

ACE-SI Tier 4 Training SmartGuide







ACE-SI Tier 4 Training Administrative Data



INFORMATION FOR THE INSTRUCTOR

Administrative Information

Timing:

Tier 4 training is a one-day, 8 hour workshop for the highest field level SP manager below Army Directorate of Prevention, Readiness, and Resilience (DPRR) at the Installation, COMPO, and MACOM levels.

Instructor Requirements:

WRAIR, WMA, or COMPO/MACOM SPP leadership trained by WRAIR.

Support Personnel Requirements:

Assistant Instructors should be available to assist participants who may experience emotional distress related to the subject of suicide.

Equipment Required for Instruction:

Computer with projector and projection screen.

Materials Required:

Copy of Instructor SmartGuide (print the PowerPoint® file in "notes page" view), worksheets, student handouts, and supplemental materials located in the back of the this trainer guide. Suicide and Crisis Lifeline #: 988.

Instructional Guidance/Conduct of Lesson:

Before presenting this lesson, instructors should review the material and prepare to facilitate the session. Instructors should also check to ensure they have access to the necessary technology to use the PowerPoint slides.

Safety Requirements:

There are no special safety considerations for this training module; however, in a training environment, leaders must perform a risk assessment in accordance with (IAW) Field Manual (FM) 5-19, Risk Management. Leaders will complete a Department of the Army (DA) Form 7566, Risk Management Worksheet, during the planning and completion of each task and subtask by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations (METT-TC).

Risk Assessment Level: Low – None.

Environmental Considerations:

Instructor should conduct a risk assessment to include environmental considerations IAW the current environmental considerations publication. Ensure students are briefed on hazards and control measures.

Training Precautions:

The ACE-SI training deals with sensitive information and may evoke painful memories or other issues for training participants. It is possible that someone attending the training may have experienced thoughts of suicide.

Using phrases or terms such as "commit suicide" or "unsuccessful suicide" can reinforce stigma. Instead, use phrases such as "died by suicide" or "survived a suicide attempt" which is less stigmatizing. Coordinate to have someone from the Chaplain's office or Behavioral Health Services on call during your training session.



ACE-SI Tier 4 Training Introduction and Overview



Introduction

Ask, Care, Escort - Suicide Intervention (ACE-SI) training is meant to reinforce key suicide intervention concepts in Army leaders in order to encourage subordinate trust and help-seeking behavior. It assists leaders in identifying Soldiers at risk for suicide so they can intervene and connect them to the appropriate resources. This training is based on the latest scientific literature regarding suicide and best practices in intervention efforts.

Tier 4 training consists of (1) a program overview and updates provided by Army G-9 DPRR, (2) study of doctrine, programs, and systems, (3) an examination of ACE-SI concepts and a review of ACE Base+1 unit training curriculum with an eye on recent updates, current and emerging trends, cautions, and best practices gathered from instructional feedback, (4) participants will develop and brief their COMPO/MACOM SPP implementation strategy overviewing processes, systems, and strategies within their formations that effectively support the SPP mission as well as areas for improvements, (5) and a final written exam.

NOTE: Instructors are responsible for gathering and tailoring the Base +1 Overview content for this workshop with recent updates, trends, best practices, and instructional feedback themes from recent trainings. Review your own training feedback and reach out to peers, lower tier trainers, DPRR, and WRAIR for additional Base+1 content updates and/or themes

ACE-SI Tier 4 graduates will: (1) Provide ACE-SI training coordination support, oversight, administrative support, and materials for their Area of Responsibility (AOR), whether virtual or on ground for Tiers 1 - 3 as authorized by their leadership (2) Serve as unit ACE-SI interventionist and ACE base+1 annual suicide prevention unit trainer.

This is an appointment level position by the COMPO or MACOM Suicide Prevention Program leadership.



ACE-SI Training SmartGuide Format

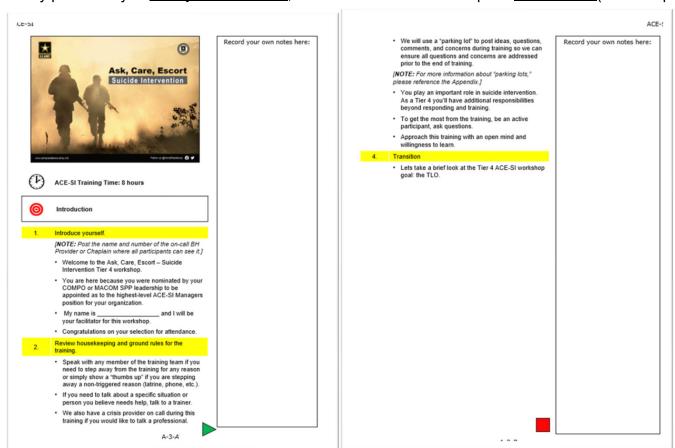


This SmartGuide has been designed to be user-friendly while containing as much information as possible to help you present this suicide intervention training module.

At the beginning of the module is a very short introduction for the trainer, which explains the intent of the material.

When notes pages are printed and the booklet is opened, you will see the format below. On the slide page (*Side A*) is a depiction of the slide, followed by a statement of slide intent. The key points are highlighted in yellow and they briefly describe what must be covered to meet the intent of the slide. These are followed by more details or instructions. A script is included to aid the trainer in covering the content and key points; however, trainers can make it their own, as long as they are meeting the intent of the slide

The key points tell you what you need to do, while the bulleted notes explain how to do it (i.e. a script).



When you start preparing to train each module, you should read all of the detailed information. When you become more familiar with the material, the highlighted key points will be enough to remind you how to train each slide effectively.





ACE-SI Training SmartGuide Symbols



This SmartGuide for ACE-SI Tier 3 has been designed to be user-friendly while containing as much information as possible to help you present this training. The following symbols are used throughout.

Training Module Symbol Guide

Symbol	Represents	Explanation	
	Timing	This symbol indicates the amount of time allotted for a given section of the material.	
0	Target/Intent	This symbol indicates the main function or rationale for a given slide.	
1.	Key Point	Numbers are used to indicate the main points that must be addressed in order to meet a given slide's target/intent.	
•	Sample Script	Bullets are used to elaborate on key points by providing a potential script that the trainer can use.	
[TEXT]	Note to Trainer	Bracketed text indicates a note to the trainer which is not intended to be read aloud. These provide hints on how to present the material and tips to avoid potential issues that may arise within a given topic. This symbol indicates the use of supplementary audio/video files. To avoid down-time or technical difficulties, keep an eye out for these and plan accordingly.	
	Multimedia		
	Handouts	This symbol indicates that the participants will use handouts at a given point in the training. To avoid down-time, keep an eye out for these and plan accordingly.	
'Y'	Exercise	This symbol indicates the start of an exercise or activity. To avoid down-time, keep an eye out for these and plan accordingly.	
	Continue	This symbol indicates that the training material for a given slide continues onto the next page.	
	Stop	This symbol indicates that the training material for a given slide ends on this page.	
[?]	Discussion Question(s)	This symbol identifies when there is a non-rhetorical discussion question(s) in the instructional content that follows.	



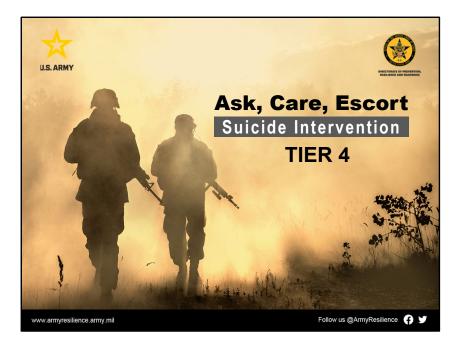


ACE-SI Tier 4 Training Schedule



Time	Activity		
15 min	ACE-SI Introduction/Tier 4 Workshop Orientation		
	ACE Unit Training Modules Review: Updates and Trends		
50 min	* ACE Base I Stigma I Active Listening I Practicing ACE I Lethal Means		
	* Reintegration and Postvention		
10 min	Break		
	ACE-SI Tier 3 Workshop Overview		
FO:	* ACE-SI Tier 3 Responsibilities and Guidance		
50 min	* Conducting Workshops: Facilitation Strategies, Teach-Backs, Virtual		
	* ACE Base +1 for Civilians and Circle of Support (CoS)		
10 Min	Break		
50 Min	ACE-SI Tier 4 Responsibilities and Reporting		
60 min	Lunch		
50 Min	DoD, Army, and COMPO/MACOM Policy, Systems, and Strategy		
10 min	Break		
50 min	Activity: Develop COMPO/MACOM Implementation Strategy Brief/ Elevator Pitch		
10 min	Break		
50 min	Presentations: Present COMPO/MACOM Implementation Strategy Brief/ Elevator Pitch		
10 min	Break		
30 min	Final Exam		
30 min	Summary/DPRR Closing Remarks		

Trainer to Student Ratio				
Recommended 1:4	Minimum: 2 Maximum: 12 Optimal: 8	In-Person Training		



Record your own notes here:



ACE-SI Training Time: 8 hours



Introduction

1. Introduce yourself.

[NOTE: Post the name and number of the on-call BH Provider or Chaplain where all participants can see it.]

- Welcome to the Ask, Care, Escort Suicide Intervention Tier 4 workshop.
- You are here because you were nominated by your COMPO or MACOM SPP leadership to be appointed as to the highest-level ACE-SI Managers position for your organization.
- My name is ____ and I will be your facilitator for this workshop.
- · Congratulations on your selection for attendance.

2. Review housekeeping and ground rules for the training.

- Speak with any member of the training team if you need to step away from the training for any reason or simply show a "thumbs up" if you are stepping away a non-triggered reason (latrine, phone, etc.).
- If you need to talk about a specific situation or person you believe needs help, talk to a trainer.
- We also have a crisis provider on call during this training if you would like to talk a professional.

 We will use a "parking lot" to post ideas, questions, comments, and concerns during training so we can ensure all questions and concerns are addressed prior to the end of training.

[NOTE: For more information about "parking lots," please reference the Appendix.]

- You play an important role in suicide intervention.
 As a Tier 4 you'll have additional responsibilities beyond unit intervention and training.
- To get the most from the training, be an active participant, ask questions.
- Approach this training with an open mind and willingness to learn.

3. Transition.

 Lets take a brief look at the Tier 4 ACE-SI workshop goal: the TLO.

Introduction: Training Objective



Your role during this training:

Be an active participant • Be willing to learn • Be open to new concepts

Terminal Learning Objective

- ACTION: Coordinate support for successful COMPO/MACOM Suicide Prevention Program (SPP) implementation including ACE-SI Tier 1-3 training, Base +1 Unit Training, and ACE unit-level intervention.
- CONDITION: In a classroom environment, given student materials, references, ACE Base +1 annual unit training overview, roles and responsibilities, COMPO/MACOM SPP policy letter, and classroom activities, as assessed by the instructor.
- STANDARD: Validate with 100% accuracy (1) MACOM/COMPO SPP strategy meets Army SPP doctrinal and regulatory requirements, (2) knowledge of logistics and resources needed to successfully support and/or conduct AOR ACE-SI Tier 1-3 workshops and ACE Base +1 unit training, (3) ability to support ACE unit-level intervention.

DPRR



Learning Objectives

1. Explain Learning Objective.

[NOTE: The TLO is comprised of the action, condition, and standard, and describes what the learner will be able to do at the end of training.]

- The terminal learning objective describes what the expected outcome is for this course.
- Upon completion of this workshop, participants will be able to:

ACTION: Coordinate support for successful COMPO/MACOM Suicide Prevention Program (SPP) implementation including ACE-SI Tier 1-3 training, Base +1 Unit Training, and ACE unit level intervention.

CONDITION: In a classroom environment, given student materials, references, ACE Base +1 annual unit training overview, roles and responsibilities, COMPO/MACOM SPP policy letter, and classroom activities, as assessed by the instructor.

STANDARD: Validate with 100% accuracy (1) MACOM/COMPO SPP strategy meets Army SPP doctrinal and regulatory requirements, (2) knowledge of logistics and resources needed to successfully support and/or conduct AOR ACE-SI Tier 1-3 workshops and ACE Base +1 unit training, (3) ability to support ACE unit level intervention.

2. Transition.

Let's review the workshop topics and schedule.

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Workshop Schedule.

1. Review the workshop schedule.

[NOTE: Adjust the listed 8 hour schedule times to support your local training site availability.]

- Tier 4 workshop Topics and training sequence:
 - Introduction- this section introduces ACE-SI as a part of the Army Suicide Prevention program (SPP), training objective, and the link between ACE-SI and ACE Base +1 annual unit training.
 - Updates and trends regarding the ACE Base +1 modules- these modules are the foundation of the ACE-SI training and what the ACE-SI will be expected to deliver to their unit as part of annual Suicide Prevention training.
 - Updates and trends regarding Reintegration and Postvention elements of the ACE-SI material that participants may be called upon to support in the event of a suicide attempt or completed suicide.
 - Preparing for workshop support and delivering facilitation strategies that sharpen you and your participant's content delivery.

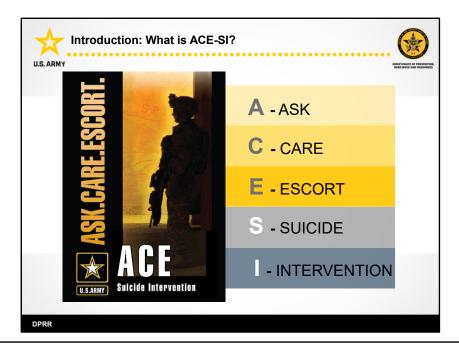
- Roles and Responsibilities for Professional Development and COMPO/MACOM priorities and focus.
- Prepare and deliver a COMPO/MACOM implementation strategy briefing and condensed elevator pitch version for each participating COMPO/MACOM.
- Finally, a 30 minute written exam.
 Participants must earn a score of 70%/80% to pass.

[NOTE: Instructor is responsible for updating and tailoring the Base +1 Overview section with updates, trends, best practices, and instructional feedback themes for a coherent discussion. Review your own training feedback and reach out to peers, lower tier trainers, DPRR, and WRAIR for additional Base+1 content updates and/or themes.]

[NOTE: You may wish to include a brief icebreaker before training begins. See examples in Appendix.]

2. Transition.

 Lets take a brief look at an ACE-SI program and the goals of this workshop.



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Explain ACE-SI.

1. Explain ACE-SI.

- ACE-SIs are members of the organization, typically first-line leaders and individuals in positions of trust.
- An ACE-SI is prepared to intervene (1) where an individual is experiencing risk factors and/or displaying warning signs indicating they may be at risk for suicide; (2) by supporting the command in the event of a suicide attempt or completed suicide through the process of reintegration and/or postvention; and (3) through providing annual ACE training
- The Army Resilience Directorate has directed that the ACE Unit Training serve as the foundation of ACE-SI. Therefore this ACE-SI training will in large part consist of the Base +1 Unit Training modules as well as additional content to help you understand your role and how to fulfill it.
- The Tier 4 ACE-SI also coordinates support for the COMPO/MACOM Suicide Prevention Program (SPP) implementation strategy for ACE-SI training.

2. Briefly explain the Suicide Prevention Program (SPP).

 The Army Suicide Prevention Program (SPP) aligns policies, practices, and programs that promote positive behavioral change, strengthens personal and collective bonds, and builds readiness and resilience through collaborative partnerships and a governance process.

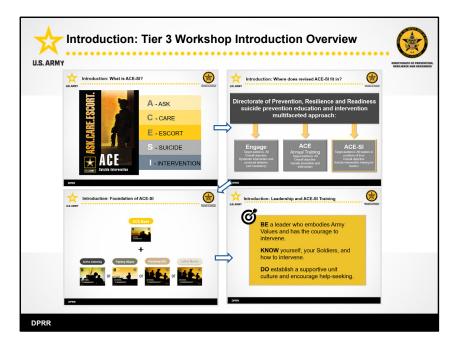
 The SPP also supports stigma reduction, helpseeking behaviors, and proactive activities (for example financial literacy and skill building) before the point of crises, while supporting activities and services intended to improve the quality of life for Soldiers, DA Civilians, Army Families, and Army communities.

3. Explain the intent for reviewing ACE Base +1 training.

- Beginning on the next slide, we will review the ACE-SI Tier 3 introductory slides, then we will overview the ACE Base +1, Reintegration, and Postvention trainings with the intent of identifying training and workshop best practices, content update concerns, and trends or emerging trends in ACE Base +1 and/or ACE-SI content.
- The goals of the ACE-SI Tier 3 workshop is to:
 - Action: Develop in the role of an Ask, Care, Escort – Suicide Intervention (ACE-SI) responder/trainer at the Tier 3 level.
 - **Standard**: Develop in the ability to conduct Tier 2 training workshops, perform quality assurance and quality control observations, conduct ACE Unit training and respond to suicide crisis based on successful completion of two teach-backs and satisfactory performance on the activity vignette according to trainer evaluation.

4. Transition.

 One of your roles as an ACE-SI Tier 4 will be conducting and/or supporting ACE-SI Tier 3 Workshop training. Let's review the Tier 3 introduction slides, then review all ACE Base +1 annual unit training modules.



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Tier 3 Workshop Introduction Overview.

1. Review the Tier 3 workshop introduction slides.

[NOTE: the following are introduction slides for the Tier 3 workshop, but they are also similar to Tiers 1 and 2.]

- The Directorate of Prevention, Resilience, and Readiness has directed that the ACE Unit Training serve as the foundation of ACE-SI. Therefore this ACE-SI training will in large part consist of the Base +1 Unit Training modules as well as additional content to help you understand your role and how to fulfill it.
- Take a few moments to connect and provide the rationale for the opening series of slides for the tier 3 workshop.

2. Review Slide 1: What is ACE-SI?

- ACE-SIs are members of the organization, typically first line leaders and individuals in positions of trust, in whom the commander has vested a greater level of trust to support the unit and Army's suicide prevention goals.
- An ACE-SI is prepared for (1) first intervening in situations where an individual is experiencing risk factors and/or displaying warning signs indicating they may be at risk for suicide; (2) second by supporting the command in the event of a suicide attempt or completed suicide through the process of reintegration and/or postvention; and (3) third through providing annual ACE training to the respective audiences within the Army Family.

3. Review Slide 2: Where Revised Does ACE-SI fit in?

- Here you see how ACE-SI fits into the Directorate of Prevention, Resilience, and Readiness' multifaceted and broader approach to suicide prevention in the Army.
- Engage is a bystander intervention training to develop ability and skills that drive prosocial behaviors to help others at the first sign of a deviation from baselines.
- The Ask, Care, Escort (ACE) Base +1 training is the revised suicide prevention education for the total Army force. It consists of a base lesson and supplemental lessons for the commander to choose from. The Base +1 meets the requirement for annual suicide prevention training.
- Both Engage and ACE Base +1 fulfill the "Personal Readiness" training requirement.
- ACE-SI is an enhanced version of the annual training that is ACE Base+1 with additional instruction focusing on preparing you to train the Base +1 modules and your role in command support during and after suicide related events.

4. Review Slide 3: Foundation Trainings for ACE-SI.

- ACE Base +1 Unit Training is intended for uniformed personnel, to meet annual suicide prevention training requirements. There is also a Base +1 series for DA Civilians, and one for the Soldier's Circle of Support.
- The Base +1 format begins with the 30 minute base module that addresses suicide prevention and intervention concepts.
- Then a choice of one 30 minute module addressing fighting stigma, active listening, or practicing ACE is available. An additional lethal means module is under development.

5. Review Slide 4: Leadership and ACE-SI.

- Leadership is the foundation of a successful suicide prevention and intervention program at every echelon.
- Be-Know-Do concepts and the leader attributes and competencies support improved readiness, health organizational climate and cohesion (IAW ADP 6-22; see Army Leadership Requirements Model).

6. Transition.

Lets review the annual ACE Base +1 Unit training.



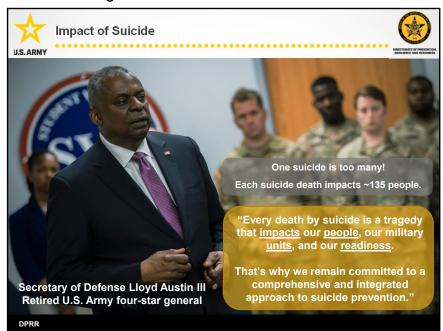
Record your own notes here:



Welcome the participants. Introduce yourself and the training.

- 1. Welcome the participants and introduce yourself.
 - Welcome to the Ask, Care, Escort training, also known as ACE training. This module will help equip you with knowledge and skills that can help you take an active role in suicide prevention.
 - My name is _____ and I will be your instructor for this training.
- 2. Transition.
 - Let's start by reviewing the impact of suicide and the impact of suicide prevention training.

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Describe the impact of suicide and that a comprehensive and integrated approach to suicide prevention involves everyone working together and doing their part.

- Acknowledge that suicide is a problem of great
 concern in the Army and exposure is associated with psychological impact.
 - Suicide is a problem plaguing all parts of society, including the military.
 - Suicide is unfortunately a devastating issue that many of us are familiar with. Some of us here today may have been affected in some way by the loss of someone to suicide.
 - One suicide is too many. What's more, each suicide impacts more than just the person who died.
 Professionals who study suicide have stated that approximately 135 people are impacted by each suicide death. A loss of life due to suicide creates a ripple effect.
 - Researchers found that exposure to suicide was associated with higher depression, anxiety, and suicidal ideation; this effect was exacerbated by the closeness to the person lost to suicide.
 - Simply put, suicide can put the psychological well-being of Army Soldiers and Families at risk.

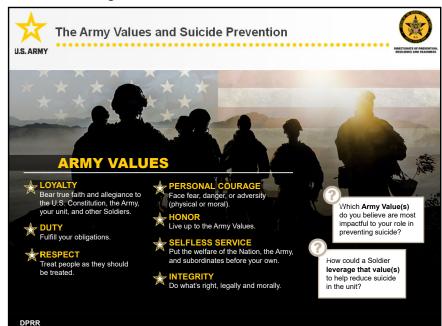


2. Share the quote on the slide by Lloyd Austin III.

 Secretary of Defense, and retired U.S. Army four-star general, Lloyd Austin III said, "Every death by suicide is a tragedy that impacts our people, our military units, and our readiness. That's why we remain committed to a comprehensive and integrated approach to suicide prevention."

- Describe the impact of suicide prevention and intervention training and that each Soldier has a role to play in lessening the impact of suicide within the Army Family.
 - There are many factors that contribute to suicide. Suicide is a complex issue that the Army takes seriously.
 - The Army as an organization is doubling down on efforts to prevent suicide and its tragic effects, but it cannot be done without each and every one of you in this room.
 - You are part of the comprehensive and integrated approach to preventing suicide and protecting others from its devastating impacts.
 - The Army and its people need you to concentrate your efforts in the prevention strategies within your control and influence, which will be covered in today's training.
- 4. Explain that the training is designed to be interactive; engagement is encouraged and expected.
 - It's worth noting that this is not your typical mandatory training that you just sit through and passively receive information.
 - Instead, this training is designed to be interactive. There
 will be opportunities for large and small group
 discussions. Your contributions are valuable.
 Furthermore, I encourage you to ask questions if and
 when they arise.
 - This training is designed in such a way to promote communication, cohesion, and trust within your unit, which are all factors that protect against the risk of suicide.
 - Simply put, paying attention and engaging in the discussions and activities can help save a life and save many more from the heartache of losing someone to suicide.

[NOTE: This is a natural transition to the next slide.]



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Facilitate small group discussions that allow Soldiers to personally connect the Army values to suicide prevention.

[?]

- Acknowledge that the Army is a values-based
 organization and link Army Values with expected behaviors.
 - You know that the Army is a values-based organization.
 You have all been taught the Army values and the LDRSHIP acronym since you first joined the Army. It's not just knowing these values; it's putting these values into action.
- Set up a small group discussion that highlights the usefulness of Soldiers tapping into their Army Values to drive behavior that supports suicide prevention.
 - Let's do a small group discussion that can help you discover the usefulness of tapping into the Army Values to engage in suicide prevention behaviors.



First, you will get in a small group of 3-4 people and discuss the questions posed on the slide. You can use the handout in Appendix A to answer the following the questions:

[NOTE: Handouts are for the ACE-SI Training only. Not for use when training in the unit.]



[ASK] Which Army Value(s) do you believe are most important to your role in preventing suicide? How could a Soldier leverage that value to help reduce suicide in the unit?

 If you've finished your discussion on one value, then go ahead and discuss another value.

 Afterwards, we will come back together and I will ask you to share your thoughts with the large group.

3. Debrief the small group discussion exercise.

 [ASK] Who would like to share the value their group chose and how that value is linked to suicide prevention?

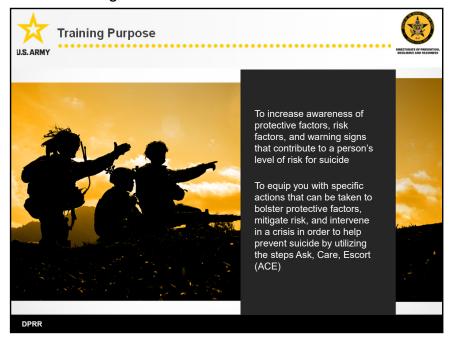
[NOTE: If no one actively volunteers, you may need to call on a couple of groups. In case they need further prodding, you can share an example from below.

- DUTY: fulfill your obligations and work as a team. This includes reaching out to your fellow Soldiers. It also means reaching out when you yourself are in need of help.
- INTEGRITY: Soldiers do what's right, legally and morally. When you see someone struggling, you act. This could range from daily activities to assisting a fellow Soldier who is facing a more serious challenge.
- PERSONAL COURAGE: a Soldier's responsibility is to exhibit both physical and moral courage as they face the challenges. Soldiers are expected to have the courage to do the right thing, work through challenges, and help those in need.]

4. Reinforce that values drive behaviors.

- The Army is made up of members with shared values and a strong commitment to the mission and to one another.
- Values drive behavior. Tapping into your values can help you take action during difficult situations.
- Sometimes acting on your values means making higherlevel leaders aware of circumstances they may not know of. Sometimes acting on your values means getting outside of your comfort zone and directly addressing the concerning situation.
- This takes us to the purpose of today's training.

[NOTE: This is a natural transition to the next slide.]





State the training purpose.

1. State the training purpose.

- The purpose of the ACE Base module is two-fold. First, this training will increase awareness of protective factors, risk factors, and warning signs that contribute to a person's level of risk for suicide.
- Second, the training will equip you with specific actions that can be taken to bolster protective factors, mitigate risk, and intervene in a crisis in order to help prevent suicide by utilizing the steps Ask, Care, Escort (ACE).

2. Transition.

- Your role in suicide prevention is to recognize risk and mitigate it when possible by taking appropriate action. To do this, you must know what to look out for.
- We will kick off the training with an overview of protective factors, risk factors, and warning signs.

Record your own notes here:

[NOTE: The Terminal Learning Objective (TLO) is as follows:

Action: Understand suicide as a complex issue and describe how to utilize the steps of Ask, Care, Escort to recognize individuals struggling to cope with life challenges and intervene to prevent suicide

<u>Condition</u>: In a classroom environment, given training materials

<u>Standard</u>: Participants will, with 100% accuracy as assessed by the instructor

- recognize the role of risk and protective factors in determining suicide risk
- identify warning signs indicating a person may be suicidal and in need of help
- list the steps of ACE
- understand how and when ACE can be applied (both as early prevention and during a crisis)

There will be checks on learning throughout the training to ensure the objective and standards are being met.]

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Using the traffic light metaphor, provide an overview of protective factors, risk factors, and warning signs that can help Soldiers identify, assess, and mitigate risk.

1. Explain the traffic light metaphor.

[NOTE: This is meant to be an overview and introduction to the traffic light metaphor. DO NOT spend much time explaining each element here; each one is discussed in greater detail in the slides ahead.]

- Consider a traffic light. A traffic light helps to manage and control the risk of preventable traffic accidents that can result in injury or death.
- The traffic light can serve a similar purpose and simplified framework for suicide prevention. The colors represent the levels of risk, and specifically the type of behaviors being demonstrated, while also providing guidance as to what steps to take to mitigate risk.
- Explain the risk levels according to traffic light colors such as green light protective factors, yellow light risk factors, and red light warning signs.
 - Green lights mean drive on with relative safety.
 Protective factors are behaviors or support systems that help to decrease the chances that a combination of risk factors and life challenges result in negative outcomes.

Record your own notes here:

[NOTE: IAW ATP 5-19, managing risk is a process of identifying, assessing, and controlling risk arising from a recognized set of factors.]

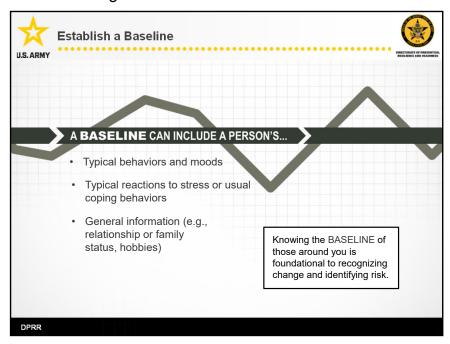


 Yellow lights mean caution. Risk factors are issues that increase suicide risk. While risk factors alone do not necessarily indicate an emergency or crisis, a combination of risk factors would increase concern.

- Red lights mean stop. Warning signs are time-sensitive concerns and indicate the highest level of risk. When you recognize warning signs, you must stop what you are doing and take immediate action.
- No single factor differentiates a red light from a yellow light. Factors can differ amongst individuals and situations. The yellow light is meant to be a cue to action whereas the red light is a sign of "imminent danger," stop what you're doing and give undivided attention to the situation at hand (i.e., cease-fire).
- Protective factors, risk factors, and warning signs all play a role in identifying an individual's level of risk for suicide. Being aware and alert to the signs and indicators can help you assess a person's risk level for self-injury or death by suicide.
- Explain the importance of being alert to changes and that Soldiers can use ACE to help someone lower their risk level.
 - It is also important to stay alert to changes. Similar to the colors of a traffic light, a person's risk levels can change.
 - While a standard traffic light changes from green to yellow to red and back to green, this is not the typical pattern when it comes to suicide risk.
 - For suicide prevention purposes, the lights can change in both directions and you have the opportunity to help someone change from red to yellow to green by putting your ACE training into action.
 - How you use ACE will differ depending on the risk level or light color you are responding to.

4. Transition.

• In order to recognize change, it is important to know your and others' typical behaviors and establish a baseline.





Explain the value of establishing a baseline.

1. Explain the value of establishing a baseline.

- The baseline is a person's typical behaviors and moods, how they usually react to stress, and their typical coping behaviors.
- Establishing a baseline of your peer means getting to know basic information about them, such as if they are single, dating, or married, whether they have kids or not, whether they have family support nearby, and even the general health of their relationships and connections to others.
- A baseline can help you identify if someone is behaving uncharacteristically, which could be a sign that something is "off" with them and could stir you to ask if they are doing okay.
- Checking in when you notice changes in behavior and mood from that person's norm will help develop rapport and also increases the likelihood of helping them if they are in crisis or if they are struggling with something that may get out of hand if left unaddressed.
- Bottom line, knowing the baseline of those around you is foundational to recognizing change and identifying risk.

2. Transition.

 Let's review green light protective factors and the importance of intentionally strengthening them.

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Describe protective factors and explain the importance of intentionally strengthening them for oneself and others around them.

[?]

[SLIDE BUILDS]

- 1. Define protective factors.
 - Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events.
 - Protective factors help to offset or mitigate risk.
- 2. Ask participants to provide examples of protective factors based on the definition provided.
 - **[ASK]** Given the definition, what are some examples of protective factors that can help offset or mitigate risk?

[NOTE: Allow for responses.]

3. Provide examples of protective factors.

[CLICK TO ADVANCE]

- Some examples of protective factors include
 - using productive coping skills like problem-solving, deep breathing, or considering another perspective on an issue
 - being willing to talk with others about the things going on in your life
 - cultivating strong personal relationships and contributing to strong unit cohesion



 utilizing professional resources when needing help and also when looking to be proactive with personal or professional development

 connecting to a sense of purpose like religious beliefs, your core values, or playing an influential role in another person's life

[NOTE: Additional examples include optimistic thinking, family support, support networks, and addressing stressful life events (e.g., job stress, intimate partner issues), rather than avoiding them.]

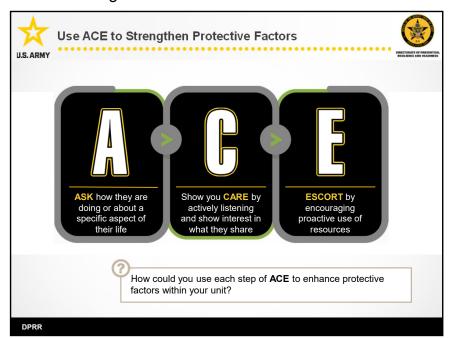
- State that it is important to consistently work to improve
 or strengthen the protective factors for oneself along with those of fellow Soldiers.
 - Protective factors can be enhanced. Many military trainings such as resilience training and the "+1" modules of ACE, like Active Listening, aim to bolster protective factors of Soldiers.
 - It requires personal ownership as well. Just like routine physical training, it is important that you routinely work to strengthen your protective factors and those of others around you.

[NOTE: If you feel comfortable, briefly share a personal example of a protective factor you have intentionally cultivated in the past or one you are currently focused on increasing.]

- Take a look at the protective factors on the slide.
 Consider which one or ones you could benefit from enhancing.
- As a Soldier you are part of a team. Your actions influence the protective factors of your fellow Soldiers. For example, being part of a unit that supports each other helps people to feel connected. Healthy, strong connection to others is a core protective factor.

5. Transition.

 Let's look at how you can use the ACE process to bolster protective factors.



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Facilitate a discussion where Soldiers discuss how to use ACE to help enhance protective factors within their unit.

[?]

- 1. Introduce Ask, Care, Escort (ACE) as a process that can be used not only in a time of crisis but also when recognizing risk indicators as well as to bolster protective factors.
 - You may be familiar with the process of Ask, Care, Escort, commonly known as ACE, that can be used to prevent suicide.
 - In the past, you may have only thought of ACE as being useful in a crisis, like in response to red light warning signs. You can use it in other contexts too. It can be useful when you recognize yellow light risk factors or simply a change in one's behavior from their baseline. It can also be used as proactive prevention such as to bolstering the green light protective factors.
- 2. Provide an example of using ACE to bolster protective factors.
 - Consider an example. In daily interaction with a fellow Soldier in your unit, you might simply ASK how they are doing or how a particular aspect of their life is going. You do not ask because you noticed anything of concern, but you ask because you want to demonstrate you CARE about the person and their well-being.



• While asking in and of itself is a demonstration that you **CARE**, you can further show you CARE by actively and constructively listening and responding to what they have to share. For instance, you could ask follow up questions to encourage them to share more about the good thing(s) in their life.

Let's say the Soldier is sharing their excitement about the
performance gains they've been making recently, such as
their score on the last ACFT. The ESCORT step may
involve inviting them to go with you to check out a
resource like the Army Wellness Center (AWC) for further
support of your shared goals. Or, ESCORT could simply
be setting up a time to engage in an extra PT session
together.

- Facilitate a brief discussion for Soldiers to discuss in small groups how they could use the steps of ACE to bolster protective factors within their unit.
 - Now it is your turn. In groups of 3 or 4, discuss the following question.
 - [ASK] How can you use the steps of ACE to build protective factors within your unit?
 - Discuss in your small group and then I will ask for some of you to share with the large group.

[NOTE: Allow a few moments for small group discussion, then ask for the groups to share ideas across the groups. Aim to get at least one small group to share and, depending on time, possibly encourage a second group to share. Possible examples include:

- ASK: "How are your college classes going?
- ASK: "How is your relationship with _____ going?"
- CARE: taking time to engage, ask, and listen
- CARE: acknowledge unit members as people and not just Soldiers
- ESCORT: initiate time to hang out off duty like do an activity together (e.g., go to the movies, go fishing, get coffee, have a meal)
- ESCORT: plan to go together to the AWC or the Ready and Resilient Performance Center to help support your common goals.]

[NOTE: Sharing a personal example of how you have used ACE to specifically bolster protective factors with others can be beneficial here.]



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Acknowledge that Soldiers have likely developed some protective factors but that everyone still has some level of risk.

- Acknowledge that Soldiers have likely developed some protective factors through their Army and life experiences.
 - Life throws many challenges at us. Throughout your Army career and life experiences, you have likely developed skills and strengths, and utilized resources, that help you to effectively cope with and overcome challenges.
 - None of us are immune to falling into some unproductive or unhealthy ways of coping or managing stress. How well we cope with challenges is one component of our risk.
- 2. Acknowledge that everyone has some level of risk; protective factors help decrease the chances that a combination of risk factors result in negative outcomes.
 - Everyone has some level of risk, and our level of risk is influenced by many factors and shaped in part by our life experiences.
 - Protective factors help to decrease the chances that a combination of risk factors and life challenges result in negative outcomes.

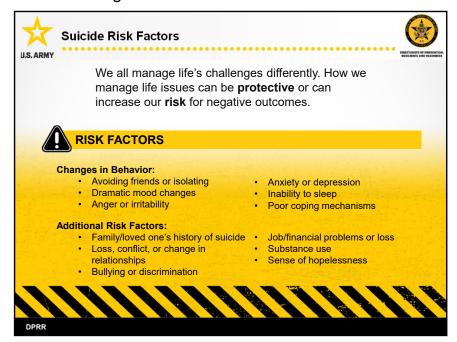


 Just like you might consult with a personal trainer or nutritionist to enhance your physical health, there are numerous Army resources like MWR, BOSS, or Strong Bonds that can assist you in enhancing your protective factors.

3. Transition.

 Next, we will move on to review the yellow light risk factors.

ACE Unit Training- Base Module Record your own notes here:



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Describe risk factors and explain that suicide is complex and typically does not result from one singular cause or factor.

- 1. Describe suicide risk factors to help Soldiers recognize when someone may be at risk.
 - We all manage life's challenges differently; how we manage life issues can be protective, as we've just discussed, or can increase our risk for negative outcomes.
 - No single factor places people at risk for suicide. For some, it can be several; for others, just a few.
 - · Factors that can lead to an increase of suicide risk include
 - avoiding friends or isolating oneself
 - dramatic mood changes or displaying more anger/irritability than their norm
 - anxiety or depression, or sense of hopelessness
 - inability to sleep
 - family/loved one's history of suicide
 - loss, change, or conflict in relationships
 - being bullied or discriminated against
 - job loss or financial problems
 - engaging in poor coping strategies; poor coping mechanisms like misusing drugs or alcohol, can increase risk and make someone more likely to have negative outcomes, including putting us at greater risk for suicide.

ACE Unit Training- Base Module

2. Explain that suicide is complex and does not result from any singular cause or factor.

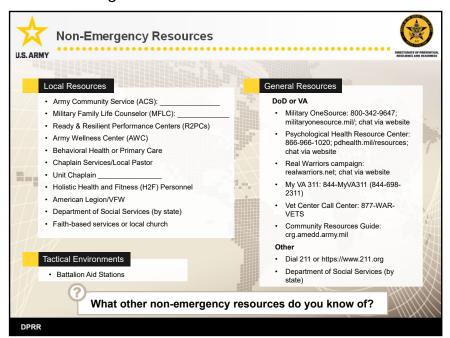
 Suicide is complex and does not result from any singular cause or factor. We do know that having more risk factors can put someone at greater risk for suicide.

- Although changes in behavior and/or mood can indicate something is not going well or there is a problem, more often than not this does not mean someone is thinking about suicide. There is always that chance, however.
- Therefore it is important to pay attention and take preventative action by using ACE.
- For example, a person could be increasing their alcohol use (a risk factor), but this is not by itself a clear indicator that suicide is a foregone conclusion. It IS, however, a perfect time to ASK how everything is going.

3. Transition.

- In just a few moments, I will ask you to discuss how you would use ACE in the event that you identify risk factors in a fellow Soldier.
- As you recall, the third step of ACE is ESCORT. Let's
 review some resources that can be utilized to get the
 support you or your fellow Soldier might need. Pay close
 attention so you can use the information in the exercise
 that follows.





Review non-emergency resources.

1. Review non-emergency resources.

[NOTE: Prior to training, fill in local non-emergency numbers and give participants time to write down or save the information in their phones (e.g., take a picture). Alternatively, you may opt to hand write the numbers on a flip chart and display in front of the room to reference when you get to this slide.]

- Here is a list of non-emergency resources. These resources should be used for someone who is struggling with a life event, but who is not in crisis or considering suicide as the resources may not be available 24/7 and may not be equipped for a crisis situation.
- The Community Resource Guide provides a list of local programs and other helping resources near each installation that can be accessed online.
- On-post resources are generally available on an installation whereas Battalion Aid Stations are generally available in many deployed or training environments.
- Keep in mind that this is not a comprehensive list. Nonemergency resources vary by location and environment; the ones listed apply to all service components.

Record your own notes here:

[**NOTE**: Be sure to add contact information for local resources prior to the training.]



Record your own notes here:

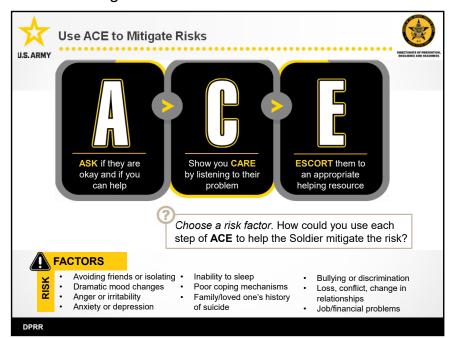
- Ask participants to share other non-emergency
 2. resources that they may be aware of that are not on the list.
 - [ASK] What other non-emergency resources do you know of?

[NOTE: Allow Soldiers to share resources with one another to include the contact information, websites, or names of applications. You might consider writing them down on a flip chart or white board if available.]

- Acknowledge that finding help can be a process; there is value in knowing a variety of helping resources and in persevering in their efforts to get the help they or others need.
 - Sometimes accessing helping resources—and securing the help one needs—can be a process that requires effort and perseverance.
 - For example, sometimes the first resource you call may refer you to another resource. Scheduling behavioral health appointments within a reasonable time frame has also proven difficult for many Soldiers or family members seeking help.
 - The Army has been working hard to resolve the structural and logistical issues to receiving care, such as its limited capacity to meet the mental health needs of its Soldiers.
 For example, in March 2023 Secretary of Defense Lloyd Austin ordered Pentagon officials to expedite hiring more behavioral health professionals.
 - Recall that this training is about what <u>you can do</u>. To get
 the help you or others need, it starts with being mentally
 prepared to work through the process of accessing care—
 and encouraging others to do the same. Then, it requires
 you to have a collection of resources to contact or share
 with others. Finally, you can support one another in the
 process until the necessary help is established.

4. Transition.

 Next, we will discuss how to apply the steps of ACE to mitigate risk.



Facilitate a discussion where Soldiers discuss how to use ACE to mitigate risk.

[?]

1. Explain using the steps of ACE to mitigate risk.

- As members of the Army we are aligned by a common purpose and shared Army Values, such as loyalty and integrity. Meaning we each share an obligation to ASK a struggling team member if they are okay, to show we CARE by offering to listen and letting them share their problems without fear of judgment, and, if necessary, ESCORT them to a helping resource to show your full support.
- ACE can be applied to mitigate risk when you notice a change in a person's baseline mood or behavior; when a Soldier demonstrates one or more risk factors; in response to someone struggling with common Soldier tasks, like a Soldier stressing over preparation for a promotion board, or struggling with personal issues, like a Soldier being worried about having enough money to support a growing family.

[NOTE: Sharing a personal example of a time you recognized risk factor(s) in another person and specifically used ACE – or a similar process – to help mitigate risk can be beneficial here. Keep it concise to ensure time for the discussion.]

[NOTE: The purpose of the question on this slide is to share ideas across groups.]



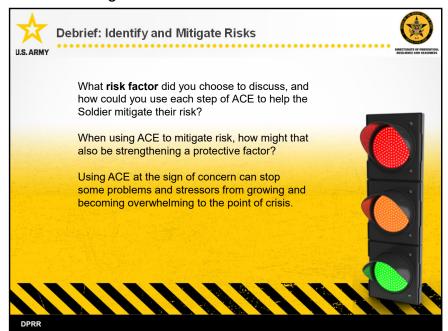
Facilitate a brief practical exercise for Soldiers

2. to discuss in small groups how they could use the steps of ACE to mitigate risk.

- Now it is your turn. In groups of 3 or 4, select a risk factor and discuss the question on the slide:
- [ASK] When you recognize the selected risk factor(s), how can you use each step of ACE to help a Soldier mitigate risk?
- For the ESCORT step, be sure to identify a helping resource that is relevant to the risk factor your group chooses to discuss.
- Discuss in your small group and then I will ask for some of you to share with the large group.

[NOTE: If necessary, you can turn back to the Risk Factors slide to provide examples of risk factors for Soldiers to choose from and focus their discussion upon.]

[NOTE: When discussions have finished, ask Soldiers to close out their small group discussions and advance to the next slide to guide the activity debrief.]



Debrief the small group discussion activity, which subsequently serves as a check on learning of risk factors.

[?]

- Debrief the small group discussion activity

 1. by restating the question and allowing groups to share.
 - [ASK] Which risk factor did you choose to discuss, and how could you use each step of ACE to help the Soldier mitigate their risk?

[NOTE: Aim to get at least one small group to share and, depending on time, possibly encourage a second group to share. Possible examples include

- ASK: "I've noticed you're drinking more than usual, is everything okay at home? Or, "How is your relationship with going?"
- CARE: Take time to engage, ask, and listen
- ESCORT: If a Soldier shares that their irritability or increased alcohol consumption is due to stress of financial strain, you could help them set up an appointment with a helping resource like Army Community Services for classes on budgeting or money management or emergency financial assistance (AER).]



2. Ask Soldiers how using ACE to mitigate risk might in turn be strengthening a protective factor.

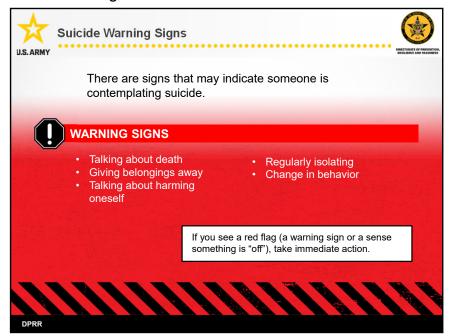
• **[ASK]** When using ACE to mitigate risk, how might also be strengthening a protective factor?

[NOTE: Allow for responses.]

- When you use ACE, you are in essence, being a green light protective factor for the other person: you are connecting, supporting, and helping the person find the resources they may need to lower their risk.
- Your supportive actions can strengthen trust and connection, and it shows others in the unit that you care and can be someone they can turn to for support in the event that they themselves are struggling or in the unfortunate event of crisis.
- Use the traffic light metaphor to explain the process of identifying, assessing, and controlling risk by using ACE early, at the sign of concern.
 - What you do when you identify risk factors in others can make a difference in what happens next. You have the power to help your battle buddies or fellow unit members reverse their trajectory.
 - On a standard traffic light, the yellow light automatically turns to a red light. That does not have to be the case here.
 - Using ACE early, at the sign of concern, can stop some problems and stressors from growing and becoming overwhelming to the point of crisis. Using ACE can help you to assess risk and help control it.
 - Getting teammates to the assistance they need earlier may prevent them from getting to the point where they consider suicide as an option.

4. Transition.

 Despite your best efforts, some individuals may advance to a point of greater risk and be showcasing red light warning signs. Let's review those next.



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Describe warning signs and explain the importance of taking immediate action if any warning signs are present.

- 1. Review warning signs to watch for that may indicate someone is contemplating suicide.
 - Warning signs indicate the highest level of risk and are things that are more likely to be happening close to a suicide attempt. If a person is displaying one or more of the following warning signs, it may be an indication that they are contemplating suicide:
 - talking about death
 - giving away personal possessions
 - talking about harming oneself or stating they have no reason for living
 - regularly isolating
 - expressions of hopelessness or deep sadness
- 2. Emphasize the critical importance of taking immediate action if/when a warning sign is present.
 - When you are in your vehicle at a traffic light that is red, you wait and trust it will soon turn green. This is <u>NOT</u> the case when it comes to suicide prevention. You must not sit idle.
 - When you notice one or more warning signs you must take direct, immediate action.

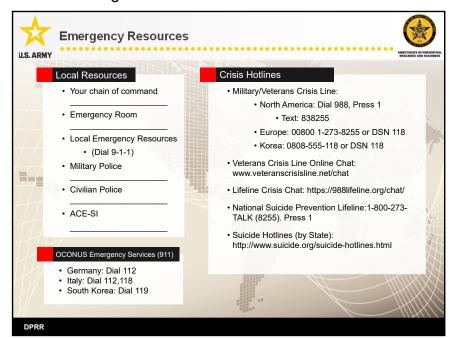


Record your own notes here:

- Emphasize the importance of trusting one's gut if sensing something is not right, regardless of not noticing any specific warning signs.
 - This is not a comprehensive list of warning signs.
 - Sometimes people who are suicidal may not show these signs, or any obvious sign of contemplating suicide.
 Sometimes it may be harder to see warning signs if we are too close to a person or the person may be really good at hiding their struggle.
 - Because of your close connection; however, you may simply sense that something is not right with them. If you feel that something is "off," then trust your gut. This is a red flag and you need to take action.

4. Transition.

 Let's review emergency resources that can be utilized to get the support you or your fellow Soldier might need in a time of crisis.



Review emergency resources, make the distinction between non-emergency and emergency resources, and remind Soldiers to persevere in accessing help.

1. Review available emergency resources.

[NOTE: Prior to the training, look up local emergency contact information and share this during the training. In the PowerPoint slides there are text boxes where local contact information can be added. Alternatively, these numbers can be handwritten and displayed in the front of the room. Ensure that participants are familiar with multiple resources. Encourage them to add the contact information directly into their phone (e.g., take a picture).]

- There is an important distinction between emergency and non-emergency resources: emergency resources are always open and you will be connected and assisted right away. When a person is in crisis, use an emergency resource to ensure they get the help they need as soon as possible.
- The helping resource you choose depends on your circumstances and location. If you are near your command team or unit Chaplain, they might be your best choice; your aid station or the unit's Behavioral Health Services might also be an option.
- If these resources are not close by or accessible, the nearest emergency room can also be a good option.
 Ultimately, your best choice may simply be reaching out by phone to a crisis "hotline" or emergency services.

Record your own notes here:

[NOTE: Be sure to add contact information for local resources prior to the training.]



Acknowledge the common and often inaccurate
2. perception that seeking help can negatively impact a
Soldier's career.

 Some Soldiers, and even family members of Soldiers, may be reluctant to get professional help due to fear of repercussions to the Soldier's military career.

- Unfortunately, stories of when this might have been the case – where seeking behavioral health care impacted one's military career – are more readily shared than the stories of Soldiers who got the help they needed and continued successfully in their career path. Furthermore, there could have been additional circumstances or factors involved in the cases where careers were impacted that were unknown or untold.
- So I encourage you to seek out accurate, thorough information from trusted resources if this becomes a barrier for you or someone you know. A Chaplain might be a comfortable resource to inquire with given their confidentiality requirements.
- It is also worth considering that if a person's life is at stake or there is genuine concern for a person's wellbeing, then concern on a human level should take priority over concern of career impact.
- Remind Soldiers of the importance of perseverance, commitment, and follow-through to locating accessible help.
 - As a reminder, accessing help from professional resources may be a process that takes perseverance, commitment, and follow-through.
 - Whether for yourself or for a time you are helping another individual, do not give up – keep pressing forward and try multiple resources until you or the other person receives the care and attention needed. This is especially critical if you or the other person is in a crisis situation.

4. Transition.

 Next let's review how to apply the steps of ACE to a crisis situation.



Explain how to use ACE during a crisis and discuss practical strategies for remaining calm and composed when facing a crisis.

[?]

- 1. Explain how to use the steps of ACE during a crisis.
 - When you notice a warning sign, or have a strong sense something may be wrong, you must draw on the Army Values like Loyalty, Duty, and Personal Courage to take action and apply the steps of ACE.
 - It is very important to ASK directly, "Are you thinking of killing or harming yourself?"
 - Show you CARE by giving them your undivided attention, actively listening to what they are saying, and letting them know you've got their back and will get them to the help they need.
 - One warning sign may or may not equal a suicide risk, which is one reason why you have to ASK the question directly and attentively listen to their response. Their response will help guide the next actions to take. If they respond "no" and you believe them, then you might escort them to a non-emergency resource.
 - If they indicate they are thinking of suicide or harming themselves, it's important to ESCORT them as soon as possible to the nearest helping resource.

[NOTE: The purpose of the question on this slide is to have participants consider personal experiences they have leveraged in the past to bring forward to this skill.]

2. Allow Soldiers to share their strategies for remaining calm, composed, and in control during a crisis.

 To be most effective in a crisis situation you must remain calm, composed, and in control. Your steadiness will give the other person confidence that they are in good hands.

[NOTE: Sharing a personal example of how you have stayed calm and composed in a situation where you were helping someone through a crisis can be beneficial here.]

 [ASK] What have you done in the past, or can do in the future, to stay calm and composed when facing a crisis?

[NOTE: Allow for responses. Some examples might include

- taking a few tactical breaths
- trusting your training
- grounding yourself in the present moment.]
- When assisting someone in crisis your primary focus is to remain calm and composed. Next, secure any items that might be used for self injury, then consider your options for accessing helping resources.

3. Transition.

 There is a reason that the Army takes training so seriously. With quality training you are equipped to execute and respond with immediacy and accuracy. So let's continue the training with a final check on learning.



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Conduct a check on learning about warning signs and reinforce the importance of the ACE steps in a crisis situation.

[?]

- 1. Conduct a check on learning about warning signs.
 - [ASK] What are the warning signs that can indicate a person might be contemplating suicide and that require you to take immediate action?

[NOTE: Allow for responses. Examples include those listed on the warning signs slide

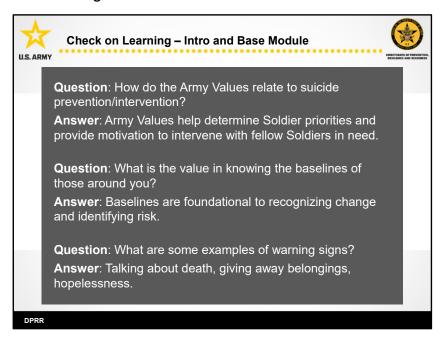
- talking about death
- giving away personal possessions
- talking about harming oneself or stating they have no reason for living
- regularly isolating
- expressing hopelessness or deep sadness.]
- [ASK] How do you use the steps of ACE during a crisis situation?

[NOTE: Be sure Soldiers mention the direct questions to ASK (e.g., "Are you thinking of killing yourself or harming yourself?") and that they demonstrate familiarity with emergency resources.]

2. Reinforce the importance of the ACE steps in a crisis situation.

- Following the steps of ACE can save a life. You may be unsure about asking when you're concerned about someone's behavior: it is better to ask and be wrong than not to ask at all and have something terrible happen.
- When someone is in crisis, do not leave them alone, especially if they are suicidal. If they refuse to go with you to a helping resource, use your phone to call for help and/or ask someone else to get help. If they are suicidal, it may be best to call and have the help come to you. Remember, NEVER leave a person in crisis or who is suicidal alone.
- 3. Explain that using ACE in a crisis is activating green light protective factors.
 - By ASKing the critical questions, showing that you CARE, and ESCORTing the person to the help they need, you are protecting your battle buddy from harm and potentially saving their life.
 - Furthermore, when you recognize red light warning signs and take action to use ACE, your actions are bolstering green light protective factors within the unit.
 - You are showing that as a unit you take care of each other, regardless of the issue. This helps to build trust, connection, cohesion, and utilizing resources—all of which are protective factors.

[NOTE: This is a natural transition to the next, and final, slide.]



Check on Learning - Base Module.

[SLIDE BUILDS]

- 1. Discuss the topics covered in the Base module.
 - Let's conduct a check on learning over what we've discussed so far.
 - [ASK] How do the Army Values relate to suicide prevention/intervention?

[NOTE: Allow for discussion.]

[CLICK TO ADVANCE]

- Army Values help determine Soldier priorities and provide motivation to intervene with fellow Soldiers in need.
- [ASK] What is the value in knowing the baselines of others around you?

[NOTE: Allow for discussion.]

[CLICK TO ADVANCE]

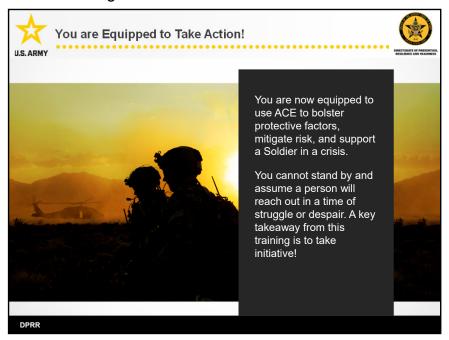
- Baselines are foundational to recognizing change and identifying risk.
- What are some examples of warning signs

[NOTE: Allow for discussion.]

[CLICK TO ADVANCE]

 Talking about death, giving away personal belongings, hopelessness.

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Acknowledge the importance of taking initiative to engage in ACE with others, and transition to the followon +1 module.

- 1. Acknowledge the importance of taking initiative to engage in ACE with others.
 - We have just reviewed the Ask, Care, Escort process. You are now equipped to use ACE to bolster protective factors, mitigate risk, and support a Soldier in a crisis.
 - Many service members who have reported having suicidal thoughts or had a suicide attempt since joining the military have indicated that they did not talk to anyone or seek help.
 - This shows that you cannot stand by and assume a person will reach out in a time of struggle or despair. A key takeaway from this training is to take initiative!
 - Consider what that might look like for you, such as what actions you feel are important to take in the next week or two. We'll come back to this later in the training.
- 2. Thank Soldiers for their participation thus far, and transition to the +1 module.
 - Thank you for your participation in the training thus far.
 - Next, we will be transitioning to the second half of today's ACE training, the _____ module, which will further equip you to support your fellow Soldiers and members of your Circle of Support.

[NOTE: If time permits, it is suggested to give the Soldiers a short break as you get the next module set up.]



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References

Army Publications

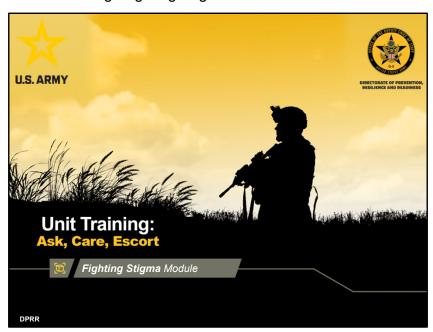
- Department of the Army. (2015). *Army Health Promotion* (AR-300-63). https://armypubs.army.mil/epubs/DR pubs/DR a/pdf/web/ARN15595 R600 63 admin FINAL.pdf
- Department of the Army. (2019). *Army Leadership and the Profession* (ADP 6-22). https://armypubs.army.mil/epubs/DR pubs/DR a/ARN20039-ADP 6-22-001-WEB-0.pdf
- Department of the Army. (2015). *Army Team Building* (ATP 6-22.6). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/atp6_22x6%20FINAL.pdf
- Department of the Army. (2016). *A Leader's Guide to Soldier Health and Fitness* (ATP 6-22.5). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/atp6_22x5.pdf
- Department of the Army. (2015). *Health Promotion, Risk Reduction, and Suicide Prevention* (DA PAM 600-24). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/p600_24.pdf

Other Publications

- Bowersox, N. W., Jagusch, J., Garlick, J., Chen, J. I., & Pfeiffer, P. N. (2021). Peer-based interventions targeting suicide prevention: A scoping review. *American Journal of Community Psychology*, 68(1-2), 232–248. https://doi.org/10.1002/ajcp.12510
- Cerel, J., Brown, M. M., Maple, M., Singleton, M., Van de Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Not six. Suicide and Life-Threatening Behavior, 49(2), 529-534.
- Defense Suicide Prevention Office. (2016). Suicide Prevention Training Competency Framework: A competency framework for all members and targeted sub-groups across the Department of Defense. https://www.dspo.mil/Portals/113/Documents/Final%20Signed%20Competency%20 Framework%202016.pdf?ver=2018-02-07-111806-747
- Department of Defense. (2022, Oct. 20). Secretary of Defense Lloyd J. Austin III's Statement on DoD Annual Suicide Report (CY2021). https://www.defense.gov/News/Releases/Rel
- Department of Defense. (2022). *Quarterly Suicide Report (QSR) 4th Quarter, CY 2022*. https://www.dspo.mil/Portals/113/Documents/2022QSR/TAB%20A%20%20QSR%20Rpt_Q4%20CY22_vf.pdf
- Department of Defense. (2022). *Annual Suicide Report Calendar Year 2021*. https://www.dspo.mil/Portals/113/Documents/2022%20ASR/Annual%20Report%20on%20Suic ide%20in%20the%20Military%20CY%202021%20with%20CY21%20DoDSER%20(1).pdf?ver =tat8FRrUhH2IIndFrCGbsA%3d%3d
- Drollinger, T., Comer, L. B., & Warrington, P. T. (2006). Development and validation of the active empathetic listening scale. *Psychology & Marketing*, *23*(2), 161-180. https://doi.org/10.1002/mar.20105

References (cont'd.)

- Hangartner, R. B., Totura, C. M. W., Labouliere, C. D., Gryglewicz, K., & Karver, M. S. (2019). Benchmarking the "Question, Persuade, Refer" Program Against Evaluations of Established Suicide Prevention Gatekeeper Trainings. *Suicide & Life-Threatening Behavior*, *49*(2), 353 –370. https://doi.org/10.1111/sltb.12430
- Litteken, C., & Sale, E. (2018). Long-Term Effectiveness of the Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training Program: Lessons from Missouri. *Community Mental Health Journal*, *54*(3), 282–292. https://doi.org/10.1007/s10597-017-0158-z
- Nock, M. K., Deming, C. A., Fullerton, C. S., Gilman, S. E., Goldenberg, M., Kessler, R. C., McCarroll, J. E., McLaughlin, K. A., Peterson, C., Schoenbaum, M., Stanley, B., & Ursano, R. J. (2013). Suicide among soldiers: a review of psychosocial risk and protective factors. *Psychiatry*, 76(2), 97–125. https://doi.org/10.1521/psyc.2013.76.2.97
- Peterson, A. L., Monahan, M. F., Bender, A. M., Gryglewicz, K., & Karver, M. S. (2021). Don't Invite Everyone! Training Variables Impacting the Effectiveness of QPR Trainings. *Administration and Policy in Mental Health*, 48(2), 343–353. https://doi.org/10.1007/s10488-020-01078-3
- Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., Rivers, A. J., Morgan, C. A., & Southwick, S. M. (2010). Psychosocial buffers of traumatic stress, depressive symptoms, and psychosocial difficulties in veterans of Operations Enduring Freedom and Iraqi Freedom: the role of resilience, unit support, and postdeployment social support. *Journal of Affective Disorders*, *120*(1-3), 188–192. https://doi.org/10.1016/j.jad.2009.04.015
- Rosa, L. (2014). Reach Out! Suicide prevention using QPR (Question, Persuade, Refer). *Louisiana Bar Journal, 62*(4), 267. https://www.lsba.org/documents/publications/BarJournal/Journal-Dec14-Jan15.pdf
- Rudd, M. D., Berman, A. L., Joiner, T. E., Jr, Nock, M. K., Silverman, M. M., Mandrusiak, M., Van Orden, K., & Witte, T. (2006). Warning signs for suicide: theory, research, and clinical applications. *Suicide & Life-Threatening Behavior*, *36*(3), 255–262. https://doi.org/10.1521/suli.2006.36.3.255
- Science and Technology Organization. (2018). Military suicide prevention: Report prepared for NATO leadership (Report No. STO-TR-HFM-218). North Atlantic Treaty Organization. https://apps.dtic.mil/sti/pdfs/AD1062460.pdf
- Trachik, B., Tucker, R. P., Ganulin, M. L., Merrill, J. C., LoPresti, M. L., Cabrera, O. A., & Dretsch, M. N. (2020). Leader provided purpose: Military leadership behavior and its association with suicidal ideation. *Psychiatry Research*, *285*, 112722. https://doi.org/10.1016/j.psychres.2019.112722

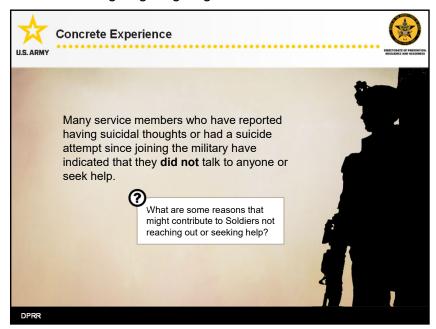


Introduce the module (and yourself, if necessary) and state the impact of active participation on building unit trust and cohesion.

- 1. Introduce the module (and yourself, if necessary).
 - Welcome to the second part of your annual ACE suicide prevention training, specifically the *Fighting* Stigma module.
- State that active participation can help strengthenunit trust and cohesion, which, in turn, helps to fight stigma.
 - Stigma has negative impacts. It's not just about hurting someone's feelings—stigma can undermine trust between individuals and within units.
 - Fully engaging with this training by actively participating in the discussions about stigma and working with your peers through the practical exercises can help strengthen trust and cohesion, which will build protective factors within the unit.

[NOTE: This is a natural transition to the next slide.]

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Engage Soldiers in a concrete experience by asking their thoughts on the statement about Soldiers not seeking help.

[?]

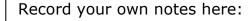
- 1. Share the reality about many service members not seeking help when needed.
 - Many service members who have reported suicidal thoughts or had a suicide attempt since joining the military have indicated that they did not talk to anyone or seek help.

[NOTE: This information was included in the notes of the ACE Base module. It is used here for the purpose of Soldiers considering possible reasons why Soldiers might be reluctant to seek help. The conversation is intended to set up further learning about stigma.]

- 2. Discuss reasons that might contribute to Soldiers not reaching out or seeking help.
 - [ASK] What are some reasons that might contribute to Soldiers not reaching out or seeking help?

[NOTE: Allow for responses. Possible examples include

- belief that asking for help is a sign of weakness; feeling ashamed or embarrassed
- scared of ramifications; fear of being labeled or criticized by others; fear of letting down teammates or being treated differently
- belief that you can handle the problem on your own (overly self-reliant).]



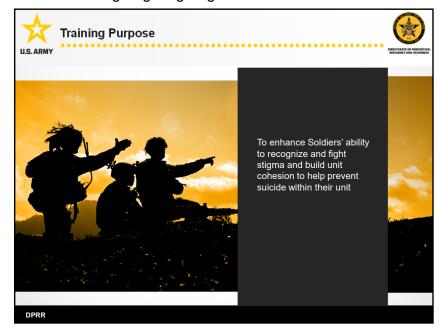


- 3. Briefly explain the connection between a person's behavior (e.g., seeking help), beliefs, and stigma.
 - A person's behavior is influenced by their thoughts, beliefs, and emotions.
 - Judgmental beliefs like "Something is wrong with me," or "If I get help, then people will think I'm weak," can lead to emotions like shame and fear, which can then lead to avoidance behaviors.
 - What can influence a person's beliefs and their willingness to seek the help they need is stigma.

[NOTE: Do not go into any greater depth on stigma. The intent of this slide (i.e., group discussion and explanation of the connection between behavior, beliefs, and stigma) is to set up the purpose of the module, set a foundation, and foreshadow the deeper learning that is yet to come.]

4. Transition.

· That brings us to the purpose of today's training.





State the training purpose and provide a brief overview of what the module entails.

1. State the training purpose.

 The purpose of this module is to enhance Soldiers' ability to recognize and fight stigma and build unit cohesion to help prevent suicide within their unit.

2. Provide a brief overview of what the module entails.

- We will begin by discussing what stigma is and the impact it can have on help-seeking among individuals and the unit as a whole.
- Then, each of you will have the opportunity to put the training into practice by using stigma-fighting tactics and the ACE process.
- Lastly, we will discuss how taking an active role to fight stigma in your unit can help reduce the risk of suicide.

3. Transition.

 Let's start by taking a closer look at what stigma is so that you are more capable of identifying its presence. Record your own notes here:

[NOTE: The Terminal Learning Objective (TLO) is as follows:

Action: Understand the primary elements of stigma and demonstrate ability to recognize and mitigate stigmatizing behavior

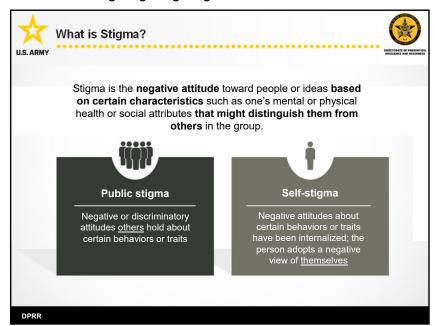
<u>Condition</u>: In a classroom environment, given training materials

<u>Standard</u>: Participants will, with 100% accuracy as assessed by the instructor

- define and identify stigma and its primary elements
- explain stigma's impact on help seeking, unit climate of trust, and suicide prevention
- identify the ways to end stigma and mitigate its effect on suicide prevention

There will be checks on learning throughout the training to ensure the objective and standards are being met.]

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Define stigma and discuss the two main types [?] of stigma.

1. Define stigma and state the two main types.

[NOTE: Even though stigma was likely discussed earlier, it is still important to provide this clear definition for everyone to be on the same page.]

- Stigma is the negative attitude toward people or ideas based on certain characteristics such as one's mental or physical health, or social attributes like gender, sexuality, or race that might distinguish them from others in the group.
- Stigma comes in multiple forms. Two of the main types of stigma are public stigma and self-stigma.
- 2. Explain public stigma and discuss indicators/signs of public stigma.
 - Public stigma is when an individual or a group stereotypes certain characteristics or behaviors, then discriminates against other people displaying those characteristics or behaviors.
 - An example of public stigma might be a unit stereotyping those on physical profile as unmotivated or unable to lead well, or a unit stereotyping the act of leaving work before the 1700 retreat as a lack of work ethic.



 [ASK] What are some signs or indicators of a public stigma being present in a unit?

[NOTE: Allow for responses. Possible responses may include

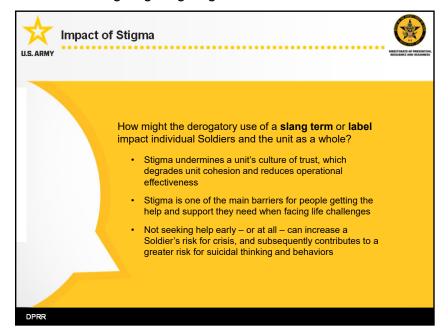
- singling someone out
- bullying, hazing or harassment
- labeling someone/group (like "weak" or "crazy")
- gossiping about others; making unfavorable comments about someone or a group of people
- shunning certain people; rejecting them; being exclusive rather than inclusive
- showing favoritism
- judging someone based on their preferences and/or appearances.]
- 3. Explain self-stigma and discuss indicators/signs of self-stigma.
 - Self-stigma is buying into the public stigma and applying it to themselves. It occurs when someone perceives a negative attitude toward themselves from others and then internalizes it. This process usually results in a person having a negative view of themselves and commonly experiencing emotions like shame and fear.
 - [ASK] What are some signs or indicators that someone is experiencing self-stigma?

[NOTE: Allow for responses. Possible responses may include

- choosing not to participate
- disclosure concerns
- avoiding others, intentionally avoiding groups/lack of group cohesion
- talking badly about themselves
- lowering expectations of themselves.]

4. Transition.

 Knowing the signs or indicators of stigma can increase your ability to recognize stigma when it is present within yourself or another person and within your unit or organization.





Discuss the impact of stigma on unit cohesion, [?] help-seeking, and suicide risk.

[SLIDE BUILDS]

- Discuss the broad impacts of stigma, to include the presence of stereotypes or use of labels, on Soldiers and units.
 - [ASK] How might the derogatory use of a slang term or label impact individual Soldiers and the unit as a whole?

[NOTE: Allow for discussion. Responses might include

- causes fear to seek care if it is legitimately needed
- decreases a Soldier's willingness to speak up if injured or if experiencing mental health struggles
- causes a divide between Soldiers
- lowers morale and trust.]

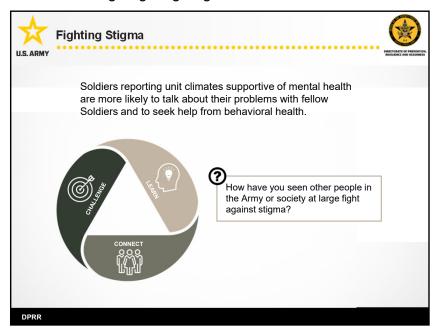
[CLICK TO ADVANCE]

 There are two concerning outcomes of stigma that are important to highlight: (1) stigma can break down the trust and cohesion in the unit, and (2) stigma is a main barrier to Soldiers seeking help when they need it. Let's further explore each outcome.



- 2. Highlight the impact of stigmatizing words and behaviors on unit morale, trust, and cohesion.
 - When stigmatizing words or actions are shared by members of a team and go unchallenged, it signals group acceptance; that it's okay for the team to isolate and separate certain individuals, and that it's okay to discriminate or treat them differently.
 - Stigma not only disrespects the individual, it undermines morale and a unit's culture of trust. In turn, this degrades unit cohesion and reduces operational effectiveness.
- 3. Explain how stigma can impact someone's willingness to seek help when facing a challenge.
 - At the start of this module, we discussed reasons that might contribute to Soldiers not reaching out or seeking help when facing life challenges. A main barrier is stigma.
 - If there is a negative stigma about help-seeking, a Soldier's concern for being labeled or discriminated against can result in the delay or prevention of getting the support they legitimately need.
 - Help-seeking refers to seeking help or support to face any type of life challenge, such as financial, relationship, emotional, mental health, family issues, sleep problems, or any other reason.
 - Whatever the reason, delaying getting the necessary help can often make the problems worse and make resolving them even more difficult.
- 4. Explain the connection among stigma, help-seeking, and suicide risk.
 - Not seeking help early, or at all, can increase a Soldier's risk for crisis, and subsequently contribute to a greater risk for suicidal thinking and behaviors.
- 5. Transition.
 - Discussing stigma's negative impact might be feeling like doom and gloom right now. The reality of stigma's negative impact is heavy stuff. There's some good news; however, you play an important role in reversing the effects.

ACE Unit Training- Fighting Stigma Module





Explore how Soldiers play a role in reducing the stigma and outline three overarching tactics to fight stigma.

[?]

[SLIDE BUILDS]

- Explain that if Soldiers believe their unit issupportive of help-seeking, then they are more likely to seek the help they need.
 - Research has shown that Soldiers perceiving their unit climate to be supportive of mental health is associated with decreases in stigma, specifically stigma about a negative impact on one's career and being treated differently by fellow Soldiers for going to Behavioral Health.
 - In turn, Soldiers in supportive units are more likely to both talk with a fellow unit member and seek treatment from a behavioral health specialist, when experiencing stress or an emotional, alcohol, or family problem.



- 2. Ask Soldiers how they have seen other people in the Army or society at large fight against stigma.
 - [ASK] How have you seen other people in the Army or society at large fight against stigma?

[NOTE: Allow for responses. Some examples might include

- professional athletes/celebrities speaking out about behavioral health issues and seeking help
- changes in Army policy
- openness to share about experiences utilizing helping resources (e.g., BH, Family Advocacy Program, Army Community Services).

The intent of this discussion is to provide them the opportunity to consider ways stigma can be challenged/fought before telling them of three overarching tactics. While receiving Soldier responses, consider how they align with the three overarching tactics of learn, connect, and challenge.]

State that there are three overarching tactics that

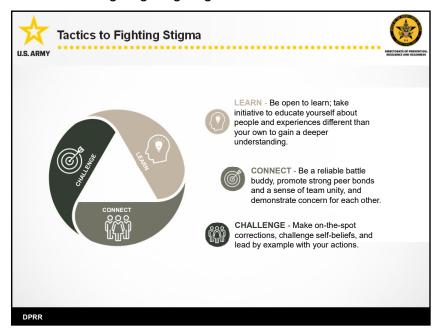
can help to fight stigma and engaging in these tactics shows the unit and Soldiers that you CARE.

[CLICK TO ADVANCE]

- There are three overarching tactics that can help you to fight stigma: **learn**, **connect**, **and challenge**.
- Taking an active role to learn, connect, and challenge stigmatizing language and behavior, demonstrates to people that you CARE and that you will not tolerate stigma, discrimination, and disrespect within the unit.
- Remember, when people know you care they are more likely to trust you and reach out before a problem escalates to a crisis.
- Let's explore each of these tactics a little further, specifically how you can use them to fight stigma.

[NOTE: This is a natural transition to the next slide.]

[NOTE: As you review each tactic in more detail on the next slide, connect some of the Soldier responses to their respective category/strategy.]



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Review three overarching tactics that can help to fight stigma: learn, connect, and challenge.

[NOTE: If comfortable, consider sharing a personal story/example of how you have used one of the tactics to fight self- or public stigma.]

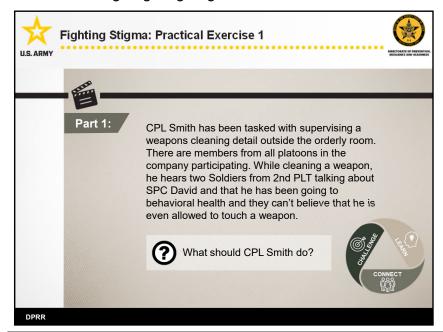
- 1. Describe the tactic "Learn" and how it can help to fight stigma.
 - Stigma usually arises from a lack of awareness, lack of education, or misguided beliefs about the behavior or characteristic being judged.
 - The "Learn" tactic means to educate yourself and teach others about the characteristics or differences that are subject to stigma, such as mental health.
 - Learning can be done through formal means like unit training, Army training [Sexual Harassment/Assault Response and Prevention (SHARP), Combat and Operational Stress Control (COSC), and Suicide Prevention (SP)], formal education (college classes) or through informal means like self-paced learning (seminars, speaker events), reading, and through connection and conversation with others.
- 2. Describe the tactic "Connect" and how it can help to fight stigma.
 - The "Connect" tactic means to promote strong peer bonds and a sense of team unity that fosters a shared concern for each other.



- You can help other Soldiers feel connected by being a reliable battle buddy (i.e., support network) and by supporting them in their family, friend, and spiritual connections.
- Connection is a key protective factor that mitigates the risk of negative outcomes. Researchers have found that support from close others was as an important factor to a majority of Soldiers who made the decision to seek treatment while on active duty.
- 3. Describe the tactic "Challenge" and how it can help to fight stigma.
 - Stigma can result from inaccurate information left unchallenged or uncorrected (e.g., rumors).
 - The "Challenge" tactic means to recognize stigma and respond accordingly. This can include challenging self-beliefs as well as making on-the-spot corrections within the unit when necessary.
 - Challenge can also include leading by example and speaking up as an advocate like openly sharing about your positive experience with talking to others about problems or seeking help from behavioral health.
- 4. Emphasize the interconnectedness of the tactics (i.e., the arrows in the diagram).
 - When you engage in one tactic, you are increasing capability in another.
 - The "Challenge" tactic can be difficult and uncomfortable. Furthermore, <u>how</u> you challenge can impact its effectiveness. Tapping into the other two tactics can help.
 - For example, connection and rapport will help others be more receptive to your challenging actions, and with more accurate knowledge (from learning), you are more equipped to challenge stigma when you see it.

5. Transition.

• Now, let's get in some practice deliberately using these tactics to fight stigma.



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Facilitate Part 1 of the Practical Exercise.

[?]

1. Set up the practical exercise (PE) and state the intent.

- This is a three-part practical exercise that you will work through in small groups.
- After each part we will debrief before moving to the next. This will give you the opportunity to hear ideas, experiences, and perspectives from other groups.
- The intent of this practical exercise is to be able to process the steps you might take to fight stigma when you encounter it in your unit, with your battle buddy, or yourself so that you are more equipped to do so when you leave this training.

2. Conduct Part 1 of the PE: Using the tactics.

- Here's the scenario for Part 1.
- CPL Smith has been tasked with supervising a
 weapons cleaning detail outside the orderly room.
 There are members from all of the platoons in the
 company participating. While cleaning a weapon, he
 hears two Soldiers from 2nd PLT talking about SPC
 David and that he has been going to behavioral
 health and they can't believe that he is even allowed
 to touch a weapon.

Record your own notes here:

[NOTE: Encourage small groups of 3-5 Soldiers as this size promotes a task-focus and optimal engagement from all members.]





In your small groups, consider the scenario along with the tactics of learn, connect, and challenge, and discuss the questions below. Use the handout in Appendix A to capture your responses to each step in the practical exercise.

[NOTE: Handouts are for the ACE-SI training only, not for use when training in the unit.]

• [ASK] What should CPL Smith do?

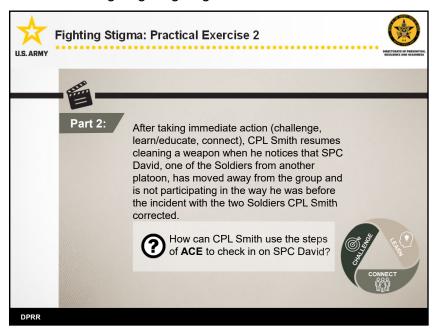
[NOTE: Allow small group discussions.

Then, restate the question and let a couple of groups share their key ideas. When Soldiers offer their ideas, help them to connect their actions to 1 of the 3 tactics (learn, connect, challenge) without forcing it. Example responses might include:

- Challenge: "That's not how we talk about other Soldiers in this unit," or "Talking like that is disrespectful."
- Learn/Educate: "Soldiers go to behavioral health for a lot of reasons, that doesn't make them unfit for duty."
- Connect: Soldiers from the detail, including SPC David, observe CPL Smith challenge the behavior, which shows he cares and builds a sense of trust.]

3. Transition.

· Let's move on to Part 2.



(

Facilitate Part 2 of the Practical Exercise.

[?]

1. Conduct Part 2 of the PE: Using the ACE process.

- After taking immediate action such as challenging the stigmatizing behavior or educating the other Soldiers that receiving behavioral health care does not make a Soldier unfit for duty, CPL Smith resumes cleaning a weapon. Then, CPL Smith notices that SPC David, who is one of the Soldiers from another platoon, has moved away from the group and is not participating in the way he was before the incident with the two Soldiers that CPL Smith corrected.
- In your small groups, consider the scenario and discuss the question:
- [ASK] How can CPL Smith use the steps of ACE to check in on SPC David?

[NOTE: Encourage Soldiers to be specific in how they would use each step. Allow small group discussions.

Then, restate the question and let a couple of groups share their key ideas. Example responses might include:

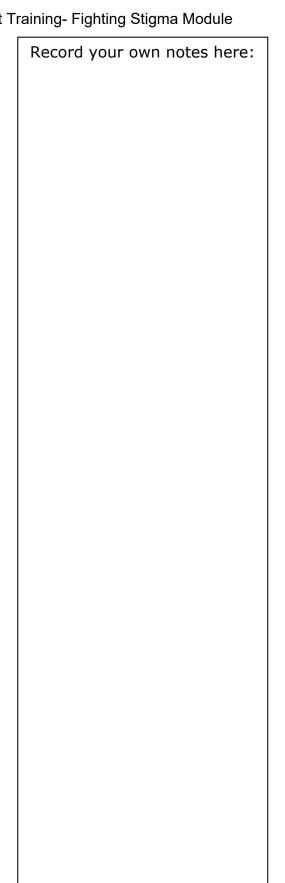
- ASK: "I noticed when they were talking that it impacted you. What they said was disrespectful and wrong. Are you doing okay?"

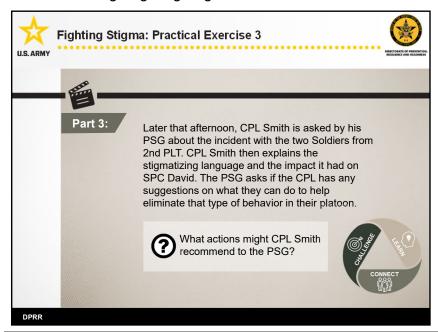


- CARE: CPL Smith could actively listen by giving SPC David his undivided attention and encourage SPC David to share his experience, normalizing going to behavioral health
- ESCORT: CPL Smith could escort SPC David back to the detail to normalize going to behavioral health, help him transition back into the task, and positively interact with the other Soldiers.
- During the conversation with SPC David, if any risk factors or warning signs are indicated, then he could consider escorting to a helping resource.]

Transition. 2.

• Let's now move on to Part 3.







Facilitate Part 3 of the Practical Exercise.

[?]

1. Conduct Part 3 of the PE: Follow-up and on-going effort.

- Later that afternoon, CPL Smith is asked by his PSG about the incident with the two Soldiers from 2nd PLT. CPL Smith then explains the stigmatizing behavior and the impact it had on SPC David. The PSG asks if the CPL has any suggestions on what they can do to help eliminate that type of behavior in their platoon.
- In your small groups, consider the scenario, and discuss the question:
- [ASK] What actions might CPL Smith recommend to the PSG?

[NOTE: Allow small group discussions.

Then, restate the question and let a couple of groups share their key ideas. Example responses might include

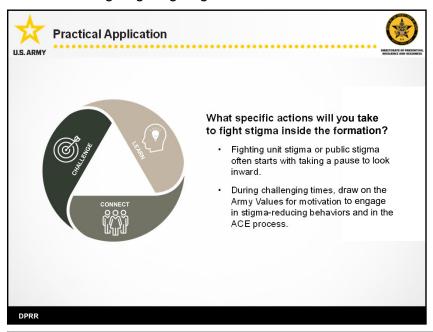
- asking for Sergeant's Time Training to talk to the platoon to have a conversation about being a cohesive team (connect & learn)
- bringing in resources to educate the unit on specific topics (learn)
- team building (org day, watch a movie like "Remember the Titans," etc.) (connect).]



- State that fighting the stigma is not just important in the moment it presents itself, but it is an ongoing effort.
 - Confronting stigma in the moment you encounter its presence is important. Fighting stigma is not a "one and done" approach.
 - If the PSG hadn't initiated the conversation with CPL Smith, CPL Smith may have decided to take follow-up action by notifying the unit leadership based on the Army Values of Respect, Duty, and Integrity.

3. Transition.

 Now, let's transition from fighting the stigma in a training setting to fighting it in reality.





Facilitate a discussion on how Soldiers will practically apply knowledge from today's training to fight stigma inside their formation.

[?]

[SLIDE BUILDS]

- 1. Acknowledge the Soldiers' efforts within this training to increase their capability to fight stigma.
 - Addressing stigma in hypothetical scenarios, in a low-stress environment like this training session, has value. It allows you to work together with your peers and think through what actions can be taken.
 - Now having done that, and having increased your awareness and knowledge of stigma and tactics to fight it, let's discuss how you can personally and practically apply this knowledge inside your unit.
- Facilitate a discussion on how Soldiers will

 2. practically apply knowledge from today's training to fight stigma inside their formation.
 - [ASK] What specific actions will you take to fight stigma inside your formation?

[NOTE: Allow for responses. Examples may include

- utilize Sergeant's Time Training to have a conversation about respect inside the platoon
- team building activities
- when recognizing stigma, bring it to the attention of unit leadership



 build protective factors: connect with individuals who might be experiencing effects of stigma; connect with those demonstrating stigmatizing behavior so you have the rapport to help educate and challenge their stereotyping and discriminatory behaviors

- be an advocate and role model: speak up about your personal experiences with utilizing helping resources.]
- 3. Encourage Soldiers to look inward and identify any beliefs or behaviors that fuel stigma.

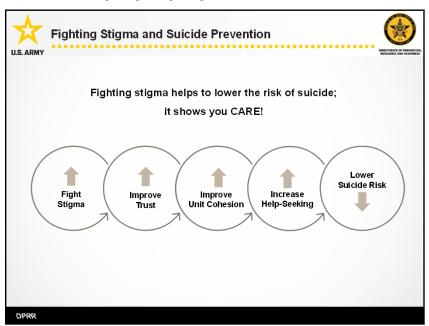
[CLICK TO ADVANCE]

 Fighting unit or public stigma often starts with taking a pause to look inward. Take an honest look at your attitudes and behaviors that might be fueling a stigma.

[NOTE: Pose the following question rhetorically to stimulate internal thought/introspection.]

- [ASK] Are you the first barrier preventing Soldiers from reaching out for and getting the help they need? Are your beliefs, your words, and your actions aligned when it comes to Soldiers asking for help?
- You or others may unintentionally or innocently use language or behaviors that are in fact harmful or stigmatizing. If or when this happens, be receptive when being challenged and corrected.
- Encourage Soldiers to draw on the Army Values to
 engage in stigma-reducing behaviors in challenging situations.
 - There will likely be times when taking action to fight stigma is difficult or uncomfortable. During these more challenging times, you have the Army Values to draw upon for motivation to engage in stigma-reducing behaviors and in the ACE process.
 - For example, you can pull on your Personal Courage to challenge the stigma, on sense of Duty to learn more about mental health, or on Loyalty to foster a stronger connection with a unit member that is different than you.

[NOTE: This is a natural transition to the next slide.]



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Review the connection between reducing stigma and suicide prevention.

[SLIDE BUILDS]

- 1. State that fighting stigma can help to lower the risk of suicide.
 - Now let's take a look at the positive outcomes that can come from your efforts to fight stigma.
 - Throughout this module, we have demonstrated that stigma is associated with negative outcomes to include increased risk of suicide.
 - Fighting stigma can, therefore, help to lower the risk of suicide.
- Use the image to demonstrate the positive impactof fighting the stigma and how it can contribute to a lower risk of suicide.

[CLICK TO ADVANCE]

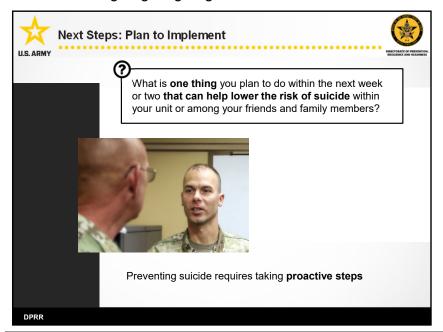
- Stigma is disrespectful; actively fighting stigma with tactics such as learning, connecting, and challenging shows that you will not tolerate disrespect within the unit. It shows that you CARE.
- When you know someone cares, you are more apt to trust them.
- A unit with members who can trust one another will naturally help to improve unit cohesion.



- Units with higher levels of cohesion are typically less tolerant of stigmatizing behavior, resulting in higher rates of help-seeking and fewer barriers to care.
- Furthermore, a unit that has strong relationships, trust, and cohesion enhances the ability of team members to successfully Ask, Care, Escort and take action, all crucial steps in the ACE process.
- By fighting the stigma with effective tactics, you are doing your part to positively affect the suicide prevention efforts within your unit and within the Army as a whole, and helping to lower the risk of suicide.

[NOTE: This is a natural transition to the next slide.]

Record		





Ask Soldiers to consider their next steps in implementing what they've gained from today's training and encourage them to talk about suicide prevention with others.

- Ask Soldiers to identify one thing to implement from today's training in the next week or two that can help lower the risk of suicide.
 - Throughout a typical day or week, you have many opportunities to apply what you've learned today in the ACE Base module and this +1 module.
 - [ASK] Based on what we've covered today, what is
 one thing you plan to do within the next week or two
 that can help lower the risk of suicide within your unit
 or your friends and family members?

[NOTE: Allow for responses. Encourage Soldiers to consider specific, tangible actions. Examples may include

- identify a specific person in my unit or Circle of Support and check in to see how they are doing or invite them over for a BBQ
- draw on one of the Army Values when tempted to avoid uncomfortable conversations or needing to challenge a stigma
- make an effort to ask more open-ended questions to improve active listening skills
- fight self-stigma by using the "Learn" tactic by seeking out the Chaplain to learn more about confidential options if needing help with a problem.]

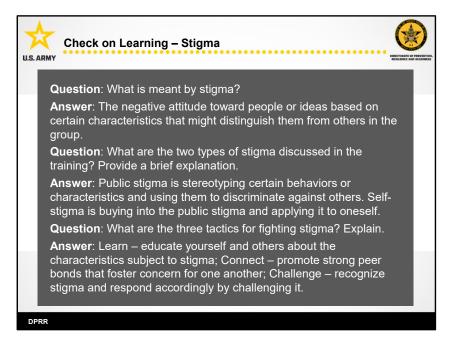


Encourage Soldiers to talk to one another and to 2. members of their Circle of Support about effective strategies to prevent suicide.

[CLICK TO ADVANCE]

- Preventing suicide requires taking proactive steps.
- In addition to the plans you all have just shared, here are some proactive steps you might consider taking with your fellow Soldiers and others within your Circle of Support
 - look for opportunities to use active listening to enhance communication and connection and to build trust
 - ask who they feel most comfortable talking with if there is ever a concern or moment of crisis, and share that same information with them about you
 - talk about which resources you all might find most helpful and put the contact information in your phones
 - when they are facing a challenge, encourage them to use resources proactively such as when there is even a hint of concern rather than wait until it's a crisis situation
 - demonstrate proactive and preventative behavior as a role model by seeking help early and proactively.

[NOTE: This is a natural transition to the next slide.]



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Check on Learning – Stigma Module.

[?]

[SLIDE BUILDS]

- 1. Discuss the topics covered in the introduction and stigma section.
 - Let's conduct a check on learning over what we've discussed so far.
 - [ASK] What is meant by stigma?

[NOTE: Allow for discussion.]

[CLICK TO ADVANCE]

- The negative attitude toward people or ideas based on certain characteristics that might distinguish them from others in the group
- [ASK] Name the two types of stigma described in the lesson and briefly explain them.

[NOTE: Allow for discussion.]

[CLICK TO ADVANCE]

Public and Self stigma. Public stigma is stereotyping certain behaviors or characteristics and using them to discriminate against others. Self-stigma is buying into the public stigma and applying it to oneself.

[ASK] What are the three tactics for fighting stigma?

[NOTE: Allow for discussion.]

[CLICK TO ADVANCE]



	ACE Unit Training- Stigma Module
 "Learn"-educate yourself and others about the characteristics subject to stigma, "Connect"-promote strong peer bonds that foster concern for one another, "Challenge"-recognize stigma and respond accordingly by challenging it. 	Record your own notes here:
•	





Empower Soldiers to take an active role in the Army's integrated and comprehensive approach to prevent suicide, and thank Soldiers for their participation.

- 1. Empower Soldiers to commit to fighting the stigma within their unit to help mitigate the risk of suicide.
 - Army policies are changing to be more supportive of Soldiers getting the help they need, but true change happens at the lowest level.
 - Remember, you are a part of the Army's comprehensive and integrated approach to preventing suicide and protecting others from its devastating impacts.
 - The Army and its people need you to concentrate your efforts in the prevention strategies within your control and influence, which you have gained from today's training.
 - Take the knowledge you've received to help sustain and improve the culture within your unit as it pertains to help-seeking behavior and mitigating risk of suicide. Commit to the stigma-fighting actions you established a few moments ago.
 - Each individual has the responsibility and the power to make a positive difference. Be the difference with your battle buddy, team, squad, and company.



Record your own notes here:

2. Thank Soldiers for their participation.

- ACE can save a life. Remember to Ask, Care, and Escort.
- Thank you for your participation today and for demonstrating your selfless support of your fellow Soldiers and the whole Army Family.

References

Army Publications

- Department of the Army. (2019). *Army Leadership and the Profession* (ADP 6-22). https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN20039-ADP_6-22-001-WEB-0.pdf
- Department of the Army. (2015). *Army Team Building* (ATP 6-22.6). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/atp6_22x6%20FINAL.pdf
- Department of the Army. (2016). *A Leaders' Guide to Soldier Health and Fitness* (ATP 6-22.5). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/atp6_22x5.pdf
- Department of the Army. (2015). *Health Promotion, Risk Reduction, and Suicide Prevention* (DA PAM 600-24). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/p600_24.pdf
- Department of the Army. (2020). *The Noncommissioned Officer Guide* (TC 7-22.7). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN20340_TC%207-22x7%20FINAL%20WEB.pdf

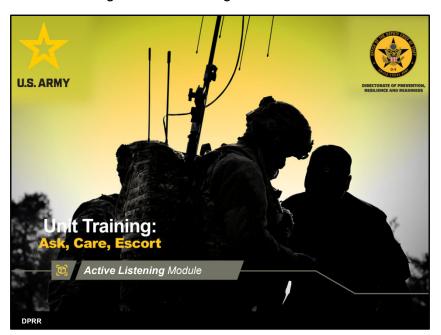
Other Publications

- Arrabito, G R., & A.S. Leung. (2014). Combating the impact of stigma on physically injured and mentally ill Canadian Armed Forces (CAF) members. *Canadian Military Journal*, *14*(2):25-35. Retrieved November 10, 2022, from http://www.journal.forces.gc.ca/vol14/no2/PDF/CMJ142Ep25.pdf
- Ben-Zeev, D., Corrigan, P. W., Britt, T. W., & Langford, L. (2012). Stigma of mental illness and service use in the military. *Journal of Mental Health*, 21(3), 264–273. https://doi.org/10.3109/09638237.2011.621468
- Britt, T. W., Wilson, C. A., Sawhney, G., & Black, K. J. (2020). Perceived unit climate of support for mental health as a predictor of stigma, beliefs about treatment, and help-seeking behaviors among military personnel. *Psychological Services*, *17*(2), 141–150. https://doi.org/10.1037/ser0000362
- Britt, T. W., Wright, K. M., & Moore, D. (2012). Leadership as a predictor of stigma and practical barriers toward receiving mental health treatment: a multilevel approach. *Psychological Services*, 9(1), 26–37. https://doi.org/10.1037/a0026412
- Meisenbach, R.J. (2010). Stigma management communication: A theory and agenda for applied research on how individuals manage moments of stigmatized identity. *Journal of Applied Communication Research* 38(3):268-292. https://doi.org/10.1080/00909882.2010.490841
- Office of the Chairman of the Joint Chiefs of Staff. (2014). Veteran Stereotypes: A Closer Look.

 Office of the Chairman of the Joint Chiefs of Staff.

 https://www.jcs.mil/Portals/36/Documents/CORe/141024_veteran_stereotypes.pdf
- Smith, R.A. (2007). Language of the lost: An explication of stigma communication. *Communication Theory*, 17(4):462-485. https://doi.org/10.1111/j.1468-2885.2007.00307.x

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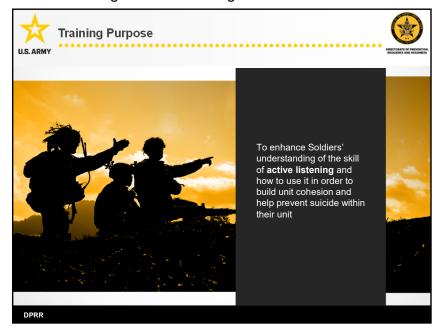


Introduce the module (and yourself, if necessary) and state the value of effective communication skills.

- 1. Introduce the module (and yourself, if necessary).
 - Welcome to the next part of your annual ACE suicide prevention training, specifically the Active Listening module.
- 2. State the value of effective communication skills and how active listening contributes to it.
 - Good communication is essential. To lead effectively, leaders must be proficient communicators; likewise, Soldiers must possess competent communication skills to ensure unit cohesion and success.
 - Listening is essential for effective communication.
 Active listening helps both the listener and speaker gain a shared understanding of events, circumstances, and emotions involved in the conversation and allows the speaker to feel heard and connected.

[NOTE: This is a natural transition to the next slide.]

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State the training purpose and provide a brief overview of what the module entails.

State the training purpose.

The purpose of this module is to enhance Soldiers' understanding of the skill of active listening and how to use it in order to build unit cohesion and help prevent suicide within their unit.

2. Provide a brief overview of what the module entails.

- We will begin by discussing what active listening is, to include four fundamentals that contribute to its effectiveness.
- Then each of you will have the opportunity to practice active listening and build on your current skill set.
- Lastly we will discuss the application of active listening to suicide prevention and how you can leverage the Army Values in the process.

3. Transition.

Let's get started.

Record your own notes here:

[NOTE: The Terminal Learning Objective (TLO) is as follows:

<u>Action</u>: Understand how active listening supports a climate of trust and suicide prevention

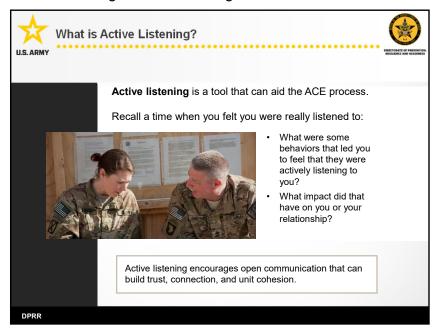
<u>Condition</u>: In a classroom environment, given training materials

<u>Standard</u>: Participants will, with 100% accuracy as assessed by the instructor

- list the steps of active listening (RASA)
- demonstrate active listening skills

There will be checks on learning throughout the training to ensure the objective and standards are being met.]

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Facilitate a group discussion about behaviors that demonstrate active listening and explain why active listening matters.

[?]

[SLIDE BUILDS]

- 1. Connect active listening and ACE, specifically that active listening shows that you CARE.
 - The ACE Base module covered the basics of suicide awareness and prevention, and the Ask, Care, Escort process.
 - Active listening is a tool that can aid the ACE process, especially in showing your fellow Soldiers that you CARE.
- 2. Discuss behaviors that contribute to active listening and the impact that it has on relationships.
 - You likely have an idea of what active listening is. In fact, you likely have first-hand experience. So let's draw on that experience to tease out the fundamentals of active listening.
 - Think about a time when you were having a conversation with someone about a topic that was important to you, and you felt like the person you were talking to was truly paying attention to what you were saying.
 - [ASK] What were some of the other person's behaviors that led you to feel that they were actively listening to you?



[NOTE: Allow for responses. Listen attentively and take note of Soldier responses that you can tie in when reviewing RASA steps in just a few moments. Examples might include

- making eye contact
- removing distractions (e.g., putting away cell phone)
- asking thoughtful questions
- acknowledging what I'm saying by nodding
- reflecting similar emotions to what I am feeling.]
- [ASK] What impact did that have on you or your relationship with that person?

[NOTE: Allow for responses. Examples might include

- felt like they cared and what I said mattered
- felt like they understood
- increased my willingness to continue to share things with them
- strengthened my trust in them.]
- Explain that active listening encourages open
 3. communication that can build trust, connection, and unit cohesion.

[CLICK TO ADVANCE]

- The value of active listening is that it encourages open communication and the speaker feels respected and cared for.
- In turn, this type of communication builds rapport and demonstrates your concern about the Soldiers in your unit and fosters trust, connection, and unit cohesion.
- Therefore, using active listening with others provides opportunities to get ahead of crisis events by building strong relationships, which is an important part of a good suicide prevention program.

[NOTE: Sharing a personal example of how your use of active listening helped build rapport, trust, connection or cohesion can be beneficial here.]

4. Transition.

 Next, we will review how you can be more deliberate in using active listening.



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Introduce the fundamentals of active listening using the RASA acronym.

1. Introduce the fundamentals of active listening using the RASA acronym.

[NOTE: This is meant to be an overview and introduction to the RASA components. DO NOT spend time explaining each component here; each one is discussed in greater detail in the slides to follow.]

- There are four basic fundamentals for effective active listening, which can be remembered by the acronym RASA. This stands for Receive, Acknowledge, Summarize, and Ask.
- 2. Explain the importance of reflecting understanding throughout the process.
 - Throughout the active listening process, it is important to provide intentional feedback to the speaker that assures them that you are understanding the meaning of what has been said.
 - This can be done by mirroring the content and the emotion of what was said through both verbal and non-verbal cues. For example when you summarize, you not only summarize the content but also restate the speaker's tone of emotion while doing so with respect.

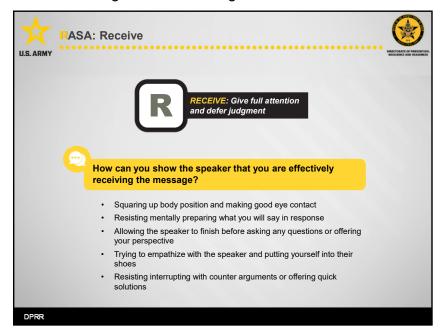


- 3. Explain the value of having a process to rely upon and intentionally train.
 - There are parts of active listening that may be intuitive or may come naturally for you or others. Sometimes when stress increases, it is helpful to have a process to rely upon. With more deliberate awareness of the fundamentals you can be more intentional in training your effectiveness at using them.
 - Although we use the acronym RASA to remember the fundamentals of the skill, you do not have to use them in any specific order.
- 4. Set up the Soldiers for an active review of the RASA fundamentals and for the practical exercise ahead.
 - A few moments ago I asked you to share about a personal experience of being actively listened to. You will likely find that many of your responses align with the RASA fundamentals.
 - As we work through each fundamental, you'll have the opportunity to connect your earlier responses to the respective fundamental you believe it best aligns with.
 - Following the review, you will practice the RASA fundamentals with one another in a practical exercise.

[NOTE: This is a natural transition to the next slide.]

[NOTE: The four RASA fundamental slides follow a general battle rhythm

- 1. Describe the fundamental component.
- 2. Pose a question for quick engagement.
- 3. Get a couple of responses (most responses were generated in the discussion of 'What is active listening?' Here you are helping Soldiers to match those behaviors with the respective RASA fundamental).
- Build the slide [click to advance] to show additional examples to supplement Soldier responses if/when necessary.
- 5. Move on to the next slide.]





Review the "Receive" fundamental of active [?] listening.

[SLIDE BUILDS]

- 1. Describe the "Receive" fundamental of active listening.
 - R stands for Receive. You receive information by giving your full attention to the person and to what they are saying while also deferring judgment.
 - Showing the speaker that the intended message is received helps to ensure a shared understanding and concern for what is being said.
- Ask for example behaviors that demonstrate a person is effectively receiving the message being sent.
 - [ASK] How can you show the speaker that you are effectively receiving the message?

[NOTE: Allow for responses. Help Soldiers recall some examples that were given during the initial group discussion that relate to "receiving."]



[CLICK TO ADVANCE]

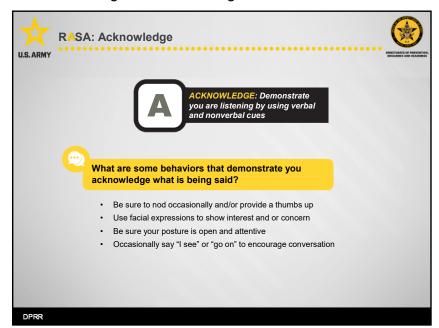
 Here are some additional examples of behaviors that demonstrates you are in receive mode

[NOTE: Only review examples here that supplement the responses already given by Soldiers; no need to belabor the point if initial discussion covered it adequately.]

- squaring up body position and making good eye contact
- resisting mentally preparing what you will say in response
- allowing the speaker to finish before asking any questions or offering your perspective
- trying to empathize with the speaker and putting yourself into their shoes
- resisting interrupting with counter arguments or offering quick solutions

[NOTE: This is a natural transition to the next slide.]

ra	ining	- Ac	tive L	isteni	ng Mod	dule
	Reco	ord	your	own	notes	here:





Review the "Acknowledge" fundamental of active listening.

[?]

[SLIDE BUILDS]

- 1. Describe the "Acknowledge" fundamental of active listening.
 - A stands for Acknowledge. Acknowledging what is being said includes using both verbal and nonverbal responses to confirm delivery of the information.
 - There are many ways in which you can demonstrate that you are listening.
- 2. Ask for example behaviors that demonstrate a person is acknowledging what is being said.
 - [ASK] What are some behaviors that demonstrate you acknowledge what is being said?

[NOTE: Allow for responses. Help Soldiers recall some examples that were given during the initial group discussion that relate to "acknowledging."]



[CLICK TO ADVANCE]

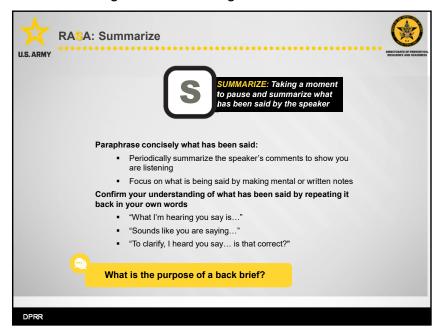
 Here are some additional examples of behaviors that demonstrate you are acknowledging the person and what is being communicated

[NOTE: Only review examples here that supplement the responses already given by Soldiers; no need to belabor the point if initial discussion covered it adequately.]

- nodding occasionally and/or providing a thumbs up
- using facial expressions to show interest and/or concern
- ensuring your posture is open and attentive rather than closed off (e.g., crossed arms, shoulders turned another direction, looking down at your phone or papers)
- occasionally provide affirming responses such as "I see" or "go on" to encourage conversation

[NOTE: This is a natural transition to the next slide.]

t Training- Active Listening Module
Record your own notes here:





Review the "Summarize" fundamental of active listening.

[?]

[SLIDE BUILDS]

- 1. Describe the "Summarize" fundamental of active listening.
 - S stands for Summarize. Throughout the conversation, taking a moment to pause and summarize what has been said by the speaker can help check for understanding.
 - Summarizing intermittently also provides an opportunity for the speaker to correct any misunderstandings along the way.
- Review two ways that a Soldier might summarize:
- 2. (1) paraphrasing and (2) repeating the message back in one's own words.
 - One way to summarize is to paraphrase concisely what has been said
 - periodically summarize the speaker's comments to show you are listening
 - focus on what is being said by making mental or written notes



- Another way to summarize is to confirm your understanding of what has been said by repeating it back in your own words:
 - "What I'm hearing you say is..."
 - "Sounds like you are saying..."
 - "To clarify, I heard you say... is that correct?"
- 3. Use a metaphor of an Army backbrief to encourage closing a conversation with a summative reflection.

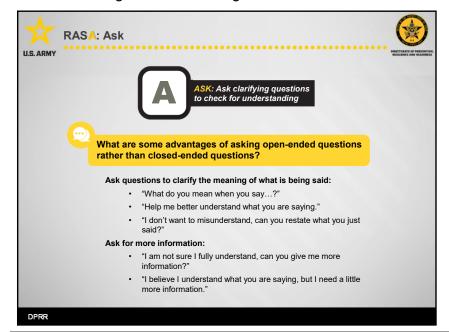
[CLICK TO ADVANCE]

- Remember, there is no specific order of using the RASA fundamentals.
- At the conclusion of the conversation, it can be helpful to mirror back what you've just heard. This is known as a summative reflection.
- A summative reflection is similar to when you are asked to backbrief a leader after receiving a complex order.
- [ASK] What is the purpose of a backbrief?

[NOTE: Allow for responses. Examples include

- reduce miscommunication
- determine if instructions were received accurately
- check for understanding and retention.]
- With regard to active listening, summarizing periodically and at the conclusion of the conversation helps to reduce miscommunication of content or meaning of what was said and confirms a shared understanding.

[NOTE: This is a natural transition to the next slide.]





Review the "Ask" fundamental of active listening.

[?]

[SLIDE BUILDS]

- 1. Describe the "Ask" fundamental of active listening.
 - A stands for Ask. It is a natural human desire to be heard and understood. Asking intentional questions shows that you, the listener, care to fully understand what is being said and what more the person has to say about the topic.
 - The type of questions you ask will determine the type and quality of responses you get.
- Ask Soldiers what the advantage might be in asking open-ended questions rather than closed-ended questions.
 - [ASK] What are some advantages of asking openended questions rather than closed-ended questions?

[NOTE: Allow for responses. If necessary, explain that closed-ended questions are satisfied with a simple yes/no or other quick answer whereas open-ended questions require more explanation and detail.]

 Open-ended questions help to deepen understanding, encourage further discussion, and create a constructive conversation. Ideally, better conversations will foster stronger connections.



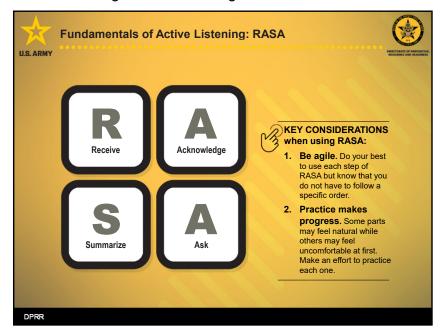
- Review some examples of open-ended questions
 3. that can be used to clarify the meaning of what is said or to gain more information.
 - Let's review some examples of open-ended questions.

[CLICK TO ADVANCE]

- To clarify the meaning of what is being said, you might choose to ask questions like
 - "What do you mean when you say...?"
 - "Help me better understand what you are saying."
 - "I don't want to misunderstand, can you restate what you just said?"
- You can also ask questions in order to get more information. Those questions might sound like
 - "I am not sure I fully understand, can you give me more information?"
 - "I believe I understand what you are saying, but I need a little more information."

4. Transition.

- Asking intentional and well-posed questions is a skill and the more you practice, the better you get.
- In fact, let's get in some practice right now. Next we will do a practical exercise where each of you will get to practice the RASA fundamentals and strengthen your active listening skills.





Prepare Soldiers for the practical exercise by sharing key considerations to keep in mind when practicing active listening using the RASA fundamentals.

- 1. Share key considerations to keep in mind for effectively using RASA in the practical exercise.
 - Before we begin the practical exercise, there are a few considerations to keep in mind when aiming to use the RASA fundamentals to support your active listening ability.
 - When having an organic conversation, the RASA fundamentals may not always occur in their respective order. You may find yourself moving back and forth; that is part of authentic conversation. Just do your best to practice each component.
 - Some components may come naturally and feel comfortable while other components may take more concentrated effort and feel awkward at first.
 - I encourage you to take advantage of this safe training environment and the opportunity to practice a skill that can support you in building strong connections and support your role in suicide prevention. Be comfortable being uncomfortable for the sake of improving your skills.

[NOTE: This is a natural transition to the next slide.]

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Set up and execute Round 1 of the practical exercise.



1. Instruct the Soldiers to partner up and determine roles for Round 1.

[NOTE: To effectively meet the purpose and standards set for this module, it is important that you conduct this practical exercise in pairs so that each and every Soldier is given the opportunity to practice active listening within the training time.]

- For this practical exercise, you will work with a partner. There will be two rounds so each person has an opportunity to be in the Active Listener role.
- After Round 1 is complete, I will guide you to switch roles for Round 2.
- Right now, please take a moment to pair off with someone sitting close to you and determine your roles for Round 1. Decide who will start in the Speaker role and who will start in the Active Listener role.

Record your own notes here:

[NOTE: If the training has an odd number of participants, then a group of three will be necessary. In this case, give clear direction for the third person to assume the role as Observer and take notes of sustains and improves to offer valuable feedback to the group.]



2. Explain the roles and responsibilities of the Speaker and of the Active Listener.

- This exercise will mimic the ASK and CARE steps in using ACE to bolster protective factors.
- The Active Listener will start off the conversation by ASKing the Speaker, "What is a 'fun fact' about you that I might not already know?"
- · As the Speaker, you will respond with your answer.

[NOTE: You might need to describe what a "fun fact" means. For example, a 'fun fact' can be something seemingly simple like your favorite food or favorite duty station or it could be something more grandiose like having ridden a camel in the Egyptian desert. The disclaimer is that whatever a Soldier chooses to share, it needs to be appropriate in the professional training environment (i.e., rated PG).]

 Then continue in conversation to allow the Active Listener to practice using the four fundamentals of active listening: Receive, Acknowledge, Summarize, and Ask.

3. Execute the practical exercise, Round 1.

[NOTE: Ask if there are any questions. Then, begin the exercise.

Allow and encourage conversations to flow.

After discussions have finished, ask Soldiers to close out their conversations to complete Round 1.

You might choose to allow Soldiers to share initial reactions or thoughts about the exercise, but save deeper discussion for the debrief after Round 2.1

4. Execute the practical exercise, Round 2.

[NOTE: Instruct Soldiers to switch roles and begin Round 2 of the practical exercise.

After discussions have finished, ask Soldiers to close out their conversations to complete Round 2.

Then, transition to the debrief on the next slide.]



Debrief the practical exercise (Rounds 1 and 2).

[?]



1. Debrief the practical exercise.



 Utilize the handout in Appendix A to write your answers to the 3 questions.

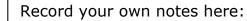
[NOTE: Handouts are for the ACE-SI Training only not for use when training in the unit.]

 [ASK] How did it feel to use active listening and the RASA fundamentals in your conversations?

[NOTE: This question serves to get discussion flowing by asking for initial impressions. Allow simple responses, such as 'awkward,' 'scripted,' 'helpful,' and then move onto the next debrief question.]

- If some of the steps felt awkward or the conversation felt scripted, that is okay. Whenever we are learning a new skill or perfecting the fundamentals, it can feel mechanical or awkward at first. The more you practice; however, the more comfortable you become.
- [ASK] When you were in the role of Active Listener, how did using the RASA fundamentals help support your ability to actively listen?

[NOTE: Allow for responses. Possible responses include: using the steps kept me focused on learning more and kept me out of problem-solving mode; helped me be more aware of the emotions and tone I was reflecting back.]



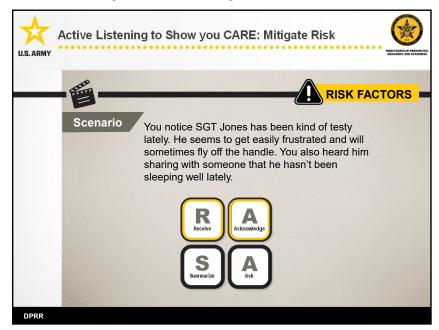


• [ASK] When you were in the Speaker role, what was it like to have your partner actively listening (or putting forth effort to)?

[NOTE: Allow for responses. Possible responses include: felt respected, felt like I mattered, it made me comfortable to open up and want to share more.]

- Acknowledge that when "practicing" active listening, 2. it not only improves the skill but also positively impacts the relationship with the other person.
 - The good news is that when you "practice" active listening, it is not only helping you improve your skill but it is simultaneously impacting the relationship and strength of connection with the other person in the conversation.
 - Now that you have a feel for what it is like to use active listening to bolster protective factors, let's consider how active listening, specifically the RASA fundamentals, apply to conversations when you detect yellow light risk factors.

[NOTE: This is a natural transition to the next slide.]



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Set up the vignette to demonstrate using the RASA fundamentals in a conversation to help mitigate risk.

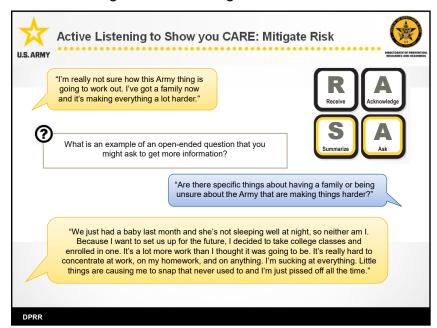
- Share a scenario where a Soldier identifies yellow

 1. light risk factors in a fellow Soldier and initiates the ACE process.
 - Let's walk through a possible scenario. You notice SGT Jones has been kind of testy lately. He seems to get easily frustrated and will sometimes fly off the handle. You also heard him sharing with someone that he hasn't been sleeping well lately.
 - From your observations, you have identified yellow light risk factors so you decide to act on your responsibility of using ACE.
 - You initiate conversation by asking SGT Jones, "How are things going?"
 - SGT Jones responds, "I don't know. I've just been really stressed."
 - Some Soldiers might stop there while others may offer information more freely. Sometimes it may require you to ASK another question right off the bat, like "Ah, I'm sorry to hear that. What's been causing you stress?"



- Describe how a Soldier might demonstrate active
 2. listening in conversation with SGT Jones, specifically Receiving and Acknowledging.
 - You are committed to actively listening to SGT Jones as he is talking.
 - You demonstrate you are receiving what is said by putting your phone away, making eye contact, and resisting the urge to offer quick solutions.
 - You acknowledge what he is saying by nodding along and letting your facial expressions mirror the emotions and tone that SGT Jones is expressing.

[NOTE: This is a natural transition to the next slide.]



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Work through the vignette as a group to discuss how a Soldier could use Active Listening (RASA) to mitigate risk.

[?]

[SLIDE BUILDS]

- 1. Reveal the transcript that SGT Jones has said.
 - · Here is what SGT Jones continues to share with you.
 - "I'm really not sure how this Army thing is going to work out. I've got a family now and it's making everything a lot harder."
- Ask the Soldiers to practice their skill of asking open-ended questions to clarify your understanding or get more information.
 - [ASK] What is an example of an open-ended question that you might ask to clarify your understanding or to get more information?

[NOTE: Allow for responses.]

[CLICK TO ADVANCE]

 A possible question you might ask is, "Are there specific things about having a family or being unsure about the Army that are making things harder?"



• SGT Jones responds: "We just had a baby last month and she's not sleeping well at night, so neither am I. Because I want to set us up for the future, I decided to take college classes and enrolled in one. It's a lot more work than I thought it was going to be. It's really hard to concentrate at work, on my homework, and on anything. I'm sucking at everything. Little things are causing me to snap that never used to and I'm just pissed off all the time."

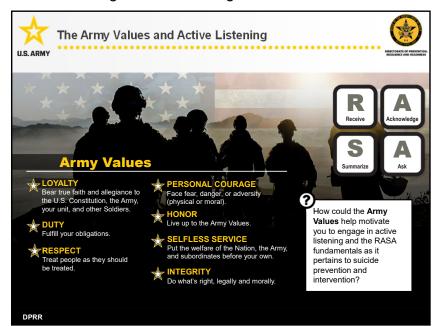
- 3. Ask the Soldiers to practice their skill of summarizing.
 - [ASK] How might you summarize what has just been shared with you?

[NOTE: Allow for responses. Possible examples include:

- "So the increased responsibilities at home and the class you're taking has added a lot of stress."
- "What I hear you saying is that you really do have a lot of things going on right now with the baby, not sleeping, and having an extra workload."]
- 4. Explain how a Soldier might continue the ACE process by transitioning to the Escort step.
 - Based on the information you receive during the conversation, you might move to the Escort step of the ACE process.
 - For example, you might transition from actively listening to having a discussion about possible solutions, such as trying out specific strategies or resources. It is important that you give SGT Jones the opportunity to share fully before offering solutions (e.g., helping resources).

5. Transition.

- Now that you have had the opportunity to practice actively listening with a partner and as a group, the goal is to put it into practice in real life.
- Active listening is something that seems simple and easy, but it takes effort.
- Because it is an active process, it also requires you to have the motivation.



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Encourage Soldiers to draw on the Army Values to direct active listening behavior especially in more challenging situations.

[?]

- Ask Soldiers how they could draw on the Army

 1. Values to motivate them to engage in active listening as it pertains to suicide prevention.
 - In the ACE Base module, we established that our values drive our behavior.
 - [ASK] How could the Army Values help motivate you to engage in active listening and the RASA fundamentals as it pertains to suicide prevention and intervention?

[NOTE: Allow for responses. Possible examples may include

- Respect: making eye contact, giving someone full attention, acknowledging what is said (Receive & Acknowledge)
- Personal Courage: sometimes summarizing what was said or asking questions to get more information can feel awkward or uncomfortable (Ask & Summarize)
- Loyalty & Duty: putting forth the effort and energy even when you don't feel like it or don't like the person (Receive & Acknowledge).]

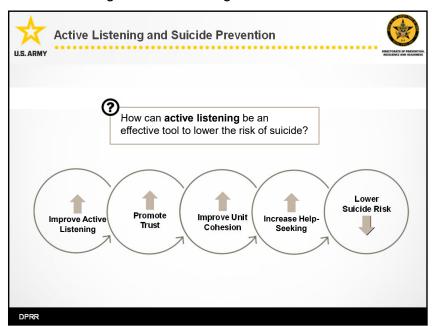


- Encourage Soldiers to draw on the Army Values to direct active listening behavior especially in more challenging situations.
 - Listening and responding to a fun fact in a low-stress environment like this training session was likely easy and fun.
 - There will be times when the situation seems difficult or uncomfortable, when stress is higher, and when the stakes are greater.
 - During these more challenging times, you have the Army Values to draw upon for motivation to engage in active listening and in the ACE process.

[NOTE: This is a natural transition to the next slide.]

Record	your	own	notes	nere:

ACE Unit Training- Active Listening Module



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Discuss the connection between active listening and suicide prevention.

[?]

[SLIDE BUILDS]

- 1. Discuss the connection between active listening and suicide prevention.
 - Now that we have spent considerable time deepening our understanding of suicide prevention and active listening, it is worth the time to put it all together and clearly connect the dots.
 - [ASK] How can active listening be an effective tool to lower the risk of suicide?

[NOTE: Allow for responses.]

- Active listening is a tool to effectively engage in the ACE process. The skill involves ASKing critical questions, showing you CARE, and gather information that is important to ESCORT the Soldier to the best resources.
- Furthermore, active listening helps to build relationships, allowing team members to detect problems earlier, reducing the risk for adverse outcomes, thereby contributing to suicide prevention.



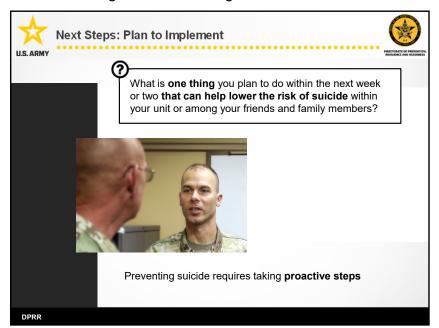
2. Use the image to demonstrate the logical connection between active listening and suicide prevention.

[CLICK TO ADVANCE]

- Throughout this module, we have demonstrated that engaging in active listening can promote trust.
- A unit with members that can trust one another will naturally help to improve unit cohesion.
- Studies have shown that cohesion within a unit relates to an increase in help-seeking behavior in the unit.
- Furthermore, a unit that has strong relationships, trust, and cohesion enhances the ability of team members to successfully Ask, Care, Escort and take action, all crucial steps in the ACE process.
- By increasing your active listening abilities, you are increasing your ability to positively affect the suicide prevention efforts within your unit and within the Army as a whole, and help to lower the risk of suicide.

3. Transition.

 Now that we've covered ACE and active listening, let's talk about your next steps.





Ask Soldiers to consider their next steps in implementing what they've gained from today's [?] training and encourage them to talk about suicide prevention with others.

- Ask Soldiers to identify one thing to implement from today's training in the next week or two that can help lower the risk of suicide.
 - Throughout a typical day or week, you have many opportunities to apply what you've learned today in the ACE Base module and this +1 module.
 - [ASK] Based on what we've covered today, what is
 one thing you plan to do within the next week or two
 that can help lower the risk of suicide within your unit
 or your friends and family members?

[NOTE: Allow for responses. Encourage Soldiers to consider specific, tangible actions. Examples may include

- identify a specific person in my unit or Circle of Support and check in to see how they are doing
- draw on one of the Army Values when tempted to avoid uncomfortable conversations
- invite a fellow Soldier over for a weekend BBQ
- make an effort to ask more open-ended questions to improve active listening skills
- remind myself to just listen (receive and acknowledge) when others are sharing their problems with me rather than being quick to offer solutions or ways to fix the situation.]

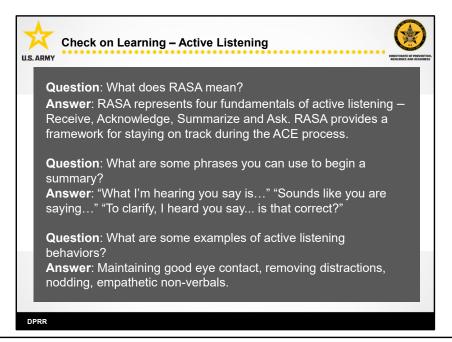


Encourage Soldiers to talk to one another and to
 members of their Circle of Support about effective strategies to prevent suicide.

[CLICK TO ADVANCE]

- · Preventing suicide requires taking proactive steps.
- In addition to the plans you all have just shared, here are some proactive steps you might consider taking with your fellow Soldiers and others within your Circle of Support
 - look for opportunities to use active listening to enhance communication and connection and to build trust
 - ask who they feel most comfortable talking with if there is ever a concern or moment of crisis, and share that same information with them about you
 - talk about which resources you and they might find most helpful and put the contact information in your phones
 - when they are facing a challenge, encourage them to use resources proactively such as when there is even a hint of concern rather than waiting until it's a crisis situation, and you yourself seek help early and proactively to role model this proactive and preventative behavior

[NOTE: This is a natural transition to the next slide.]



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Check on Learning – Active Listening.

[?]

[SLIDE BUILDS]

- 1. Discuss the topics covered in the Active Listening module.
 - Let's conduct a check on learning over what we've discussed so far.
 - [ASK] What does RASA mean?

[NOTE: Allow for discussion.]

[CLICK TO ADVANCE]

- RASA represents four fundamentals of active listening-Receive, Acknowledge, Summarize, and Ask. RASA provides a framework for staying on track during the ACE process.
- [ASK] What are some phrases you can use to begin a summarization?

[NOTE: Allow for discussion.]

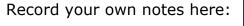
[CLICK TO ADVANCE]

- "What I'm hearing you say is..." "Sounds like you are saying..." "To clarify, I heard you say... is that correct?"
- [ASK] What are some examples of active listening behaviors?

[NOTE: Allow for discussion.]

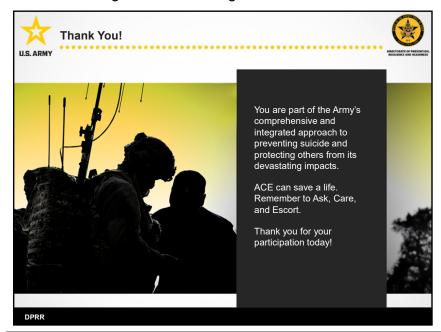
[CLICK TO ADVANCE]

 Maintaining good eye contact, removing distractions, using empathetic non-verbals.





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Thank Soldiers for their participation, and empower them to take an active role in the Army's integrated and comprehensive approach to prevent suicide.

Empower Soldiers to take an active role in the Army's integrated and comprehensive approach to prevent suicide, and thank Soldiers for their participation.

- Remember, you are part of the Army's comprehensive and integrated approach to preventing suicide and protecting others from its devastating impacts.
- The Army and its people need you to concentrate your efforts in the prevention strategies within your control and influence, which you have gained from today's training.
- ACE can save a life. Remember to Ask, Care, and Escort.
- Thank you for your participation today and for demonstrating your selfless support of your fellow Soldiers and the whole Army Family.

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References

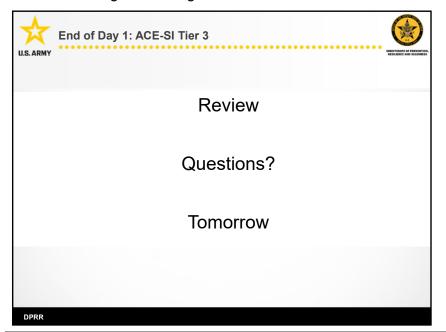
Army Publications

- Department of the Army. (2019). *Army Leadership and the Profession* (ADP 6-22). https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN20039-ADP_6-22-001-WEB-0.pdf
- Department of the Army. (2014). *The Counseling Process* (ATP 6-22.1). https://caplalacaplpfwstorprod01.blob.core.usgovcloudapi.net/web/repository/doctrine/atp-6-22x1.pdf
- Department of the Army. (2015). *Army Team Building* (ATP 6-22.6). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/atp6_22x6%20FINAL.pdf
- Department of the Army. (2022). *Developing Leaders* (FM 6-22). https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN36735-FM_6-22-000-WEB-1.pdf
- Department of the Army. (2015). *Soldier's Guide* (TC 7-21.13). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/tc7_21x13.pdf
- Department of the Army. (2020). *The Noncommissioned Officer Guide* (TC 7-22.7). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN20340_TC%207-22x7%20FINAL%20WEB.pdf

Other Publications

- McClay, M. M., Brausch, A. M., & O'Connor, S. S. (2020). Social support mediates the association between disclosure of suicide attempt and depression, perceived burdensomeness, and thwarted belongingness. *Suicide & Life-Threatening Behavior*, *50*(4), 884–898. https://doi.org/10.1111/sltb.12622
- Rugo, K. F., Leifker, F. R., Drake-Brooks, M. M., Snell, M. B., Bryan, C. J., & Bryan, A. O. (2020). Unit cohesion and social support as protective factors against suicide risk and depression among National Guard Service Members. *Journal of Social and Clinical Psychology*, 39(3), 214-228. https://doi.org/10.1521/jscp.2020.39.3.214
- Treasure, J. (2013). Conscious listening. *Annual Meeting Proceedings*. Million Dollar Round Table, 93-103. http://www.imdrt.org/mentoring/2013 Treasure.pdf

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Review day 1 and prepare for BASE +1 teach-backs.

1. Review Day 1.

- Let's quickly review what we covered today.
- We started the day with our introductions and discussed the intent and flow of the training for the next 3 days. We got oriented to the materials and then began the discussion of the Tier 3 responsibilities and gave you some insights on how to accomplish them.
- We then had a review of the facilitation strategies and professional development workshops before jumping in and reviewing the Base +1 modules up through the Active Listening module.

2. Prepare for Day 2 teach-backs.

- Tomorrow we will finish up with the modules by reviewing Practicing ACE and then Postvention and Reintegration. teach-backs will consist of two, 20 minute sessions per each module. There will be 10 minutes of feedback after each teach-back session.
- During this time, students will practice providing feedback and receive a critique of that feedback.



- For each teach-back session, an additional student will be selected to practice gathering and providing feedback. If timing allows, two students can be selected for feedback practice per teach-back session.
 - During the 10 minutes of feedback, students will provide their feedback first. Then, the instructor's feedback will be focused more on the student providing feedback rather than the student teaching (unless important content was missed from the student's feedback or teach).
- [ASK] Are there any questions?

[NOTE: Allow for responses. Answer any lingering questions.]



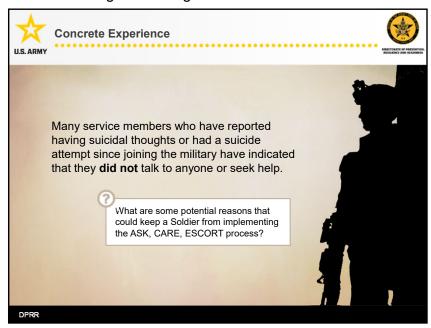


Introduce the module (and yourself, if necessary) and state that active participation will help strengthen unit cohesion.

- 1. Introduce the module (and yourself, if necessary).
 - Welcome to the next part of your annual ACE suicide prevention training, specifically the *Practicing ACE* module.
- 2. State that active participation can help strengthen connections and unit cohesion.
 - Fully engaging in the training discussions and exercises alongside your fellow unit members can help strengthen connections and unit cohesion, which will build protective factors within the unit.

[NOTE: This is a natural transition to the next slide.]

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Discuss challenges that Soldiers may face that could interfere with implementing the ASK, CARE, ESCORT process.

[?]

- 1. Share the reality about many Soldiers not seeking help when needed.
 - Many service members who have reported suicidal thoughts or a suicide attempt since joining the military have indicated that they did not talk to anyone or seek help.

[NOTE: This information was included in the notes of the ACE Base module. It is used here for the purpose of Soldiers considering how taking initiative to ASK how someone is doing could make a positive difference.]

- 2. Highlight that suicide prevention involves both reaching out for help if one needs it and also people actively engaging with a person and intervening if there are noticeable concerns.
 - While it is encouraged that Soldiers take initiative to seek help or find support from others to talk about their struggles, this information shows that it is not always the case.
 - There were likely opportunities for others to notice potential risk factors and there may have been missed opportunities to employ ACE and specifically ASK how the Soldier was doing.



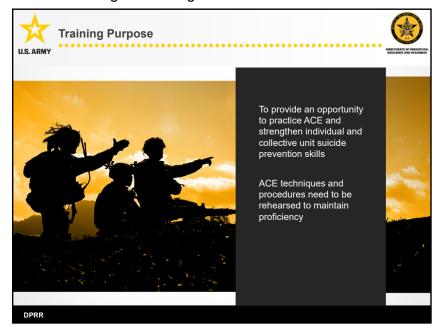
- Discuss reasons that might contribute to Soldiers not engaging a person and implementing the ASK, CARE, ESCORT process.
 - [ASK] What are some potential reasons that could keep a Soldier from engaging a person who appears to be struggling and implementing the ASK, CARE, ESCORT process?

[NOTE: Allow for responses. Possible examples include

- not wanting to put the other person in a position that they might feel embarrassed
- wanting to avoid either party from feeling awkward or embarrassed
- assuming the person will open up on their own time if they want to talk; a belief that asking would be invading a person's privacy
- not sure how to ask or how to start the conversation
- uncertain whether you can handle the situation well if they do disclose thoughts of self-harm.]
- Acknowledge that the type of relationship a Soldier
 has with the other person may bring about unique challenges to overcome.
 - There may be some slight differences in how it feels to ASK, CARE, and ESCORT someone based on the relationship you have with that person.
 - For example, you might feel more anxious or less anxious depending on how close you are with the other person or the level of trust in the relationship.
 - Consider how using ACE might look or feel differently if the other person is a good friend versus a Soldier in another platoon you don't know very well. Or it might feel differently if it is a leader or a subordinate.
 - Despite the differences, every Soldier deserves to have someone who has got their back and is able and willing to help.

5. Transition.

 This training will help you overcome some of these challenges so that you can be that person that a Soldier talks to and gets the help they need.





State the training purpose and emphasize the importance of practicing ACE.

- 1. State the training purpose.
 - The purpose of this module is to strengthen individual and collective unit suicide prevention skills through practical application activities and discussions.
- 2. Provide an overview of the module.
 - During the first part of the training, we will discuss the potential challenges you might face when using ACE in real life, and you will work together to determine strategies to overcome them.
 - You will also be introduced to two skills that can enhance your communication and your effectiveness throughout the ACE process.
 - The second part of the training will include a simulation training exercise where you and a partner will act out a scenario. This will be an opportunity to put your skills to the test and get feedback from your partner.
 - We will then wrap up the module by reviewing ways to strengthen protective factors within yourself and your unit.

Record your own notes here:

[NOTE: The Terminal Learning Objective (TLO) is as follows:

Action: Demonstrate and/or verbalize appropriate application of each phase of the ACE procedures given a scenario

<u>Condition</u>: In a classroom environment, given training materials

<u>Standard</u>: Participants will, with 100% accuracy as assessed by the instructor

 Practice the steps of ACE to increase confidence levels for how and when to apply them

There will be checks on learning throughout the training to ensure the objective and standards are being met.]

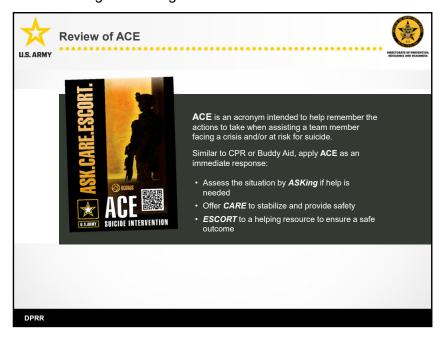


3. State the importance of practicing ACE.

- To maintain proficiency, similar to individual and collective tasks, ACE techniques and procedures need to be rehearsed and refined.
- This training will enhance your competence in effectively applying ACE to reduce the risk of suicide.
- As a result this training can increase your confidence in your ability to respond appropriately when you recognize concerning behaviors from a fellow Soldier who is struggling with a life event or in a crisis thinking about and/or planning suicide.

[NOTE: This is a natural transition to the next slide.]

Record	,		





Review ACE as a suicide prevention tool.

- 1. Review ACE as a suicide prevention tool to mitigate risk.
 - As a reminder, ACE is a simple way to remember the immediate actions to take for helping a team member in need of assistance.
 - Like CPR or Buddy Aid, assess the situation by first
 ASKing if help is needed, then provide CARE to
 stabilize and provide safety, and finally provide safe
 ESCORT to helping resource to ensure a positive
 outcome.
 - Early application of ACE principles can help mitigate suicide risk by reducing the chances that a problem becomes a crisis or has an adverse outcome, such as suicide.

2. Transition.

 Let's do a quick review of the signs that can help you to assess the level of risk, and thus guide your actions with using ACE.

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Use the traffic light metaphor to provide a brief refresher of protective factors, risk factors, and warning signs that can help Soldiers understand and identify risk levels.

[NOTE: If this module is trained immediately after the Base module, then this slide can be skipped over.]

- 1. Provide a brief review of warning signs, risk factors, and protective factors.
 - Warning signs, risk factors, and protective factors all have a role in identifying risk.
 - · Let's do a quick review.
 - Red light warning signs indicate immediate risk; they are indicators or signals that usually occur just prior to a suicide event, meaning they are time sensitive, requiring immediate and rapid intervention.
 - Yellow light risk factors indicate the *potential risk* for suicidal thoughts and/or actions. They do not always represent an emergency or crisis; however, when the number of risk factors increase, then the risk for suicide becomes greater.
 - For example, a poor diet, lack of exercise, and a family history of heart problems indicates an increased risk for a heart attack. In the same way, financial distress, relationship issues, and increasing isolation are factors that represent a greater risk for suicidal thinking and/or actions.

 Green light protective factors are behaviors, characteristics, or conditions possessed by individuals, families, and/or units that aid in the management of stressful life events and work to mitigate the potential for suicide.

- 2. State that how a Soldier uses ACE will differ depending on the risk level they are responding to.
 - Being aware and alert to the signs and indicators can help you assess a person's risk level for self-injury or death by suicide.
 - Furthermore, how you use ACE will differ depending on the risk level you are responding to. You may recall in the ACE Base module how you uniquely applied ACE to bolster protective factors, to diminish risk if noticing risk factors, and to respond to mitigate a crisis when noticing warning signs.

3. Transition.

 Now that we have refreshed our understanding of what ACE is and how to recognize risk levels, let's get in some practice using ACE.



(

Facilitate a discussion of the practical application of ASK, such as identifying strategies to overcome potential challenges.

[?]

- Facilitate small group discussion about strategies aSoldier might use to overcome challenges and take initiative to ASK how a Soldier is doing.
 - ASKing questions to check in can be challenging, regardless of whether there are indicators of yellow light risk factors, red light warning signs, or even when things seem steady with green light protective factors.
 - Having strategies to overcome the potential challenges or discomfort that you might feel about ASKing or checking in on a Soldier can help you open the lines of communication.
 - In small groups of 3-4 Soldiers, discuss the following:
 - [ASK] What are some strategies a Soldier could use to overcome challenges associated with ASKing or checking in with a fellow Soldier?

[NOTE: Allow discussions small groups. Then restate the question and allow the groups to share their ideas with one another. Possible examples include

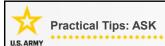
- drawing motivation from the Army Values like Loyalty to others, Duty to protect others from potential harm, or Personal Courage to do what is right
- being proactive to build connection, rapport, and trust.]



- 2. Affirm that the strategies they have identified will aid them in effectively implementing the ACE process and making a positive difference in the life of a fellow Soldier.
 - With these strategies, you are more equipped to "break the ice" with someone who may be struggling with a life event or may be in crisis.
 - The techniques you've just identified can help you effectively implement the ACE process, and more importantly, can make a positive difference in the life of your fellow Soldier.

[NOTE: This is a natural transition to the next slide.]

Record	your	own	notes	here:





- · Be direct
 - Asking direct questions will give you the most direct, clear answers
- · Have strategies to overcome challenges
- · Trust that the benefits of ASKing outweigh any perceived costs
 - It is better to ask and be wrong than not to ask and have something terrible happen
 - Checking in with someone shows you have their back, which can help increase your connection and level of trust

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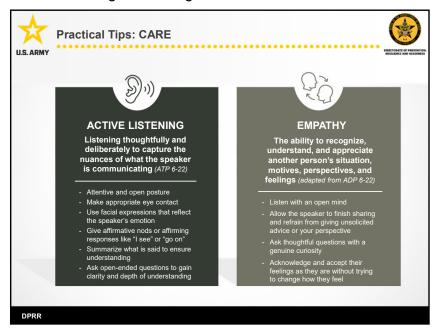
Provide some helpful considerations when it comes to ASKing someone about suicide.

- 1. Provide some helpful considerations when it comes to ASKing someone about suicide.
 - Here are some additional things to keep in mind when ASKing someone about suicide.
 - Be direct. It's important to get a clear response.
 - Consider what might hold you back from ASKing, such as your own personal challenges, and consider the strategies that may help you to overcome them.
 - Trust that the benefits of ASKing outweigh any perceived costs. For example, asking may seem awkward or like you are butting in, but to overcome that discomfort, know this... it's better to ask and be wrong than not to ask and have something terrible happen.
 - More than likely the person will thank you for asking about their well-being and now knows you have their back, which can help increase your connection and level of trust.

2. Transition.

 ASKing is the first step. Asking a question to check in with a fellow Soldier does more than give you valuable information; the act of asking also shows that you CARE.

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Provide an overview of active listening and empathy and how the skills can enhance the ACE process.

[SLIDE BUILDS]

- 1. Introduce two skills that can help a Soldier engage in the CARE step of ACE.
 - When you ASK a question, it can demonstrate you care, but <u>how you listen</u> matters too. There are two skills that can help you when engaging in the CARE step of ACE: active listening and showing empathy.
- 2. Provide an overview of active listening.
 - Listening is essential for effective communication.
 There is a difference between passively listening and actively listening. The latter takes intention and effort.
 - Active listening implies listening thoughtfully and deliberately to capture the nuances of what the speaker is communicating. Techniques that support active listening include
 - nonverbal behaviors like an attentive and open posture, making appropriate eye contact, affirmative nods, and facial expressions that reflect the speaker's emotion
 - verbal behaviors like providing affirming responses like "I see" or "go on," summarizing what is said to ensure understanding, and asking open-ended questions to gain clarity and depth of understanding.



 Benefits of active listening include gaining a shared understanding of events, circumstances, and emotions involved in the conversation and it communicates back to the speaker that they are heard, respected, and cared for.

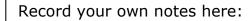
3. Provide an overview of the skill of empathy.

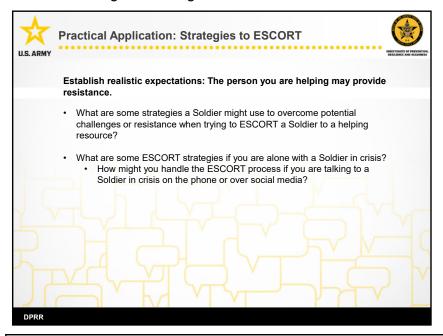
[CLICK TO ADVANCE]

- Empathy is a skill that can also help you to understand a person and their experiences at a deeper level. Specifically, empathy is the ability to recognize, understand, and appreciate another person's situation, motives, perspectives, and feelings.
- One way to demonstrate empathy is to engage in active listening behaviors. Other ways to show empathy include
 - putting aside your viewpoint and feelings and listening with an open mind
 - allowing the speaker to finish sharing and refraining from giving unsolicited advice or your perspective
 - asking thoughtful questions with a genuine curiosity and not with a planned agenda
 - acknowledging and accepting their feelings as they are without trying to change how they feel
- Explain how active listening & showing empathy can
 enhance the ACE process and support suicide prevention efforts.
 - Engaging in the skills of active listening and showing empathy help to build trust and rapport, which in turn can bolster the protective factor of strong connections. This can lead to more open and honest communication that gives more insight into how to best CARE for and, if necessary, ESCORT the Soldier.

5. Transition.

 Once you have ASKed a question to open up lines of communication and have shown you CARE through active listening and showing empathy, now you've determined it is time to ESCORT.







Facilitate a discussion of the practical application of ESCORT, such as identifying strategies to overcome potential challenges.

[?]

[NOTE: The point of the discussions on this slide is not to determine which resource Soldiers would use/ ESCORT the Soldier to; the point is to discuss how they are going to help that Soldier get to or utilize that resource.]

- 1. Establish realistic expectations about the ESCORT step of ACE.
 - In an ideal world when you move to the ESCORT step of ACE, the person you are helping will willingly and readily go with you/be escorted to the resource. This may not always be the case. The person you are helping may provide some resistance.
 - For example, they may politely decline and say they
 will visit or call the resource later. They may insist
 they feel better now and there's no need for further
 action or they may blatantly and violently refuse.
- Allow Soldiers to discuss strategies a Soldier might use when trying to ESCORT a Soldier to a helping resource and they are facing resistance.
 - When facing any difficult situation, it is always best to be as prepared as possible. In your small groups you will collaborate on ideas to support the practical application of the ESCORT step of ACE.



 [ASK] What are some strategies a Soldier might use to overcome potential challenges or resistance when trying to ESCORT a Soldier to a helping resource?

[NOTE: Allow for Soldiers to discuss as a small group. Then, restate the question and allow the groups to share their ideas with one another. Possible responses include

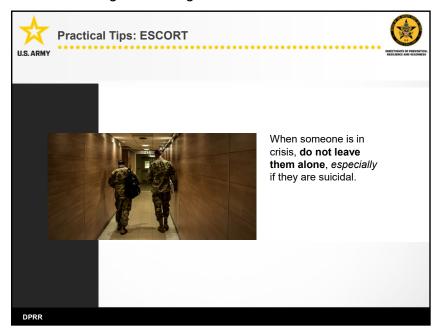
- if the Soldier said "yes" to suicidal thoughts, be direct with the Soldier and clearly state that because they said "yes," that it is your duty and responsibility to ensure they get help
- ask the Soldier if there is anyone from their support circle that they'd like to have accompany them to the helping resource along with the two of you
- include the Soldier in identifying the helping resource that they will agree to be ESCORTed to.]
- Allow Soldiers to discuss how they might handle the Escort process if they are (1) alone with the Soldier and (2) talking to the person in crisis on the phone or over social media.
 - Now discuss with your small group what your approach or strategies might be in two particular scenarios.
 - [ASK] What are some ESCORT strategies if you are alone with a Soldier in crisis? How might you handle the ESCORT process if you are talking to a Soldier in crisis on the phone or over social media?

[NOTE: Allow for small group discussions. Then ask groups to share a few of their ideas. Examples might include

- in-person but alone: Call 988 and putting a crisis line on speaker
- over phone/social media: determine their location so help can be sent while maintaining contact until help arrives.]

4. Transition.

 Let's review some final considerations in regard to ESCORTing a Soldier who is in crisis.





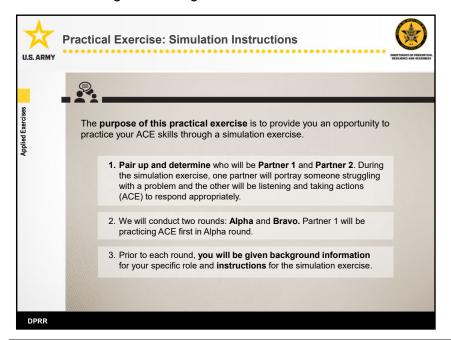
Provide some important considerations when it comes to ESCORT step of ACE.

- 1. Provide some important considerations when it comes to ESCORTing someone who is in crisis.
 - When someone is in crisis do not leave them alone, especially if they are suicidal.
 - If they refuse to go with you to a helping resource, use your phone to call for help and/or ask someone else to get help.
 - If they are suicidal, it may be best to call and have the help come to you. Remember, NEVER leave a person in crisis or who is suicidal alone.
 - It is important to secure firearms safely if you notice one in their possession.

2. Transition.

 Now that we have worked on the fundamental parts of ACE, you are well equipped and well prepared for a simulation training exercise.

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Set up the practical exercise.



1. Set up the practical exercise.

[NOTE: For this exercise, it is best to have the Soldiers pair up. Space teams out if possible.]

- The purpose of this practical exercise is to provide you an opportunity to practice your ACE skills through a simulation training exercise.
- For this exercise you will break away from your small groups and pair up with another Soldier.
- You and a partner will each take on a role as either someone struggling with a problem or an active listener ready to use ACE to respond appropriately.
- We will conduct two rounds: Alpha and Bravo. Each partner will have an opportunity to play both roles.
- Lastly, but importantly, immerse yourself in this
 activity and take it seriously. It is important to
 practice having tough conversations so that you are
 able to use ACE skills when needed in real-life
 events.

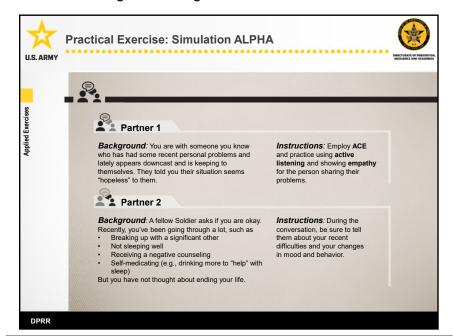
Record your own notes here:

[NOTE: If the training has an odd number of participants, then a group of 3 will be necessary. In this case, give clear direction for the third person to assume the role as Observer and take notes of sustains and improves to offer valuable feedback to the group.]



- 2. Instruct the Soldiers to decide who will be Partner 1 and who will be Partner 2.
 - Before we move on, decide who will be Partner 1 and Partner 2.
 - For the first simulation exercise, Alpha round,
 Partner 1 will be practicing ACE and Partner 2 will be the individual facing some life struggles.
- 3. Transition to the simulation exercise instructions.
 - On the next slide, you will be given the background information about your character and what you are expected to do during the simulation exercise.

[NOTE: Before transitioning to the next slide, be sure every one is paired up and has identified which partner number they are so they are ready to read their respective instructions on the next slide.]





Conduct Simulation Alpha.



- 1. Ask the Soldiers to review their respective roles and instructions.
 - When you are finished reading your specific role's background and instructions, let me know by giving me a thumbs up.

[NOTE: Provide as much time as needed for everyone to be comfortable with their individual role, yet do not provide too much time where they can study their partner's background and instructions.]

2. Conduct Simulation Alpha.

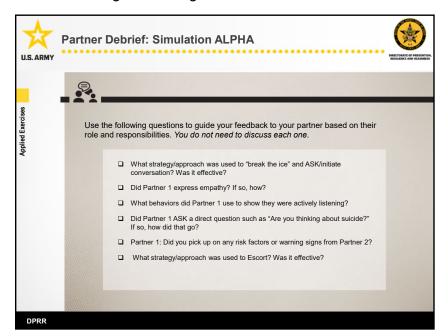
- Using the information you just read about your character role, you will have to simulate the scenario and act out the conversation.
- Once you have finished, you will debrief with your partner to provide and receive feedback.
- · You may begin.

[NOTE: Monitor the simulation exercise. If groups end really early, encourage them to continue on with the simulation.

Once it appears that most groups have finished their conversation, then transition to the guided team debrief on the next slide.]

[NOTE: This is a natural transition to the next slide.]

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Instruct the partner groups to debrief; encourage them to use the debrief questions as a guide for giving specific and effective feedback.

- Instruct the partner groups to debrief; encourage
 them to use the debrief questions as a guide for giving specific and effective feedback.
 - · I will give you time to debrief Alpha round.

[NOTE: Allow for partner feedback. Use your discretion if more time is needed due to teams providing valuable feedback to one another.]



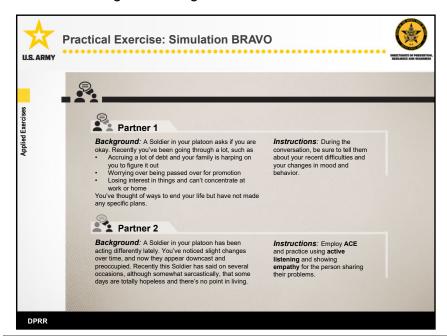
 Use the debrief questions on the slide as a guide for giving specific and effective feedback to your partner based on their role and responsibilities. There is a handout in Appendix A for note taking. You do not need to answer each one.

[NOTE: Handouts are for the ACE-SI training only, not for use when training in the unit.]

- 2. Instruct the participants that they will switch roles and transition to Bravo round.
 - Now you will switch roles. Partner 2 will now be the one to practice using ACE.
 - Next you will be given the background information and instructions for your respective role.

[NOTE: This is a natural transition to the next slide.]

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Conduct Simulation Bravo.



- 1. Ask the Soldiers to review their respective roles and instructions.
 - When you are finished reading your specific role's background and instructions, let me know by giving me a thumbs up.

[NOTE: Provide as much time as needed for everyone to be comfortable with their individual role, yet do not provide too much time where they can study their partner's background and instructions.]

2. Conduct Simulation Bravo.

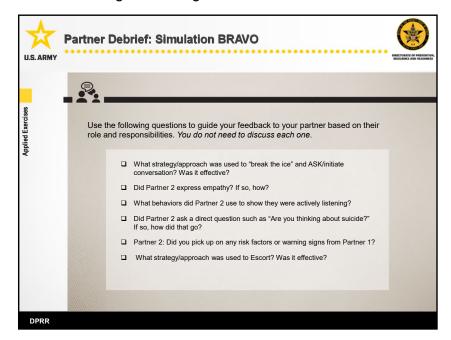
- Just like in the Alpha round, you will simulate the scenario that will be followed by a debrief with your partner to provide and receive feedback.
- · You may begin.

[NOTE: Monitor the simulation exercise. If groups end really early, encourage them to continue on with the simulation.

Once it appears that most groups have finished their conversation, then transition to the guided team debrief on the next slide.]

[NOTE: This is a natural transition to the next slide.]

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Instruct the partner groups to debrief; encourage them to use the debrief questions as a guide for giving specific and effective feedback.

- Instruct the partner groups to debrief; encourage
 them to use the debrief questions as a guide for giving specific and effective feedback.
 - Like before, I will give you time to debrief Bravo round.
 - Use the debrief questions on the slide as a guide for giving specific and effective feedback to your partner based on their role and responsibilities. There is a handout in Appendix A for note taking. You do not need to talk about each question.

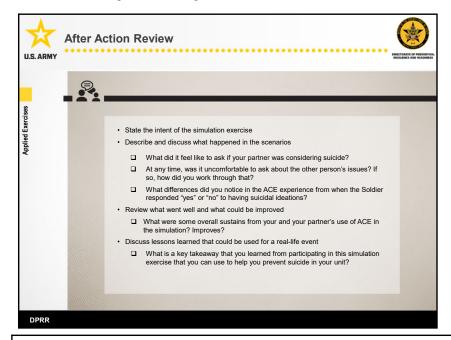
[NOTE: Handouts are for the ACE-SI training only, not for use when training in the unit.]

[NOTE: Use your discretion if more time is needed due to teams providing valuable feedback to one another.]

2. Transition.

 Now that we have completed the simulation training exercise, let's do an AAR.

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Conduct the practical exercise AAR.

[?]



Record your own notes here:

- 1. Restate the intent of the simulation training exercise.
 - The intent of the simulation training exercise was to provide an the opportunity to practice using ACE skills to support a fellow Soldier who is struggling, in order to mitigate the risk of suicide.
- Describe and discuss what happened in the scenarios, specifically how it felt to ask the fellow partner if they were considering suicide.
 - Another goal of the exercise was to practice asking about suicide in a direct and empathetic way.
 - [ASK] What did it feel like to ask if your partner was considering suicide?

[NOTE: Allow for responses.]

 [ASK] At any time, was it uncomfortable to ask about the other person's issues? If so, how did you work through that?

[NOTE: Allow for responses.]



Discuss the difference between Alpha and Bravo conversations, specifically when the Soldier responded "yes" to thinking about suicide.

- One key difference in Alpha and Bravo round was that in Bravo round the Soldier facing life challenges had said "yes" to having suicidal ideations.
- [ASK] What differences did you notice in the ACE experience from when the Soldier responded "yes" or "no" to having suicidal ideation?

[NOTE: Allow for responses. Use the following talking point to supplement Soldier responses, if necessary.]

- When a person responds "yes" and affirms they are having suicidal thoughts, it can change the intensity and direction of the conversation. It can create a sense of urgency to ESCORT the Soldier safely and quickly to an emergency resource.
- 4. Review what went well and what could be improved.
 - [ASK] What were some overall sustains from your and your partner's use of ACE in the simulation exercise?

[NOTE: Allow for responses.]

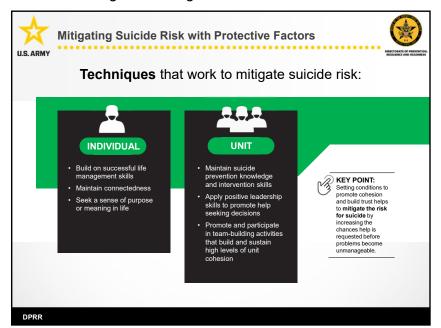
[ASK] What were some improves? Or what might you
do differently if encountering this situation in real life?

[NOTE: Allow for responses.]

- 5. Discuss lessons learned that could be used for a real-life event.
 - [ASK] What is a key takeaway that you learned from participating in this simulation exercise that you can use to help you prevent suicide in your unit?

[NOTE: Allow for responses.]

- 6. Transition.
 - Engaging in ACE can help mitigate risk of suicide.
 Another suicide prevention strategy is to get ahead of the risk and build protective factors.



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Review techniques that bolster protective factors that can help to mitigate suicide risk.

- 1. State that part of suicide prevention is taking a proactive approach and building protective factors.
 - You may recall from the ACE Base module that part of suicide prevention is taking a proactive approach and building protective factors that can help mitigate the risk of suicide.
 - Protective factors exist at the individual level as well as at the unit-level.
- 2. Briefly review ways to bolster individual protective factors.
 - Individually, we all have protective factors that can be built upon and some that we may need to add.
 - Here are a few ways you can bolster individual protective factors:
 - build on successful life management skills and pursue goals. Establishing short-, mid-, and longterm goals can help to determine a personal way ahead
 - maintain connectedness with others in and outside of the unit. Connecting with a respected leader; seeking a mentor and/or spiritual advisor can help refine life goals
 - seek a sense of purpose or meaning in life

- 3. Briefly review ways to bolster unit-level protective factors.
 - Furthermore, each of us can impact unit-level protective factors.
 - Here are a few ways you can help bolster unit-level protective factors:
 - maintain suicide prevention knowledge and intervention skills like those you've learned and practiced today
 - apply positive leadership skills to promote help seeking decisions. Utilize Army leadership publications (e.g., ADP 6-22) to highlight proactive and supportive leadership traits
 - promote and participate in team-building activities that build and sustain high levels of unit cohesion
- Explain how key protective factors likeconnectedness and trust help to mitigate suicide risk.
 - Connectedness and trust are key protective factors that help to mitigate suicide risk.
 - Staying connected helps to increase awareness of the common behaviors and moods of those around us, improving our ability to recognize the signals of someone facing life challenges.
 - Strong connections with others helps to build trust, thus increasing the chances that Soldiers will feel comfortable reaching out in times of difficulty and helping to mitigate the risk for suicide.
 - Building a culture of trust helps remove help-seeking barriers, increasing the chances Soldiers will reach out for help before a crises occurs.

[NOTE: This is a natural transition to the next slide.]



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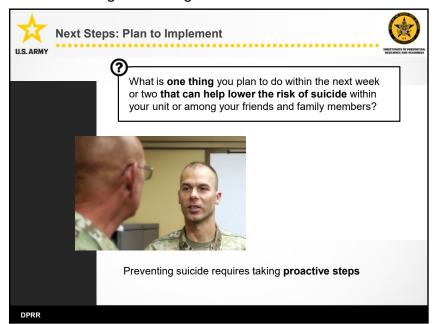
Provide a concise review of non-emergency and emergency resources.

- 1. Provide a concise review of non-emergency and emergency resources.
 - If you recall from the ACE Base module, there are two types of resources.
 - If an individual is suicidal, you will need to know the emergency resources to use under these circumstances.
 - If an individual is not suicidal, you still need to connect them with non-emergency resources that can help them with their difficulties.
 - Non-emergency resources vary by location and environment. This is not a comprehensive list.
 - General resources vary by location and can change frequently; the ones listed apply to all Service components.

2. Transition.

 Now that we've gotten some reps in for practicing ACE, let's talk about your next steps.

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Ask Soldiers to consider their next steps in implementing what they've gained from today's [?] training and encourage them to talk about suicide prevention with others.

- Ask Soldiers to identify one thing to implement from today's training in the next week or two that can help lower the risk of suicide.
 - Throughout a typical day or week, you have many opportunities to apply what you've learned today.
 - [ASK] Based on what we've covered today, what is
 one thing you plan to do within the next week or two
 that can help lower the risk of suicide within your unit
 or your friends and family members?

[NOTE: Allow for responses. Encourage Soldiers to consider specific, tangible actions. Examples may include

- identifying a specific person in my unit or Circle of Support and check in to see how they are doing
- drawing on one of the Army Values when tempted to avoid uncomfortable conversations
- inviting a fellow Soldier over for a weekend BBQ or another off-duty event
- making an effort to ask more open ended questions to improve active listening skills
- reminding myself to just listen (receive and acknowledge) when others are sharing their problems with me rather than being quick to offer solutions or ways to fix the situation.]

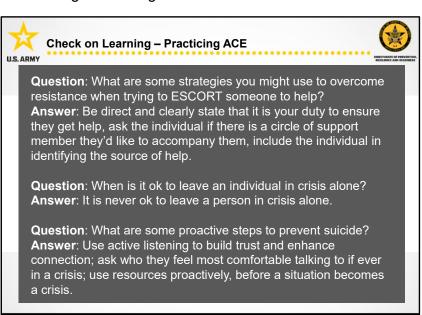


Encourage Soldiers to talk to one another and to
 members of their Circle of Support about effective strategies to prevent suicide.

[CLICK TO ADVANCE]

- · Preventing suicide requires taking proactive steps.
- In addition to the plans you all have just shared, here are some proactive steps you might consider taking with your fellow Soldiers and others within your Circle of Support
 - look for opportunities to use active listening to enhance communication and connection and to build trust
 - ask who they feel most comfortable talking with if there is ever a concern or moment of crisis, and share that same information with them about you
 - talk about which resources you and they might find most helpful and put the contact information in your phones
 - when they are facing a challenge, encourage them to use resources proactively such as when there is even a hint of concern rather than waiting until it's a crisis situation, and you yourself seek help early and proactively to role model this proactive and preventative behavior.

[NOTE: This is a natural transition to the next slide.]



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Check on Learning - Practicing ACE.

[?]

[SLIDE BUILDS]

- Discuss the topics covered in the Practicing ACE module.
 - Let's conduct a check on learning over what we've discussed in this module.
 - [CLICK TO ADVANCE]
 - [ASK] What are some strategies you might use to overcome resistance when trying to ESCORT someone to help?

[NOTE: Allow for answers.]

[CLICK TO ADVANCE]

 Answer: Be direct and clearly state that it is your duty to ensure they get help, Ask the individual if there is a circle of support member they'd like to accompany them, include the individual in identifying the source of help.

[CLICK TO ADVANCE]

 [ASK] When is it ok to leave an individual in crisis alone?

[NOTE: Allow for answers.]

[CLICK TO ADVANCE]

Answer: It is never ok to leave a person in crisis alone.

[CLICK TO ADVANCE]



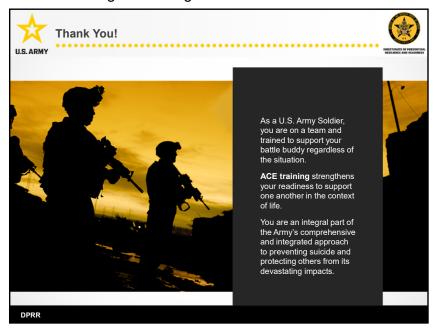
 [ASK] What are some proactive steps to prevent suicide?

[NOTE: Allow for answers.]

[CLICK TO ADVANCE]

- Answer: Use active listening to build trust and enhance connection, ask who they feel most comfortable talking to if ever in a crisis, use resources proactively- before a situation becomes a crisis.
- 2. Transition to module closing slide.
 - Let's close out this module by talking about taking an active role in preventing suicide in the Army







Empower Soldiers to take an active role in the Army's integrated and comprehensive approach to prevent suicide, and thank Soldiers for their participation.

- 1. Empower Soldiers to engage with and support fellow Soldiers by employing the ACE process.
 - As a Soldier you are on a team and trained to support your battle buddy regardless of the situation.
 For example, if you see a Soldier overwhelmed by fire, you ready your weapon and go to assist. If you see a Soldier overwhelmed by fear on the rappel tower, you reassure them that someone is on the belay.
 - The ACE training has helped to strengthen your readiness to support one another in the context of life.
 - If a fellow Soldier displays yellow light risk factors or red light warning signs, it is your duty to support them and use your trained process of Ask, Care, Escort. You can also use the ACE process to help build protective factors.
 - This training provided you with realistic expectations and practical experience that will help you to effectively engage with and support your fellow Soldiers. Using the Ask, Care, Escort process can strengthen connection, build trust, and mitigate the risk of suicide.



- **Empower them to take an active role in the Army's** 2. integrated and comprehensive approach to prevent suicide, and thank Soldiers for their participation.
 - · Remember, you are a part of the Army's comprehensive and integrated approach to preventing suicide and protecting others from its devastating impacts.
 - The Army and its people need you to concentrate your efforts in the prevention strategies within your control and influence, which you have gained from today's training.
 - · ACE can save a life. Remember to Ask, Care, and Escort.
 - Thank you for your participation today and for demonstrating your selfless support of your fellow Soldiers and the whole Army Family.

References

Army Publications

- Department of the Army. (2015). *Army Health Promotion* (AR-300-63). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN15595_R600_63_admin_FINAL.pdf
- Department of the Army. (2019). *Army Leadership and the Profession* (ADP 6-22). https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN20039-ADP_6-22-001-WEB-0.pdf
- Department of the Army. (2015). *Army Team Building* (ATP 6-22.6). https://armypubs.army.mil/epubs/DR pubs/DR a/pdf/web/atp6 22x6%20FINAL.pdf
- Department of the Army. (2016). *A Leader's Guide to Soldier Health and Fitness* (ATP 6-22.5). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/atp6_22x5.pdf
- Department of the Army. (2015). *Health Promotion, Risk Reduction, and Suicide Prevention* (DA PAM 600-24). https://armypubs.army.mil/epubs/DR pubs/DR a/pdf/web/p600 24.pdf

Other Publications

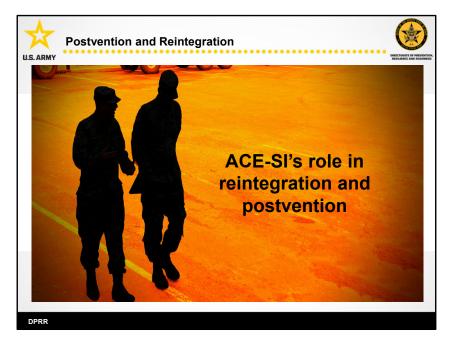
- Bowersox, N. W., Jagusch, J., Garlick, J., Chen, J. I., & Pfeiffer, P. N. (2021). Peer-based interventions targeting suicide prevention: A scoping review. *American Journal of Community Psychology*, 68(1-2), 232–248. https://doi.org/10.1002/ajcp.12510
- Defense Suicide Prevention Office. (2016). Suicide Prevention Training Competency Framework: A competency framework for all members and targeted sub-groups across the Department of Defense. https://www.dspo.mil/Portals/113/Documents/Final%20Signed%20Competency%20 Framework%202016.pdf?ver=2018-02-07-111806-747
- Department of Defense. (2020). *Annual Suicide Report Calendar Year 2019* (Ref ID. 4-CFF293C). https://www.dspo.mil/Portals/113/Documents/CY2019%20Suicide%20Report/DoD%20Calendar%20Year%20CY%202019%20Annual%20Suicide%20Report.pdf
- Drollinger, T., Comer, L. B., & Warrington, P. T. (2006). Development and validation of the active empathetic listening scale. *Psychology & Marketing*, 23(2), 161-180. https://doi.org/10.1002/mar.20105
- Griffith, J. & Bryan, C. J. (2018). Preventing suicides in the U.S. Military. *Psychological Services*, *15*(3), 251-261. http://dx.doi.org/10.1037/ser0000225
- Hangartner, R. B., Totura, C. M. W., Labouliere, C. D., Gryglewicz, K., & Karver, M. S. (2019).

 Benchmarking the "Question, Persuade, Refer" Program Against Evaluations of Established
 Suicide Prevention Gatekeeper Trainings. *Suicide & Life-Threatening Behavior*, *49*(2), 353–370.

 https://doi.org/10.1111/sltb.12430
- Litteken, C., & Sale, E. (2018). Long-Term Effectiveness of the Question, Persuade, Refer (QPR) Suicide Prevention Gatekeeper Training Program: Lessons from Missouri. *Community Mental Health Journal*, *54*(3), 282–292. https://doi.org/10.1007/s10597-017-0158-z

References (cont'd.)

- Nock, M. K., Deming, C. A., Fullerton, C. S., Gilman, S. E., Goldenberg, M., Kessler, R. C., McCarroll, J. E., McLaughlin, K. A., Peterson, C., Schoenbaum, M., Stanley, B., & Ursano, R. J. (2013). Suicide among soldiers: a review of psychosocial risk and protective factors. *Psychiatry*, *76*(2), 97–125. https://doi.org/10.1521/psyc.2013.76.2.97
- Peterson, A. L., Monahan, M. F., Bender, A. M., Gryglewicz, K., & Karver, M. S. (2021). Don't Invite Everyone! Training Variables Impacting the Effectiveness of QPR Trainings. *Administration and Policy in Mental Health*, *48*(2), 343–353. https://doi.org/10.1007/s10488-020-01078-3
- Pietrzak, R. H., Johnson, D. C., Goldstein, M. B., Malley, J. C., Rivers, A. J., Morgan, C. A., & Southwick, S. M. (2010). Psychosocial buffers of traumatic stress, depressive symptoms, and psychosocial difficulties in veterans of Operations Enduring Freedom and Iraqi Freedom: the role of resilience, unit support, and postdeployment social support. *Journal of Affective Disorders*, *120*(1-3), 188 192. https://doi.org/10.1016/j.jad.2009.04.015
- Rosa, L. (2014). Reach Out! Suicide prevention using QPR (Question, Persuade, Refer). *Louisiana Bar Journal*, 62(4), 267. https://www.lsba.org/documents/publications/BarJournal/Journal-Dec14-Jan15.pdf
- Rudd, M. D., Berman, A. L., Joiner, T. E., Jr, Nock, M. K., Silverman, M. M., Mandrusiak, M., Van Orden, K., & Witte, T. (2006). Warning signs for suicide: theory, research, and clinical applications. Suicide & Life-Threatening Behavior, 36(3), 255–262. https://doi.org/10.1521/suli.2006.36.3.255
- Science and Technology Organization. (2018). Military suicide prevention: Report prepared for NATO leadership (Report No. STO-TR-HFM-218). North Atlantic Treaty Organization. https://apps.dtic.mil/sti/pdfs/AD1062460.pdf
- Trachik, B., Tucker, R. P., Ganulin, M. L., Merrill, J. C., LoPresti, M. L., Cabrera, O. A., & Dretsch, M. N. (2020). Leader provided purpose: Military leadership behavior and its association with suicidal ideation. *Psychiatry Research*, *285*, 112722. https://doi.org/10.1016/j.psychres.2019.112722





Introduce the Reintegration and Postvention responsibilities of the ACE-SI.

- 1. Explain the need for reintegration and postvention.
 - So far we've talked about how to successfully use the Ask, Care, Escort model.
 - We've also talked about the importance of empathy, active listening, and living the Army values as a means to guide our actions around the potential or actual suicide crisis.
 - Despite our best efforts (or someone else's); however, an individual may still believe suicide is their only option.
 - In this case, if someone you assist attempts suicide or dies by suicide, it is important to know you are **not** at fault. It is very unlikely that what you say in your intervention will push someone to take their own life.
 - In either case, a suicide attempt or completed suicide, you may find benefit in reaching out to a professional to help you talk through your experience.
 - Remember to have empathy for yourself as a crisis responder. Be sure you have a robust self care plan to include sleep, activity, and nutrition but most importantly authentic connection with supportive family and friends. Be willing to be vulnerable and confide in someone you trust.

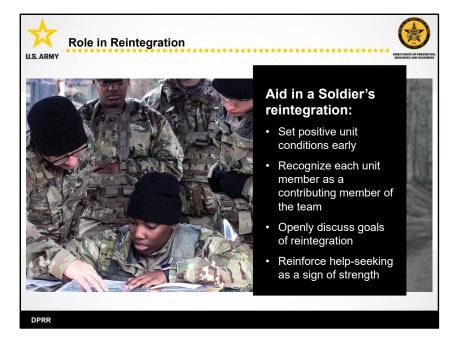


 It is also important to recognize that after losing someone to suicide, there are still ways we can help and be helped.

2. Transition to reintegration.

• Let's talk now about reintegration.

notes here:



(

Explain reintegration and ways the ACE-SI can assist the commander.

1. Define reintegration.

- Reintegration is the process of transitioning an individual back into the unit after time away. This can be after a suicide attempt or another reason.
- The process of reintegration is a command responsibility. Your role is to assist the commander by influencing the climate and supporting the process paying special mind to operating within your professional limits.
- As you might know or imagine, there can be a lot of anxiety for an individual who is returning to the unit after a behavioral health related absence.
- [ASK] What might be some thoughts and concerns for an individual returning to the unit?

[NOTE: Allow for responses. This question is meant to establish a general cognitive empathy for an individual in this situation.]

 Many people may think that the best approach to reintegration is to simply avoid the issue and pretend like nothing happened or to treat the individual differently as though they are somehow more fragile. Both of these approaches; however, might leave the individual wondering what people are saying when they are not around.



What the returning Soldier needs at this time is support from leaders and unit members, and confidence in their ability to accomplish assigned tasks- not silence or avoidance. Respect, a supportive climate, and open dialogue will be key in this transition.

2. Discuss how to set conditions for a positive reintegration experience. [?]

• **[ASK]** What are some things you can do to set positive conditions before the individual returns to the unit?

[NOTE: Allow for responses. Some examples are: continue to fight stigma, encourage supervisors to have work tasks identified for the individual in order to give them a sense of purpose and value, protect the individual's privacy and dignity by not having discussions about their personal matters.]

- Begin by setting positive conditions early to help ensure a smooth transition for the Soldier returning to the unit and their daily duties.
- You can do this by continuing to use the stigma fighting tactics of learn, connect, and challenge.
- Additionally, strive to preserve the individual's dignity by exercising the Army Value of integrity in how you approach the individual's return.
- Remember certain personal information should be kept between you and the individual, while it is appropriate to share certain details with leadership.

3. Identify attitudes and actions you can take once the individual returns to the unit.

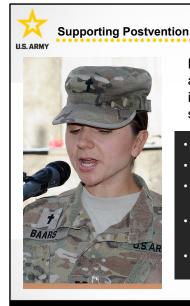
• **[ASK]** What are some things you can do to support the returning individual once they get back to the unit?

[NOTE: Allow for responses.]

- Upon the individual's return, work with them to identify personal and professional goals and strategies to achieve those goals. Be sure to emphasize that a team is greater than the sum of its parts.
- Be approachable; ask questions about their day or tasks they have been working on <u>before</u> checking on their status. Let them know you are a resource and be willing to briefly share personal experiences.
- Openly support help-seeking as a sign of strength and encourage them to attend all follow-up appointments with their providers.

4. Transition.

Now lets look at the ACE-SI's role in Postvention.





Postvention – Planned support and interventions carried out with individuals in the aftermath of a suicide or an attempted suicide.

- Respect the feelings of those affected
- Express empathy and sympathy
- Offer assistance with basic needs related to postvention
- Attend memorial services and encourage others to attend
- · Encourage help-seeking

DPR



Supporting Postvention.

1. Introduce supporting postvention.

- Postvention includes a sequence of planned support and interventions carried out with individuals in the aftermath of a suicide or an attempted suicide.
- Postvention is defined as any activity following a suicide that promotes recovery and healing among those affected by the death. Postvention can help prevent negative effects of suicide exposure, such as complicated grief and suicide contagion.
- The role of ACE-SI trained personnel in postvention is to ensure awareness of the postvention process and its benefits, and to be a supportive resource for the command team and affected Soldiers.
- Postvention is an important process for the affected community. It is complex and some aspects should only be conducted by those with the appropriate training.
- The goal 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 through the three phases of postvention- Stabilize, Grieve, and Grow.
- These phases are covered in depth in the Suicide Postvention Unit Commander's Handbook located on the Directorate of Prevention, Resilience and Readiness website.

The postvention process can include Chaplains,
Behavioral Health Officers, and/or other counselors.

2. Explain the types of postvention responses and factors that influence the response.

- There are three types of postvention responses. This
 is generally managed by the command team and
 Chaplain.
 - Universal intervention targets larger groups.
 - Selective intervention focuses on small groups or individuals considered at greater risk.
 - Combined interventions addresses larger segments of the unit, while attending to select groups and/or individual Soldiers.
- Remember, people react differently to death by suicide.
- Grief is a natural process following a loss. Grief is something to be supported, not fixed. Symptoms of grief generally decrease over time and are commonly associated with increased activity.

3. Provide examples of ways the ACE SI can support postvention. [?]

- Postvention assists individuals with the recognition of common reactions linked to the sudden loss of a teammate by suicide or attempted suicide, helping to promote healthy unit recovery.
- Most units and individuals can experience a suicide loss and related grief without sizable impact on their functioning. Others may take longer or require assistance to adjust.
- **[ASK]** What are some things you've seen done well in the past in postvention situations?

[NOTE: Allow for responses. Postvention is a relatively new practice so there may be few or no responses.]

- Here are some ways you can support postvention as an ACE-SI
 - respect the feelings of those affected
 - express empathy and sympathy
 - offer assistance with aspects of the postvention response that are within your credentials
 - attend memorial services and encourage others to attend
 - encourage help-seeking.



- 4. Introduce the DSPO postvention toolkit and the commander's postvention handbook.
 - Some helpful resources for postvention are:
 - Unit Commander's Suicide Postvention
 Handbook (army.mil)
 https://www.armyresilience.army.mil/ard/image
 s/pdf/GraphicImagery_SuicidePostventio%20H
 andbook OY1 6-29-21 final508.pdf
 - DSPO Military Suicide Postvention Toolkit: <u>www.dspo.mil/Portals/113/Documents/PostventionToolkit.pdf</u>

[NOTE: Terms commonly associated with postvention:

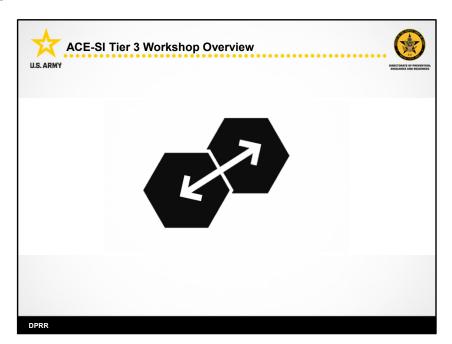
- Contagion- when a suicide occurs, people close to the deceased may be at a higher risk for suicide in the near-term. This appears to be most true for people who were already experiencing multiple risk factors, especially in close-knit or small communities.
- Survivor- a person bereaved by suicide.
- <u>Exposed</u>- individuals subjected to a suicide death or suicidal behaviors.
- Affected- those presenting with psychological distress following exposure to a suicide.
- <u>Bereaved</u>- typically includes those who had a relationship with the deceased and can be influenced by a range of factors.]
- It is not uncommon for symptoms of grief to reoccur during the anniversary of the loss, first birthday of the dead following the loss, and most major holidays in the first year. Memorial Day may also be difficult for service members who have lost other service members to suicide.
- To be clear, it is the commander's responsibility to ensure postvention activities occur, it is your role as an ACE-SI to support these activities.

5. Transition.

 This completes the module reviews. The next segment of training will be a facilitated study time leading to teach-backs.

[NOTE: Be sure to have an adequate number of teach-back rubrics printed for the teach-back activity.]

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Transition from ACE Base +1 annual unit training to the Tier 3 Workshop Overview.

1. Summarize and Conclude the ACE Unit Training.

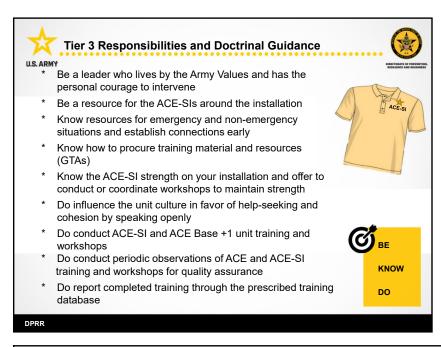
 This concludes the review of the ACE-SI, ACE Base +1, and Reintegration Postvention discussion and review of content updates, best practices, concerns, and emerging trends.

2. Transition to the Tier 3 Workshop Overview.

 Next we'll review the Tier 3 workshop objectives and content. That discussion will include Tier 3: responsibilities and guidance, conducting Tier 3 workshops: facilitation strategies, teach-backs, virtual training, and additional training modules for: Family (CoS) and Civilians.

[NOTE: The ACE-SI Tier 3 Overview is focused on Responsibilities, Doctrinal guidance, Conducting lower Tier workshops, Facilitation strategies, teach-backs, Virtual training, and Civilian and Family Member (CoS) Base +1 training only. The actual Tier 3 Instructor Guide includes the contents of the previous two section already discussed: ACE-SI Introduction, and ACE Base +1, Reintegration and Postvention modules. Participants will receive the Tier 3 workshop Instructor Guide at the conclusion of this workshop.]

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Discuss the ACE-SI Tier 3 Responsibilities.

1. Discuss the Tier 3 responsibilities at the installation level.

[NOTE: Tier 4 – review Tier 3 Responsibilities, Doctrinal guidance, Conducting lower Tier workshops, Facilitation strategies, teach-backs, Virtual training, and Civilian and Family Member (CoS) Base +1 training content. Entire review should take ~ 50 minutes]

- ACE-SI Tier 3 is an installation-level asset, know what will be expected of you in this role.
- Be a leader who lives by the Army Values and has the personal courage to intervene if you see recognize an individual in crisis.
- Be a resource for ACE-SIs across the installation.
- Know resources for emergency and non-emergency situations and establish connections with these resources.
- Know how to get training materials and resources (GTAs).
- Know the numbers on ACE-SI strengths across the installation. Support/coordinate or conduct workshops as necessary to maintain required strength.
- Do train ACE annual suicide prevention training at the installation level with integrity.
- Do train ACE for Civilians and ACE for the Circle of Support as directed by the Commander.



 Do report annual training to the appropriate reporting personnel.

- As an ACE-SI Tier 3 you will be expected to conduct workshops to build the bench of Tiers 1 and 2.
- The instructor to participant ratio for Tier 2 is 1:10 and for Tier 3 is 1:6.
- Tier 2 workshops should be done in person. Requests to conduct virtual workshops should be made through the COMPO/MACOM to the Directorate of Prevention, Resilience and Readiness (DPRR) NLT 90 days prior to requested start date.
- 2. Provide an overview of the doctrine and resources relevant to the ACE-SI mission.

NOTE: Review doctrinal resources listed below. Check regularly for updates to publications and programs to remain current.]

- There are several doctrinal references for Suicide prevention
 - DoD Instruction 6490.16 Defense Suicide Prevention Program dated 6 November 2017 – updated February 2, 2023 Establishes policies and assigns responsibilities for the DoD Suicide Prevention Program
 - AR 600-92 (2023) Army Suicide Prevention Program directs activities to prevent suicide using a comprehensive and proactive threephased approach (prevention, intervention, and postvention)
 - AR 350-1 dated 10 December 2017 Table F-1 Personal Readiness Training directs suicide prevention as mandatory training
 - AR 600-20 Army Command Policy dated 24 July 2020 Ch 5-7 discusses Unit Memorial Services.
- The Defense Suicide Prevention Office (DSPO) is also a valuable resource for suicide related products from the DoD level.
- The Directorate of Prevention, Resilience and Readiness is also home to a variety of resources including current news, products, and events.
- 3. Transition to conducting the workshop.
 - You should have a good idea about the scope of your responsibility as an ACE-SI Tier 3 now.
 - Lets move on to prepare you to conducting the ACE-SI workshop.





Conducting the workshops.

1. Explain the purpose of model teaching.

- Model teaching is a valuable tool for demonstrating what an effective training looks like.
- Another purpose of model teaching is for the prospective trainer to experience the training as a participant.
- This technique has been found to enrich the training through more meaningful, authentic discussions.
- Model teaching is more than covering content and explaining concepts. The modules are designed to be interactive and elicit optimal engagement; therefore, model teaching also involves demonstrating effective facilitation skills so the participants can see their utility in managing the training experience.

2. Define and explain each of the facilitation strategies.

[NOTE: Facilitation strategies should be familiar to the participants from lower tier trainings. Quickly cover these strategies that help participants present with purpose.]

- You can find these facilitation strategies in the handouts provided at the outset of this training.
- · Lets go over the facilitation strategies:
- Bridging Bridging is a strategy to effectively manage participant responses that are partially accurate, as well as to help the group get back on track after a discussion.

• Think-Pair-Share- Think-pair-share is a strategy to increase participation. It allows participants to think about something on their own, pair with another person, then share their responses with the larger group.

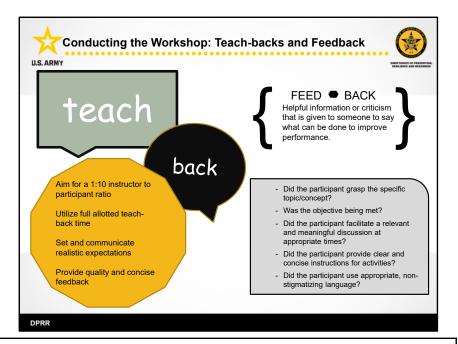
[NOTE: Can be time consuming, therefore, can also be reduced to think-share or pair-share.]

- Asking Quality Questions Generating discussion and asking effective questions is important during ACE since each participant will need to think deeply about how they will Ask, Care, and Escort.
- Efficient Instructions Efficient instructions for exercises are clear and concise directions resulting in participants' understanding of the intent of the exercise, what actions they need to take, and how long they have to complete the work.
- Conducting Effective Discussions Discussions can sometimes get off track. It is important to be purposeful when leading a conversation about a particular topic or activity. Effective discussions are learner-centric, keep the conversation moving forward, and include a summary with key takeaway points.
- Handling Challenges Effectively There can be many challenges that occur when teaching a class. Having strategies for challenges that are likely to arise can help you be more prepared. Be prepared to handle difficult questions, manage emotionally charged contributions, and deal with silence.
- If you find it difficult to get past a certain point, use the parking lot strategy. Simply state that this is an issue we'll place in the parking lot and discuss later so that we can move through the rest of the training.
- **[ASK]** Are there any questions related to the facilitation strategies we covered?

[**NOTE:** Allow for responses and answer any questions.]

3. Transition to conducting teach-backs.

Let's move on to talk about the teach-back sessions.



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Conducting the workshop - teach-backs.

[SLIDE BUILDS]

1. Explain the purpose of teach-backs.

- The Tier 2 and 3 workshops will require each participant to perform a teach-back of some portion of the material.
- The teach-back exercise is an opportunity for students to demonstrate their understanding of the key concepts within the ACE-SI content. The goal is to give the participant an opportunity to practice teach in a safe environment and for the instructor to fill in any gaps in understanding. During this teach-back session, participants are NOT expected to make a perfect presentation.
- Although practice teaching is not quite the same as teaching to a live audience with authentic participation, the opportunity to practice teach within the training and certification process is vital for preparation and development.
 - Aim for a trainer-to-participant ratio of 1:10 Tier 2 and 1:6 Tier 3.
 - Utilize the full teach-back time that the training has allotted for on the schedule, regardless of participant count.
 - Fewer participants means more opportunity for them to practice, get familiar with the material and receive more thorough personalized feedback.



- Set and communicate realistic expectations of ACE-SI's during their teach-back time.
- Provide quality and concise feedback to each participant and in such a way that all participants can learn from one another's teach-back experience.
- 2. Discuss providing feedback during the teach-back sessions.
 - Understandably, the participant will need time and repetition with the material before showing high proficiency.
 - The grading rubric serves as a framework for what to look for and how to organize feedback. It is a valuable tool for both the trainer and participant as a record of performance and determining teach-back success.
 - Trainers should have a thorough understanding of the rubric before entering the teach-back session.
 - Generally speaking, look to provide feedback based on the following:
 - Did the participant grasp the specific topic/concept?
 - Was the objective being met?
 - Did the participant facilitate a relevant and meaningful discussion at appropriate times?
 - Did the participant provide clear and concise instructions for activities?
 - Did the participant use appropriate, nonstigmatizing language?
 - Was the pacing adequate to meet time constraints?
 - Following the rubric and the formula of the 80/20 rule with teach-back time (i.e., 80%) to feedback time (i.e., 20%) and 2-3 sustains and 2-3 improves for each participant can help a trainer target and prioritize feedback specific to accuracy, thoroughness and effectiveness.
 - Providing feedback can be challenging when the participants performance is substandard or borderline such. In these cases there is still value in the feedback.
- 3. Transition to conducting the virtual workshop by exception to policy.
 - Let's move on to discuss the virtual workshop on the occasion that it is approved by DPRR.



Introduce and explain conduct of virtual ACE-SI training.

[SLIDE BUILDS]

1. Explain how to coordinate the virtual event.

Upon approval of the Directorate of Prevention, Resilience, and Readiness to conduct virtual training, the training lead Tier 3 trainer should proceed with the following actions:

- Identify instructors and assign roles and responsibilities.
- Determine the platform for presentation, ensuring it is accessible to participants on their government computers (such as MS Teams).
- Identify participants through formal channels (Chain of Command- TASKORD or email request, Army Training Requirements and Resources System (ATRRS).
- Email student information letter providing details of the training including participation requirements, dates, time, platform, and meeting access information.
- Verify with participants and their leadership that the Soldier's GFE (if being used), has a functional camera.
- Send electronic version of workshop materials via DoD Safe.



 Conduct IPRs and rehearsals at least weekly leading up to the event to ensure you and your team know how to operate the platform. Have all training team members practice sharing slides, video (with sound if desired); create, send participants to, and return participants from breakout rooms for activities.

2. Explain the objectives for training days.

- On the first day of training, explain the expectations for student conduct, attendance and participation, roles and responsibilities of the training team, and process of addressing unforeseen issues that might interfere with training such as how to best contact the lead instructor or training point of contact (POC) (e.g., email, text, call, or direct message through chat function).
- Explain the online platform and the rules of engagement for participants to be successful such as raising hand to speak, using the chat function, muting microphone when not engaging in training, and turning on cameras when in breakout rooms.
- On each training day, provide expectations for the day each morning, and for the following day each afternoon.
- 3. Transition to the doctrinal familiarization discussion.
 - Let's talk about the doctrinal guidance for suicide prevention training and ACE-SI.





- ACE for the Circle of Support (CoS) tailored for a Soldier's close family and friends
- ACE for DA Civilians tailored for DA Civilian members of the Army family
- BASE +1 format



DPRR



Provide a brief overview of the nuance to the ACE Base +1 lessons that the ACE-SI will be expected to train.

- Explain that the ACE-SI may be called upon to trainthe Civilian and Circle of Support audience specific ACE training.
 - Any ACE-SI may be called upon by leadership to train the ACE Base +1 for Civilian and/or Circle of Support modules to those respective audiences.
 - It's important that you become familiar with these modules and practice teaching them prior to training just as you would for the Soldier modules (or any other training you're asked to present).
 - The Circle of Support can be a spouse, significant other, parent(s), siblings, extended family, friends, or mentors (not an exhaustive list).
 - DA Civilians, are the Army's Civilian workforce. The Army enterprise does not function without them.
- 2. Briefly explain how the modules differ from the Unit modules.
 - The difference in the Unit Training modules that you just experienced to the CoS and DA Civilians modules are related to graphics and language. Graphics for each variation of the training represent the target population as shown on the slide.



Preparing to be an ACE-SI Tier 3

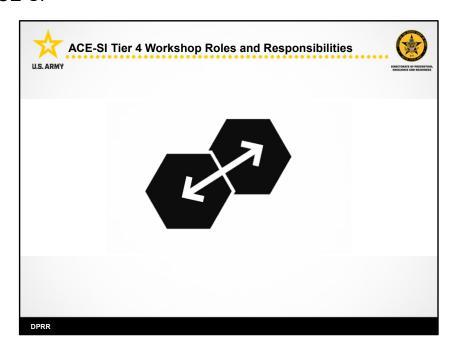
 Examples and language are relevant to the respective challenges of those audiences as they relate to life and life within the Army culture.

- There are no check ins or checks on learning in either of the modules as suicide prevention training for these populations is not required training and there are no performance standards for successful completion.
- As an ACE-SI you'll need to be clear on the nuances of all three versions of ACE-SI training.

[NOTE: Time permitting, you may want to review a portion of one of these alternate versions with the class using the PowerPoint presentation.]

3. Transition to Tier 4 Responsibilities and Reporting.

- Keep in mind that all ACE-SI Workshops and Base + 1 trainings conducted needs to be reported to the appropriate person or agency.
- This concludes the ACE-SI Tier 3 Workshop overview. What are your questions regarding this overview.
- Now lets transition to Tier 4 Responsibilities and Reporting.

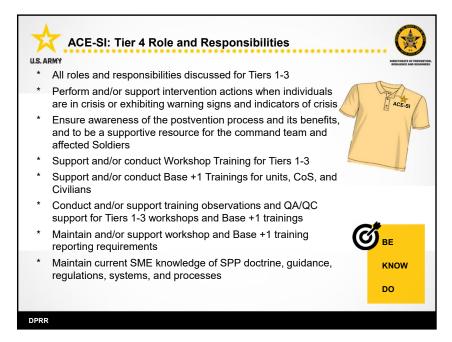


Transition from Tier 3 workshop overview to Tier 4 Role, Responsibilities, and Reporting.

- 1. Briefly remind participants of the Base +1 Unit Training responsibility, but also the other training responsibilities inherent to their role.
 - In addition to being responsible for ACE-SI Tier 3
 workshops and content knowledge, remember as a
 Tier 4 your are also responsible for the ACE Base +1
 content knowledge, as well as Tier 1 and 2 workshop
 content knowledge, should the training need arise to
 training any of these other workshops or modules.
- 2. Transition to Tier 4 Role, Responsibilities, and Reporting.
 - Next we will review the Tier 4 role, responsibilities, and reporting requirements.

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ACE-SI Tier 4 Role, Responsibilities, and Reporting





Discuss the ACE-SI Tier 4 Responsibilities.

1. Discuss the Tier 4 responsibilities at the installation level.

- Lets look at the responsibilities of the Tier 4 as a COMPO/MACOM level asset so you are fully aware of the expectations of you in this role.
- All roles and responsibilities discussed for Tiers 3, 2, and 1.
- Perform and/or support intervention actions when individuals are in crisis or exhibiting warning signs and indicators of crisis.
- Ensure awareness of the postvention process and its benefits, and be a supportive resource for the command team and affected Soldiers.
- Support and/or conduct Workshop Training for Tiers 3, 2, 1.
- Support and/or conduct Base +1 Trainings for units, CoS, and Civilians.
- Conduct and/or support training observations and QA/QC support for Tiers 3, 2, 1 workshops and Base +1 trainings.
- Maintain and/or support workshop and Base +1 training reporting requirements.
- Maintain current SME knowledge of SPP doctrine, guidance, regulations, systems and processes.



 Do remember that the fundamental responsibility of the ACE-SI at any tier level is to intervene in a potential or real suicide crisis. In cases where there may be a danger for yourself, call 911 for help.

2. Conducting the workshops.

- As an ACE-SI Tier 4 you will be expected to conduct workshops to build the bench of Tiers 1-3.
- The instructor to participant ratio for Tier 1 is 1:16, Tier 2 is 1:10, and Tier 3 is 1:6.
- Tier 1, 2, and 3 workshops should be done in person. Requests to conduct virtual workshops should be made through the COMPO/MACOM to the Directorate of Prevention, Resilience and Readiness (DPRR) NLT 90 days prior to requested start date.
- Training team size and preparation should be based on the projected class maximum capacity using the instructor to participant ratio.
- Ensure students have nomination packets completed and signed by authorizing personnel when registering for the training.
- Final class rosters should be complete a week prior to the class start date. Materials should be sent to students soon after the roster is finalized.
- Conduct regular IPRs in the weeks leading up to your workshop to ensure your training team is prepared and all logistical requirements are scheduled or in place.

3. Transition to conducting QA/QC.

- You should have a good idea about the scope of your responsibility as an ACE-SI Tier 4 now.
- Lets move on to prepare you to conduct the ACE-SI workshop and Base +1 QA/QC.



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Discuss the requirements for Quality Assurance and Quality Control.

[SLIDE BUILDS]

1. Provide an overview QAQC responsibility.

- As mentioned in the ACE-SI Tier 4 responsibilities section, part of your responsibility is to help ensure effective training is happening.
- It is always encouraged that ACE-SIs communicate their intent to conduct workshops to the local SPPM.
 These events provide opportunities for the Tier 4 to observe and/or support.
- You may at some point be observed, or be asked to conduct an observation of the training presented by another trainer/team.
- In either event, your approach to the QA/QC observation should be one of a supportive nature (versus an investigative nature). Communication with the element being observed should always reflect that tone.
- Be understanding and respectful of the pressure and anxiety that the presence of a QA/QC observer can have upon the trainer.
- Cause the least amount of distraction possible and remember that this is not your training event. You are there as an observer- a guest.



Preparing to be an ACE-SI Tier 3

Record your own notes here:

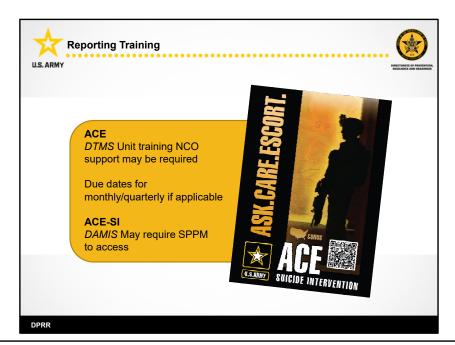
- If possible, sit in the back of the room and silence all electronic devices.
- WRAIR RTO has developed a quality assurancequality control (QA/QC) rubric for on-site observation and data collection purposes.
- Although this is formal activity when done at the direction of DPRR as part of the official program evaluation, these forms can be used informally for peer to peer and self development.
- · You can find this document in the appendices.
- This document could also be used internally by the training team as a feedback tool to support trainer professional growth and development.

2. Explain what to do with QA/QC results.

- If the QA/QC was initiated by the DPRR, forward all results to the WRAIR RTO.
- If the observation was locally initiated you may utilize the results for trainer professional development.

3. Transition.

 Let's move on to discuss the training and workshop reporting requirements.

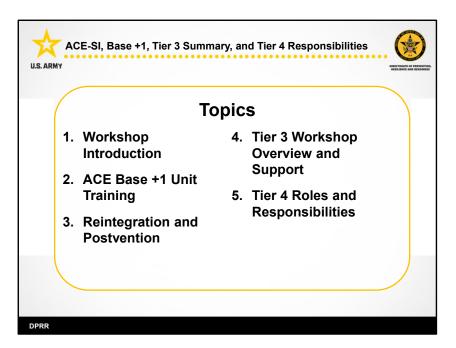


Explain how the ACE-SI is to report training.

[SLIDE BUILDS]

- 1. Explain how the ACE SI reports Base +1 Suicide Prevention training.
 - ACE Base +1 Training is documented in DTMS. Unit level training NCOs have the accessibility to the DTMS system and can be requested to support reporting.
 - Due dates for reporting training will be established by organization and installation level program leadership.
 - ACE-SI training will be reported through the Drug and Alcohol Management Information System (DAMIS).
 The local Suicide Prevention Program Manager is able to assist with this reporting system.
 - There may be other local (installation), MACOM, or COMPO reporting requirements that the Tier 2 should consult with the local SPPM about.
 - Be sure to meet with them to understand and adhere to these requirements.

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ACE-SI Tier 4 Workshop Academics Summary.

1. Review ACE-SI Tier 4 Summary.

[NOTE: Engage the participants in the summary versus reading the topics yourself. You can also split participants into groups and assign them areas to discuss then brief to the larger group.]

- So let's review the 1st half of ACE-SI Tier 4 workshop.
- Someone tell me about one of the areas we cover during the 1st half of the workshop.
- Knowing how to support the reintegration process can help reduce stigma and facilitate the Soldier's productivity and reintegration into the unit.
- Sometimes we may do everything we can but a Soldier may still choose to take or attempt to take their life. These outcomes are not the fault of the ACE-SI.
- It will be important that you stay grounded in that truth and support the unit during this time. Don't hesitate to seek help if you're struggling to cope with these difficult circumstances.

2. Transition.

 After lunch we will shift gears and exam the roles and responsibilities of the Tier 4 has in supporting and promoting the COMPO/MACOM SSP strategy and implementation plan.

ACE-SI Record your own notes here:

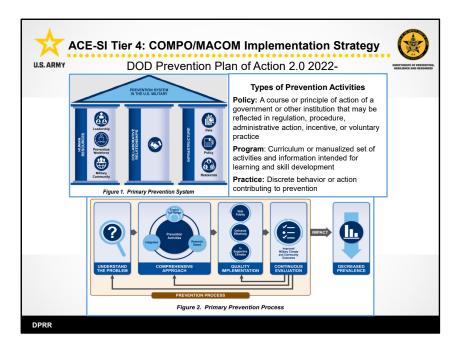


Transition from Tier 4 Roles and Responsibilities to COMPO/MACOM Implementation Strategy.

- 1. Summarize and Conclude the ACE Unit Training.
 - This concludes the review of the 1st half of the ACE-SI Tier 4 workshop focused on conducting training, support, and facilitation strategies.
- 2. Transition to Workshop support.
 - Next we will review Tier 4 roles and responsibilities: COMPO/MACOM Implementation Strategy.

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Review DOD Prevention Plan of Action 2.0 2022-2024.

Review DOD PPoA: Prevention Systems Elements.

[NOTE: The link to the DOD Prevention Plan of Action 2.0 2022-2024 is included in the appendix https://www.sapr.mil/sites/default/files/PPoA_2.0.pdf]

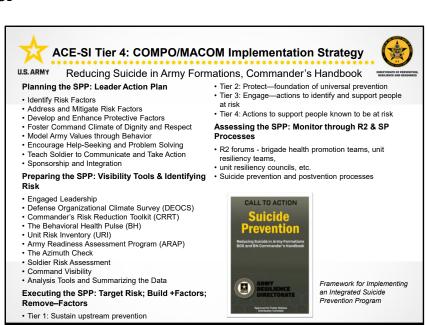
- Reducing harmful behaviors across the military community involves enacting the <u>prevention process</u> in an optimized <u>prevention system</u>.
- The prevention system is the backdrop against which prevention planning, implementation, and evaluation all take place.
- Organizational factors that constitute the prevention <u>system</u> include human resources, such as equipped and empowered leadership, prevention workforce, and the military community; infrastructure, such as prevention-specific policy, resources, and data systems; and, collaborative relationships within and across organizations..
- In an optimized <u>prevention system</u>, human resources attain and sustain prevention-specific knowledge and skills, collaborative relationships form and become more productive, and infrastructure facilitates effective planning, implementation, evaluation, and quality improvement.
- Too often, prevention activities fail to have an impact because they are implemented without sufficient development of these system elements.

- The policy requirements for implementing the <u>Prevention System</u> are found in DoDI 6400.09 Section 3.1 (DOD PPoA 2.0 2022-2024).
- The prevention system is the backdrop against which prevention planning, implementation, and evaluation all take place. A gap or deficiency in any element of the prevention system (e.g., an unskilled or underqualified prevention workforce) will degrade the quality of prevention activities (DOD PPoA 2.0 2022-2024).

2. Review DOD PPoA: Prevention Process.

- The prevention process is a data-driven effort involving four main steps: understanding the problem, developing a comprehensive approach, quality implementation, and continuous evaluation.
- The first step in the primary prevention process involves understanding the nature and magnitude of a problem within an organization.
- Next, effective prevention involves developing a comprehensive approach or plan by applying multiple, reinforcing prevention activities (researchbased Policy, Program, Practice) in a coordinated way to address individual, interpersonal, and organizational factors that contribute to harmful behaviors. A comprehensive approaches ideally combine universal and targeted prevention activities.
- Quality of implementation is equally important as a research-based prevention activity to decrease prevalence of harmful behaviors. Implement prevention activities with fidelity in supportive climates.
- Once a comprehensive approach is implemented in a supportive climate, it must be continuously evaluated to determine if its component activities are changing the factors they were designed to address.
- The combination of all of these elements is necessary to decrease the occurrence of harmful behaviors and sustain reductions over time (DOD PPoA 2.0 2022-2024).

[NOTE: In the National Guard and Reserves, certain information collection efforts are challenging due to the part-time nature of the Force and other varied restrictions caused when NG members are not in a federal status.]



Review Reducing Suicide in the Army Formations, Commander's Handbook.

1. Review Reducing Suicide in the Army Formations, Commander's Handbook.

[NOTE: The link to the Reducing Suicide in the Army Formations, Commander's Handbook is included in the appendix

https://www.armyresilience.army.mil/suicide-prevention/pages/pdf/22-

663_Unit%20Leader%20Guide%20to%20Suicide%2 0Prevention_12.10.2021.pdf]

- The Call to Action, Suicide Prevention: Reducing Suicide in Army Formations (BDE and BN Commander's Handbook) is referenced in the appendix and provided to you digitally in your welcome packets. We'll call it Suicide Prevention (SP) Commander's Handbook for short. The handbook addresses implementing an integrated suicide prevention program.
- Leaders should know their subordinates, and provide timely assistance when needed. Unit commanders must emphasize suicide prevention through actions and examples, and the publication of command letters, directives, and instructions,
- This book is intended to demonstrate how leaders can synchronize suicide prevention into the operations process and integrate it into daily activities, instead of treating it as an additional duty (SP Commander's Handbook).

2. Planning: Leader Action Plan.

[NOTE: Review the SP Commander's Handbook to engage participants in the below SPP implementation framework.]

- This section describes the components to complete an effective suicide prevention program.
 - Identify Risk Factors
 - · Address and Mitigate Risk Factors
 - Develop and Enhance Protective Factors
 - Foster Command Climate of Dignity and Respect
 - Model Army Values through Behavior
 - · Encourage Help-seeking and Problem Solving
 - Teach Soldier to Communicate and Take Action
 - · Sponsorship and Integration

3. Preparing: Visibility Tools & IDing Risk.

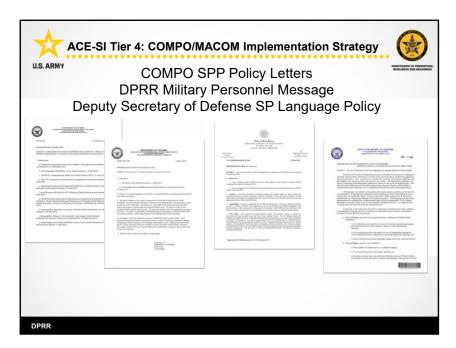
- Leader must encourage their Soldiers to establish connections and develop the familiarity necessary to perceive behaviors that are out of character or a deviation from Army standards. Tools:
 - Engaged Leadership
 - Defense Organizational Climate Survey (DEOCS)
 - Commander's Risk Reduction Toolkit (CRRT)
 - The Behavioral Health Pulse (BH)
 - Unit Risk Inventory (URI)
 - Army Readiness Assessment Program (ARAP)
 - The Azimuth Check
 - · Soldier Risk Assessment
 - Command Visibility
 - · Analysis Tools and Summarizing the Data

4. Executing: Target Risk; Build +; Remove – Factors.

- Depending on the situation, prevention activities are some of the most important actions that leaders can take.
 There are four tiers of prevention activities:
 - Tier 1: Sustain upstream prevention
 - Tier 2: Protect—foundation of universal prevention
 - Tier 3: Engage—actions to identify and support people at risk
 - Tier 4: Actions to support people known to be at risk

5. Assessing: Monitor through R2 & SP Processes.

- The ready and resilient (R2) and suicide prevention processes establish a framework for sustaining personal readiness, and fostering a culture of trust.
- R2 forums brigade health promotion teams, unit resiliency teams, unit resiliency councils, etc.
- Suicide prevention and postvention processes



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Review policies, memos, and messages that guide the Implementation Strategy.

1. Review other policies and directives that shape the SPP.

[NOTE: Students should bring their current COPMO/MACOM or Command Health Promotion, Risk Reduction, Suicide Prevention Policy Letter.]

[NOTE: Have a student from each COMPO review their Health Promotion, Risk Reduction, Suicide Prevention Policy Letter with the class.]

- Everyone should have been notified to bring a current copy of your COMPO/MACOM/Command Health Promotion, Risk Reduction, Suicide Prevention Policy Letter.
- Let's have a volunteer from each of the three COMPOs or those that are represented, read and share their commands SSP implementation guidance.

[NOTE: Allow a few minutes for the presentations of the Policy Letters, referencing the DOD PPoA 2.0 2022-2024 Prevention System and Prevention Process, and components of the Suicide Prevention (SP) Commander's Handbook SPP implantation framework.]

2. Review the Dpty-SecDef, Review of Policies to Eliminate Stigmatizing Language Related to Mental Health, memo.

[NOTE: Direct participants to the student handouts in the appendix. Review the contents of the SecDef memo with class or have participants review it in small groups or individually, then debrief in the large group engaging several groups or individuals.]

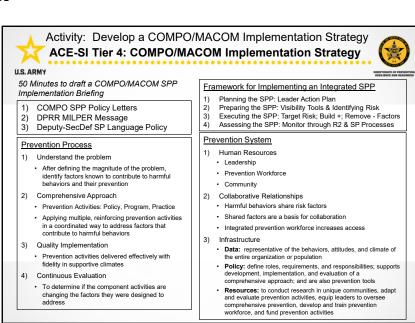
- Everyone turn to the Dpty-SecDef Review of Policies to Eliminate Stigmatizing Language Related to Mental Health memo.
- Review the memo in small groups then come back together and discuss with the content and application to the SSP implementation strategy.
- 3. Review the DPRR MILPER Message: Guidance for Conducting Ask Care Escort Suicide Intervention Training Guidance (ACE-SI).

[NOTE: Direct participants to the student handouts in the appendix. Review the DPRR MILPER Message: Guidance for Conducting Ask Care Escort Suicide Intervention Training Guidance (ACE-SI) with class or have participants review it in small groups or individually, then debrief in the large group engaging several groups or individuals.]

- Let's now turn to DPRR MILPER Message: Guidance for Conducting Ask Care Escort Suicide Intervention Training Guidance (ACE-SI).
- Review the MILPER message in small groups then come back together and discuss with the content and application to the SSP implementation strategy.

4. Transition.

- Now that we've discussed the SP system in the military, the SP process in the military, a Commander's framework for establishing an integrated SPP, heard SP policy guidance from each COMPO, and reviewed other guidance;
- Let's create a detailed but factual COMPO/MACOM SSP implementation strategy that you will brief back to the class and a member of your MACOM SPP Leadership.



1.

DPRR

Facilitate a Practical Exercise (PE) to develop a COMPO/MACOM SPP Implementation Briefing.

Explain that participants will engage in a Practical Exercise (PE) as addressed in the workshop TLO.



EXERCISE INSTRUCTIONS:

[NOTE: Distribute copies of the PE and participant handouts located in the student material. Handouts should be distributed after this slide is briefed to maintain engagement.]

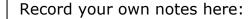
[NOTE: Direct students to the hyperlinked content in participant handouts:

https://www.sapr.mil/sites/default/files/PPoA 2.0.pdf https://www.armyresilience.army.mil/suicideprevention/pages/pdf/22-

663_Unit%20Leader%20Guide%20to%20Suicide%20Prevention_12.10.2021.pdf]

[NOTE: This Practical Exercise is designed to give participants an opportunity to apply the knowledge from this lesson and discussions to develop and exchange feedback with their peers regarding their current MACOM/COMPO SPP implementation strategy:

 Allow 50 minutes to develop the COMPO/MACOM implementation strategy briefing activity.



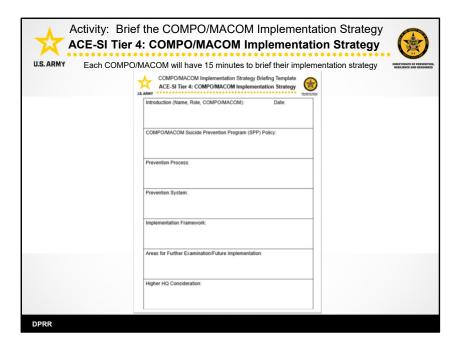


- Have participants break into two- to three-person teams by COMPO/MACOM. If only one participant is attending from a COMPO/MACOM, pair them with another participant with the goal of developing the lone student's COMPO/MACOM brief.
- Have each team review the references, examine their existing COMPO/MACOM policy Letters, review the SecDef and DPRR guidance, and create a briefing of the current implementation strategy as it aligns with the reviewed references, and identify areas, if any, that need to be addressed for future implementation.]
- Someone read the PE scenario then instructions listed on the front of the PE handout aloud.
- Using what you have discussed during this workshop, reviewed references, COMPO/MACOM policy Letters, SecDef and DPRR guidance, apply the components of the Prevention System, Prevention Process, and Framework for Implementing an Integrated SPP to your COMPO/MACOMS existing SPP implementation strategy.
- You will have 50 minutes to draft your implementation strategy briefing. After your team has completed the brief, each COMPO/MACOM will have 15 minutes to brief and receive feedback on their presentations.
- Remember that resilience is an individual, collective, and leader responsibility.

[NOTE: Walk the classroom assisting participants as needed. Bring participants back together to debrief the drafting process and set the expectations for the upcoming presentations.]

Transition.

 We'll take a 10 minutes break then return for the COMPO/MACOM SPP Implementation Briefing - final presentations.



Conduct COMPO/MACOM SPP Implementation Briefing.

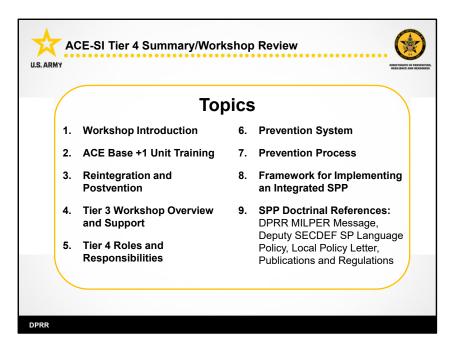
1. Conduct COMPO/MACOM SPP Implementation Briefing.

[NOTE: Select presentation order for the final briefing activity. Briefings should be 15 minutes (+/-5 minutes) per COMPO/MACOM to brief in teams.]

- Everyone has completed their briefings and should now be ready to present.
- First COMPO/MACON, let's learn about your implementation strategy.
- Remember to be detailed and specific with each section.

[NOTE: Provide feedback after each COMPO/MACOM Briefing. Once all Briefings are complete, but the group on break as you prepare the training area for the final written exam.]

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ACE-SI Tier 4 Summary/Workshop Review.

1. Review ACE-SI Tier 4 Summary.

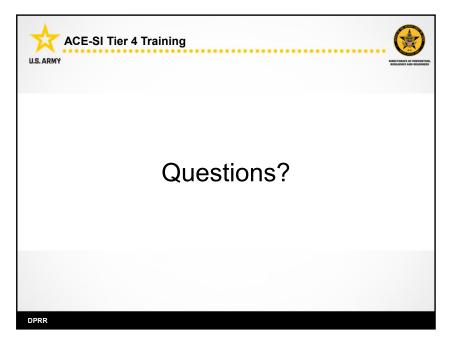
[NOTE: Engage the participants in the summary versus reading the topics yourself. You can also split participants into groups and assign them areas to discuss then brief to the larger group.]

- Let's review all of the ACE-SI Tier 4 workshop topics and content.
- Someone tell me about one of the areas we cover today during this workshop.
- We spent some time preparing you to serve as an ACE-SI Tier 4 including facilitation strategies and professional development, conducting workshops and QA/QC of ACE and ACE-SI training.
- Hopefully you feel more confident in your ability to intervene when someone is at immediate risk of suicide.
- Please reach out to the Walter Reed Army institute of Research, Research transition Office with any questions you have about this training material. Thank you for attending this training.

^	T	_ :4:
2.	Iran	sition

• Let's prepare to take the final exam!

ACE-SI Record your own notes here:



0

Address Additional Questions in Preparation for the Final Exam.

- 1. Ask for any questions related to ACE-SI Tier 4 Training.
 - We've covered a lot of material today, are there any questions remaining regarding this training?
 - Hopefully you feel more confident in your ability to demonstrate what you have learned during this workshop.

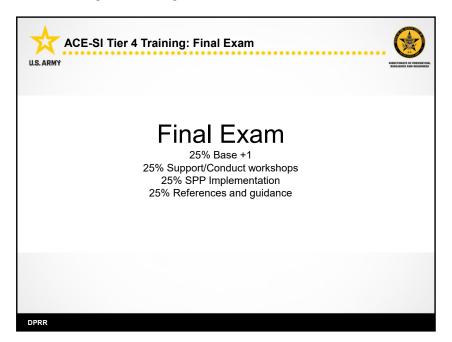
[NOTE: Address any questions or concerns.]

2. Provide exam instructions.

[NOTE: Provide Exam instructions, time allowed, passing score, number of correct responses needed, what to do when done, etc.]

Record your own notes here:

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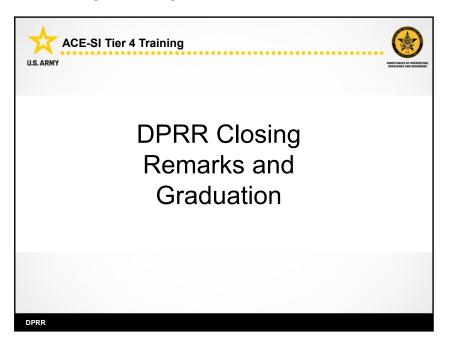


Conduct the Final Exam.

1. Administer exam instructions.

[NOTE: Conduct exam.]

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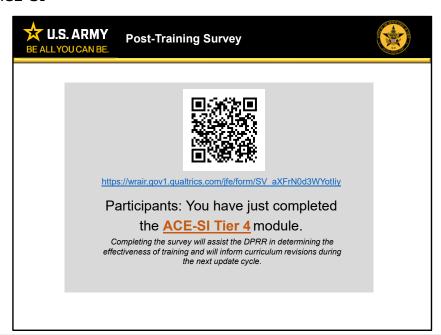


Conduct DPRR Final Remarks and Graduation Ceremony.

1. Deliver DPRR Final Remarks.

[NOTE: Coordinate DPRR final remarks delivery method. i.e. in person, via TEAMS, instructor delivered, etc.]

- 2. Conduct Graduation and conclude training.
 - Please reach out to the DPRR or Walter Reed Army institute of Research, Research transition Office with any questions you have about this training material. Thank you for attending this training.





Introduce Post-Training Survey

Introduce survey.

- Before we dismiss, please take a few moments to complete the ACE Post-Training Survey.
- The survey was developed by the Walter Reed Army Institute of Research on behalf of the DPRR.

[NOTE: Emphasize the importance of the survey.]

- Completing the survey will assist the DPRR in determining the effectiveness of training and will inform curriculum revisions.
- Participation is optional and responses are anonymous.
- You can access the survey by either scanning the QR code with your phone or by going to the website URL, which is shown in blue.
- Please note the module you are surveying and select the matching bubble on your survey.

[NOTE: For survey issues, contact CPT John Eric M. Novosel-Lingat at johneric.m.novosel-lingat.mil@health.mil]

Record your own notes here:



Additional Literature for Review



- Cerel, J., Brown, M. M., Maple, M., Singleton, M., van de Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Not six. Suicide and Life-Threatening Behavior, 49(2), 529-534.
- Bryan, C. J., Cerel, J., & Bryan, A. O. (2017). Exposure to suicide is associated with increased risk for suicidal thoughts and behaviors among National Guard military personnel. Comprehensive Psychiatry, 77, 12-19.
- Hom, M. A., Stanley, I. H., Gutierrez, P. M., & Joiner Jr., T. E. (2017). Exploring the association between exposure to suicide and suicide risk among military service members and veterans. Journal of Affective Disorders, 207, 327-335. https://dx.doi.org/10.1016.j.jad.2016.09.043
- Stigma definition: https://health.mil/Military-Health-Topics/Centers-of-Excellence/Psychological-Health-Center-of-Excellence/Clinicians-Corner-Blog/Reducing-Military-Mental-Health-Stigma-to-Improve-Treatment-Engagement-Guidance-for-Clinicians
- Acosta, J. D., Becker, A., Cerully, J. L., Fisher, M. P., Martin, L. T., Vardavas, R., ... & Schell, T. L. (2014). Mental health stigma in the military. Rand National Defense Research Institute, Santa Monica Ca.
- Joint Mental Health Advisory Team 7 (J-MHAT 7) Report https://armymedicine.health.mil/-/media/Files/ArmyMedicine/Reports/J MHAT 7.ashx?
- Rudd, M. D., Berman, A. L., Joiner Jr, T. E., Nock, M. K., Silverman, M. M., Mandrusiak, M., ... & Witte, T. (2006). Warning signs for suicide: Theory, research, and clinical applications. Suicide and Life-Threatening Behavior, 36, 255-262.
- https://www.mentalhealth.va.gov/suicide_prevention/docs/Literature_Review_FSTP_Social_Supp ort 508 FINAL 07-11-2019.pdf
- Costanza, A., Prelati, M., & Pompili, M. (2019). The meaning in life in suicidal patients: The presence and the search for constructs. A systematic review. Medicina, 55, 465.
- Griffith, J. (2002). Multilevel analysis of cohesion's relation to stress, well-being, identification, disintegration, and perceived combat readiness. Military Psychology, 14, 217-239.
- Joiner, T. E. (2005). Why People Die By Suicide. Cambridge, MA: Harvard University Press
- Oliver, L. W., Harman, J., Hoover, E., Hayes, S. M., & Pandhi, N. A. (1999). A quantitative integration of the military cohesion literature. Military Psychology, 11, 57-83.
- Trachik, B., Tucker, R. P., Ganulin, M. L., Merrill, J. C., LoPresti, M. L., Cabrera, O. A., & Dretsch, M. N. (2020). Leader provided purpose: Military leadership behavior and its association with suicidal ideation. Psychiatry Research, 285, 112722.
- Vasterling, J. J., Proctor, S. P., Aslan, M., Ko, J., Jakupcak, M., Harte, C. B., ... & Concato, J. (2015). Military, demographic, and psychosocial predictors of military retention in enlisted army soldiers 12 months after deployment to Iraq. Military Medicine, 180, 524-532.



Additional Literature for Review (cont.)



- · Carpiniello, B., & Pinna, F. (2017). The reciprocal relationship between suicidality and stigma. Frontiers in psychiatry, 8, 35.
- Reger, M. A., Tucker, R. P., Carter, S. P., & Ammerman, B. A. (2018). Military deployments and suicide: a critical examination. Perspectives On Psychological Science, 13, 688-699.
- Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2020). Available from: www.cdc.gov/injury/wisgars
- Simonetti, J. A., & Brenner, L. A. (2020). Promoting firearm safety as a suicide prevention strategy within health care systems: challenges and recommendations. Psychiatric services, 71(3), 298-300.
- Conwell, Y., Duberstein, P. R., Connor, K., Eberly, S., Cox, C., & Caine, E. D. (2002). Access to firearms and risk for suicide in middle-aged and older adults. The American Journal of Geriatric Psychiatry, 10(4), 407-416.
- Lubin, G., Werbeloff, N., Halperin, D., Shmushkevitch, M., Weiser, M., & Knobler, H. Y. (2010). Decrease in suicide rates after a change of policy reducing access to firearms in adolescents: a naturalistic epidemiological study. Suicide and Life-Threatening Behavior, 40(5), 421-424.
- Tucker, R. P., Crowley, K. J., Davidson, C. L., & Gutierrez, P. M. (2015). Risk factors, warning signs, and drivers of suicide: what are they, how do they differ, and why does it matter?. Suicide and Life-Threatening Behavior, 45, 679-689.
- Adapted from: https://www.nami.org/Blogs/NAMI-Blog/September-2019/How-to-Ask-Someone-About-Suicide
- Dazzi, T., Gribble, R., Wessely, S., & Fear, N. T. (2014). Does asking about suicide and related behaviours induce suicidal ideation? What is the evidence?. Psychological Medicine, 44(16), 3361-3363.
- Ramchand, R., Ayer, L., Geyer, L., Kofner, A., & Burgette, L. (2015). Noncommissioned officers' perspectives on identifying, caring for, and referring soldiers and marines at risk of suicide. Psychiatric services, 66(10), 1057-1063.
- Ballard, E. D., Stanley, I. H., Horowitz, L. M., Cannon, E. A., & Bridge, J. A. (2013). Asking youth questions about suicide risk in the pediatric emergency department: Results from a qualitative analysis of patient opinions. Clinical Pediatric Emergency Medicine, 14, 20-27.
- https://armypubs.army.mil/epubs/DR pubs/DR a/ARN18529-ADP 6-22-000-WEB-1.pdf
- Hoge, C. W., Ivany, C. G., & Adler, A. B. (2017). Suicidal behaviors within army units: Contagion and implications for public health interventions. JAMA psychiatry, 74, 871-872.



ACE-SI Training Appendices



On the following pages, you will find the worksheets for the activities and exercises that are used in this training. You will also find a tip sheet and a pamphlet that should be provided to trainees as resources they can take with them. All of these items should be distributed to the trainees in the form of a packet at the beginning of the training.

- 1. Appendix A Practical Exercises
- 2. Ask Care, Escort Scenario notes
- 3. Practical Exercise 2: Stigma (2 pages)
- 4. Practical Exercise 3: Active Listening (2 pages)
- 5. Practical Exercise 4: Practicing ACE (2 pages)
- 6. ACE-SI Reflection (1 page)
- 7. Facilitation Strategies Handout
- 8. ACE-SI Tip Sheet (2 pages)
- 9. ACE-SI Pamphlet (2 Pages)
- 10.teach-back Rubric
- 11.QA/QC Rubric



ACE-SI Reflection



Reflect on your experience in the training and answer the questions below. In particular, think about how prepared you feel to use the ACE model to intervene in crisis situations.

What did you learn that you didn't know before?	
Which section of ACE-SI do you think will be most difficult to use?	
How well do you think you can empathize with someone who's in crisis? How about exhibiting risk factors?	



FACILITATION STRATEGIES

BRIDGING

Use bridging to:

- Filter and highlight what is right or relevant about what the participant stated
- Identify the portion of the response you want to reinforce and use that to move the conversation along

Bridging is a strategy to effectively manage participant responses that are partially accurate, as well as to help the group get back on track after a discussion.

Think-pair-share is a strategy to increase participation. It allows participants to think about something on their own, share with another person, and then hear others' responses in a large group discussion.

THINK-SHARE Use think-pair-share to:

- Engage everyone even if they don't share with the large group
- Give participants time to think about their responses before contributing to the large group discussion
- Help people feel more comfortable sharing their ideas

ASKING QUALITY QUESTIONS Asking quality questions is important for generating participation and group discussions.

Ask quality questions by:

- Using closed-ended questions for a check on learning or to get a group consensus
- Using open-ended questions when you want to generate discussion
- Restating your question when it seems unclear
- Polling the audience to get a show of hands, then asking the participants to provide examples or explain their rationale
- Letting the participants know, when appropriate, if there is "no right or wrong answer for this question," which can ease the pressure on the group

EFFICIENT INSTRUCTIONS

Efficient instructions for exercises are clear and concise directions resulting in participants' understanding of the intent of the exercise, what actions they need to take, and how long they have to complete the work.

Include timings in your instructions to help participants understand how indepth their discussions should be.

- Provide time prompts such as "one minute left" to keep the group on track during activities Demonstrate lengthy instructions by role playing with another individual.
- This approach is more engaging than verbally reciting directions
- End with exactly what students need to do to get started (instruction #1)

EFFECTIVE DISCUSSIONS

Elements of an effective discussion:

- Learner-centric: focus the discussion on what the participants learned from the experience
- Keep the conversation moving: know when to move on to another related topic or expand the conversation
- Summarize: conclude the discussion with key takeaway points

Discussions can sometimes get off track. It is important to be purposeful when leading a conversation about a particular topic or activity.

HANDLING CHALLENGES EFFECTIVELY

There can be many challenges that occur when teaching a class. Having strategies for handling challenges that are likely to arise can help you be more prepared.

- Handling difficult questions:
 - Prompt the group to brainstorm ideas
 - It's okay to say you don't know; make sure to follow up
- Managing challenging participants (quiet, confrontational, oversharing):
 - Encourage strategies such as think-pair-share and the use of the parking lot
 - Establish ground rules for managing expectations and protecting privacy
 - Acknowledge the response, but ask for others' responses





ACE-SI Tip Sheet



U.S. ARMY

- In 2021 the Army lost 323 Soldiers to suicide (half a battalion)
- Suicide also impacts survivors and approximately 135 people are impacted by one suicide.

WHAT IS ACE-SI?

ACE-SI training from the Army Resilience Directorate has been revised and aims to prevent suicide. The training provides individuals with the tools to intervene effectively and compassionately if they believe a Soldier is suffering or may kill themselves.

BF-KNOW-DO

- Be a leader who embodies Army Values and has the courage to intervene
- Know yourself, your Soldiers, and how to intervene
- Do establish a supportive unit culture and encourage help-seeking

WARNING SIGNS

Time-sensitive concerns for suicide risk. If you notice these signs, stop and deal with them NOW

- Feeling hopeless, helpless
- Giving things away
- Increased alcohol misuse
- Increased anger
- Significant sleep disturbance
- Concerning texts, posts, emails
- Increased isolation

RISK FACTORS

Issues that increase suicide risk. Check in and follow-up with fellow Soldiers

- Prior suicide attempt
- Family history of suicide
- Access to lethal means
- Drug and alcohol misuse
- Limited or no support
- Financial stress
- Past trauma
- Relationship difficulties
- Isolating behavior
- Behavioral health issues

ASK

Communicate effectively Be direct in asking about suicide

BE DIRECT - Ask; "Are you thinking about killing yourself?" or "Are you planning to kill yourself?" If you notice warning signs or risk factors, ask the individual directly about plans of suicide. Asking someone if they are suicidal does not increase the risk that they will kill themselves.



ACE-SI Tip Sheet



CARE

Avoid barriers to connections and disclosure Build trust and connection through conveying empathy

Empathy

Empathy increases connection and builds trust. Put yourself in another person's situation; feel with them (ADP 6-22; 2-23). Army leaders show empathy when they genuinely relate to another person's situation, motives or feelings. Empathy does not mean sympathy for another, but a realization that leads to a deeper understanding.

Barriers to Conveying Empathy

- Talking more than listening
- Provide premature solutions
- Judging
- Minimize their issue
- Maximize your experiences

Conveying Empathy

- Evaluate from another person's perspective
- Identify and encourage common goals
- Recognize emotions
- You don't need all the answers
- You don't need to fix anything

ESCORT

Never leave an at-risk person alone. Know the appropriate resources.

- Remain calm and stay with the person
- Get assistance
- Call ahead
- Know what to expect
- Offer honest reassurance

REINTEGRATION

Reintegration is the process of transitioning an individual back into the unit after a time away

- Set positive unit conditions early
- Recognize each unit member as a contributing member of the team
- Openly discuss goals of reintegration
- Reinforce help-seeking as a sign of strength
- Be a leader who embodies Army Values and has the courage to intervene
- Know yourself, your Soldiers, and how to intervene
- Do establish a supportive unit culture and encourage help-seeking

SUPPORTING POSTVENTION

Postvention includes a sequence of planned support and interventions carried out with individuals in the aftermath of a suicide or attempted suicide.

- Respect the feelings of those affected
- Express empathy and sympathy
- Offer assistance in planning memorial activities
- Attend memorial services and encourage others to attend
- Don't focus on the means of death or vilify the person who died

RISK FACTORS

KNOW your Soldiers & notice risk factors:

- Prior suicide attempt
- Family History of suicide
- Access to lethal means
- Drug/alcohol misuse
- Limited or no support
- Financial stress
- Past trauma
- Relationship difficulties
- Isolating behavior
- Behavioral health issues

WARNING SIGNS

TAKE ACTION if you notice:

- Talks about suicide/death
- Feeling hopeless or helpless
- Concerning texts, posts, emails
- Increased anger
- Increased alcohol use
- Giving things away
- Sleep disturbance

RESOURCES

DIAL 9-1-1 or contact

Your Chain of Command: ______ Emergency Room: ______ Military Police _____

Civilian Police

CRISIS CONNECTIONS

Dial 988 and press 1 for the Military
Crisis Line

National Suicide Prevention Lifeline

North America: 1-800-273-TALK (8255) Press 1 Europe: 00800 1-273-8255 or DSN 118

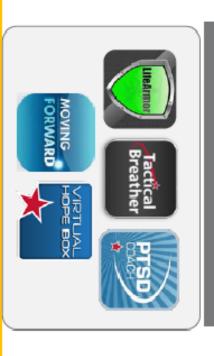
Korea: 0808-555-118 or DSN 118

Afghanistan: 00-1-800-273-8255 DSN 111, or Text 838255

Crisis Text Line

Text: HOME to 741741

SMART PHONE APPS



U.S. ARMY

ASK, Care, Escort Suicide Intervention





2 CARE

3 ESCORT

Active Listening

R: Receive information by giving full attention.

ADP 6-22

A: Acknowledge the speaker with eye contact.

S: Summarize the speakers key

A: Ask clarifying questions to check for understanding.

understanding.

realization that leads to a deeper

Be DIRECT

Are you thinking about killing yourself?

Asking does **NOT** increase the risk that someone will kill themselves

"I can't go on this way."	Soldier Comment
"You realize it's time to change something."	Reflect
"Where do you think we should begin?"	Open Question

Empathy

2-23. Army leaders show empathy when they genuinely relate to another person's situation, motives, or feelings. Empathy does not mean sympathy for another, but a

Conveying Empathy

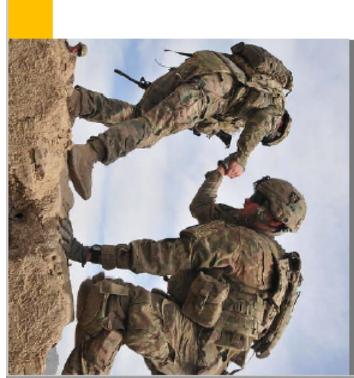
- Evaluate from another's perspective
- Identify & encourage common goals
- Recognize emotions
- You don't need all the answers
 You don't need to provide a fix
- ''' I've been there too, I'm glad you told me.

Know your resources to escort someone to help

- Remain calm
- Stay with the person
- Get assistance
- Call ahead
- Know what to expect
- Offer honest reassurance



It is your duty to escort a Soldier if you believe they may be at risk.





ACE-SI Training Trainer Preparation & Facilitation



You may wish to include a brief icebreaker at the start of training to help trainees get to know one another.

[EXAMPLES:

- Have each trainee introduce themselves and provide an interesting fact. Alternate: Have each trainee introduce themselves to at least two other trainees in the room.
- Have trainees pick one question from the following list and ask someone they don't know:
 - What fictional character would you like to become real and why?
 - If you could shop for free at any store, which store would you choose and why?
 - What comedy or drama movie would you make into a musical and what would be the name?
 - There are people who believe the world is really flat. How would you convince them it isn't?
 - What superhero would improve the world most if he/she existed?
 - If you could be an animal, which animal would you be and why?
 - If you were given \$500 to spend on anything you wanted, what would you buy?
 - What is something you recently realized that you can't believe you didn't realize earlier?
 - If you could have a personal chef or a live-in maid, which would you choose and why?]

Provide a "parking lot" for any questions or comments you do not want to address in the moment (e.g., time constrictions, too far off topic in the moment, will be addressed later, unknown answer) and will return to later. Ensure all questions placed in the "parking lot" are answered before training concludes. If you do not know an answer, let the trainees know you will find out and get back to them.

[EXAMPLES:

- The "parking lot" can take many forms:
 - Post a flipchart and marker in the room where trainees and trainers can capture questions that occur throughout the training.
 - Provide trainees with sticky notes and designate a spot in the room to post them.
 - Provide a note pad in a designated spot where trainees can write their questions.]





Place Holder For teach-back Rubric







Place Holder For QA/QC Document

