

ACE FOR SOLDIERS

Facilitator's Handbook Army Suicide Prevention Program

ARMY G-1



Ask



Care



Escort

FOR SOLDIERS



Ask your buddy

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

Care for your buddy

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

Escort your buddy

- Never leave your buddy alone
- Escort to chain of command, chaplain, behavioral health professional, or primary care provider

Call the National Suicide Prevention Lifeline
1-800-273-8255

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



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ACE FOR SOLDIERS FACILITATOR’S HANDBOOK

PREFACE 1

 Preparation Checklist for the ACE for Soldiers Training Facilitator 2

 BEFORE CONDUCTING THE TRAINING..... 2

 ON THE DAY OF THE TRAINING 2

 AFTER THE TRAINING..... 2

Information for the ACE for Soldiers Training Facilitator 3

 Important Precautions..... 3

 Learning Objectives for ACE for Soldiers 3

 Additional Resources for Conducting ACE for Soldiers Training..... 4

 FACILITATION TIPS..... 5

 Materials to conduct the ACE for Soldiers training: 5

 Terms and Definitions 6

 Regulatory Guidance 7

ACE FOR SOLDIERS TRAINING 8

Slide 1: ACE for Soldiers – Introduction 8

Slide 2: Be Aware of What is in Your Ruck 10

Slide 3: Warning Signs 13

Slide 4: If You See Warning Signs – ASK!..... 16

Slide 5: Really Listen and CARE!..... 18

Slide 6: ESCORT is Your Duty! 21

Slide 7: Role Play Exercise 22

Slide 8: Stigma 24

Slide 9: Emergency Resources 26

Slide 10: Summary..... 28

APPENDIX A – EXERCISE HANDOUT..... A-1

 Identification of Warning Signs A-1

 Role Play A-2

APPENDIX B – ACE FOR SOLDIERS SIGN-IN B-1

PREFACE

Download the ACE for Soldiers slides and the ACE for Soldiers Facilitator's Handbook from the Army G-1, Army Suicide Prevention Program www.preventsuicide.army.mil website. Review the other resources available at the website for your use.

Read this brief ACE for Soldiers Facilitator's Handbook before conducting the ACE for Soldiers training. The ACE for Soldiers Facilitator's Handbook contains the following:

- A checklist to help you prepare to conduct and report on the ACE for Soldiers training.
- Tips on facilitating the training.
- A thumbnail picture of each slide in the training plus the following information:
 - Directions.
 - Talking points.
 - Example speaker's notes to help you prepare to talk about each section of the training.
- Exercises to conduct during the training.
- Additional information that you may find helpful when conducting ACE for Soldiers.

Preparation Checklist for the ACE for Soldiers Training Facilitator

BEFORE CONDUCTING THE TRAINING

- Contact the unit/organization or Suicide Prevention Program Manager (SPPM) to coordinate a date, suitable location, and participants for the training.
- Coordinate with the SPPM to contact the unit/organization's chaplain, chaplain assistant, or a behavioral health counselor who will be "on call" during the training.
- The commander, XO, or representative is responsible for the following actions:
 - Schedule dates for the training after consulting the appropriate command.
 - Schedule training participants and provide you with a roster.
 - Secure the location for training.
- Obtain a list of local resources and phone numbers from your unit or local SPPM. You can add these to the final slide of the briefing or copy and hand them out in the training.
- Visit the scheduled room and check the following:
 - Is the room large enough with seating for 30 students (approximately 800 square feet)?
 - Is computer equipment available to project the slides, and are there sufficient electrical outlets?
 - Do a live test of the slide projection.
 - Get the name of the person to contact if there is a problem with the projection equipment.
 - Is there a clock in the room? If not, be sure to bring a way to time the training.
- Print:
 - One copy of the sign-in sheet.
 - One copy (double-sided if possible) of the ACE for Soldiers Facilitator's Handbook for your use.
 - Optional: print a copy of the slides with slide notes to use as you conduct the class.
 - A copy of the handouts for each participant.
 - A copy of the local resources/phone numbers provided by the unit or SPPM for each participant.

ON THE DAY OF THE TRAINING

- Arrive early with slides, this handbook, handouts, equipment, and a timepiece.
- Test the equipment to be sure the slides are working properly.
- Arrange the chairs and tables into small group work areas if possible.
- Put up suicide prevention posters (provided by the SPPM or unit), if available.
- Recheck your classroom crisis back-up (call Chaplain or other back-up to remind / confirm).
- Place the sign-in sheet and a pen on a desk near the door.

AFTER THE TRAINING

- Ensure all training participant's names are printed clearly on the sign-in sheet to document fulfillment of annual ACE for Soldiers training requirement.
- Remain in the room for at least 15 minutes to allow participants to speak with you or ask questions as needed.
- Deliver a copy of the sign-in sheet to the unit training officer (or SPPM as directed) for entry into DTMS and each Soldier's Individual Training Record.

Information for the ACE for Soldiers Training Facilitator

ACE for Soldiers is a 90-minute classroom training package that includes: slides; slide notes giving directions and talking points; this *ACE for Soldiers Facilitator's Handbook* providing a picture of each slide, directions for use, talking points, and Example Speaker's Notes that can be used for ideas on training facilitation; and group activities/exercises for participant interaction and skills practice.

Review the slides; read the Handbook facilitation tips, directions, talking points, example speaker's notes, exercises, and additional information before the day of the training. At approximately the halfway point in the training, at Slide 5, allow training participants a 10-minute break. **This training is most effective when used with a maximum class size of 30 and a minimum class size of 8. If you need to train more than 30 people, divide them into two classes.**

Important Precautions

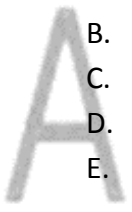
The ACE for Soldiers training deals with sensitive information and may trigger painful memories or other issues for training participants. Some people taking the training may themselves be experiencing thoughts of suicide. Be aware of this as you conduct the training. If you are not a chaplain or behavioral health provider, before conducting the training, call the chaplain's office or the behavioral health office, request and speak directly with someone who will be available to provide immediate help during your training session if required. Give the person the date, time, and location of the training; obtain their name, title, and consent to act as an immediate resource if needed; obtain, and keep at hand (program into your mobile device), their mobile as well as office phone numbers to use in case of need.

If during the training someone asks a question for which you do not have an answer, just say, "I don't know the answer but I will find it for you." After the training, follow up to find the information and answer the question for the person who asked. Good sources for additional information about suicide prevention include the Army G-1, Army Suicide Prevention Program website at www.preventsuicide.army.mil, the DoD Suicide Prevention Office (DSPO) at <http://suicideoutreach.org/>, your Suicide Prevention Program Manager (SPPM), or your local chaplain. Some helpful additional background information is included in your ACE for Soldiers Facilitator's Handbook in the Facilitator's Notes.

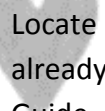
Learning Objectives for ACE for Soldiers

Demonstrate an understanding of the Ask, Care, and Escort (ACE) method of suicide prevention:

- A. Describe risk and protective factors that impact suicide.

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- B. Recognize warning signs of suicide.
 - C. Define the three steps of the ACE method of suicide prevention.
 - D. Describe the Soldier's role in reducing and preventing stigma.
 - E. Identify emergency and non-emergency resources.

Additional Resources for Conducting ACE for Soldiers Training



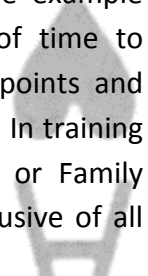
Locate or create a list of local resources. In most cases, the unit or the nearest SPPM will have already compiled this information; ask for a copy. You can also find a Community Resource Guide link on the Army G-1, Army Suicide Prevention Program website at www.preventsuicide.army.mil. If possible, make a copy of your local resources to hand out to each training participant. The final slide of the briefing is left blank for your use. You can customize it with your unit logo, local resources, tools, policies or POCs as required. You can also list the resources on a white board or flip chart in the classroom.

If possible, obtain ACE tip cards from your SPPM to hand out during the training. They can also be ordered online through the Army G-1, Army Suicide Prevention Program Website located at www.preventsuicide.army.mil. Click on "Training" in the left hand sidebar of the home page and follow the "Training Videos, Tip Card and more..." link.

You can also ask the SPPM to provide you with suicide statistics for your installation, state, or region so that you can share these with training participants. The suicide rate for Soldiers went higher than the rate for civilians for the first time in 2008. The suicide rate for all the Services, as well as for civilians, has continued to rise.

The ACE for Soldiers training is a key component of the overall suicide prevention efforts of the Army. Your role as facilitator of this training is very important! ACE for Soldiers helps to make Soldiers aware of the problem of suicide, enables them to recognize when a fellow Soldier exhibits warning signs, and equips them with the knowledge and skills to apply the Ask, Care, Escort method of suicide prevention.

The *ACE for Soldiers Facilitator's Handbook* provides "Example Speaker's Notes" with suggestions for how you can present and discuss each slide. DO NOT read the example speaker's notes to the training participants; instead review the notes ahead of time to familiarize yourself with the content; during the actual training use the talking points and directions provided in the slide notes to talk about the material in your own words. In training sessions with Active Component, National Guard, Army Reserve, Army Civilian, or Family member training participants, be sure that your statements and language are inclusive of all participants.



The sign-in sheet must be readable. ACE for Soldiers is an annual training requirement for every Soldier and must be reported in the Digital Training Management System (DTMS) and each Soldier's individual training record. Your job, as facilitator, is to provide the sign-in sheet and the date that the training was conducted to the appropriate unit training officer or non-commissioned officer (NCO) in order to complete this requirement.

Note the approximate time for discussing each slide provided in the *ACE for Soldiers Facilitator's Handbook*. If possible, before conducting the class for the first time, practice how you will use the slides, notes and exercises and time yourself to ensure that you allow adequate time for each section.

Good facilitation includes keeping the training participants' attention by using a variety of presentation techniques. Spend no more than 10 or fewer minutes at a time speaking/presenting information and then use the group activities/exercises, questions, or discussions to change the pace of the training. Below are some additional tips for good training facilitation:

FACILITATION TIPS	
DO	DON'T
<ul style="list-style-type: none"> • Set aside personal opinions. • Familiarize yourself with all content. • Speak in simple, direct language. • Create an open and trusting atmosphere. • Encourage everyone to participate, but don't force anyone. • Ensure everyone is treated with respect. • Listen to all comments, validate those that are good, and keep the discussion on track. • Correct statements contrary to Army policy. • Maintain a high energy level. • Remain flexible. • Manage your time. • End on a positive note. • End on time. 	<ul style="list-style-type: none"> • Let discussions ramble. • Talk so much that it discourages group participation. • Let misinformation go uncorrected. • Be insensitive to the experiences of individuals in the class. • Allow one or more people to dominate the training or the group. • Allow any participant to belittle other participants, use disparaging or derogatory language, or perpetuate stigma. • Lose sight of the objectives or control of the discussion. • Lose control of time.

Materials to conduct the ACE for Soldiers training:

- Sign-in sheet with space for training participant's name and unit.
- Printed copies of your local resource list and handouts (one for each participant).
- ACE cards (one for each participant).
- One copy of the *ACE for Soldiers Facilitator's Handbook* downloaded from Army G-1, Army Suicide Prevention Program website for your own use in conducting the training.



- *ACE for Soldiers PowerPoint Slides* downloaded from the Army G-1, Army Suicide Prevention Program website to a disc or laptop so that you can display the slides when you conduct the ACE for Soldiers training.
- A method for projecting slides.

Terms and Definitions

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

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

Warning Signs: Suicide is the deliberate taking or ending of one's own life. It is often associated with a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show signs that indicate that they are at risk of attempting or dying by suicide. (www.suicideoutreach.org) While some suicides occur without any obvious warning, most individuals considering suicide do give warning signs such as the following: noticeable changes in behavior—sleeping, eating, hygiene, mood (depression, sadness, hopelessness, helplessness, anger, irritability, anxiety); isolating yourself; drug use or increased alcohol use; talking and/or hinting about suicide in words, texts, Facebook posts—saying you feel like dying, or you can't go on, or your family would be better off without you; finalizing personal affairs—giving away things you care about or suddenly making a will; feelings of sadness, hopelessness, helplessness—feeling that things can never get better; increasing relationship problems, financial problems, legal problems; sudden or impulsive purchase of a firearm or obtaining other means of suicide, such as poisons or medications. (DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention)

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

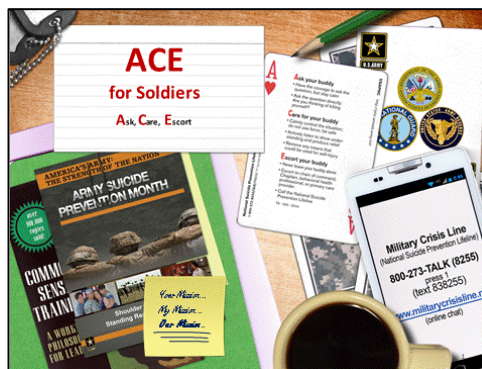
Regulatory Guidance

In accordance with AR 600-63, Army Health Promotion, Ask, Care, Escort (ACE) for Soldiers is a 90-minute annual suicide prevention and awareness training required for Soldiers serving in the Active Army, ARNG, and USAR. ACE is the Army-approved suicide awareness and training model. The key learning objectives of ACE for Soldiers are awareness of risk factors, warning signs, and resources and using the ACE model. Training should be conducted in person and in small groups, to the extent possible, rather than using large groups, video teleconference, or Web-based training. Completion of the training will be documented in the Digital Training Management System (DTMS) and the Individual Training Record. Department of the Army Pamphlet (DA PAM) 600-24, Health, Promotion, Risk Reduction, and Suicide Prevention, provides additional information and guidance regarding this training.



ACE FOR SOLDIERS TRAINING

Slide 1: ACE for Soldiers – Introduction



Directions (5 minutes): Have a sign-in sheet near the door and Slide 1 displayed as students enter the room. Arrange chairs in small groups if possible or designate small group seating areas by directing Soldiers to seating as they enter the room. (This training is most effective when used with a maximum class size of 30 and a minimum class size of 8.) Read the Example Speaker's Notes for ideas then use the talking points to introduce the training in your words.

Talking Points:

- Course Title/sign-in for credit for annual requirement.
- Housekeeping details.
- Speak with me first if you need to leave the training.
- Someone is standing by to talk if anyone needs to do so.
- Put the Military Crisis Line number in the contact list of your mobile - turn off sound - keep handy to use later in class. Online chat is also available at the website on the slide.
- Protect privacy of others as we discuss things.
- Today you will learn to use the A-C-E immediate action drill to prevent suicide.
- Show of hands – who knows CPR if we had an emergency in our classroom? ACE (ASK, CARE, ESCORT) training prepares you to give assistance for an emergency too; it helps you become aware of warning signs of suicide so that you know how to respond.

Example Speaker's Notes:

I am (your name and job title). This is the Ask, Care, Escort (ACE) training for Soldiers. Be sure your name and your unit are legible on the sign-in sheet. This training fulfills the requirement for annual suicide prevention awareness training for all Soldiers. The training is 90 minutes long with one 10 minute break. ACE training does two things: increases your awareness about the problem of suicide—the deadliest enemy the Army has — and teaches you an immediate action drill to help combat it!

Many of us may know of someone who died by suicide. Some of us may know someone personally or even have had thoughts about suicide ourselves. Remember there are individuals in this community who can help. If you're not already familiar with the Military Crisis Line, you should be. You can call this number for help at any time—for you or someone else—or to get advice on how to talk to someone you're concerned about. A live person answers and can help you immediately. Take out your mobile device and put this number (800-273-8255) into your contacts list right now. Turn off the sound, but leave the phone on; we will use it again in the training. If you don't have your phone, make a note of this number and program it in later.

Remember that if you have had a personal experience with a Soldier or other person who has attempted suicide or died by suicide, please do not share the names or identifiable details about the person or the incident during the group discussions—this can violate the person's or family's right to privacy. If you need to talk about a specific situation or person that you believe needs

FACILITATOR NOTE:

Answer any questions that training participants may have and then proceed with the training. If a question arises for which you do not know the answer, get the questioner's name and contact information, locate the answer for them after the training, and contact them to provide the answer.

The key knowledge point for Slide 1 is to introduce yourself and the training; provide housekeeping details; inform training participants that someone is available to talk to them immediately if they have a concern; capture their attention; and provide a brief description of the training.

Good sources for additional information about suicide prevention include the Army G-1, Army Suicide Prevention Program at www.preventsuicide.army.mil, the DoD Suicide Prevention Office (DSPO) at <http://suicideoutreach.org/>, your Suicide Prevention Program Manager (SPPM), or your local chaplain.)

help, please talk to me at the break or at the conclusion of today's training; I will connect you with someone who will help immediately.

Last, I want to be clear about this: it is not the Army's goal to make you an expert on suicide or behavioral health through this training. The Army does not expect you to diagnose illness or to provide counseling or treatment. What you will learn is another kind of first aid—an immediate action drill to save a life by using ACE when you recognize warning signs of a potential suicide.

All of you are familiar with the Soldiers Creed, the Warrior Ethos, Army values. As Soldiers we have to depend on each other on and off the battlefield. We have a duty to have each other's backs and to never leave a fallen comrade. Part of that duty is learning to recognize when someone may need help and learning what to do to offer that help.

Any suicide is a tragedy for the Family, friends, and co-workers of the person who dies. The Army wants to reduce the suicide rate as much as possible. What you will learn today is how you personally can use the A-C-E (ASK, CARE, ESCORT) immediate action drill to help prevent suicides. This training will help you become aware of warning signs, committed to helping yourself and others, and effective at doing so! Are there any questions?



Slide 2: Be Aware of What is in Your Ruck



Directions (Approximately 5 minutes to include activity/exercise): Display slide 2. Use the Talking Points to discuss this slide. Use the activity/exercise in the *ACE for Soldiers Facilitator's Handbook*. To get additional ideas regarding how to talk about this section, read the Example Speaker's Notes.

Talking Points:

- Everyone has both risk factors and protective factors in their lives.
- Most of the time we can balance the load; but there are times when everyone needs some help to do that.
- When risk factors start to throw us off balance it is time to get help—talk to a friend and share the load: talk to the chaplain or chain of command to locate the right kind of help; call Military One Source; look at your local resource list.
- What should you do about risk?
 - Compensate for risks that you cannot change.
 - Increase your protective factors. Use the performance triad—sleep, activity, nutrition.
 - Build strong relationships: Family, friends, fellow Soldiers, groups.
 - Avoid high risk behaviors like heavy drinking.
 - Get help when you need it—the earlier you get help with problems the faster you can get your life back in balance!
- Group Activity/Exercise

Example Speaker's Notes:

A lot of people have the wrong idea about risk. Everyone has risk factors. Risk Factors present in your life may increase your risk of suicide but not always. Some risk factors are listed on the slide.

So what do you do about risks? Well, some of them are within your power to change, like your use of alcohol or other substances. But some of them are outside your control, like your family history. So how do you defend against risks to keep your rucksack balanced?

Remember that the best defense is a strong offense. Take the initiative and meet these challenges head-on with what are called Protective Factors. Some Protective Factors that increase health and resilience are really simple things like the performance triad of sleep, activity, and nutrition! Simple, healthy habits make you stronger and help you cope with stress.

Probably everyone in this room has at some time lost a family member; experienced illness or injury; worried about finances; been hurt by a relationship that did not work out; transferred to a new unit; been promoted or demoted. Even a new baby, a marriage, or a promotion—happy events—can increase our stress because they bring change and challenges. Illness, injury, accidents, combat, post-traumatic stress (PTS), traumatic brain injury (TBI)—these are other things that increase stress and can be risk factors.

The same way you do things to support and increase your physical health, doing things that support and increase behavioral health can help you cope with stress.

Building strong relationships—friends you can talk to; emotional attachments; Family relationships; belief in a higher power or a strong moral code; tackling problems to look for ways to solve them, rather than ignoring them so they grow worse; learning how to do something like manage your money; getting counseling when you feel depressed or overwhelmed; avoiding high risks like heavy use of alcohol and getting help if your use of alcohol is getting out of control; and relying on your chain of command for advice and help; all these can strengthen your Protective Factors and help you deal with stress and risk.

To help you in compensating for risk factors and strengthening protective factors, there are many free resources available to you as a Soldier—there are classes on how to get your finances in order, anger management classes, activities for singles or for couples to help strengthen relationships, low interest rate loans available for emergencies from Army Emergency Relief

FACILITATOR NOTE:

When conducting the below exercise, do not ask training participants to share personal details aloud. The goal is for them to think about risk and protective factors and sources of help in their own lives.)

(AER), confidential counseling from MilitaryOneSource (MOS), confidential counseling from your chaplain, and referrals for counseling from your primary care provider. The Comprehensive Soldier and Family Fitness (CSF2) Program can help you to build resilience and strength in all areas of your life—physical, social, emotional, Family and spiritual.

You don't have to even remember the names of programs, just remember you can ask the chaplain confidentially and get pointed in the right direction to get the help you need.

Group Activity/Exercise:

- *Think about any risk factors present in your own life. (You will not be asked to share these aloud; do not write them down.) Are you able to change any of these by changing your own behavior? Are you able to compensate and keep them in balance by getting help with them?*
- *Now think of three protective factors that you have. Which other protective factors can you add? Which ones can you strengthen or improve?*
- *Now think of three sources of help that are available to you—Family, friends, co-workers, faith group, social groups, leaders, health professionals or others. Everyone needs help at some time. Getting help can strengthen you to give help to others too.*

FACILITATOR NOTE:

The key knowledge point for Slide 2 is to encourage training participants to strengthen protective factors; compensate for unchangeable risk factors; avoid risk behaviors; and seek help for themselves or others early to keep balance in their lives.)



Slide 3: Warning Signs



Directions (Approximately 15 minutes to include class activity/exercise): Display slide 3 as you discuss the talking points. To get additional ideas regarding how to facilitate this section, read the Example Speaker's Notes. Use the exercise described in the *ACE for Soldiers Facilitator's Handbook*.

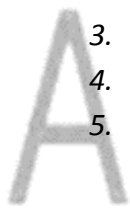
Talking Points:

- When you see a warning sign in a fellow Soldier - that is when you use ACE. Let's talk about it.
- Warning signs are different from risk factors.
- A warning sign is a cry for immediate help—a signal that something is wrong!
- Talk to people. Get to know them so that you recognize a change in behavior.
- Never ignore a warning sign – apply the ACE immediate action drill. We'll talk next about the ACE drill.
- Group Activity/Exercise

Example Speaker's Notes:

When someone's rucksack of risk or stress gets out of balance, you may see warning signs. Warning signs are different than risk factors. All of us have some risk factors and protective factors all the time, but when you see a warning sign—that is a red flag that you should immediately ask some questions and find out what is going on with the person, or alert your leaders about your concerns. While some suicides occur without any obvious warning, most people considering suicide do give warning signs. Friends, co-workers, and leaders each may see different signs, so talk with others if you are concerned about someone and try to put the pieces of the puzzle together. Warning signs may include:

1. Noticeable changes in behavior--sleeping, eating, hygiene, mood (depression, sadness, hopelessness, helplessness, anger, irritability, anxiety); isolating yourself; drug use or increased alcohol use.
2. Talking and/or hinting about suicide in words, texts, Facebook posts--saying you feel like dying, or you can't go on, or your family would be better off without you.



3. *Finalizing personal affairs--giving away things you care about or suddenly making a will.*
4. *Feelings of sadness, hopelessness, helplessness--feeling that things can never get better.*
5. *Increasing relationship problems, financial problems, legal problems. Sudden or impulsive purchase of a firearm or obtaining other means of suicide, such as poisons or medications.¹*



Group Activity/Exercise: *Leave Slide 3 on the screen. Hand out the scenarios (see Handouts) and have someone read them aloud one at a time. After each scenario, ask training participants to talk over the situation within their small groups and identify warning signs of suicide—remind them to use the slide. (Some answers are provided after each exercise. There may be others.)*



¹ DA PAM 600-24, 11 July 13 Army Publishing Directorate (APD) copy.

- PVT Jones is 19 and single. He is a serious person who wants to always be in control and perfect at everything. He has been assigned to a unit that just returned from Afghanistan. Although he did well on his last assignment, he has never deployed and is finding it hard to fit in with his new unit. In fact, they seem to be deliberately avoiding him, making jokes about him, and blaming him when things go wrong. He feels like he has no one to talk to. He also got into trouble for things that were really not his fault. He texted a friend in his old unit to say, “Nothing is right anymore and I am not going to be able to fix it. Or live with it.”
 - (Ask for shout outs. *Some possible warning signs that participants might identify—isolated; feeling hopeless; texting disturbing statements.* NOTE: Slide 8 discusses stigma and stigmatizing behavior like ridicule and scapegoating. Return to this scenario when you discuss slide 8 and ask training participants to identify stigma behaviors and their potential impact on Jones.)
- SPC Rodriguez is 25 and married with two children. He has previously deployed to both Iraq and Afghanistan with significant combat experience. He recently received an Article 15 that resulted in reduction in rank and loss of pay. His commander then referred him for a lateral transfer to a unit that is deploying soon. Rodriguez is angry and frustrated about the transfer and has told his squad mates, “I’ve done my time in the box; it’s somebody else’s turn; I won’t go again!!” He is usually friendly and outgoing, but has been avoiding his friends and drinking heavily. He looks really down. His religion is important to him, but he has stopped attending services. He told his wife he has updated his will to be sure she and the kids would always be ‘ok’.
 - (Ask for shout outs of the warning signs. Remind training participants to look at Slide 3 to help them identify warning signs. *Some possible warning signs they might identify—change in typical behavior; legal problems; increase in alcohol use; feeling sad, hopeless, helpless; withdrawal from friends, activities; putting affairs in order; disturbing statements.*)
- SPC Rhodes is 23 and divorced; she is a 91W who has deployed twice to Iraq. She is now in her third deployment, this time to Afghanistan. Her Troop Medical Clinic (TMC) had a mass casualty event and SPC Rhodes saw several Soldiers die. She has refused to talk to anyone about that and acted like it did not affect her at all. But she is no longer sitting with friends at meals or socializing much. A few weeks ago, her fiancé back home suddenly stopped Skyping and sending small gifts. She seems very upset and looks like she has been crying nearly every day. In the last two days she has been giving away all the small items her fiancé sent to her. Today she told her SGT, “My fiancé was right, everybody is really better off without me.”
 - (Ask for shout outs of warning signs. *Some possible warning signs to identify —changes in behavior; feeling sad and hopeless; withdrawal from friends; relationship problems; giving things away; disturbing statements.*)

FACILITATOR NOTE:

After the last scenario, remind training participants that when they recognize warning signs it is a signal to use the ACE immediate action drill that you will discuss next. The key knowledge point for Slide 3 is to teach training participants to know when to use ACE by recognizing warning signs when they see them.).





Slide 4: If You See Warning Signs – ASK!



Directions (Approximately 5 minutes): Use the talking points to discuss how to ask about suicide. To get additional ideas regarding how to facilitate this section, read the Example Speaker's Notes.

Talking Points:

- ACE stands for ASK, CARE, ESCORT. You use the ACE immediate action drill when you see warning signs. When you see warning signs like those identified in the exercises, ASK!
- If one or more warning signs are present, start a conversation and then as you talk with the person, even if it is hard, go ahead and ASK directly about suicide thoughts or plans.
- Asking about suicide directly does not suggest the thought to someone; it shows them you care and it is ok to talk about it. Ask, even if it is very hard to do—you may save a life.
- Stay calm; don't judge the person; don't minimize their problem.
- Don't ignore suicide warning signs, statements, or threats of suicide.

Example Speaker's Notes:

1. *If you see warning signs, start a conversation with the person and then ask directly about thoughts or plans for suicide. Take threats seriously. Trust your suspicions, as some warning signs may be subtle. Do not ignore cries for help. If you are concerned, talk to others or your leaders; they may have seen other warning signs.*
2. *Confront the problem directly. Ask the question and stay calm (for example, "Are you thinking of killing yourself?" "Do you want to die?" "Do you wish you were dead?" "Have you thought of how you would kill yourself?").*
3. *Talk openly about suicide. Do not be afraid to discuss suicide with the person. Be willing to listen and allow the person to express feelings. Do not make moral judgments, act shocked, or make light of the situation. Do not try to minimize the problem. Trying to convince a person that the problem is not that bad or they have*

FACILITATOR NOTE:

The key knowledge point for Slide 4 is for training participants how to ask low level questions, progressing to higher level of difficulty questions when they see warning signs, culminating in, "Are you thinking about killing yourself?")



everything to live for may only increase their feelings of guilt and hopelessness. Do not say what you would do in this situation, or what the person should do, but instead, listen without judging. Use questions like, "do you mean..." or "I understand that you are saying you feel ..." to ensure you understand the person correctly and show your concern.²



² DA PAM 600-24 Health Promotion, Risk Reduction, and Suicide Prevention, 11 July 13 Army Publishing Directorate (APD) copy.



Slide 5: Really Listen and CARE



Directions (Approximately 20 minutes to include 10 minute break & group exercise): Use the talking points to discuss how to show care for a person who may have suicide thoughts. To get additional ideas regarding how to facilitate this section, read the Example Speaker's Notes.

Talking Points:

- Show CARE by listening and reassuring the person.
- Do not use force, but encourage the person and reassure them that immediate help is available.
- Use active listening to make sure you really understand what they are saying.
- Ask for two volunteers to do a class demonstration on active listening.
- **Give the class a ten minute break** (Brief the two volunteers during the break so that they can perform an active listening demonstration at end of break).

Example Speaker's Notes:

1. *Care for your battle buddy by understanding that your battle buddy may be in pain. Persons who attempt suicide most often feel alone, worthless, and unloved. Help by letting them know that they are not alone; listen when they are ready to talk. Provide a lifeline by assuring the person that help is available. By doing this, you are throwing that person a lifeline. The slide has some examples of statements you can make to show care.*
2. *Remove any means that could be used for self-injury if you can safely do so.*
3. *Active listening may produce relief. Active listening includes giving the person your full attention without distractors; not judging the person; showing by a nod or murmur that you are paying attention to what is said; and clarifying your understanding by asking the person if what you think they mean is actually what they are trying to convey: you could say, "what I hear you saying is this ____; have I got that right? Is that what you mean?" then listen and try to understand what they are really saying.*
4. *Calmly control the situation; do not use force.*
5. *Encourage the person to seek help voluntarily. Do not force the person.*

6. Reassure the person that help is available, depression is treatable, and that suicidal feelings are temporary.³

Classroom Activity/Exercise:

Give the two volunteers the following information (you can read it to them, let them read it in your handbook, write it out before class, or print the page for them to use). Do not hand out the information to the rest of the training participants.

Perform a 2 minute demonstration role play to illustrate **POOR** listening techniques. Here are your roles:

Role 1: **The Speaker, PFC Adams – here is your role**

- You are 20, single, new to the Army, living in barracks. You have no friends. You are having money issues.
- You did not get the MOS you wanted. You are working in an office. You are bad at it.
- Army life is not like the movies. And not like 'Call of Duty.'
- Your significant other back home texted last night and broke off your engagement.
- You are really down! Now to top it off you overslept! This is the second time you have been late this week; everything that can go wrong is going wrong; and you are trying to explain all this to SGT Brown...

Role 2: **The Listener, SGT Brown –here is your role**

- You are 25, squared away, deployed to Afghanistan twice, shorthanded in your shop, and BUSY.
- You want to be a good leader and get to know your Soldiers, but Adams is repeatedly screwing up; there is an inspection coming up; and you are out of patience.
- You are trying to find out what is going on by questioning Adams—but you are **not** using active listening—as Adams tries to tell you his story, you do the **opposite** of good listening techniques below—**fidget, act impatient, look away, look at your watch, check your cell phone, hurry him, and show that you are out of patience and don't really care why he is messing up, you just want him to stop doing it!**

These are good active listening techniques:

1. Face the person; make eye contact—stop doing other things—pay attention;
2. Give non-verbal feedback to show you are listening by nodding or saying “uh huh” or “I see”;
3. Give verbal feedback by asking questions or reflecting back to be sure you understand—say things like, “I hear you saying you are really unhappy right now about your work” or “sounds like you are not connecting and fitting in with the unit yet”, “seems like this relationship meant a lot to you and it is going to be hard to deal with this”, etc. to show the speaker you are trying to understand and you **CARE** what they are saying.

³ DA PAM 600-24, 11 July 13 Army Publishing Directorate (APD) copy.

FACILITATOR NOTE:

Allow the volunteers a couple of minutes to demonstrate **POOR** listening. Then stop the demo, thank the volunteers, and ask for shout outs from the class for what SGT Brown did wrong. Talk about the above three good listening techniques if they are not shouted out. Remind training participants that active listening is part of using ACE to ASK questions so that you understand the situation and can respond appropriately; and to demonstrate that you CARE about the person and the problems they are having. If time permits, you can take the role of SGT Brown and repeat the demonstration, using good listening techniques this time.

Ask for other shout outs to these questions: Did Adams have any risk factors in his life? [Point out that SGT Brown could use active listening as a leadership technique to identify risks and problems early and take action to help. Adams has relationship problems, financial problems, and is headed for problems at work; active listening is the key to identifying what is wrong and being able to help.] Ask for shout outs of what SGT Brown could do. [Possible answers—check on him and talk to him more often, offering mentoring and counseling rather than only criticism; go with Adams to see the chaplain about relationship issues; take him to Army Emergency Relief (AER) for financial help or to Army Community Service (ACS) for budgeting help; get him involved in unit activities and help him fit in; watch for any stigmatizing actions from others and stop them.] The key knowledge point for Slide 5 is to teach training participants how to demonstrate care for a buddy by active listening.)





Slide 6: ESCORT is Your Duty!



Directions (Approximately 5 minutes): Use the talking points to discuss what escort means and how to escort someone for help. To get additional ideas regarding how to discuss this section, read the Example Speaker's Notes.

Talking Points:

- ESCORT means that you stay with the person to keep them safe.
- Go with them to the ER, Chaplain, chain of command, or doctor.
- Call help to come to you if needed by calling 911 or the MPs.
- Or use the Military Crisis Line number.

Example Speaker's Notes:

1. Escort your battle buddy immediately to a helping person or provider (emergency room, chain of command, chaplain, behavioral health professional, or primary care provider). Never leave the person alone.
2. Take the person to someone who can help them immediately or call help to come to you.
3. Emergency rooms and urgent care rooms are the primary 24-hour crisis intervention facilities on most Army installations and in most communities.
4. Never try to force someone to get help. Law enforcement and medical personnel should be called to come to the scene if the individual declines assistance. Do not leave the person, saying you'll both take care of it later today or tomorrow morning. Dial 911.⁴

In a suicide crisis, use **emergency** resources—your ESCORT resources are 9-1-1, the MPs or other emergency services; the chain of command; the Chaplain 24-hour line; behavioral health or primary care provider; the Military Crisis Line. If you are texting or talking on the phone, keep the person talking, find out where they are and send help to them.

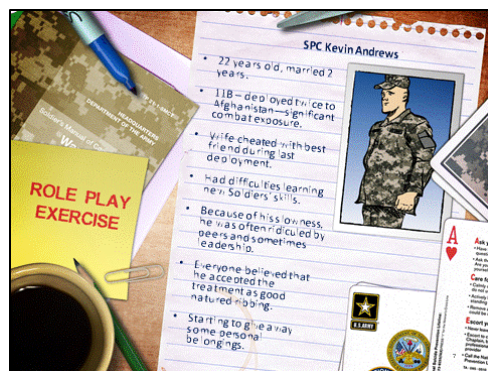
FACILITATOR NOTE:

The key knowledge point for Slide 6 is teaching training participants how to escort someone for immediate help.

⁴ DA PAM 600-24, 11 July 13 Army Publishing Directorate (APD) copy.



Slide 7: Role Play Exercise



Directions (Approximately 15 minutes): Display slide 7; use the talking points to give the instructions for the role-play exercise. Read the Example Speaker's Notes for ideas on how to conduct the exercise. Circulate through the room to assist groups and keep training participants on task.

Talking Points:

- Divide training participants into teams of two.
- Use Classroom Activity/Exercise

Example Speaker's Notes:

Please divide into teams of two. We are going to do a role play. Listen and look at the slide as I read a description of SPC Andrews (read slide bullets). In each two-person team, take turns playing the role of SPC Andrews and the role of a fellow Soldier in the unit who is concerned about Andrews and sees possible warning signs in his behavior.

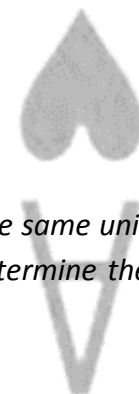
Remember the ACE immediate action drill—look at the ACE card that I handed out to you to remind you to ASK, CARE, and ESCORT. Try to use active listening by looking at Andrews directly, paying close attention to replies to questions, and reflecting the statements back, to be sure you understand correctly. Question SPC Andrews and determine what to do. Be sure you ask directly whether Andrews is thinking about suicide.

I am available if you have questions as you do the role play exercise.

Classroom Activity/Exercise:

Divide training participants into teams of two.

One team member role-plays SPC Andrews and the other plays a fellow Soldier in the same unit as Andrews. Each person takes a turn to use the ACE immediate action drill to determine the situation by asking questions and choosing a course of action based on the answers.



Each training participant should practice asking directly if Andrews is planning on killing himself. Everyone should take a turn playing the Andrew's role to ensure that all have an opportunity to practice ACE.

If someone seems very uncomfortable at playing a role or does not wish to do so, do not force their participation or expose them to undue attention in front of the group. Make an opportunity to speak privately with the training participant who is uncomfortable and use the ACE method to assess the situation and offer help.

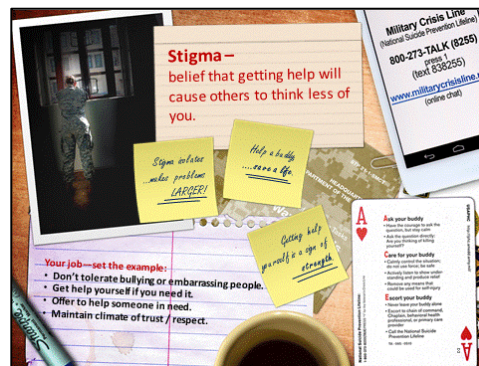
FACILITATOR NOTE:

The key learning point for slide 7 is for training participants to practice the ACE method in order to develop confidence in its use and increase their willingness to use it.





Slide 8: Stigma



Directions (Approximately 5 minutes): Display the slide as you use the talking points to discuss stigma. Read the Example Speaker's Notes for a sample of how you can facilitate this section of the training.

Talking Points:

- Stigma is all the factors that make people reluctant to ask for help.
- Getting the help you need early prevents problems worsening.
- List some things Soldiers can do to prevent stigma.

Example Speaker's Notes:

Why doesn't everyone just go get help when they need it—just like going to get help for a physical illness or injury? What makes it harder? (Allow time for shout outs.)

Many of the things that make Soldiers reluctant to reach out for help are lumped under the term "stigma".

Stigma can be fears about appearing weak or worry that your buddies will look at you differently if you say you need help. It can be concern that your career will suffer. But even if you are worried about these things, consider the possible outcome as problems get worse if you don't get help. Stigma can be created or made worse by behavior that isolates other people and sets them apart: making fun of someone; making them the butt of jokes or the scapegoat to blame when something goes wrong; bullying; excluding them from activities; and isolating them.

Some things that can cause or increase stigma are:

1. *Ostracizing people (avoiding them) / isolating people (shunning them—omitting them from group activities).*
2. *Embarrassing or laughing at people (labeling them as weak or "crazy") if they need or ask for help.*

- A**
3. *Picking on people, bullying them, or making them scapegoats for the group.*
 4. *Harassment or hazing.*
 5. *Placing less trust in people or giving them fewer responsibilities / opportunities if you know they have asked for or gotten help.*

So what can you do to help defeat stigma? Allow time for answers.

Some pretty simple things:

- *Don't tolerate bullying or embarrassing of anybody for any reason;*
- *Ask for help if you are the one that needs it—make it ok to talk about these things by talking about them yourself; asking for help is a sign of strength not weakness.*
- *Offer to help when you see someone else is stressed out or acting differently than usual;*
- *Play a part in maintaining a climate of trust and respect for all.*

It can also be very hard to bring up the subject of suicide or ask directly about someone's personal problems and issues. It is very hard to ask about suicide even when we are only doing a role play.

We may avoid asking because we worry about interfering in someone's personal life. We may worry that we will lose their friendship or offend them if we show that we think something is wrong in their lives. We worry that we have misread the signals and they will ridicule us for asking when nothing is wrong. So what can motivate us to actually make that leap and ask someone if they are thinking about killing themselves?

Remember a couple of critical things. The Soldier's Creed says that you are a "warrior and a member of a team" and that you will "never leave a fallen comrade." As a member of a team it is your duty to 'have your buddy's back' just as your buddy has yours. The discomfort of getting in someone's business is a small price to pay for potentially saving a life! Just like the discomfort of asking for help for yourself will be more than repaid by the relief of getting your life back in balance.

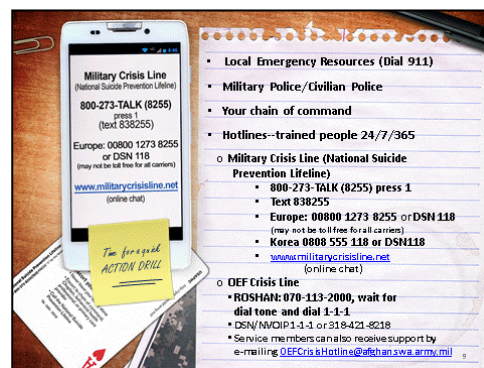
It takes courage to overcome stigma and reach out—for yourself or to others; but the rewards tremendously outweigh the risks.

FACILITATOR NOTE:

The key knowledge point for Slide 8 is to encourage training participants to recognize stigma and stigmatizing behavior that makes it hard for individuals to reach out for help; to validate that it takes courage to reach out; and to enlist training participants' help in reducing stigma.



Slide 9: Emergency



Directions (Approximately 5 minutes): Hand out local resource list prepared earlier, or add local numbers to the final slide of the training (left open for your use) and display it after slide 9. Put the Military Crisis Line number/key local numbers into mobile devices.

Talking Points:

- Program the Military Crisis Line and other useful numbers into your mobile devices.
- Which local resources would work if you need to escort someone for immediate help?
- What programs and resources are available to get help BEFORE a crisis occurs?

Example Speaker's Notes:

There are many local and other resources you can use to get non-emergency help before there is a crisis. What are some places you could go for financial help for yourself or someone else? (Allow time for shout outs. Point out Army Community Service (ACS) classes on budgeting and money management and Army Emergency Relief (AER) for loans and for budgeting help if these are not mentioned.) What about for help when you have problems with personal relationships—with a significant other, Family member, or friend? (Allow time for shout outs. Point out that the chaplain, Military One Source counseling, ACS classes, behavioral health providers, and unit leaders can all be resources to help.)

However, if there is an imminent crisis: ESCORT, don't leave the person alone even for a minute—call the Military Crisis Line number, call 911, call your chain of command; stay with the person until a helping professional takes over. Does anyone have a question about what resources to use in a crisis situation? (Allow time to answer any questions.) Now take time right now to pull out your phones and program the Military Crisis Line number into it. You already know 911. Add the local resource numbers that will be most useful if you need to get help for yourself or someone else immediately.

Classroom Activity/Exercise:

- *Using your cell phone, smartphone or tablet, put the Military Crisis Line number and the local emergency resource numbers into your contacts list. Write down the number to put in later if you do not have your mobile with you.*
- *Use smart phones or local lists to locate and program in the contact information for your local chaplain and your chain of command also.*

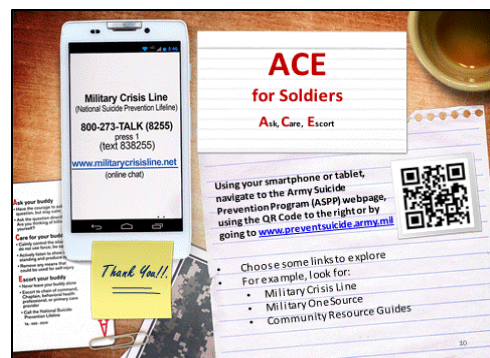
FACILITATOR NOTE:

Be certain you call out the difference between the local resources that are good for information, assistance and counseling and the ones that are useful in a suicide emergency. *Customize the last slide in the briefing with information on local resources, policies, POCs, etc.*

The key knowledge point for slide 9 is to recognize what resources are available telephonically and locally to use in a suicide ESCORT situation.



Slide 10: Summary



Directions (Approximately 10 minutes): Use the talking points to conclude the ACE for Soldiers class by reminding the training participants what ACE means, repeating their responsibility to have their buddy's back, and reminding them of their emergency resources—where to get help for themselves or another. Ask training participants to follow the directions on the slide to access the Army Suicide Prevention Program (ASPP) website and look at some of the information there.

Talking Points:

- Remember that ACE means ASK, CARE, ESCORT.
- ASK means recognize warning signs and ask directly if the person is thinking about suicide.
- CARE means help combat stigma, actively listen to others, and offer to help.
- ESCORT means stay with the person and take them to a place where immediate help can be provided or bring help to them—the Military Crisis Line, 911, the ER, the chain of command, medical/behavioral clinic, or the chaplain.
- Direct training participants to follow instructions on the slide.
- Thank and dismiss training participants after the exercise is completed.

Example Speaker's Notes:

ACE (ASK, CARE, ESCORT) means ASK about problems if you have seen a change in someone's behavior; don't be afraid to ask directly, "Are you thinking about killing yourself." CARE by really listening to the answer to decide how you can help; you can use resources to get non-emergency help before there is a crisis. But if there is an imminent crisis: ESCORT, don't leave the person alone even for a minute—call the Lifeline number, call 911, call your chain of command and stay with the person until a helping professional takes over.

Classroom Activity/Exercise:

- *Using your smartphone or tablet, navigate to the ASPP website using the QR Code on the slide or by going to www.preventsuicide.army.mil*
- *Sit with someone who has a smartphone if you do not have one.*
- *Click on each of the items listed on the slide and explore what is available there.*

FACILITATOR NOTE:

Thank training participants at the conclusion of the exercise. Reminder, please remain in the classroom for 15 minutes at the end of the training so that training participants who have additional questions or concerns can speak with you if needed. Be prepared to ESCORT them to a provider to get immediate help if required or to assist them to make appointments for counseling or advice. Provide copies of the sign-in sheet to the unit training officer or NCO of each unit with Soldiers in the training so that they can document completion of the annual training requirement for each Soldier. The key knowledge point for Slide 10 is locating helpful information at the ASPP website.



APPENDIX A – EXERCISE HANDOUT

Identification of Warning Signs

Using the warning sign behaviors listed on Slide 3; identify possible warning signs for these Soldiers.

- PVT Jones is 19 and single. He is a serious person who wants to always be in control and perfect at everything. He has been assigned to a unit that just returned from Afghanistan. Although he did well on his last assignment, he has never deployed and is finding it hard to fit in with his new unit. In fact, his fellow Soldiers seem to be deliberately avoiding him, making jokes about him, and blaming him when things go wrong. He feels like he has no one to talk to. He also got into trouble for things that were really not his fault. He texted a friend in his old unit to say, “Nothing is right anymore and I am not going to be able to fix it. Or live with it.”
- SPC Rodriguez is 25 and married with two children. He has previously deployed to both Iraq and Afghanistan with significant combat experience. He recently received an Article 15 that resulted in reduction in rank and loss of pay. His commander then referred him for a lateral transfer to a unit that is deploying soon. Rodriguez is angry and frustrated about the command referral and has told his squad mates, “I’ve done my time in the box; it’s somebody else’s turn; I won’t go again!” He is usually friendly and outgoing, but has been avoiding his friends and drinking heavily. He looks really down. His religion is important to him but he has stopped attending services. He told his wife he has updated his will to be sure she and the kids would always be ‘ok’.
- SPC Rhodes is 23 and divorced; she is a 91W who has deployed twice to Iraq. She is now in her third deployment, this time to Afghanistan. Her Troop Medical Clinic (TMC) had a mass casualty event and SPC Rhodes saw several Soldiers die. She has refused to talk to anyone about that and acted like it did not affect her at all. But she is no longer sitting with friends at meals or socializing much. A few weeks ago, her fiancé back home suddenly stopped Skyping and sending small gifts. She seems very upset and looks like she has been crying nearly every day. In the last two days she has been giving away all the small items her fiancé sent to her. Today she told her SGT, “My fiancé was right, everybody is really better off without me.”

Role Play

Take turns using the ASK, CARE, ESCORT (ACE) immediate action drill to find out if SPC Andrews is thinking about suicide and to decide what you should do next. SPC Kevin Andrews is described below:

- 22 years old, married 2 years.
- 11B – deployed twice to Afghanistan—significant combat exposure.
- Wife cheated with best friend during last deployment.
- Had difficulties learning new Soldiers' skills.
- Because of his slowness, he was often ridiculed by peers and sometimes leadership.
- Everyone believed that he accepted the treatment as good natured ribbing.
- Starting to give away some personal belongings.

APPENDIX B – ACE FOR SOLDIERS SIGN-IN

Date:		Training Facilitator:		Facilitator email/phone:			
Print Name (Last, First MI)		Rank/ Grade	Unit/Org & Duty Station	Active	NG	USAR	Other
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