABUSE PREVENTION

Green Zone: Good Standing

Identification Tips:

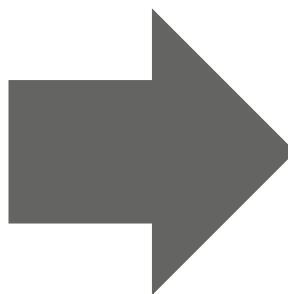
- Regular attendance and punctuality for duties.
- Consistent performance and engagement in activities.
- Healthy coping strategies for stress and adversity.
- Positive interactions with peers and leadership.
- No signs of substance misuse or dependency.



Yellow Zone: Warning Signs of Substance Abuse

Identification Tips:

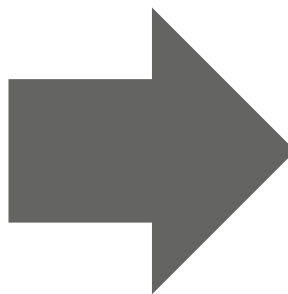
- Noticeable changes in behavior or mood.
- Decrease in performance or neglect of responsibilities.
- Social withdrawal or change in peer group.
- Signs of stress or depression without visible coping strategies.
- Unexplained absences or tardiness.



Red Zone: Active Substance Abuse

Identification Tips:

- Physical signs of substance abuse (e.g., bloodshot eyes, unexplained injuries, poor hygiene).
- Behavioral evidence of substance use, such as impaired performance, erratic behavior, or unexplained financial problems.
- Legal or disciplinary actions related to substance use.
- Direct admission of substance abuse or dependence.



ACTION STEPS

Tips for Maintenance:

- Continue promoting a healthy lifestyle, including physical activity, a balanced diet, and adequate sleep.
- Encourage open dialogue about stress management and resilience-building strategies.
- Offer ongoing education on the risks of substance abuse and the benefits of abstaining.
- Maintain a supportive environment where Soldiers feel comfortable seeking help if needed.

Tips for Intervention:

- Initiate a confidential conversation to express concern and offer support, emphasizing the resources available for help.
- Encourage the Soldier to utilize support services such as speaking with a counselor, chaplain, or medical professional.
- Monitor the Soldier's behavior and performance closely, providing support and adjustments as necessary to assist them in returning to a healthy state.

Tips for Immediate Action:

- Ensure the safety of the Soldier and those around them. Immediate referral to the Army Substance Abuse Program (ASAP) for evaluation and treatment. Provide support for the Soldier through the disciplinary and recovery process, ensuring they have access to the necessary treatment and rehabilitation services.

FINANCIAL READINESS



- Pays bills on time
- Emergency savings
- Responsible credit use



- Maintain good habits
- Continue budgeting tools
- Contribute to savings and TSP



- Occasionally late on bills
- Credit for basic expenses
- Limited savings



- Review budget & spending
- Seek free counseling
- Explore debt reduction



- Misses payments
- Payday loans
- Overwhelmed and avoidant



- Seek help from certified financial counselor
- Realistic debt management plan

DISCIPLINE/CONDUCT



- Self-control and respect
- Follows Army Values
- No misconduct/legal issues



- Recognize and reward behavior
- Soldiers as peer role models



- Occasional discipline issues/peer pressure
- Inappropriate jokes/behavior off-duty



- Team level discussion to reinforce standards
- Corrective counseling/mentorship



- Illegal activity
- Substance use
- Disregards values/orders



- Corrective action
- BH, legal, command teams
- Development/monitoring plans

Budgeting Apps
Trent Scott, J9 Financial Advisor
scottt2@magellanfederal.com

Unit Leadership
JAG/TDS
Behavioral Health/MFLC
Chaplain

EMOTIONAL REGULATION

- Mutual respect/trust
- Honest communication
- Healthy conflict resolution



- EQ and listening skills
- Healthy boundaries
- Shared goals/celebration

- Arguments/stonewalling
- Disrespect
- Controlling behavior

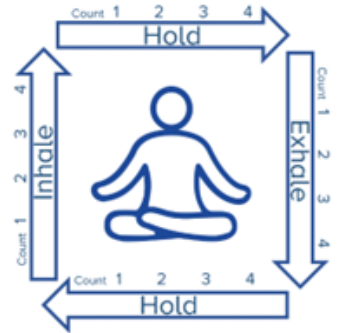


- Discuss boundaries
- Chaplain/counseling support
- Stress relief techniques

- Verbal insults
- Physical aggression
- Intimidation/manipulation

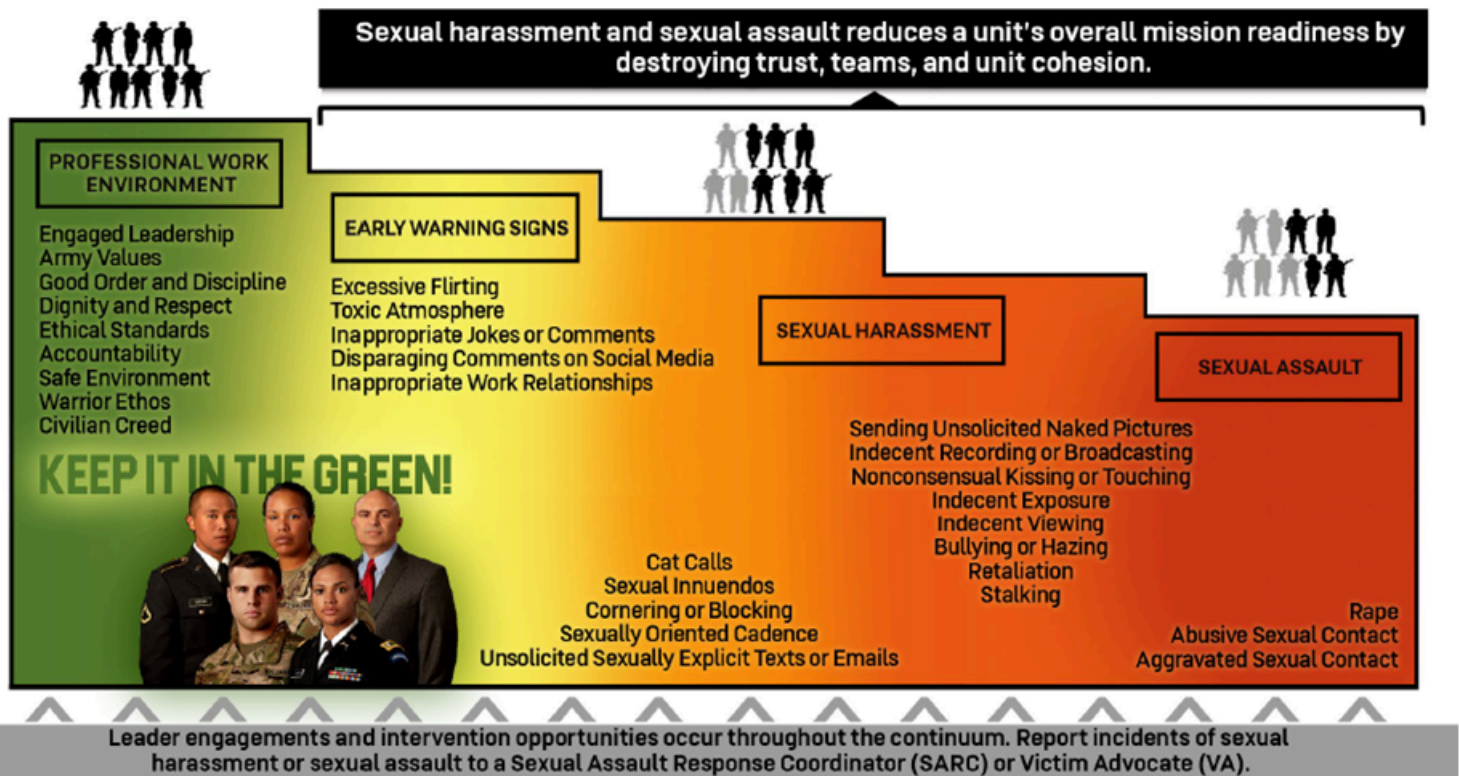


- Behavioral Health
- Safety plan
- Commander intervention



RELATIONSHIPS

SEXUAL HARASSMENT AND SEXUAL ASSAULT CONTINUUM AND IMPACTS ON READINESS



Military Family Life Counselors
Director of Psychological Health

Sexual Assault Response Officer
Chaplain

PERSONAL RESILIENCY



- High life satisfaction
- Connection, hobbies, growth
- Time to rest and reset



- Set meaningful goals
- Share appreciation
- Good boundaries



- Feels disconnected
- Lack of enjoyment
- Lack of self-care



- Talk to a mentor
- Schedule time to rest
- Seek out training/opportunities



- Dissatisfied/numb
- Feels lack of meaning
- Signs of burnout/despair



- Talk to behavioral health or chaplain
- Weekly talk with trusted friend

SLEEP



- 7-9 hours sleep nightly
- Consistent wake/bedtime
- Feels rested



- Maintain routine
- Protect sleep environment
- Continue good habits



- 5-6 hours of sleep
- Irregular sleep/sleepiness
- Reliance on caffeine



- Limit caffeine/screentime
- Practice relaxation
- Adjust sleep habits



- <5 hours of sleep nightly
- Insomnia
- Difficulty staying alert



- Consult medical/BH
- Avoid alcohol/late night meals
- Sleep tracking tools

Wellness Apps
MRT
ArmyFit

Sleep Apps
H2F
FM 7-22

UNIT COHESION



- Trust/open communication
- Feel respected and valued
- Strong collaboration



- Transparent communication
- Recognition of contributions
- Climate of mutual respect and support



- Limited trust
- Feeling disconnected
- Concerns not addressed



- Cultivate relationships
- Peer mentorship
- Small group discussions



- Do not feel safe/supported
- Disrespect/harassment
- Low morale/motivation



- Engage leaders, BH, EO
- Promote accountability/enforcement

ARMY ENVIRONMENT



- Career satisfaction
- Strong motivation
- Feels pride, purpose, connection



- Recognize achievements and good examples
- Support career planning & mentorship



- Frustration and disconnect
- Lack of engagement
- Poor fit/role



- Goals and mentorship
- Address barriers to satisfaction



- Unhappy with military
- Undervalued/unrecognized
- Isolation



- Active listening/validation
- Career counselors/BH
- Unit recognition programs

J9 Resources
Unit Leadership

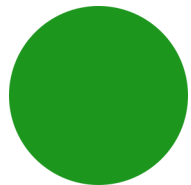
Retention
Career Counseling



RISK REDUCTION PROGRAM

Resilience and Risk Reduction is our target, foundational to soldier readiness. We should all be practicing these skills consistently, so we minimize incidents of self-harming behaviors. Even the red level is not yet a crisis but requires a response so that Soldiers do not reach the level of crisis

GREEN



Continue and strengthen skills and healthy habits to maintain and increase readiness



During Drill

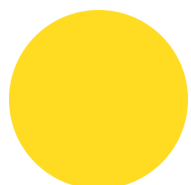
- Mentorship
- Creative training
- Briefs on pertinent expertise
- Make sure all roles are filled competently



Between Drills

- Follow up/encourage use of resources
- Make goals to keep the momentum going
- Daily practices
- Checks ins

YELLOW



Distracted, suboptimal performance



- Mental pivots/reframes
- Battle buddy
- Face-to-face leader engagement



- Soldiers using J9 and other resources
- Leader follow-up
- Leverage networks

RED



Difficulty functioning, engaging in unhealthy behaviors, avoiding problems; apathetic



- Breath work (reset)
- Crisis intervention policies in place and used
- Facilitated reset
- Assignment of support person



- Soldiers getting the help they need
- Active and consistent follow up
- Integrate support systems

You've Got This. We've Got You.

UTAH

ARMY NATIONAL GUARD ★

1-800-GO-GUARD ★ nationalguard.com

Behavioral Health Resources

UTARNG Directors of Psychological Health

Consultation for all behavioral health questions, assessments, and referrals

SARAH LARMORE, LCSW

801-716-9009 sarah.l.larmore.civ@army.mil

AARON BAXTER, LCSW

801-716-9068 aaron.j.baxter7.mil@army.mil

Military Family Life Consultant (MFLC)

Free counseling to soldiers and family

DUNCAN SHUMWAY, CMHC

801-716-9228

duncan.c.shumway.nfg@army.mil

UTARNG Sexual Assault Response Officer

ANDREW KALINEN

801-716-9254 (c)

801-432-4142 (o)

andrew.j.kalinen.civ@army.mil

CHAPLAIN

801-716-9036 (c)

**J9 Resilience Directorate
Resources**



Free counseling access
for non-crisis issues

MILITARY ONE SOURCE

800-342-9647

www.militaryonesource.mil

GIVE AN HOUR

www.giveanhour.org/military

Salt Lake VA Medical Center

**PTSD CLINICAL TEAM
COORDINATOR**

801-582-1565 x2390

Live On Playbook Military Edition
@LIVEONUTAH

[HTTPS://LIVEONUTAH.ORG/](https://liveonutah.org/)

**DPH Crisis Line
801-432-4367**



UTAH VET CENTERS

(Talk therapy; no meds)
Salt Lake City: 801-266-1433
(Ogden/Logan: 801-737-9737

Orem: 801-377-1117
St. George: 435-673-4494

Anywhere in Utah 24/7:
dial 988
Weber/Ogden: 801-625-3700
Davis County: 801-773-7060

CRISIS SERVICES (AREA MENTAL HEALTH CLINICS)

SALT LAKE CITY (HUNTSMAN):
801-587-3000
CENTRAL UTAH: 877-469-2822
NORTHEAST UTAH: 435-789-6300
SOUTHWEST UTAH: 435-634-5600

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