



DPRR COMMUNITYLINK

SUICIDE PREVENTION MONTH
SPECIAL EDITION

THE DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS NEWSLETTER | AUGUST 2023



The Army Resilience Directorate and its programs realigned from G-1 to G-9 and consolidated with the G-9 Soldier and Family Readiness Directorate on July 1 to create the Directorate of Prevention, Resilience and Readiness to build healthier Army communities. (Photo courtesy of the DPRR)

Building Healthy Communities Through the Social Determinants of Health

By Tara Davis, Directorate of Prevention, Resilience and Readiness

To further improve our communities, reduce harmful behaviors and create positive environments, the Army Resilience Directorate and its programs realigned from G-1 to G-9 and consolidated with the G-9 Soldier and Family Readiness Directorate on July 1 to create the Directorate of Prevention, Resilience and Readiness.

Now G-9 programs such as [Quality of Life](#), [Financial Readiness](#), Family Support and [Morale, Welfare and Recreation](#) and G-1 programs such as SHARP, SP2, ASAP and R2 are working together to provide resources and education and to build our protective factors to prevent health and behavioral issues before they happen, rather than through intervention or postvention strategies. This consolidation is expanding the capabilities of these programs beyond the individual scope to one that spans military communities and organizations, resulting in fewer Soldiers who are at risk of engaging in risky behavior by positively influencing the social determinants of health.

You may be hearing the term “[the social determinants of health](#), or SDOH” more frequently, whether that be at your job, on the news or featured in posters around your community. But what are the SDOH?

“SDOH are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping

conditions of daily life,” as defined by the [Centers for Disease Control and Prevention](#). This includes systems such as economic policies, development agendas, social norms, social policies, racism, climate change and political topics—all the things that fall outside of medical health factors.

“I would explain SDOH as the quality of and accessibility to things that significantly impact a person’s life,” says Latoya Johnson, prevention evaluation specialist for the Integrated Prevention Division. “I would ask someone to think about their home, their neighborhood, their job, their family and friends, recreational activities, their school, their doctor, food options, their place of worship. Think about the quality of all those things and if there is room for improvement in any of these categories.”

We can group SDOH into five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. Improving the quality and access to programs that make our Army communities healthier is the crux of SDOH in developing prevention capabilities and revising Army programs.

Communities are the Army’s real first line of defense. Communities are where our Army Soldiers and Families live, learn and grow. When they

See **HEALTHY COMMUNITIES** on page 11



DIRECTOR'S COLUMN

Team,

In recent months, our team of dedicated professionals made what seemed like the impossible possible—they executed one of the most significant Headquarters, Army restructures in rapid form. In less than 90 days, the Army Resilience Directorate realigned from the Deputy Chief of Staff, G-1 to the DCS, G-9 and consolidated with the Soldier and Family Readiness Directorate. On July 1, the new organization was renamed the Directorate of Prevention, Resilience and Readiness.

As proud as I am of what the DPRR staff has accomplished, I am even more proud to be entrusted with the responsibility to lead this organization, the missions and this incredible team. I'm looking forward to delivering a top-notch prevention capability based on healthy military communities that are informed by the social determinants of health. What may seem like an unlikely alliance—ARD and SFRD—makes so much more sense when viewed from the prevention lens of the SDOH. (Read more about the SDOH on page 1.)

In recent years, the Army has made significant investments in quality-of-life initiatives designed to improve the morale and well-being of Soldiers and Families, and positively influence the SDOH—where Soldiers and their Families live, work and play.

For example, the Army has allotted \$1.6 billion toward family housing, \$3.1 billion for privatized housing and \$1 billion a year for the construction of new and the restoration of existing barracks. Since 2021, the Army's built seven new childcare centers and is planning to add eight additional centers and two youth centers in FY 2025 to provide better support to Soldiers and Families. In addition, we're reviewing innovative initiatives designed to expand childcare options and reduce out-of-pocket expenses for parents.

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Exercise and Food for Healthy Bones

By Human Performance Resources by CHAMP at the Uniformed Services University

The new Army Combat Fitness Test (ACFT) has been rolled out, and it sure looks different from the old PT test. The new exercises challenge and improve muscle strength and endurance in a more functional way. Muscle conditioning is vital for combat readiness, performance optimization and activities of daily living.

Did you know that the stress exerted on muscles during strength training—which ultimately makes them stronger—also stresses bone? The result is stronger, denser bones.

Calcium, vitamin D and other nutrients in foods such as milk play a pivotal part in bone health, too. Although not consuming enough of these nutrients can cause low bone formation, getting enough of them doesn't guarantee they'll be absorbed and used. For these key nutrients to be effective, your intestinal environment (gut microbiome) must be healthy. A lot of good bacteria feed a healthy gut microbiome. Foods that contribute to these good bacteria include:

- Oatmeal
- Brown rice
- Strawberries
- Blueberries
- Pears
- Lentils
- Peas
- Soybeans
- Broccoli
- Yogurt
- Kefir
- Kimchi

Why is bone health so important? Just like we lose muscle mass as we age, bone strength starts to decline earlier than you might imagine, slipping about 1 percent per year after age 40. Over 10 million Americans have osteoporosis (weak and porous bones), and another 43 million are at risk of it. What's more, the Bone Health and Osteoporosis Foundation estimates that one in two women and one in four men



Stress exerted on muscle tissue helps build stronger and denser bones. (Photo by Sgt. 1st Class Ashley Motley)

older than 50 will break a bone due to osteoporosis. And veterans are more prone to this condition than civilians.

You may think, *I've got years until I have to worry about that!* Sadly, though, more and more younger people are at risk of developing osteoporosis due to low intake of dairy products (a trend since the 1970s), less physical activity or even too much physical activity, which can result in low levels of important hormones that are needed to support bone health.

You can protect your bones by [strength training](#) two or three times each week, getting enough calories from foods that contain calcium, vitamin D and other [essential nutrients](#), and consuming healthy-bacteria-producing foods. To learn more about wellness, visit [HPRC-online.org](#). Also, look for our [Go for Green®](#) section to find out about nutritious, performance-boosting choices available at dining facilities.

TAKE THE WORKPLACE & GENDER RELATIONS SURVEY NOW AT WWW.DODSURVEYSMIL.

RESULTS OF THE WGR WILL AFFECT ARMY PROGRAMS AND POLICIES. SURVEY CLOSING OCT. 20.

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BUILDING HEALTHY COMMUNITIES THROUGH THE SOCIAL DETERMINANTS OF HEALTH



Financial Readiness: Are You Prepared to Weather the Storm?

By Antwaun J. Parrish, Directorate of Prevention, Resilience and Readiness

Having the ability to stay afloat financially is important when there's an unexpected change in income or circumstances. Financial readiness can play a significant role in helping you plan for a rainy day.

The Army's Financial Readiness Program provides no-cost professional education and counseling services to teach Soldiers and Families how to save and invest their money, establish short- and long-term savings goals, plan for retirement

and establish resiliency for their overall financial well-being.

"Financial readiness is truly being able to look at the holistic picture of where you are in life," says Robyn Mroszczyk, Army financial education program manager.

She says people often think financial readiness is about when things are going great and people can take care of their responsibilities. She asks, "What happens when something throws you for

a loop? Stable financial readiness is inclusive of our economic standing and how outside factors impact where you are in your life—and being able to have the ability to weather those storms."

Military life results in more uncertainty and breaks in routine compared with civilian life. This can create obstacles to financial security.

To read the full story on how the Army's Financial Readiness Program can help Soldiers and their Families learn financial readiness skills, click [here](#).

Integrated Prevention Advisory Group to Begin Hiring Soon

By Chester Curtis, Directorate of Prevention, Resilience and Readiness

The Army will soon begin hiring as part of its implementation of phases 2.1 and 2.2 of the Integrated Prevention Advisory Group, or I-PAG, the service's primary prevention workforce.

Skilled professionals will fill positions at the strategic, operational and tactical levels.

"The positions within I-PAG are technical positions," says Sarah Hogue, prevention integrator in the Integrated Prevention Division, "so making sure that they have the right credentials and the right skills is imperative to success."

"Program managers will be hired first, before any other position, which will lay the foundation for these new I-PAG locations to have strong, quality primary prevention leaders in place to support hiring subsequent members of the workforce."

— Sarah Hogue, Prevention Integrator, Integrated Prevention Division

Hogue explains: "Prevention specialists help promote the health of our military communities, and they work hand in hand with leaders and other prevention partners on- and off-installation to identify, adapt, implement and evaluate programs and policies that prevent harmful behaviors, such as sexual assault, suicide, domestic and child abuse, harassment and retaliation."

Phase 2.1 will include the hiring of 47 I-PAG supervisory integrated prevention specialists (program managers), and Phase 2.2 will include the hiring of 47 prevention specialists (deputies), according to Hogue.

"Phase 2 hiring will be conditions based, and the 47 deputies will not be hired until the 47 program managers are hired," Hogue says. "Hiring the program managers first will lay the foundation for these new I-PAG locations to have strong, quality primary prevention leaders in place to support hiring subsequent members of the workforce. Prevention teams will be built over time and will continue until the Army reaches full operational capabilities by FY 2027."

"Phase 2.2 will focus on hiring our deputy positions. The technical title for our deputy position is prevention specialist."

I-PAG teams will assist commanders in identifying, adapting, implementing and evaluating evidence-

based policies, programs and practices that will increase protective factors for two or more harmful behaviors, build positive peer environments and prevent harmful behaviors across the Army.

During Phase 2.1 hiring, officials are required to use the Office of Secretary of Defense Hiring Guide.

"The first part of this guide provides background information on why our prevention workforce is necessary to help effectively prevent self-directed harm and prohibited abuse or harmful acts throughout our military communities and also how to set up our prevention personnel for success," Hogue says.

The OSD Hiring Guide provides information on skills and competencies that are required of the Integrated Primary Prevention Workforce and will assist hiring managers in identifying what to look for throughout the hiring process.

Prevention workforce positions range from GS-11 to GS-14 and will be at locations throughout the Army.

Jobs will be listed on the Civilian Human Resources Agency's Army Prevention Workforce Portal https://portal.chra.army.mil/hr_public?id=apwf_public_jobs and the USAJOBS website.

For more information go to <https://www.armyresilience.army.mil/IPAG/>.

Holistic Workouts Better for Mind and Body

By Kim Ferraro, Directorate of Prevention, Resilience and Readiness

No matter how good your mood or life circumstances, it's challenging to exercise consistently—period. That's why Cher famously said in a 1980s Jack LaLanne health spa commercial, "If it came in a bottle, everyone would have a good body." But for those suffering from deep depression or trauma, the challenge of staying motivated to work out regularly can be insurmountable. Thankfully, pioneers in the fitness world have significantly lowered the

hurdles with an innovative approach to exercise, one that focuses on the whole person and that goes by names such as trauma-focused fitness training and life-transformation coaching. And with these techniques, many people are conquering mental health problems while getting physically stronger and more resilient.

Laura Khoudari, author of *Lifting Heavy Things: Healing Trauma One Rep at a Time*, is a renowned

expert in trauma-informed personal training, an area she got into after going through a dark period. She was training in Olympic weight lifting and powerlifting when she experienced a severe traumatic incident that led to post-traumatic stress disorder.

To read the full story exploring the concept of trauma-focused fitness training for physical health, click [here](#).

You Are Not Alone

SUICIDE PREVENTION MONTH
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A Common Bond: We Can Talk About Suicide

By *Mavia Hanson, Directorate of Prevention, Resilience and Readiness*

"I'm struggling right now and just need to talk with someone. Can we chat?"

"This is really hard for me to say, but I'm having painful thoughts, and it might help to talk. Are you free?"

"I don't want to die, but I don't know how to live. Talking with you may help me feel safe. Can we talk about it?"

Suicide ideation can be frightening, but acknowledging the moment and reaching out for support can help prevent devastating outcomes. The Army has a wealth of resources available; some of these are the [R2 Performance Centers](#) for building resilience and the [Suicide Prevention Program \(SP2\)](#), which educates and trains active duty, reserves, guard members, DA Civilians and Family members on suicide prevention.

For National Guard and Army Reserve components, there are complex challenges in reaching support resources. Unlike active components, guard members and reserves do not work or reside on traditional Army installations. They are obligated to drill only one weekend a month locally and two weeks a year (apart from deployments or state activations for guard members). This means that while they have access to the programs and resources provided to the Army as a whole, they depend more on private-sector resources in their everyday lives.

"The U.S. Army Reserve has relied on resources outside of what the typical Army installation offers. Our Soldiers reside in cities nationwide—even worldwide—and rely on local support," says Kimberly Franco, USARC, G1, Suicide Prevention Program manager, Army veteran and founder of One Common Bond, a grief-and-loss support organization.

When Soldiers are dispersed across their local communities in a part-time capacity, they sometimes lack the medical coverage needed to pay for mental health services in critical times. That means National Guard and Army Reserve suicide prevention specialists have the added task of sourcing local assistance that can offer discounted or free community care. Another way Soldiers can build resilience and find aid is through local armed service chapters—strength in numbers.

"[Consider joining] a bowling league or a running group. The obvious way to build resilience in our formations is to use the Master Resilience Trainer skills, but Soldiers appreciate personal testimonials from leaders about overcoming obstacles. Leaders must understand that Soldiers are looking to them for guidance, both spoken and unspoken. When a leader can share how they overcame an obstacle, it does two things. First, it lets Soldiers see that leaders are human just like them, and secondly, it takes pressure off Soldiers from feeling the need to be perfect," says Franco.

As we head into National Suicide Prevention Awareness Month in September, we embolden our military Family to learn more about suicide prevention and postvention actions to minimize the risk for suicide. This year's Army theme is "You are a light in somebody's life," in conjunction with the hashtag #connecttoprotect.

If you or someone you know is struggling with suicide ideation, dial the [988 Suicide and Crisis Lifeline](#). This line offers free, confidential 24/7 support to anyone across the U.S.



CONNECT TO PROTECT SUPPORT IS WITHIN REACH

I'm gonna call today!



LECTURE SERIES

The SRM Lecture Series is a free, live webinar offered on the 2nd Wednesday of every month from 2-3pm EST. The lectures are designed for providers working with Veterans at risk for suicide. They cover a broad range of suicide prevention topics including best practices in suicide risk assessment, risk stratification, culturally competent suicide prevention interventions, and postvention practices.

Diverse Reflections of Deep Sadness: Considering Suicide Through a Cultural Lens



Charlotte McCloskey, PhD

[CLICK HERE](#)

Whole Health as Suicide Prevention



Dr. Jennifer Patterson, PhD and Dr. Kathy Hooper, PhD

[CLICK HERE](#)

988 SUICIDE & CRISIS LIFELINE

[CLICK HERE](#)

Text: 838255
<https://988lifeline.org/chat/>

Calls inside the continental U.S.

- Dial 988 and press 1 for the Military Crisis Line

Calls outside the continental U.S. (OCONUS):

- Europe - call 00800 1273 8255 or DSN 118
- Korea - call 0808 555 118 or DSN 118
- In the Philippines, dial #MYVA or 02-8550-3888 and press 7



The Ask – Care – Escort Portfolio: Curriculum Updates and Implementation

By Dr. Susannah Williamson, Richard Gonzales, Jay Nolet, Dr. Michelle Kirk, Capt. (Dr.) John Eric Novosel-Lingat and Dr. Susannah Knust

Secretary of Defense Lloyd Austin III, retired U.S. Army four-star general, said, "Every death by suicide is a tragedy that impacts our people, our military, units and our readiness. That's why we remain committed to a comprehensive and integrated approach to suicide prevention." In other words, one suicide is one too many. As the proponent for suicide prevention, the Directorate of Prevention, Resilience and Readiness (DPRR) is the advocate for all Ask, Care, Escort training modules, including suicide prevention (now designated **ACE Base +1**), and "Ask, Care, Escort – Suicide Intervention," or **ACE-SI**. In addition to updated curriculum for ACE for Soldiers and ACE-SI, the DPRR has expanded its portfolio to include Soldiers' Circle of Support and Department of the Army (DA) Civilian audiences in the training. These trainings provide the same knowledge, skills and language, with relevant and relatable examples for the audience. Overall, the intent is to facilitate greater dialogue among Soldiers, Circle of Support members and DA Civilians and to bring greater awareness of suicide prevention through interactive exercises.

Through an iterative curriculum development and evaluative process completed by the Defense Center of Public Health–Aberdeen and the Walter Reed Army Institute of Research, **ACE Base +1**, the revised suicide prevention training for Soldiers, includes four half-hour modules. The annual requirement now includes the Base module and allows unit leaders to select one of the three half-hour "+1" modules to target specific needs or skills. The "+1" modules—Fighting Stigma, Active Listening and Practicing ACE—are essentially a menu of supplemental trainings to provide greater depth and breadth of suicide prevention topics.

- The Base module introduces the Army values as a foundation for ACE while educating individuals on protective factors, risk factors and warning signs. The instructor explains each of the steps of ACE and how to use them, emphasizing the importance of directly asking the question about suicidal intent.
- Fighting Stigma addresses the impact of public and self-stigma on an individual's willingness to seek help and provides skills to fight against stigma in its various forms.
- Active Listening teaches participants how to listen effectively in order to demonstrate care and support for the at-risk individual, which can lead into an ACE-specific conversation.
- Practicing ACE synthesizes key concepts of applying ACE in a real-world scenario where participants practice with a partner.

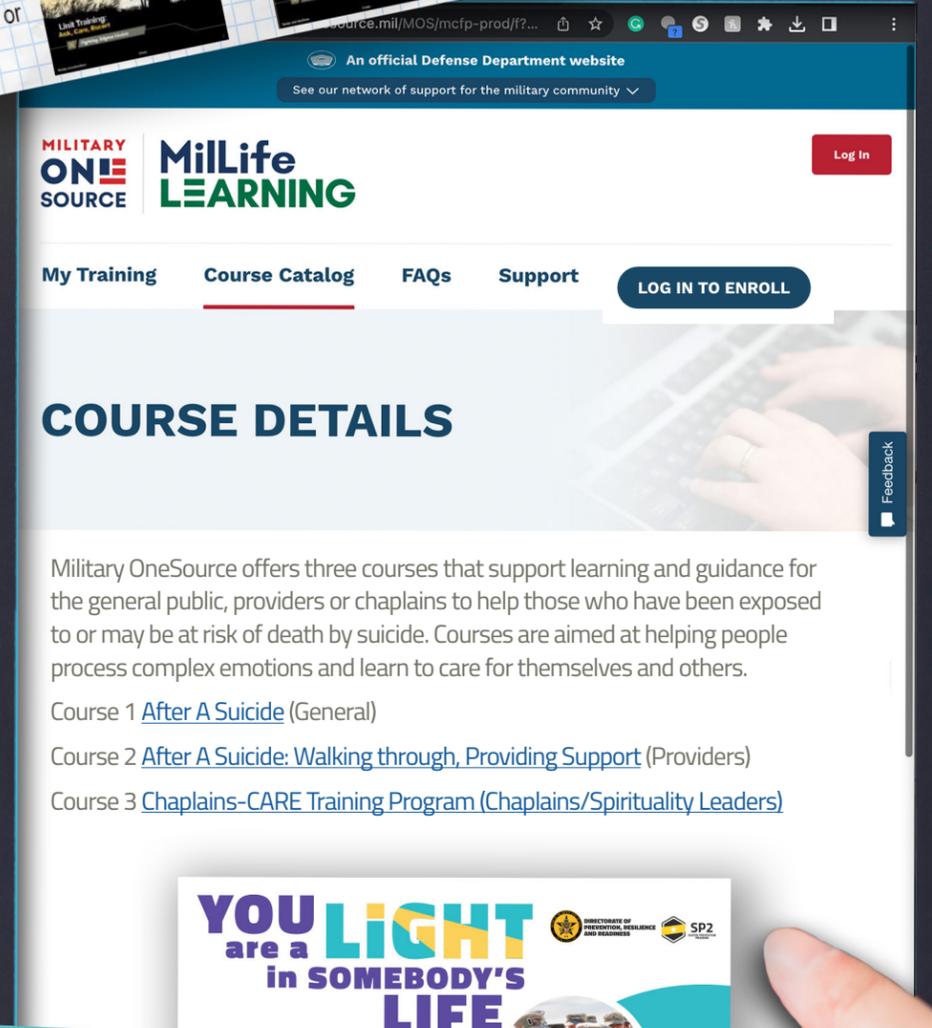
ACE-SI was updated in 2023 to include the ACE Base +1 modules as well as a new section on trainer preparation. This section clarifies the responsibilities to intervene, support and train. Specifically, ACE-SIs should intervene when someone demonstrates noticeable risk factors or warning signs, support the command team and Soldiers with unit reintegration strategies after a behavioral-health-related absence and teach the ACE-SI and the ACE Base +1 curricula at a standard of excellence so that the material is passed along to others correctly, maintaining intent and integrity. For ACE-SI, there are still four tiers but with additional role clarification.

- **Tier 1** is an eight-hour training, which enables a Soldier in a position of trust to conduct suicide prevention training within the unit each year, to intervene in a crisis and to support the unit if a suicide-related incident occurs.
- **Tier 2** is a two-day training for suicide prevention professionals (NCOs E6 and above, officers and Civilians), which allows them to lead the Tier 1 workshop, to conduct quality assurance (QA) and to report requirements to the installation suicide prevention program manager (SPPM).
- **Tier 3** is a three-day training for installation-level professionals, including the SPPM, ready and resilient performance experts and individuals nominated by the component (COMPO) or major command (MACOM). These trainers are authorized to lead tiers 1 and 2 workshops, to conduct QA and to provide training reports to SPPMs.
- **Tier 4** is a one-day training for COMPO/MACOM employees who have program-level responsibility for training implementation and coordination. These trainers are certified to instruct the three-tiered levels.

By putting together a bench of trainers, DPRR aims to connect with and support instructors.

DPRR will officially implement the updated ACE Base +1 and ACE-SI curricula in September 2023, with additional simple and complex evaluations to prepare for the next revisions to the ACE portfolio. Further, the directorate has requested that the Research Transition Office at the WRAIR complete a fourth +1 module, Lethal Means, in the coming months, to roll out separately. These updated and comprehensive curricula demonstrate the directorate's commitment to suicide prevention and intervention.

DPRR has created the [ACE-SI Information Sheet](#) in preparation for this curriculum change. This sheet covers an introduction of what the new training program is, useful conversation tools, who can conduct the training and why it's important.



LMS LETHAL MEANS SAFETY

HELPFUL RESOURCES

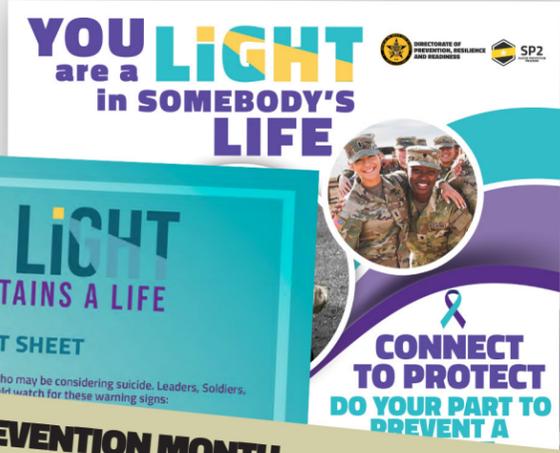
Lethal-means safety

Together we can take actions to ensure safe storage of lethal means and prevent suicide. [DPRR: Lethal Means \(army.mil\)](#)



PRODUCTS ON DEMAND
To download materials on suicide prevention, resilience and readiness, register for the Products on Demand site by:

1. Visiting <https://marcomcentral.app.pti.com/Ironmark/ARDMaterials>.
2. Selecting New Users to register.
3. Once inside, navigating to all DPRR materials.
4. Discover DPRR products on demand here: <https://marcomcentral.app.pti.com/Ironmark/ARDMaterials>.



BE A LIGHT THAT SUSTAINS A LIFE

FACT SHEET

What to Look For
Be a light that sustains a life for someone who may be considering suicide. Leaders, Soldiers, watch for these warning signs:

SUICIDE PREVENTION MONTH

This year's Suicide Prevention Month materials are now available. Visit our microsite for posters, fact sheets and social media posts.

[CLICK HERE](#)

Poor Sleep Quality Contributor to Suicide Ideation, Other Harmful Behaviors

By Antwaun J. Parrish, Directorate of Prevention, Resilience and Readiness

ARLINGTON, Va. — Following the release of the Suicide Prevention and Response Independent Review Committee, or SPRIRC, report earlier this year, the Secretary of Defense issued an immediate action directive for commanders to promote mission readiness through healthy sleep.

Why? It's because research shows that service members who report sleep difficulties are nearly three times more likely to report suicide ideation and other harmful behaviors. While there is not a direct correlation between suicide ideation and suicide attempts or completion, the impact on readiness and Soldier well-being is concerning.

As a result, the Secretary of Defense's immediate action directive requires commanders to ensure Soldiers' duty schedule allows for seven to eight hours of sleep per 24-hour period, in accordance with DoD Instruction 1010.10 and SPRIRC report recommendation 5.32. In addition, commanders are to minimize shift change frequency to minimize sleep disruption.

DoDI 1010.10 provides information for leaders and is intended to help prevent and mitigate the effects of sleep deprivation among service members to help them obtain adequate sleep by:

- Encouraging the use of behavioral strategies to improve sleep quantity and quality, such as the use of mobile applications to help track sleep or shift work when allowed by operational requirements.
- Promoting a sleep environment that facilitates healthy sleep, which considers complete darkness, good ventilation, ambient temperatures and low noise levels, and if appropriate, encouraging use of eye masks and earplugs to counteract suboptimal sleep settings.
- Prioritizing time for optimized sleep hygiene and fatigue prevention measures as mission requirements permit. Some ways to prioritize sleep include committing to at least seven hours of uninterrupted sleep, incorporating at least seven hours of sleep per 24-hour period into duty schedules and planning recovery time of at least two consistent nights of sleep if operational requirements take precedence for any period of seven or more calendar days, including consideration for units to be placed "off cycle" for at least three nights following periods of significant sleep deprivation, to ensure recovery to baseline performance.

According to research studies, sleep disruption is common among service members and is more the rule than the exception, which according to the Pentagon's 2021 Study on Effects of Sleep Deprivation on Readiness of Members of the Armed Forces, "factors into suicide ideation and behaviors... because insomnia degrades stress reactivity, emotion regulation and the decision-making process."

Sleep deprivation results in an overactive emotional center of the brain, which is called the amygdala. The amygdala—an almond-shaped mass of gray matter inside each cerebral hemisphere—is the part of the brain involved with experiencing emotions.

"Without sleep, the prefrontal cortex, an area of the brain that is involved in the regulation of our thoughts, behaviors and emotions, is no longer able to keep the amygdala in check," says Maj. Connie Thomas. "This leads to inappropriate emotional responses, most often negatively biased, to events and interactions." Because of the cognitive impairment from sleep loss, chronically sleep-restricted individuals do not realize how impaired they are and will believe that they only need, say, four hours of sleep. According to Thomas, "That is because the chronically sleep-restricted brain is not good at self-assessing its need for sleep or the impact of sleep loss on functioning. It is also difficult for leaders to implement certain sleep promoting strategies in different environments, including in the field and deployed setting." Thomas goes on to say that "Outside of mission constraints, Soldiers may not want to prioritize their sleep over other more desirable things (i.e., social or pleasurable activities) or have difficulty obtaining adequate sleep because of family or personal responsibilities."

Commanders and leaders have access to resources they can use to ensure their Soldiers understand the importance of proper sleep.

- Field Manual 7-22 is the most cogent, concise and up-to-date summary of fatigue management information specific to the military.
- Performance Experts at R2 Performance Centers offer trainings that support healthy sleep habits.
- The Behavioral Biology Branch has created a series of knowledge products that have been shared with commanders and leaders. These products provide information and interventions to ensure Soldiers get proper sleep. These products are available at: <https://wrair.health.mil/Sleep-Resources/>.



Physical Fitness Can Improve Your Sleep

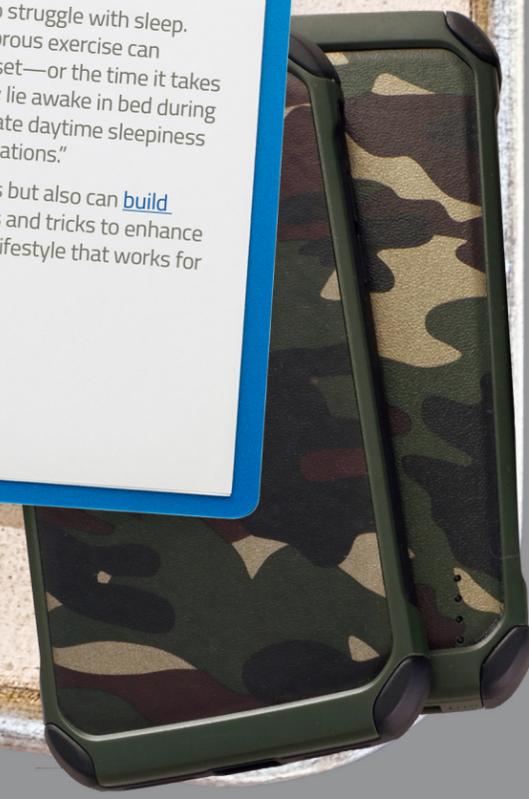
By Shirley Tien, Directorate of Prevention, Resilience and Readiness

Whether it's due to stress or insomnia, getting adequate or restful sleep can be very difficult for many people. Adding physical activity to your daily routine is one strategy to improve sleep. Exercise makes your body and mind more tired than if you were sedentary, so falling asleep to regenerate will come easier.

The Sleep Doctor, Dr. Michael Breus, recommends jogging, lifting weights and doing yoga to improve the quality of your sleep. "Among older adults, several forms of exercise appear to help improve sleep," wrote Dr. Michael Breus. "These include aerobic exercise, resistance training, yoga and tai chi. However, one study found that mind-body exercises such as yoga or tai chi were most effective and offered additional benefits like improved mood and mental health. Exercising the mind as well as the body may enable more restful sleep." It's best to exercise for at least 30 minutes and no less than three hours before bedtime.

Exercise is a natural and simple way to aid those who struggle with sleep. According to the [Sleep Foundation](#), "Moderate to vigorous exercise can increase sleep quality for adults by reducing sleep onset—or the time it takes to fall asleep—and decrease the amount of time they lie awake in bed during the night. Additionally, physical activity can help alleviate daytime sleepiness and, for some people, reduce the need for sleep medications."

Physical fitness not only improves your sleeping habits but also can [build confidence](#). Visit [Ready and Resilient](#) to learn more tips and tricks to enhance your health. You will find insightful ways to adjust to a lifestyle that works for you.





MRT-PEs Use R2 Strategies to Build DOD Warrior Games Athletes

By Lytaria Walker, Directorate of Prevention, Resilience and Readiness

"I feel so fortunate to work with this population. I've met so many competent and motivated individuals, and I've been able to travel around the country in the process," says Heather LeGette, a level-4 master resilience trainer performance expert at Camp Parks in Dublin, California. LeGette's role as an MRT-PE is twofold. One part entails performance and sports psychology, and the even bigger part is the resilience training that she provides to Soldiers to prepare them for the Warrior Games Challenge.



MRT-PEs pose for a group photo outside of 2023 DOD Warrior Games Arena. (Photo Courtesy of Heather LeGette)

Each year, the Department of Defense, holds an adaptive-sports competition, the Warrior Games Challenge. The challenge was held at the Naval Air Station North Island in San Diego, from June 2 through June 12. This year's challenge highlighted the exceptional physical skills and mental toughness of wounded, ill and injured active-duty and veteran service members. Men and women represented the

U.S. Army, Marine Corps, Navy, Air Force and U.S. Special Operations Command as they competed in a variety of adaptive sports.

The purpose of the Warrior Games Challenge is to enhance recovery by engaging wounded and injured Soldiers outside of traditional therapy settings. The challenge raises awareness about resources available through the DOD Warrior Care programs.

LeGette says that leading up to the trials and games, the MRT-PEs use different approaches to be as effective as they can in preparing the athletes. For example, all of the MRT-PEs are assigned certain athletes. Their job is to reach out and connect with the athletes, whether virtually or in person, and start the sessions immediately.

The sessions entail working on a variety of mental skills, especially those that directly target the challenges each athlete anticipates experiencing. The MRT-PEs focused on brain training and mental training. Their expertise is sports psychology, which helps athletes to optimize their performance and do so using their minds consistently.

LeGette says, "We're also there to support their resilience, as well. And granted, this group of athletes are incredibly resilient. They've been through more than I could possibly even imagine. So their resilience is top-notch."

They begin by asking important questions. What are you looking forward to most? What do you anticipate as challenges? What are some goals that you would like to achieve while



Warrior Games Athletes listen to their coach as they prepare for an event. (Photo Courtesy of Heather LeGette)

you're there? These questions allow the MRT-PEs to understand the athletes and then use the mental skills to target where they are and help them better prepare for the challenge.

The MRT-PEs are tasked with the mental preparation, which supplements the physical side. LeGette says, "The mental and physical sides are very interconnected and intertwined. The athletes' mental fortitude impacts their physical performance."

Joel Druvenga, an MRT-PE at a Soldier Readiness Unit in Fort Riley, Kansas, adds, "It's a lot about relationship building and doing the groundwork on the front end, so that when you actually get to the trials, it becomes more maintenance than training at that point." In theory, he says, training should be happening year-round. Druvenga says that Team Army did really well overall.

Are you up for the challenge? Find your nearest [R2PC](#) today.

Army Substance Abuse Program Can Help With Emotional Readiness

By Rachel Rachfal, Directorate of Prevention, Resilience and Readiness

While consuming alcohol can initially seem to enhance feelings of uninhibited confidence and euphoria, continued consumption leads to impaired judgment, distorted perception and amplified emotions, often leading to impulsive behavior and flawed decision-making. "One of the key points of alcohol is that alcohol is a mood potentiator. For example, if a person is sad or depressed prior to drinking, alcohol will likely increase their feelings of sadness. This can lead to negative coping skills or a dependency on alcohol to numb feelings," says Polly J. Guthrie, M.Ed., LADC, CEAP, SAP, MAC, ICAADC, Army Substance Abuse Program manager at Fort Leonard Wood in Missouri. This emotional volatility hinders the ability to maintain emotional stability and respond appropriately to challenging situations, potentially jeopardizing personal relationships, professional performance

and overall readiness. Seeking help and addressing alcohol misuse can lead to improved cognitive functioning, better decision-making and increased productivity in daily life.

Emotional readiness is vital in the Army, as it influences decision-making, problem-solving and interpersonal dynamics. By being aware of how alcohol affects emotional well-being, soldiers can make informed choices that prioritize their emotional readiness, fostering healthier relationships, effective communication and overall mission success.

ASAP plays a crucial role in addressing substance abuse issues, including alcohol misuse, within the force. ASAP conducts education and prevention programs to raise awareness about the impact of alcohol on emotional health. By providing information and resources, ASAP

empowers service members to make informed decisions, equipping them with the knowledge needed to prioritize their emotional well-being and maintain readiness.

Often, alcohol use is a symptom of deeper emotional or psychological issues. Relying on alcohol to cope with emotions or stressors can exacerbate emotional dysregulation and hinder emotional growth. Assistance is available to help Soldiers address these underlying issues and work toward resolving them in a more constructive and sustainable way through developing healthier emotional regulation skills, enhancing their overall well-being.

Alcohol misuse can have severe physical and mental health consequences as well as create a cycle of dependency. To read more about ASAP and how it can help, click [here](#).



Social Determinants of Health *STRONG COMMUNITIES Continued from page 1*

have installations with safe environments (both physically and socially) that promote healthy lifestyles with access to programs that support their needs, it allows them to not only survive but thrive.

“Data shows that healthy communities are linked to better health outcomes and stronger economies. To this end, military readiness increases when our Soldiers, their Families, and our Civilians have access to more of these things,” says Johnson. “If we think about healthy communities from a military context, we should consider whether our Soldiers, their Families, and Civilian personnel have access to quality education, safe and healthy living conditions, adequate employment and wages, transportation, physical activity and nutrition.”

Researchers at Northeastern University used information first introduced in Broken Windows Theory which stated that disorder (e.g. graffiti, deterioration) in urban neighborhoods led to an increase in serious crimes. Although their research didn't confirm this theory, it did give way to new



Jacksonville Jaguars linebacker Devin Lloyd poses with the winners of youth football camp at Fort Stewart, Georgia, on July 11th. (Photo by Pvt. Benjamin Hale)

study suggests that neighborhood disorder affects three main types of health outcomes in residents: mental health, substance misuse and overall health.

What does this mean for you? Let's imagine the “windows” in our own lives. Imagine your current neighborhood. Do you have sidewalks and parks, access to a local supermarket with fresh fruit and veggie options, access to safe housing and public transportation? Does your neighborhood have a low crime rate with little or no graffiti or abandoned buildings? Is it located near a hospital with emergency rooms and a quality public school system for children? If you answered yes to all these questions, chances are you and your family would self-report good, or at least better health, than someone who answered no to all or some of the questions.

The study goes on to discuss the psychosocial model of disadvantage, which states that when we live in communities that are impacted by disorder or stressful contexts, we have poorer mental health—leading to an increase in substance misuse (specifically associated with deteriorating mental health) and self-reported health. Disorder

increases the allostatic load (instances of chronic stress, distress and depression) which impacts communities and leads to poorer health outcomes for those who reside in high-stress environments.

That's why the Army is using SDOH to fix our communities' “broken windows” and improve Soldiers' and Families' lives. “By considering SDOH, Army programs are improving Service member quality of life—in turn, improving Total Army readiness,” says Johnson. “Implementing strategies at the outer levels of the social ecology are going to impact more people and can really change the culture and climate. For example, incorporating Soldier preferences on future barracks designs, implementing a holistic approach when updating or developing policies and evaluating prevention activities to ensure effectiveness and quality all play a part in setting Soldiers up for success.”

If you are a leader, DA Civilian, Soldier or Family member looking for more information on the realignment of the Army Resilience Directorate to G-9, use this [fact sheet](#). For more information on DPRR programs and capabilities, visit <https://www.armyresilience.army.mil/>.

“Data shows that healthy communities are linked to better health outcomes and stronger economies. To this end, military readiness increases when our Soldiers, their Families, and our Civilians have access to more of these things.”

— Latoya Johnson, Prevention Evaluation Specialist, Integrated Prevention Division

findings. Researchers' findings suggest that although neighborhood disorder might not impact the likelihood that residents will participate in serious crimes, it will impact their health. The

New Perspective on Prevention *DIRECTOR'S COLUMN Continued from page 2*

Realizing that financial stress is a significant factor in harmful behaviors, the Army continues to strengthen the Employment Readiness Program. In addition, we're reimbursing spouses up to \$1,000 for professional license renewal after a permanent change of station and are working to implement licensure transferability and portability.

While these are just a few examples of the progress the Army has made in enhancing QoL, these initiatives are illustrative of how the integration of prevention with existing support systems will further reduce stressors, support Soldiers and Families and truly allow us to address harmful behaviors before they arise.

The [Workplace and Gender Relations \(WGR\) Survey](#) for military members kicked off August 1 and will run through October 20. We're asking command teams and program managers to encourage participation in this voluntary survey. The WGR provides the Department of Defense's official measure of prevalence of sexual assault, so it's very important that we achieve a high response rate. The results of the survey, which will be released in spring 2024, may impact future prevention activities, policies and programs.

The Army's first Suicide Prevention Regulation was published on August 11. The regulation codifies the Army's public health approach

that was initiated in 2021.

In September, the Army will observe Suicide Prevention Month. Our theme is “Be a Light in Somebody's Life.” See the SPM insert on pages 4–9, and be sure to download materials from the DPRR Products on Demand site in support of local SPM outreach and awareness programs.

Thanks to every one of you for your continued support of DPRR programs and services and enabling us to deliver the best for our Soldiers, Army Civilians and Family members. They deserve nothing less!

Ms. Dee Geise, Director



DPRR

DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

AUGUST 2023

HAIL AND FAREWELL

We invite the Directorate of Prevention, Resilience and Readiness community to join us in wishing a fond farewell to members who recently departed the directorate.

Farewell

- Col. Yolanda Gore, ARD Strategy Division Chief
- Capt. Logan Byars, ARD Executive Officer



UPCOMING EVENTS

AUGUST

Institute on Violence, Abuse and Trauma

Aug. 27–30: IVAT is holding its 28th San Diego International Summit, titled "Violence, Abuse and Trauma Across the Lifespan: Promoting Resilience Amid Global Challenges." The summit is a forum for professionals of different disciplines to exchange information on violence, abuse and trauma prevention, intervention and research.

Location: San Diego, California. **Learn more:** <https://www.ivatcenters.org/san-diego-summit/>

OCTOBER

2023 AUSA Annual Meeting and Exposition

Oct. 9–11: This year's annual meeting and expo offers a wide range of industry products and services, informative presentations relevant to today's Army, as well as panel discussions and seminars on military and national security topics.

Location: Washington, D.C. **Learn more:** <https://meetings.ausa.org/annual/index.cfm>

NOVEMBER

American Public Health Association Conference

Nov. 12–15: This year's exposition theme is "Creating the Healthiest Nation: Overcoming Social and Ethical Challenges." The exposition is an innovative and exciting opportunity to engage with public health professionals.

Location: Atlanta, Georgia. **Learn more:** <https://www.apha.org/Events-and-Meetings/Annual>

Suicide Prevention Month 2023 Materials Now Available!

To learn more, visit <https://www.armyresilience.army.mil/SPM-2023/index.html>.



TOP-PERFORMING POSTS

SOCIAL MEDIA UPDATE

FACEBOOK



Impressions: 4,151

TWITTER



Impressions: 844

INSTAGRAM



Impressions: 199

LINKEDIN



Impressions: 64

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Please coordinate with your Public Affairs Office to share or retweet @ArmyResilience content on command or installation Facebook, Twitter, Instagram and LinkedIn platforms. Contact Kevin O'Brien for questions regarding DPRR social media at kobrien@strategyconsultingteam.com.

Directorate of Prevention, Resilience and Readiness

DPRR COMMUNITYLINK

August 18, 2023. Volume 8, Issue 6

The DPRR Community Link newsletter is an authorized bi-monthly publication produced by the Directorate of Prevention, Resilience and Readiness for the Army community. The contents of the DPRR Community Link are not necessarily the official views of, or endorsed by, the U.S. Government, the Department of Defense or the Department of the Army. The editorial content of the DPRR Community Link is the responsibility of the Communications & Outreach branch at DPRR. For questions, or to subscribe or submit articles and photographs to DPRR Community Link, please contact the editor at lwalker@strategyconsultingteam.com. This publication is available for download at: <https://www.dvidshub.net/publication/1102/r2-community-link-newsletter>.

Directorate of Prevention, Resilience and Readiness
2530 Crystal Drive, 6th Floor
Arlington, VA 22202
www.armyresilience.army.mil

Director
Ms. Dee Geise

Chief of Staff
Col. Scott Harrison

Deputy Director, Operations
Lt. Col. Jessica Forman

Director of Communications & Outreach
LeWonn Belcher

Editor in Chief
Lytania B. Walker

Editor
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@ArmyResilience
www.armyresilience.army.mil

