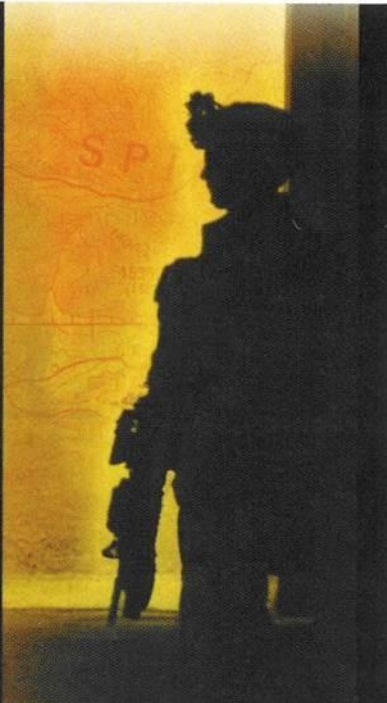



**ARMYSTRONG**



**ACE**

**U.S. ARMY** Suicide Intervention



**A** **Ask your buddy**

- Have the courage to ask the question, but stay calm
- Ask the question directly: Are you thinking of killing yourself?

**C** **Care for your buddy**

- Calmly control the situation; do not use force; be safe
- Actively listen to show understanding and produce relief
- Remove any means that could be used for self-injury

**E** **Escort your buddy**

- Never leave your buddy alone
- Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
- Call the National Suicide Prevention Lifeline

**National Suicide Prevention Lifeline:**  
1-800-273-8255 (TALK)

**USAPHC** <http://phc.amedd.army.mil/>

TA - 095 - 0510

**ASK – CARE – ESCORT**

**SUICIDE INTERVENTION**

**FACILITATOR’S HANDBOOK**

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**ASK, CARE, ESCORT-SUICIDE INTERVENTION (ACE-SI)****FACILITATOR'S HANDBOOK**


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## PREFACE

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### **Audience for the Training**

In accordance with AR 600-63, Army Health Promotion, this Ask, Care, Escort—Suicide Intervention (ACE-SI) training is a 4-hour training module for company-level junior leaders and first-line supervisors (squad and section leaders, platoon sergeants, platoon leaders, first sergeants, executive officers, company commanders, and Army Civilians assigned at the company level). This target audience is in most frequent contact with the most at-risk demographic for suicide: young soldiers. The key objective of ACE-SI is to learn the skills to intervene in a suicide situation. Although the training focuses on military and Army Civilian junior leaders and first-line supervisors of Soldiers, the content of the training, which includes communication skills, risk and protective factors, stigma, warning signs, intervention skills, and the ACE method of suicide prevention, can also benefit Family Readiness Group (FRG) leaders and Family members.

This training is not intended to make participants subject matter experts in behavioral health nor clinicians.

AR 600-63 states that ACE-SI is a 4-hour training module for military and civilian junior leaders and first-line supervisors, as determined by the unit commander. This is a one-time training requirement. The key learning objective is to train the skills required to intervene in a suicide situation. This requirement may be changed in the future.

We recommend that the class be kicked off by the local command leadership (Commander/CSM) by adding emphasis on the importance of the training for your Soldiers.

### **Terminal Learning Objectives**

#### **Terminal learning objectives: ACE-SI Training**

- I. Identify the problem and impact of suicide in the Army and your role as a leader in preventing suicide.
- II. Identify suicide risk factors and protective factors, and identify stigma that may prevent Soldiers from seeking help when needed.
- III. Demonstrate your ability to assess risk and intervene when a Soldier exhibits the warning signs of suicide.
- IV. Select the appropriate resource to use based on risk, warning signs, and in response to a suicide or suicide attempt.

## TRAINING TOOLS

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ACE-SI consists of Lessons 1 through 4. Conducting ACE-SI training will take approximately four hours. The latest version of the ACE-SI Facilitator's Handbook and PowerPoint slides with embedded video segments are available on the Army Suicide Prevention Program website at: [www.preventsuicide.army.mil](http://www.preventsuicide.army.mil). Download the contents of the course folder onto your computer's desktop. The entire course is contained in the folder. If copying the folder to your computer is not possible, the course can be copied onto a disc.

The Minimum System Requirements for viewing the slide presentations for ACE-SI Training is Windows 7, Vista, or XP with Microsoft PowerPoint 2010. If you have an earlier version of PowerPoint, we recommend that you download the PowerPoint Viewer and use it when conducting the training. It can be downloaded from the Microsoft Download Center webpage at: <http://www.microsoft.com/en-us/download/details.aspx?id=13>.

You'll need a computer equipped with Windows Media Player 9.0 or Adobe Flash Player 9.0 (or higher), a sound card, speakers, a CD/DVD drive if you download the training onto a disc for use, and an internet connection. Use Internet Explorer 7.0 or a similar browser (Chrome, Firefox or Safari 3.0 or later versions) to download the training files. It may help to hard wire your internet connection instead of using a wireless network connection.

The ACE-SI Facilitator's Handbook provides detailed instructions on presenting the course material. The Handbook is designed to be printed double-sided (back-to-front) because, on most page spreads, left-hand pages and right-hand pages are coordinated. If possible, print in color. For ease of use, double-sided pages should be three-hole punched and placed in a three-ring binder. Print one copy of the entire ACE-SI Facilitator's Handbook for your use in teaching the ACE-SI class. You may also print a copy of the slides with slide notes, if desired.

Appendix D (Active Component) and Appendix E (Reserve Component) of the ACE-SI Facilitator's Handbook includes a copy of each handout that you must print for use by the students in the class. Print enough copies of all forms in Appendix D or Appendix E so that each training participant has a copy. You must print one copy of the Certificate of Completion in Appendix J for each training participant. Finally, print one copy of the sign-in sheet for each class.

## **Training Outline and Timeline**

### **Introduction: Administrative Items and Course Goals (15 Minutes)**

- Goals of the course
- Introductions (Facilitators and Trainees)

### **Lesson 1: Suicide's Impact and Your Role as Leaders (30 minutes)**

- Describe the impact of suicide on Soldiers, Families, your unit, and the Army.
- List what the Army or your unit is doing to prevent suicides.
- Describe the role of first line leaders in helping to prevent suicides in the Army.

### **10 Minute Break**

### **Lesson 2: Risk Factors, Protective Factors, and Stigma (60 minutes)**

- Identify protective factors that make it less likely a Soldier will die by suicide.
- Identify risk factors that may increase the likelihood of suicide for an individual.
- Identify stigma that may increase the likelihood that a Soldier or Army Civilian will not seek help.
- Demonstrate an understanding of risk and protective factors, warning signs and stigma.

### **10 Minute Break**

### **Lesson 3: Suicide Warning Signs and Intervention (60 Minutes)**

- Distinguish between risk factors and the warning signs that signal immediate danger.
- Practice assessing risk factors and warning signs and deciding what action to take.
- Discuss effective communication techniques when intervening with Soldiers using Ask, Care, Escort as an immediate action drill.
- Conduct an intervention role play using Ask, Care, Escort as an immediate action drill.
- Describe appropriate actions a leader should take when presented with warning signs that require immediate action.

### **10 Minute Break**

### **Lesson 4: Resources (40 Minutes)**

- Define differences between emergency resources and non-emergency resources.
- Identify local suicide prevention resources.
- Use mobile devices to explore designated suicide-related apps and websites.
- Discuss appropriate postvention resources/actions to be used in the event of a suicide or suicide attempt.

### **Conclusion: Review of Objectives (5 Minutes)**

- Review of learning objectives and training purpose
- Handout Certificate of Completion

## **Facilitating the Training**

Your job as a facilitator of the ACE-SI training is to guide participants in productive discussions that meet the objectives of the course. This is not meant to be a lecture or a “flip through the slides” presentation. This ACE-SI training is highly interactive and much of the content requires small-group exercises and discussions. This enables training participants to learn from each other and work together to solve complex challenges. There are no “right answers” for the exercises. As the training facilitator, make sure the discussion stays on track but do not act as the “sage on the stage” who provides all the answers.

You will notice that the slides that accompany the training have only a picture or a few words on them. This Handbook provides “Example Speaker’s Notes” that contain suggestions for how you can address each slide. DO NOT read the Example Speaker’s Notes verbatim. Review the Example Speaker’s Notes ahead of time to familiarize yourself with the content; during the actual training, use the bullet points to talk about the material in your own words.

In training with Active Component, National Guard, Army Reserve, Army Civilian, or Family member training participants, be sure that your statements and language are inclusive of all participants. Additional facilitation guidance, tips, and advice can be found in Appendix H of this ACE-SI Facilitator’s Handbook. Having all participants attend in civilian clothes is recommended. Other recommendations are listed below.

### **Facilitator “DOs”**

- Set aside personal opinions.
- Use appropriate terminology.
- Familiarize yourself with all content prior to facilitating.
- Speak in simple, direct language.
- Create an open and trusting atmosphere.
- Encourage all participants to participate.
- Ensure everyone is treated with respect.
- Listen to all comments, validate those that are good, and keep the discussion on track.
- Correct statements contrary to Army policy.
- Maintain a high energy level.
- Remain flexible.
- Manage your time.
- End on a positive note.

### **Facilitator “DON’Ts”**

- Let discussions ramble.
- Talk so much that it discourages group participation.
- Let misinformation go uncorrected.
- Be insensitive to the experiences of individuals in the class.
- Allow one or more people to dominate the training or the group.
- Allow any participant to belittle other participants, use disparaging or derogatory language, or perpetuate stigma.
- Lose sight of the objectives or control of the discussion.
- Lose control of time.



## **Preparing for the Training**

### **FACILITATORS**

The training is designed to be led by two facilitators. This allows more flexibility when facilitating small group exercises. Contact the unit/organization Suicide Prevention Program Manager (SPPM) to locate other ACE-SI certified facilitators available to co-facilitate.

NOTE: The Army G-1, Army Resiliency Directorate (ARD), Army Suicide Prevention Program, website: [www.preventsuicide.army.mil](http://www.preventsuicide.army.mil) has the most current version of the Handbook. Check the website for updates as soon as you are tasked to facilitate the ACE-SI training.

### **CLASS SIZE AND ROOM SET-UP**

The recommended minimum class size is 6 and the maximum class size is 30. If more than 30 people need to take the class, schedule two trainings and divide the participants. The classroom should be large enough to accommodate all of the required tables and chairs and a podium. The room should also have audio visual capability and equipment. We recommend a location near snacks or drinks for refreshment during breaks.

The classroom should be arranged so that the facilitators can easily walk around and engage each group as they conduct the exercises. Tables and chairs should be spaced so that groups are far enough apart as to not interfere with each other during the exercises, but positioned so all participants can view the slides and videos.

### **EXERCISES**

Rotate among the groups to answer questions. Ensure that the groups do not digress from the topic or disrupt other groups' progress. After the groups have discussed a question or completed an exercise, ask a group to report their results to the class; remaining groups report only "new" information. In later exercises, let a different group report first. This allows all groups to be heard, but will streamline and expedite the report-out process. After the report out, display slides and validate group answers, correct misinformation, and provide additional information.

### **THE "PARKING LOT"**

Use a whiteboard or note paper to record questions and discussion points that do not fit into the current discussion; let participants know they will be addressed in a later lesson. At the end of the training, address any "Parking Lot" items that have not been covered.

**EMERGENCY PLAN FOR CLASSROOM**

You may encounter potential “landmines” when conducting the training. You can expect the training participants to have some emotional impact from this training. Some of those participating in the training may have known of someone who made a suicide attempt or there may have been a suicide among Family, friends, or unit/organizations. Also, many of the issues discussed in the class may remind the training participants of emotional non-combat stress related events or a combat related event that may invoke some emotional response. It is required that you discuss this issue ahead of time with the SPPM and insure that you have a plan to manage a situation if one occurs during the four hours of training. This is not something to take lightly. Prior to the class, work with the local SPPM to identify an appropriate emergency back-up person (often a chaplain, chaplain’s assistant, or behavioral health counselor), get the person’s name and phone number, contact them yourself, and make sure that they can be on call on the day you intend to conduct the training.

The following is a checklist of important steps to take in the days before the training, on the day of the training, as the training participants arrive, and at the end of the training.

## **Training Preparation Checklists**

### **IN ADVANCE OF THE TRAINING**

Contact the unit/organization SPPM to coordinate a date, suitable location, participant names, and training aids for the training.

Obtain ACE tip cards from your SPPM to hand out during the training. They can also be ordered online through the Army Suicide Prevention Website located at [www.preventsuicide.army.mil](http://www.preventsuicide.army.mil). Click on "Training" in the left hand sidebar of the home page and follow the "Training Videos, Tip Card and more..." link.

Coordinate with the SPPM to contact the local unit/organization's chaplain, chaplain assistant, or a behavioral health counselor who will be "on call" during the training.

Coordinate with the SPPM to locate another ACE-SI trainer to be your co-facilitator.

The commander, XO, or representative is responsible for the following actions:

- Schedule dates for the training after consulting the appropriate command.
- Schedule training participants and provide you with a roster.
- Secure the location for training, and the suicide prevention posters (or other materials) for display.
- Secure the training aids noted in the latest version of ACE-SI on the [www.preventsuicide.army.mil](http://www.preventsuicide.army.mil) (Army Suicide Prevention Program) website.

The SPPM will provide you with a list of local resources, including phone numbers.

Secure pens/pencils and note taking material for the participants and a laser pointer.

Visit the scheduled room and check the following:

- Is the room large enough for 30 students, 2 trainers, and 3 guests (approximately 800 square feet)?
- Ensure that tables are moveable and that there are approximately 35 chairs.
- Is Computer Equipment available to project the slides and videos and are there sufficient outlets?
- Do a live test of the laptop, screen, projection, and audio.
- Get the name of the person to contact if there is a problem with the projection equipment.
- Is there a clock in the room? If not, be sure to bring a way to time the exercises and lessons.

Print one copy of the following for each training participant: the handouts in Appendix D (AC) or Appendix E (RC), the Course Completion Certificate in Appendix J, and the local resource list from the SPPM.

Print multiple copies (as needed) of the Sign-in Sheet (Appx. I).

Print one copy of the ACE-SI Facilitator's Handbook to use in conducting the training. Read the handbook and review the training methodology, the facilitation guidance, and Army policy and terms. Optional: print a copy of the slides with slide notes.

Review slides and videos, facilitation tips (pg.4), and Facilitators Best Practices (Appx. H).

Conduct a dry run of the training with your co-facilitator.

**ON THE DAY OF THE TRAINING**

Arrive early with this handbook, handouts, equipment, materials, and a timepiece.

Test the equipment to be sure the slides and videos are working properly.

Arrange the chairs and tables into small group work areas.

Put up suicide prevention posters/materials provided by the SPPM, if available.

Recheck your classroom emergency back-up (call Chaplain or other back-up to remind/confirm).

Use the sign-in sheet and write names on the ACE-SI Course Completion Certificates so they are ready to be handed out at the end of the training.

**AFTER THE TRAINING**

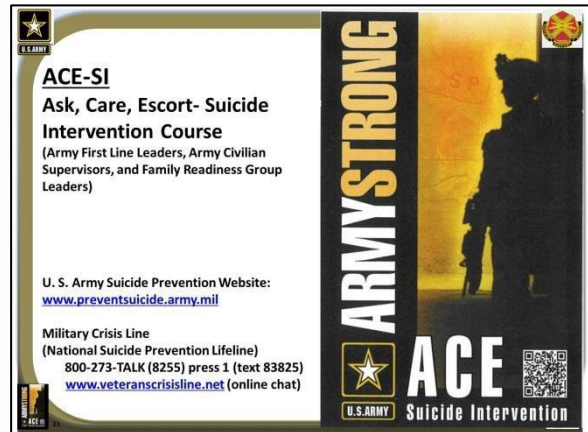
Congratulate the class and pass out the ACE-SI Course Completion Certificates.

Provide the sign-in sheet to the SPPM or unit training officer or NCO so that completion of the training requirement can be recorded in DTMS and the individual's training record.

## ACE-SI TRAINING

### Introduction (15 minutes)

# Slide 1: ACE-SI Training Introduction



**Directions:** Display slide as you discuss the following talking points. Look at the Example Speaker's Notes to see a suggestion of how to talk about this. Make sure everyone signs in.

#### Talking Points:

- Introduce yourself and the co-facilitator.
- Welcome participants, give name of training, housekeeping details.
- Ground Rules:
  - No one leaves without speaking to one of the facilitators first (You may need to make a call, take a bathroom break, or you may have a response to the training and need some time to collect your thoughts.)
- Everyone is expected to participate.
- Treat each other with respect and as equals.
- Be sensitive to the experiences of others in the class, and cultural diversity issues.
- Don't belittle other participants, use disparaging or derogatory language, or stigmatize others.
- Someone (*name person*) is standing by if you need to talk.
- Trainees introduce themselves.
- AR 600-63 states that ACE-SI is a 4-hour training module for military and civilian junior leaders and first-line supervisors, as determined by the unit commander. This is a one-time training requirement. The key learning objective is to train the skills required to intervene in a suicide situation.

### **Example Speaker's Notes:**

---

*Welcome to the Ask, Care, Escort—Suicide Intervention class for company-level junior leaders and first-line supervisors of Soldiers. Please sign in on the sign-in sheet; make sure your name and email address is legible.*

*My name is \_\_\_\_\_ and this is \_\_\_\_\_, the co-facilitator for today's training. (Each trainer gives a short bio.)*

#### **FACILITATOR NOTE:**

You may encounter potential "landmines" when conducting the training. You can expect the training participants to have some emotional impact from this training. Some of those participating in the training may have known of someone who made a suicide attempt or there may have been a suicide among Family, friends, or unit/organizations. Also, many of the issues discussed in the class may remind the training participants of emotional non-combat stress related events or a combat related event that may invoke some emotional response. It is required that you discuss this issue ahead of time with the SPPM and insure that you have a plan to manage a situation if one occurs during the four hours of training. This is not something to take lightly. Prior to the class, work with the local SPPM to identify an appropriate resource person (often a chaplain, chaplain's assistant, or behavioral health counselor), get the person's name and phone number, contact them yourself and make sure that they can be on call on the day you intend to conduct the training.

*The class will last for approximately four hours. There will be three 10 minute breaks. (Give locations of rest rooms or other details as needed.)*

*Please turn off the sound on your mobile devices or place on vibrate but keep them handy for use later in the class.*

*The subject matter of this class is suicide and how you as first line leaders can help to prevent suicides. Some of us in this class will know of someone who has attempted suicide or died by suicide. The kind of material we will cover and the discussions we have here may trigger memories or painful feelings about that.*

*No one may leave the training without speaking to one of the facilitators first. No matter if you need to leave for an important call, a restroom break, or because of the training content, speak with a facilitator. I also want to emphasize that if you need to talk to someone immediately, \_\_\_\_\_ (insert name and title of chaplain or counselor) is on call for us throughout the training and you can speak with them immediately.*

*Let me explain the other ground rules for this class. Everyone is expected to participate. We will all treat each other with respect and as equals. Be sensitive to the experiences of others in the class and cultural diversity issues. Don't belittle other participants, use disparaging or derogatory language, or stigmatize anyone.*

*Now we are going to go around the room and I want each one of you to take a few moments to introduce yourself; tell us your name and your unit or organization and your position.*

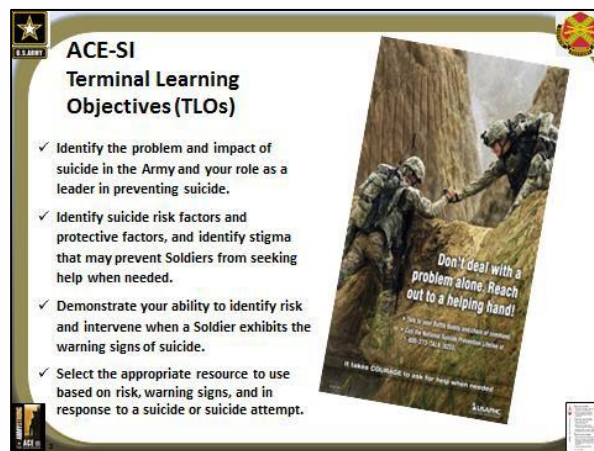
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# A

## Slide 2:

# ACE-SI Training

# TLOs

**Directions:** Display slide as you discuss the following talking points. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points:

- ACE-SI discusses in more depth risk factors, protective factors, warning signs, and stigma as it relates to suicide intervention than annual ACE training.
- This training is currently only required once in a Soldier's or Army Civilian's career.
- We will be using what you have learned in your annual ACE training today during this course.
- Please look at your ACE card that you have at your table and briefly go over Ask, Care, and Escort.
- ACE-SI helps you recognize risk factors, protective factors, warning signs, and stigma in Soldiers that you lead and serve with.
- ACE-SI encourages you to take action in reducing risk factors, increasing protective factors, decreasing stigma, and intervening when you recognize warning signs in Soldiers and Army Civilians.
- Make sure you know where to get help for your Soldiers and take early action to prevent Soldiers problems from developing into warning signs.
- The most at-risk demographic is young Soldiers—Currently Soldiers from 18 to 24.

### Example Speaker's Notes:

*This training is intended for junior leaders and military and Army Civilian first line supervisors of Soldiers. This training builds on and goes beyond the annual ACE training that all Soldiers take. Let me have a show of hands. How many of you had ACE within the last 12 months?*

*Look at the ACE card to review the steps of the ACE method of suicide prevention. ACE stands for ASK, CARE, ESCORT. ASK means that you calmly but directly ask whether a person is thinking of killing themselves. CARE means that you remove means of self-injury if you can safely do so; control the situation without force, and*

*actively listen to the person to convey your care and concern. ESCORT means you never leave the person alone but instead take them to the chaplain, behavioral health professional, or doctor.*

*First line leaders are positioned to help prevent suicides for the most at-risk demographic—Soldiers aged 18 to 24. ACE-SI goes into more depth to help you as a first line leader to prevent suicides; helping you to identify and talk about risk and stigma with your Soldiers; helping you recognize warning signs that can indicate immediate danger of suicide; giving you practice in how to intervene in a suicide situation; and making sure you know what resources are available and when to use them.*

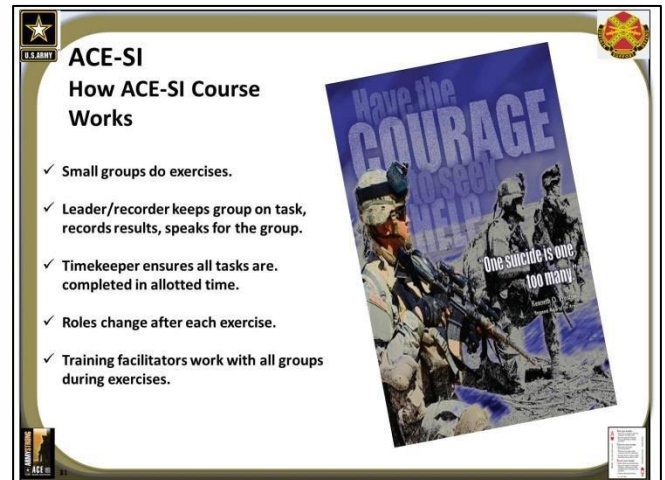
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## Slide 3: Course Structure



**Directions:** Display slide as you discuss the following talking points. Read the Example Speaker's Notes for ideas on how to talk about this. Have each group choose a leader/recorder and a timekeeper for the first exercise/discussion. Answer any questions.

### Talking Points:

- Most work will be done in small groups.
- Each group chooses leader/recorder and timekeeper for first exercise.
- Leader/recorder and timekeeper roles change after each exercise. The leader and timekeeper roles will change by rotating to the right within each group.
- Leader/recorder makes sure all participate, keeps team on task, and records bullets to share with other groups.
- Timekeeper makes sure all work gets done in allotted time.
- Facilitators will walk around during the exercises to work with the groups to facilitate discussion within the groups.
- Questions about how this will work?

### Example Speaker's Notes:

*I am not going to stand in front of you and "teach" you today. We are going to do exercises that will allow you to use knowledge that you already have, by virtue of your previous training and your experience as a leader, and apply that to the area of suicide prevention.*

*Most of our work today will be group exercises. I want each group, right now, to choose a person who will be the "timekeeper" and someone to be the "leader/recorder." The timekeeper will keep the discussion within the time allocated for each question or exercise so that there is time to complete all the tasks. The leader/recorder keeps the group on task, ensures that everyone participates, organizes the group to get the work done and keeps notes of decisions and the action to report to the other groups. After each exercise your group will choose a new leader/recorder and timekeeper.*

*For some exercises you will write bullets on the note paper that is on your table and for others you will record your answers on a Group Exercise Record Form. When time is up you can report out to the class as a whole.*

*Now, are there any questions about how this is going to work?*

---



## Lesson 1: Suicide's Impact and Your Role as Leaders (30 minutes)



### Slide 4: SMA Raymond Chandler Video



**Directions:** Play the video of Sergeant Major of the Army Raymond Chandler by clicking on the video embedded in the slide. After the video ends discuss the following talking points. Read the Example Speaker's Notes for ideas on how to talk about this.

#### Talking Points:

- SMA Chandler found that his service experience in Iraq impacted his family and his job performance, and therefore sought behavioral health help.
- It takes courage to ask for help.
- Army is working to remove the stigma related to Soldiers and Army Civilians seeking behavioral health assistance or other assistance with issues.
- Seeking help need not affect your career.
- Asking for help when it is needed can prevent suicide.

#### Example Speaker's Notes:

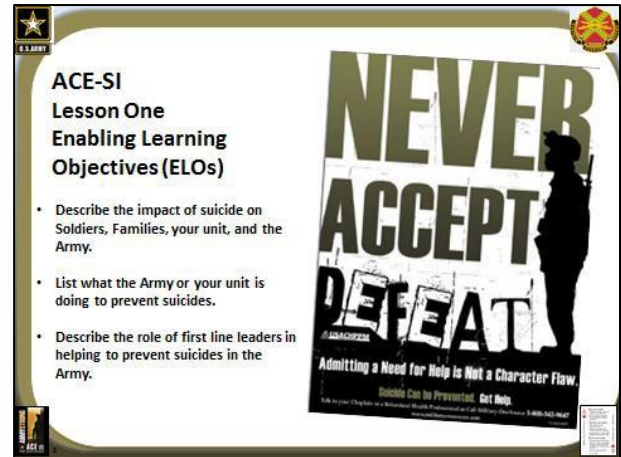
*When the SMA realized he had some issues after a deployment to Iraq, he sought help. It takes courage to ask for help. If people reach out for help when they need it, most suicides can be prevented.*

*As we talk about suicide today, one of the things to be mindful about is that there may be someone in this class right now who is the person who needs to reach out for help.*

*You may need help with a relationship problem, a work-related problem, a financial problem—you may just need to talk things over with someone—or you may have had thoughts about suicide. If you are that person, I encourage you to talk to me at the break or after the class. Or you can use the resources that we will talk about today to reach out to the chaplain or a counselor or the National Suicide Prevention Lifeline. There is help available for you. All you need to do is reach out. Your courage in reaching out for help or encouraging others to do so can make a difference and help prevent suicide.*

# A

## Slide 5: Enabling Learning Objectives (ELOs)



**Directions:** Direct attention to the learning objectives on the slide but do not read them.

### Talking Points:

- Impact of suicide.
- Army efforts to prevent suicide.
- First line leader's role.

### Example Speaker's Notes:

*To get us started we are going to work in our groups to explore the impact of suicide on individuals, units, and the Army.*

*We will identify some things that the Army and your unit are doing to prevent suicide.*

*Finally, we will talk about your first line leader role in preventing suicide.*





## Slide 6: Impact of Suicide (Exercise 1)

**ACE-SI**  
**Impact of Suicide**  
(Exercise 1, 5 min)

- 1) List three or more ways suicide affects Family members and friends of the person who died.
- 2) List at least three ways suicide impacts the mission and readiness of units.
- 3) List at least three ways suicide affects the effectiveness of fellow Soldiers?

**NEVER LET YOUR BUDDY FIGHT ALONE**  
Be Willing to Listen  
Not all Wounds are Visible  
Prevent Deaths  
It is your responsibility to get help for a fellow Soldier

**Directions:** Direct attention to the questions on slide. Verbally assign one of the questions to each small group. This is exercise 1. (Allow 5 minutes for the discussion then call on each group to provide their top 3 answers to the class.) Make notes on scratch paper. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points:

- Every suicide is a tragedy.
- Assign one question to each group.
- Give directions for discussing and then reporting.
- Discuss the key points from the Speaker's Notes when the groups brief their answers.
- Remind them of their roles.
- Use note paper to record your answers.

### Example Speaker's Notes:

*Every suicide is a tragedy. Perhaps the greatest impact of suicide is the effect it has on other people. For the Families and friends of a person who dies by suicide, for co-workers and leaders, every suicide leads to feelings of guilt, regret and deep sadness. We want to reduce or prevent suicide behaviors by making sure that an individual with suicidal thoughts gets help in time.*

*Suicide awareness and intervention training are part of the Army's on-going efforts to prevent suicide. Military and Army Civilian junior leaders and first line supervisors of Soldiers play a very important part in those prevention efforts, and that is why we are here today.*

*I am going to go around the room and assign one of the questions on the slide to each group.*

**Point to the groups, one at a time, and assign one of the questions on the slide. For example:**

*Group One, you will talk about the first question on the slide; Group Two, you will talk about the second question on the slide; etc.*



If you have fewer than three groups, you may assign two questions to some groups and allow a little more time for discussion.

*I want each group to take five minutes to talk about their question. Leaders, remember what your role is—keeping the discussion on track, letting everyone participate, and recording your answers. Make sure you record the three answers that your group thinks are the most important to report at the end of the five minutes. Timekeepers, make sure your group finishes the discussion within 5 minutes and is ready to report.*

#### **FACILITATOR NOTE:**

Questions may arise that you do not know the answer for. When this happens, just state that you do not know but you will find the answer and make sure it is provided to the person who asked the question. Make a note (use Parking Lot) of the question and the person who wants the information. Use the references and resources listed in this Training Guide to help you find the information. Contact the person with the answer.

Walk around the room and make sure the groups are all discussing their assigned question. After 5 minutes have passed, point to the first group and ask for their answers. Allow time for them to speak and then ask the other groups if they have other things to contribute about that question.

Allow time for other groups to give their answers and responses. Take time to allow for some discussion if needed.

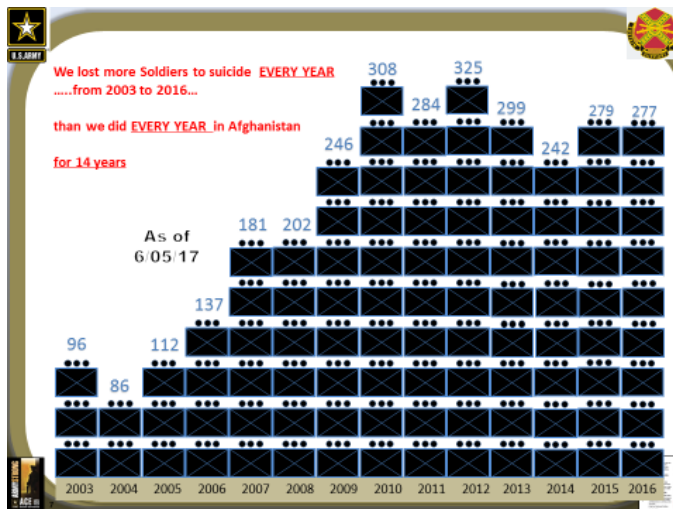
*Those were all great answers. Suicide impacts readiness, operational strength, Families and friends, unit or organizational climate, and morale.*

Keep in mind that the language you use in talking about suicide may create or reduce stigma. It is better to say “died by suicide” instead of “committed suicide” because the word “committed” implies a crime. In the same way, try not to use the words “suicidal person” because it labels the individual. Say instead, “a person with suicidal thoughts or ideas.”

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# Slide 7: Impact on Available Combat Power



**Directions:** Display slide as you discuss the following talking points. This slide may be briefed/discussed at this point in the class or after Slide Nine (9). It is up to the facilitator’s discretion on when to present this slide. Read the Example Speaker’s Notes for ideas on how to talk about this.

**Talking Points:**

- What operational impact does Suicide have on the Army?
- Allow time for answers from the class.
- Suicide has become our most deadly enemy.
- Suicide impacts Families, friends, co-workers, fellow Soldiers, units, leaders, morale, readiness, and the operational strength of the Army.
- From 2003 through 2016, the Army lost the equivalent of 96 platoons or 3+ Brigade Combat Teams (BCTs)
- We must fight suicide just as we fight any other enemy.

**Example Speaker’s Notes:**

*You talked in your groups about the operational impact of suicide. This slide graphically illustrates the impact of suicide losses from 2003 through the fourth quarter of 2016.*

*From 2003 through 2016, the Army lost the equivalent of over 96 Infantry Platoons to suicide. If all the suicide deaths in the Army were in one division, the losses over this 14 year period would equal the combat power of nearly 32 Infantry Companies, or 10 Infantry Battalions. That is 3+ Brigade Combat Teams.*

*A suicide in a unit or organization impacts their operational strength and also their morale and readiness.*

*The operational impact to the Army from suicide deaths is significant.*





## Slide 8: ACE-SI Preventing Suicide (Exercise 2)

**ACE-SI**  
**Preventing Suicide**  
(Exercise 2, 5 min)

- 1) Describe at least five efforts the Army is doing to promote suicide prevention.
- 2) Describe at least five efforts your unit is doing to promote suicide prevention.
- 3) Describe at least three things you as junior leaders and first line supervisors can do to prevent suicides, specifically in your unit or organization.

**Directions:** Direct attention to the questions on slide. Verbally assign one of the tasks to each small group. This is exercise 2. (Allow 5 minutes for the discussion then call on each group to provide their top five answers to the class.) Make notes on scratch paper. Read the Example Speaker's Notes for ideas on how to talk about this. Have the groups brief their top three answers and discuss those answers with the overall class.

### Talking Points:

- Each group will answer all one the questions.
- Assign one question to each group.
- Each group should record their answers for their assigned questions.
- Discuss the key points from the Speaker's Notes when the groups brief their answers.
- Provide any additional information that the groups miss.

### Example Speaker's Notes:

*Turn back to your groups now and I want each group to talk about all three of these questions:*

*What is the Army doing?*

*What is your unit or organization doing?*

*What role do first line leaders play in preventing suicide?*

*Take about 5 minutes (you know your roles) and come up with your top three answers for each one. The two things that you think are most important and have the most impact on preventing suicide.*

*At the end of five minutes ask for call outs from the entire class instead of having each group report.*

*Ok, let's hear from all of you—what are some things the Army is doing about this problem and that your unit or organization is doing locally for suicide prevention?*

*Allow time for some call out answers, and then ask for their responses to the other questions.*





Great! These are good answers. Of those things that have been named, what do all of you think is most important?

Use the Facilitator Note to supplement answers from the class.

### **FACILITATOR NOTE:**

Here are some things that the Army is doing. If these are not mentioned by the groups, you should state them.

1. Increased training to teach people how to recognize signs that people are in distress and may need help and also to teach individuals how to intervene.
2. Increased quantity, quality and access to resources for individuals who need help.
3. Efforts to 'normalize' help-seeking behavior and eliminate any stigma associated with seeking help.
4. Encouraging leaders (particularly junior leaders) to know their Soldiers so they can better recognize those who need help.
5. Embedding behavioral health personnel into military units (i.e., deployed combat units to help Soldiers cope with the stresses of war) and into medical facilities thus helping to emphasize that one's mental health is as important as one's physical health to overall well-being.
6. Mental health counseling and treatment, in and of itself, is NOT a reason to deny or revoke your security clearance.

*Training like ACE and ACE-SI play an important role in educating Soldiers and leaders and helping prevent suicide. You may already know that there is a version of ACE training designed specifically for Soldiers, one for leaders, one for Army Civilians and one for Family members. The ACE training for Army Civilians is also available on line.*

*Now tell me what role YOU play in suicide prevention? What things can junior leaders and first line supervisors of Soldiers do?*

Allow time for call outs from the groups.

After the call outs display the next slide.


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# A

## Slide 9: Role of Junior Leaders and First Line Supervisors of Soldiers

**ACE-SI**  
What can junior leaders and first line supervisors do to prevent suicide?



- Know your Soldiers so you know when behavior changes.
- Create a climate to encourage asking for help if needed.
- Encourage peer support (Battle Buddy).
- Help all your Soldiers integrate into the unit/organization.

**Directions:** Display slide as you discuss the following talking points. Read the Example Speaker's Notes for ideas on how to talk about this. This slide allows you to summarize most of the information that was discussed in the two previous exercises. The key point to emphasize is that preventive action of the front line leaders will help a Soldier or Army Civilian reduce risk factors and increase their coping skills (protective factors).

### Talking Points:

- First line leaders are closest to the 18-24 year olds who are most at-risk.
- You have to know your Soldiers to know when behavior has changed.
- Talking to your Soldiers routinely makes it easier to ask hard questions.
- Create a climate that encourages asking for help if you need it.
- Encourage unit members to watch out for each other.
- Help people who are isolated, new to the unit, or finding it hard to fit in.
- You as a first line leader need to assist and follow up with Soldiers in dealing with their work and personal stress issues.

### Example Speaker's Notes:

*You talked about many of these points. You are the leaders closest to the 18-24 year olds who are most at-risk. It is essential to get to know your Soldiers so you can recognize when they are behaving in a way that is not usual for them. A warning sign for suicide risk is a change in behavior. You can't recognize a change in behavior if you don't know what that person's normal behavior is like.*

*You play a big role in the command climate of your unit or organization. You do that by making sure, in your words, your own attitude, and your actions that you help create a climate where Soldiers feel that it is ok to ask for help. That includes getting help for yourself if you need to.*

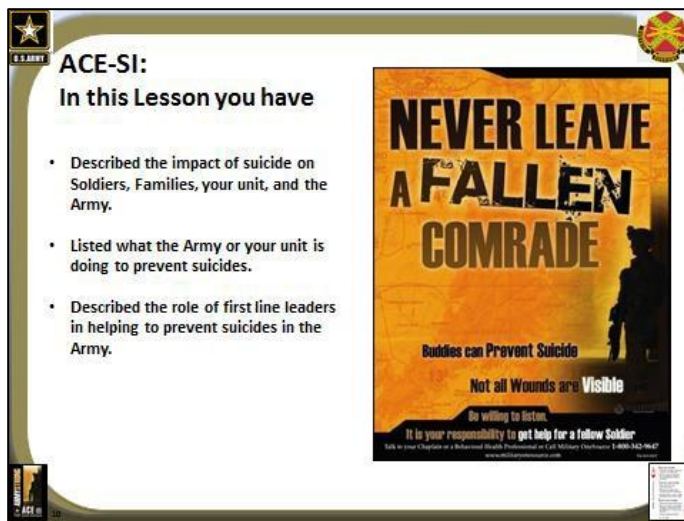
**A** You can also encourage Soldiers to watch out for and support each other and to let you know if they are concerned about a buddy. Watch over personnel who are new to your unit or organization or who look like they are not fitting in. Take some steps to help them fit in. Make sure they are not being made into the scapegoat when things go wrong, set apart, or ridiculed by others.

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# Slide 10: Lesson One Summary



**Directions:** Display slide and summarize what they have learned in this lesson.

**Talking Points:**

- Slide shows what we have done in this lesson.
- Any questions?

**Example Speaker's Notes:**

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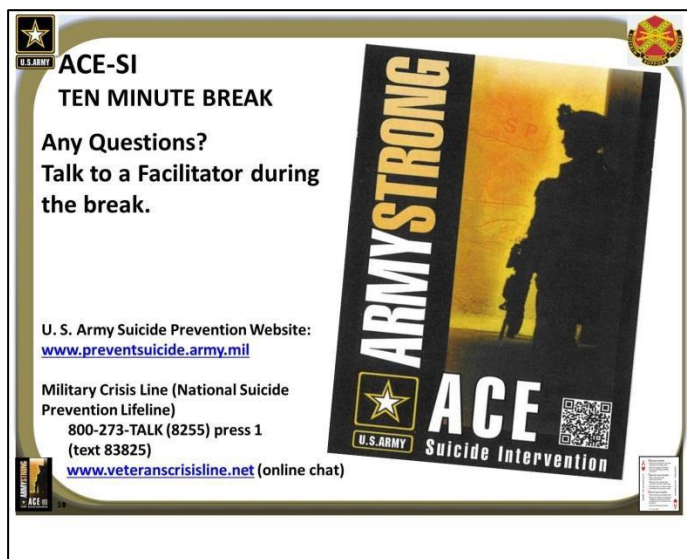
*In this lesson we discussed the impact of suicide on Soldiers, families, your organizations, and what the Army is doing to prevent suicides. We also emphasized the impact you have as a first line leader and your role in preventing suicides. It is important that you take action early to assist Soldiers in helping them solve their problems so that they do not become serious enough to create a situation where a Soldier or Army Civilian would consider suicide.*

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# Slide 11: Ten Minute Break



**Directions:** Give the training participants a 10 minute break; remind them of the time to return; state again that no one should completely leave the training without talking to one of the facilitators.

**Talking Points:**

- 10 minute break.
- Be back in the room by\_\_\_\_\_.
- Do not leave the training without talking to a facilitator.

**Example Speaker's Notes:**

*We will take a 10 minute break. Please be back in the room by\_\_\_\_\_. Remember that no one may permanently leave this training without talking with one of the facilitators first.*

*Thank you.*



## Lesson 2: Risk Factors, Protective Factors, and Stigma (60 minutes)

# Slide 12: Enabling Learning Objectives (ELOs)

**ACE-SI**  
**Lesson Two**  
**Enabling Learning Objectives (ELOs)**

- Identify protective factors that make it less likely a Soldier will die by suicide.
- Identify risk factors that may increase the likelihood of suicide for an individual.
- Identify stigma that may increase the likelihood that a Soldier or Army Civilian will not seek help.
- Demonstrate an understanding of risk and protective factors, warning signs, and stigma.

**Directions:** Ask each group to select a new leader/recorder and a new timekeeper. Direct attention to the words on the slide but do not read them. Point out the handout pages that give the definitions for “Risk Factors,” “Protective Factors,” “Warning Signs,” and “Stigma.”

### Talking Points:

- Please look at the learning objectives on the slide.
- For Lesson 2 we will be working in our groups.
- Each group should select a new leader/recorder and a new timekeeper now.
- Note the definitions of risk and protective factors, stigma, and warning signs in the handouts.
- Warning signs, risk factors and protective factors apply to Soldiers, Army Civilians and Family members.

### Example Speaker's Notes:

*During this lesson we are going to work in our groups in order to identify some risk and protective factors, learn to recognize stigma and ways that stigma can be combatted, and understand more about warning signs and what action a warning sign should trigger.*

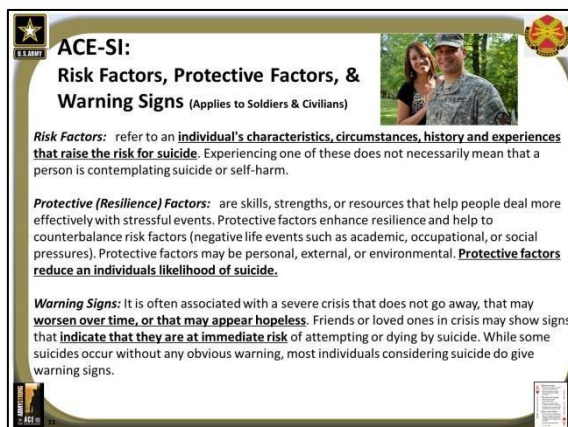
*Each group should take a minute right now to choose a new leader/recorder and a new timekeeper. Everyone will have had a chance to act as leader or timekeeper by the end of the training.*

*Take a look at the definitions pages on the handouts you received.*

*These are the definitions of risk factors, protective factors, stigma, and warning signs. You may want to refer to these during the exercise. And remember, the warning signs, risk factors and protective factors apply to Soldiers, Army Civilians, and Family members. They apply to everyone.*

# A

## Slide 13: Risk Factors, Protective Factors, & Warning Signs



**Directions:** Before displaying slide, ask for call outs from all the groups on what they believe a risk factor, protective factor, and warning sign is. Point out the definitions on the slide and in the handouts. These definitions should be used in the exercises as needed.

### Talking Points:

- Definitions on screen and in handouts.
- Risk and Warning signs may sometimes overlap but warning signs indicate imminent danger of suicide.
- The exercise will give you practice identifying these.
- Everyone has risk in their lives, but not everyone will think about suicide.
- Warning signs, risk factors and protective factors apply to Soldiers, Army Civilians and Family members.

### Example Speaker's Notes:

*Before we do the exercise, let's talk for a few minutes about protective and risk factors and warning signs. In the simplest terms, protective factors are characteristics that make it less likely that individuals will consider, attempt, or die by suicide. They enhance a person's resilience (the ability to bounce back and recover from adversity) and may counterbalance risk factors. People with strong protective factors have sources of support, connection with others, and stress reduction during difficult times.*

*Risk factors are characteristics that may put people more at risk of considering, attempting, or dying by suicide. They do not cause suicide and do not always result in suicide. Most people have some risk factors in their lives, but most do not consider, attempt or die by suicide.*

*Warning signs indicate an immediate risk of suicide in the near term. While some suicides occur without any obvious warning, most individuals considering suicide do give warning signs. If we can recognize these signs, we can intervene to prevent a suicide. Protective and risk factors and warning signs apply to Soldiers, Army Civilians, Family members and the general population.*



# A

## Slide 14: Examples of Risk Factors & Protective Factors

**ACE-SI:**  
**Examples of Risk Factors & Protective Factors**

**Risk Factors**

- Failed relationship
- Family history of suicide
- Prior suicide attempt
- Mood disorders
- Drug/Alcohol abuse
- Access to lethal means
- Financial stress
- Legal (UCMJ/Non-Judicial) issues

**Protective Factors**

- Connectedness (Family, friends, organization)
- Faith
- Availability of physical & behavioral health care
- Coping ability
- Participation in unit/group activities
- Help seeking behavior

**Directions:** While displaying slide, briefly discuss the various examples as they relate to the definitions given previously. If time permits, discuss the examples with the class by asking one or more of the groups if they have anything to add or if they have questions.

### Talking Points:

- They have the definitions in their handouts for Risk Factors and Protective Factors.
- Any disagreement about what is or is not a risk factor or protective factor?
- Look at the definitions if necessary.
- Everyone has risk in their lives, but not everyone will think about suicide.
- Use the definitions and these examples to assist you in the upcoming exercises.
- Point out that warning signs, risk factors and protective factors are the same for Soldiers, Army Civilians and Family members.

### Example Speaker's Notes:

*Strengthening your protective factors and those of your Soldiers is one way that you as leaders can help prevent suicides.*

*First line leaders can demonstrate and encourage healthy habits like not drinking excessively, getting plenty of exercise and rest, eating properly. They can also promote unit or organizational recreational activities that get everyone out and participating and gives them a chance to make friendships that can help them in times of stress.*



**FACILITATOR NOTE:**

Examples of protective factors:

- Attend life skills or related training.
- Seek out a mentor in which to confide.
- Actively and frequently participate in unit activities.
- Join social support groups, faith-based organizations, and self-help groups.
- Recognize, accept, and face fears.
- Nurture good relationships with Family and close friends, which may include counseling.
- Learn to regulate emotions and avoid impulsive behavior.
- Maintain a realistic optimism and belief in the ability to survive and function as a good Soldier.
- Recognize that no one has the resources to manage all personal problems alone. Practice help-seeking behavior as a sign of strength.
- Commit to practices that maintain good physical and behavioral health.
- Avoid isolation when faced with stressors.
- Develop and maintain spiritual fitness.

(Source: DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention)

Now let's talk about risk factors.

*Risk factors are things that may increase the risk for suicide. But having a risk factor does not mean that a person will die by suicide. In fact, all of us in this room have risk factors all the time. Most of us have experienced a loss; most of us have had financial worries at some time in our lives. And certainly all of us have had relationship problems at some point!*

*Sometimes risk factors build up or they may just hit a person at a particularly susceptible time. When we have risk factors in our own lives or see them in someone's life, it keys us to be vigilant—to ask for help if we are the one who needs it. And to help others get help if they need it. Some risk factors, like PTSD or a family member who died by suicide, are outside our control. Others we can control.*

**FACILITATOR NOTE:**

Examples of risk factors:

- Failed intimate relationship or relationship strain.
- Previous suicide attempts.
- Family history of suicide, suicide attempts, depression, or other psychiatric illness.
- Depression and/or history of PTSD or other behavioral health illness.
- Significant loss (death of loved one, loss due to natural disasters and so on).
- Poor social skills, to include difficulty interacting with others (social isolation).
- Drug or alcohol abuse.
- Violence in the home or social environment.
- Access to means of suicide (particularly, handguns in the home).
- Current and/or pending disciplinary or legal actions (Article 15, UCMJ).
- Serious medical problems or physical illness.
- Work-related problems.
- Excessive debt.
- Severe, prolonged, and/or perceived unmanageable stress.

(Source: DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention)

*Here on the slide are some other risk factors that you may see in yourself or your own Soldiers. Take a look at the slide. And look again at the definitions on your handouts.*

*What can a first line leader do to help when he or she sees that one of their Soldiers is dealing with a lot of risk factors in their life or has had a sudden setback of some kind?*

Allow time for answers. See Facilitator Note for some suggestions you can provide if the groups do not provide them.

### **FACILITATOR NOTE:**

Some ideas that you can offer if they do not come up in the discussion: "Talk directly to the person about the stress they are experiencing." "Offer practical help and advice if you are able to do so." "Offer to set up an appointment for them to talk to a financial counselor, a chaplain, a family advocacy person, or other as indicated." (Better yet, go with them!) "Stay vigilant and follow up to see how things are going."

One important way to help lessen risk is to increase protective factors. First line leaders can encourage healthy habits like not drinking excessively, getting plenty of exercise and rest, eating properly. They can also promote unit or organizational recreational activities that get everyone out and participating and gives them a chance to make friendships that can help them in times of stress.

### **FACILITATOR NOTE:**

For your background information and any questions that may arise:

Post-traumatic stress (PTS) and its associated disorder (PTSD) are important health concerns for Soldiers and the Army as a whole. PTSD is an anxiety disorder that can occur after experiencing a traumatic event. Anyone who has gone through a life-threatening event can develop PTSD. These events can include combat or military exposure, sexual or physical abuse, terrorist attacks and natural disasters. (Source: Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury.)

Post-Traumatic Stress (PTS) is the normal reaction to extraordinary circumstances. Post-Traumatic Stress Disorder (PTSD) is the medical condition that develops when PTS adversely impacts normal activities of one's daily life. PTSD decreases marital satisfaction, exacerbates depression and may be related to other behavioral health problems and high risk behavior. PTSD requires medical intervention. Research indicates that when untreated, PTSD greatly increases the risk of suicidal behavior. PTSD diagnoses have been steadily increasing in the Army over the past seven years. For these reasons, the Army's objective is to prevent PTS from becoming PTSD. (HPRRSP Report 2010)

**FACILITATOR NOTE:**

The Army Study To Assess Risk and Resilience in Service members (Army STARRS) found that “Elevated risk of suicide is associated with a Soldier's first deployment. Multiple deployments don't seem to raise the risk but there is a statistically significant rise in suicides following initial deployments.”

Also, analyzing the Total Army Injury and Health Outcomes Database, or TAIHOD, from Soldiers who served between 2004 and 2009, Army STARRS researchers found the following:

- One preliminary finding was that female Soldiers were three times more likely to attempt suicide when deployed than when at home station.
- Another was that married Soldiers were less at risk to die by suicide when deployed than their single counterparts.

(Source: Army News Service, Sept. 9, 2013)





## Slide 15: Stigma

**ACE-SI:**  
**Stigma** (Applies to Soldiers and Civilians)

**Stigma:**

- The perception among leaders and Soldiers that help-seeking behavior will either be detrimental to their career (e.g. prejudicial to promotion or selection to leadership positions) or that it will reduce their social status among their peers.

**Actions that can result from or cause stigma:**

- Excluding people (avoiding them)/isolating people (shunning them or omitting them from group activities).
- Laughing at people.
- Picking on people or making them scapegoats for the group.

**Directions:** Display this slide and discuss the definition of Stigma and actions that can result from or cause stigma. Use your Example Speaker's Notes for ideas.

### Talking Points:

- Think about stigma that you may have encountered or seen in the past.
- How should a leader respond to stigma?
- It takes courage to ask for help.
- Remember the SMA's video.

### Example Speaker's Notes:

*Ok, now let's talk about stigma. Look at the definition of stigma on your handouts and review the slide. Remember, people may fear that if they admit to or get help for depression, anxiety, PTSD, etc., their unit leadership or fellow Soldiers might treat them differently or see them as weak. They may also believe that asking for help will impact their career.*

*Now, the million dollar question: You are a first line leader in a unit. What is your responsibility? Should you do something about stigma?*

Allow time for one or two answers or discussion.

*A first line leader has a very important role to play in stigma reduction. It may be up to you to recognize when someone is being stigmatized.*

*Some examples would be someone who is being teased too much; being made the butt of jokes or the scapegoat when things go wrong; being bullied. First line leaders are in a position to see all these things and to put a stop to them. You do that partly by contributing to the kind of climate in your unit and organization that ensures fair treatment for all, gives recognition and praise for good work, and treats everyone with dignity, even when reprimanding them.*

*You also have to show in your own behavior and in what you say, publicly and privately, that you as a leader support people asking for help and getting help when it is needed. Your behavior and attitude are a powerful example for your Soldiers.*

*Remember the video that we saw at the beginning of this training. We saw Sergeant Major of the Army Raymond Chandler talking about his own struggles and how he got help. It takes a lot of courage to fight against stigma. We have to overcome our own fear of "looking weak" or of impacts to our career in order to ask for help when we need it.*

### **FACILITATOR NOTE:**

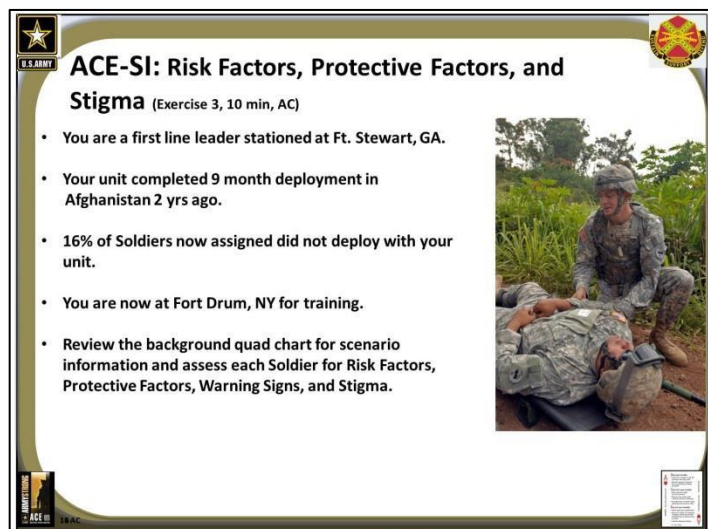
Examples of leader actions to reduce stigma:

- Seeking help when needed.
- Eliminating policies that discriminate against Soldiers who receive behavioral health or other forms of counseling.
- Supporting confidentiality between the Soldier and his or her behavioral health care provider.
- Removing organizational barriers to help-seeking behaviors.
- Cultivating supportive climates.
- Knowing resources and making appropriate referrals when necessary.
- Establishing zero-tolerance policies toward bullying, hazing, belittling, discrimination, and other behaviors that adversely impact good order and discipline.
- Educating all Soldiers, Family members, and Army Civilians about anxiety, stress, depression, Post Traumatic Stress Disorder (PTSD), and treatment.
- Increasing behavioral health visibility and presence in Soldier areas.
- Encouraging help from behavioral health providers that precludes treatment, similar to critical incident stress debriefings.
- Reinforcing the power of the buddy system as a support system in times of crisis.
- Educating leaders regarding Army policy that prohibits belittling Soldiers for seeking behavioral healthcare.
- Normalizing healthy help-seeking behavior through an aggressive strategic communications plan.
- Reinforcing Army Values.

(Source: DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention)

# A

## Slide 16: Risk Factors, Protective Factors, and Stigma (Exercise 3)



**ACE-SI: Risk Factors, Protective Factors, and Stigma** (Exercise 3, 10 min, AC)

- You are a first line leader stationed at Ft. Stewart, GA.
- Your unit completed 9 month deployment in Afghanistan 2 yrs ago.
- 16% of Soldiers now assigned did not deploy with your unit.
- You are now at Fort Drum, NY for training.
- Review the background quad chart for scenario information and assess each Soldier for Risk Factors, Protective Factors, Warning Signs, and Stigma.

**Directions:** The purpose of this exercise is to get everyone familiar with the fictionalized characters in the scenario and their background. Describe the information on the slide to the trainees then tell them to look in their handouts for Exercise 3 and review the quad chart to identify Risk Factors, Protective Factors, Warnings Signs, and Stigma. Use the Active component (AC) slide and handouts (Appendix D has AC handouts) for predominantly active component students, and the RC slide and handouts for Reserve/National Guard component students (Appendix E contains the RC handouts). Direct everyone to begin work, but remind them that this is an individual exercise. Then select some individuals from the groups to report out on the three soldiers and have a brief discussion.

### **FACILITATOR NOTE:**

There's a hidden Reserve Component slide in the slide deck that replaces this slide for RC classes.

### **Talking Points:**

- Read the paragraph that sets the scene.
- Each individual within each group will read the entire Exercise 3 Quad Chart so that they are familiar with all the characters.
- Every individual in each group will execute a detailed review of each character in the exercise and mark up their Quad Chart.
- Point out that protective factors, risk factors and warning signs are the same for Soldiers, Army Civilians and Family members.
- You have 5 minutes to conduct this exercise before reporting out your findings.
- Groups should begin work now.

### **Example Speaker's Notes:**

*We are now going to begin Exercise 3. Each individual within group will read the entire Exercise 3 Quad Chart so that they are familiar with all the characters in this scenario and the following scenarios which build upon this exercise. You will assess each character on the Quad Chart to determine if they have any protective factors,*

*risk factors, warning signs and/or stigma. Please mark your assessment on the Quad Chart itself so that you can discuss your findings with your group and the class. You will have five minutes to conduct your quick assessment and then we will discuss each of these Soldiers situations, risk factors, protective factors, stigma, and warning signs (if any) with the entire class.*

**FACILITATOR NOTE:**

There is a copy of Active Component Exercise 3 on the next page of this Facilitator's Handbook. **If you are teaching a primarily Reserve Component group, use the exercises in Appendix E handouts instead of the AC exercises.**

There may be several effective answers for this exercise and the follow on exercises. The "recommended" course of action for each of the exercises will depend on the group's interpretation of the information that is available to them at that time. AC exercise handouts are in Appendix D. RC exercise handouts are in Appendix E. Example solution sets for AC exercises are provided in Appendix F and example solutions sets for RC exercises are in Appendix G. Do not read the solution sets to the class; they are provided as examples for your reference only in facilitating the discussions.

The objective is that the training participants engage in active discussion; think through how to identify and assess risk; formulate and practice ways to communicate that will provide them with more information; and analyze options on what action to take.

Exhibit the next slide providing definitions so that the training participants can use the definitions while working on the exercise.

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### ***Introduction to the characters: Exercise 3***

<p><b>EXERCISE 3 – YOU AND YOUR UNIT:</b> You are a first line leader in a Brigade Combat Team (BCT) stationed at Ft Stewart, GA. Your unit deployed 9 months to Afghanistan nearly two years ago. About 16% of your Soldiers now assigned did not deploy with you. LT Coleman is your Platoon Leader; you deployed together and value her advice. She is a squared away fast-tracking leader who is well respected in the unit, soon to be CPT. Your unit is slated for a future deployment rotation to South Korea and is now at Ft Drum for a Mission Readiness Exercise (MRE).</p>	<p><b>SPC Andrew Brooks:</b> 26 years old, married, from Tuscaloosa, Alabama; lives in off-post housing. 2 years, 10 months of service; he served one tour in Afghanistan with another unit (an Engineer Route Clearance Company) as a vehicle operator. They were hit with IEDs (Improvised Explosive Devices) on five convoys; two were very close to him. He seems likeable and has close friends in the unit. He mentions he met his wife through an internet chat room after his return from Afghanistan, and they dated for three weeks before they got married. Rumor is that SPC Brooks' wife is jealous of all his friends. Before he was married, SPC Brooks was very outgoing; he used to joke all the time and he loved grilling at his house for his friends, but now he doesn't smile or talk as much and does not go out with his friends.</p>
<p><b>PFC Mike Anderson:</b> 20 years old, single, from Syracuse, New York; lives in post barracks. Has 1 year, 10 months of service, but no deployment experience. He seems quiet and socially awkward. Last time you spoke with PFC Anderson, he said he liked the post, but didn't much like military life. You've noticed he appears proficient in his MOS (92F, Petroleum Supply Specialist), takes pride in his work, and is above average in physical fitness. He is a gamer and has invested lots in his gear. He mentioned he misses going to church with his sister, Valerie. PFC Anderson seems to stay to himself most of the time. A peer of yours told you that PFC Anderson said he misses deer hunting with his uncle; and that he has a nice rifle back at home.</p>	<p><b>LT Elizabeth Coleman:</b> 26 years old, married, from Madison, Wisconsin. Lives with her husband and 5 year old son off post. Has 3 years, 11 months of service. During her last deployment as platoon leader, her platoon was hit three times by IEDs. Diagnosed with PTSD and depression, prescribed medication, attended counseling for depression. A week before your MRE, LT Coleman said she has a pistol at home and likes to target shoot with her husband. They also are planning and coordinating a big family trip and extended family reunion at Disney World to celebrate her parents' 25<sup>th</sup> wedding anniversary as a surprise gift.</p>







# Slide 17: Definitions

**ACE-SI:**  
**Risk Factors, Protective Factors, & Warning Signs** (Applies to Soldiers & Civilians)

**Risk Factors:** refer to an individual's characteristics, circumstances, history and experiences that raise the risk for suicide. Experiencing one of these does not necessarily mean that a person is contemplating suicide or self-harm.

**Protective (Resilience) Factors:** are skills, strengths, or resources that help people deal more effectively with stressful events. Protective factors enhance resilience and help to counterbalance risk factors (negative life events such as academic, occupational, or social pressures). Protective factors may be personal, external, or environmental. **Protective factors reduce an individual's likelihood of suicide.**

**Warning Sign:** It is often associated with a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show signs that indicate that they are at immediate risk of attempting or dying by suicide. While some suicides occur without any obvious warning, most individuals considering suicide do give warning signs.

**Directions:** Display this slide while the training participants are working on Exercise 3. Point out that the definitions are also in the handouts that they received for use in the course.

### Talking Points:

- These definitions are provided for your review while working on the Exercise.
- Remember you have the definitions of risk factors, protective factors, stigma, and warning signs in your handouts.

### Example Speaker's Notes:

*This slide is provided for your reference during Exercise 3 to assist you in your review of the three Soldiers on the Quad chart. The definitions for risk factors, protective factors, and warnings signs are in the handouts for your use too. Go ahead and begin the exercise and upon completion of your review we will discuss the three Soldiers and whether they have any risk factors and protective factors, indications that they are experiencing stigma, or whether they are exhibiting any warning signs.*





## Slide 18: Group Exercise Record Form

ACE-SI Group Exercise Record Form		
	Character Name: _____	Group Name: _____
	Date: _____	
	Exercise 04	Exercise 05
ACE-SI Group Exercise Record Form		
Protective Factors		
Risk Factors		
Warning Signs		
Stigma Issues		
Leader/Actors: your assessment, COAs, and resources		

**Directions:** Explain the Group Exercise Record Form using the talking points to describe how it will be used for Exercises 4, and 5.

### Talking Points:

- In Exercise 4 and 5 you will become more familiar with the three fictionalized characters that are a part of a unit and you will use this form to record your assessment.
- Your role is as a first line leader in the unit with those soldiers.
- You will organize your group so that 2 to 3 members of your group will focus on each soldier, but each member of the group will read the entire exercise to be familiar with each soldier.
- Read the exercises
- Talk to each other to come up with answers to the questions on the form.
- There are no “right” and “wrong” answers.
- Select a new Leaders/recorder—each (2-3 person) sub-group will record their answers on the Group Exercise Record form.
- Select a new Timekeeper; keep your group on task to be ready to report out in the time allotted for each exercise.

### Example Speaker's Notes:

*For Exercise 4 and 5, each of you will play the role of a first line leader of a fictionalized unit. If you are assigned to one of the LT's, you will be the Platoon Sergeant. You will get information about three characters. Names and situations are fictionalized, but most of the facts about the character's lives are taken from several case studies about real Soldiers' lives.*

*You will divide your groups so that designated teams within your group follow one of the Soldiers and report findings to the rest of your group.*

*Before you begin, look at the form on the screen and in your handouts. Each group will complete one form per character. You will identify protective factors and risk factors in each of the three character's lives. You will look to see if stigma is affecting any of them; and you will look for possible warning signs that they are thinking about suicide. Look at your handout definitions again.*

*Within your character subgroup talk about how each character is doing and decide, as a first line leader, what leadership actions you need to take to assist the Soldier and record these in the Leader's Actions part of the form. There are no "right" or "wrong" answers, but be prepared to defend your answers. Questions?*

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# Slide 19: Risk Factors, Protective Factors, and Stigma (Exercise 4)

**ACE-SI: Risk Factors, Protective Factors, and Stigma** (Exercise 4, 15 min, AC)

- You are a first line leader & stationed at Ft. Stewart, GA.
- Completed 9 month deployment in Afghanistan 2 yrs ago.
- At a Winter Mission Readiness Exercise (MRE) at Ft Drum, NY.
- Your unit was slated for a future deployment rotation to South Korea and is now at Ft Drum for a MRE.
- Your Platoon Leader is well respected by the Battalion Commander. She has deployment experience as well and you value her advice.
- Morale improving except for a couple of Soldiers.

**Directions:** Describe the information on the slide to the students then tell them to look in their handouts for Exercise 4 and the Group Record Exercise Form. Direct the groups to begin work. Use the Active component (AC) slide for predominantly active component students and the RC slide for Reserve/National Guard component students (Appendix E has RC material handouts). Mention during the out brief discussion concerning the Platoon Leader that training participants need look at what their actions would be if they were the Platoon Sergeant.

### **FACILITATOR NOTE:**

There's a hidden Reserve Component slide in the slide deck that replaces this slide for RC classes.

### **Talking Points:**

- Describe the bullet points on the slide that sets the scene, and have the students read the paragraph on the Quad chart.
- The group will read the entire exercise scenario so that they are familiar with all the characters.
- Each group will break up so that two to three group members are assigned to execute a detailed review of each character in the exercise and record their findings on the Group Exercise Record form.
- Point out that warning signs, risk factors and protective factors are the same for Soldiers, Army Civilians and Family members.
- You have 15 minutes to conduct this exercise.
- Groups should begin work now.

### ***Example Speaker's Notes:***

#### **FACILITATOR NOTE:**

There is a copy of Active Component Exercise 4 and a completed sample of the Group Exercise Record form for one of the characters (PFC Anderson) showing exercises 4 and 5 on the next pages of this Facilitator's Handbook.

There may be several effective answers for these exercises and the follow on exercise. The "recommended" course of action for each of the exercises will depend on the group's interpretation of the information that is available to them at that time. AC exercise handouts are in Appendix D. RC exercise handouts are in Appendix E. Example solution sets for all AC exercises are provided in Appendix F and example solutions sets for all RC exercises are in Appendix G. Do not read the solution sets to the training participants; they are provided as examples for your reference only in facilitating the discussions.

**FACILITATOR NOTE CONTINUED:**

The objective is that the training participants engage in active discussion; think through how to identify and assess risk; formulate and practice ways to communicate that will provide them with more information; and analyze options on what action to take.



**Exercise 4 Scenario:**

<p><b>EXERCISE 4 – FT DRUM MRE:</b>                  Your unit is now in week 2 of a Winter MRE at Ft Drum, NY. The weather has been very cold and most of the unit has never seen so much snow. The MRE has been challenging .....weather..... maintenance issues ....inexperience ....higher level staff mistakes.... but after some internal adjustments, your unit is beginning to operate to standards. Morale is improving except for a couple Soldiers—Anderson and Brooks. The MRE is ramping up intensity and your unit will undergo a night platoon live fire exercise in 72 hours, but today your unit is concentrating on convoy operations. Your convoy is to depart at 0500, and you discover at 2000 that several vehicles are not topped off.</p>	<p><b>SPC Brooks:</b> During your convoy training your unit is hit by OPFOR (Opposing Forces) using small arms blank ammunition and artillery simulators ... your unit responds well to the attack. During the AAR (After Action Review) you see Brooks outside the AAR circle facing away, on a knee with his helmet off, holding his head in his hands. A Soldier tells him to be strong..."Brooks, Suck It Up!" As you approach him, he appears really shaken up. When you ask if he's ok, he says he can't explain what happened when the artillery simulators went off. As you continue talking Brooks surprises you by saying his wife is asking for a divorce.</p>
<p><b>PFC Anderson:</b> Anderson is supposed to open the fuel point at 0400. You stop at the fuel point at 0430 and no one is manning it. You see Anderson running to the fuel point. He has not shaved and appears not to have bathed in a few days. As he sets up the fuel point you explain the importance of fueling the vehicles on time. He makes a comment bordering on disrespect. After squaring him away, you explain what you expect in field hygiene. The next morning he has the fuel point open early and his appearance is improved, but he is very quiet, even for him. When you ask if he's ok, he hesitates in responding, saying he shouldn't bother you with his problems. After you reassure him, he tells you his stepmother took most of his money from his bank account; since he's so close to home he asks to go take care of this problem. He tells you he is meeting the chaplain tonight.</p>	<p><b>LT Coleman:</b> Her leadership has noticeably improved the unit's readiness during the MRE. However she believes we shouldn't encourage Soldiers to talk about their personal issues or seek help outside the unit. She believes their careers will suffer if referred to counseling. The 1SG has been talking about the number of Soldiers returning to the rear for "emotional" reasons. She has decided to discontinue her counseling for fear of her own career. She says "We've been through this together and we can handle problems on our own." She tells you on her last deployment she discovered her husband was running up credit cards because of financial problems after he was forced to go to a part time status at work..... due to her deployment.</p>

Display the next slide as groups begin work on Exercise 4.



**SAMPLE Group Exercise Record Form for Facilitator Use Only**

*(Ask groups to discuss the characters and thoughtfully consider answers; groups should be able to explain their choices and courses of action. Answers may vary. The solution/discussion form for each Soldier is in Appendix F (AC) and G (RC))*

Character Name: PFC Mike Anderson Date: \_\_\_\_\_ Group Name: \_\_\_\_\_

	<b>Exercise #4</b>	<b>Exercise #5</b>
<b>Protective Factors</b>	<ul style="list-style-type: none"> <li>• Sense of belonging. (Likes his post.)</li> <li>• Maintain good behavioral health. (Likes gaming.)</li> <li>• Maintain good physical health. (Likes physical fitness.)</li> <li>• Nurture good relationships. (Close to his sister and likes hunting with his uncle.)</li> <li>• Seek counseling and practice help-seeking. (Planned a meeting with the Chaplain.)</li> <li>• Sense of belonging, self-worth. (Proficient in his MOS.)</li> <li>• Poor social skills. (Socially awkward.)</li> </ul>	<ul style="list-style-type: none"> <li>• Seek counseling and practice help-seeking; develop and maintain spiritual fitness. (Meets regularly with Battalion Chaplain.)</li> <li>• Nurture good relationships. (Close to his sister and uncle.)</li> <li>• Significant loss. (Death of his brother.)</li> </ul>
<b>Risk Factors</b>	<ul style="list-style-type: none"> <li>• Potential social isolation. (Likes gaming.)</li> <li>• Possible depression. (Stopped shaving and bathing for a few days.)</li> <li>• Work-related issues. (Late for work, disrespectful.)</li> <li>• Relationship strain, financial problem, severe stress. (His stepmother took most of his money without permission.)</li> <li>• Access to means of suicide—at home. (Rifle at home.)</li> <li>• Noticeable change in personal hygiene. (Stopped shaving and bathing for a few days.)</li> </ul>	<ul style="list-style-type: none"> <li>• Relationship strain, financial problem, severe stress. (His mother is still taking his money.)</li> <li>• Poor social skills, violence in the social environment. (Fighting with roommates.)</li> <li>• Relationship strain; loss of outlet to share feelings. (His sister is no longer talking about their brother’s death, and she ‘acted like a complete freak.’)</li> <li>• Giving away prized possessions (his motorcycle).</li> </ul>
<b>Warning Signs of Imminent Suicide</b>	<ul style="list-style-type: none"> <li>• Discuss in class: Is this a possible warning sign?</li> <li>• No other warning signs of imminent suicide.</li> <li>• Doesn’t want to bother anyone with his problems—the chaplain and others within his chain of command should reinforce with him that his mental health issues are not “problems” to the Army. The Army wants to provide as much support as possible to improve individuals’ physical and mental well-being.</li> </ul>	<ul style="list-style-type: none"> <li>• Expressing a desire to kill someone else. (Making a threatening gesture that suggests he is thinking of shooting his roommate.)</li> <li>• Hinting about suicide. (Making a threatening gesture that suggests he is thinking of shooting himself.)</li> <li>• Harassed by roommates—requires immediate discussion with and possibly counseling of the roommates by the unit front line leadership concerning the dangers of harassment.</li> </ul>
<b>Stigma Issues and How to Overcome Them</b>	<ul style="list-style-type: none"> <li>• PFC Anderson has a number of both Protective Factors AND Risk Factors.</li> </ul>	<ul style="list-style-type: none"> <li>• Apply the ACE method: Ask about his threatening gestures, and show care by listening.</li> </ul>
<b>Leader Actions: Assessment, COA, and resources:</b>	<ul style="list-style-type: none"> <li>• Scheduling a meeting with the Chaplain is a positive step.</li> <li>• He should be referred to someone who can assist him with his personal finances and legal issues.</li> <li>• Monitor progress.</li> </ul>	<ul style="list-style-type: none"> <li>• PFC Anderson should be immediately escorted to mental health professionals. The hand gestures that he is making suggest that he is seriously at risk of hurting himself or others, therefore he requires closer, professional evaluation.</li> </ul>



## Slide 20: Examples of Risk Factors & Protective Factors

**ACE-SI:**  
**Examples of Risk Factors & Protective Factors**

*Risk Factors*

- Failed relationship
- Family history of suicide
- Prior suicide attempt
- Depression/Mood disorders
- Drug/Alcohol abuse
- Access to lethal means
- Financial stress
- Legal (UCMJ/Non-Judicial)

*Protective Factors*

- Connectedness (family, friends, organization)
- Faith
- Availability of physical & behavioral health care
- Coping ability
- Participation in unit/group activities
- Help seeking behavior

**Directions:** This slide is to be shown while the groups are working on their solutions to Exercise 4 so that they have examples available to assist them in identifying the various Risk Factors and Protective Factors. Also, it should be shown while discussing the Exercise solutions during the group and class discussion. When the discussion switches to Stigma go forward to the next slide on Stigma.

### Talking Points:

- These examples are provided for your review while working the Exercise.
- Remember you have the definitions of risk factors, protective factors, and warning signs in your handouts.

### Example Speaker's Notes:

*Here on the slide are some other risk factors that you may see in yourself or your own Soldiers. Take a look at the slide. And look again at the definitions on your handouts.*





**FACILITATOR NOTE:**

Examples of protective factors:

- Attend life skills or related training.
  - Seek out a mentor in which to confide.
  - Actively and frequently participate in unit activities.
  - Join social support groups, faith-based organizations, and self-help groups.
  - Recognize, accept, and face fears.
  - Nurture good relationships with family and close friends, which may include counseling
  - Learn to regulate emotions and avoid impulsive behavior.
  - Maintain a realistic optimism and belief in the ability to survive and function as a good Soldier.
  - Recognize that no one has the resources to manage all personal problems alone. Practice help-seeking behavior as a sign of strength.
  - Commit to practices that maintain good physical and behavioral health.
  - Avoid isolation when faced with stressors.
  - Develop and maintain spiritual fitness.
- (Source: DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention).

**FACILITATOR NOTE:**

Examples of risk factors (Source: DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention):

- Failed intimate relationship or relationship strain.
- Previous suicide attempts.
- Family history of suicide, suicide attempts, depression, or other psychiatric illness.
- Depression and/or history of PTSD or other behavioral health illness.
- Significant loss (death of loved one, loss due to natural disasters and so on).
- Poor social skills, to include difficulty interacting with others (social isolation).
- Drug or alcohol abuse.
- Violence in the home or social environment.
- Access to means of suicide (particularly, handguns in the home).
- Current and/or pending disciplinary or legal actions (Article 15, UCMJ).
- Serious medical problems or physical illness.
- Work-related problems.
- Excessive debt.
- Severe, prolonged, and/or perceived unmanageable stress.

After the 15 minutes during which the training participants read, discuss, and record their answers to Exercise 4, use the following questions to discuss risk and protective factors that were identified.

Now let's talk about the risk and protective factors and stigma you found in the exercise.

Call on one of the groups and allow time for answers from the group then ask...

Does anyone have other risk factors to add?

Allow time for answers.

What can a first line leader do to help when he or she sees that one of their Soldiers is dealing with a lot of risk factors in their life or has had a sudden setback of some kind?



**FACILITATOR NOTE:**

Some ideas that you can offer if they do not come up in the discussion: "Talk directly to the person about the stress they are experiencing." "Offer practical help and advice if you are able to do so." "Offer to set up an appointment for them to talk to a financial counselor, a chaplain, a family advocacy person, or other as indicated." "Stay vigilant and follow up to see how things are going."

One important way to help lessen risk is to increase protective factors. First line leaders can encourage healthy habits like not drinking excessively, getting plenty of exercise and rest, eating properly. They can also promote unit or organizational recreational activities that get everyone out and participating and gives them a chance to make friendships that can help them in times of stress.

*Did any of you identify "warning signs" for any of the characters? Capture those and hold onto them. We will talk further about those shortly in the next lesson.*

**FACILITATOR NOTE:**

For your background information and any questions that may arise:

Post-traumatic stress (PTS) and its associated disorder (PTSD) are important health concerns for Soldiers and the Army as a whole. PTSD is an anxiety disorder that can occur after experiencing a traumatic event. Anyone who has gone through a life-threatening event can develop PTSD. These events can include combat or military exposure, sexual or physical abuse, terrorist attacks and natural disasters. (Source: Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury.)

Post-Traumatic Stress (PTS) is the normal reaction to extraordinary circumstances. Post-Traumatic Stress Disorder (PTSD) is the medical condition that develops when PTS adversely impacts normal activities of one's daily life. PTSD decreases marital satisfaction; exacerbates depression and may be related to other behavioral health problems and high risk behavior. PTSD requires medical intervention. Research indicates that when untreated, PTSD greatly increases the risk of suicidal behavior. PTSD diagnoses have been steadily increasing in the Army over the past seven years. For these reasons, the Army's objective is to prevent PTS from becoming PTSD. (HPRRSP Report 2010)

*Display the next slide when you discuss the section of the Group Exercise Record Form that deals with stigma.*

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# Slide 21: Actions a Leader Can Take to Prevent Stigma

**ACE-SI:**  
**Stigma** (Applies to Soldiers and Civilians)

**Stigma:**

- The perception among leaders and Soldiers that help-seeking behavior will either be detrimental to their career (e.g. prejudicial to promotion or selection to leadership positions) or that it will reduce their social status among their peers.

**Actions that can result from or cause stigma:**

- Excluding people (avoiding them)/isolating people (shunning them or omitting them from group activities).
- Laughing at people.
- Picking on people or making them scapegoats for the group.

**Directions:** This slide can be shown while the groups are working on their solutions to Exercise 4 to show examples for identifying any stigma that may be present in the scenario. Also, it must be shown during class discussion of the exercise solutions for the stigma section of the Group Exercise Record Form. The Example Speaker's Notes are for use during discussion of the completed forms.

## Talking Points:

- These examples are provided for your review while working Exercise 4.
- Remember you also have the definitions of risk factors, protective factors, stigma, and warning signs in your handouts.

## Example Speaker's Notes:

*Ok now let's talk about stigma. Look at the definition of stigma on your handouts. Did you identify any stigma in the lives of any of the characters?*

*Give me some call outs around the room for what you found in the Soldier's lives.*

*Allow time for one or two answers or discussion.*

*You did a good job identifying some kinds of stigmatizing behavior or ideas that are present in the lives of these three characters. Remember, people may fear that if they admit to needing help or get help for depression, anxiety, PTSD, etc., their unit leadership or fellow Soldiers might treat them differently or see them as weak or unreliable. Or that asking for help will impact their career.*

*Now, the million dollar question: You are a first line leader in this unit. What is your responsibility here? Should you do something about stigma?*

*Allow time for one or two answers or discussion.*

*All right, you folks came up with some good answers and some good questions. A first line leader has a very important role to play in stigma reduction. It may be up to you to recognize when someone is being stigmatized.*

*Some examples would be someone who is being teased too much; being made the butt of jokes or the scapegoat who always gets blamed when things go wrong; being bullied. First line leaders are in a unique position to see all these things and to put a stop to them. You do that partly by supporting the kind of climate in your unit and organization that ensures fair treatment for all, gives recognition and praise for good work, and treats everyone with dignity, even when reprimanding them.*

*You also have to show in your own behavior and in what you say, publicly and privately, that you as a leader support people asking for help and getting help when it is needed.*

*Remember the video that we saw at the beginning of this training. We saw Sergeant Major of the Army Raymond Chandler talking about his own struggles and how he got help. It takes a lot of courage to fight against stigma that we have taken into ourselves. We have to overcome our own fear of "looking weak" or of impacts to our careers in order to ask for help when we need it.*

### **FACILITATOR NOTE:**

Examples of leader actions to reduce stigma:

- Seeking help when needed.
- Eliminating policies that discriminate against Soldiers who receive behavioral health or other forms of counseling.
- Supporting confidentiality between the Soldier and his or her behavioral health care provider.
- Removing organizational barriers to help-seeking behaviors.
- Cultivating supportive climates.
- Knowing resources and making appropriate referrals when necessary.
- Establishing zero-tolerance policies toward bullying, hazing, belittling, discrimination, and other behaviors that adversely impact good order and discipline.
- Educating all Soldiers, Family members, and Army Civilians about anxiety, stress, depression, Post Traumatic Stress Disorder (PTSD), and treatment.
- Increasing behavioral health visibility and presence in Soldier areas.
- Encouraging help from behavioral health providers that precludes treatment, similar to critical incident stress debriefings.
- Reinforcing the power of the buddy system as a support system in times of crisis.
- Educating leaders regarding Army policy that prohibits belittling Soldiers for seeking behavioral healthcare.
- Normalizing healthy help-seeking behavior through an aggressive strategic communications plan.
- Reinforcing Army Values.

(Source: DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention):



## Slide 22: Lesson Two Summary

**ACE-SI:**  
In this Lesson you have

- Identified protective factors that make it less likely a Soldier will die by suicide.
- Identified risk factors that may increase the likelihood of suicide for an individual.
- Identified stigma that may increase the likelihood that a Soldier or Army Civilian will not seek help.
- Demonstrated an understanding of risk, protective factors, warning signs and stigma.

**NEVER LEAVE A FALLEN COMRADE**  
Buddies can Prevent Suicide  
Not all Wounds are Visible  
Be willing to listen.  
It is your responsibility to get help for a fellow Soldier.  
Get help from your chain of command, your supervisor, or call the Suicide Prevention Helpline: 1-800-342-9647

**Directions:** Display slide and summarize what they have learned in this lesson.

### Talking Points:

- Slide shows what we have done in this lesson.
- In our next lesson, we will meet our characters again and learn more about them.
- Any questions?

### Example Speaker's Notes:

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*In this lesson we have talked about risk and protective factors and how to decrease risk and increase protective factors for your Soldiers.*

*You have also defined stigma and identified examples of stigma and ways you, as first line leaders, can reduce stigma and encourage people to get help when they need it.*

*In our next lesson, we will engage the same three characters again and learn more about them in the follow on scenarios.*

*Any questions?*

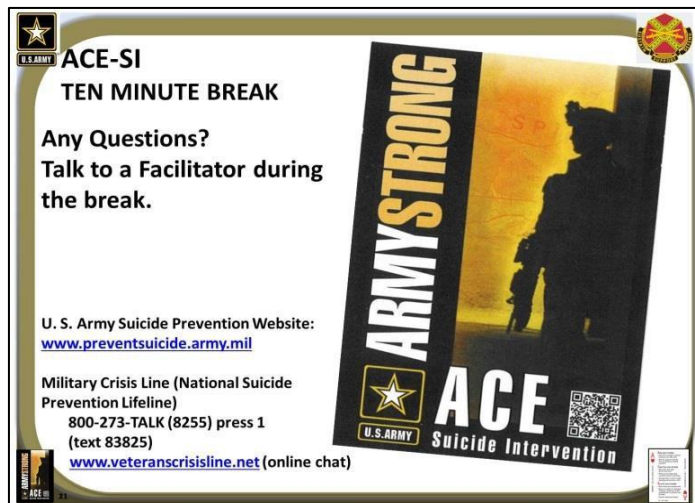
**Address any questions and then give training participants a 10 minute break.**

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# Slide 23: Ten-Minute Break



**Directions:** Give the training participants a 10 minute break, remind them of the time to return, state again that no one should completely leave the training without talking to one of the facilitators.

**Talking Points:**

- 10 minute break.
- Be back in the room by\_\_\_\_\_.
- Do not leave the training without talking to a facilitator.

**Example Speaker's Notes:**

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*We will take a 10 minute break. Please be back in the room by\_\_\_\_\_. Remember that no one may permanently leave this training without talking with one of the facilitators first.*

*Thank you.*

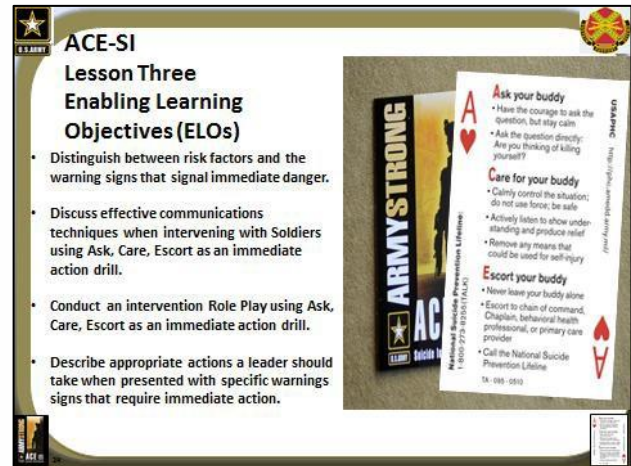
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## Lesson 3: Suicide Warning Signs and Intervention (60 minutes)

# Slide 24: Enabling Learning Objectives (ELOs)



**Directions:** Briefly discuss the ELOs for Lesson 3. Ask each group to select a new leader/recorder and a new timekeeper. Direct attention to the words on the slide but do not read them. Again point out that the handout contains the definitions of Risk Factors, Protective Factors, Warning Signs, and Stigma.

### Talking Points:

- Please look at the learning objectives on the slide.
- For Lesson 3 we will be working in our small groups.
- Each group should select a new leader/recorder and a new timekeeper now.
- Remember you have definitions and an ACE card.
- We will briefly review the Ask, Care, Escort immediate action drill that was covered in your annual ACE training.

### Example Speaker's Notes:

#### **FACILITATOR NOTE:**

Lesson 3 is broken up into two parts (30 minutes for each part). This is Part One.

*When we complete Lesson 3, you, as first line leaders, will be able to recognize risk factors and warning signs and implement the Ask, Care, Escort (ACE) method. You will also role play an intervention.*

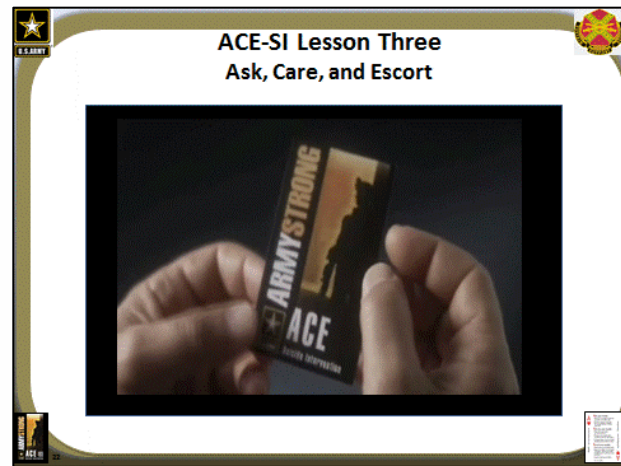
*We are going to work in our groups. Each group should take a minute right now to choose a new leader/recorder and a new timekeeper.*

*Everyone will have had a chance to act as leader or timekeeper by the end of the training.*

*Take another look at the definitions on your handouts. Also look at the ACE poster or your ACE card.*



## Slide 25: ACE Video



**Directions:** Play the video of the ACE method of suicide intervention by clicking on the video embedded in the slide. After the video ends discuss the following talking points. Look at the Example Speaker's Notes to see a suggestion of how to talk about this.

### Talking Points:

- This video clip talks about the ACE method of suicide prevention.
- ACE means Ask, Care, and Escort.
- Emphasize that the purpose of ACE-SI is for you to be able to ASK this SPECIFIC QUESTION!!! "Are you thinking of killing yourself?" If the answer is "yes", then you have to conduct a suicide intervention. If "no" then take appropriate troop leading actions to help the Soldier or Army Civilian.
- ACE training is available for Soldiers, Leaders, Army Civilians, and for Family Members. ACE for Army Civilians is also available as online training.
- Remember that Escort does not mean Transport. If the person requiring Escort has ingested Medication and/or Alcohol then you need to call 911. Do not drive the person yourself. You cannot do CPR while driving. Let the experts help.
- Remember the ACE method as we do the next two exercises

### Example Speaker's Notes:

*There is a reason that every year every Soldier is required to take the ACE training. Other uniformed service and many civilian organizations use some variant of ACE as a model for suicide prevention. Give me a show of hands. How many of you have had ACE in the last 3 months? Six months? Longer? Who can describe for me the three steps of the ACE action plan? Maj. Gen. Graham, who appears in this video, lost a son to suicide. The other individuals who appear, Col. Languirand, Gen. Casey, and Gen. Chiarelli played an important leadership role in the development of Army Suicide Prevention.*



*ACE has three steps: Ask, Care, Escort. "Ask" means talking to your Soldiers routinely so that you can recognize risk in their lives. If you know them well, you can identify the changes in mood and behavior that may be warning signs of suicide and ask directly, "Are you thinking of suicide?"*

*"Care" means that you communicate in ways that show concern for the person; not judging them or condemning them; not stigmatizing them or letting others do so; all signs of good leadership.*

*"Escort" means that when you identify warning signs of immediate suicide danger, you physically take the person to where they can get help. You never leave the person alone even for a short time.*

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# A

## Slide 26: Risk Factors vs. Warning Signs

**ACE-SI:**  
**Risk Factors vs. Warning Signs**

- Risk factors may increase a person's risk of suicide.
- Warning signs are actions, changes in behavior, or changes in mood that may indicate that a person is planning to die by suicide.
- A medical example\* of risk factors & warning signs helps us tell them apart:
  - High blood pressure is a **RISK FACTOR** for heart attack.
  - Chest pains are a **WARNING SIGN** of heart attack that requires immediate action.

\* Suicide Prevention Resource Center, & Rodgers, P. (2011). Understanding risk and protective factors for suicide: A primer for preventing suicide. Newton, MA: Education Development Center, Inc.

**Directions:** Show slide as you discuss the following talking points. Look at the Example Speaker's Notes to see a suggestion of how to talk about this slide.

### Talking Points:

- Discuss the difference between risk factors and warning signs.

### Example Speaker's Notes:

*You see the definition of risk factors and warning signs in your handouts. Sometimes people confuse risk factors and warning signs, so I want to clarify them a little for you.*

*Risk factors are always present in most of our lives and they may act as stressors. Some we cannot control, like the death of a family member or person close to us. Some we can control like overuse of alcohol. But the presence of risk factors only increases risk; it does not necessarily mean that the person will ever think about suicide.*

*A warning sign, on the other hand, signals that there is immediate possibility that a person is thinking about or planning suicide. It requires a direct and immediate action to ASK that person whether or not they are thinking of or planning suicide. If the answer is yes, then it requires that you execute ACE by staying with the person at all times and physically ESCORTING them to get immediate help.*

*It may help you to think about the comparison on the slide. High blood pressure is a risk factor of heart attack, but doesn't necessarily mean you will have one. You can treat high blood pressure with medication and/or lower the risk by healthy eating habits and exercise. But if you have chest pains, that is a warning sign of heart attack and requires immediate medical attention. Suicide risk factors and warning signs work the same way.*

*Now, take a moment to look at the risk factors and warning signs you wrote down for the three characters during Exercise 4. Do you want to change any of them? Often we see risk factors and stressors or behaviors that require a leader to take action. This may include ASK and CARE. You need to be talking to your Soldiers all the time and exhibiting the care of a good leader by helping them to get help when they need it. You can also set the example by recognizing when you have a problem yourself and getting the help that you need.*

*Which characters, if any, seem to be in a worsening situation?*

*Allow time for answers.*

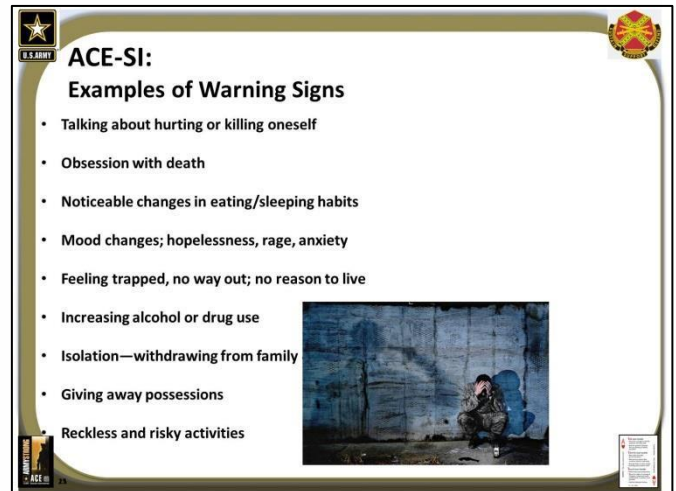
*In Exercise 5 we will look for risk factors that may indicate things are worsening and we will also look for warning signs that indicate it is time to use the ACE method.*

---



# A

## Slide 27: Example of Warning Signs



**Directions:** Direct attention to slide as you discuss the following talking points. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points:

- Examples of warning signs.
- Changes in behavior require investigation and MAY require immediate action.
- Threats of suicide and other warning signs require immediate action.

### Example Speaker's Notes:

*Look at the examples on the slide of some warning signs of suicide. If you identified any warning signs in Exercise 4, do they fit in one of these categories?*

*Allow time for answers from the class, and then ask:*

*Did you identify anything as a warning sign that does not seem to fit? These categories are not meant to cover every instance of a warning sign. Remember that warning signs can develop from an accumulation of risk factors and may not be one obvious sign. The slide only lists examples and is not definitive.*

*There are two big take-aways: 1) If you know your Soldiers, and one starts behaving in ways that are out of character for him or her, that is a signal to you as a leader to dig into it and find out why. It may be a warning sign or it may not, but you may need to take some action even if it is not a warning sign of suicide. Err on the side of caution, ASK if you are concerned.*

*And 2) If ANYONE is openly talking about or making comments about the possibility of suicide, or using words like, "I want to die," "I can't go on," or "I don't see any way out," act immediately to ASK, CARE, and ESCORT them physically to someone who can safeguard them from harm and get them some help—your chain of command; the chaplain; the*

*emergency room; behavioral health specialist/counselor or the MPs/police if need be. And tell your chain of command. Remember it is not up to you to judge the seriousness of the threat—a statement of suicide intention always requires an ESCORT response.*

**FACILITATOR NOTE:**

Suicide ideations are fleeting, Dr. James Churchill, National Institute of Mental Health (NIMH) program officer said, explaining that there's only a short time window in which people will actually follow through with a suicide attempt. If they have deadly means readily available, they have a higher chance of succeeding. (Army News Service, Sept. 9, 2013)



# Slide 28: Risk Factors, Protective Factors and Warning Signs (Exercise 5)

**ACE-SI: Risk Factors, Protective Factors, and Warning Signs** (Exercise 5, 15min, AC)

- After the MRE, your unit is directed to stand down from planned deployment. Month later, your unit is deployed on short notice to support recovery efforts in Japan following a severe earthquake and tsunami killing an estimated 15,000 Japanese.
- Recovery operations deployment will last 2 to 4 months.
- Missions focus on providing key site security, NGO convoy & humanitarian assistance security & support, establishing secure refugee sites, and restoring essential services.
- Situation is very bad. Your unit is tasked with human remains recovery efforts—a gruesome task for which no one has received any training or instruction.

**Directions:** Read slide to the students then hand out one copy of Exercise 5 for each person and three or more copies of the Group Exercise Record Form to each group. Use the Active component (AC) slide for predominantly active component students and the RC slide for Reserve/National Guard component students (Appendix E has RC handout material). Direct the groups to begin work. Mention during the out brief discussion concerning the Platoon Leader that training participants need look at what their actions would be if they were the Platoon Sergeant.

### FACILITATOR NOTE:

There's a hidden Reserve Component slide in the slide deck that replaces this slide for RC classes. During this group exercise, display the "Examples of Warnings Signs" slide for the students to be able to reference as they work. Mention during the out brief discussion concerning the Platoon Leader (Lt Coleman/Freeland) that you need look at what the actions would be if you were the Platoon Sergeant.

### Talking Points:

- We have talked already about how to use the Group Exercise Record Form.
- Read the slide paragraph which sets the scene.
- The group will read the entire exercise scenario so that they are familiar with all the characters.
- Each group will break up so that two or three group members are assigned to execute a detailed review of their previously assigned character in the exercise and record their findings on the Group Exercise Record Form.
- Remind the students that they may use their Handouts which have the definitions of Risk Factors, Protective Factors, and Warning Signs.
- Group should begin work now and you have 15 minutes to complete the exercise.

**Example Speaker's Notes:****FACILITATOR NOTE:**

A copy of Active Component Exercise 5 is on the next page of this Facilitator's Handbook. There is a completed sample of the Group Exercise Record form for one of the characters (PFC Anderson) showing exercises 4 and 5 in Lesson 2 and also in the example solution sets in Appendix F.

There may be several effective answers for these exercises and the follow on exercise. The "recommended" course of action for each of the exercises will depend on the group's interpretation of the information that is available to them at that time. AC exercise handouts are in Appendix D. RC exercise handouts are in Appendix E. Example solution sets for all AC exercises are provided in Appendix F and example solutions sets for all RC exercises are in Appendix G. Do not read the solution sets to the training participants; they are provided as examples for your reference only in facilitating the discussions.

The objective is that the training participants engage in active discussion; think through how to identify and assess risk, formulate and practice ways to communicate that will provide them with more information identify warning signs when these are present and practice the ACE method in response to warning signs.

*In Exercise 5, you will be looking at the same three characters, but your fictionalized unit is at a different stage in the ARFORGEN cycle and some things have changed in each of the character's lives. Use the group record sheet to record your assessment of these three characters and what action, if any, you as a leader need to take with regard to them. Use your definitions. Leaders/recorders and timekeepers, you know your jobs. You have 15 minutes and you may begin now.*

Allow 15 minutes to work on the exercise. Rotate among groups; ensure training participants discuss what constitutes a "warning sign" and identify any warning signs described in the exercise.



**Exercise 5 Scenario:**

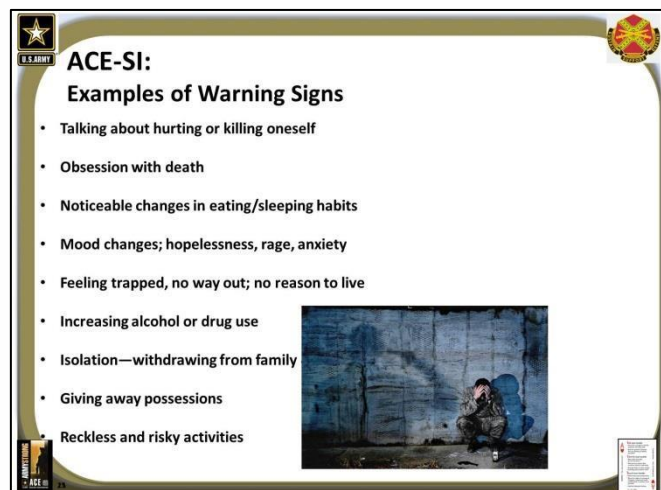
<p><b>EXERCISE 5 – EARTHQUAKE in JAPAN:</b>                  After the MRE, your unit is directed to stand down from the planned deployment. Then, a month later, your unit is deployed on short notice to support recovery efforts in Japan following a severe earthquake and tsunami killing an estimated 15,000 Japanese. It is not known how long the recovery operations will last, but you are told to plan to be deployed 2-4 months. Your primary missions focus on providing key site security, Non-Governmental Organization (NGO) convoy and humanitarian assistance security and support, establishing safe, secure refugee sites, and restoring essential services. After a week, the situation is so bad that your unit is tasked the mission to assist with human remains recovery efforts; a gruesome task for which no one has received any training or instruction.</p>	<p><b>SPC Brooks:</b> After a number of loud unexpected vehicle backfires startled Brooks, he is prescribed medication for anxiety. He also had 3 teeth removed from an injury and is prescribed Vicodin. Brooks is admitted to the Psychiatric Unit for treatment after overdosing on Vicodin mixed with alcohol. During his recovery he admits to you he's had suicidal thoughts since he was 16. After his return to the unit he tells you he is stopping his meds. You notice he has cut marks on both forearms. When you ask about the cuts, he says he got them clearing debris - but he seems uncomfortable in his explanation. Another Soldier tells you Brooks listens to old school Nirvana continually, and his Facebook profile is "Seriously Demented."</p>
<p><b>PFC Anderson:</b> During the deployment, Anderson went on emergency leave to attend the funeral of his brother who died in a motorcycle accident. He tells you while he was home he signed over the title of his own motorcycle to his uncle and sold his gaming gear to help pay for his brother's funeral. He continues to have problems with his stepmother tapping his bank account. He tells you he is meeting the Battalion Chaplain regularly to cope with his brother's death, but that his sister has just quit talking about it and during his last Skype with her she looked freaked out. After completing his shift recovering human remains, he has a physical altercation with his roommates who are harassing him for "acting and looking weird." During counseling Anderson makes a hand gesture that appears he's pointing a gun at his roommate, then putting it in his mouth; pulling the trigger.</p>	<p><b>LT Coleman:</b> She spends the majority of her days out with the Soldiers and has kept the unit motivated and focused on professional support to the humanitarian assistance mission; closely observing her Soldiers supporting the gruesome task recovering human remains. Privately, she tells you after she got her husband to get some financial counseling, he drove to Alabama with his brother and lost \$5,000 at the casinos, trying to score big off their last open credit card. Now they may have to foreclose on their home and move into an apartment when she returns. She appears very depressed and tells you she's glad she had a chance to update her will, stating ..." that's the only way her son will ever get to Disney World."</p>





# A

## Slide 29: Example of Warning Signs



**Directions:** Display this slide as you have each group provide their assessment from Exercise 5. Discuss with the groups the risk factors, protective factors, warning signs, & stigma identified in Exercise 5 with this slide displayed. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points:

- These examples of warning signs are provided for your review while working the Exercise, but it is not a definitive list.
- Remember you have the definition of warning signs in your handouts.
- One point to keep in mind is that changes in behavior require investigation and MAY require immediate action.
- During the discussion when any warning signs are discussed ask what actions would they execute as the first line leader for the Soldier?

### Example Speaker's Notes:

Go through the Soldier characters from the exercises one by one, asking selected groups to report out or simply asking for shout outs. Briefly discuss any new risk factors that have been identified that indicate the situation of the character is worsening. Discuss any new stigma that characters may be experiencing. Particularly discuss any warning signs that training participants have identified. Allow time for answers.

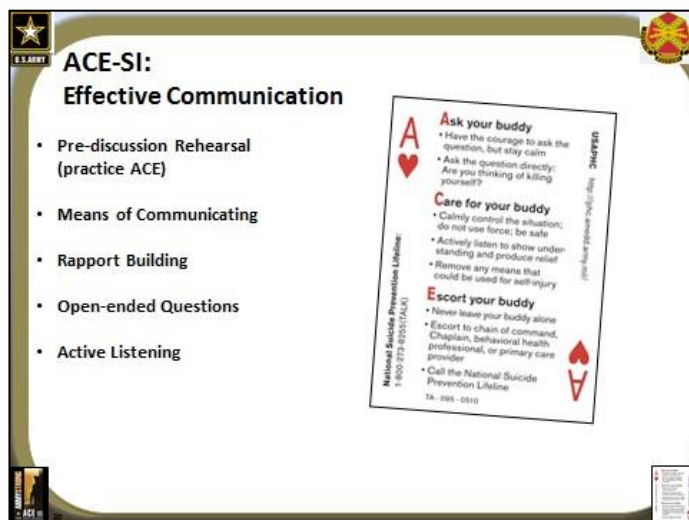
#### **FACILITATOR NOTE:**

*Refer to the Speakers Notes under Slide 28 to assist with the discussion of warning signs.*

State that in the next sections of the training, participants will learn about active listening and practice using the ACE method to ask directly about suicide whenever they identify warning signs.

# A

## Slide 30: Effective Communication



**Directions:** Display slide as you discuss the following talking points. Briefly go over the ACE card and emphasize that Suicide Intervention is critical and that you must directly ask the question “Are you thinking of killing yourself?” or some version of that. Look at the Example Speaker’s Notes to see a suggestion of how to talk about this.

**Talking Points:**

- Choose a new leader/speaker and timekeeper
- We value privacy and fear to intrude into other people’s business
- Implementing ACE requires effective communication.
- Point out the Do’s and Don’ts of Active Listening and how important it is to be an active and effective listener for your Soldiers and Civilians. Example open ended questions vs. “Yes or No” questions.
- Techniques of effective communication can help us use ACE to build rapport and correctly understand another person.
- Asking directly about suicide does not “suggest” the idea to people.
- Asking directly may give the person relief and show him or her that you care.

**Example Speaker’s Notes:**

**FACILITATOR NOTE:**  
Lesson 3 is broken up into two parts (30 minutes for each part). This is Part Two.

*All the groups should choose a new leader/speaker and timekeeper now. Leaders, make sure everyone in your group has had a chance to perform these duties. If everyone has already had a turn, begin again.*

*Our culture places a high value on privacy. All of us fear to intrude into other people's business. We worry that we are over-reacting. We wonder if we will anger the person we are talking to. We instinctively cringe from prying into their affairs. These are not easy taboos for us to overcome. But we must overcome them in order to implement ACE. And implementing ACE to potentially save a life is worth overcoming our inhibitions about talking to others. Better to suffer some embarrassment and discomfort than to fail to act and regret it forever! We are going to talk now about some ways to communicate more effectively.*

*Look at the Active Listening page in your handout.*

**Rehearsal:** *First, if time permits, consider rehearsing the kind of discussion you will need to have to implement the ACE method. Prepare a list of questions. Try to anticipate the Soldier's responses and have follow-up questions in mind to help you explore what is going on.*

**Means:** *Second, if circumstances permit, consider and plan for the location of the discussion; office, home, telephone, text message, or other. Keep in mind that although the face-to-face method may be the hardest for you, it is the preferred method to communicate with the Soldier. You can observe non-verbal reactions like eye contact, facial expressions, and general mood. This greatly enhances your ability to establish rapport and ask difficult questions.*

*There may be times, if you are a member of the Reserve Component or if the conversation that alerts you that there is cause for concern begins as telephone, text, or other media, message, when face-to-face communication is not possible. Although you cannot observe the Soldier's non-verbal communications, you can gain insights from the Soldier's inflection or tone of voice. Ask specifics about where he or she is located first; this assures that they can speak freely and privately before starting the discussion; but in a crisis, this may be critical information for you to have.*

**Rapport:** *Take a minute or two to put the Soldier at ease. Barriers can also be physical, if you are face-to-face, avoid distancing yourself too much from the Soldier by sitting on the other side of a large table or desk. Rapport building is an essential step in establishing an open conversation. You can ask general background questions to put the Soldier at ease. Begin with casual conversation. Your efforts to build rapport must appear genuine or it will be counter-productive. If you know something of the Soldier's life and interests, this can give you a point to begin talking.*

**Open-ended Questions:** *Ask one question at a time, and then patiently wait for a response. Avoid questions where the Soldier can answer with a yes or no response (close-ended questions). Instead use open-ended questions, allowing the Soldier to engage more in a conversation than in a question-and answer session, for example, "How have things been going since your father died?" Open-ended questions allow the Soldier to tell a story so it comes out naturally. Avoid leading questions that suggest the answer you want to hear, like "You are not having any problems are you?"*

**Active listening** *begins by putting the Soldier at ease and letting them know that what they say is important to you. Listen before responding, look directly at the Soldier and don't argue; accept the Soldier's feelings. Don't immediately leap in to offer a "solution" to the problem or tell them, "You shouldn't feel like that."*

*Active listening encourages the Soldier to keep speaking. Paraphrasing or putting into your own words what the Soldier is saying to you is a central skill in active listening. This enables the Soldier to know whether or not their point is getting through, or whether you have misunderstood and need further explanation. You can say, "Ok, let me see if I understand what you said,..." or "What I hear you saying is this..." Active Listening is critical to using ACE.*

*At the appropriate time, if necessary, you must directly ask the question: "Are you thinking of killing yourself?" **Asking a person directly about suicide will not "suggest" it to them. If the person is thinking about or planning suicide, knowing that someone cares enough to ask them directly may provide a sense of relief.***

*Next we are going to do Exercise 6 in which each of you will get a chance to practice these communication techniques further as you role play using ACE.*

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# Slide 31: Risk Factors, Protective Factors, Warning Signs, and Stigma (Exercise 6)

**ACE-SI: Risk Factors, Protective Factors, Warning Signs, and Stigma** (Role Play Exercise 6, 15 min, AC)

- Returned from Japan four months ago, just in time for an intensive NTC prep and, then cancellation.
- Soldiers are physically and mentally worn out, but proud of the difference they made in Japan.
- Most Soldiers have reintegrated with families, many are having difficulties at home & in the community.
- Soldiers adjusting to garrison life with reduced training funds and reduced funding in fuel, ammo, & repair parts.
- Training not challenging & limited to classrooms. Reduced funding, post support contracts are terminated. Performing installation duties such as mowing grass, painting rooms, etc.

**Directions:** Direct your attention to Exercise 6 in the Handout. Do not use the Group Exercise Record Form for Exercise 6—forms are not used in this exercise. Read the slide introduction to the exercise to “set the scene.” Remind the groups to read through the exercise as a group and then work in teams of two to do a role play. Use the Active Component (AC) slide for predominantly active component students and the RC slide for Reserve/National Guard component students (Appendix E has RC material).

For the role play, one member of the subgroup team of two should choose to play the role of one of the Soldiers while the other person plays the role of the first line leader of the unit and uses effective communication techniques and ACE to intervene. After they have completed the first role play, the subgroup members

switch roles, and conduct the role play again. If there is an uneven number, that person will observe and then rotate in after the second role play. The role players will conduct a short 1 minute After Action Review (AAR) of what occurred during the role play after each role play is completed.

### **FACILITATOR NOTE:**

There's a hidden Reserve Component slide in the slide deck that replaces this slide for RC classes.

### **Talking Points:**

- Divide up into teams of two within your groups.
- For uneven numbers in a group, form one team of three.
- Read the exercise.
- Role play, using effective communication techniques and ACE.
- We want them to **ASK THE QUESTION!!!** “Are you thinking of killing yourself?”
- Take turns so everyone has a chance to role play.
- Critique each other's communication and offer suggestions.
- Each role play should take about 3 or 4 minutes then change roles.

### **Example Speaker's Notes:**

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#### **FACILITATOR NOTE:**

There is a copy of Active Component Exercise 6 on the next page of this Facilitator's Handbook. If you are teaching a primarily Reserve Component group, use the exercises in Appendix E instead of the AC exercises.

*Now we are going to learn a little more about the three characters. I am going to ask each group to work in teams of two. After you read Exercise 6, each team of two will do a role play in which one of you chooses the role of one of the three characters and the other plays the first line leader and practices using the ACE method to ASK, CARE, and, if appropriate, ESCORT them to get help. After the first role play you will change roles so that everyone takes a turn at playing one of the characters; and everyone will have a chance to practice ACE. Use active listening and effective communication techniques. Be sure to take time to critique each other's role play and offer suggestions.*

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**Exercise 6 Scenario:**

<p><b>EXERCISE 6 – BACK IN GARRISON:</b>                  Your unit returned from Japan four months ago, just in time for an intensive National Training Center (NTC) prep and, then, last minute cancellation. Soldiers are physically and mentally worn out, but are proud of the difference they made in Japan. Though most of your Soldiers have reintegrated with their families well, many are still having difficulties at home and in the community. Your Soldiers are adjusting to garrison life with reduced training funds and reduced funding in fuel, ammunition, and repair parts. Training is far from challenging and is limited to classrooms. With reduced funding, “non-essential” post support contracts are terminated. Your Soldiers are now performing installation duties such as mowing grass, trimming shrubs, painting rooms, and Post trash removal.</p>	<p><b>SPC Brooks:</b> Brooks tells you he and his wife seem to be working things out by going to marriage counseling. But, his wife stops you at the PX and tells you he is having really bad nightmares about fighting with the devil. She said one night he got out of bed and ran down the hall with a loaded pistol, shouting at someone who wasn't there. She tried to get him to go to the behavioral health clinic for counseling, but this is causing arguments since he is concerned about the impact on his career. She says he trusts you, but not the system, and asks you to help him. He bought Anderson's brother's motorcycle, and within 2 weeks was ticketed twice for speeding off post, the second time also for reckless driving. When counseling him, he finally confesses “my life is a mess...I just don't have what it takes; I couldn't even kill myself, maybe this time I'll succeed.”</p>
<p><b>PFC Anderson:</b> Anderson discovered wood carving to relieve the stress while in Japan, and bought some quality wood carving tools. When he returned, he started classes at the local college and perfected the art of making figures of Soldiers. Upon his discharge he becomes a part time instructor at the post Arts and Crafts Center as an Army Civilian, building a reputation for personalizing carvings of Soldiers for unit departure awards. A couple of his roommates, still in the unit, tell you his sister killed herself. You drop by the Arts &amp; Crafts shop to see how he's doing. He says he could have helped his sister if he'd gone home after his discharge and he feels responsible. With his brother and sister gone, he believes his life is hopeless. He says “No one would care if I was gone,” then throws his tools in the garbage can.</p>	<p><b>LT Coleman:</b> You've started noticing LT Coleman appears to drift off during conversations with a pale chilling look on her face. When she snaps out of it, she says she still sees the faces of crying Japanese parents holding on to their dead children. You've seen her with her family at church services since returning from Japan, but not for the past month. You mention you haven't seen her in church lately and ask if she's ok. She tells you she is having regular nightmares about Japan. She also mentions her 5 yr old son contracted Lyme Disease. She now has many scheduling issues causing additional stress with doctor's appointments, pharmacy stops, in addition to endless phone calls with banks and creditors. Visualizing the dead children in Japan, she says “I wouldn't go on if I lost my son.”</p>



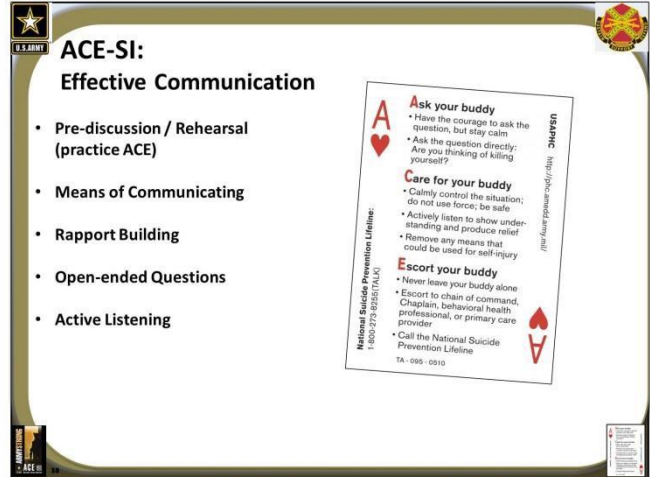


# A

# Slide 32:

# Effective

# Communication

**ACE-SI:**  
Effective Communication

- Pre-discussion / Rehearsal (practice ACE)
- Means of Communicating
- Rapport Building
- Open-ended Questions
- Active Listening

**Ask your buddy**

- Have the courage to ask the question, but stay calm
- Ask the question directly: Are you thinking of killing yourself?

**Care for your buddy**

- Calmly control the situation; do not use force; be safe
- Actively listen to show understanding and produce relief
- Remove any means that could be used for self-harm

**Escort your buddy**

- Never leave your buddy alone
- Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
- Call the National Suicide Prevention Lifeline

National Suicide Prevention Lifeline:  
1-800-273-8255 (TALK)

U.S. ARMY  
ACE-SI

**Directions:** Display this slide as you have each group provides their assessment from Exercise 6. This slide is for the students' reference during the execution of Exercise 6. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points:

- These reminders of effective communication are provided for your review while working Exercise 6.
- One point to keep in mind is that effective communication requires effective active listening.
- During the exercise remember to ask the question "Are You Thinking of Killing Yourself?"

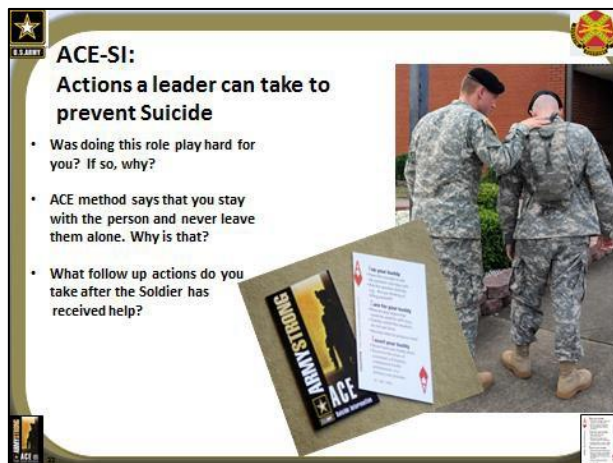
### Example Speaker's Notes:

*This slide is displayed to encourage you to practice effective communication during your role playing exercise. Remember effective communication requires active listening on your part. During the exercise remember to ask the question "Are You Thinking of Killing Yourself?"*



# A

## Slide 33: Actions a Leader Can Take to Prevent Suicide



**Directions:** After allowing time for the role plays, show slide as you discuss the following talking points. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points:

- Was the role play hard? Why?
- How many actually asked "Are you thinking about killing yourself?" Show of hands.
- Even though it is hard to ask these questions, if you are concerned, then ask very directly.
- What follow up Leadership actions do you take after the Soldier has received help? Are his/her problems solved that caused the pain to begin with?
- You may save a life!

### Example Speaker's Notes:

*Ok, was doing this role play hard for you? If so, why do you think it was hard? Give me a show of hands, how many of you actually asked the other person, "Are you thinking about or planning to kill yourself?" It's hard even in a classroom where we know we are role playing, isn't it? You know, asking anyone this kind of intimate question, even someone we know well, even a close friend or relative, is always going to be hard to do. We are always going to be reluctant to do it. But it is sometimes necessary. If you are worried about the risk factors in someone's life; if they are showing warning signs; if someone is having legal problems or relationship problems; or if someone's typical behavior or mood or activities have changed and it concerns you, talk to that person. ASK!*

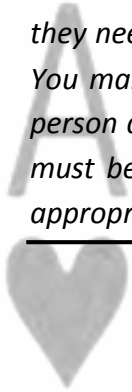
*The ACE method says that you stay with the person and never leave them alone, why is that?*

**Allow time for some shout out answers.**

*The reason you stay with them every minute is that if they are in imminent danger of suicide, you safeguard them, remove means if you can do so without danger to yourself, and don't let them out of your sight until you hand them over to someone who can keep them safe and give them the help that*

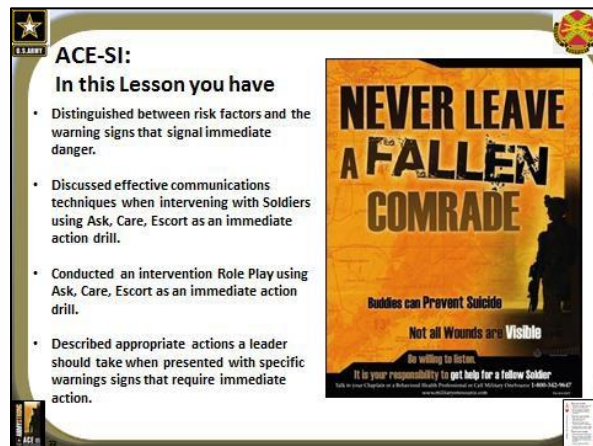
*they need, someone like a chaplain, your chain of command, the ER, or a behavioral health counselor. You make sure you have a warm hand-off to a responsible person who can help and safeguard the person at risk of suicide before you leave. A “warm handoff” means that the person being ESCORTED must be with another person at all times. Be certain that you then inform your supervisor so that appropriate follow up actions can take place.*

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# Slide 34: Lesson Three Summary



**Directions:** Display slide and summarize what they have learned in this lesson.

**Talking Points:**

- Slide shows what we have done in this lesson.
- In our next lesson, we will discuss resources available for Leaders to use to prevent suicide and assist Soldiers, Army Civilians, and Family members.
- Any questions?

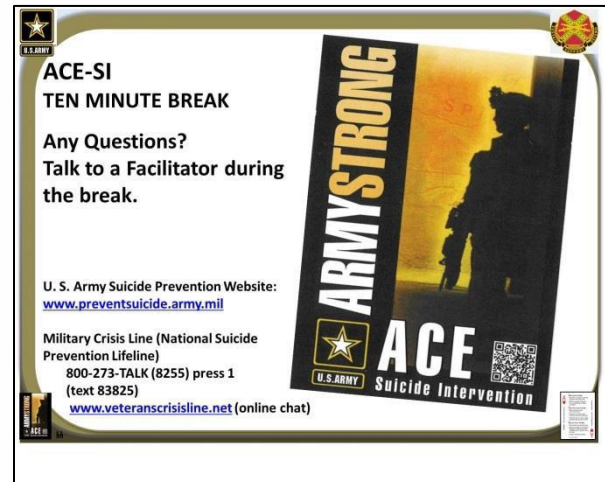
**Example Speaker’s Notes:**

*In today’s training we have covered several topics: We talked about what you, as a first line leader, can do to help reduce or prevent suicide behavior. We discussed how to recognize factors that can decrease or increase the risk of suicide. We have discussed stigma and actions that you, as a leader, can take to reduce stigma for your Soldiers and encourage them to get help when needed. Remember that one way to encourage others is to reach out for help yourself if you need it. You practiced some effective ways to communicate. We examined how ACE provides you with a model for your suicide immediate action drill as leader. Very importantly, you identified warning signs and practiced intervention in a role play. This is the critical thing to take away from this training: you as a leader have a crucial role in suicide prevention; knowing your Soldiers; reducing stigma in the unit; staying alert for changes in behavior; using the ACE method to ASK and CARE and intervening to ESCORT the person for help when needed.*

*Any questions?*



# Slide 35: Ten Minute Break



**Directions:** Give the training participants a 10 minute break, remind them of the time to return, state again that no one should completely leave the training without talking to one of the facilitators.

### Talking Points:

- 10 minute break.
- Be back in the room by\_\_\_\_\_.
- Do not leave the training without talking to a facilitator.

### Example Speaker's Notes:

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*We will take a 10 minute break. Please be back in the room by\_\_\_\_\_. Remember that no one may permanently leave this training without talking with one of the facilitators first.*

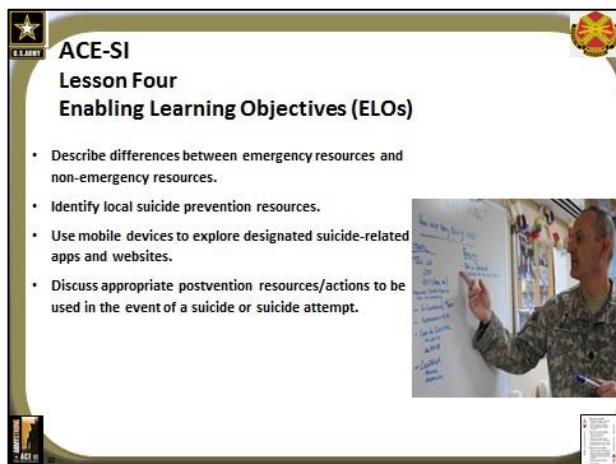
*Thank you.*

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## Lesson 4: Resources (40 minutes)

# A Slide 36: Enabling Learning Objectives (ELOs)



**Directions:** Direct attention to the learning objectives on the slide but do not read them. Use the talking points to discuss these. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points:

- Leaders need to know the difference between emergency & non-emergency resources and which apply to their Soldier's situation (based on risk, warning signs, response to suicide or attempt etc.).
- Leaders plan ahead for emergencies by having emergency resource information at their fingertips (i.e. Cell phone, Leaders Guide, etc.).
- Leaders plan ahead to assist their Soldiers by having non-emergency resources at their fingertips. The goal is be able to assist a Soldier with their issues/challenges quickly.
- If you do not have a "Smartphone" buddy up with someone in your group.
- Apps and installation websites can be useful resources.
- Postvention is about what leaders should do if there is a suicide attempt or suicide in your unit/organization.

### Example Speaker's Notes:

*You have all taken a turn at using ACE in a role play. At the end of your role play, you ESCORTED one of the three characters to get immediate help.*

*We are going to spend a few minutes talking about where you are going to ESCORT them. It is important to understand that if you are fully implementing ACE as an immediate action plan, it is an emergency and you need to use the appropriate resources for that. We will also talk about resources and apps that can be used when it is not an emergency: resources for counseling; confidential resources; resources for information; help*

*with finances, relationships, children, legal advice, dealing with others, etc. There are a lot of resources available free to Soldiers.*

*Lastly, we are also going to talk about how you as a leader should respond if there is a suicide attempt or a completed suicide in your unit or organization.*

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## Slide 37: Emergency Resources (Exercise 7)

**ACE-SI**  
**Emergency Resources**  
(Exercise 7, 5 min.)

- Local Emergency Resources (Dial 911)
- Military Police/Civilian Police
- Your chain of command
- Hotlines—trained people 24/7/365
  - Military Crisis Line (National Suicide Prevention Lifeline)
    - 800-273-TALK (8255) press 1
    - Text 838255
    - Europe: 00800 1273 8255 or DSN 118
    - <http://www.veteranscrisisline.net> (online chat)
  - OEF Crisis Line
    - ROSHAN: 070-113-2000, wait for dial tone and dial 1-1-1
    - DSN 1-1-1
- Service members can also receive support by e-mailing [OEF CrisisHotline@afghan\\_swa.army.mil](mailto:OEF CrisisHotline@afghan_swa.army.mil)

*Note: The slide includes a photograph of two military personnel in uniform attending to a mannequin in a medical setting.*

**Directions:** Ask the class to tell you the difference between an emergency and non-emergency resource and provide examples of each. Instruct class to examine the slide and the resource list provided by the SPPM (in handouts) to identify the name, address, and phone number of emergency resources. If mobile access is available they can also use mobile devices to locate local resources. (Direct attention to the Military Crisis Line number on the slide.) Ask for call outs to ensure only emergency resources have been chosen. Have the class program phone numbers into their phone contacts list and as a minimum they should program the Military Crisis Line phone number into their mobile device or copy the number to program in later. The facilitator will point out that Leaders plan ahead to deal with emergencies.

### Talking Points:

- Leaders plan ahead: identify local emergency resources (name, location, phone, and hours) to use for a suicide intervention.
- Hotlines/Crisis Lines—confidential resources with trained people 24/7/365.
  - Military Crisis Line (National Suicide Prevention Lifeline).
  - OEF Crisis Line.
- Put crisis line and your local emergency numbers into your cell phone contacts list.

### Example Speaker's Notes:

*Emergencies don't always occur in normal business hours. Emergency resources must be available 24/7/365. In an emergency, you need to know the name of the place to go, the location, the phone number. Use the slide and SPPM's list found in your handouts to identify your local emergency resources. Look at the Military Crisis Line (National Suicide Prevention Lifeline) and OEF Crisis Lines.*

#### **FACILITATOR NOTE:**

If participants mention Military OneSource (MOS) as an Emergency Resource, be sure to correct them. MOS is *not* a military crisis line. Refer participants to the National Suicide Prevention Lifeline / Military Crisis Line, local emergency resources or when in doubt, 911 and to the OEF crisis line.

*As a leader, it would be a good idea to keep the top three emergency resources you would use in your mobile device "contacts" list. Take a moment to do that.*

*Allow a few minutes to program numbers to mobile device contacts lists. If training participants do not have a mobile device with them, instruct them to copy down the numbers and program them in later.*

*The National Suicide Prevention Lifeline at 1-800-273-TALK (8255) is available 24/7/365. This is a suicide hotline; a real person answers the phone, not a machine. Trained people will talk to a person who is thinking about or planning suicide or to you as a leader or to friends or Family members concerned about someone else.*

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## Slide 38: Counseling and Information Resources

ACE-SI Non-Emergency Resources (Exercise 7 continued)	
Army Emergency Relief	Family Readiness Groups / Virtual Family Readiness Groups
Red Cross	Employment Readiness Program
Army Family Advocacy Program. Victim Advocacy Program.	Financial Readiness Program
ARNG Soldier & Family Assistance Centers	Military Family Life Consultants (MFLC)
Army OneSource	Military OneSource (Note: This is not a military crisis line.)
Army Substance Abuse Program	New Parent Support Service
Better Opportunities for Single Soldiers Program (BOSS)	Relocation Counseling Program
Chaplains / Strong Bonds	Sexual Harassment/Assault and Response Program (SHARP)
Child Youth & School Services	Survivor Outreach Services
Comprehensive Soldier and Family Fitness	Yellow Ribbon Reintegration Program / Warrior Transition Unit (WTU)
Veterans Administration (VA)	USAR's Fort Family Outreach and Support, Army Strong Community Centers
Employee Assistance Program (EAP)	Behavioral Health Services
Exceptional Family Member Program	

**Directions:** Direct attention to the resources listed on the slide but do not read them. Use the talking points to talk about these resources. Read the Example Speaker's Notes for ideas on how to talk about this. Facilitator will point out that leaders plan ahead.

### Talking Points:

- Leaders plan ahead: these are non-emergency resources and can be used for counseling or information.
- Historically, risk factors present in suicide case studies are:
  - Relationship issues.
  - Depression
  - Prior suicide attempt
  - Family history of suicide
  - Financial issues.
  - Legal issues.
- What are some resources that could have helped with those issues before they became emergencies?
- Your chain of command is a source of immediate advice and referral.
- Confidential resources include the Chaplain, MFLAC, and Military One Source.
- Spend five minutes to conduct an exercise on emergency and non-emergency resources. During this exercise you will put the Military Crisis Line phone number into your cell/smartphone.
  - If time allows, then you will pick one non-emergency resource to research and find out its location, hours of operations, and phone number.
- If time allows, then you will pick one non-emergency resource to research and find out its location, hours of operations, and phone number.

### Example Speaker's Notes:

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*We have talked about the emergency resources that you use if you need to ESCORT using ACE.*

*However, before a suicide crisis develops you as a leader may need to take action to get non-emergency help for yourself or others. Risk factors identified in actual suicide cases include relationship problems, depression, prior suicide attempts, family history of suicide, financial problems, and legal problems. If you or someone you know needs non-emergency help in dealing with problems, what resources are available?*

*Group leaders, your next assignment is to take 5 minutes and have your group identify some resources they would recommend for help with relationships; help with finances; help with legal issues; help with alcohol; and help with emotional or behavioral issues.*

*You can start with the list that is on the slide and the local list and talk about what kinds of information or counseling would be available from each. You can use your mobile devices to find others if you want. Talk over and determine which ones could be used for each different need.*

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## Slide 39: Community Resource Guides



**Directions:** Use the talking points to talk about Community Resource Guides. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points

- Community Resource Guides are installation specific and often available online. They can help you find the types of non-emergency resources you need.
- Don't forget your chain of command as a resource.
- Point out to the groups that the SPPM has a resource list available for them to use too.
- During the last exercise you researched some of these resources. Please add the website for Community Resource Guides to your personal leader's list of resources.
- The point of this exercise is it takes a long time to get information and you as a Leader need the information at your fingertips.

### Example Speaker's Notes:

*Here is one other resource that can point you in the direction of others if you are on or near an installation.*

#### **FACILITATOR NOTE:**

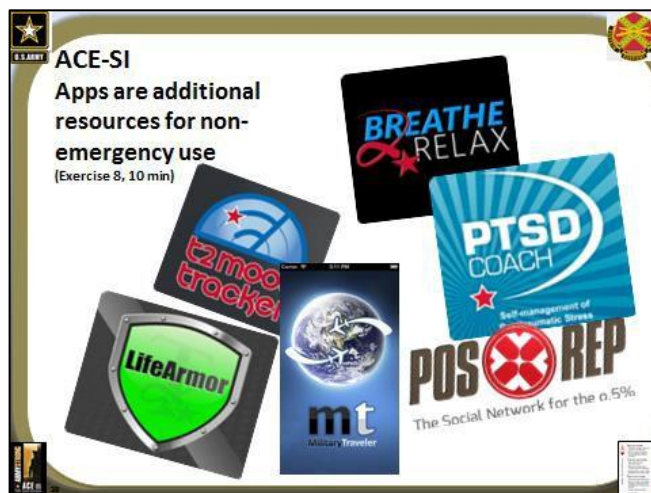
If you are conducting ACE-SI training for a primarily Reserve Component group, please also use and discuss the additional Reserve Component Resources slides provided as back-up slides.

*Your chain of command is always a good source of information and referral and can offer guidance and point you in the direction to get help for yourself or for others. You, as first line leaders, are the entry point for that chain of command for a lot of your Soldiers. You can help establish a climate that encourages them to ask for help*

*when they need it, and you can also be prepared to research and direct people who ask for help to the resources that they need.*



## Slide 40: Useful Apps (Exercise 8)



**Directions:** For Exercise 8, direct attention to the handout pages for Useful Free Apps. Use the talking points to discuss apps. Read the Example Speaker's Notes to see ways to facilitate this section of the training. If time permits and access is available, have each group take 5 minutes to download at least one app onto a Smartphone and examine it, and 5 minutes to discuss it. If a student does not have a Smartphone, have them share or observe someone who does. (Note: If you are running out of time refer training participants to the handout and have them do the exercise on their own.)

### Talking Points:

- Apps can be another non-emergency resource for you to use or recommend.
- The Useful Free Apps page in your handouts list some apps and describes them.
- Other apps are available for use as a non-emergency resource. Look for Army, DoD and Defense Centers of Excellence (DCoE) apps on the internet.
- The POS-REP app is currently only available for iPhone's at this time. Android app is under development.
- Military Traveler App is an internet based directory of installation services and resources located throughout the world.
- Are there any other Apps that you have found useful?
- The point of this exercise is that there are many free apps and websites that can help in the fight against suicide.
- As a Leader you should plan ahead by having these tools in your tool kit (at your fingertips).



### Example Speaker's Notes:

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The Army provides information via the QuickSeries Mobile app; several other free apps can be accessed and are valuable tools in the fight against suicide. All of the following apps are available for both Apple and Android devices and can be accessed by searching the name in the app store:

- **T2 Mood Tracker** – monitor and track your moods and behaviors over a period of time in order to raise your own awareness of how life events may weigh on your psychological health.
- **Breathe2Relax** – guides you through a series of deep breathing exercises to help calm and release stress and anxiety when faced with a stressful situation.
- **Tactical Breather** – guides you through exercises to gain control of both psychological and physiological responses to stress in combat situations; also useful for day to day stress.
- **PTSD Coach** – tracks symptom change over time; provides coping skills; assists in locating help; provides information regarding PTSD; provides treatment options and other key topics.
- **LifeArmor** – companion to the AfterDeployment.org website; provides information about many behavioral health topics, personal stories, and assessments to help identify feelings; provides exercises to help cope with emotions.
- **POS-Rep** – this social network app is geared towards post-9/11 veterans facing high unemployment, a rough transition to civilian life, and struggles with combat stress.
- **Military Traveler** – is an internet based directory of installation services and resources located throughout the world.

Show next slide as you continue the apps discussion and Exercise 8.

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## Slide 41: App Screen Examples



**Directions:** This slide shows screen shots for the following Smart Phone Apps: Breathe2Relax, PTSD Coach, Military Traveler, and Mood Tracker.

**Talking Points:**

- Point out which screen shots are for Breathe2Relax, PTSD Coach, Mood Tracker, and Military Traveler.
- Explain how to find these apps (go to App Store on phone or computer web browser and type inquiry in search field)

**Example Speaker's Notes:**

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*This slide shows screen shot examples of some of the Smart Phone Apps in this exercise.*

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## Slide 42: Postvention



**Directions:** Direct attention to the slide but do not read it. Use the talking points to talk about Postvention. Read the Example Speaker's Notes for ideas on how to talk about this.

### Talking Points:

- Inform your chain of command.
- Postvention refers to actions required after a suicide attempt or death by suicide to reduce the risk of contagion.
- The definition of postvention is in the handout and is not in a dictionary.
- The local commander(s) (Installation Commander) should have a postvention action plan to execute if there has been a suicide attempt or a death by suicide.
- A suicide within an organization increases risk for others within that organization and places the individual at greater risk for another attempt or a completed suicide.

### Example Speaker's Notes:

*Postvention is the term the Army uses to describe the actions that are required after a suicide or an attempted suicide.*

*If you implement ACE and ESCORT someone to get help, immediately report this to your chain of command. Suicide or attempted suicide requires an institutional response of investigation and reporting as well as other actions by leaders.*

*A suicide greatly increases stress for the unit/organization, Soldiers, leaders, Families, friends and co-workers.*

*A suicide attempt also places the individual at greater risk for another attempt or a completed suicide. As a first line leader, there are specific actions that you need to take too.*

Show next slide as you continue the discussion.

# A

## Slide 43: First Line Leader Postvention Actions

**ACE-SI**  
**First Line Leader Example of Postvention Actions**

- Support fellow Soldiers, leaders, co-workers, Families, and friends
  - ✓ Express sympathy.
  - ✓ Have a Chaplain or counselor address groups.
  - ✓ Schedule meetings with a Chaplain/counselor for individuals.
  - ✓ Consider attending memorial services and encouraging others to do so.
- Communicate (professionally or privately) in ways that reduce the risk of suicide for others
  - ✓ Don't vilify the person who died.
  - ✓ Be respectful of the feelings of Family, friends, co-workers.
  - ✓ Don't focus on the means of death.
- Support Soldiers returning to the unit after counseling or treatment
  - ✓ Help them reintegrate.
  - ✓ Act to prevent stigmatization.
  - ✓ Follow up to ensure compliance with any on-going treatment.

**Directions:** Direct attention to the slide and ask training participants to read it. Allow time for them to do so then use the talking points to discuss postvention. Read through the Example Speaker's Notes for suggestions on how to facilitate this section.

### Talking Points:

- First line leaders:
  - Support fellow Soldiers, leaders, Family, friends, co-workers.
  - It is important to quickly address the situation to reduce the likelihood of suicide by contagion.
  - Communicate in ways that do not vilify the person who died or focus on the means of death.
  - Support reintegration of Soldiers after treatment, and encourage the person to continue treatment if needed.
  - Follow up in the following months.
  - Bring in chaplains, counselors and grief counselors as valuable resources to assist.
- This information is just an abbreviated list of what is presented in DA Pam 600-24 concerning postvention actions and requirements.

### Example Speaker's Notes:

*First line leaders are the natural first line of support for their Soldiers if there is a suicide in the unit or organization. Everyone who knew the Soldier will be impacted and some will need additional support, maybe you will too. What are some ways that you can support people impacted by a suicide attempt or completed suicide? Call out some ideas.*

Allow time for responses. Be sure that they include encouraging others to get help if needed.



*You need to also be aware as a leader that the way you talk about, text about, email about, and give guidance about the suicide or attempt makes a difference to help reduce possible future suicides. Be respectful. Don't vilify the person. Don't focus on HOW he or she died.*

*If someone is reintegrating to your unit after a suicide attempt or even after hospitalization or treatment for other behavior issues, you as a leader can make a difference. What are some ways that you can support someone reintegrating?*

*Allow time for responses from the class. See talking points.*

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## Slide 44: Lesson Four Summary

**ACE-SI:**  
In this Lesson you have

- Described differences between emergency resources and non-emergency resources.
- Identified local suicide prevention resources.
- Used mobile devices to explore designated suicide-related apps and websites.
- Discussed appropriate postvention resources/actions to be used in the event of a suicide or suicide attempt.

**NEVER LEAVE A FALLEN COMRADE**

Buddies can Prevent Suicide  
Not all Wounds are Visible  
Be willing to listen.  
It is your responsibility to get help for a fellow Soldier.

**Directions:** Display slide and summarize what they have learned in this lesson.

### Talking Points:

- Slide shows what we have done in this lesson.
- Any questions?

### Example Speaker's Notes:

*In this lesson we have covered several topics: We talked about what emergency resources are and that, as a first line leader, you need to have immediately available resources in order to take necessary action in a crisis. Additionally, we discussed those non-emergency resources you should use to assist the Soldiers and Army Civilians you work with in order to reduce their risk factors and increase their coping skills.*

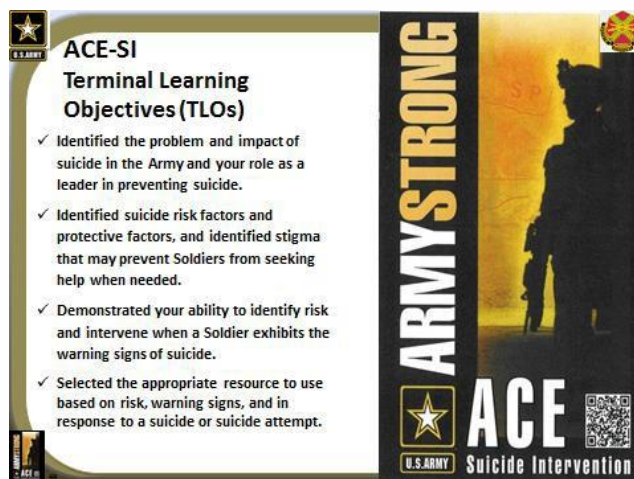
*Finally, we discussed some apps that can be helpful resources in non-emergency situations. We talked about actions and resources to use during postvention. It is important to take those postvention measures that will reduce the risks of suicide in your unit if there has been an attempted suicide or a completed suicide. It is important to think about and have a plan on what do if a suicide occurs. Make sure to consult with the experts available to you when in a postvention situation.*

*Any questions?*



## Conclusion (5 minutes)

# Slide 45: Terminal Learning Objectives (TLOs)



**Directions:** Call attention to slide and restate objective of training. Answer any questions remaining in the Parking Lot. Ask for additional questions.

### Talking Points:

- Here is what we have covered in the training.
- Let's see if we have addressed all the Parking Lot questions.
- Are there any additional questions?
- Remember, you as a LEADER have a crucial ROLE in preventing Suicides.... YOU HAVE TO ASK THE QUESTION!

### Example Speaker's Notes:

In today's training we have covered several topics: We discussed the impact of suicide on individuals and units and what is being done about it. We talked about what you, as a first line leader, can do to help reduce or prevent suicide behavior.

You have learned to recognize factors that can decrease or increase the risk of suicide. You have discussed stigma and actions that you, as a leader, can take to reduce stigma for your Soldiers and encourage them to get help when needed. One way to encourage others is to reach out for help yourself if you need it.

You practiced some effective ways to communicate. You have examined how ACE provides you with a model for your suicide immediate action drill as leaders.

Very importantly, you identified warning signs and practiced intervention. This is the critical thing to take away from this training: you as a leader have a crucial role in suicide prevention; knowing your Soldiers;

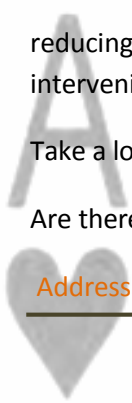
reducing stigma in the unit; staying alert for changes in behavior; using the ACE method to ASK and CARE and intervening to ESCORT the person for help when needed.

Take a look at our parking lot—have we addressed all the issues that we “parked” there?

Are there any other questions?

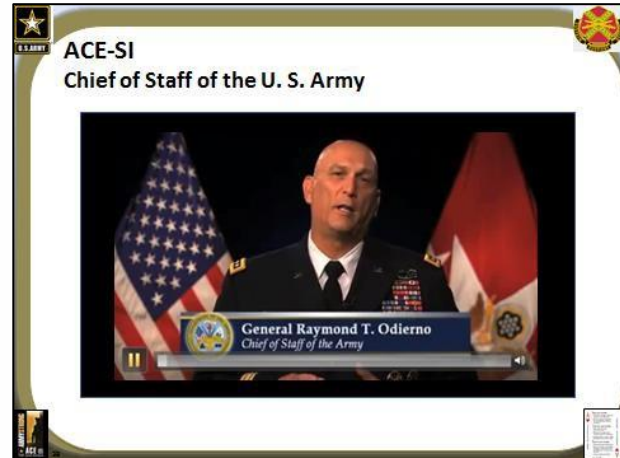
Address any remaining issues.

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# A

## Slide 46: CSA General Raymond T. Odierno Video



**Directions:** Play video of CSA General Raymond T. Odierno.

### Talking Points:

- This is a message from the Chief of Staff of the Army, General Raymond T. Odierno, about the importance of what you have learned today and about your role as a leader in preventing suicide.
- Remember you as a LEADER have a crucial ROLE in preventing Suicides.... YOU HAVE TO ASK THE QUESTION! As YOU may save a life.

### Example Speaker's Notes:

*I would like to conclude our day by directing your attention to this message from Chief of Staff of the Army, General Raymond T. Odierno. General Odierno pinpoints the importance of what you have learned here today and your role as a leader in preventing suicides.*

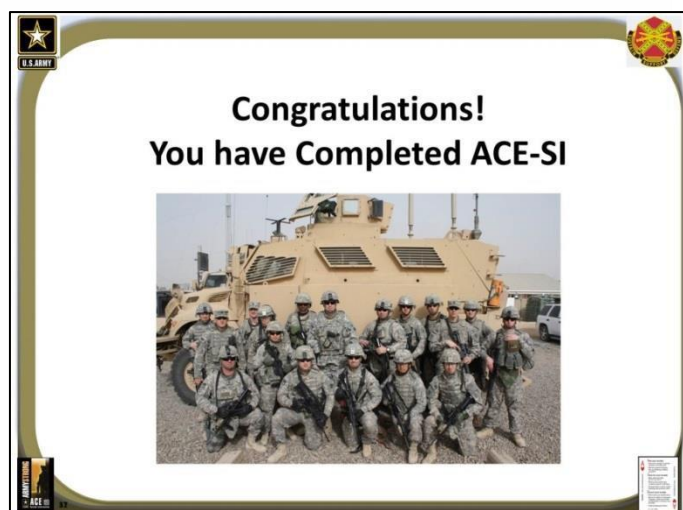
*You play a vital role!*

[Play video.](#)



# A

## Slide 47: Congratulations! Completion of ACE-SI

**Directions:** Congratulate the class on completing the course. Hand out completion certificates. Thank the training participants. Dismiss the class. Remain in classroom a minimum of 15 minutes to speak to anyone who wants to talk further.

### Talking Points:

- Thank you for your attention and participation.
- I will be in the classroom for a while if any of you have additional questions.
- Hand out completion certificates.
- Say Congratulations!!!!

### Example Speaker's Notes:

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*Thanks to all of you who have participated today! You have been a great class.*

*Thank you all for participating in the training, working in your groups, and providing great ideas! Congratulations to each of you!*

*Please collect your completion certificates for ACE-SI as you exit. Don't forget to report your completion of the ACE-SI training to your unit so that it can be recorded in your DTMS training record. I will be available here in the classroom for a while if you have any other questions or comments.*

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## APPENDIX A – TERMS AND ACRONYMS

### Terms

<b>Protective Factors</b>	<b>Protective factors</b> are skills, strengths, or resources that help people deal more effectively with stressful events. Protective factors enhance resilience and help to counterbalance risk factors (negative life events such as academic, occupational, or social pressures). Protective factors may be personal, external, or environmental. Protective factors reduce the likelihood of attempting or completing a suicide. (Defense Suicide Prevention Office (DSPO) at <a href="http://www.suicideoutreach.org">www.suicideoutreach.org</a> ) See also “Resiliency.”
<b>Resiliency</b>	Resiliency-building programs help Soldiers and Families develop life skills. They directly impact the success of suicide prevention efforts by enhancing protective factors and mitigating stressors at the earliest stages. <b>Resiliency</b> is the ability to recover and adapt despite adversity, trauma, illness, changes, or misfortunes; to “bounce back” from difficult situations. (DA PAM 600-24)
<b>Risk Factors</b>	<b>Risk factors</b> refer to an individual's characteristics, circumstances, history and experiences that raise the risk for suicide. Experiencing one of these does not necessarily mean that a person is contemplating suicide or self-harm. However, these negative experiences do increase the risk of suicidal behavior when compared with individuals who have not experienced such events. ( <a href="http://www.suicideoutreach.org">www.suicideoutreach.org</a> )
<b>Stigma</b>	The perception among leaders and Soldiers that help-seeking behavior will either be detrimental to their career (e.g., prejudicial to promotion or selection to leadership positions) or that it will reduce their social status among their peers. <i>Army Health Promotion Risk Reduction Suicide Prevention Report 2010 Glossary</i>
<b>Warning Sign</b>	It is often associated with a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show signs that indicate that they are at risk of attempting or dying by suicide. (Defense Suicide Prevention Office at <a href="http://www.suicideoutreach.org">www.suicideoutreach.org</a> ) <i>Suicide can be prevented</i> . While some suicides occur without any obvious warning, most individuals considering suicide do give <b>warning signs</b> . (DA PAM 600-24)
<b>Postvention</b>	The <b>postvention</b> stage begins after a suicide or attempted suicide and always requires institutional intervention. The postvention response generally falls into two categories: <ul style="list-style-type: none"> <li>• <i>Treat</i>: Programs whose primary purpose is to provide long-term or a sustained effort to reduce or eliminate a negative outcome or the propensity to engage in suicidal, high risk or other negative behaviors;</li> <li>• <i>Inquiry</i>: Programs whose primary purpose is to provide interpretation (investigation) or information (report) of the facts and circumstances following a suicide or high risk event. Activities within these two categories represent the Army response to a completed suicide or suicide attempt.</li> </ul> Some programs within the postvention domain include: Criminal Investigative Division (CID) Report of Investigation, AR 15-6 investigations, Serious Incident Reports (SIR), DoD Suicide Event Report (DoDSER), ABHIDE (Army Behavioral Health Integrated Data Environment), Sexual Harassment Assault Response and Prevention (SHARP), Family Advocacy Program (FAP), Army Substance Abuse Program (ASAP). The goal of suicide postvention is to support those affected by a suicide or attempt, promote healthy recovery, reduce the possibility of suicide contagion, strengthen unit cohesion, and promote continued mission readiness. (DA PAM 600-24)

## Acronyms Related to Suicide Prevention

ACE	Ask, Care, Escort
ACE-SI	Ask, Care, Escort-Suicide Intervention
ACS	Army Community Service
ADCO	Alcohol and Drug Control Officer
AER	Army Emergency Relief
AFTB	Army Family Team Building
Army STARRS	Army Study To Assess Risk and Resilience in Service members
ASAP	Army Substance Abuse Program
ASIST	Applied Suicide Intervention Skills Training
ASPP	Army Suicide Prevention Program
ARD	Army Resiliency Directorate
BH	Behavioral Health
BOSS	Better Opportunities for Single Soldiers
CAO	Casualty Assistance Officer
CATEP	Confidential Alcohol Treatment and Education Program
COSC	Combat Operational Stress Control
CSF	Comprehensive Soldier Fitness
DoDSER	Department of Defense Suicide Event Report
DSPO	Defense Suicide Prevention Office
EAP	Employee Assistance Program
EFMP	Exceptional Family Member Program
FAP	Family Advocacy Program
FRG	Family Readiness Group; (vFRG - Virtual Family Readiness Group)
FRP	Financial Readiness Program
GAT	Global Assessment Tool
HPRR	Health Promotion Risk Reduction
MFLC	Military Family Life Consultants
MOS	Military OneSource ( <i>This is NOT a military crisis line.</i> )
mTBI	mild Traumatic Brain Injury
MTF	Military Treatment Facility
NPSP	New Parent Support Program
PDHA	Post-Deployment Health Assessment
PDHRA	Post-Deployment Health Reassessment
PHC	Public Health Command
PTSD	Post Traumatic Stress Disorder
R2C	Ready and Resilient Campaign
R3SP	Resilience, Risk Reduction and Suicide Prevention
RRP	Risk Reduction Program
SARC	Sexual Assault Response Coordinator
SFAC	Soldier Family Assistance Center
SHARP	Sexual Harassment Assault Response and Prevention
SMA	Sergeant Major of the Army

SOS	Survivor Outreach Services
SPAP	Suicide Prevention Action Plan
SPPM	Suicide Prevention Program Manager
SRT	Suicide Response Team
SSART	Specialized Suicide Augmentation Response Team
TBI	Traumatic Brain Injury
UMT	Unit Ministry Team
VA	Veterans Administration
WTU	Warrior Transition Unit

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## APPENDIX B – REFERENCES

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- AR 15-6, Procedures for Investigating Officers and Boards of Officers
- AR 165-1, Army Chaplain Corps Activities
- AR 600-63, Army Health Promotion
- AR 600-85, Army Substance Abuse Program
- AR 608-1, Army Community Service Center
- AR 608-18, Army Family Advocacy Program
- AR 600-20, Army Command Policy
- AR 190-45, Law Enforcement Reporting
- AR Field Manual 4-02.41, Combat Operational Stress Control
- Army Directive 2012-13 Policy and Implementing Guidance for Deployment Cycle Support (DCS)
- Ask, Care, Escort Suicide Intervention (ACE-SI) Evaluation 2009
- Ask, Care, Escort Suicide Intervention (ACE-SI) Validation Preliminary Results
- DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention
- DoDI 1010.5, Education, Training in Alcohol and Drug Abuse Prevention DoDI 6200.04, Force Health Protection
- DoDI 6490.05, Maintenance of Psychological Health in Military Operations, November 22, 2011
- DoDI 6490.1, Mental Health Evaluations of Members of the Armed Forces
- DoDI 6490.4, Requirements for Mental Health Evaluations of Members of the Armed Forces
- DoDI 6490.5, Combat Stress Control (CSC) Programs
- DODI 6495.01, Sexual Assault Prevention and Response (SAPR) Program
- HQDA EXORD 09-037: Army Substance Abuse Program
- MEDCOM 40-38, Command Directed Mental Health Evaluations
- TRADOC PAM 525-8-2, Army Learning Concept for 2015

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## APPENDIX C – WEB RESOURCES

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ACS's Employment Readiness Program	<a href="http://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/EmploymentReadiness/default.aspx">http://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/EmploymentReadiness/default.aspx</a>
Afterdeployment.org	<a href="http://afterdeployment.org">http://afterdeployment.org</a>
AMEDD Health and Wellness courses	<a href="https://ameddciviliancorps.amedd.army.mil/CivilianCorps.aspx?ID=e6a2e88e-e76c-4ee0-9806-54b5dfd74348">https://ameddciviliancorps.amedd.army.mil/CivilianCorps.aspx?ID=e6a2e88e-e76c-4ee0-9806-54b5dfd74348</a>
American Red Cross	<a href="http://www.redcross.org">www.redcross.org</a>
Army Behavioral Health	<a href="http://www.behavioralhealth.army.mil/">http://www.behavioralhealth.army.mil/</a>
Army Emergency Relief	<a href="http://www.aerhq.org">http://www.aerhq.org</a>
Army Health Promotion Course	<a href="http://phc.amedd.army.mil/pages/training.aspx">http://phc.amedd.army.mil/pages/training.aspx</a>
Army OneSource	<a href="http://www.myarmyonesource.com">http://www.myarmyonesource.com</a>
Army Regulations	<a href="http://www.apd.army.mil">http://www.apd.army.mil</a>
Army Sexual Harassment and Assault Prevention Program	<a href="http://www.sexualassault.army.mil/">http://www.sexualassault.army.mil/</a>
Army STARRS	<a href="http://www.armystarrs.org/">http://www.armystarrs.org/</a>
Army Suicide Prevention Program	<a href="http://www.preventsuicide.army.mil">http://www.preventsuicide.army.mil</a>
Center for Disease Control and Prevention (CDC)	<a href="http://www.cdc.gov/">http://www.cdc.gov/</a>
Community Resource Guides	<a href="http://phc.amedd.army.mil/topics/healthyliving/hpr/Pages/CommunityResourceGuides.aspx">http://phc.amedd.army.mil/topics/healthyliving/hpr/Pages/CommunityResourceGuides.aspx</a>
Comprehensive Soldier and Family Fitness DCoE's Training website	<a href="http://csf2.army.mil/">http://csf2.army.mil/</a>
Defense Centers of Excellence for Psychological Health & Traumatic Brain Injury (DCoE)	<a href="http://www.dcoe.health.mil/Training.aspx">http://www.dcoe.health.mil/Training.aspx</a>
DoD Issuances (Directives, Instructions, Publications & Manuals)	<a href="http://www.dcoe.health.mil/">http://www.dcoe.health.mil/</a>
Federal Employee Assistance Program	<a href="http://www.dtic.mil/whs/directives/">http://www.dtic.mil/whs/directives/</a>
Guard Your Buddy	<a href="http://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/">http://www.opm.gov/policy-data-oversight/worklife/employee-assistance-programs/</a>
Joining Forces	<a href="http://guardyourbuddy.com/">http://guardyourbuddy.com/</a>
Marriage Counseling via Military OneSource	<a href="http://www.joiningforces.gov">www.joiningforces.gov</a>
Military Pathways	<a href="http://www.militaryonesource.com">www.militaryonesource.com</a>
Military Spouse Employment Partnership	<a href="https://www.militarymentalhealth.org/">https://www.militarymentalhealth.org/</a>
National Action Alliance for Suicide Prevention	<a href="https://msepjobs.militaryonesource.mil/">https://msepjobs.militaryonesource.mil/</a>
	<a href="http://www.actionallianceforsuicideprevention.org">http://www.actionallianceforsuicideprevention.org</a>



National Guard Bureau Joint Services Support	<a href="http://www.jointservicesupport.org">http://www.jointservicesupport.org</a>
National Resource Directory	<a href="https://www.nrd.gov">https://www.nrd.gov</a>
National Suicide Prevention Lifeline	<a href="http://www.suicidepreventionlifeline.org/">http://www.suicidepreventionlifeline.org/</a>
Office of the Undersecretary of Defense for Personnel and Readiness (USD P&R)	<a href="http://prhome.defense.gov/">http://prhome.defense.gov/</a>
Ready and Resilient	<a href="http://www.army.mil/readyandresilient">http://www.army.mil/readyandresilient</a>
Sergeant Major of the Army Raymond Chandler Public Service Announcement	<a href="http://www.youtube.com/watch?v=fq2A_xy6uCA">http://www.youtube.com/watch?v=fq2A_xy6uCA</a>
SPRC's Best Practices Registry	<a href="http://www2.sprc.org/bpr/index">http://www2.sprc.org/bpr/index</a>
Strong Bonds	<a href="http://www.strongbonds.org">http://www.strongbonds.org</a>
Studies and Statistics on Suicide	<a href="http://www.oas.samhsa.gov/violence.htm">http://www.oas.samhsa.gov/violence.htm</a>
Substance Abuse and Mental Health Services Administration (SAMHSA)	<a href="http://www.samhsa.gov/vets/">http://www.samhsa.gov/vets/</a>
The Suicide Prevention Resource Center (SPRC)	<a href="http://www.sprc.org/index.asp">http://www.sprc.org/index.asp</a>
TRICARE Telemental Health Service	<a href="http://www.tricare.mil/telementalhealth">www.tricare.mil/telementalhealth</a>
U.S. Department of Veterans Affairs (VA)	<a href="http://www.va.gov/">http://www.va.gov/</a>
US Air Force (Official Website)	<a href="http://www.af.mil/">http://www.af.mil/</a>
US Air Force Suicide Prevention Program	<a href="http://www.af.mil/suicideprevention.asp">http://www.af.mil/suicideprevention.asp</a>
US Army (Official Website)	<a href="http://www.army.mil/">http://www.army.mil/</a>
US Coast Guard (Official Website)	<a href="http://www.uscg.mil/">http://www.uscg.mil/</a>
US Coast Guard Suicide Prevention Program	<a href="http://www.uscg.mil/worklife/suicide_prevention.asp">http://www.uscg.mil/worklife/suicide_prevention.asp</a>
US DoD Suicide Prevention	<a href="http://www.suicideoutreach.org">www.suicideoutreach.org</a>
US DoD Sexual Assault Prevention and Response Office	<a href="http://www.sapr.mil">www.sapr.mil</a>
US Marine Corps (Official Website)	<a href="http://www.marines.mil/Pages/Default.aspx">http://www.marines.mil/Pages/Default.aspx</a>
US Marine Corps Suicide Prevention and Response Program	<a href="https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/G_Behavioral%20Health/B_Suicide%20Prevention">https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/G_Behavioral%20Health/B_Suicide%20Prevention</a>
US Navy (Official Website)	<a href="http://www.navy.mil/swf/index.asp">http://www.navy.mil/swf/index.asp</a>
US Navy Suicide Prevention Program	<a href="http://www.public.navy.mil/bupers-npc/support/suicide_prevention/Pages/default.aspx">http://www.public.navy.mil/bupers-npc/support/suicide_prevention/Pages/default.aspx</a>
USA.gov Mobile Apps	<a href="http://apps.usa.gov">http://apps.usa.gov</a>
Vets 4 Warriors	<a href="http://www.vets4warriors.com/">http://www.vets4warriors.com/</a>
Yellow Ribbon Reintegration Program	<a href="http://www.yellowribbon.mil/">www.yellowribbon.mil/</a>

## **APPENDIX D – ACTIVE COMPONENT HANDOUTS**

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**Directions:** Print 1 copy of all the pages of Appendix D for each student. This appendix is designed to be printed front to back.

## **ACE-SI Definitions**

**Protective Factors:** Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events. Protective factors enhance resilience and help to counterbalance risk factors (negative life events such as academic, occupational, or social pressures). Protective factors may be personal, external, or environmental. They reduce the likelihood of attempting or completing a suicide. ([www.suicideoutreach.org](http://www.suicideoutreach.org))

**Risk Factors:** Risk factors refer to an individual's characteristics, circumstances, history and experiences that raise the risk for suicide. Experiencing one of these does not necessarily mean that a person is contemplating suicide or self-harm. However, these negative experiences do increase the risk of suicidal behavior when compared with individuals who have not experienced such events. ([www.suicideoutreach.org](http://www.suicideoutreach.org))

**Warning Signs:** It is often associated with a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show signs that indicate that they are at risk of attempting or dying by suicide. ([www.suicideoutreach.org](http://www.suicideoutreach.org)) While some suicides occur without any obvious warning, most individuals considering suicide do give warning signs.

**Stigma:** The perception among leaders and Soldiers that help-seeking behavior will either be detrimental to their career (e.g., prejudicial to promotion or selection to leadership positions) or that it will reduce their social status among their peers. *Army Health Promotion Risk Reduction Suicide Prevention Report 2010 Glossary*

The stigma associated with receiving behavioral healthcare takes on an added significance in the Army. Soldiers may feel they cannot acknowledge the need for help without negatively impacting their careers. But Commanders have a legitimate “need to know” about the behavioral health and physical capabilities of their Soldiers in order to safely and efficiently carry out their mission. To combat the belief that seeking help is a sign of weakness, commanders are encouraged to reinforce the personal courage it takes to seek behavioral health help. The key to stigma reduction is leadership emphasis at all levels.

**Postvention:** Postvention is the actions that are required when an individual has attempted or completed a suicide. The goal of suicide postvention is to support those affected by a suicide or attempt, promote healthy recovery, reduce the possibility of suicide contagion, strengthen unit cohesion, and promote continued mission readiness. (DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention)

**Examples of Leader Postvention Actions:** (DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention):

- Provide care for a Soldier who has expressed suicide ideation or has attempted suicide.
- Provide care to the Family of those individuals who have attempted or completed suicide.
- Provide care to the friends of someone who has attempted or completed suicide.
  - Provide an outlet for those affected to express and process their emotions.
  - Ensure each Soldier in the unit is notified of a death.
  - Have a chaplain or behavioral health provider available to address the Soldiers as a group and be available to Soldiers who need to talk further.
  - Specifically identify Soldiers who were close to the deceased and have an appropriate person in their chain of command offer support.
  - Following a suicide, stress that the outcome of a crisis need not be suicide; there are alternatives.
- Educate leaders on the importance of the buddy system.
- Honor the Soldier and support the disposition of remains. Funeral honors are an important part of the healing process for fellow Soldiers of the deceased and Family members.
- Collect and communicate suicide data for lessons learned, trend analysis, and to enhance quality of care.

## **AC Soldier Scenario (Exercise 3)**

<p><b>EXERCISE 3 – YOU AND YOUR UNIT:</b> You are a first line leader in a Brigade Combat Team (BCT) stationed at Ft Stewart, GA. Your unit deployed 9 months to Afghanistan nearly two years ago. About 16% of your Soldiers now assigned did not deploy with you. LT Coleman is your Platoon Leader; you deployed together and value her advice. She is a squared away fast-tracking leader who is well respected in the unit, soon to be CPT. Your unit is slated for a future deployment rotation to South Korea and is now at Ft Drum for a Mission Readiness Exercise (MRE).</p>	<p><b>SPC Andrew Brooks:</b> 26 years old, married, from Tuscaloosa, Alabama; lives in off-post housing. 2 years, 10 months of service; he served one tour in Afghanistan with another unit (an Engineer Route Clearance Company) as a vehicle operator. They were hit with IEDs (Improvised Explosive Devices) on five convoys; two were very close to him. He seems likeable and has close friends in the unit. He mentions he met his wife through an internet chat room after his return from Afghanistan, and they dated for three weeks before they got married. Rumor is that SPC Brooks' wife is jealous of all his friends. Before he was married, SPC Brooks was very outgoing; he used to joke all the time and he loved grilling at his house for his friends, but now he doesn't smile or talk as much and does not go out with his friends.</p>
<p><b>PFC Mike Anderson:</b> 20 years old, single, from Syracuse, New York; lives in post barracks. Has 1 year, 10 months of service, but no deployment experience. He seems quiet and socially awkward. Last time you spoke with PFC Anderson, he said he liked the post, but didn't much like military life. You've noticed he appears proficient in his MOS (92F, Petroleum Supply Specialist), takes pride in his work, and is above average in physical fitness. He is a gamer and has invested lots in his gear. He mentioned he misses going to church with his sister, Valerie. PFC Anderson seems to stay to himself most of the time. A peer of yours told you that PFC Anderson said he misses deer hunting with his uncle; and that he has a nice rifle back at home.</p>	<p><b>LT Elizabeth Coleman:</b> 26 years old, married, from Madison, Wisconsin. Lives with her husband and 5 year old son off post. Has 3 years, 11 months of service. During her last deployment as platoon leader, her platoon was hit three times by IEDs. Diagnosed with PTSD and depression, prescribed medication, attended counseling for depression. A week before your MRE, LT Coleman said she has a pistol at home and likes to target shoot with her husband. They also are planning and coordinating a big family trip and extended family reunion at Disney World to celebrate her parents' 25<sup>th</sup> wedding anniversary as a surprise gift.</p>

ACE-SI Group Exercise Record Form

Leader Actions: Your assessment, course(s) of action, and resources to use		Stigma Issues and How to Overcome Them	Warning Signs of Imminent Suicide	Risk Factors	Protective Factors

Exercise #4

Exercise #5

## **AC Soldier Scenario (Exercise 4)**

### **EXERCISE 4 – FT DRUM MRE:**

Your unit is now in week 2 of a Winter MRE at Ft Drum, NY. The weather has been very cold and most of the unit has never seen so much snow. The MRE has been challenging .....weather..... maintenance issues ....inexperience ....higher level staff mistakes, but after some internal adjustments, your unit is beginning to operate to standards. Morale is improving except for a couple Soldiers—Anderson and Brooks. The MRE is ramping up intensity and your unit will undergo a night platoon live fire exercise in 72 hours, but today your unit is concentrating on convoy operations. Your convoy is to depart at 0500, and you discover at 2000 that several vehicles are not topped off.

**SPC Brooks:** During your convoy training your unit is hit by OPFOR (Opposing Forces) using small arms blank ammunition and artillery simulators . Your unit responds well to the attack. During the AAR (After Action Review) you see Brooks outside the AAR circle facing away, on a knee with his helmet off, holding his head in his hands. A Soldier tells him to be strong..."Brooks, Suck It Up!" As you approach him, he appears really shaken up. When you ask if he's ok, he says he can't explain what happened when the artillery simulators went off. As you continue talking Brooks surprises you by saying his wife is asking for a divorce.

**PFC Anderson:** Anderson is supposed to open the fuel point at 0400. You stop at the fuel point at 0430 and no one is manning it. You see Anderson running to the fuel point. He has not shaved and appears not to have bathed in a few days. As he sets up the fuel point you explain the importance of fueling the vehicles on time. He makes a comment bordering on disrespect. After squaring him away, you explain what you expect in field hygiene. The next morning he has the fuel point open early and his appearance is improved, but he is very quiet, even for him. When you ask if he's ok, he hesitates in responding, saying he shouldn't bother you with his problems. After you reassure him, he tells you his stepmother took most of his money from his bank account; since he's so close to home he asks to go take care of this problem. He tells you he is meeting the chaplain tonight.

**LT Coleman:** Her leadership has noticeably improved the unit's readiness during the MRE. However she believes we shouldn't encourage Soldiers to talk about their personal issues or seek help outside the unit. She believes their careers will suffer if referred to counseling. The 1SG has been talking about the number of Soldiers returning to the rear for "emotional" reasons. She has decided to discontinue her counseling for fear of her own career. She says "We've been through this together and we can handle problems on our own." She tells you on her last deployment she discovered her husband was running up credit cards because of financial problems after he was forced to go to a part time status at work..... due to her deployment.



PFC Anderson



SPC Brooks



LT Coleman

## **AC Soldier Scenario (Exercise 5)**

<p><b>EXERCISE 5 – EARTHQUAKE in JAPAN:</b> After the MRE, your unit is directed to stand down from the planned deployment. Then, a month later, your unit is deployed on short notice to support recovery efforts in Japan following a severe earthquake and tsunami killing an estimated 15,000 Japanese. It is not known how long the recovery operations will last, but you are told to plan to be deployed 2-4 months. Your primary missions focus on providing key site security, Non-Governmental Organization (NGO) convoy and humanitarian assistance security and support, establishing safe, secure refugee sites, and restoring essential services. After a week, the situation is so bad that your unit is tasked the mission to assist with human remains recovery efforts; a gruesome task for which no one has received any training or instruction.</p>	<p><b>SPC Brooks:</b> After a number of loud unexpected vehicle backfires startled Brooks, he is prescribed medication for anxiety. He also had 3 teeth removed from an injury and is prescribed Vicodin. Brooks is admitted to the Psychiatric Unit for treatment after overdosing on Vicodin mixed with alcohol. During his recovery he admits to you he's had suicidal thoughts since he was 16. After his return to the unit he tells you he is stopping his meds. You notice he has cut marks on both forearms. When you ask about the cuts, he says he got them clearing debris - but he seems uncomfortable in his explanation. Another Soldier tells you Brooks listens to old school Nirvana continually, and his Facebook profile is "Seriously Demented".</p>
<p><b>PFC Anderson:</b> During the deployment, Anderson went on emergency leave to attend the funeral of his brother who died in a motorcycle accident. He tells you while he was home he signed over the title of his own motorcycle to his uncle and sold his gaming gear to help pay for his brother's funeral. He continues to have problems with his stepmother tapping his bank account. He tells you he is meeting the Battalion Chaplain regularly to cope with his brother's death, but that his sister has just quit talking about it and during his last Skype with her she freaked out. After completing his shift recovering human remains, he is involved in a physical altercation with his roommates who are harassing him for "acting and looking weird". During counseling Anderson makes a hand gesture that appears he's pointing a gun at his roommate, then putting it in his mouth; pulling the trigger.</p>	<p><b>LT Coleman:</b> She spends the majority of her days out with the Soldiers and has kept the unit motivated and focused on professional support to the humanitarian assistance mission, closely observing her Soldiers supporting the gruesome task recovering human remains. Privately, she tells you after she got her husband to get some financial counseling, he drove to Alabama with his brother and lost \$5,000 at the casinos, trying to score big off their last open credit card. Now they may have to foreclose on their home and move into an apartment when she returns. She appears very depressed and tells you she's glad she had a chance to update her will, stating "... that's the only way my son will ever get to Disney World".</p>



## **Active Listening**

An effective Leadership skill is to actively listen to the person you are communicating with. Here is a brief list of important “DOs and DON'Ts” to follow when listening to an individual:

### **Do:**

- DO genuinely want to listen. Give eye contact.
- DO accept the other person's feelings, whatever they may be.
- DO have a deep feeling of trust in the other person's capacity to handle his/her feelings.
- DO understand that feelings are transitory and not permanent.
- DO see the other person as separate from yourself.
- DO check your understanding of what the person is trying to convey by using phrases such as “What I hear you saying is...” or “I understand you to mean ...” This lets you confirm that you are understanding exactly what is meant.
- DO ask open ended questions, allowing the Soldier to engage in conversation.

### **Don't:**

- DON'T pretend to be listening while you are really focusing on something else, or in a hurry.
- DON'T say – “You shouldn't feel that way,” “Don't cry,” “I wouldn't feel that if I were you,” or “Getting upset won't change anything.”
- DON'T give directives, or say straight away what you would do in their situation.
- DON'T over react to strong feelings from others or imply that it is abnormal.
- DON'T become over-involved with needing to rescue others from difficulty or fight their battles for them. Empathy and understanding is preferable to becoming overly identified with their experiences.
- DON'T ask leading questions.

## **AC Soldier Scenario (Exercise 6)**

<p><b>EXERCISE 6 – BACK IN GARRISON:</b> Your unit returned from Japan four months ago, just in time for an intensive National Training Center (NTC) prep and, then, last minute cancellation. Soldiers are physically and mentally worn out, but are proud of the difference they made in Japan. Though most of your Soldiers have reintegrated with their families well, many are still having difficulties at home and in the community. Your Soldiers are adjusting to garrison life with reduced training funds and reduced funding in fuel, ammunition, and repair parts. Training is far from challenging and is limited to classrooms. With reduced funding, “non-essential” post support contracts are terminated. Your Soldiers are now performing installation duties such as mowing grass, trimming shrubs, painting rooms, and Post trash removal.</p>	<p><b>SPC Brooks:</b> Brooks tells you he and his wife seem to be working things out by going to marriage counseling. But, his wife stops you at the PX and tells you he is having really bad nightmares about fighting with the devil. She said one night he got out of bed and ran down the hall with a loaded pistol, shouting at someone who wasn't there. She tried to get him to go to the behavioral health clinic for counseling, but this is causing arguments since he is concerned about the impact on his career. She says he trusts you, but not the system, and asks you to help him. He bought Anderson's brother's motorcycle, and within 2 weeks was ticketed twice for speeding off post, the second time also for reckless driving. When counseling him, he finally confesses “my life is a mess...I just don't have what it takes; I couldn't even kill myself, maybe this time I'll succeed.”</p>
<p><b>PFC Anderson:</b> Anderson discovered wood carving to relieve the stress while in Japan, and bought some quality wood carving tools. When he returned, he started classes at the local college and perfected the art of making figures of Soldiers. He becomes a part time instructor at the post Arts and Crafts Center as an Army Civilian, building a reputation for personalizing carvings of Soldiers for unit departure awards. A couple of his roommates, still in the unit, tell you his sister killed herself. You drop by the Arts &amp; Crafts shop to see how he's doing. He says he could have helped his sister if he'd gone home after his discharge and he feels responsible. With his brother and sister gone, he believes his life is hopeless. He says “No one would care if I was gone”, then throws his tools in the garbage can.</p>	<p><b>LT Coleman:</b> You've started noticing that LT Coleman appears to drift off during conversations with a pale chilling look on her face. When she snaps out of it, she says she still sees the faces of crying Japanese parents holding on to their dead children. You've seen her with her family at church services since returning from Japan, but not for the past month. You mention you haven't seen her in church lately and ask if she's ok. She tells you she is having regular nightmares about Japan. She also mentions her 5 yr old son contracted Lyme Disease. She now has many scheduling issues causing additional stress with doctor's appointments, pharmacy stops, in addition to endless phone calls with banks and creditors. Visualizing the dead children in Japan, she says “I wouldn't go on if I lost my son.”</p>

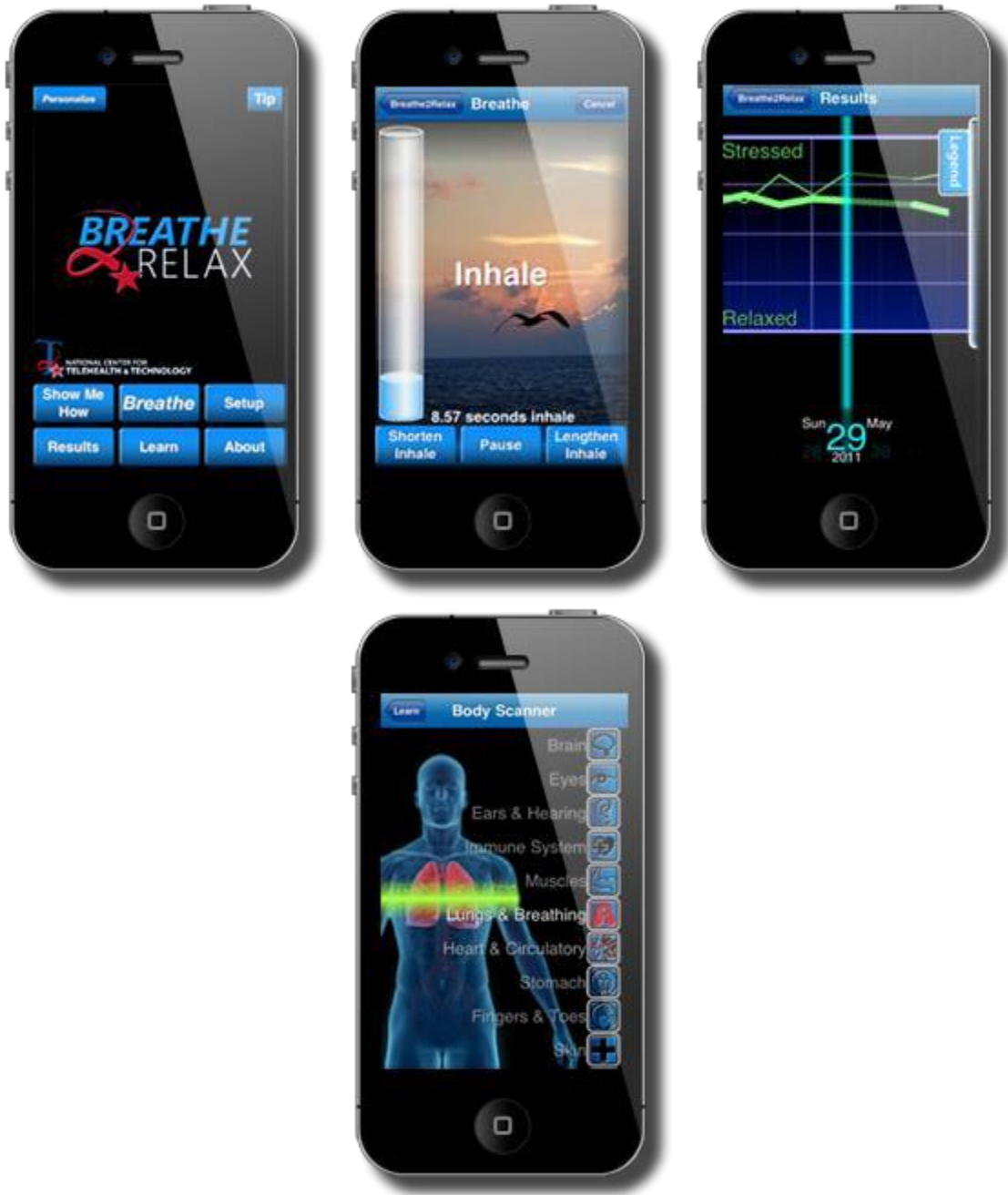
## **Useful Free Smart Phone Apps (Exercise 7)**

While the Army provides materials via the QuickSeries Mobile app, there are several other free apps that can be accessed and are valuable tools in the fight against suicide. All of the following apps are available for both Apple and Android devices and can be accessed by searching the name in the app store:

1. **T2 Mood Tracker** – This app allows you to monitor and track your moods and behaviors over a period of time in order to raise your own awareness of how life events may weigh on your psychological health. It can be useful as a tool to share with your therapist or provider for insight into your day to day health.
2. **Breathe2Relax** – This app guides you through a series of deep breathing exercises to help calm and release stress and anxiety when faced with a stressful situation.
3. **Tactical Breather** – This app is similar to the Breathe2Relax, but was created for service members and was intended to train and guide you through exercises to gain control of both psychological and physiological responses to stress in combat situations. It is useful for day to day stressful situations as well.
4. **PTSD Coach** – This app consists of a self-assessment module that allows you to track changes in symptoms over time, a manage symptoms module that provides coping skills and assistance for common problems, a support module that helps in locating help in times of need and an education module that provides information regarding PTSD, treatment options and other key topics.
5. **LifeArmor** – This app is a companion to the AfterDeployment.org website. It provides information about many behavioral health topics, personal stories, and assessments to help identify feelings. Once it has helped identify the feelings, it provides exercises to help cope with the emotions.
6. **Pos-Rep** – This social networking app geared towards post-9/11 veterans facing high unemployment, a rough transition to civilian life, and struggles with combat stress. Pos-Rep is available free through the Apple Software Store. An Android version is to be released soon, available on Google Play.
7. **Military Travel** – This app is an internet based directory of military installation services and resources available, which are located throughout the world. Army, Air Force, Navy, and Marine installations are included. It is a quick reference guide for who are traveling or planning their travels.



T2 Mood Tracker Phone App Screen Shots



Breathe2Relax Phone App Screen Shots



PTSD Coach Phone App Screen Shots



LifeArmor Phone App Screen Shots

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## **APPENDIX E – RESERVE COMPONENT HANDOUTS**

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**Directions:** Print 1 copy of all the pages of Appendix E for each student. This appendix is designed to be printed front to back.



## **ACE-SI Definitions**

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**Warning Signs:** It is often associated with a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show signs that indicate that they are at risk of attempting or dying by suicide. ([www.suicideoutreach.org](http://www.suicideoutreach.org)) While some suicides occur without any obvious warning, most individuals considering suicide do give warning signs.

**Stigma:** The perception among leaders and Soldiers that help-seeking behavior will either be detrimental to their career (e.g., prejudicial to promotion or selection to leadership positions) or that it will reduce their social status among their peers. *Army Health Promotion Risk Reduction Suicide Prevention Report 2010 Glossary*

The stigma associated with receiving behavioral healthcare takes on an added significance in the Army. Soldiers may feel they cannot acknowledge the need for help without negatively impacting their careers. But Commanders have a legitimate “need to know” about the behavioral health and physical capabilities of their Soldiers in order to safely and efficiently carry out their mission. To combat the belief that seeking help is a sign of weakness, commanders are encouraged to reinforce the personal courage it takes to seek behavioral health help. The key to stigma reduction is leadership emphasis at all levels.

**Postvention:** Postvention is the actions that are required when an individual has attempted or completed a suicide. The goal of suicide postvention is to support those affected by a suicide or attempt, promote healthy recovery, reduce the possibility of suicide contagion, strengthen unit cohesion, and promote continued mission readiness. (DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention)

**Examples of Leader Postvention Actions:** (DA PAM 600-24 Army Health Promotion, Risk Reduction, and Suicide Prevention):

- Provide care for a Soldier who has expressed suicide ideation or has attempted suicide.
- Provide care to the Family of those individuals who have attempted or completed suicide.
- Provide care to the friends of someone who has attempted or completed suicide.
  - Provide an outlet for those affected to express and process their emotions.
  - Ensure each Soldier in the unit is notified of a death.
  - Have a chaplain or behavioral health provider available to address the Soldiers as a group and be available to Soldiers who need to talk further.
  - Specifically identify Soldiers who were close to the deceased and have an appropriate person in their chain of command offer support.
  - Following a suicide, stress that the outcome of a crisis need not be suicide; there are alternatives.
- Educate leaders on the importance of the buddy system.
- Honor the Soldier and support the disposition of remains. Funeral honors are an important part of the healing process for fellow Soldiers of the deceased and Family members.
- Collect and communicate suicide data for lessons learned, trend analysis, and to enhance quality of care.

## RC Soldier Scenario (Exercise 3)

<p><b>EXERCISE 3 – YOU AND YOUR UNIT:</b>          You are a first line leader in a Reserve Component Quartermaster Co in Independence, KS that deployed to Afghanistan two years ago. It's not likely your unit will redeploy. About 24% of the unit didn't deploy with you. Most senior leaders that deployed are no longer with your unit; some of the junior leaders that deployed are now in senior positions. Many of the Soldiers don't live in the Independence area; you only see the Soldiers once a month, so you communicate by email, phone, text, Facebook, etc. LT Freeland is your Platoon Leader. She is a squared away fast-tracking leader; very well respected in the unit, soon to be CPT....You deployed together 2 years ago – she was the rock of the platoon when things got tough; you value her advice.</p>	<p><b>SPC Robert Edwards:</b> 24 years old, married, with a 4 year old daughter, from Parsons, KS (32 miles from unit). Has 4 years, 10 months of service with one tour in Afghanistan with your unit and was on three convoys hit by IEDs; one explosion was very close to him. He returned early due to family problems – his wife's care for their daughter. He feels embarrassed discussing the reason for his early return. His wife has a history of cheating on him. He became close as a brother to SGT Davis, a cross leveled Soldier during deployment, who returned to Ohio. They stay in contact and his wife says he seems closer to him than her. He received a promotion in his civilian job but had to move to Tulsa, OK, over 100 miles away and his wife wouldn't leave her job to move with him. He is an avid hunter and prizes his two hunting dogs and rifle collection.</p>
<p><b>PFC Philip Daniels:</b> 19 years old, single, from Coffeyville, KS (15 miles from Independence). Has 1 year, 3 months of service and no deployments. Completed Supply Specialist (92Y) AIT. Full-time Warehouse Worker at Wal-Mart; attends evening college. He and his brother play in a local adult soccer league and he likes playing X-Box. Though he doesn't own any weapons, he likes shooting his brother's pistols. He's well-liked and is bonding with others in the unit and is known for being very conscientious, sharp and does more than his share of the work. He and some friends often go to church services together. He has an older brother and a younger sister. His brother belongs to the same RC unit and they drive together. They grew up with alcoholic mother and stepfather. Mother has rage and anger issues as well as financial problems since being laid off.</p>	<p><b>LT Stephanie Freeland:</b> 25 years old, married, with a 5 year old daughter (Anna), from Pittsburg, KS (70 miles from unit); her civilian job is in Independence. Has 4 years of service. Served with you in Afghanistan and has a reputation as a Super Trooper. Though well respected, she has feelings of guilt over the loss of several Soldiers from IED attacks on her convoys. Her twin brother told you she feels remorse and guilt over the wounds he suffered during his deployment. Diagnosed with PTSD and depression, prescribed medication, attends counseling. Her coworkers don't understand her military deployment experiences and she doesn't think she should talk with anyone in the military, fearing she'll look weak. Though married, she posts on Facebook that she is having arguments with her boyfriend in Independence. She owns a pistol that she keeps in her car. She likes to run.</p>

**ACE-SI Group Exercise Record Form**

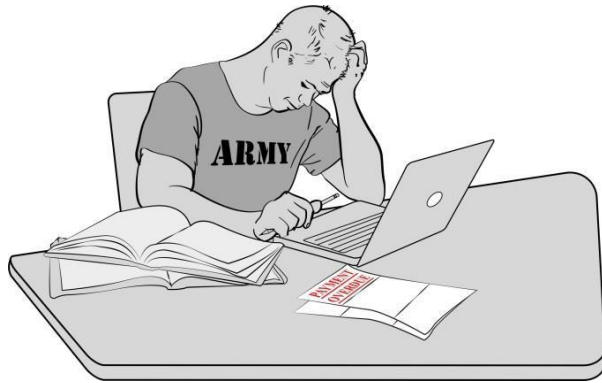
Leader Actions: Your assessment, course(s) of action, and resources to use		Stigma Issues and How to Overcome Them	Warning Signs of Imminent Suicide	Risk Factors	Protective Factors

Exercise #4

Exercise #5

## RC Soldier Scenario (Exercise 4)

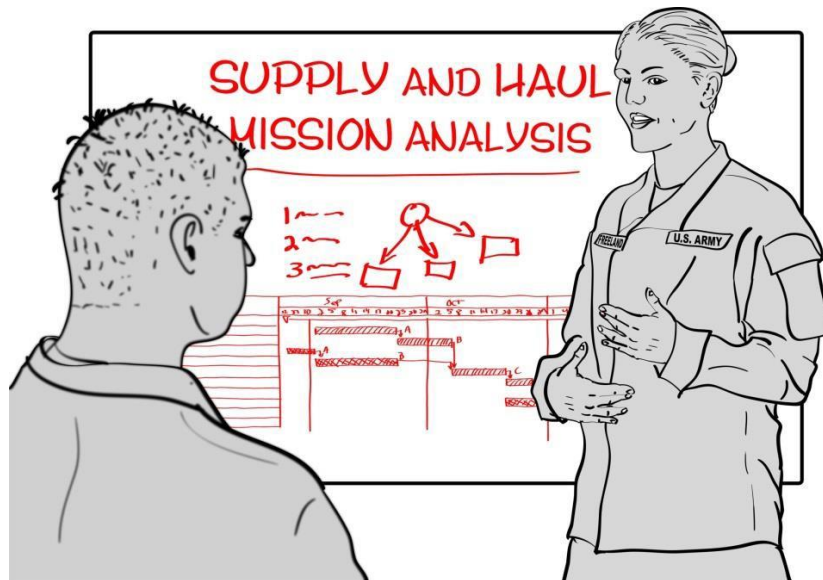
<p><b>EXERCISE 4 – HOME STATION TRAINING:</b> Reduced funds result in classroom slide presentations instead of practice; lack of repair parts and transportation funds result in most of your equipment not being returned. Limited funding has also resulted in Soldiers performing some maintenance tasks such as mopping floors and painting classrooms. The last drill shows how much unit morale has dropped. Your new battalion commander made an unexpected visit and after observing unit activities he chews out the leaders for the poor training and demands more challenging training be developed. Though LT Freeland and the leaders already spend a lot of personal time at the unit, the battalion commander states his leaders must give a lot more of their free time. Afterwards LT Freeland meets with the platoon to get some training ideas.</p>	<p><b>SPC Edwards:</b> You call Edwards to get his ideas on training. He suggests improving training by consolidating battalion equipment and developing a battalion supply and haul mission supporting government agencies that could provide the fuel for the mission. He says he was approached by a battalion staff officer about the poor training and was berated after offering suggestions, being told he needed to spend more time supporting the unit to keep his position. When you ask about his new job, he tells you he really likes the job but living apart is causing problems. When you ask about the problems, he says he doesn't want to burden you. After convincing him it's ok to talk to you, he tells you he's having marital and financial problems; his wife is spending beyond their means; she just bought new and expensive living room furniture even though their furniture was fine.</p>
<p><b>PFC Daniels:</b> After the weekend you decide to call Daniels to get his feedback on LT Freeland's meeting. You mention that he seemed quiet and distracted during the meeting. He tells you he shouldn't bother you with his personal problems, but after you reassure him, he tells you his full time position is now part time and he is going through financial problems paying for school, and that his mother took money from his bank account. Since he isn't making much money with his part time employment, he asks if there are any training funds for him to help develop better training. He says most of the unit wants to get out of the classroom and operate equipment. You tell him LT Freeland understands the frustrations and is working hard to develop more challenging training.</p>	<p><b>LT Freeland:</b> LT Freeland calls you to discuss the training challenges and to discuss the ideas from her platoon meeting. You tell her about Edwards' idea to consolidate equipment and develop a supply and haul mission. She likes the idea and believes it would improve training and improve the platoon's morale. After doing some research she's going to talk with the Company Commander. After talking with the Captain she calls you saying the CO liked the training concept. They plan to brief the training plan to the battalion commander next week. She says she's concerned about the extra time required for her to pull this off and the time away from her civilian job.</p>



PFC Daniels



SPC Edwards



LT Freeland

**RC Soldier Scenario (Exercise 5)**

<p><b>EXERCISE 5 – EARTHQUAKE in JAPAN-Alert Order and Preparation for deployment:</b>                  You are at Home Station. The battalion quickly adopted the supply and haul mission idea and assigned LT Freeland as the Battalion’s Project Officer and tasked her to develop more projects. Japan is hit with another devastating earthquake, killing an estimated 15,000. The U.S. President commits military forces to support long term recovery efforts. Your unit received an Alert Order for a 90 day deployment to Japan and is scheduled to depart in one month. The supply and haul training has been very demanding but the Soldiers believe the training is rewarding and that it prepares them for their mission in Japan.</p>	<p><b>SPC Edwards:</b> Edwards tells you he reduced his spending since moving into his Tulsa apartment, but he is concerned about his wife’s ability to balance the finances and take care of their daughter while he’s deployed. His daughter had academic and discipline problems on his previous deployment, but her teachers say she has improved significantly. You receive a text message from Edwards that his close friend SGT Davis attempted suicide. When you call Edwards, he is very upset, saying he wouldn’t know what he’d do if his friend died. The next drill Edwards says he hasn’t heard from Davis in more than a week and is very concerned. He tells you he spoke with the First Sergeant about it earlier in the Orderly Room, but the 1SG said not to bring his personal problems to work and solve these problems on his own time.</p>
<p><b>PFC Daniels:</b> With only part time employment, Daniels offers to help with the supply-haul project, understanding there are limited funds. He quickly applies skills he learned at his 92Y AIT to the project, coming up with some creative ideas to make the process more efficient. He’s become a key person in the project’s success; you’ve noticed NCOs talking with him to get his ideas to improve the process even more. Concerned about the time he’s dedicating to the project, you call him one evening to see how he’s balancing his job and college. From the start he seems upset and agitated. Since losing her job, his mother and step father have moved into his house. His financial problems continue and he’s falling behind in his studies; he’s considering holding off on college. You hear yelling in the background, then Daniels yelling “you brought a loaded gun in my house?”</p>	<p><b>LT Freeland:</b> LT Freeland is with the Battalion Commander and his S-3. Thinking they’re praising her initiatives, you find they’re chewing her out for falling behind on developing additional training initiatives. Though still spending a lot of personal time on the project, she explains she received a promotion in her civilian job which requires more of her time. The S-3 tells her to focus on the battalion training and her deployment. The next morning LT Freeland is visibly shaken; you’ve never seen her this way before. She says her husband told her last night he knew about her boyfriend and was looking into a divorce. She says her personal life is a mess and she’s having problems keeping up. She has nightmares about the Soldiers killed before. She says her drives home at night are tiring and tells you it would be so easy to have an accident on her way home.</p>

## **Active Listening**

An effective Leadership skill is to actively listen to the person you are communicating with. Here is a brief list of important “DOs and DON'Ts” to follow when listening to an individual:

### **Do:**

- DO genuinely want to listen. Give eye contact.
- DO accept the other person's feelings, whatever they may be.
- DO have a deep feeling of trust in the other person's capacity to handle his/her feelings.
- DO understand that feelings are transitory and not permanent.
- DO see the other person as separate from yourself.
- DO check your understanding of what the person is trying to convey by using phrases such as “What I hear you saying is...” or “I understand you to mean ...” This lets you confirm that you are understanding exactly what is meant.
- DO ask open ended questions, allowing the Soldier to engage in conversation.

### **Don't:**

- DON'T pretend to be listening while you are really focusing on something else, or in a hurry..
- DON'T say – “You shouldn't feel that way,” “Don't cry,” “I wouldn't feel that if I were you,” or “Getting upset won't change anything.”
- DON'T give directives, or say straight away what you would do in their situation.
- DON'T over react to strong feelings from others or imply that it is abnormal.
- DON'T become over-involved with needing to rescue others from difficulty or fight their battles for them. Empathy and understanding is preferable to becoming overly identified with their experiences.
- DON'T ask leading questions.

## RC Soldier Scenario (Exercise 6)

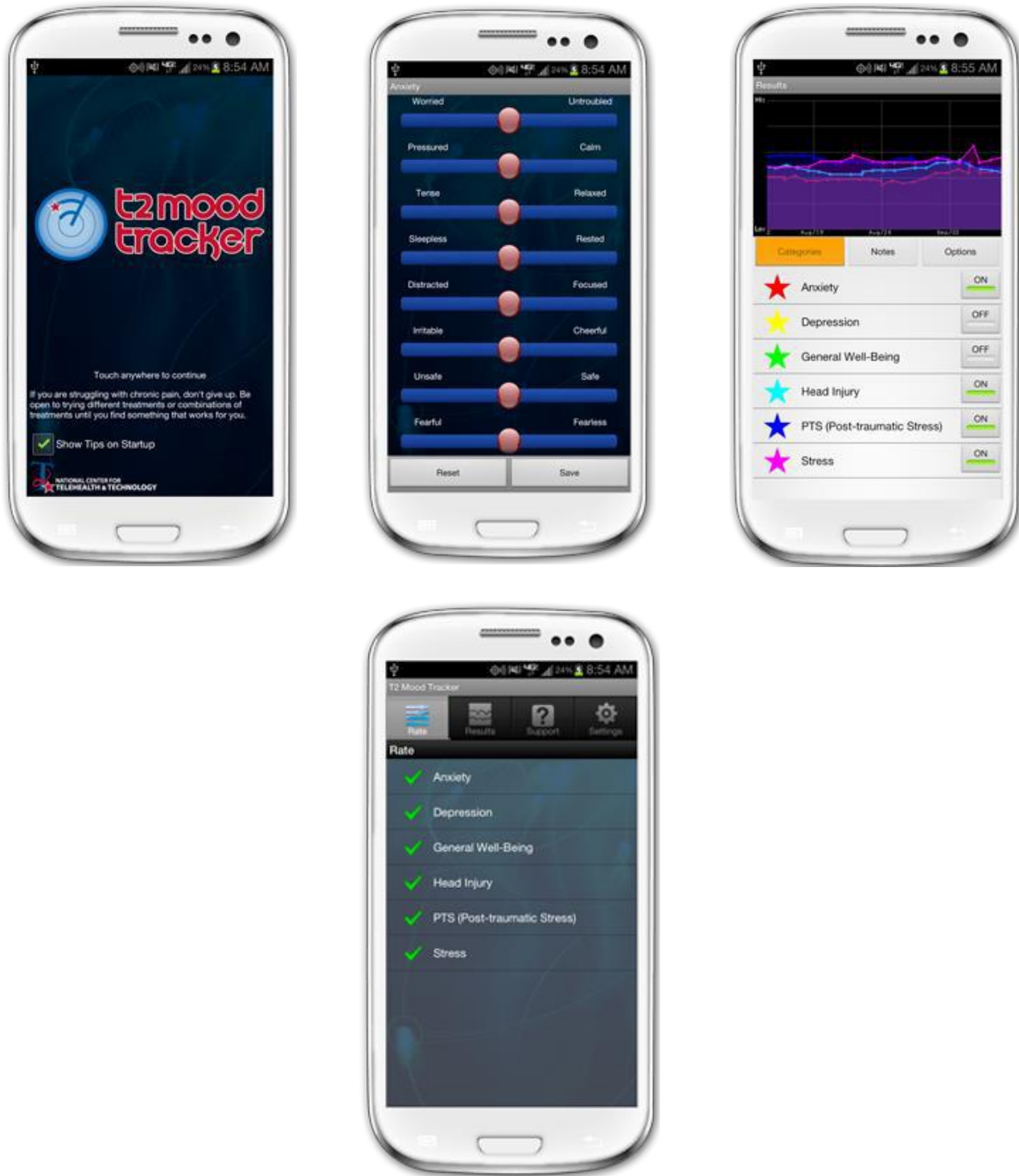
<p><b>EXERCISE 6 – Post Deployment - Return to Independence:</b></p> <p>Your unit returned from Japan. Much of your mission was managing arrival and distribution of supplies, but many in your unit also supported human remain recovery efforts. Though the duties were very gruesome, your unit was highly commended for the dignity and respect shown in handling the remains. LT Freeland was in charge of supply distribution, but also accompanied her Soldiers on many of the human recovery operations. The past year's deployment caused significant hardships in the Soldiers' family lives and civilian jobs. Many of the Soldiers involved in the human remains recovery efforts seem to show signs of post traumatic stress. LT Freeland requests counseling for these Soldiers but is reprimanded by the battalion commander, stating his Soldiers are fine.</p>	<p><b>SPC Edwards:</b> During the deployment Edwards assisted with coordinating chaplain visits, helping Soldiers cope with their difficult tasks. When he returns from Japan, he finds out that his civilian position is being eliminated. He returns to his family in Parsons and hears from his friend who is recovering through counseling. Out of work for two months, he and his wife attend marital and financial counseling and are forced to become more financially disciplined. LT Freeland suggests Edwards apply for the Unit Administrator position recently opened due to Mr. Jones' retirement. After applying for the position two months ago, he still hasn't heard the decision. He tells you he's drinking more and was out with his wife last night and got pretty drunk. The next day he posts on Facebook that he wonders whether he should kill himself or drown his sorrows in beer.</p>
<p><b>PFC Daniels:</b> Daniels' actions in Japan were exemplary. After assisting in establishing distribution procedures, he volunteered to support the human remains recovery efforts. He agreed the task was awful, but set the tone rendering respect and dignity when handling the remains; quickly he gained the respect of peers and superiors. You haven't heard from Daniels for awhile; he missed the last drill and his brother tells you Daniels is having problems coping with Japan. You call him and arrange to meet him in Coffeyville. On the drive, you receive a call from a friend of Daniels, telling you Daniels has been tweeting about hating life; he just tweeted "I never thought I could hate myself as much as I do." His brother also calls you, telling you when Philip got home last night his mother was drunk and abusive. Philip just called him to borrow one of his brother's pistols.</p>	<p><b>LT Freeland:</b> LT Freeland and her husband were separated three months after her return from Japan. Though it has been very difficult, she tells you the time away helped her transition back into her civilian job. Her husband said life was simpler when she was deployed. He is moving forward with divorce proceedings and seeking custody of their daughter, Anna. It's a dark stormy night in Independence and there are weather warnings of severe flooding. LT Freeland texts you from her civilian job saying "It's late and it's time for me to go. I've failed as a wife and mother. Anna will be better off without me.... Thank you for listening."</p>



## **Useful Free Smart Phone Apps (Exercise 7)**

While the Army provides materials via the QuickSeries Mobile app; there are several other free apps that can be accessed and are valuable tools in the fight against suicide. All of the following apps are available for both Apple and Android devices and can be accessed by searching the name in the app store:

1. **T2 Mood Tracker** – This app allows you to monitor and track your moods and behaviors over a period of time in order to raise your own awareness of how life events may weigh on your psychological health. It can be useful as a tool to share with your therapist or provider for insight into your day to day health.
2. **Breathe2Relax** – This app guides you through a series of deep breathing exercises to help calm and release stress and anxiety when faced with a stressful situation.
3. **Tactical Breather** – This app is similar to the Breathe2Relax, but was created for service members and was intended to train and guide you through exercises to gain control of both psychological and physiological responses to stress in combat situations. It is useful for day to day stressful situations as well.
4. **PTSD Coach** – This app consists of a self-assessment module that allows you to track changes in symptoms over time, a manage symptoms module that provides coping skills and assistance for common problems, a support module that helps in locating help in times of need and an education module that provides information regarding PTSD, treatment options and other key topics.
5. **LifeArmor** – This app is a companion to the AfterDeployment.org website. It provides information about many behavioral health topics, personal stories, and assessments to help identify feelings. Once it has helped identify the feelings, it provides exercises to help cope with the emotions.
6. **Pos-Rep** – This social networking app geared towards post-9/11 veterans facing high unemployment, a rough transition to civilian life, and struggles with combat stress. Pos-Rep is available free through the Apple Software Store. An Android version is to be released soon, available on Google Play.
7. **Military Travel** – This app is an internet based directory of military installation services and resources available, which are located throughout the world. Army, Air Force, Navy, and Marine installations are included. It is a quick reference guide for who are traveling or planning their travels.



T2 Mood Tracker Phone App Screen Shots



Breathe2Relax Phone App Screen Shots



PTSD Coach Phone App Screen Shots



LifeArmor Phone App Screen Shots

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## APPENDIX F – ACTIVE COMPONENT SOLUTION/DISCUSSION CHARACTER FORMS

### ACE-SI Group Exercise Solution/Discussion Sheet

Character Name: PFC Mike Anderson Date: \_\_\_\_\_ Group Name: \_\_\_\_\_

	Exercise #4	Exercise #5
Protective Factors	<ul style="list-style-type: none"> <li>• Attends church</li> <li>• Likes his post; likes gaming</li> <li>• Likes physical fitness; close to his sister</li> <li>• Likes hunting with his uncle</li> <li>• Planned a meeting with the Chaplain</li> <li>• Proficient in his MOS</li> </ul>	<ul style="list-style-type: none"> <li>• Meeting regularly with the Battalion Chaplain</li> <li>• Close to his sister and uncle</li> </ul>
Risk Factors	<ul style="list-style-type: none"> <li>• Stopped shaving and bathing for a few days</li> <li>• Disrespectful to others</li> <li>• Doesn't want to "bother others" with his problems</li> <li>• His stepmother took most of his money without permission</li> <li>• Death of his brother</li> </ul>	<ul style="list-style-type: none"> <li>• Gave away his motorcycle</li> <li>• Sold his gaming equipment</li> <li>• His mother is still taking his money</li> <li>• Fighting with roommates</li> <li>• His sister is no longer talking about their brother's death and she "acted like a complete freak."</li> </ul>
Warning Signs of Imminent	<ul style="list-style-type: none"> <li>• No warning signs of Imminent Suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Giving away prized possessions</li> <li>• Making threatening gestures that suggest he is thinking of shooting his roommate and himself with a pistol</li> </ul>
Stigma Issues and How to	<ul style="list-style-type: none"> <li>• Doesn't want to bother anyone with his problems – the chaplain and other individuals and peers within his chain of command should reinforce with him that his problems and mental health are not "problems."</li> </ul>	<ul style="list-style-type: none"> <li>• Harassed by roommates – PFC Anderson and his roommates require immediate counseling against harassed by first line leaders.</li> </ul>
Leader Actions: Your assessment, course(s) of	<ul style="list-style-type: none"> <li>• PFC Anderson has a number of both Protective Factors AND Risk Factors</li> <li>• Scheduling a meeting with the Chaplain is a positive step</li> <li>• He should be referred to someone who can assist him with his personal finances to and legal issues</li> <li>• Monitor progress</li> </ul>	<ul style="list-style-type: none"> <li>• PFC Anderson should be immediately escorted to mental health professionals. The hand gestures that he is making suggest that he is seriously at risk of hurting himself or others and they require closer, professional evaluation.</li> </ul>

### ACE-SI Group Exercise Solution/Discussion Sheet

**Character Name:** SPC Andrew Brooks **Date:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

	Exercise #4	Exercise #5
<b>Protective Factors</b>	<ul style="list-style-type: none"> <li>• Married</li> <li>• Likeable – has close friends in the unit</li> <li>• Loves grilling at his house</li> </ul>	<ul style="list-style-type: none"> <li>• Receiving treatment and medication for anxiety</li> </ul>
<b>Risk Factors</b>	<ul style="list-style-type: none"> <li>• Impulsive behavior – marries a woman three weeks after meeting her in an on-line chat</li> <li>• Shaken up by artillery simulators – sitting alone with his head in his hands</li> <li>• Wife has asked for a divorce and she is jealous of his friends</li> </ul>	<ul style="list-style-type: none"> <li>• Says he is stopping his medication</li> <li>• History of suicide attempts - admits he has had suicidal thoughts since he was 16 years old</li> <li>• Admitted to Psychiatric Unit for Treatment after overdosing on Vicodin and alcohol</li> <li>• Cut marks on his arms</li> </ul>
<b>Warning Signs of Imminent Suicide</b>	<ul style="list-style-type: none"> <li>• Used to joke all the time and was very outgoing, but now he doesn't smile or talk as much and does not go out with his friends</li> </ul>	<ul style="list-style-type: none"> <li>• Seems to identify with an individual who died by suicide (Kurt Cobain)</li> <li>• Notes that he is "Seriously Demented" on social media sites</li> </ul>
<b>Stigma Issues and How to Overcome Them</b>	<ul style="list-style-type: none"> <li>• Another soldier tells him – "Brooks, Suck it Up!"</li> <li>• Stigma against asking for help – Soldiers in Brooks' unit need to be made aware of current Army initiatives concerning asking for help.</li> </ul>	<ul style="list-style-type: none"> <li>• The members of SPC Brooks' unit must be instructed on the Army's current resilience programs – upon returning to his unit, he must not be harassed or stigmatized for his suicide attempt and treatment by the members of his unit.</li> </ul>
<b>Leader Actions: Your assessment, course(s) of action, and resources</b>	<ul style="list-style-type: none"> <li>• Ask him about the frequency of his reaction to loud sounds, like the artillery simulator</li> <li>• Recommend SPC Brooks be evaluated for PTSD or other emotional issues connected with his deployment to Afghanistan</li> <li>• Recommend he be encouraged to seek marriage counseling</li> </ul>	<ul style="list-style-type: none"> <li>• With his history of a suicide attempt and admission to the Psychiatric Unit for treatment; SPC Brooks must be made aware that it is not, in and of itself, the end of his career. He needs to understand, the Army wants to help him, and will offer him assistance, but he will have to apply himself and modify some of his current behaviors that are harmful to his person.</li> <li>• Intervene ACE-SI due to obsession with death and cut marks on forearms. Command referral.</li> </ul>



**ACE-SI Group Exercise Solution/Discussion Sheet**

**Character Name:** LT Elizabeth Coleman **Date:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

	Exercise #4	Exercise #5
<b>Protective Factors</b>	<ul style="list-style-type: none"> <li>• Married; 5 year old son; planning family reunion</li> <li>• Likes target shooting</li> <li>• Her leadership has improved the unit</li> <li>• Proficient in her job – respect from Soldiers</li> </ul>	<ul style="list-style-type: none"> <li>• She is fully engaged in leading her Soldiers and the humanitarian assistance mission</li> </ul>
<b>Risk Factors</b>	<ul style="list-style-type: none"> <li>• Husband’s civilian job changed from full to part time</li> <li>• Financial problems – husband ran up credit cards</li> <li>• Negative attitude towards counseling – for both herself and others in the unit</li> <li>• Discontinued her counseling out of fear it could jeopardize her career</li> <li>• Diagnosed with PTSD and depression</li> <li>• Pistol at home</li> </ul>	<ul style="list-style-type: none"> <li>• Financial problems – house may be foreclosed</li> <li>• Husband may have a gambling problem</li> <li>• Has a pistol at home</li> </ul>
<b>Warning Signs of Imminent Suicide</b>	<ul style="list-style-type: none"> <li>• Currently Blank</li> </ul>	<ul style="list-style-type: none"> <li>• She appears “very depressed”</li> <li>• Recently updated her will – and makes a statement that connects updating her will with her son seeing Disney World</li> </ul>
<b>Stigma Issues and How to Overcome Them</b>	<ul style="list-style-type: none"> <li>• Negative view of counseling – “We’ve been through this together and we can handle problems on our own.” LT Coleman needs to be made aware of the Army’s current policies and programs concerning the mental health resilience of Soldiers. She is acting in contradiction to the wishes of the senior leadership of the Army and the DoD.</li> </ul>	
<b>Leader Actions: Your assessment, course(s) of action, and resources</b>	<ul style="list-style-type: none"> <li>• LT Coleman’s leadership needs to monitor her behavioral health and encourage her to continue her counseling. They must also reinforce with her that the act of attending counseling will not jeopardize her career.</li> <li>• LT Coleman is performing her job well. However, you should talk with her about the importance of her continued counseling. Also should ask if she is still taking her medications. You should monitor and follow up with her progress.</li> </ul>	<ul style="list-style-type: none"> <li>• LT Coleman shows signs of depression based on her financial problems.</li> <li>• Ask her why she needed to update her will</li> <li>• LT Coleman may need to be escorted to mental health professionals for further evaluation. Her comments linking her son going to Disney World with her death may indicate a desire to hurt herself.</li> </ul>



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## APPENDIX G – RESERVE COMPONENT SOLUTION/DISCUSSION CHARACTER FORMS

### ACE-SI Group Exercise Solution/Discussion Sheet

Character Name: PFC Philip Daniels Date: \_\_\_\_\_ Group Name: \_\_\_\_\_

	Exercise #4	Exercise #5
<b>Protective Factors</b>	<ul style="list-style-type: none"> <li>• Full-time civilian employment; college at night</li> <li>• Enjoys soccer with his brother, X-box, pistol shooting; popular with others in the unit; goes to church with friends</li> <li>• Has an older brother and sister ; enjoys pistol shooting</li> </ul>	<ul style="list-style-type: none"> <li>• He was a positive contributor on the supply-haul project</li> <li>• NCOs have been making positive comments regarding his work and seeking his input</li> </ul>
<b>Risk Factors</b>	<ul style="list-style-type: none"> <li>• Civilian position changed from full to part time</li> <li>• Financial problems paying for college</li> <li>• Mother took some of his money without permission</li> <li>• Mother and stepfather were alcoholics</li> <li>• Mother has rage and anger issues</li> </ul>	<ul style="list-style-type: none"> <li>• He seemed “upset and agitated” when you called him ; only holding a part time job is causing him financial anxiety</li> <li>• His mother and step father have moved in</li> <li>• He’s falling behind in his college work – and he’s considering quitting</li> <li>• Loaded gun in home</li> </ul>
<b>Warning Signs of Suicide</b>	<ul style="list-style-type: none"> <li>• No Warning Signs of Imminent Suicide</li> </ul>	<ul style="list-style-type: none"> <li>• A loaded gun in his house</li> </ul>
<b>Stigma Issues and How to Overcome</b>	<ul style="list-style-type: none"> <li>• Doesn’t want to “bother others” with his personal problems; continue to assure him it’s OK to discuss problems so they can be addressed before getting out of control.</li> <li>• Reinforce seeking help is a positive thing.</li> </ul>	<ul style="list-style-type: none"> <li>• No stigma issues</li> </ul>
<b>Leader Actions: Your assessment, course(s) of action, and resources</b>	<ul style="list-style-type: none"> <li>• Home environment stressful /dysfunctional and may impact his military performance and personal safety. Assist him in locating resources to address domestic abuse issues.</li> <li>• Refer to someone who can assist him with managing his finances</li> <li>• He may need assistance with searching for new employment – he may also be experiencing job discrimination at work due to his reserve status</li> </ul>	<ul style="list-style-type: none"> <li>• Lives in an abusive home, increasing financial problems and abusive home life with parents in house.</li> <li>• You need to keep PFC Daniels on phone to assess the situation with the loaded gun. Be prepared to call 911.</li> <li>• PFC Daniels will require more extensive financial counseling and legal assistance in regards to his mother and stepfather.</li> </ul>

**ACE-SI Group Exercise Solution/Discussion Sheet**

**Character Name:** SPC Robert Edwards **Date:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

	Exercise #4	Exercise #5
<b>Protective Factors</b>	<ul style="list-style-type: none"> <li>• Married; 4 year old daughter</li> <li>• Very close to SGT Davis</li> <li>• Promotion at civilian job</li> <li>• Avid hunter; prizes his hunting dogs; proud of rifle collection</li> <li>• Interested in improving his unit's training</li> </ul>	<ul style="list-style-type: none"> <li>• He's reduced his spending and his financial situation is improving</li> </ul>
<b>Risk Factors</b>	<ul style="list-style-type: none"> <li>• Living apart from spouse due to work relocation</li> <li>• Wife's spending excessive and she has a history of cheating on him</li> <li>• Receiving criticism for work related problems</li> <li>• Access to firearms – personal rifle collection</li> </ul>	<ul style="list-style-type: none"> <li>• His wife's ability to take care of finances and their daughter is causing him concern</li> <li>• His close friend – SGT Davis has attempted suicide and he hasn't heard from him in over a week</li> </ul>
<b>Warning Signs of Suicide</b>	<ul style="list-style-type: none"> <li>• No warning signs of Imminent Suicide</li> </ul>	<ul style="list-style-type: none"> <li>• His is very upset that he hasn't heard from SGT Davis and states he "wouldn't know what to do if he were gone."</li> </ul>
<b>Stigma Issues and How to Overcome</b>	<ul style="list-style-type: none"> <li>• No stigma issues</li> </ul>	<ul style="list-style-type: none"> <li>• The 1SG telling him to "solve his own problems" has no doubt caused SPC Edwards to feel stigmatized for seeking assistance. You need discuss this issue and rectify it with the 1SG.</li> </ul>
<b>Leader Actions: Your assessment, course(s) of action, and resources to use</b>	<ul style="list-style-type: none"> <li>• SPC Edwards should be referred to marriage counseling</li> <li>• Both he and his wife should receive training in proper financial management practices</li> <li>• He may need assistance in seeking a new civilian position closer to his hometown of Parsons, KS</li> </ul>	<ul style="list-style-type: none"> <li>• Financial problems continue, even though he was promoted at his civilian job.</li> <li>• SPC Edwards may need additional financial and marriage counseling.</li> <li>• Ask what he meant by, "I wouldn't know what to do if he (SGT Davis) were gone!"</li> <li>• Both SGT Davis and SPC Edwards may require ACE for additional, long term, behavioral health counseling, monitoring and mentoring within the unit.</li> </ul>

**ACE-SI Group Exercise Solution/Discussion Sheet**

**Character Name:** LT Stephanie Freeland **Date:** \_\_\_\_\_ **Group Name:** \_\_\_\_\_

	Exercise #4	Exercise #5
<b>Protective Factors</b>	<ul style="list-style-type: none"> <li>• 5 Year old daughter</li> <li>• Good professional reputation</li> <li>• Well respected in unit</li> <li>• Strong attachment to Reserve component</li> <li>• Likes to run</li> <li>• Attends counseling and is taking medication</li> </ul>	<ul style="list-style-type: none"> <li>• Recent promotion at her civilian job</li> </ul>
<b>Risk Factors</b>	<ul style="list-style-type: none"> <li>• Feelings of guilt</li> <li>• PTSD and depression</li> <li>• Relationship problems – marriage and boyfriend</li> <li>• Conflicts between military and civilian careers</li> <li>• Keeps a pistol in her car</li> </ul>	<ul style="list-style-type: none"> <li>• Pending divorce</li> <li>• Received counseling for her military performance</li> <li>• Appears visibly shaken</li> <li>• Experiencing nightmares from a previous deployment</li> <li>• Feels overworked at both her civilian and military positions</li> </ul>
<b>Warning Signs of Imminent Suicide</b>	<ul style="list-style-type: none"> <li>• No Warning Signs of imminent suicide</li> </ul>	<ul style="list-style-type: none"> <li>• States how easy it would be to have a vehicle accident at night</li> <li>• States her personal life is a “mess” and she can’t keep up</li> </ul>
<b>Stigma Issues</b>	<ul style="list-style-type: none"> <li>• No Stigma Issues</li> </ul>	<ul style="list-style-type: none"> <li>• No Stigma Issues</li> </ul>
<b>Leader Actions: Your assessment, course(s) of action, and resources</b>	<ul style="list-style-type: none"> <li>• LT Freeland has a number of Risk Factors – fortunately, she is already taking medication and attending counseling. This situation needs to be monitored to ensure it is the proper medication and counseling and that she sticks with it.</li> <li>• She needs to remove the pistol from her car.</li> <li>• She should be referred to marriage counseling.</li> <li>• She may need assistance with time management due to her conflict with her military and civilian careers in order to achieve work-life balance.</li> </ul>	<ul style="list-style-type: none"> <li>• LT Freeland has numerous personal and professional problems that are compounding the stress and risk factors in her life – she should be escorted to a mental health professional for further evaluation. Command referral.</li> </ul>

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## APPENDIX H – FACILITATOR BEST PRACTICES<sup>1</sup>

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### **Training and Developing Soldiers through Storytelling and Analysis**

The most effective practice of Soldier training and development using stories is through facilitated analysis of the story by the Soldiers in a small group discussion setting. Stories that contain complex problems and/or dilemmas that have various courses of action that Soldiers analyze together provide the best opportunities to train competence in decision-making skills and to develop moral and professional character through the sharing of ideas, values and principles.

The situations require analysis and, in most cases, resolution. Members of the group are asked to identify and discuss the problem, situation or conflict from various aspects: what should happen or should the actors do; what would they do or how do they feel about it; they are placed in the role of a decision maker facing a problem; they may prepare for and role-play one of the parts; they may debate for or against opinions or actions in the case study. Learning occurs within the group as the members think and talk about the ideas presented and their reactions to them and use an ethical processing model to recognize the conflict/problem; evaluate the options; commit to a course of action; and take action.

### **Discussion Tips:**

- Make participants feel comfortable. People have to get to know each other and develop a certain level of trust. Introductions, “ice breakers” (having everyone state why they joined the Army or what state they are from or their favorite movie, etc.), are great ways of doing this.
- Let the group members know you expect lively discussion; they should express a viewpoint and then be prepared to defend their position.
- Consider ways to engage the group, such as asking about their leadership experiences, posing arguments, or challenging their reasoning. Guide the discussion by providing thought-provoking questions, choosing engaged speakers, and following up with pertinent feedback.
- Encourage group members to look at the problem from another perspective, using questions such as, “Jessica, what do you think of this proposal?” and “What might someone say who opposed this plan?” and “Assume that in this story ...,” and “What one thing would change your decision...,” and “Why do you feel that way...,” etc. You can consider interjecting new assumptions and new information and being prepared to contribute with your own experiences.
- This can only be accomplished if you are actively listening to group responses. For you, it is vital to guide the conversation and ask the RIGHT question at the RIGHT time, not forcing the questions or treating them as a checklist – your statements and questions are recommendations to support the flow of the conversation. It is often very effective to have a student choose a different point of view to one of the predominant options presented as a solution. You may ask them to defend a different view point or a different perspective than they would have naturally chosen. Avoid providing responses or feedback that would be construed as a personal opinion.

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<sup>1</sup> Excerpted and adapted from CAPE Facilitator Guidelines—Dos and Don'ts; additional information available at Army Values Training: The Center for the Army Profession and Ethic at <http://cape.Army.mil/>

- Call on everyone. Don't let one person dominate the discussion.
- Actively listen and provide thoughtful feedback.
- See each session as an opportunity to learn from the members of the group and remain open to new and sometimes uninformed perspectives.
- Maintain a focus on the learning objectives by posting the objectives in the classroom and bringing the conversations back in-line to address them.

**Don't start a discussion with a closed-ended question –**

The first question that you ask is crucial. The primary consideration is to get members to talk. The best first questions are open-ended, with multiple reasonable answers, or where the question is neutral and simple to answer. Using a closed-ended or "yes/no" question should be minimized if used at all. If used, be prepared to immediately follow up with a "Why" or "How". Closed-ended or "yes/no" questions can be effective for some group members who are reluctant to speak – it is easier to say a single word. But once spoken they will more readily finish their thought.

**Don't forget to call on different people –**

How easy it is to call on the eager student who is always waving his hand, especially if he usually has good things to say. It is essential to try to get everyone into the act, to get diversity into the discussion. One way is to simply keep your eyes open and watch student body language: are they leaning forward, nodding their head, frowning, opening their mouths as if beginning to speak? We all have these so-called "intention movements" when we have something to say. Watch for these clues and call on these people. If some students are having problems giving input due to other more outspoken or aggressive participants, try a question like "Who has an opinion/answer for...?" and at the show of hands pick a student who has not yet had an opportunity to contribute. **Steer clear of calling on the same person repeatedly, especially one who wants to dominate the discussion. In fact, you may have to address the issue outside of class if it is a serious problem.**

**Don't forget to listen to the students and respond to them –**

You must connect one student's ideas with another. To do this successfully, you must listen. You should operate at several levels during the discussion. At the first level you must be aware of the case material and how to get the content out. At the second level be aware of the process, thinking about whom to call on next to develop the discussion, how to resolve a conflict that has just exploded, how to stop the private conversation in the corner, how to move to better engage a set of students, and when to change pace. And on the third level think of the bigger picture.

**Create action in the classroom–**

Don't stand in one place in the classroom. Avoid lecturing. Engage students in learning through activities and discussion. Energize – quicken your responses, use appropriate humor.

**The classroom layout sets the tone–**

Group work can be best done at tables set apart into semi-private or secluded workspaces. This takes the focus off of the instructor and places it on the group but still allows interaction with the instructor.

**Create expectation in students that they will participate in learning–**

This is difficult, particularly if students have been conditioned to be passive learners. Be patient and provide guidance and positive reinforcement. As students succeed they will change their expectations. Some will continue to want to be passive learners despite your best efforts – do not be discouraged, eventually they may participate or other students may influence them to participate.

**Facilitating discussions–**

Get all of the students involved. Use small groups discussing the same idea to include all students. Inattentive students should be redirected back to the group. Move the discussion around the class. You don't have to comment on each person's contribution. Paraphrase comments to check your understanding and the student's understanding. **Redirect an inaccurate or incorrect statement to the class for correction or provide a correction.** Elaborate – suggest a new way to think about things, even when the student seems to have answered the question correctly. Disagree (gently) or play devil's advocate.

**Mediate differences in opinion–**

Mediation is a balancing act; try to keep the discussion going without always interjecting yourself as the authority. Encourage students to back up their statements with facts. **Remind everyone to respect differing opinions.** Pull together ideas. Allow students to summarize what occurred in the discussion.

**Facilitating activities take time–**

Objectives can often be met in lecture format faster than in facilitated learning format. But remember that students retain more when they practice over and over again. They do not argue with their own results of learning, if they discovered it for themselves - they own it. The goal is to assist students to become professionals who think critically about what they do and move beyond the lower levels of thinking into the higher levels. This cannot be done with passive learning techniques.

**Tips to save time during practical sessions –**

Start on time. Give clear instructions one time. Prepare visual information ahead of time. Distribute handouts quickly. Expedite group reporting by capturing short points on a flip chart/white board and letting subsequent groups report only new or different information--no repeating of information from group to group. Shorten discussion points – emphasize short answers. Come back from group work or breaks promptly.

**Classroom control issues with facilitation–**

Instructors can easily lose control in an environment with a high amount of facilitation. Students may perceive that you are “not doing your job” because they are participating more actively in their learning and are also more responsible for their own learning. Students may believe this if they do not understand facilitated learning.

Manage classroom control ensuring students stay on task. Conversations should be monitored to ensure they are on topic. Students having difficulty may give up or quit working without asking for help. Offer assistance in but do not do their work.



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## **APPENDIX I—SIGN-IN SHEET**

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### **Print the following:**

- Course Sign-in Sheet (print additional sheets as needed depending on expected class size).
- Sample is provided for your information only.

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## **APPENDIX J – CERTIFICATE OF COMPLETION**

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The Certificate of Completion for the Ask, Care, Escort – Suicide Intervention Skills Training Program is found on the following page in this appendix (without any headers/footers). Print sufficient copies for each ACE-SI training participant. Fill in or print with name and date. Distribute to training participants at the completion of the ACE-SI training course. Remind training participants to report their ACE-SI training completion to their unit.

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**a**



# *Certificate of Completion*

*presented' to:*

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*who has successfully completed the 4-1 four  
fl\_s Care, Protect-Suicide Intervention Training Program*

*Ms. abriefR T.M. Tyfer*

GS-15

Chief, Army Suicide Prevention Program Office

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Date





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