



INSTRUCTOR GUIDE



U.S. ARMY

DIRECTORATE OF PREVENTION,
RESILIENCE AND READINESS

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GS

Ask, Care, Escort

Suicide Prevention Training

Base Module

for Circle of Support

ACE Base +1

September 2023

VERSION 1.3

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Introduction

The Army Suicide Prevention Program was instituted by CSA General John A. Wickham in 1984. Since that time, suicide prevention and awareness has evolved. In 2009, Ask, Care, Escort (ACE) training was introduced to update existing suicide prevention training and to respond to a rise in suicide rates.

ACE training introduced suicide prevention and intervention concepts that had proven successful outside of the Army. Its primary goals were to increase suicide awareness and improve the ability of Soldiers to identify team members who may be suicidal and get them to help.

In 2018, ACE training was updated to highlight its use not only during a crisis, but also before one occurs by incorporating Army team building and unit cohesion concepts. This training is aligned with the Center for Disease Control and Prevention's strategic comprehensive public health approach to suicide prevention.

In 2022, the ACE suicide prevention and intervention material was updated yet again and coined ACE Base + 1. The training now consists of a base module along with a menu of "+1" modules that the unit's command team can choose from based upon the unit's needs. Together, the base module and the +1 module make up the mandatory one hour of annual suicide prevention and intervention training.

In addition to the tailored training approach, the training is now designed to be more interactive and conversational. In contrast to a traditional "annual briefing," ACE Base +1 is an "annual conversation" at platoon level where Soldiers in the platoon are able to discuss how they can take care of one another on a human level as it pertains to suicide prevention and intervention.

In 2023, the Army's suicide prevention and intervention training expanded to include a tailored curriculum for the Soldier's Circle of Support members. The Soldier's Circle of Support includes anyone whom the Soldier considers to be a priority within their support system, such as a spouse, significant other, parent, sibling, other family member, mentor, and friend. The intent is that offering Circle of Support members the same knowledge and skills while using the same language and strategies can enable conversation between the Circle of Support member(s) and the Soldier regarding suicide prevention and intervention. What's more, it can promote effective communication, bolster protective factors like increased cohesion and connection, and increase suicide prevention efforts within the whole Army Family.

Intent

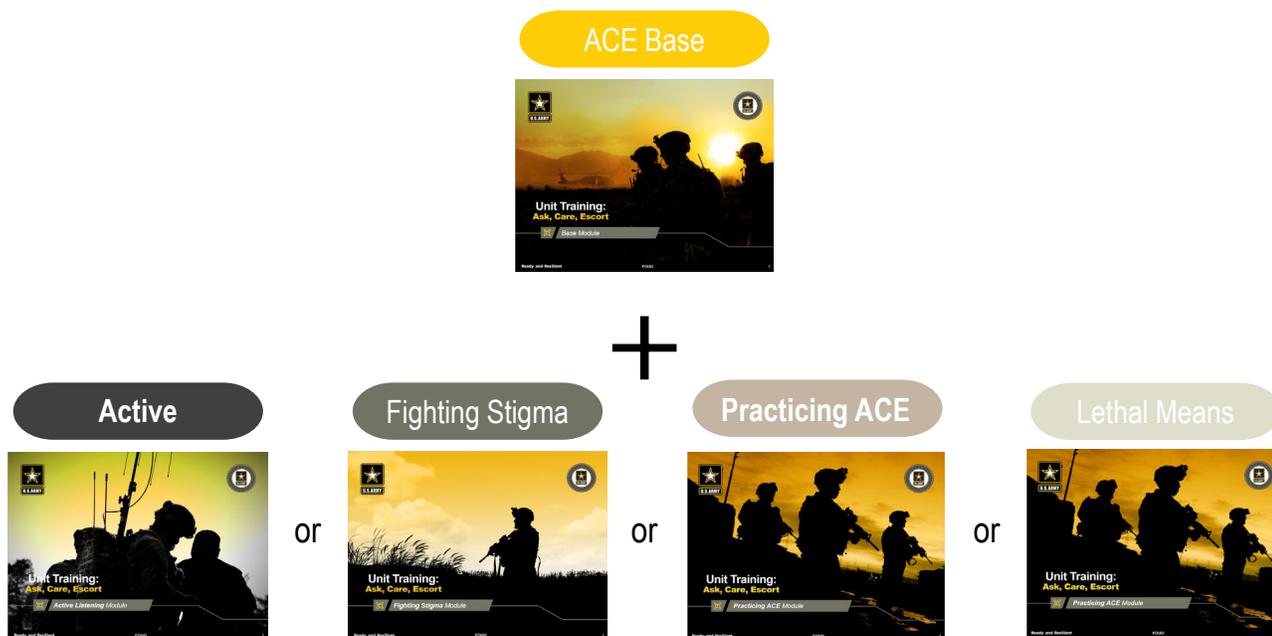
Cohesive efforts. It is strongly recommended that this training be offered around the same time frame that their Soldiers receive the ACE Unit Training. According to AR 600-63, ACE suicide prevention and intervention training must be offered to Circle of Support members on an annual basis. The ACE Base for Circle of Support module resembles the content and format of the ACE Base module for Soldiers but has been tailored for members of a Soldier's Circle of Support (e.g., spouse, significant other, parent(s), siblings, extended family, friends, mentors).

A majority of the examples, discussions, and activities are focused on how a Circle of Support member might apply ACE concepts with their Soldier. The Soldier-focused examples are not to discount the importance of other people (e.g., family members, friends) or relationships that participants have with others; instead, it is done intentionally to keep the training focused on similar learning concepts. Also, it is the most universally relevant focus given every participant attending is there due to having vested interest in a Soldier.

Facilitated discussion and engagement. This training is designed to be facilitated by a single instructor and delivered in an interactive, discussion-based format (rather than conventional lecture or didactic format). Because this module utilizes group interaction, it is highly recommended that it be led by an instructor who is able and willing to elicit participant engagement through facilitating meaningful discussions and practical exercises. The practical exercises are essential in allowing participants the opportunity to try out the Ask, Care, Escort process strategies in a safe, non-threatening environment and develop competence and confidence to use the strategies in real-life scenarios.

Delivered in-person to small groups. The ACE training for Circle of Support is intended to be delivered in person and it is highly recommended that this training be conducted with small groups (fewer than 40). In-person training allows for optimal engagement and also fosters relationship building amidst the participants. For example, new friendships and support networks may be established among those attending this class. There may be circumstances that warrant a virtual training option, however, in order to be realistic and inclusive to all Circle of Support members who wish to participate (e.g., Circle of Support members being geographically scattered, child-care constraints, work schedules). Trainers and command teams are advised to use their discretion to determine the best mode of delivery without compromising its value.

Training Requirements: The U.S. Army’s requirement for annual suicide prevention training is for Soldiers to complete one hour of training that includes the “ACE Base” module along with one of the “+1” modules, and for the Circle of Support members to be offered annual training as well.



Note: Each module should be trained to standard and not to time, it is most effective when time is allowed for in-depth group discussion and participation. To maximize the benefits of this training, allow for extra time for dialogue and interaction.

Training Package Components: The complete “ACE Base +1” training package consists of five PowerPoint® presentations (i.e., ACE Base, Active Listening, Fighting the Stigma, Practicing ACE, Lethal Means) and a SmartGuide with key information to be discussed for each slide (see notes page iv for SmartGuide overview).

Training Precautions: The ACE suicide prevention and awareness training deals with sensitive information and may trigger painful memories or other issues for training participants. It is possible that someone attending the training may have experienced thoughts of suicide or may have experienced a loved one who has struggled with suicidal thoughts, ideation, or worse – died by suicide.

If you are not a chaplain or behavioral health provider, it is recommended that you have someone from the chaplain’s office or Behavioral Health Services on call during your training session. Be sure to coordinate before the training and obtain their name, title, and consent to act as an immediate resource if needed. Provide them with the date, time, and location of the training; on the day of the training, be sure to have the number(s) at which they can be reached or another plan for reaching them.

The mention of any non-federal entity and/or its products is not to be construed or interpreted, in any manner, as federal endorsement of that non-federal entity or its products.

Training Preparation:

Content: ACE Training is the U.S. Army’s annual suicide prevention training, which is mandatory for Soldiers (IAW AR 600-63) and to be made available to Circle of Support members. The material is based on the most current research and academic literature on suicide prevention and followed educational best practices. The training is designed to enable the instructor to successfully lead participants through suicide prevention concepts with interactive activities and discussions to prompt critical thinking. For the training to be most effective, it is advised that instructors review all content in advance. Prior to training participants, edit Slide 11 and 15 to include the contact information for local resources.

When instructing, follow the content as written. Insert personal stories/examples as appropriate. Prompts are written into the SmartGuide to highlight times when personal stories/examples can be most valuable. There are many benefits of sharing a personal story or example. For instance, stories/examples can help a trainer to capture the audience’s attention, gain common ground with the audience, and engage the audience on a deeper level. Most importantly, effective use of personal stories or examples can help participants gain better contextual understanding of the material being taught.

The following guidelines can help ensure effective use of personal stories and examples.

The story/example

- serves a clear purpose, specifically it reinforces the training objective/content
- helps participants to gain a better contextual understanding about the concepts
- does not distract participants from the focus of training (e.g., be mindful of using potentially triggering or traumatizing examples/stories)
- is simple, concise, and easy to follow/understand

Remember, sharing your personal stories/examples is to benefit the participant, not yourself. The story/example should highlight the content, not you as a person (e.g., avoid the mistake of making the training about yourself). Lastly, it is highly recommended that you practice your stories/examples before using them in a training session. Rehearsing the story/example can improve effective delivery, especially if the story/example is one that could be emotional for you to share.

Flow: This training module is comprised of four main sections. At the completion of this module, continue with the chosen “+1” additional module to complete the suicide prevention training requirement IAW AR 600-63.



Training Preparation (continued):

Language: Suicide can be an uncomfortable topic to discuss, and it can be difficult to find the words to talk about it. As researchers continue to learn more about suicide and those impacted by it, the language used continues to evolve. For example, the term “committed suicide” perpetuates the idea that suicide is a criminal act, which can be stigmatizing. Instead, consider using the phrases “died by suicide” or “attempted suicide.”

Participants may unintentionally use stigmatizing language, as not everyone understands the harmful impact of these words. It is recommended that during the training, participants are allowed to use the words they feel comfortable with to promote open conversation; however, it is recommended that the instructor supports participant usage of destigmatized language and use those words themselves.

Important concepts: The following analogy helps to clarify the differences between risk factors and warning signs.

Risk factors do not always indicate an emergency but may suggest that a problem is developing. For example, poor diet, lack of exercise, and family history of heart problems if left unchecked increases risk for a heart attack. Similarly, financial distress, relationship issues, and increased isolation if left unchecked increases risk for suicide.

Warning signs indicate that there is a need to take immediate action. For example, signs such as tightness in the chest, tingling arm, flushed face, struggling to breathe—warning signs of a heart attack—clearly show need for intervention. Similarly, signs such as talking about death, giving belongings away, talking about harming oneself, or other significant changes in behavior—warning signs of suicide—clearly show need for intervention.

ACE Training Facilitation Strategies

Review the SmartGuide prior to the training session. Take notes on when you may use different facilitation strategies to promote an effective learning experience for participants.

Facilitation Strategies	When/How to Use
<p>Asking Quality Questions - Asking quality questions is important for generating participation and group discussions, which is why scripted questions have been included within the material.</p>	<p>Use closed-ended questions for a check on learning or to get a group consensus. Use open-ended questions when you want to generate discussion. Restate your question when it seems unclear. Poll the audience to get a show of hands, then ask participants to provide examples or explain their rationale. Let participants know, when appropriate, if there is “no right or wrong answer for this question,” which can ease the pressure on the group.</p>
<p>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.</p>	<p>Include timings in your instructions to help participants understand how in-depth their discussions should be. Provide time prompts such as “one minute left,” to keep the group on track during activities. Demonstrate lengthy instructions with another individual.</p>
<p>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.</p>	<p>Effective discussions are learner-centric; keep the conversation moving forward and include a summary with key takeaway points. If restricted in your available time, consider having partners/small groups discuss then select a few representatives to share with the larger group.</p>
<p>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.</p>	<p>Be prepared to handle difficult questions, manage emotionally-charged contributions, and allow the participants time to process what you have just said or asked (be okay with silence). Utilize on-call resources (e.g., chaplain or Behavioral Health) if/when necessary.</p>
<p>Be Aware of Timing - Pace yourself to ensure there is sufficient time for practical exercises and group discussion.</p>	<p>Leave ample time to review instructions, execute exercises, and hold discussion. If restricted in your available time, consider having volunteers demonstrate an activity for the whole group rather than working in pairs.</p>

Instructor SmartGuide Format

This SmartGuide has been designed to be user-friendly while containing as much information as possible to help you present this suicide prevention 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. Key points and sample talking points continue on Slide B, when necessary.

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.

The key points tell you what you need to do, while the bulleted notes explain how to do it.

ACE Unit Training- Base Module

Record your own notes here:

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

1. Define and describe protective factors.

- Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events.
- Protective factors help offset or mitigate risk. 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 a strong unit cohesion
 - Utilizing professional resources when needing help and also when looking to be proactive with personal or professional development, and
 - Connecting to a sense of purpose, like religious beliefs, your core values, or being in an influential role in another person's life.

6-A

ACE Unit Training- Base Module

2. 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 "plus one" modules of ACE like, active listening, aim to bolster protective factors of Army Soldiers.
- But it requires personal ownership, too. Just like routine physical training, it is important that you work to strengthen your protective factors and those of your fellow Soldiers on a regular basis.
- Take a look at the protective factors on the slide. Consider which one or ones you could benefit from enhancing.

[NOTE: Pause for a brief moment (e.g., 5 seconds). For the sake of time, this is not meant to be a question with responses, but simply a quick internal reflection.]

- 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 feel connected. Healthy, strong connection to others is a core protective factor.

Record your own notes here:

3. Transition.

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

6-B

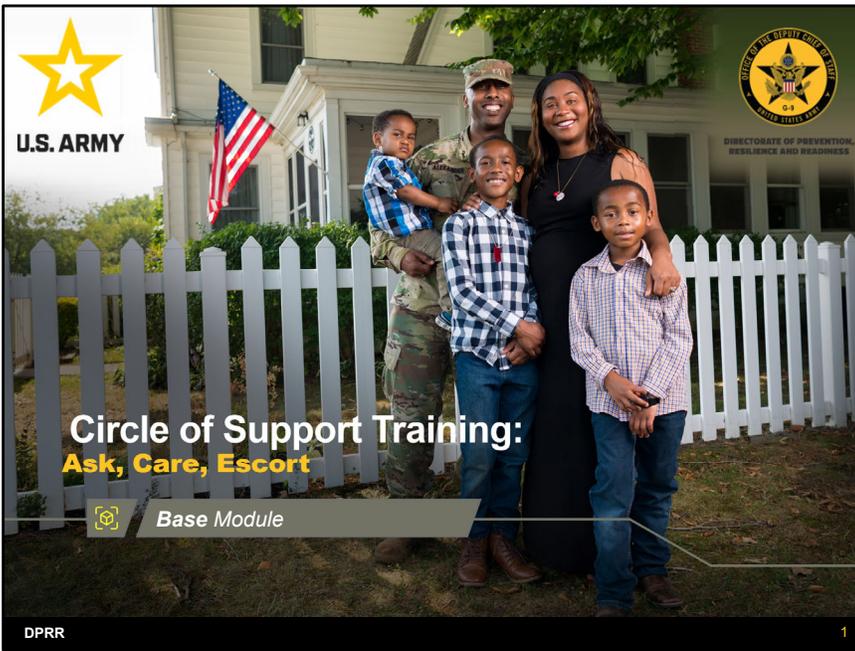
When you start preparing to train the module, you should read all of the detailed information. When you become more familiar with the material, the highlighted key points will be enough to remind you how to train each slide effectively.

SmartGuide Symbols

The following symbols are used throughout the ACE Base +1 material.

Training Module Symbol Guide		
Symbol	Represents	Explanation
	Timing	This symbol indicates the amount of time allotted for a given section of the material.
	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 Talking Point	Bullets are potential talking points that a trainer can choose to use to elaborate on key points or to review as context to the key points.
[NOTE]	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.
	Exercise	This symbol indicates the start of an exercise or activity. To avoid down-time, keep an eye out for these and plan accordingly.
[?]	Discussion Question(s)	This symbol identifies when there is a non-rhetorical discussion question(s) in the instructional content that follows.
	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.

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Record your own notes here:



Welcome participants and introduce yourself and the training.

1. Welcome participants and introduce yourself and the training.

- Welcome to the Ask, Care, Escort training, which is also referred to as ACE training.

[NOTE: Provide a brief introduction of yourself. Explain how you came to be facilitating ACE training. Along with the professional information, consider sharing a little about yourself personally. This can help build rapport and create a safe, trusting environment for the training.]

- ACE training aims to increase suicide awareness and prevention efforts across the Army to include Soldiers, their families, and DA Civilians.
- You are here because you are a part of your Soldier's Circle of Support. The Soldier's Circle of Support includes anyone that the Soldier considers to be a priority within their support system, such as a spouse, significant other, parent, sibling, other family member, mentor, and friend.
- Thank you for being here.

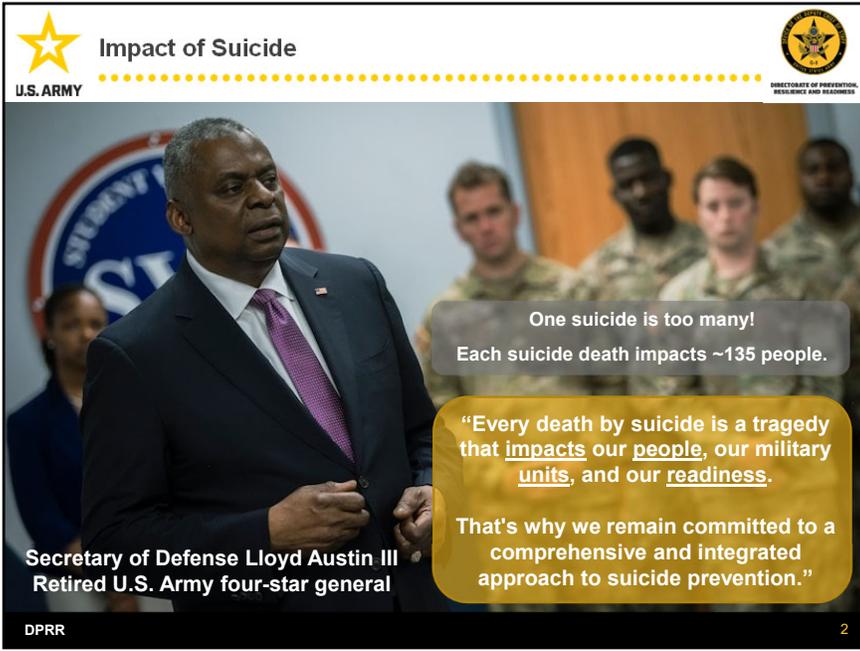


2. Transition.

- Let's start by reviewing the impact of suicide and the impact of suicide prevention training.

Record your own notes here:





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

1. 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 an 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.

Record your own notes here:



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.”

3. Describe the impact of suicide prevention and intervention training and that each person 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.

- 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 between you and your Soldier as well as others in your Circle of Support, 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.]

Record your own notes here:



The Army Values and Suicide Prevention

ARMY VALUES

- LOYALTY**
Bear true faith and allegiance to the U.S. Constitution, the Army, your unit, and other Soldiers.
- DUTY**
Fulfill your obligations.
- RESPECT**
Treat people as they should be treated.
- PERSONAL COURAGE**
Face fear, danger, or adversity (physical or moral).
- HONOR**
Live up to the Army Values.
- SELFLESS SERVICE**
Put the welfare of the Nation, the Army, and subordinates before your own.
- INTEGRITY**
Do what's right, legally and morally.

How can these Army Values, or your own personal or family values, be leveraged to help reduce suicide risk within your support circle?

DPRR 3

Record your own notes here:



Facilitate small group discussions that allow participants to personally connect their values to suicide prevention.

[?]

1. Acknowledge potential discomfort of talking about and taking action toward suicide prevention, and introduce values as a way to help guide one's actions.

- Taking direct action to address concerning situations or behaviors you notice in yourself or others can be uncomfortable.
- One way to help a person to take necessary action, despite discomfort, is to leverage one's values.
- Values are the beliefs or attitudes that motivate a person to act one way or another. Values often reflect what a person deems as right or wrong or important and unimportant.
- Simply put, values drive behavior. Tapping into your values can help you take action during difficult situations.

2. Ask participants about their personal or family values and reference the Army Values.

- **[ASK]** What are some of your personal or family values?
[NOTE: Get a few responses. You may ask them to define or describe the value for context.]
- The Army is a values-based organization, Your Soldiers have all been taught the Army Values and the LDRSHIP acronym since they first joined the Army.



- Due to your connection to your Soldier, you may be familiar with these values and have perhaps even embraced them as your own or as central values within your own family unit.
- It's not just knowing these values, though, it's putting these values into action.

3. Set up a small group activity that highlights the usefulness of tapping into their values to drive behavior that supports suicide prevention.

- Let's do a small group activity that can help you discover the usefulness of leveraging 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:
- **[ASK]** How can these Army Values, or your own personal or family values, be leveraged to help reduce suicide risk within your support circle?
- Afterwards, we will come back together and I will ask you to share your thoughts with the large group.

4. Debrief the small group discussion exercise.

- **[ASK]** Who would like to share the values their group chose to discuss and how the values are 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.*

- **INTEGRITY:** *Integrity guides you to do what's right, legally and morally. When you see someone struggling, you act. This could range from daily activities to assisting someone who is facing a more serious challenge.*
- **PERSONAL COURAGE:** *Sometimes it takes acting with courage to get out of your comfort zone, have a hard conversation, do the right thing, work through challenges, or help those in need.]*

5. Transition.

- Sometimes, we may need to intentionally draw upon our values to take important action. This takes us to the purpose of today's training.

Record your own notes here:



 **Training Purpose**
U.S. ARMY  DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS



To increase awareness of protective factors, risk factors, and warning signs that contribute to a person's level of risk for suicide

To 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)**

DPRR 4

Record your own notes here:



State the training purpose and acknowledge that the training focuses on Soldier-focused examples to ensure relevance for all participants.

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. State that this training uses Soldier-focused examples to ensure relevance for all participants but that ACE concepts, skills, and strategies are applicable in supporting anyone.

- In today's training, a majority of the examples, discussions, and activities will be focused on how a Circle of Support member might apply ACE concepts with their Soldier.
- The Soldier-focused examples are not to discount the importance of other people or relationships in your lives such as family members, friends, or colleagues.
- The Soldier-focused examples are simply the most relevant given every participant attending this training today is here because of having a vested interest in a Soldier.
- Please note, though, that the concepts, skills, and strategies you learn today in ACE training can help you provide support to anyone, not just your Soldier.

3. Transition.

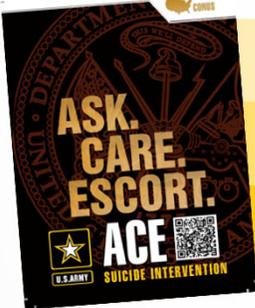
- Let's get started with a simple overview of the Ask, Care, Escort process.

Record your own notes here:



 What is Ask, Care, Escort (ACE)? 

U.S. ARMY DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS



A - ASK
C - CARE
E - ESCORT

DPRR 5



Provide a brief introduction of the Ask, Care, Escort (ACE) process.

1. Provide a brief introduction of the Ask, Care, Escort (ACE) process.

[NOTE: This slide is intended to be a brief introduction of ACE.]

- There are many suicide prevention and intervention strategies that exist and are taught in communities and schools. The Ask, Care, Escort– or ACE – approach is the one the Army uses.
- ACE is a series of steps to take to help lower the risk of suicide and protect people from the devastating effects of suicide.
- The steps of ACE include
 - ASK, such as to ask your Soldier or family member how they are doing
 - CARE, such as to be present and actively listen to what the person has to share, and
 - ESCORT, such as to get the person to the support they need based on their situation. We will cover the various ways and resources to escort a person later in the training.

Record your own notes here:



2. Explain that ACE can be used in crisis and non-crisis situations and state the participants' role in suicide prevention.

- Your ability to use ACE, especially in crisis situations, can help reduce the risk and impact of suicide.
- ACE can be used to understand if a person is struggling and to help them get to necessary resources; it can also be used to simply strengthen relationships and build trust and cohesion.
- 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.
- This starts with knowing a person's baseline.

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

Record your own notes here:





Establish a Baseline



U.S. ARMY

What are some signs or indicators that this person is having an exceptionally good day?

A BASELINE CAN INCLUDE A PERSON'S...

- Typical behaviors and moods
- Typical reactions to stress or typical coping behaviors

Knowing the BASELINE of those around you is foundational to recognizing change and identifying risk.

DPRR 6

Record your own notes here:



Explain the value of establishing a baseline and guide a brief exercise to engage participants in identifying deviations from baseline.

1. Explain the value of establishing a baseline.

- The baseline is a person's typical behaviors and moods, how they typically react to stress, and their typical coping behaviors.
- Knowing a person's baseline helps you recognize if there is anything "out of the norm" occurring both in a positive sense and a negative sense.

2. Guide participants through a quick exercise of identifying deviations from baseline.

- Let's do a quick exercise to build your baseline awareness skills.
- Think of a person in your Circle of Support. It can be your Soldier or another person like a family member or friend. Now, consider their baseline, think of their typical mood or temperament, think about their typical behaviors or habits, and how they typically react to stress or to stressful situations.
- Now let's consider what this person is like when they deviate from baseline.



3. Ask participants for signs or indicators that the person they've selected is having an exceptionally good day.

- **[ASK]** What are some signs or indicators that this person is having an exceptionally good day?

[NOTE: Allow for responses. Examples might include

- offers to cook dinner or help out with a chore
- engaged; wants to share about their day and hear about mine
- has patience with small annoyances; lets things go that might typically get on their nerves.]
- You can use this knowledge to help build connection by pointing out that you have noticed that person in a good mood and asking what is causing that good mood.
- Likewise, having a baseline can also help you identify if someone is behaving uncharacteristically, which could be a sign that something is “off” with them and could prompt you to ask if they are doing okay.
- Bottom line, knowing the baseline of those around you is foundational to recognizing change and identifying risk.

4. State the importance of a Circle of Support versus a line of support – a person may show different sides or signs to various people based on relationships or roles.

- A person may show different “sides” or behaviors to different people. Your specific role in a person’s life and your perspective and intuition is important.
- For example, a Soldier may keep it together at work, but show signs of stress or overwhelm at home with loved ones or with those they feel closest with.
- Yet, the opposite can be true too where a Soldier may feel the need to keep a strong sense of stability with the family, but others the Soldier works with might recognize change in behavior at work.
- This is the value of a “Circle of Support” versus a line of support. It is of great value to have multiple people with invested concern and investment in each others’ lives so that deviations from baseline can be detected.

5. Transition.

- Now that you understand the foundational step of knowing a person’s baseline, next we will review protective factors, risk factors, and warning signs to help you recognize a person’s level of risk.



Record your own notes here:



A slide titled "Recognize the Signs to Assess Risks" featuring a traffic light on the left. The top light is red and labeled "WARNING SIGNS" with the text "Time-sensitive concerns for suicide risk. Stop and deal with this **NOW**". The middle light is yellow and labeled "RISK FACTORS" with the text "Issues that increase suicide risk. Check in and follow up". The bottom light is green and labeled "PROTECTIVE FACTORS" with the text "Behaviors or supports that reduce risk. Encourage healthy behaviors". Logos for U.S. Army and the Directorate of Prevention, Resilience and Readiness are at the top. "DPRR" and the number "7" are at the bottom.

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.]

 Using the traffic light metaphor, provide an overview of protective factors, risk factors, and warning signs that can help Circle of Support members 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.

2. 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.



- 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.
- 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.

3. Explain the importance of being alert to changes and that participants can use ACE to help someone lower their risk level.

- It is also important that you stay alert to changes, such as deviations from a person’s baseline. 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.

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

Record your own notes here:





Protective Factors

U.S. ARMY



DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS



Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events

? What are some examples of protective factors that can help offset or mitigate risk?

To help offset or mitigate risk:

- Use productive coping skills
- Be willing to talk with others
- Utilize professional resources
- Connect to a strong sense of purpose
- Cultivate strong personal relationships and foster cohesion



DPRR 8



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 or family cohesion



Record your own notes here:

- Soldiers have cohesion built into the job structure of their unit; but cohesion – sticking together – is just as important in the Circle of Support relationships

4. State that it is important to consistently work to improve or strengthen the protective factors for oneself along with those within your Circle of Support.

- Protective factors can be enhanced. It requires personal ownership, however. Just like routine exercise, it is important that you routinely work to strengthen your protective factors and those of others around you.

[NOTE: If 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.]

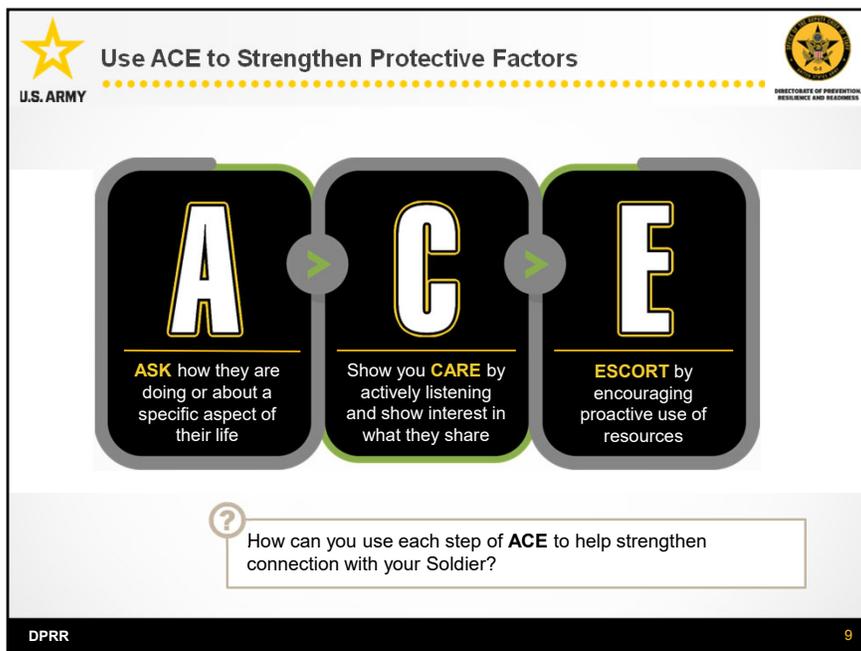
- Take a look at the protective factors on the slide. Consider which one or ones you could benefit from enhancing.
- As a member of your Soldier's Circle of Support, you are part of a team. Your actions influence the protective factors of your Soldier and of others in your family or support circle. For example, being part of a family or circle of friends that supports each other helps people to feel connected. Healthy, strong connection to others is a core protective factor.

4. Transition.

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

Record your own notes here:





The graphic features the U.S. Army logo and the title "Use ACE to Strengthen Protective Factors". It displays three steps of the ACE process: **A** (ASK), **C** (CARE), and **E** (ESCORT). Below each letter is a brief description of the step. A question box at the bottom asks, "How can you use each step of ACE to help strengthen connection with your Soldier?". Logos for the U.S. Army and the Directorate of Prevention, Resilience and Readiness are also present.

A
ASK how they are doing or about a specific aspect of their life

C
Show you **CARE** by actively listening and show interest in what they share

E
ESCORT by encouraging proactive use of resources

How can you use each step of **ACE** to help strengthen connection with your Soldier?

DPRR 9

Record your own notes here:

 **Facilitate a discussion where Circle of Support members discuss how to use ACE (Ask, Care, Escort) to help enhance protective factors with members of your Circle of Support.** [?]

1. Highlight that Ask, Care, Escort (ACE) is a process that can be used to bolster protective factors and provide an example.

- The ACE process can also be used as proactive suicide prevention such as to bolster the green light protective factors.
- Consider an example. In a normal day-to-day interaction with your Soldier, 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 them 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 eliminate distractions like a cell phone to be fully present and could ask follow up questions to encourage them to share more about the good thing(s) in their life.

[NOTE: The purpose of the question on this slide is to set up small group discussions on the next slide.]



- Let's say your Soldier is sharing their excitement about getting slotted for Basic Leader Course (BLC) next month. They express their goal to crush their assessments, such as the Army Combat Fitness Test (ACFT). The **ESCORT** step may involve inviting them to go with you to check out a resource like the Army Wellness Center (AWC) to further support their goals or showing support by inquiring what resources they are using to support their goals. ESCORT could also simply be setting up a time to engage in an extra PT session together.

2. Facilitate a brief discussion for Circle of Support members to discuss in small groups how they could use the steps of ACE with those in their Circle of Support to bolster protective factors.

- Now it is your turn. In groups of 3 or 4, discuss the following question:
- **[ASK]** How can you use each step of ACE to strengthen your connection with members of your Circle of Support?
- Discuss in your small group and then I will ask for some of you to share with the large group.

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

Record your own notes here:





The slide features a yellow star logo with 'U.S. ARMY' text on the left and a circular seal on the right. A large green shield is positioned on the left side, with silhouettes of a family (two adults and three children) standing in front of it. Text on the right explains that individuals have developed skills, strengths, and utilized resources to cope with challenges, but everyone still has some level of risk. Protective factors are noted to decrease the chances of negative outcomes from risk factors. The bottom left corner has 'DPRR' and the bottom right corner has '10'.

Protective Factors

You have likely developed **skills, strengths, and utilized resources** that help you to effectively cope with and overcome challenges.

Everyone still has some level of risk.

Protective factors help decrease the chances that a combination of risk factors result in negative outcomes.

DPRR 10

Record your own notes here:



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

1. Acknowledge that Circle of Support members have likely developed some protective factors through their life experiences.

- Life throws many challenges at us. Throughout your Army career and life experiences, you have likely developed skills, 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, however. 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, Army Community Services, 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.

Record your own notes here:





Suicide Risk Factors

U.S. ARMY



DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

We all manage life's challenges differently. How we manage life issues can be **protective** or can increase our **risk** for negative outcomes.



RISK FACTORS

Changes in Behavior:

- Avoiding friends or isolating
- Dramatic mood changes
- Anger or irritability
- Anxiety or depression
- Inability to sleep
- Poor coping mechanisms

Additional Risk Factors:

- Family/loved one's history of suicide
- Loss, conflict, or change in relationships
- Bullying or discrimination
- Job/financial problems or loss
- Substance use
- Sense of hopelessness

DPRR 11

Record your own notes here:



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 participants 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



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 single 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.
- It is important, therefore, 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 you will be asked to discuss how you would use ACE in the event you identify risk factors in someone you care about, such as your Soldier or a member of your support circle.
- 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 someone you care about might need. Pay close attention so you can use the information in the exercise that follows.

Record your own notes here:



Local Resources

- Army Community Service (ACS): _____
- Military Family Life Counselor (MFLC): _____
- Ready & Resilient Performance Centers (R2PCs)
- Army Wellness Center (AWC)
- Behavioral Health or Primary Care
- Chaplain Services/Local Pastor
- Unit Chaplain _____
- Holistic Health & Fitness (H2F) Personnel
- American Legion/VFW
- Department of Social Services (by state)
- Faith-based services or local church

General Resources

DoD or VA

- Military OneSource: 800-342-9647; militaryonesource.mil/; chat via website
- Psychological Health Resource Center: 866-966-1020; pdhealth.mil/resources; chat via website
- Real Warriors campaign: realwarriors.net; chat via website
- My VA 311: 844-MyVA311 (844-698-2311)
- Vet Center Call Center: 877-WAR-VETS
- Community Resources Guide: org.amedd.army.mil

Other

- Dial 211 or <https://www.211.org>
- Department of Social Services (by state)

What other non-emergency resources do you know of?

DPRR 12

Record your own notes here:

[NOTE: Be sure to add contact information for local resources prior to the training; and be sure to ask the question to participants to offer resources they are aware of or have used that are not represented on the slide.]



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 and/or print the slide as a handout.]

- The Army has many resources available to help Soldiers and families. To take advantage of the resources, you need to know what exists and how to access them.
- 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 they may not be available 24/7 and may not be equipped for a crisis situation.
- Something to note, the Military Family Life Counselors (MFLC) and chaplains are confidential resources, which means they do not take notes or keep records.
- The Community Resource Guide provides a list of local programs and other helping resources near each installation that can be accessed online.
- Keep in mind that this is not a comprehensive list. Non-emergency resources vary by location and environment; the ones listed apply to all service components.



2. Ask participants to share other non-emergency 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 participants 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.]

3. 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.

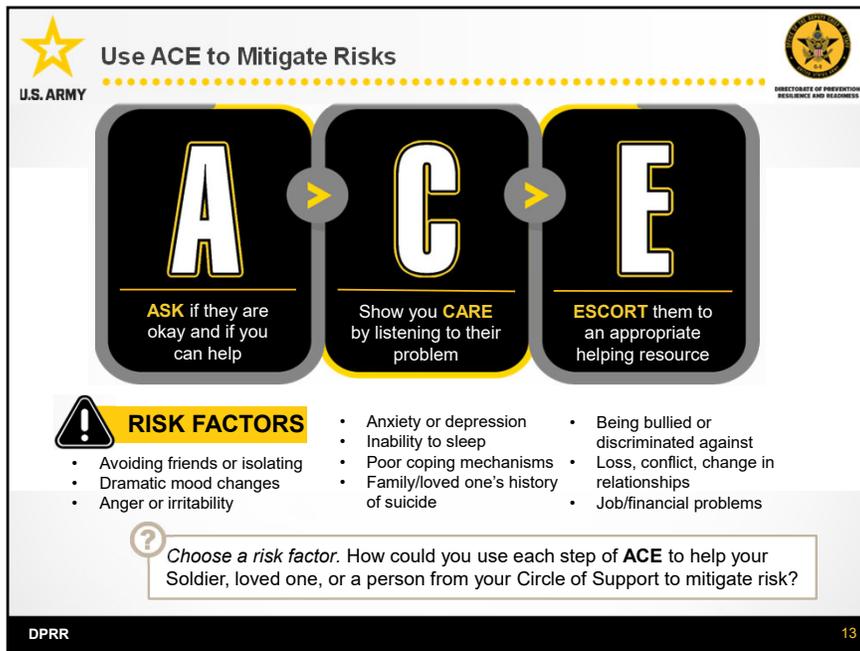
- Sometimes accessing helping resources—and securing the help one needs—can be a process that requires effort and perseverance.
- For example, sometimes the first resource you call may refer you to another resource. Scheduling behavioral health appointments within a reasonable time frame has proven difficult as well 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 you can do. 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.

- With this information, let's move onto an activity where you can apply the steps of ACE to mitigate risk.

Record your own notes here:





Use ACE to Mitigate Risks

A **C** **E**

- ASK** if they are okay and if you can help
- Show you **CARE** by listening to their problem
- ESCORT** them to an appropriate helping resource

RISK FACTORS

- Avoiding friends or isolating
- Dramatic mood changes
- Anger or irritability
- Anxiety or depression
- Inability to sleep
- Poor coping mechanisms
- Family/loved one's history of suicide
- Being bullied or discriminated against
- Loss, conflict, change in relationships
- Job/financial problems

Choose a risk factor. How could you use each step of ACE to help your Soldier, loved one, or a person from your Circle of Support to mitigate risk?

DPRR 13

Record your own notes here:



Facilitate a discussion where Circle of Support members discuss how to use the steps of ACE to mitigate risk. [?]

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

- ACE can be applied to mitigate risk when you notice a change in a person's baseline mood or behavior or when someone demonstrates one or more risk factors.

[NOTE: You might consider 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. Keep it concise to ensure time for the discussion.]

2. Facilitate a brief practical exercise for Circle of Support members 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 your Soldier or a person from your support circle 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: *The purpose of the question on this slide is to share ideas across groups.]*

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

Record your own notes here:





Debrief: Identify and Mitigate Risks

U.S. ARMY



DEPARTMENT OF DEFENSE
DIRECTORATE OF PREVENTION,
RESILIENCE AND READINESS

What **risk factor** did you choose to discuss, and how could you use each step of ACE to help someone mitigate their risk?

When using ACE to mitigate risk, how might that also be strengthening a protective factor?

Using ACE at the sign of concern can stop some problems and stressors from growing and becoming overwhelming to the point of crisis.



DPRR 14

Record your own notes here:



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

1. Debrief the small group discussion activity 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 someone 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 work?”
 - **CARE:** Taking time to listen and ask follow-on questions
 - **ESCORT:** If the person shares that their irritability or increased alcohol consumption is due to stress of a conflict at work, you could help them set up an appointment with a helping resource like Army Military Family Life Counselor (MFLC).
 - **ASK:** “I’ve noticed you seem upset after being on your phone. If you are being mistreated or cyberbullied, you can talk to me. What might keep you from telling me if cyberbullying is happening?”
 - **CARE:** Show empathy, validate their responses, and resist the urge to fix the problem too quickly (e.g., limit their phone use)
 - **ESCORT:** Together, go online to StopBullying.gov for helpful resources and information.] 

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

- **[ASK]** When using ACE to mitigate risk, how might that 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 your support circle that you care and can be someone they can turn to for support in the event they themselves are struggling or in the unfortunate event of crisis.

3. Use the traffic light metaphor to explain the process of identifying, assessing, and controlling risk by using ACE early, at the sign of concern.

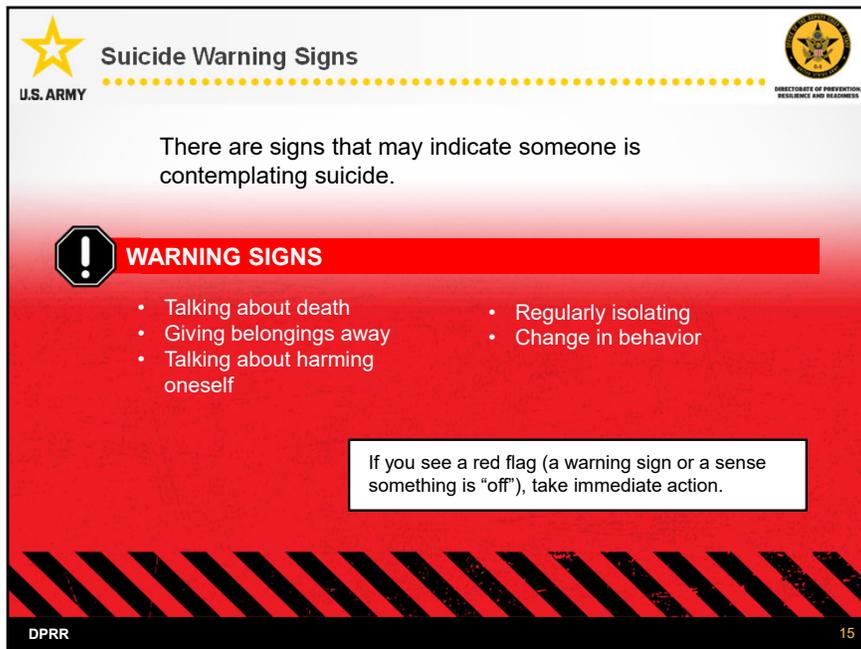
- What you do when you identify risk factors in others can make a difference in what happens next. You have the power to help your Soldier or loved one reverse their trajectory.
- On a standard traffic light, the yellow light automatically turns to a red light. That does not have to be the case here. The use of ACE can turn a yellow light to green.
- 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 loved ones 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.

Record your own notes here:





Suicide Warning Signs

There are signs that may indicate someone is contemplating suicide.

WARNING SIGNS

- Talking about death
- Giving belongings away
- Talking about harming oneself
- Regularly isolating
- Change in behavior

If you see a red flag (a warning sign or a sense something is "off"), take immediate action.

DPRR 15



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
 - expressing hopelessness or deep sadness

2. Emphasize the critical importance of taking immediate action if/when a warning sign is present.

- When in your vehicle at a traffic light that is red, you wait and trust it will soon turn green. This is NOT the case when it comes to suicide prevention. You must not sit idle.
- When one or more warning signs are noticed, you must take direct, immediate action.



Record your own notes here:

3. 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, your Soldier, or your loved one might need in a time of crisis.

Record your own notes here:





Review emergency resources and make the distinction between non-emergency and emergency resources.

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 emergency resource you turn to will depend on your circumstances, such as your location, time sensitivity, or access.
- 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.]



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

- Some Soldiers and 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 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 or Military Family Life Counselor 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 well-being, then concern on a human level should take priority over concern of career impact.

3. Remind participants 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 receive the care and attention needed. This is especially critical if you or the other person are in a crisis situation.

4. Transition.

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

Record your own notes here:



Use ACE to Address Warning Signs

A
ASK directly if they are thinking of killing or harming themselves

C
CARE by listening and showing support

E
ESCORT them directly to an emergency helping resource; do not leave them alone

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

DPRR 17

Record your own notes here:



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 can draw on your values like loyalty, responsibility, and personal courage to intervene – to take action and apply the steps of ACE.
- It is very important to **ASK** directly, “are you thinking of killing or harming yourself?”
- While it could be difficult asking your Soldier or your loved one such a direct question, it is imperative you do so that you get a clear answer and know how to best help them.
- 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 emergency resource.



2. Allow participants 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 you do, to stay calm and composed when facing a crisis?

[NOTE: Allow for responses. Some examples might include

- *take a few deep breaths*
- *trust your ability to get the person the help they need and trust your training in ACE*
- *ground yourself in the present moment; resist letting your mind be consumed by worst case scenarios or what might happen and instead focus on the actions you need to take in the moment you are in.]*

- 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 emergency 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.
- Let's review a few more key points about how to respond to red light warning signs.

Record your own notes here:

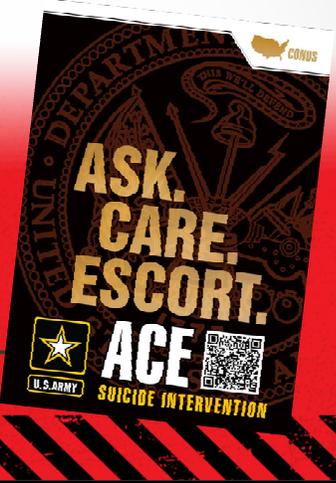


 **Debrief: Warning Signs**

U.S. ARMY  DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

When someone is in crisis, do not leave them alone, especially if they are suicidal.

Taking action when you recognize warning signs shows you CARE; you are bolstering green light protective factors.



DPRR 18

Record your own notes here:



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

1. 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.

2. 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 loved one 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.



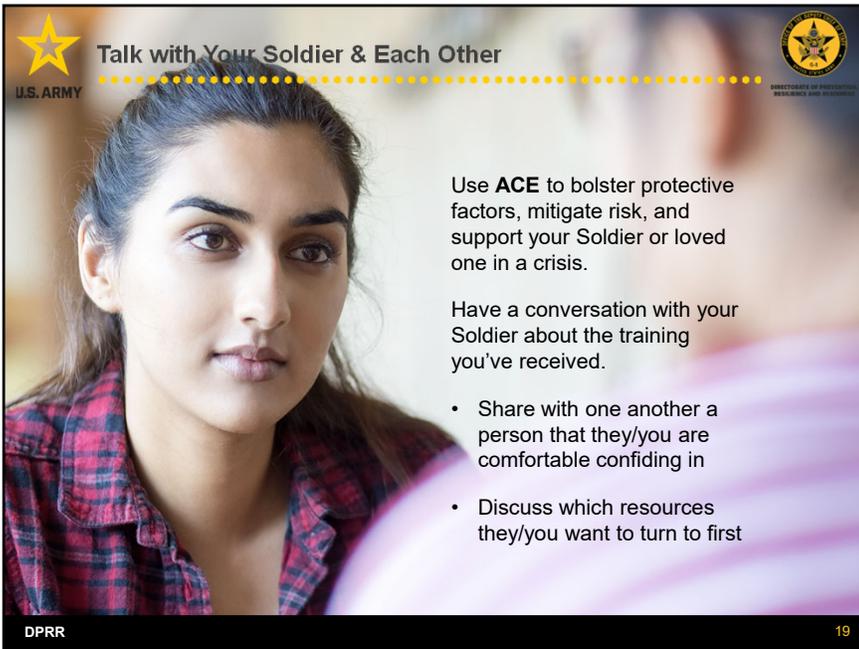
- You are showing that person that you take care of each other regardless of the issue. This helps to build trust, connection, cohesion, and utilizing resources—all of which are protective factors.

3. Transition.

- Now that we have completed the content of today's training, let's talk about how you can apply it and what first steps you can take.

Record your own notes here:





Talk with Your Soldier & Each Other

Use **ACE** to bolster protective factors, mitigate risk, and support your Soldier or loved one in a crisis.

Have a conversation with your Soldier about the training you've received.

- Share with one another a person that they/you are comfortable confiding in
- Discuss which resources they/you want to turn to first

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Encourage Circle of Support members to talk to their Soldier and others in their Circle of Support about concepts of the training and how they will apply them.

1. Encourage Circle of Support members to talk to their Soldier and others in their Circle of Support about concepts of the training and how they will apply them.

- As a reminder, it is an annual requirement for your Soldier to receive the ACE Base + 1 training. This means that you and your Soldier are trained in the same approach and have a common language to enable conversation in regards to suicide prevention and intervention.
- Talking with your Soldier about what you've learned today and how you can utilize ACE to support one another and others in your support circle will bolster protective factors like increased connection and cohesion, and increase suicide prevention efforts within your own relationships and with the whole Army Family.

2. Emphasize the value of proactive communication between a Circle of Support member and the Soldier about who to call when there are concerns or a moment of crisis.

- Remember, you can't always be the solution to someone's problem.
- What's most important is that you, your Soldier, and other loved ones have someone that you can be open and honest with.



Record your own notes here:

- So when talking with your Soldier, family member, or other Circle of Support member, you might consider asking who they would like you to call, and vice versa who you'd like them to call, if there is concern or a moment of crisis.

3. Encourage participants to lean on the professional resources available to help them help their Soldier or loved one get the help and support they need.

- Sometimes individuals require the guidance or support of someone who is trained to help individuals solve their particular problems
- There are services and programs offered on and off post, like those we've just mentioned, that can assist your Soldier or your loved one perhaps in ways you cannot.
- Depending on the situation, you may want to ESCORT them to the resource to be there and support their decision to seek help. Talk ahead of time for what resources you might use and put the contact information in your phone or even speed dial.
- ESCORTing a person to a non-emergency resource can also mean "point them to the resource." For example, you can physically go to the ACS office or look at their website for information – both are beneficial.
- Alternatively, it might mean encouraging them to meet up or call the friend or person they feel most comfortable confiding in.

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

Record your own notes here:



You are Equipped to Take Action!



You are now equipped to use **ACE** to bolster protective factors, mitigate risk, and support your Soldier or loved one in the event of a crisis.

Thank you!

DPRR

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Empower the Circle of Support members to do something with the knowledge they've gained in order to make an impact in the lives of others.

1. Empower the Circle of Support members to take action with the knowledge they've gained in order to make an impact in the lives of others.

- You are now equipped to use ACE to bolster protective factors, mitigate risk, and support your Soldier or loved one in the event of a crisis. The real work starts now by putting the training into action.
- Remember, you are a part of the Army's comprehensive and integrated approach to preventing suicide and protecting others from its devastating impacts.
- Consider what that might look like for you, such as what actions you feel are important to take in the next week or two.

[NOTE: If following the base module with a +1 module, then a discussion of implementation plans will come later. If you are not transitioning directly into a +1 module, however, then consider having a discussion here on how the participants plan to implement today's training (e.g., ask participants to share one or two actions they can take to apply today's training.)]

Record your own notes here:



2. Thank the participants for attending, and let them know which “+1 module” will come next.

- Lastly, I want to thank you for your investment to attend today’s training and further demonstrating your selfless support of your Soldier and the whole Army Family.

[NOTE: If applicable, let the participants know which “+1 module” you are following up this training with. Then it is suggested to give the participants a short break as you get the next module set up.]

Record your own notes here:



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BE ALL YOU CAN BE.

Post-Training Survey 


https://wrair.gov1.qualtrics.com/jfe/form/SV_aXFrN0d3WYotlii

Participants: You have just completed
the **ACE Base** module.

Completing the survey will assist the DPRR in determining the effectiveness of training and will inform curriculum revisions during the next update cycle.

If you will receive a +1 module after this Base module (i.e., Fighting Stigma, Active Listening, Practicing ACE), please complete the survey at the end of that +1 module.

Record your own notes here:



Introduce Post-Training Survey

1. 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: Participants should only take survey at the end of the base module if it is the only module trained. If a second module is trained, check the box that represents the ACE Base + (appropriate subsequent module) Example: ACE Base + Active Listening.]

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

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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>
- 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%20Framework%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.)

- 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>