Frequently Asked Questions

**Will asking for help negatively impact my loved one’s military career?**
No! Asking for help is considered a sign of strength. The Secretary of Defense has established and enforced guidance that offers protections for Service members who proactively seek help. Many of the resources in this guide are completely confidential—this is a private matter between the Service member and the provider. Finally, you need to understand that the converse is true—not getting help certainly will make things worse. Commands often find out a Service member is struggling when it is too late for them to help, such as after a positive drug test, arrest or other infraction of military rules, which will certainly damage a career.

**Shouldn’t my loved one be able to cope with the problems him/herself?**
No, not necessarily. Service members are not expected to treat their own broken arms, are they? Nor should they hesitate to get the assistance they need—whether it be related to financial, spiritual, behavioral, medical or other issues. As this guide points out, being part of the military family affords you, your family and your loved one a number of valuable resources. Be aware of these benefits and put them to use! Remember, being part of the military does not separate Service members from the difficulties of everyday life. For some, trying to cope completely on their own often makes things worse. There is no need to go it alone!

**What if my loved one feels that seeing a counselor means he/she is weak or broken?**
We cannot stress this enough: The Department of Defense considers seeking help a sign of strength. However, we do understand that Service members may feel there is a stigma that prevents them from asking for help. As a family member, you know your Service member best and this is one of the opportunities for you to step in. By learning the warning signs and understanding the Department’s positive views regarding help-seeking behavior, you can help your loved one overcome any barriers to wellness. For many, just knowing they can get confidential assistance may be enough to get them to ask for help.

**Is help free?**
Yes! The resources presented in this guide are available at no cost to you and will be delivered by experienced professionals who are familiar with the situations facing military families.

**I don’t know much about the military. Who should I contact if I am worried about my loved one?**
Call the confidential Military Crisis Line at 800-273-8255 and then press 1 or go online to www.militarycrisisline.net. The service is available at all times and has trained professionals ready to answer any questions that you may have and can provide any assistance that you may need. Your loved one needs you to take the initiative—Stand by Them, Take a Stand!

**I am the one feeling stressed and depressed. Can I use these services too?**
Yes! These resources are available not only to Service members, but also to their dependents and other family members. If you need some help, don’t hesitate to reach out!

Remember, you are not alone!
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Introduction

Why Do People Die by Suicide?

Unfortunately, there is no easy answer to this very difficult question. Were they trying to escape from a situation that seemed impossible to deal with or to get relief from really bad thoughts or feelings? Did, at that particular moment, dying seem like the only way out? Were they trying to escape feelings of rejection, hurt or loss?

Some people may have felt angry, ashamed or guilty about something. Others may have been worried about disappointing friends, or felt like a burden to their commands or family members. Some may have felt unwanted, unloved, victimized or like they were a burden to others.

We all feel overwhelmed by difficult emotions or situations sometimes, and most people can find a way to carry on. But at times, there are people who seem to be unable to see another way out of a bad situation, and they believe ending their life is the only solution. Suicide is not a solution. These people need your support to help them see another way. It can be difficult to know when someone is experiencing these overwhelming emotions. As a family member or close friend, you may be in the best position to help given you know your loved ones best.

Although the reasons why people decide to die by suicide are many, and they may be different for each suicide, we do know that there are a number of factors associated with suicide. Likewise, as a family member or close friend, you may be able to recognize these signs and see changes in your loved ones’ behaviors. These signs may not be noticeable to others, like co-workers, commanders or friends, but your relationship may provide you with an opportunity to observe your loved ones in a less-guarded state. This guide will introduce you to the warning signs of suicide and show you that you can make a difference.

Remember: Help is ALWAYS available to get you and your loved ones through the difficult times. While it may not answer all of your questions, this guide will provide you with many useful tools to help better understand what you are experiencing, and it will help you find assistance to help you through a crisis or to address your concerns. Your interest in this guide already demonstrates you are willing to take those difficult first steps to get the help you or your loved one needs!
Stress on Military Families

Suicide is not just a problem for Service members and their families; it is a problem that has both national and global impacts. However, military life does introduce particular factors that can add stress to our daily lives: our loved one’s deployments, re-assignments, irregular work shifts and the simple fact that Service members may be in harm’s way. While Service members often demonstrate a remarkable ability to deal with these and other stressors, many need support. It is critical that you understand these stressors and how to obtain resources for both you and your Service member.

YOU ARE NOT ALONE!

Suicide is “one of the most complex and urgent problems facing our military families…. Repeated deployments, sustained exposure to combat, the tragedies of war, have brought stresses and strains on our troops and on their families back home….

“Seeking help is a sign of strength, not a sign of weakness, it is a sign of strength and courage. We’ve got to do all we can to remove the stigma that still too often surrounds mental health care issues.”

-- Former Secretary of Defense Leon Panetta, June 22, 2012
Is Suicide a Concern for Military Families?

Today it seems everyone in the Military has been touched by suicide. Suicide is a national public health problem. In 2010, it was the 10th leading cause of death among all Americans\(^1\). It is also a global problem. More than one million people die by their own hand each year, accounting for more deaths than wars and murders combined.\(^2\) This corresponds to one death by suicide every 40 seconds. The number of attempted suicides each year is 20 times higher than the number of completed suicides. Although the rate of suicide among active duty members of the U.S. Armed Forces has typically been lower than that of a comparable civilian demographic, the military suicide rate has increased over the past decade.

Of course, suicide is more than about the numbers. Behind all these numbers are individual Service members who bravely defend our country. **A single death by a Service member or family member is one too many.**

Suicide, in many instances, is perceived as the only option to stop the pain. After a suicide, we often discover that the person who died was suffering in silence for a long time. Looking back, there may have been signs that, if noticed and understood, may have provided an opportunity to intervene and offer help. What makes these scenarios even more difficult to accept, especially for the military family, is that no one ever has to go through these difficulties alone, and help is always available—always. Furthermore, the residual effects of a suicide, although difficult to measure, can be devastating to those left behind—including family, friends and command. Family members and military leaders need to work together to address the needs of our Service members and get them the help and care that will restore their hope and relieve their stress.

This is why, although suicide is a difficult topic to discuss, it is vitally important for military families to be aware of the factors associated with suicide and the resources available to help.

Although the Department of Defense (DoD) has made it clear that it views help-seeking behavior as a sign of strength, Service members often cite career concerns as a reason for not getting help. However, the Department clearly affords protection to the Service member seeking help. Again, this is where the family can help by fully understanding the Department’s stance (as exemplified on the top of page 8) and by being able to reassure the Service member.


\(^2\) World Health Organization.
One thing is certain: Not getting help when needed typically means the problems will get worse. Commands eventually find out about behavioral health issues when someone gets arrested for drunk driving, has a positive drug test, or by some other disciplinary problem. Left alone, problems rarely get better with time.

**What Should I Be Looking For?**

**Suicide Warning Signs/Risk Factors**

You have already taken the first step. There is a reason you are reading this guide. You know by now that the path is different for every suicide. However, family members should be alert to the risk factors and warning signs that indicate their loved one may be more vulnerable than others to suicide or self-harming behaviors. Risk factors refer to those characteristics or life experiences that make a Service member more vulnerable to suicide. Warning signs refer to specific actions that they may be taking that may raise red flags. These include:

**Risk Factors**
- Prior suicide attempt
- Family history of suicide or mental disorder
- Unresolved trauma
- Relationship problems
- Family violence, neglect or abuse
- Financial issues
- Unresolved anger
- Pending legal actions
- History of mental health issues, particularly depression
- Alcohol and substance misuse
- Physical illness
- Easy access to lethal methods

**General Warning Signs**
- Threatening or talking about wanting to hurt/kill oneself
- Making a plan for suicide
- Withdrawing from people
- Obtaining means to kill/hurt oneself (e.g., obtaining firearm, pills)

“We must continue to fight to eliminate the stigma from those with post-traumatic stress and other mental health issues….

“Commanders and supervisors cannot tolerate any actions that belittle, haze, humiliate or ostracize any individual, especially those who require or are responsibly seeking professional services.”

—Department of Defense Memo
• Conveying thoughts of death, such as “My family would be better off without me” or “I never want to wake up again”
• Increase in alcohol intake or other substance use
• Hopelessness (e.g., does not see a way the situation will change)
• Helplessness (e.g., feeling trapped, “There is no way out of this”)
• Worthlessness (e.g., feeling that he/she is not valued, “No one would miss me”)
• Withdrawal (e.g., from family, friends, or unit)
• Giving away treasured possessions or changing insurance beneficiaries
• Loss of pleasure in the things he/she enjoyed (e.g., sex, food, hobbies, church)
• Changes in mood or personality—becoming extremely irritable or angry or suddenly joyous (which could indicate a sense of peace that comes with deciding to die)
• Aggressive behavior including acts of abusive language or behavior towards loved ones or others

There are several other factors to be aware of. In the general U.S. population, men are four times more likely than women to die by suicide. However, three times more women than men attempt suicide. In addition, across the Nation suicide rates are relatively high among young people and those over age 65. However, according to DoD, among U.S. Service members, those that die by or attempt suicide tend to be young, Caucasian, enlisted males who are single with no direct combat experiences.

_This information is provided to increase your awareness of the risk factors associated with suicide. But it cannot account for every factor in every situation. Bottom line: You know your Service member best. If you have any concerns or need help, GET IT!_

Suicide and Other Conditions
Research has shown some connections between suicide and other conditions including depression, substance misuse, sleep disorders, post-traumatic stress disorder (PTSD), and chronic pain. These conditions can exist in isolation or may occur at the same time. Many of these symptoms are common and temporary. As a family member, you may notice that the conditions are becoming more frequent, more persistent, and more severe. The following table lists these conditions and their associated signs and symptoms:

<table>
<thead>
<tr>
<th>Condition</th>
<th>Signs and Symptoms</th>
</tr>
</thead>
</table>
| Depression | • Feelings of sadness, hopelessness, pessimism, helplessness or numbness  
           • Inability to enjoy pleasurable activities  
           • Increased irritability, agitation or restlessness or aggressive behavior (towards you or others)  
           • Feelings of shame, worthlessness or guilt  
           • Fatigue and loss of energy |
<table>
<thead>
<tr>
<th>Subsection</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trouble thinking, making decisions or concentrating</strong></td>
<td>Memebers may have difficulty making decisions or concentrating.</td>
</tr>
<tr>
<td><strong>Disturbed sleep, insomnia or over-sleeping</strong></td>
<td>Members may have trouble falling or staying asleep.</td>
</tr>
<tr>
<td><strong>Changes in appetite or weight</strong></td>
<td>Changes in appetite or weight may be observed.</td>
</tr>
<tr>
<td><strong>Physical aches and pains including headaches, stomach aches and joint pains</strong></td>
<td>Physical aches and pains, including headaches, stomach aches, and joint pains.</td>
</tr>
<tr>
<td><strong>Thoughts of death or suicide, suicide attempts</strong></td>
<td>Members may have thoughts of death or suicide, or have attempted suicide.</td>
</tr>
<tr>
<td><strong>Excess daily consumption (more than 2 drinks per day)</strong></td>
<td>Excess alcohol consumption is indicated.</td>
</tr>
<tr>
<td><strong>Loss of control—drinking excessively, and an inability to cut down or quit</strong></td>
<td>Loss of control over alcohol consumption and inability to cut down or quit.</td>
</tr>
<tr>
<td><strong>Tolerance—the need for greater amounts of alcohol to feel the same effect</strong></td>
<td>Members may need more alcohol to feel the same effect.</td>
</tr>
<tr>
<td><strong>Unintended consequences from drinking including getting hurt, having an accident, or engaging in unplanned, unsafe sex</strong></td>
<td>Unintended consequences from drinking, such as injuries or unsafe behaviors.</td>
</tr>
<tr>
<td><strong>Cravings for a drink or drugs</strong></td>
<td>Cravings for alcohol may be observed.</td>
</tr>
<tr>
<td><strong>Physical dependence—withdrawal, nausea, sweating, shakiness, anxiety, trouble sleeping, restlessness, racing heart or a seizure after stopping drinking. Mood swings related to use</strong></td>
<td>Physical dependence, withdrawal, and mood swings are common.</td>
</tr>
<tr>
<td><strong>Blackouts, hangovers and headaches</strong></td>
<td>Blackouts, hangovers, and headaches are indicators.</td>
</tr>
<tr>
<td><strong>Trouble with family relationships or an inability to fulfill obligations</strong></td>
<td>Members may have difficulty fulfilling obligations or relationships.</td>
</tr>
<tr>
<td><strong>Sleep apnea (snoring)</strong></td>
<td>Sleep apnea, characterized by loud snoring, is common.</td>
</tr>
<tr>
<td><strong>Insomnia—difficulty falling or staying asleep</strong></td>
<td>Difficulty falling or staying asleep is prevalent.</td>
</tr>
<tr>
<td><strong>Sleepiness—trouble staying awake, napping</strong></td>
<td>Difficulty staying awake or napping is common.</td>
</tr>
<tr>
<td><strong>Sleep deprivation</strong></td>
<td>Sleep deprivation is a concern.</td>
</tr>
<tr>
<td><strong>Nightmares or night terrors</strong></td>
<td>Nightmares or night terrors may occur.</td>
</tr>
<tr>
<td><strong>Restless Leg Syndrome</strong></td>
<td>Restless Leg Syndrome is observed.</td>
</tr>
<tr>
<td><strong>Daytime fatigue</strong></td>
<td>Daytime fatigue is a concern.</td>
</tr>
<tr>
<td><strong>Re-experiencing, flashbacks or intrusive thoughts of a traumatic event memory</strong></td>
<td>Members may re-experience traumatic events.</td>
</tr>
<tr>
<td><strong>Hypervigilance to safety and environment (home, crowds or driving)</strong></td>
<td>Hypervigilance to safety and environment is common.</td>
</tr>
<tr>
<td><strong>Anxiety or jitters</strong></td>
<td>Anxiety or jitters is a concern.</td>
</tr>
<tr>
<td><strong>Nightmares or night terrors</strong></td>
<td>Nightmares or night terrors may occur.</td>
</tr>
<tr>
<td><strong>Survivor guilt, shame</strong></td>
<td>Survivor guilt and shame may be observed.</td>
</tr>
<tr>
<td><strong>Alienation, isolation, withdrawing from family or friends</strong></td>
<td>Members may feel isolated or withdraw from family or friends.</td>
</tr>
<tr>
<td><strong>Depression, loss of interest in pleasurable activities</strong></td>
<td>Depression and loss of interest in activities are common.</td>
</tr>
<tr>
<td><strong>Anger, rage, irritability</strong></td>
<td>Anger, rage, and irritability may be observed.</td>
</tr>
<tr>
<td><strong>Foreshortened sense of future, emotionally numb</strong></td>
<td>Members may feel emotionally numb or have a shortened sense of future.</td>
</tr>
<tr>
<td><strong>Difficulty concentrating, memory loss</strong></td>
<td>Difficulty concentrating and memory loss are concerns.</td>
</tr>
<tr>
<td><strong>Body aches—headaches, backaches, etc.</strong></td>
<td>Body aches, including headaches and backaches, are common.</td>
</tr>
<tr>
<td><strong>Joint, nerve, or muscle pain</strong></td>
<td>Joint, nerve, and muscle pain may be observed.</td>
</tr>
<tr>
<td><strong>Chronic, persistent, deep, shooting pain</strong></td>
<td>Chronic, persistent, deep, shooting pain is a concern.</td>
</tr>
<tr>
<td><strong>Fibromyalgia (widespread pain, heightened response to pressure)</strong></td>
<td>Fibromyalgia, characterized by widespread pain and heightened response to pressure.</td>
</tr>
<tr>
<td><strong>Chronic fatigue</strong></td>
<td>Chronic fatigue is a concern.</td>
</tr>
<tr>
<td><strong>Pain related to an injury or illness (e.g., amputee “phantom pain”)</strong></td>
<td>Pain related to injuries or illnesses, such as amputee “phantom pain.”</td>
</tr>
<tr>
<td><strong>Emotional pain</strong></td>
<td>Emotional pain is a concern.</td>
</tr>
</tbody>
</table>
**REMEMBER:** Be aware of these warning signs. If you have any concerns, don’t hesitate to reach out for the help you or your loved one need. You are not alone!

**What Should I Do?**

**In an Emergency: Call 911!**
If there is any chance of someone getting injured—or someone has attempted suicide:

- Remain calm
- Remove yourself from any danger
- Call 911

**Contact the Military Crisis Line**
Regardless of the problem, you can help yourself or your loved one by contacting the Military Crisis Line for support. The crisis line is a toll-free, confidential resource that connects Service members, National Guard members or Reservists and their families and friends with qualified, caring responders at the Department of Veterans Affairs (VA). Support is available 24 hours a day, 7 days a week, and 365 days a year. The Veterans Crisis Line remains available after military discharge to all Veterans, retirees and their families.

There are 3 ways to get help from the Military Crisis Line:

- Call 1-800-273-8255 and Press 1
- Chat online at [www.MilitaryCrisisLine.net](http://www.MilitaryCrisisLine.net)
- Send a text message to 838255

The professionals at the Military Crisis Line are specially trained and experienced in helping Service members and Veterans of all ages and those facing many different circumstances. They can talk you through problems and find additional resources to help you or your loved one cope with behavioral health issues or assist those who are struggling with relationships.

Many Crisis Line responders were in the military and understand what Service members have been through and the challenges they and their loved ones face. Since its launch in 2007, the Crisis Line has answered thousands of calls, playing a critical role in saving many lives. They can help you too!

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3 The Veterans Crisis Line is VA’s name for what DoD calls the Military Crisis Line. The crisis lines are one in the same, and they have the same contact information.
Europe
U.S. Service members and their families in Europe can receive free, confidential support through the European Military Crisis Line. Callers in Europe may dial 00800-1273-8255 or DSN 118 to receive crisis support from responders at the Military Crisis Line in the U.S.4

Afghanistan
Likewise, U.S. Service members deployed to Afghanistan can receive free, confidential peer support through the Operation Enduring Freedom (OEF) Crisis Hotline. Deployed Service members may dial (cell phone) 070-113-2000, wait for the tone and press 1-1-1 or DSN/NVOIP 1-1-1 to receive crisis support from trained responders in theater.

Take Action
Once you have recognized that you or your loved one is experiencing any of these suicidal signs or symptoms, please seek help. If you think someone is suicidal, do not leave him or her alone and if you are on the phone with this person, try to keep them on the phone. Try to get the person to seek immediate help from a personal doctor, bring the person to the nearest hospital emergency room or call 911. If you are on the phone, offer to call a resource for the person. If possible, try to eliminate access to firearms or other potential means for self-harm. DO NOT attempt to disarm the person if they are carrying a weapon. Your safety and the safety of others must always be the priority during any crisis situation.

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4 The toll-free service in Europe may not be available through all carriers or in all countries.
The following ACE/ACT Checklist will help guide you:

<table>
<thead>
<tr>
<th>Ask your family member</th>
<th>Have the courage to ask the question, but stay calm and be direct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Are you thinking of killing yourself?</td>
</tr>
<tr>
<td></td>
<td>• Do you have a plan? Do you have actual means to kill yourself?</td>
</tr>
<tr>
<td></td>
<td>• How can I help?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Care for your family member</th>
<th>• Calmly control the situation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Listen patiently and express care and concern</td>
</tr>
<tr>
<td></td>
<td>• Remove any means that could be used for self-injury</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Escort your family member/get them Treatment as soon as possible</th>
<th>• Never leave your loved one alone and if on the phone, keep them on the phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Escort them to the Emergency Room or clinic</td>
</tr>
<tr>
<td></td>
<td>• Contact their chain of command, chaplain, behavioral health professional or primary care provider; call 911</td>
</tr>
<tr>
<td></td>
<td>• Call the Military Crisis Line at 1-800-273-8255, press 1</td>
</tr>
</tbody>
</table>

**Offer Support**
Just being there for your loved one can be a tremendous help. It can be comforting and reassuring for him or her.

You can show support by:

- Asking the tough questions about suicidal thoughts or intentions to do self-harm *(this will not give the idea of suicide to someone who hasn’t already thought about it)*
- Addressing risky behavior, such as drinking too much or driving too fast
- Listening when your loved one wants to talk
- Let him or her talk about the traumatic event or what is bothering them at their pace
- Believe what your loved one tells you. Don’t dismiss what he or she has been through and don’t judge
- Avoid trying to solve your loved one’s problems or telling them what to do
- Be reassuring, tell your loved one that you care about him or her
- Help find resources and referrals that can address the issue
- Encourage your loved one to get help, stay in touch with other family members and friends or join a self-help group
- Go together to obtain help
Promote a Healthy Lifestyle

Self-Care
Are you taking care of yourself? It’s easy to neglect yourself when you’re taking care of others. Be kind to yourself. Eat healthy foods and get enough exercise. Take time to relax, rest, and get enough sleep. Also, keep in touch with friends and do things you enjoy. This is all crucial to building and maintaining resilience and improving your ability to cope with the stresses of everyday life. Remember, you are better equipped to help others if you are taking care of yourself. Here are some specific actions you can take:

- **Counseling:** You or your loved one’s reaction to stress can seriously affect your relationship and other family members. Talking it out can help.
- **Meditation and Breathing Exercises:** Slow, deep breaths give the body more oxygen and can produce a calming and focused effect. Add peaceful visualizations if helpful.
- **Spirituality:** Attending religious activities can provide relief and support.
- **Cook:** The rhythmic motion of chopping vegetables or the aroma of freshly baked bread can be very soothing and provide a sense of accomplishment. Keep it healthy!
- **Fitness:** Exercise can be a great stress reliever and coping strategy. When the body is fit and healthy, coping with stressful situations will be easier.
- **Relaxation:** Walk in the park, sit on the beach or read a book. Taking time to get away from the daily stresses can be beneficial—even if only for a few minutes each day.
- **Seek Support:** If family and friends are not near or do not relate to your family’s issues, there are a number of support groups available at both military installations and within the community that deal with issues such as grief, parenting and finances.
- **Volunteer:** Giving to others can be powerful therapy! And you will be helping others in need. For volunteer opportunities in your area, visit [www.volunteermatch.org](http://www.volunteermatch.org) or [www.MilitaryOneSource.mil](http://www.MilitaryOneSource.mil), join the White House Joining Forces Initiative at [http://www.whitehouse.gov](http://www.whitehouse.gov).
ov/joiningforces, or check with your local base Family Center or Volunteer Office.

- **Create:** Use your artistic skill to work out frustrations and conflicts and create new messages of hope and healing.

## What Does “Getting Help” Look Like?

Now that you’ve decided to take action and get your family member the help they need, what can you expect? “Getting better” means different things for different people, and as you can imagine, help comes in many forms. For the most part, therapy and medication, or a combination of the two, are the most common forms of treatment. The idea of being able to solve problems by taking a pill each day sounds appealing, but it’s not that simple. Some behavioral problems have multiple causes, and medication simply is not enough. Medication may help ease some symptoms, but it most likely cannot provide a cure. This is why therapy is so important in many cases. Therapy, simply put, is a form of treatment for someone that involves talking or asking them to do things in order to help overcome these problems.

### Choosing a Therapist

The relationship between your loved one and the therapist is very important. Does the therapist understand the situation? Does the therapist make your loved one feel comfortable? Does your loved one feel able to be open and honest with the therapist? Is the therapist a good listener? Helping your loved one find the right “fit” will ensure positive results. It’s also okay to shop around for a therapist who specializes in your issues to understand how best to work with you and your loved one. The most important thing to remember is that your loved one is getting help, and the therapist will work to help answer questions, ease tensions and continually evaluate progress throughout the process.

After selecting a therapist (e.g., social worker, psychologist or psychiatrist) that you and your loved one feel comfortable with, the therapist will conduct an initial intake to learn more about your challenges and concerns. Sometimes, the therapist may conduct or refer for an additional assessment or screening. Once all information related to the problem is gathered, the therapist will suggest a course of treatment. This could include several options.

### Treatment Approaches

- **Cognitive Behavioral Therapy (CBT)** is the underpinning of several interventions that can be used to target a variety of issues. The goal of CBT is to help patients understand how their negative thoughts or beliefs influence their behaviors. It is usually a brief intervention that identifies and focuses on a specific problem.
• **Prolonged Exposure (PE)** involves revisiting traumatic memories and reprocessing the feelings attached to those experiences. It involves a safe re-telling of the experience accompanied by education about managing traumatic stress reactions, such as breathing exercises.

• **Cognitive Processing Therapy (CPT)** can be done individually or in a group setting by identifying bad thoughts related to an event and learning skills to reframe negative beliefs to relieve feelings of shame, guilt, fear or anxiety.

• **Eye Movement Desensitization and Reprocessing (EMDR)** is conducted in eight phases that integrate mind and body reactions to relieve stress and anxiety about an event. It capitalizes on reproducing eye-movement while revisiting traumatic memories.

• **Virtual Reality Exposure (VRE)** is similar to PE and uses some of the same techniques, but enhances the imagery portion by introducing the use of a virtual simulator that can replicate combat zones, such as Iraq or Afghanistan.

• **Psychodynamic Psychotherapy** is probably the most commonly known form of therapy dating back to the late 1890s and popularized by Sigmund Freud. Its approach is based on the alliance formed by the patient and therapist in an effort to talk through life experiences and resolve negative beliefs that have resulted in poor coping skills.

• **Group Therapy** can incorporate a variety of the therapeutic approaches and can focus on combat operational stress first aid, anger management, addiction recovery, parenting or problem-solving skills.

• **Couples and Family Therapy** focus on the dynamics of the relationship and the role individuals play in responding to stressful events or demands and how that affects the overall functioning of the family. It offers education and coping strategies.

• **Psychopharmacological Treatment** involves the use of medications. There are different classes of medications that can target anxiety, depression, hallucinations, or relieve pain to improve coping. Medication is sometimes used to manage nightmares and other sleep disturbances. It can also be used for smoking cessation.

• **Psychosocial Rehabilitation** offers transitioning Service members support and case management while they seek career and other lifestyle changes. It takes a holistic approach in making sure that all of a person’s needs are being met. This approach sometimes relies upon peer counselors who can assist in problem solving and adjustment.
• **Retreats** are an intensive experience at a safe location for individuals or couples that allow for exploring issues and relationships in a group atmosphere and with a qualified facilitator who can guide the group through a protocol.

• **Hospitalization** may be utilized in emergency situations when a person reports or acts in a way that indicates that they can harm themselves or someone else. Suicide attempts are an emergency.

It is important to note that therapy or the use of medications does not have to be a life-long commitment. Everyone’s treatment will be different and is dependent on many factors. Determining the length of treatment is an important item to discuss with the therapist in the beginning and should be re-visited throughout the process.\(^5\) Finally, there are other complementary alternative therapies such as meditation, acupuncture, yoga or massage that may provide benefit when included within a program of care.

**Building a Resilient Family**

**Total Force Fitness**

The Chairman of the Joint Chiefs of Staff issued Total Force Fitness guidance to help Service members maintain their well-being and foster mental and physical fitness. Total Force Fitness can benefit not just the Service member, but the entire family as well. Keeping fit requires a comprehensive approach that focuses on the mind, body and spirit working together. Excessive stress and associated symptoms, such as headaches or anxiety, can reduce one’s ability to maintain appropriate weight, wellness and nutrition. Stress increases the likelihood of developing chronic pain or impairing your body’s normal functions. As a military family, familiarity with stress management skills and maintaining a healthy lifestyle will help you build a resilient family!

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The concept of Total Force Fitness encompasses eight domains:

**MIND**
- Psychological
- Behavioral
- Spiritual
- Social

**BODY**
- Physical
- Medical and Dental
- Nutritional
- Environmental

Total Force Fitness involves seamless integration of the mind, body and spirit. Achieving total fitness is a state in which you and your family can sustain optimal well-being and performance even under difficult conditions.

**Psychological Fitness: Keep Your Mind Fit**
Coping with the stressors and realities of life takes a fit mind, not just a fit body. Psychological fitness is about strengthening your performance and resilience. It involves the way you:

- Think and process information
- Feel about yourself, others, and your environment
- Act in response to your thoughts and feelings

Understanding what makes up psychological fitness and how to develop a healthier mental state can improve your ability to confront the challenges of life—both military and civilian. Learning stress management tips to build coping skills is an important part of strengthening your psychological health.

**Behavioral Fitness: Build Resilience through Coping Skills**
Being behaviorally fit means controlling your actions to the benefit of your health. There are three primary components of this domain, which are:

- Substance misuse prevention (e.g., using alcohol in moderation)
- Risk mitigation (e.g., driving safely)
- Hygiene promotion (e.g., getting enough sleep, hand washing)

**Spiritual Fitness: Tap into Faith-Based Communities and Values**
However you rely on your spirituality, ethics or beliefs, it can promote positive connections with others, healthy lifestyle choices and the inner strength to endure hard times. Research links spirituality to increased optimism, decreased anxiety and depression, fewer suicides and greater
marital stability. Spirituality can help you and your loved one cope with the stress of a military lifestyle and can help create a supportive environment.

Social Fitness: Have a Sense of Belonging
Social fitness involves building and maintaining healthy relationships with others. It is multi-dimensional and includes not only family and friends, but all of your relationships, such as those which exist at work, on base, at worship and in your neighborhood. Through active management of your social activity, you can relieve stress, foster relationships with others and ease the strain of military life.

Physical Fitness: Train Year-Round
Physical fitness improves your quality of life. Year-round exercise can help you build and maintain your psychological health and resilience, and some studies have shown that it may improve your mood and attitude. It is important to engage in:

- Cardiovascular exercise such as running, dancing or kickboxing
- Strength training with resistance machines or free weights
- Flexibility training through stretching or yoga

Medical and Dental Fitness: See the Doctor
Make regular appointments with primary care physicians, specialists and dentists who can provide check-ups and treatment. Determining your medical fitness involves running blood tests, immunizations, periodic health assessments, hearing and vision assessments, dental check-ups and behavioral health assessments. Sleep is also an important aspect of medical fitness, as it improves judgment; reduces obesity, inflammation and cardiovascular disease; improves resilience; and facilitates rapid recovery from behavioral health problems, injuries or illnesses.

Environmental Fitness: Be Aware of Your World
For the military, environmental fitness means that Service members are able to perform their duties well in any environment, such as in high altitudes or contaminated areas, and to withstand multiple stressors associated with certain military missions. Families have environmental challenges also, such as the distance from their home to a military installation or to support services.

Nutritional Fitness: Eat Your Way Healthy
Healthy foods are fuel for the body, which are important to your physical and mental performance, and they improve your ability to deal with stress and depression. It is common to eat when you are stressed, but consuming more calories than you need leads to excess weight, which can negatively affect your self-image and esteem—leading to a downward spiral. A diet rich in
whole grains, lean proteins, fruits, vegetables and low-fat dairy products also delivers the added benefit of lowering the risk of heart disease, certain cancers, diabetes and chronic pain.

### Resources for Suicide Prevention and Family Support

#### Service Branch Resources

The Air Force Suicide Prevention Program is a comprehensive, population health program that seeks to reduce the risk of suicide for all Air Force members. The site provides information about suicide prevention through interactive videos, public service announcements, printable tools and helpful agencies.

**Army** — [www.preventsuicide.army.mil](http://www.preventsuicide.army.mil)
This site provides information about suicide prevention through interactive videos, such as The Home Front, Beyond the Front and the Shoulder to Shoulder series. Locally, suicide prevention and resiliency programs and services are provided at the installation through the Behavioral Health Clinic, Military Family Life Consultants, Army Community Services, and the Chaplain’s office.

The Coast Guard provides a counseling program (CG SUPRT) for active duty members, civilian employees, members of the Selected Reserves, and their family members. In addition to counseling, CG SUPRT offers specialized programs to assist with issues that may contribute to suicidal behaviors. These programs include health coaching, personal financial management services, assistance with balancing issues at home (such as eldercare location), and legal assistance. The corresponding website provides thousands of articles, webcasts, self-assessment tools and links to helpful agencies.

**Marine Corps** — [www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/G_Behavioral%20Health/B_Suicide%20Prevention](http://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/G_Behavioral%20Health/B_Suicide%20Prevention)
**DSTRESS** — [www.DSTRESSLINE.com](http://www.DSTRESSLINE.com), 1-877-476-7734
The Marine Corps’ DSTRESS line provides anonymous, 24/7 counseling services to any Marine, attached Sailor, or family member, who can speak with a peer about everyday stress or their heaviest burdens in life. The line is staffed by veteran Marines and Fleet Marine Force corpsmen, Marine family members, and civilian counselors specifically trained in Marine culture.
The Marine Corps Family Advocacy and General Counseling Program provides intervention, education and counseling in domestic abuse and child abuse and assists Marines and their families in learning how to foster healthy relationships and cope with deployment stress, relocation adjustment, and grief and loss. Marines can access these services through their local installation Family Advocacy and General Counseling Program. Additionally, the Military and Family Life Consultant (MFLC) program provides short term non-medical and financial counseling that may address life skills, military lifestyle and financial issues.

**Navy —** [www.suicide.navy.mil](http://www.suicide.navy.mil)

The Families Over Coming Under Stress (FOCUS) program is designed to train Sailors and Marine families, couples and children to use strength-based resiliency skills to meet many of the challenges and stressors commonly experienced in military life. This non-medical program builds family cohesion, care and communication. Check the Navy’s website for additional resources.

**National Guard Bureau (NGB) —** [www.nationalguard.mil/features/suicide_prevention](http://www.nationalguard.mil/features/suicide_prevention)

The National Guard Bureau’s Suicide Prevention program seeks to reduce the risk of suicide for all NGB members. The NGB’s site provides useful information about suicide prevention through Senior Leadership interactions, a powerful six-part series designed to increase Service members’ resilience, along with videos, articles and links to additional resources.

**Other Helpful Resources**

**Defense Suicide Prevention Office (DSPO) —** [www.suicideoutreach.org](http://www.suicideoutreach.org)

The DoD takes suicide prevention very seriously and considers any measure that saves a life as one worth taking. It established DSPO to oversee, centralize and standardize Department suicide prevention activities. Playing a critical role in preventing suicide, reducing risk and building resilience in our military, DSPO has a website that is designed for ALL Service members and their loved ones. It includes general information about military suicide, links to resources, including the Military Crisis Line and Service-specific suicide prevention websites, and other valuable suicide prevention materials.

**TRICARE**

TRICARE is the health care program for 9.7 million eligible Service members, retirees and their families worldwide. TRICARE offers various benefits, including mental and behavioral health counseling for anxiety, depression, stress, substance abuse and post-traumatic stress disorder.

For beneficiary questions, call your TRICARE Regional Office’s mental health point of contact.
Spiritual Leaders
Chaplains offer religious services, counseling and moral support to Service members and their families. You are encouraged to contact a military chaplain or civilian clergyman about your concerns. Each unit has a chaplain listed on the installation’s home page.

- Faith can be a lifesaver whether it’s through prayer, meditation or yoga
- Faith can change the way you feel about life
- Faith can change the way you experience life
- Faith can give you the courage to heal

Partners in Care (PIC) — [www.suicideoutreach.org](http://www.suicideoutreach.org)
PIC coordinates support and promotes resiliency by offering hope and providing assistance to military Service members and their families through partnerships with local faith-based organizations. Support is offered free of charge by participating PIC organizations to all referred Service members and their families within the limits of the organization’s resources and abilities. This support is offered without regard to the recipient’s religious background, beliefs or affiliation. Contact your installation’s Chaplain for more information on PIC.
Department of Defense Education Activity (DoDEA)
DoDEA offers “Signs of Suicide,” a two-day intervention program for students attending DoD schools that includes screening for suicidal behavior and education about suicide prevention. The program has different components for middle- and high-school students, and is presented in a manner that is appealing to teenagers. Ask your child’s teacher about the availability of this program at his or her school. For more information on the Signs of Suicide program: www.mentalhealthscreening.org or www.dodea.edu

Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (DCoE) — www.dcoe.health.mil
DCoE’s vision is to improve the lives of our nation’s Service members, families and Veterans by advancing excellence in psychological health and traumatic brain injury (TBI) prevention and care. This site provides information about topics such as PTSD and TBI and contains blogs, newsletters, videos and podcasts. The DCoE Outreach Center, 1-866-966-1020, is a 24/7 call center staffed by health resource consultants to provide confidential answers, tools, tips and resources about psychological health and TBI.

DCoE’s Real Warriors Website provides learning tools on gathering important documents and identifying community and military resources, preparing a pre-deployment checklist, watching Service members overcome behavioral health issues and obtaining tips on helping children cope with a parent’s separation. For more information and help, visit: http://realwarriors.net, or call 1-866-966-1020.

Military OneSource — www.militaryonesource.mil, 1-800-342-9647
Military OneSource offers non-medical counseling services to provide help with short-term issues to those who are eligible. Non-medical counseling programs provide confidential, short-term counseling to active duty members, National Guard and Reserve members and their families. Non-medical counseling is designed to address issues such as improving relationships at home and work, stress management, adjustment issues (e.g., returning from a deployment), marital problems, parenting and grief and loss. Visit the Military OneSource website for information on family programs and available resources.
After Deployment — www.afterdeployment.org
After Deployment’s mission is to help Service members, Veterans and their families overcome common adjustment problems following a deployment. Its resources address post-deployment challenges such as PTSD, conflicts at work, depression and promoting health and wellness.

The NRD is a partnership among the Departments of Defense, Labor and Veterans Affairs. Information within the NRD is from federal, state and local government agencies; Veteran and Military Service Organizations; non-profit and community-based organizations; academic institutions; and professional associations that provide assistance to Service members, Veterans and their families. Users can find more than 12,000 resources and information on benefits and compensation, education and training, health, employment, caregiver support, homelessness and other programs and services.

Human Performance Resource Center (HPRC) — http://hprc-online.org/family-relationships
The HPRC is an online, one-stop clearinghouse of evidence-based information and resources to help Service members and their families. The Family and Relationships domain has information and resources on family resilience, family stress management, communication and problem solving. There is also information about relationship enhancement, parenting, military-specific information on relationships and stages of deployment, and other information that helps bolster family resiliency.

Weapons Safety Resources — www.projectchildsafe.org
The National Shooting Sports Foundation has a Department of Justice grant to distribute information and gun locks to VA and DoD. DSPO makes gun locks available to Service members and their families. You can order free gun locks by emailing DSPO@osd.mil.

Vets4Warriors is a toll-free, confidential, peer-to-peer counseling hotline that provides all National Guard and Reserve members, Veterans and their families with the ability to speak with peer counselors on the phone or online. This support line is available 24 hours-a-day, seven days-a-week to discuss any issues, challenges or problems you may have.

Smartphone Applications
You can download applications that DoD or VA created specifically for those seeking to overcome the challenges associated with a military lifestyle. Apps are available for free—just download them from the Apple App Store or Android Market.
T2 designs and builds applications employing emerging technologies in support of psychological health and traumatic brain injury recovery in the military. T2 also works to reduce barriers that can deter Service members from seeking help. It has created mobile apps for active duty, National Guard, Reserves and their loved ones.

- **PE Coach** is the first mobile app designed to support the tasks associated with prolonged exposure (PE), which is a proven treatment for PTSD. PE works by helping you approach trauma-related thoughts, feelings and situations that you have been avoiding due to the distress they cause. Repeated exposure to these thoughts, feelings and situations help reduce the level of distress. Providing hip-pocket access to the necessary tools for successful PE participation, the app includes audio recording capability for easy playback after sessions; tools to support tasks between sessions; and visual displays of symptom reduction over time. In addition, PE Coach is integrated with Smartphone calendar functionality to encourage recall and session attendance.

- **Breathe2Relax** is a portable stress management tool that guides you through a deep breathing exercise done by contracting the diaphragm. Breathing exercises have been documented to decrease the body’s “fight-or-flight” (stress) response and help with mood stabilization, anger control and anxiety management. Breathe2Relax can be used as a stand-alone stress reduction tool or in conjunction with clinical care directed by a healthcare worker. Capitalizing on touch-screen technology, users can record their stress level on a “visual analogue scale” by simply swiping a small bar to the left or right. Breathe2Relax uses state-of-the-art graphics, animation, narration and videos to deliver a sophisticated, immersive experience for the user.

- **Life Armor** is a touch-screen technology that allows the user to browse information on 17 topics, including sleep, depression, relationship issues and PTSD. Brief self-assessments help the user measure and track their symptoms, and tools are available to assist with managing specific problems. Videos relevant to each topic provide personal stories from other Service members and military family members. After selecting a topic area, information is organized into four main menu items:
  - **Learn**: Comprehensive information on the causes, characteristics and potential solutions to emotional, relationship and other common mental health problems that face the military community
  - **Assess**: Brief self-assessment tools to help the user measure and track symptoms relevant to the topic area
- **Tools:** Information and guidance on techniques to self-manage problems relevant to the topic area
- **Videos:** Testimony from members of the military community about their struggle to overcome problems relevant to the topic area

- **PTSD Coach** is intended to be used as an adjunct to psychological treatment but can also serve as a stand-alone education tool. Key features of the app include:
  - **Manage Symptoms:** Coping skills and assistance for common kinds of posttraumatic stress symptoms and problems, including systematic relaxation and self-help techniques
  - **Find Support:** Assistance in finding immediate support. The app enables individuals to identify sources of emotional support, populate the phone with those phone numbers and link to treatment programs. In an emergency, users can quickly link to the Military Crisis Line
  - **Learn about PTSD:** Education about key topics related to trauma, PTSD and treatment

- **T2 Mood Tracker** allows users to self-monitor, track and reference their emotional experience over a period of days, weeks and months using a visual analogue rating scale. Users can self-monitor emotional experiences associated with common deployment-related behavioral health issues like post-traumatic stress, brain injury, life stress, depression and anxiety. Self-monitoring results can be a self-help tool or they can be shared with a therapist or health care professional, providing a record of the patient’s emotional experience over a selected time frame.

- The **Tactical Breather** application can be used to gain control over physiological and psychological responses to stress. Through repetitive practice and training, users can learn to gain control of their heart rate, emotions, concentration and other physiological and psychological responses to their body during stressful situations. Although these techniques were developed primarily for the warfighter during intense combat situations, anyone can benefit from the ideas taught in this application to help with nearly any stressful situation in life.
**My Important Numbers to Know:**

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