

ACE FOR ARMY CIVILIANS Facilitator's Handbook

A Ask
C Care
E Escort
FOR ARMY CIVILIANS


Working Together
to Prevent
Suicide

A Ask
• Have a question?
• Ask for help.
• Are you worried about yourself or someone else?

C Care
• Calmly do not
• Actively standing
• Remove yourself
• Could be

E Escort you
• Never leave
• Escort to the
Chaplain, or
professional
provider
• Call the National
Prevention Line
TA - ### - ####


ACE



ARMY CIVILIANS SUICIDE INTERVENTION

National Suicide Prevention Lifeline:
1-800-273-8255 (TALK) PRESS *1* for the Veteran's Crisis Line

U.S. ARMY



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PREFACE

Download the ACE for Army Civilians slides at <https://www.us.army.mil/suite/page/603513> the Army G-1, Army Suicide Prevention Program page on Army Knowledge Online (AKO). Review other resources available at the Army G-1, Army Suicide Prevention Program www.preventsuicide.army.mil for your use.

Read this ACE for Army Civilians Facilitator's Handbook before conducting the ACE for Army Civilians training. This handbook contains the following:

- A checklist to help you prepare to conduct and report on the ACE for Army Civilians 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 Army Civilians.



Preparation Checklist for the ACE for Army Civilians Training Facilitator

BEFORE CONDUCTING THE TRAINING

- Coordinate with the Suicide Prevention Program Manager (SPPM) or contact the Employee Assistance Program Coordinator (EAPC) for your area to locate a qualified person to be “on call” during the training in case of need and to find subject matter experts (SMEs) to speak about resources during the final section of the training.
- The manager, commander, XO, or representative is responsible for the following actions:
 - Schedule dates for the training after consulting the appropriate organization.
 - 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 local SPPM or EAP. You can add these to the final slide of the briefing and/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 Army Civilians 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.
 - Resource handouts provided in Appendix E.
 - 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.
- Recheck your classroom crisis back-up (call 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 Army Civilians 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 organization (or SPPM as directed) for entry into Defense Civilian Personnel Data System for each Army Civilian who completes the training.

Preparing to Facilitate the ACE for Army Civilians Training

The two-hour ACE for Army Civilians classroom training support package includes the following elements: slides; slide notes providing directions to the facilitator and talking points; an *ACE for Army Civilians 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 facilitation; and group activities/exercises for participant interaction and skills practice.

Prior to the day of the training, download and review the *ACE for Army Civilians Training Slides* and *ACE for Army Civilians Facilitator's Handbook* from the Army G-1, Army Suicide Prevention Program page on Army Knowledge Online (AKO). <https://www.us.army.mil/suite/page/603513>

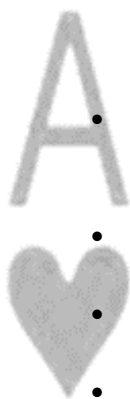
Legal and Regulatory Guidance

AR 600-63, Army Health Promotion. Commanders and/or supervisors will ensure that all applicable labor relations requirements are complied with in implementing the suicide prevention training for Army Civilians. Employees may be excused from the Army suicide prevention training by their immediate supervisor if they feel that the training is emotionally or psychologically too stressful. Commanders who excuse employees from scheduled training will offer alternative training opportunities (for example, one-on-one review of the training materials, ACE card, and Suicide Prevention Training Tip cards with the assistance of chaplains and ACE or other Army-approved suicide prevention trainers). Training should be coordinated with the local civilian personnel advisory center and completion documented in the Defense Civilian Personnel Data System. (The entire text of Army Regulation (AR) 600-63, Army Health Promotion, is available in the Administrative Publications section of the Army Publishing Directorate website at <http://www.apd.army.mil/> and you may also find it helpful to review DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention, in the Department of the Army (DA) Pamphlets section at the same location.)

If the organization to which you are providing this training has civilian contractors, check with your local Contracting Office Representative (COR) to find out if they can participate.

One of the primary resources for Army Civilians is the Employee Assistance Program. The Employee Assistance Program is covered under AR 600-85, The Army Substance Abuse Program. Refer to DA Pam 600-85, Chapter 2 for a discussion of comprehensive EAP services for civilians. The EAP can provide the following:

- *When employees are experiencing on-going or overwhelming problems related to stress, family, emotional, alcohol or drug use, financial or other concerns, the EAP can help. Talking things over with a professional counselor can often provide a step in the right*



direction to resolve the issues that get in the way of handling a job or coping with day-to-day living

- *Areas of assistance: Diagnostic and short-term counseling. Covers emotional/mental stress that employees face, including but not limited to: substance and alcohol use/abuse and financial issues; not limited to work-related stress.*
- *Who's eligible: Employees and dependents, including same sex partners, are eligible for services; services can differ per location.*
- *Restrictions: Typically few, which encourage employees and dependents to seek help early; covers work- and off-duty related issues.*
- *Services: Includes employee-focused counseling, treatment referral, and actual treatment; client follow-up and aftercare; supervisory consultation; crisis intervention; also includes various tailor-able workshops for managers and leaders.*
- *Cost: Typically, no additional cost. Insurance or medical programs can cover most referral options.*
- *Federal and state laws guarantee the confidentiality of client identity and records. The primary concern is that employees receive the assistance they need.¹*

Important Safeguards

The ACE for Army Civilians training deals with sensitive information and may sometimes trigger painful memories or other issues for training participants. Some people taking the training may themselves be experiencing suicide thoughts or feelings. Be aware of this as you conduct the training. If you are not a chaplain or behavioral health provider, prior to conducting the training, call the EAP office or the SPPM for a suggested POC 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 numbers to use in case of need. At the beginning of the training announce that Army Civilian employees may be excused from the training by their immediate supervisor if they feel that the training is emotionally or psychologically too stressful.

ACE for Army Civilians Training Objectives

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

- A. Describe the risk and protective factors that impact suicide.
- B. Recognize warning signs of suicide.
- C. Define the three steps of the ACE method of suicide prevention.
- D. Describe the Army Civilian's role in reducing and preventing stigma.
- E. Identify emergency and non-emergency resources.



¹ <http://cpol.army.mil/news/201112/Wellness-EAP.html> (14April14)

Class Size and Room Set-Up

The recommended minimum class size is 8 and the maximum class size is 30. If more than 30 people need to take the class, schedule two trainings and divide the participants. The classroom should be large enough to accommodate all of the required tables and chairs and a podium. The room should also have audio visual capability and equipment. We recommend a location near snacks or drinks for refreshment during breaks.

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

Prior to the Training

Schedule a location for the training that has room enough to accommodate the group that you expect to attend. Be sure you visit the training room prior to the day of the training, test the equipment in the room to ensure that the slides display properly and can be seen throughout the classroom. Make certain that there are enough chairs to accommodate your expected attendance. Arrange chairs in small groups, if possible, or designate small group seating areas by directing Army Civilians to seating as they enter the room.

On the day of the training, arrive at least 30 minutes prior to the training to set up the slides and the room. Plan to remain in the room for a minimum of 15 minutes at the end of the training in case any training participant wishes to ask questions or to ask you to assist them in getting help for themselves or someone else.

Before the day of the training look through the slides as you read the directions, talking points, example speaker's notes, and the group activities/exercises in the *ACE for Army Civilians Facilitator's Handbook*. Read carefully through the material, including the suggested group activities/exercises to ensure that you understand how to facilitate them and to prepare any required materials for the group activities/exercises before the class. Practice what you want to say and any personal examples and experiences you want to share. The *ACE for Army Civilians Facilitator's Handbook* provides additional information that is not found on the slides.

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 out 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 Suicide Prevention Program (ASPP) at www.preventsuicide.army.mil, the DoD Suicide Prevention Office (DSPO) at <http://suicideoutreach.org/>, your Suicide Prevention Program Manager (SPPM), an Army Chaplain, or the EAP.

Print any handouts that you will be using during the training as well as a copy of the sign-in sheet provided in Appendix C. Remember to ensure that all training participants' names are legible on the sign-in sheet. ACE for Army Civilians is an annual training requirement for every Army Civilian and must be reported in the Defense Civilian Personnel Data System.

Materials Needed

- A sign-in sheet with space for training participant's names and organization.
- Printed copies of the provided resource list and your local resource list (for each participant).
- Printed copies of exercise handouts (choose two exercises for the Risk/Protective Factor/Warning Signs exercises and one additional exercise for the role play. Print copies of all three exercises for each training participant).
- ACE for Army Civilians cards (for each participant).
- One copy of the *ACE for Army Civilians Facilitator's Handbook* downloaded from ASPP website for your own use in conducting the training.
- *ACE for Army Civilians PowerPoint Slides* downloaded from the ASPP website to a disc or laptop so that you can display the slides when you conduct the ACE for Army Civilians training.
- Equipment for projecting the slides.

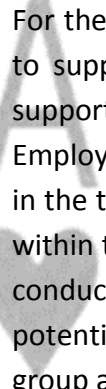
Training Aids and Current Statistics

You can obtain ACE for Army Civilians cards from your SPPM to hand out during the training or order them online at the Army Public Health Command (PHC) website at <http://phc.amedd.army.mil/topics/healthyliving/bh/Pages/SuicidePreventionEducation.aspx> under Suicide Prevention Tip Cards.

You can ask the local SPPM to provide you with suicide statistics for your installation, state, or region so that you can share these with training participants if desired. The website of the Center for Disease Control and Prevention (CDC) at www.cdc.gov/ can provide current information on the suicide rate in the civilian population.

Resources

Resources for Army Civilians may vary based on a wide variety of factors. Army Civilian employment comprises many work environments, including within the continental United States (CONUS), outside the continental U.S. (OCONUS), and deployed settings. Army Civilians come from a variety of backgrounds, including military veterans, military retirees, and military Family members, as well as people with no prior connection to, or knowledge of, the military. The contract specifications under which Army Civilians work and their union status varies as well. Resource entitlements and provisions may vary based on each of these factors.



For these reasons, it is important to provide local resource information to training participants to supplement the general information provided in this the ACE for Army Civilians training support package. An effective way to do this is by inviting representatives from your local Employee Assistance Program (EAP) and/or other subject matter experts (SMEs) to participate in the training to present resource information and answer questions. Time has been allocated within the two-hour training framework to accommodate SME participation. As you prepare to conduct the training, contact your local SMEs and coordinate their participation. A list of potential SMEs to contact and some talking points for their use in preparing to meet with your group are provided at Appendix D.

In addition to contacting SMEs, locate or create a list of local emergency resources. In many cases, the military suicide prevention program manager (SPPM) responsible for your state, territory, region, or nearest installation will have already compiled this information; or the EAP may maintain a list. You can find a Community Resource Guide link on the home page of most Army installation websites as well as on the U.S. Army Public Health Command website at <http://phc.amedd.army.mil/topics/healthyliving/hpr/Pages/CommunityResourceGuides.aspx>. Make a copy of the resource list or provide the link to training participants. The final slide of the training is left blank so that you can personalize it by adding your local resource numbers or links to community resources.



Exercises

The ACE for Army Civilians training is designed to allow training participants to take part in exercises and discussions that are integrated throughout the training. Exercises are provided in Appendix A of this *ACE for Army Civilians Facilitator's Handbook*. During the exercises, circulate among the groups to answer questions. Ensure that the groups do not digress from the topic or disrupt other groups' progress. After the groups have discussed a question or completed an exercise, ask a group to report their results to the class; remaining groups report only "new" information. In later exercises, let a different group report first. This allows all groups to be heard, but will streamline and expedite the report-out process. After the report out, display slides and validate group answers, correct misinformation, and provide additional information as required.

There may be several effective answers for each of the group exercises. The "recommended" course of action for each of the exercises will depend on the group's interpretation of the information. Some potential solution sets for all exercises are provided in Appendix B. Do not read the solution sets to the training participants; they are provided as examples for your reference only in facilitating the discussions.

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

Facilitating the ACE for Army Civilians Training

The ACE for Army Civilians 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 Army Civilians helps to make Army Civilians aware of the problem of suicide, enables them to recognize when a co-worker exhibits warning signs, and equips them with the knowledge and skills to apply the Ask Care Escort (ACE) method of suicide prevention.

The *ACE for Army Civilians Facilitator's Handbook* provides "Example Speaker's Notes" that contain 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. Be sure that your statements and language in facilitating the training are inclusive of all participants.

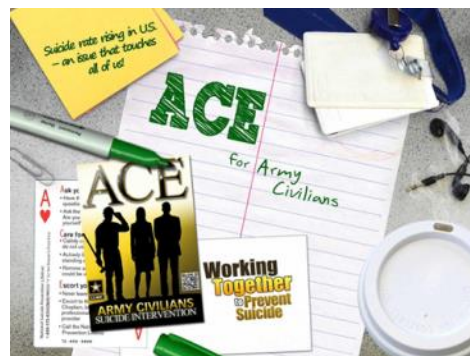
Good facilitation includes engaging and keeping the training participants' attention by using a variety of presentation techniques. Spend no more than 5 to 10 minutes at a time speaking/presenting information and then use a group activity/exercise, question, or discussion to change the pace of the training. 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.



ACE FOR ARMY CIVILIANS TRAINING

Slide 1: ACE for Army Civilians – Introduction



Directions (Approximately 5 minutes) have a sign-in sheet near the door and Slide 1 displayed as training participants enter the room. Arrange chairs in small groups if possible or designate small group seating areas by directing Army Civilians 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.) Introduce yourself and provide housekeeping information such as the location of rest rooms. Read the Example Speaker's Notes for additional information and then use the talking points to introduce the training in your own words.

Talking Points:

- Option to be excused from this training and receive training by an alternate method.
- 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 National Suicide Prevention Lifeline number (1-800-273-TALK [8255]) in the contact list of your mobile - turn off sound.
- Protect privacy of others as we discuss things.
- Suicide rate rising across U.S. has risen; this is an issue that touches all of us.
- Show of hands – who would know how to give CPR if we had an emergency in our classroom? ACE (ASK CARE ESCORT) training prepares you to give assistance for an emergency too. It can help you become AWARE of warning signs; COMMITTED to helping yourself and others; and EFFECTIVE at locating the resources you need to do that!
- Today you will learn to use the A-C-E method to help prevent suicides.

Example Speaker's Notes:

Please be aware that Army Civilian employees may be excused from this training by their immediate supervisor. The supervisor will offer alternative training options such as one-on-one review of the training materials, ACE card, and Suicide Prevention Training Tip cards with the assistance of chaplains and ACE or other Army-approved suicide prevention trainers. If you wish to receive training by an alternate method, please feel free to note this on the sign-in sheet

beside your name and leave the training at this time. Please subsequently notify your supervisor that you wish to receive training via an alternate method.

ALLOW A FEW MOMENTS FOR ANYONE TO LEAVE WHO WISHES TO DO SO.

I am (provide your name and job title). This is the Ask Care Escort (ACE) training for Army Civilians. Be sure your name and your organization are legible on the sign-in sheet since this training fulfills the requirement for annual suicide prevention awareness training for all Army Civilians.

The training will last 2 hours. There will be one 10 minute break. There are several small group exercises. For the final section of the training, we will have guest speaker(s) who are subject matter experts (SMEs) regarding resources that are available to you. You will have an opportunity to ask questions at that time. The training is intended to do two things: increase your awareness about the problem of suicide and teach 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 is help available. Please note the number of the National Suicide Prevention Lifeline that is displayed on the ACE card on this slide. You can call this number for help at any time—for you or for someone else—or call it to get advice on how to talk to someone you're concerned about. When you call, a live person will answer and help you immediately. Please take out your mobile device/cell phone and put this number (800-273-8255) into your contacts list right now. You never know when you might need it. And turn off the sound while you are at it, but leave the phone turned on; we will use it again in the training. If you don't have your phone with you right now, please make a note of this number and program it in later.

Remember that if you have had a personal experience with someone who has attempted suicide or died by suicide, please do not share the person's name or identifiable details about the incident during the group discussions—this can violate the person's right to privacy. If you need to talk about a specific situation or person that you believe is at risk, 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 an illness or to provide counseling. What you will learn is another kind of first aid—what to do if someone that you know is exhibiting warning signs of possible suicide.

The suicide rate in the general population has risen. Any suicide is a tragedy for the Family, friends, and co-workers of the person who dies. We want to reduce the number of suicides as much as possible. What you will learn today is how you personally can use the A-C-E (ASK CARE ESCORT) method 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!

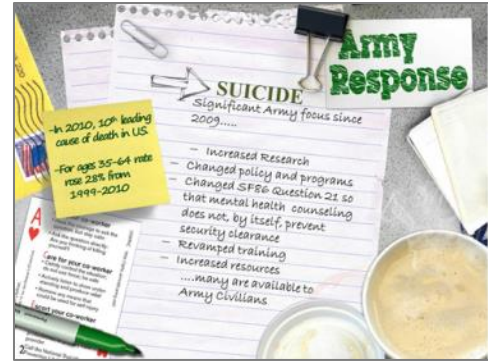
Are there any questions?

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; provide a brief description of the training; and to capture attention. 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/>, and your Suicide Prevention Program Manager (SPPM).



Slide 2: Army Response



Directions (Approximately 4 minutes): Display slide 2. Read the Example Speaker's Notes for additional information for this slide and then use the talking points to discuss the slide in your own words.

Talking Points:

- Suicides occur among all groups.
- Suicide causes are complex requiring a community health prevention approach by the Army
- Research and efforts to prevent suicide are ongoing but there is no single solution.
- Changes to Question 21 of the SF86 Questionnaire for National Security Positions so that seeking counseling does not, by itself, preclude obtaining a security clearance.
- CSF2 tools and resources are available to Army Civilians.
- Other resources for Army Civilians discussed later.
- Civilian statistics on slide from Center for Disease Control and Prevention (CDC).

Example Speaker's Notes:

Suicide is a complex human behavior that has occurred throughout recorded history in all countries, races, and religions, and across all demographic, cultural, and economic groups. The suicide rate for service members rose above the rate for the civilian population for the first time in 2008. This and other factors, such as increased numbers of traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD) diagnoses among service members, led to an increased focus on the prevention of suicide.

It is difficult to determine a realistic number of suicides among Army Civilians. Reporting of suicide deaths or attempts among Army Civilians is voluntary. Because of stigma, privacy issues, and other factors, it is possible that the numbers are greatly underreported. Army Civilian suicides have been tracked since 2009. A total of 126 Army Civilian deaths by suicide were reported from 2009 through 2013.

FACILITATOR NOTE:

Current data regarding Army Civilian deaths can be obtained from the SPPM responsible for your state, region, or nearest Army installation.

In the general population, in 2010 (as reported by the Centers for Disease Control and Prevention (CDC) in 2012), suicide was overall the tenth leading cause of death (it was the third

FACILITATOR NOTE:

You may access and print Suicide Data Fact Sheets with current data at <http://www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf>.

*leading cause of death among persons aged 15-24 years, the second among persons aged 25-34 years, the fourth among persons aged 35-54 years, and the eighth among person 55-64 years).*²

*Suicide Facts 2012*³:

- *Suicide among males was four times higher than among females and represents 79% of all U.S. suicides.*
- *Females are more likely than males to have had suicidal thoughts.*
- *Firearms are the most commonly used method of suicide among males (56%).*
- *Poisoning is the most common method of suicide for females (37.4%).*

The Army, the Veterans Administration, the other military services, and many private organizations have funded research into the causes of suicide in order to provide information that can help to prevent suicides in both military and civilian populations. This research, including the Army Study to Assess Risk and Resilience in Servicemembers (ARMY STARRS) has helped to identify factors that may put individuals at increased risk for suicide, factors that may help to protect against suicide, and warning signs that can indicate an immediate suicide emergency.

The factors that influence suicide behaviors appear to be extremely complex and interrelated. There is no single solution to suicide prevention. Because of this, The Army and the other military services, have implemented a community health approach—a broad range of policies and programs with the goal of reducing suicide related behaviors.

Question 21 of the SF86 Questionnaire for National Security Positions, which asks about mental health treatment, was revised to exclude counseling related to marital, family, or grief issues, unless related to violence by you. It also rules out counseling for adjustments from service in a military combat environment. Seeking professional care for these mental health issues does not, by itself, jeopardize an individual's security clearance.

Other measures include increased emphasis on suicide prevention training and increased focus on programs that foster resilience and the ability to bounce back from adversity.

² Centers for Disease Control and Prevention. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2010). [cited 2012 Oct 19]. Available from www.cdc.gov/injury/wisqars/index.html.

³ Understanding Suicide Fact Sheet 2012 <http://www.cdc.gov/violenceprevention/pdf/Suicide-DataSheet-a.pdf>

Army Civilians may access and use the Comprehensive Soldier and Family Fitness (CSF2) tools and resources available at (<http://csf2.army.mil/>) the CSF2 website. These tools and resources include the Global Assessment Tool (GAT), hands-on training and self-development tools that help teach individuals to better cope with adversity, perform better in stressful situations, and thrive in life.

Explore your options for counseling and other resources available to you through your Employee Assistance Program (EAP) and covered by your health insurance. Army Civilians who are also military veterans or retirees, Family members of service members, or have been deployed may be able to access and use military mental healthcare resources, Tricare coverage, Military One Source (MOS), Veterans Administration resources, and other military resources to obtain counseling and mental health services.

We will discuss resources in greater detail later in this training.

FACILITATOR NOTE:

The key knowledge point for slide 2 is Army and other services efforts in research and programs to prevent suicide include information, policies, and programs that impact Army Civilians.





Slide 3: Role of Army Civilians



Directions (Approximately 3 minutes): Read the Example Speaker's Notes for additional information and then use the talking points to discuss the slide in your own words. Ask questions and allow time for responses from the group. Listen to answers, ask follow-on questions, or provide corrections and additional information as required.

Talking Points:

- Do Army Civilians have a role in helping prevent suicides?
- What can you do personally to help prevent suicides?
- Learn about risk and protective factors.
- Recognize warning signs and respond appropriately using the ACE method.

Example Speaker's Notes:

Do Army Civilians have a role in helping to prevent suicides?

Allow time for several answers from the group. Listen for or provide ideas such as "being aware when someone needs help and offering to help them; helping someone locate counseling or other support when needed; responding appropriately to a crisis." If participants suggest one or more of these ideas, then ask...

What can you personally do to help prevent suicides?

Allow time for several answers from the group. Listen for or provide ideas such as "mitigate risk factors and maximize protective factors in my own life; encourage others to reduce risk factors that are within their control and to increase healthy behaviors and habits; learn warning signs and how to react appropriately when I see them; feel a personal responsibility to help reduce suicides."

Every part of the Army family is important in helping to prevent suicides. Army Civilians, military service members, and Family members each have an important role to play. Most Army Civilians work closely with other Army Civilians, and sometimes with Soldiers. In interacting with your co-workers, personal information is often exchanged. Working closely with others over an

extended period of time may allow you to recognize when they are behaving in ways that are unusual for them. You may recognize signs of stress or distress in your co-workers or they may share information about the stresses in their personal lives. If you are in a leadership role, supervising other Army Civilians or supervising Soldiers, your mentorship and supervisory activities may allow you to recognize when an individual is experiencing increased levels of stress in his or her life.

FACILITATOR NOTE:

The key knowledge point for Slide 3 is to emphasize that Army Civilians have an important role to play in suicide prevention in mitigating risk, strengthening protective factors, recognizing warning signs and responding appropriately using the ACE method.

The ACE for Army Civilians training will help you understand risk and protective factors related to suicide. It will also help you to recognize warning signs that are red flags that an individual may be at imminent suicide risk.

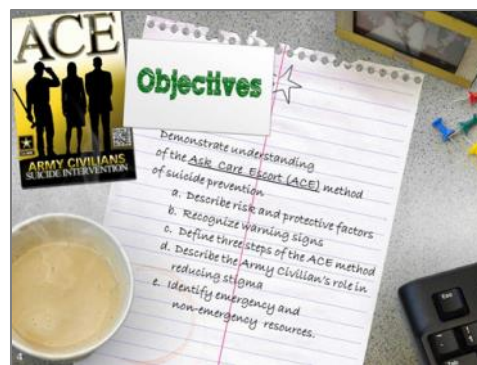
Finally, ACE for Army Civilians will show how you can ask questions, show others that you are concerned for their welfare, and provide you with resources that can be used

in both non-emergency and emergency situations.





Slide 4: Objectives



Directions (Approximately 2 minutes): Display the slide and briefly point out the Terminal Learning Objective and the Enabling Learning Objectives. Read the Example Speaker's Notes for additional information.

Talking Points:

- At the end of today's ACE for Army Civilians training you will be able to demonstrate an understanding of the ASK CARE ESCORT or ACE method of suicide prevention.
- In order to demonstrate your understanding of the ACE method you will be able to
 - Describe the risk and protective factors that impact suicide.
 - Recognize warning signs of suicide.
 - Define the three steps of the ACE method of suicide prevention.
 - Describe the Army Civilian's role in reducing and preventing stigma.
 - Identify emergency and non-emergency resources.

Example Speaker's Notes:

The terminal learning objective for today's training is that each of you will be able to demonstrate an understanding of the ACE method. The enabling learning objectives that lead to that goal include a better awareness of the risk and protective factors that impact suicide; being able to recognize warning signs of suicide when you encounter them; defining the ACE method; learning more about stigma and how you can help to reduce it; and learning what resources are available to you. At each stage of the training you will participate in small group exercises that allow you to practice recognizing risk and protective factors and practice how to respond when you identify warning signs.

FACILITATOR NOTE:

The key knowledge point for Slide 4 is to explain the learning objectives for the ACE for Army Civilians training.





Slide 5: Risk and Protective Factors



Directions (Approximately 3): Use the Talking Points to discuss this slide. To get additional ideas and information to help you facilitate this section, read the Example Speaker's Notes.

Talking Points:

- Everyone has both risk factors and protective factors and stressors in their lives all the time.
- Most of the time we can balance these; 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 your supervisor, your EAP representative, your primary care physician, or your religious advisor in order to locate the right kind of help for you.
- What should you do about risk?
 - Compensate for risks that you cannot change.
 - Increase your protective factors.
 - Build strong relationships: Family, friends, 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!
- Individual Activity/Exercise

Example Speaker's Notes:

A lot of people have the wrong idea about risk. Risk Factors present in your life may increase your risk of suicide but not always. Some risk factors are listed on the slide. And remember all of us have some risk factors all of the time.

So what do you do about risks? 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. So how do you protect yourself and defend against those risks?

Remember that the best defense is a strong offence. Take the initiative and meet these challenges head-on with what are called Protective Factors. And very importantly, get help for yourself and help for others when you, or they, need it!

Protective Factors include the simple triad of sleep, activity, and nutrition! Simple, healthy habits really work to make you stronger and prepare you to cope better with the types of stressors that all of us encounter daily as well as the crises that each of us experiences from time to time in our lives.

Probably everyone in this room has at some time lost a Family member; experienced an illness or injury; been hurt by a relationship that did not work out; started a new job; been promoted, or had a job setback. Even a new baby, a marriage, or a promotion—happy events—can increase our stress because they bring change and challenges. Illness, injury, accidents, career stagnation, worry about losing a job, financial worries, additional responsibilities at work, caring for older or ill family members, separation from family due to career responsibilities or BRAC moves—these and many other things can increase stress levels. Also Post-Traumatic Stress Disorder (PTSD) can result from many causes such as an assault, an accident, an injury, or exposure to violence, as well as from combat.

In the same way you do things to support your physical health, doing things that support your mental health can help you cope better 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 worsen; learning how to manage finances better or control anger or relate to your spouse or children; getting counseling when you have feelings of depression that don't go away or when you feel overwhelmed; avoiding high risk behavior like heavy use of alcohol; getting help immediately if your use of alcohol is getting out of control or you are abusing other substances; and reaching out for help to your Family, friends, your primary care provider, your EAP, your supervisor. All these can help you strengthen your Protective Factors and are ways you can help yourself right now and encourage others to get help.

If you are aware a co-worker is experiencing severe stress, talk with them about the situation. Become familiar with the informational and counseling resources that will be discussed in this training so that you can suggest places for them to get help and encourage them to do so. Remember that the sooner someone seeks help, the sooner they can get their lives back in balance.⁴

⁴ DA PAM 600-24 Health Promotion, Risk Reduction, and Suicide Prevention, 1 May 14 Army Publishing Directorate (APD) copy.

Individual Activity/Exercise:

Do not write down the answers to the following questions. You will not be asked to share these with others.

- *Think of any risk factors present in your own life. Are you able to change any of these by changing your own behavior or by getting help with them?*
- *Now think of three protective factors that you have. Which ones can you add, strengthen or improve?*
- *Last, think of three sources of help that are available to you—Family, friends, co-workers, faith groups, 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:

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)

The key knowledge point for Slide 5 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.



Slide 6: Warning Signs



Directions (Approximately 3 minutes): Display slide 6 as you discuss the talking points. To get additional ideas and information to help you facilitate this section, read the Example Speaker's Notes.

Talking Points:

- When you see a warning sign, that is when you use ACE. Let's talk about it.
- Warning signs are different than risk factors.
- A warning sign is a cry for immediate help—a signal that something is very wrong right now!
- Talk to people. Get to know them so that you recognize a change in behavior.
- Never ignore a warning sign – apply the three steps of the ACE method. We'll practice the ACE method in the next part of our training.

Example Speaker's Notes:

When risk or stressors increase or a crisis occurs in your life or the life of a co-worker, 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 supervisor about your concerns. Different people may be seeing different signs, so if you feel concerned about someone, talk to your supervisor or talk to other co-workers and share your concerns; try to put the pieces together.

Warning signs may include:

1. Noticeable changes in behavior--sleeping, eating, hygiene, mood (depression, sadness, hopelessness, helplessness, anger, irritability, anxiety); isolating yourself; drug or excessive alcohol use.
2. Talking and/or hinting about suicide in words, texts, Facebook posts--saying you feel like dying, you can't go on, 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. *Relationship problems, financial problems, legal problems.*
6. *Buying a gun or obtaining other means of death.*⁵

FACILITATOR NOTE:

Warning Signs: It is often associated with a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show signs that indicate that they are at risk of attempting or dying by suicide. (www.suicideoutreach.org)

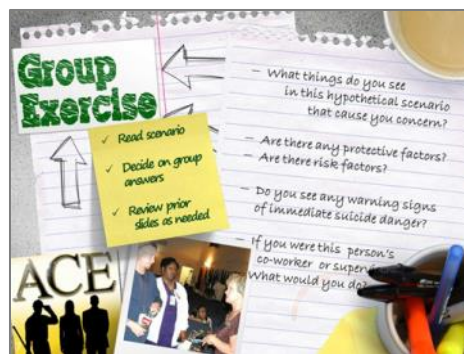
The key knowledge point for Slide 6 is to recognize warning signs of imminent suicide risk.

⁵ DA PAM 600-24, 1 May 14 APD copy.





Slide 7: Group Exercise



Directions (Approximately 20 minutes [10 minutes per exercise]): Divide training participants into groups of 6 to 8 individuals. The instructions for Group Exercises appear on Slide 7. Select two exercises from among the exercises in Appendix A. Prior to conducting the training, print copies of the two that you have selected so that each training participant has a copy. Instruct groups to read the exercises one at a time and then – as a group—decide on answers to the questions posed at the beginning of each exercise. For each exercise, allow the groups to work for 6 to 7 minutes and then ask for shout outs from the groups to answer the questions. Allow discussion if there are differences of opinion about courses of action to choose. (Use a total of about 10 minutes per exercise for small group discussions, shout outs, and class discussion.) Possible answers to the questions for each exercise are included in Appendix B for your reference and use in facilitating this section of the training. (If questions arise about risk/protective factors or warning signs, display Slides 5 and 6 again as required.)

Talking Points:

- Work in groups with 6 to 8 people in each group
- Read the first exercise and as a group decide on answers to the questions
- We will discuss the first exercise as a class and then work in our groups to do the same for the second exercise

Example Speaker's Notes:

Please form groups of 6 to 8 people to work on group exercises. I will hand out two exercises that feature hypothetical situations in the lives of Army Civilians. Please read through the first exercise entirely and then discuss it as a group and decide on answers to the questions. You will have about 8 minutes to read the first exercise and come up with the answers that you think are best. After you decide on your group answers we will discuss them as a class; then we will do the same for the second exercise.

FACILITATOR NOTE:

After the second exercise, remind training participants that when they recognize warning signs it is a signal to use the ACE method of suicide prevention that you will discuss next. The key knowledge point for Slide 7 is to teach training participants to recognize risk and protective factors and warning signs in a hypothetical situation involving Army Civilians and to discuss how to respond.



Slide 8: ASK



Directions (Approximately 3 minutes): Use the talking points to discuss how to ask about suicide. To get additional information and ideas regarding how to facilitate this section, read the Example Speaker's Notes.

Talking Points:

- Use ACE when you see warning signs.
- First step of ACE is to ASK directly about suicide thoughts or plans if one or more warning signs are present.
- Asking about suicide does not suggest the thought to someone; it shows them you care and it is ok to talk about it. Don't be afraid to ask.
- 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. *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.*
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 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 are understanding the person correctly and show your concern.⁶*

⁶ DA PAM 600-24, 1 May 14 APD copy.

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Even if the person denies being suicidal, listen for language such as “I am worthless,” “I can never be forgiven for what I have done,” “my life is not worth living,” “things can never be right again” that may be clues to suicide crisis.

**FACILITATOR NOTE:**

Further discussion about why people are reluctant to ask directly about suicide is included in the discussion of “stigma” later in the training. If questions arise at this point, let the class know that you will talk about these issues later on in the training. The key knowledge point for Slide 8 is for training participants to know how to ask low level to higher level of difficulty questions, culminating in, “Are you thinking about killing yourself?”





Slide 9: CARE



Directions (Approximately 3 minutes): Use the talking points to discuss how to show care for a person who may have suicide thoughts. To get additional information and 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 understand what they are saying (we will learn more about active listening after the break).

Example Speaker's Notes:

1. *Care for your friend or co-worker by understanding that they 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.*
2. *Remove any means that could be used for self-injury if you can safely do so.*
3. *Active listening may produce relief (we will learn more about active listening next).*
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.⁷*

FACILITATOR NOTE:

The key knowledge point for Slide 9 is training participants to understand how to show their concern and CARE for another individual.

⁷ DA PAM 600-24, 1 May 14 APD copy.



Slide 10: Break



Directions (Approximately 10 minutes): Ask for two volunteers to do a class demonstration on active listening after the break.

Give the class a ten minute break (brief the two volunteers during the break so that they can perform the active listening demonstration at the end of break. You can print out the information that they need ahead of time, read the information to them, or allow them to read it from your *ACE for Army Civilians Facilitator's Handbook*. Tell the volunteers that the demonstration should last about two minutes.)



You will perform a 2 minute role play to demonstrate POOR listening techniques. (At the end of the demonstration, the speaker should show anger and leave abruptly.) Here are your roles:

Role 1: The Speaker – here is your story

- You are 35 years old, married, with two children
- You were recently forced to move 200 miles from your family by Base Realignment and Closure (BRAC)
- You have never lived apart from your family; you go home every weekend; and you are exhausted
- Your spouse called last night with a family crisis and you feel powerless to help
- You are really down! Now to top it off, you overslept. This is the second time you have been late this week; you don't feel too confident in your new job and you are trying to explain all this to your new supervisor

Role 2: The Supervisor –here is your role

- You got several new personnel in the office due to BRAC; most have made a good adjustment; you have a deadline and a lot of responsibilities
- You want to be a good leader and get to know your employees, but you have limited time; there is an important deadline coming up; and you are out of patience.
- You are trying to find out what is causing this repeated lateness and poor performance—but you are **not** using active listening—as you ask questions to try to resolve these issues, you do the **opposite** of good listening techniques below—you **fidget, act impatient, look away, look at your watch, check your cell phone, tap your fingers or your foot; hurry the speaker, and show that you are out of patience and don't really care why the speaker is messing up, you just want it to STOP!**

These are good active listening techniques:

- Face the person; make eye contact—stop doing other things—pay attention;
- Give non-verbal feedback to show you are listening by nodding or saying “ok” or “I see”;
- 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 family separation” or “sounds like you are not connecting and fitting in with your co-workers yet”, “seems like you need to take some time to settle personal matters so you can focus on the work”, etc. to show the speaker you are trying to understand and you CARE what they are saying.



Slide 11: Active Listening



Directions (Approximately 10 minutes to include Active Listening Demo): Leave Slide 10 (the Break slide) displayed as you allow the volunteers 1 to 2 minutes to demonstrate **POOR** listening. Then stop the demo, thank the volunteers and ask for suggestions from the class for what they did wrong. Then display Slide 11 and point out the above good listening techniques. 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.

Talking Points:

- Using good listening techniques can help you to demonstrate care and concern for the person you are speaking with.
- Active listening does not need to solve the person's problem, but can provide relief by letting them know you are trying to understand their situation and you are concerned for them.
- Ask for shout outs from the class on how the supervisor could have better handled the situation.

Example Speaker's Notes:

You have seen a good example of poor listening techniques thanks to our volunteers! Shout out what the supervisor did wrong.


Allow time for answers from the group.

How could the supervisor have changed actions or language to create a better outcome?

Allow time for suggestions from the group.

Active listening includes giving the person your full attention without distractors; not judging the person; showing by your actions and body language that you are paying attention (such as by nodding or saying "ok" or "I see" to indicate that you are paying attention to what is said);

A and clarifying your understanding by checking that you have understood them correctly—reflecting back what they said using different words or asking additional questions can demonstrate your care and concern even when you cannot solve their problems. 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.

 These are good active listening techniques:

- Face the person; make eye contact—stop doing other things—pay attention;
- Give non-verbal feedback to show you are listening by nodding or saying “ok”;
- 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 family separation” or “sounds like you are not connecting and fitting in with your co-workers yet”, “seems like you need to take some time to settle personal matters so you can focus on the work”, etc. to show the speaker you are trying to understand and you **CARE** what they are saying.

FACILITATOR NOTE:

Possible answers for things the supervisor could do—suggest some counseling to help the speaker and spouse adjust to the new living arrangement; introduce the speaker to co-workers to help fit in or learn new job responsibilities; watch for signs that may indicate continued poor adjustment and increasing stress; or just check on the speaker and take time to talk more often. Offer mentoring and counseling rather than only criticism. The key knowledge point for Slide 11 is to teach training participants how to demonstrate care for a co-worker by active listening.





Slide 12: ESCORT



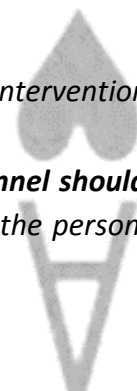
Directions (Approximately 3 minutes): Use the talking points to discuss how to escort someone for help. To get additional information and ideas regarding how to facilitate this section, read the Example Speaker's Notes. Hand out local resource list prepared earlier, or point out the list you put on the whiteboard or flip chart. Put the National Suicide Prevention Lifeline number/key local numbers into mobile devices if you have not already done so.

Talking Points:

- ESCORT means that you stay with the person to keep them safe.
- Go with them to the ER or doctor.
- Call help to come to you if needed by calling 911, the police, or the MPs if you work on a military installation.
- Or use the National Suicide Prevention Lifeline number.
- We will discuss resources in detail later in this training.
- Hand out list of local numbers. Put Crisis Line and emergency numbers in mobile device contacts list.

Example Speaker's Notes:

1. Escort your friend or co-worker immediately to a helping person or provider (emergency room, behavioral health professional, or primary care provider). Never leave the person alone.
2. Escort the person to someone who can help immediately.
3. Emergency rooms and urgent care rooms are the primary 24-hour crisis intervention facilities in most communities and on most Army installations.
4. **Never try to force someone to get help. Law enforcement and medical personnel should be summoned to the scene if the individual declines assistance.** Do not leave the person,



A saying you'll both take care of it later today or tomorrow morning. Dial 911 (or the equivalent local number if you are OCONUS).⁸

*In a suicide crisis, use **emergency** resources—your ESCORT resources are 9-1-1, the police, (on a military installation the military police [MPs]); a hospital emergency room, or other emergency services, a 24-hour crisis line such as the National Suicide Prevention Lifeline; a behavioral health or primary care provider. Be ready, take time to program numbers into your contacts list right now!*

Classroom Activity/Exercise: Hand out the local resources list. Direct training participants to program numbers of National Suicide Prevention Lifeline or other local emergency numbers into mobile devices. Then ask for suggestions of what to do if someone sends a warning sign such as “I can’t go on” by text message or Facebook post.

FACILITATOR NOTE:

The key knowledge point for Slide 12 is explaining to participants how to escort someone for help and what emergency resources to use in a suicide crisis.

⁸ DA PAM 600-24, 1 May 14 APD copy.





Slide 13: Role Play Exercise



Directions (Approximately 15 minutes): Select one exercise from among the exercises in Appendix A. Prior to conducting the training, print copies of the exercise so that each training participant has a copy. (If desired you can do the role play exercise using one of the two exercises that you used earlier in the training during the risk and warning sign exercises.) Instruct groups to read the exercise, then take turns playing the role of the person at risk and the person who is concerned (co-worker or supervisor), and use the ACE method (ASK, CARE, and ESCORT) to intervene in the situation. Circulate through the room to assist the groups and keep training participants on task. At the conclusion, as a lead-in to the stigma discussion, ask participants for shout outs about why it is hard to ask about suicide.

FACILITATOR NOTE:

If someone seems very uncomfortable at playing a role or does not wish to take part in the exercise, 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.

Talking Points:

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

Example Speaker's Notes:

Please divide into groups of two. We are going to do a role play. We can review the slides of the ACE method of suicide prevention and the slide about good listening techniques if anyone would like to do so.

Remember to try to use active listening by making eye contact, paying close attention to replies to questions, and reflecting the statements back to be sure you understand correctly. Ask questions and, based on the answers, determine what to do. At the end, be sure you ask directly whether the individual is considering suicide.

I am available if you have questions while you are doing the role play exercise.

Classroom Activity/Exercise: Divide training participants into groups of two.

One training participant plays the role of the person at risk and the other plays the role of a concerned co-worker, subordinate, or supervisor. Each person takes a turn to use the ACE method to determine the situation by asking questions of the individual at risk and choosing a course of action based on the answers. (If you have an uneven number of training participants, form one group of three and allow them extra time so that each can practice using the ACE method.)

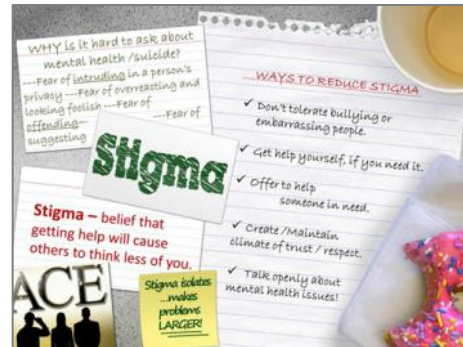
FACILITATOR NOTE:

The key learning point for slide 13 is for training participants to practice using the ACE method in order to develop confidence in its use and increase their willingness to use it.





Slide 14: Stigma



Directions (Approximately 3 minutes): Display the slide as you use the talking points to discuss stigma. Read the Example Speaker's Notes for additional information and a sample of how you can facilitate this section of the training.

Talking Points:

- Even in a role play in a classroom it is hard to ask the question.
- Stigma is all the factors that make people reluctant to ask for help.
- Getting the help you need early prevents problems worsening.
- List things Army Civilians 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 suggestions from the class.

All the things that make Army Civilians reluctant to reach out for help are lumped under the term "stigma". Stigma has a lot of different causes.

Our culture places a high value on privacy. It is always difficult to ask others about personal issues unless they have volunteered the information. It can even be hard to ask a family member if something is troubling them to the point that they want to kill themselves. And it is perhaps equally hard, or harder, to ask a supervisor, subordinate, or co-worker.

We fear that we are interfering in someone else's business, that we will appear nosy and intrusive, that they will reject us, or get angry, or ridicule us for misreading the signals and being concerned. We also sometimes fear that if the person is not thinking about suicide, we may put the idea into their heads or suggest it to them. To help you get past these fears, consider the possible outcome if you don't reach out to someone. Remember that asking directly about

suicide does not 'suggest' it to someone, and people are usually touched and relieved by your concern and the opportunity to talk about these things

Stigma about revealing that you yourself need some help can be because of fears about appearing weak, worrying that your co-workers or supervisors or subordinates will look at you differently if you say you need help. It can be concern that your career will suffer. (Again consider the possible outcome as problems get worse if you don't get help, even if you do have to ignore some stigma.) Setting an example lets others know it is ok to ask for help!

Stigma can be created or worsened by behavior that isolates other people and sets them apart: making fun of someone; making them the butt of jokes or the scapegoat 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. Shaming or laughing at people (labeling them as weak or "crazy") if they need or ask for help.*
- 3. Picking on people, bullying them, or making them scapegoats for the group.*
- 4. Disparaging others when they talk about their problems.*
- 5. Harassment or hazing.*
- 6. 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 suggestions from the class.

- Don't tolerate bullying or shaming 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;*
- Offer to help when you see someone else is stressed out or acting differently than usual;*
- Don't downplay the problems of others. If they perceive it as overwhelmingly stressful, then for them it is. It is their perception that matters.*
- Play a part in maintaining a climate of trust and respect for all.*
- When someone returns to the workplace after receiving treatment or counseling, after a suicide attempt, or after they have lost a friend or family member to suicide, ensure that they receive support, follow-up counseling, and are not isolated or ostracized.*

FACILITATOR NOTE:

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*



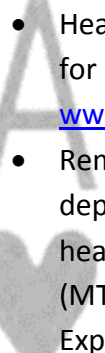
Slide 15: Resources



Directions (Approximately 5 minutes): Print the below resource and Apps lists which are provided in Appendix E and hand it out along with the local resource list that you obtained. Point out the resources that are available to Army Civilians and ensure that participants put the National Suicide Prevention Lifeline number in their mobile device contact list or make a note of it to record later. Be certain you point out the difference between the resources that are good for information, assistance and counseling and the ones that are useful in a suicide emergency.

Talking Points:

- National Suicide Prevention Lifeline 1-800-273-TALK (8255); in Europe 00800 1273 8255 or DSN 118 or in Korea 0808 555 118 or DSN 118 (may not be toll free for all carriers); OEF ROZHAN: 070-113-2000, wait for dial tone and dial 1-1-1; DSN/NVOIP 1-1-1 or 318-421-8218.
- Your Healthcare Provider (check health insurance provisions—Federal Employee Health Benefits Program at <http://www.opm.gov/insure/health/>)
- Army Suicide Prevention Program (ASPP) Resources at www.preventsuicide.army.mil
- DoD Suicide Prevention Office (DSPO) at <http://www.suicideoutreach.org/>
- Army Community Service (ACS)- training and counseling resources [http://myarmybenefits.us.army.mil/Home/Benefit_Library/Federal_Benefits_Page/Army_Community_Service_\(ACS\).html?serv=149](http://myarmybenefits.us.army.mil/Home/Benefit_Library/Federal_Benefits_Page/Army_Community_Service_(ACS).html?serv=149)
- Employee Assistance Program (EAP) <http://cpol.army.mil/news/201112/Wellness-EAP.html>. Most EAPs offer one-on-one problem assessment, short term counseling sessions, referrals to community resources, follow-up care, and crisis intervention. Initial counseling sessions are usually free. Most EAPs also offer a wide variety of training options.
- CSF2 Global Assessment Tool (GAT) 2.0 and CSF2 Army Fit (<http://csf2.army.mil/>)
- Community Resource Guides (available on the US Army Public Health Command (USAPHC) website or on the homepage of most Army installations) <http://phc.amedd.army.mil/topics/healthyliving/hpr/Pages/CommunityResourceGuides.aspx>
- Free Apps from the National Center for Telehealth and Technology (T2) <http://www.t2.health.mil/products/mobile-apps>

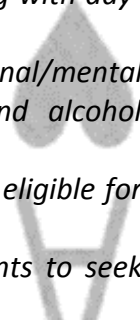
- 
- Healthcare provider, school and college counseling center, or the EAP to locate resources for children and adolescents. The Society for the Prevention of Teen Suicide at www.sptsnj.org also offers free informational resources.
 - Remember that if you are a retiree, veteran, military Family member, or have been deployed for your Army Civilian job, you may be eligible for other military provided mental health and counseling services such as those provided by Military Treatment Facilities (MTFs), TRICARE, the Veterans Administration (VA), and Military One Source (MOS). Explore all your options.

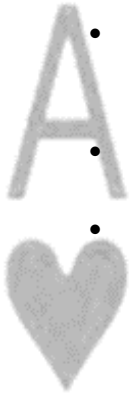
Example Speaker's Notes:

These are some of the resources available to Army Civilians. The National Suicide Prevention Lifeline is available 24/7. When you dial 1-800-273-TALK (8255), you are calling the crisis center in the Lifeline network closest to your location. After you call, you will hear a message saying you have reached the National Suicide Prevention Lifeline. You will hear hold music while your call is being routed. You will be helped by a skilled, trained crisis worker who will listen to your problems and will tell you about mental health services in your area. Your call is confidential and free. Whether you are thinking about suicide, are worried about a friend, have lost someone to suicide, or need emotional support, there are a million reasons to call the Lifeline.

Your healthcare provider is a source for locating counseling and other services that you may require. Check with your health insurance plan to determine coverage and costs.

The Department of the Army Employee Assistance Program <http://cpol.army.mil/news/201112/Wellness-EAP.html> and your health insurance provider can provide you with information regarding your health, behavioral health, and other benefits. Services can differ per location. EAP information:

- *When employees are experiencing on-going or overwhelming problems related to stress, family, emotional, alcohol or drug use, financial or other concerns, the EAP can help. Talking things over with a professional counselor can often provide a step in the right direction to resolve the issues that get in the way of handling a job or coping with day-to-day living*
 - *Areas of assistance: Diagnostic and short-term counseling. Covers emotional/mental stress that employees face, including but not limited to: substance and alcohol use/abuse and financial issues; not limited to work-related stress.*
 - *Who's eligible: Employees and dependents, including same sex partners, are eligible for services; services can differ per location.*
 - *Restrictions: Typically, very few, which encourage employees and dependents to seek help early; covers work- and off-duty related issues.*
- 



- *Services: Includes employee-focused counseling, treatment referral, and actual treatment; client follow-up and aftercare; supervisory consultation; crisis intervention; also includes various tailor-able workshops for managers and leaders.*
- *Cost: Typically, no additional cost. Insurance or medical programs can cover most referral options.*
- *Federal and state laws guarantee the confidentiality of client identity and records. The primary concern is that employees receive the assistance they need. The Employee Assistance Program is covered under AR 600-85, The Army Substance Abuse Program. Refer to DA Pam 600-85, Chapter 2 for a discussion of comprehensive EAP services for civilians.⁹*

Comprehensive Soldier and Family Fitness (CSF2) at <http://csf2.army.mil/> provides a Global Assessment Tool (GAT) 2.0 to help you pinpoint your own risks and protective factors and provides access to an online training environment with tailored videos, information, and people/organizations to follow based on your individual GAT results. The CSF2 resources are free and confidential.

Community Resource Guides (CRGs) available at the US Army Public Health Command (PHC) website at <http://phc.amedd.army.mil/topics/healthyliving/hpr/Pages/CommunityResourceGuides.aspx>, or on the homepage of most Army installations, provide a comprehensive, coordinated community outreach resource that highlights installation, DoD, Army and community-based options for access to health care, awareness activities, and assistance support. These guides coordinate and leverage the strengths of installation and local community support programs and services for Active and Reserve Component Service Members, Family Members, Civilians, and Retirees. CRGs cover the continuum of care from prevention to education to treatment that is provided by clinicians and other installation-based care providers. Some of the information often includes where to find these health-related services locally.

Many free apps are available through the National Telehealth and Technology Center (T2) at <http://www.t2.health.mil/products/mobile-apps>. All of the following apps are available for both Apple and Android devices and can be accessed by searching the name in the app store:

- *T2 Mood Tracker – This app allows you to monitor and track your moods and behaviors over a period of time in order to raise your own awareness of how life events may weigh on your psychological health. It can be useful as a tool to share with your therapist or provider for insight into your day to day health.*
- *Breathe2Relax – This app guides you through a series of deep breathing exercises to help calm and release stress and anxiety when faced with a stressful situation.*

⁹ <http://cpol.army.mil/news/201112/Wellness-EAP.html> (14April14)



- *Tactical Breather* – This app is similar to the *Breathe2Relax*, but was created for service members and was intended to train and guide you through exercises to gain control of both psychological and physiological responses to stress in combat situations. It is useful for day to day stressful situations as well.
- *PTSD Coach* – This app consists of a self-assessment module that allows you to track changes in symptoms over time, a manage symptoms module that provides coping skills and assistance for common problems, a support module that helps in locating help in times of need and an education module that provides information regarding PTSD, treatment options and other key topics.
- *LifeArmor* – This app is a companion to the *AfterDeployment.org* website. It provides information about many behavioral health topics, personal stories, and assessments to help identify feelings. Once it has helped identify the feelings, it provides exercises to help cope with the emotions.
- *Positive Activity Jackpot* – This app uses a professional behavioral health therapy called pleasant event scheduling (PES), which is used to overcome depression and build resilience. This app features augmented reality technology to help users find nearby enjoyable activities and makes activity suggestions with local options and the ability to invite friends. If you cannot make up your mind which fun thing to do, “pull the lever” and let the app’s jackpot function make the choice for you.
- *Provider Resilience* – This app is targeted to health care providers to help guard against burnout and compassion fatigue as they help service members, veterans and their Families.

If you are concerned about a child or adolescent, contact the National Suicide Prevention Lifeline, a healthcare provider or behavioral health center, or your child’s school or college counseling center for assistance and referrals. Use your local emergency resources in a suicide emergency. The non-profit Society for the Prevention of Teen Suicide at www.sptsnj.org also has resources and an informative video.

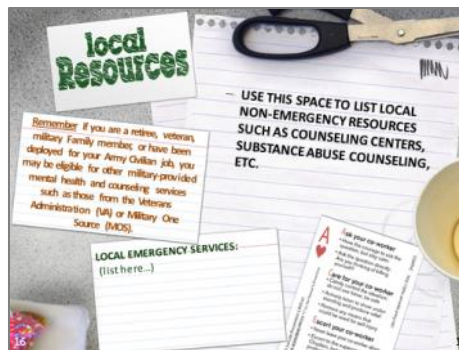
If you are a military retiree, veteran, or Family member who has access to military resources, there are a number of other resources available to you such as Military OneSource (MOS) and Military Family Life Consultants (MFLCs). If you have been deployed for your Army Civilian job, MOS and other military resources may also be available to you. Explore all your options.

FACILITATOR NOTE:

Be certain you point out the difference between the resources that are good for information, assistance and counseling and the ones that are useful in a suicide emergency. The key knowledge point for slide 15 is to recognize what resources are available telephonically and locally to use in a suicide ESCORT situation and the non-emergency counseling and information sources available.



Slide 16: Local Resources



Directions (Approximately 3 minutes): Customize this slide to provide information on resources in your local area (address and telephone number), including counseling, AA, substance abuse programs, hospital emergency rooms, and 24-hour medical service center locations. (If you have printed a list of these resources, hand them out at this time.)

Talking Points:

- Point out local resources such as behavioral health centers, counseling services, psychiatric hospitals, substance abuse programs, Alcoholics Anonymous (AA), etc.
- Point out location of hospital emergency room and 24-hour medical service centers.
- Please take a moment to put the location and phone numbers into your mobile device contact list or make a note to enter them later.

Example Speaker's Notes:

Here is a partial list of resources available in our local area.

What other resources are you aware of that should be on this list?

Allow time for answers from the group and add them to the slide / whiteboard / or flip chart.

FACILITATOR NOTE:

The key learning point for Slide 16 is to become familiar with resources that are locally available such as mental health treatment centers, counseling or behavioral health services, etc. as well as local emergency services.





Slide 17: Guest SMEs



Directions (Approximately 22 minutes): Customize this slide with the names and titles of subject matter experts (SMEs) who will present further resource information to the class and answer questions. Remember to provide all guest speakers with the Suggested Speaker Guidelines available in Appendix D to help them prepare their presentation(s). If more than one SME will be present, provide each of them with a suggested amount of time for their presentation to ensure that there will be time for questions and that the class ends on time. (Suggested SMEs include representatives from the Employee Assistance Program, health insurance provider, local counseling or mental health center, or the Suicide Prevention Program Manager (SPPM) for your state, territory, region, or installation.)

Talking Points:

- Introduce guest speaker(s) with name , title and organization they represent.
- At the conclusion of the presentation, moderate a question and answer session.
- Be sure you provide time guidelines to your SME speaker(s) and ensure they begin and end on time.

Example Speaker's Notes:

Please welcome (provide name, title, and organization).

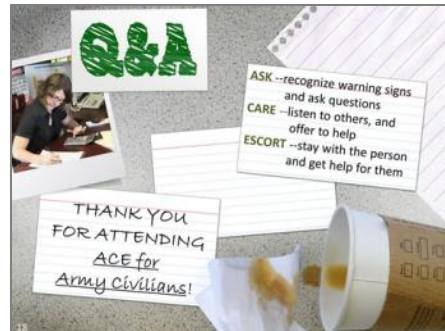
Allow time for presentation then conduct Q&A session.

FACILITATOR NOTE:

Let SMEs know how much time you have allotted for their presentations and the question and answer session to follow. Be prepared to provide time cues to the speaker and to moderate the question and answer session so that the training ends on time. The key learning point for Slide 17 is to provide an opportunity for training participants to obtain in-depth knowledge about the resources available to them and have an opportunity to ask specific questions.



Slide 18: Q & A



Directions (Approximately 3 minutes): Use the talking points to conclude the ACE for Army Civilians class by reminding the training participants what ACE means and encouraging training participants to get help for themselves or another.

Talking Points:

- Remember that ACE means ASK CARE ESCORT.
- ASK means recognize warning signs and ask questions about the stress in the person's life and ask if the person is thinking about suicide.
- CARE means help combat stigma, listen to others, and offer to help.
- ESCORT means stay with the person and escort them to help or bring help to them.
- What final questions do you have?
- THANK YOU for attending ACE for Army Civilians.
- I will be in the classroom if anyone has a further question.

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; use resources to get non-emergency help before there is a crisis, but if there is an imminent crisis: ESCORT the person to get help; don't leave the person alone even for a minute—call the Lifeline number, or call 911, and stay with the person until a helping professional takes over.

Are there any final questions? Answer any final questions or take the person's name and provide information to them later.

Thank you for attending the ACE for Army Civilians training. I will be available in the classroom for a few more minutes if anyone has another question or wants to talk.

FACILITATOR NOTE:

Reminder, please remain in the classroom for 15 minutes at the end of the training so that training participants that have additional questions or concerns can speak with you if needed. Be prepared to assist them to find additional assistance as required. The key learning point for Slide 18 is to summarize the key points about ACE.

APPENDIX A – ACE EXERCISES

The following pages are the handouts to be used when conducting the ACE Exercises. Below is a list of the various characters depicted in the scenarios.

Appendix A: ACE for Army Civilian Exercises		
Character	Age	Position
Christine	40	Army Civilian Nurse
John	56	Army Civilian Food Inspector
Kaylee	26	Army Civilian Personnel Office Admin
Kenneth	45	Army Corps of Engineers Employee
Tyler	30	Army Civilian Maintenance Worker
Danny	48	Army Civilian HQ Program Analyst
Reggie	37	Army Civilian Information Technology Specialist
Don	41	Army Civilian Contract Specialist
Carolyn	60	Army Civilian Relocation Specialist



CHRISTINE – ARMY CIVILIAN NURSE

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- *What do you see in this notional scenario that causes you concern?*
- *Does the character have any protective factors?*
- *Does the character have risk factors?*
- *Do you see any warning signs of immediate suicide danger?*
- *What would you do if you were this person's co-worker or supervisor?*

Christine is a 40-year old Army Civilian nurse at the General Leonard Wood Army Community Hospital. She is recently divorced from her Soldier husband of 20 years. She is trying to gain joint custody of her two pre-teen sons. The divorce settlement gave Christine possession of the couple's expensive house as well as responsibility for the mortgage payments. With her heavy legal fees and loss of her spouse's income, Christine has missed several mortgage payments. The lender is threatening to foreclose and that is affecting the custody battle. Her work has been impacted as well, partly because she is again becoming heavily dependent on pain medication to manage chronic pain from a back injury.

Last week Christine was passed over for the supervisory position she had been counting on to turn things around financially. She talked to her best friend at work about how unfair this was after ten years at the hospital and how hard she worked. Christine blames the very public and messy divorce.

Christine sees the chances for saving the house and getting joint custody of the boys diminishing. She has begun having several glasses of wine, in addition to the pain medication, to get to sleep each night and this has increased her feeling of hopelessness and depression. This afternoon, after a call from her lawyer, Christine told her friend at work that her life has spiraled out of control and everything that is important to her is going to be lost. She said there is no way to turn things around and made a joke that the most valuable thing she has left to give her children at this point is her life insurance.

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: 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)

JOHN – ARMY CIVILIAN FOOD INSPECTOR

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- What do you see in this notional scenario that causes you concern?
- Does the character have any protective factors?
- Does the character have risk factors?
- Do you see any warning signs of immediate suicide danger?
- What would you do if you were this person's co-worker or supervisor?

John, who is 56, is the installation-level Army Civilian DVM (doctor of veterinary medicine) at Ft. Bragg. He has responsibility for all food inspections at the installation, including the DoDEA schools and the child care center. He has been a pillar of the community for many years. Recent cutbacks in support staff have greatly increased his workload. He has been working extra hours to maintain high standards, but that means less time with his family, church and community obligations, all of which are very important to him.

This morning he was notified that several elementary students had become ill after eating in the school cafeteria. John realized he had missed a notification about improperly labeled ice cream topping that contained peanut products. Although most students made a full recovery, a first grader, the daughter of a fellow church member, experienced a severe respiratory reaction and died.

John was immediately placed on administrative leave pending an investigation. He returned home but refused to talk. He told his wife he needed to be alone, packed a bag, and left for his brother's hunting cabin. After he left, his wife realized that he had taken a shotgun and a full bottle of whiskey with him. An hour after he left, she got a text saying: "Just wanted you to know I am sorry and I love you." John's wife immediately called you, his good friend, for advice on what to do.

Definitions:

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Warning Signs: It is often associated with a severe crisis that does not go away, that may worsen over time, or that may appear hopeless. Friends or loved ones in crisis may show signs that indicate that they are at risk of attempting or dying by suicide. (www.suicideoutreach.org)

KAYLEE – ARMY CIVILIAN OFFICE ADMIN

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- *What do you see in this notional scenario that causes you concern?*
- *Does the character have any protective factors?*
- *Does the character have risk factors?*
- *Do you see any warning signs of immediate suicide danger?*
- *What would you do if you were this person's co-worker or supervisor?*

Kaylee is 26 and works for the Army Civilian Personnel Office (CPO) as an administrative assistant. When she got divorced six months ago, she moved back in with her grandmother to make ends meet. Kaylee has told her friend in the next cubicle about being abused and trying to kill herself with a drug overdose at fourteen. Kaylee lived with her grandmother after that and still depends a lot on the grandmother's loving help and support. Kaylee has struggled to meet the high standards at CPO. Because of the divorce and her financial problems, her work has suffered recently. Within the past month, she has received a verbal counseling and a notation on her record about poor work quality and not meeting deadlines.

Last week Kaylee learned that her grandmother has Stage IV breast cancer and has only months to live. Since that time, Kaylee's behavior and appearance have changed drastically. She has written notes of apology to several co-workers that she fears she may have offended. She has given her friend at work several valuable items that she says she doesn't need anymore. She has thrown away all the personal items and mementos that decorated her cubicle, including pictures of her grandmother. Her usual carefully groomed appearance has deteriorated. And her recent Facebook posts have talked entirely about death and dying, losing the people you care about, and being left all alone. On Friday afternoon, Kaylee's friend overhears their supervisor tell Kaylee to redo a long project, correcting multiple mistakes, and turn it in again by COB Monday. Afterward she heard Kaylee say, "It's hopeless. Now I will lose my job too. I would rather die than do this right now!"

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: 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)

KENNETH – ARMY CORPS OF ENGINEERS EMPLOYEE

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- What do you see in this notional scenario that causes you concern?
- Does the character have any protective factors?
- Does the character have risk factors?
- Do you see any warning signs of immediate suicide danger?
- What would you do if you were this person's co-worker or supervisor?

Kenneth, a 45-year-old Army Civilian, deployed to Louisiana with the Army Corps of Engineers for a three month flood control project. Before he left, he had an argument with his 30-year-old wife of six months. The argument, about her going to bars with a group of single friends and spending too much, ended in his slapping her. Kenneth feels very guilty. He had sworn he would never resort to physical violence again. His anger issues had ended his first marriage and made him lose custody of his kids. He has apologized to his wife repeatedly, but she has not forgiven him. She said going out with her friends and buying things is her way of coping with a husband who is not there for her.

Kenneth was finally forced to reveal some of these issues to his supervisor after co-workers complained about his attitude on the worksite. His supervisor has known Kenneth for several years and is aware that anger management problems have kept Kenneth from promotions more than once. He suggested that Kenneth join the work team for basketball each day to reduce some of his stress and improve relationships within the group. This seemed to be helping.

However, yesterday, Kenneth's wife called and told him that she is seeing someone else and planning to file for a divorce before Kenneth returns home next week. Kenneth immediately used his mobile to check and learned his wife had maxed out the credit cards and withdrawn all but \$100 of the nearly \$10,000 savings in their joint account. Kenneth stormed out and belligerently announced he was tired of playing ball with such a group of losers. Since then he has hardly spoken to anyone. He has slammed tools and paperwork around and is clearly furious.

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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: 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)

TYLER – ARMY CIVILIAN MAINTENANCE WORKER

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- What do you see in this notional scenario that causes you concern?
- Does the character have any protective factors?
- Does the character have risk factors?
- Do you see any warning signs of immediate suicide danger?
- What would you do if you were this person's co-worker or supervisor?

Tyler, who is 30, got out of the Army after his second deployment, worked at temporary jobs, then competed successfully for an Army Civilian installation maintenance job at Joint Base Lewis-McChord (JBLM). In his last deployment, Tyler's unit was hit twice with improvised explosive devices (IEDs) and he was also first on the scene after a suicide bomber rammed a truck into a building. Tyler provided first aid and later assisted with dealing with human remains. Several months after leaving the Army, Tyler began having nightmares.

Since starting the new job, sleep problems and nightmares have gotten much worse. Tyler is using alcohol and over-the-counter sleep aids to try to cope with the problem. He has been stockpiling alcohol and pills to get him through the night. Tyler learned that he was selected for the job over a popular co-worker so he is trying hard to fit in and prove himself to the group. Only his supervisor is aware of Tyler's Army experiences and offered to connect him with a group of young vets who meet every week. Tyler refused the offer.

This week there have been significant changes in Tyler's behavior. He has been moody and irritable and his work performance is suffering. Last night he attended a farewell for a co-worker and got drunk and very argumentative. In the parking lot after the event he took a swing at the co-worker he had argued with. The co-worker discussed the incident with the supervisor this morning. Tyler, arriving late at work, still in the same clothes, got a message to report to the supervisor. He threw down his tools and has just walked off the job.

Definitions:

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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: 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)



DANNY – ARMY CIVILIAN HQ ANALYST

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- 
- *What do you see in this notional scenario that causes you concern?*
 - *Does the character have any protective factors?*
 - *Does the character have risk factors?*
 - *Do you see any warning signs of immediate suicide danger?*
 - *What would you do if you were this person's co-worker or supervisor?*

Danny is 48. He is an Army Civilian Program Analyst for the Human Resource Command. Eight months ago, because of Base Realignment and Closure (BRAC), his work team was moved to Fort Knox, KY. Danny, unable to find another job, moved to a tiny furnished apartment near Ft. Knox. His wife decided to remain at their Virginia home rather than give up her job and put their three teenagers in a different school.

Initially, he and his wife talked on the phone daily, but as months passed, they talked less and less. Danny could only fly home once a month and when he did, he often felt like an outsider. Wanting the visits to be pleasant, he rarely disciplined the kids. His wife complained about managing her full-time job and the kids' activities and problems. She told him that he wasn't doing his fair share as a parent.

Danny became more and more depressed as time went on. He liked his work and co-workers, but he had no social life. Weeknights were spent watching TV over a few beers. He often woke up in the middle of the night on the sofa with the TV still on. Weekends he spent the afternoon and evening watching sports at the local bar, usually staying for a meal. Twice last month he was late for work because he overslept.

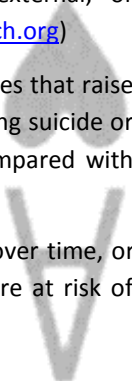
After his last visit home, Danny confided to his coworker that things weren't going well. His wife used 'retail therapy' to help her cope and their bills were piling up. Their son got a DUI and had his license suspended and reacted angrily when Danny told him he was grounded. Danny told his co-worker that his family might just be better off without him. "Heck," he said, "They probably wouldn't even miss me."

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: 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)



REGGIE – ARMY CIVILIAN INFORMATION TECHNOLOGY SPECIALIST

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- *What do you see in this notional scenario that causes you concern?*
- *Does the character have any protective factors?*
- *Does the character have risk factors?*
- *Do you see any warning signs of immediate suicide danger?*
- *What would you do if you were this person's co-worker or supervisor?*

Reggie is 37 and an Army Civilian Information Technology Specialist at AFRICOM in Stuttgart. He's a divorced father of two teenaged girls who live with their mother in Texas. Reggie really misses his kids, but the extra money from working abroad has helped him pay his alimony and child support and share the expense of an assisted living residence for his father who has Alzheimer's disease.

Reggie decided to start his own side business to subsidize his income by developing websites for friends and local businesses. He speaks fluent German and has started getting more and more work. To meet the demand, he started working on customers' websites while at his day job, even though it was a misuse of government equipment. He rationalized that it would be okay. His workload was light and if something came up, he could easily transfer his attention to it.

After several weeks a co-worker noticed and threatened to expose him. Reggie knew he'd lose his job. His co-worker agreed not to expose him, but at a price. The co-worker was selling electronics purchased at the Post Exchange to local German civilians. He demanded that Reggie buy a laptop, tablet, and iPod for him in exchange for keeping quiet. Reggie knew it was illegal, but he really needed his job. He swore to himself that he wouldn't misuse government equipment again and agreed to help the co-worker just once.

The following week, the co-worker laughed at Reggie's thinking it would be just once. He handed Reggie a new list of items to buy. Reggie felt so guilty and ashamed that he made a serious work mistake that exposed personally identifiable information (PII). His boss was furious and began a disciplinary action. That afternoon Reggie got a call that the assisted living costs were being raised. This was the last straw. Reggie left work abruptly that afternoon and didn't return the next morning. His supervisor knew Reggie was divorced and now in trouble for the PII with potential legal repercussions, but knew no more about his personal life and hadn't wanted to pry into his business.

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: 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)

DON – ARMY CIVILIAN CONTRACT SPECIALIST

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- *What do you see in this notional scenario that causes you concern?*
- *Does the character have any protective factors?*
- *Does the character have risk factors?*
- *Do you see any warning signs of immediate suicide danger?*
- *What would you do if you were this person's co-worker or supervisor?*

Don, who is 41, is one of three Contract Specialists with the Corpus Christi Army Depot in Corpus Christi, TX. He has worked at the Depot for 13 years, starting in a logistics support position then getting a degree and additional training to qualify for his current job. The Depot overhauls, repairs, modifies, tests and modernizes helicopters, engines, and other components and Don's contracting position is key to much of the work that goes on. Don is a life-long resident of the area. His wife is a high school teacher and they have three kids; the oldest is a freshman in college. They love the area and want to retire there someday.

Five years ago, based on their combined incomes and promotion prospects, Don and his wife felt financially secure enough to move their family to a larger home in a more exclusive neighborhood with a well-regarded school system for the kids. They have settled into the new area and established friendships, joining the local church and civic organizations. However, when their daughter began college recently, the family finances became strained. Economizing has put stress on Don and his wife. They have started seeing a marriage counselor that they were referred to through the Employee Assistance Program (EAP) at Don's work.

Last month, Don learned that due to the economy and reduced demand for Depot services, there will be a reduction in force (RIF) that will eliminate his position three months from now despite his loyalty, experience, and years of work. Don has been looking for another position. His wife wants to stay in their current home, where they have friends, a good school, and her work. Don has been unable to locate work in the local area at a comparable pay scale. There is a comparable job opening at Letterkenny Army Depot, but it would mean moving to Chambersburg, PA. Don's wife has refused to even talk about such a move or to go to marriage counseling any longer. Don feels like his whole world has suddenly fallen apart—his career, his marriage, his home, and his retirement plans. He has become very depressed and is having trouble even getting up to go to work. He has also stopped attending church. He told his friend at work that he cannot see any way out.

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: 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)

CAROLYN – ARMY CIVILIAN RELOCATION SPECIALIST

Instructions: Take 6 to 8 minutes to read and discuss the notional scenario; then decide on a single answer from your group for each question. Be prepared to share your answers with the class.

- What do you see in this notional scenario that causes you concern?
- Does the character have any protective factors?
- Does the character have risk factors?
- Do you see any warning signs of immediate suicide danger?
- What would you do if you were this person's co-worker or supervisor?

Carolyn is 60 years old. She has worked for 18 years at Army Community Service (ACS) at Ft. Benning, Georgia, starting in a contract job and then moving into an overhire position as an installation Relocation Specialist. Carolyn has seen relocation services move from "xeroxed" copies of information placed in folders and mailed out, to an online information service. With no formal training, she has learned to use the computer programs that have been required, but is still somewhat uncomfortable with technology. Her husband died five years ago and she has no children. Her work is her life.

Over the years, Carolyn has become the face of the ACS, giving lively newcomer orientation classes and running the lending closet. She has become the go-to information person for many residents at the post. She has also become the heart of the community, bringing a home-made cake and a card for staff birthdays; hanging banners for awards; and meticulously planning retirement ceremonies and insuring they are well attended. Even the post commander said she was irreplaceable.

Six months ago, Carolyn heard a rumor that due to the drawdown and manpower reorganization at Ft. Benning, overhire and temporary positions would be eliminated. After years of dedication, praise from everyone, and nearing retirement, Carolyn assumed her job would not be impacted. However, last month the ACS manager told Carolyn that next fiscal year, her position will no longer be funded. Carolyn told no one. Her cheerful demeanor changed completely; she ate lunch alone each day instead of joining co-workers as usual. When she missed the annual awards ceremony, her best friend at work emailed to ask why. Carolyn emailed back: "My job is no longer necessary! The praise was fake. I feel so depressed, discarded like a worn-out shoe. I am old and tired. I don't have skills to get a new job, but, financially, I can't retire yet. What will I do? Since my husband died, work is my life."

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: 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)

APPENDIX B – POTENTIAL SOLUTION SETS (FOR FACILITATOR USE ONLY)

FACILITATOR NOTE: There may be several effective answers for these exercises. The “recommended” course of action for each of the exercises will depend on the group’s interpretation of the information that is available to them. Below are some of the protective and risk factors and warning signs that may be identified in the notional scenarios and some possible courses of action. Do not read them to training participants. They are provided as examples for your reference in facilitating the discussions. The objective of the exercise is that the training participants engage in active discussion; practice identifying risk and warning signs; and explore/discuss options on what action to take.

Character	Position	Protective Factors	Risk Factors	Warning Signs	Potential Courses of Action for Co-workers/ Supervisors)	Resources
Christine (age 40)	Army Civilian Nurse	Concern for children; one good friend to talk with; long term employment	Recent divorce; custody fight; financial problems; chronic pain; medication dependence; increasing alcohol use; depressed; feels powerless	Feelings of hopelessness and helplessness; 'joking' about inability to take care of her children and about life insurance	Encourage her to get some counseling to help her through this bad period; get help for her pain medication dependency; encourage her to get financial planning help to possibly refinance; provide friendship and personal support; offer to help her schedule appointment; share your concern with supervisor	EAP short term counseling if available; counseling options using health insurance; primary care physician; free financial advisors at bank/credit union; use CSF2
John (age 56)	Army Civilian DVM Food Inspector	Community groups; friendships; religious faith; strong professional values; stable marriage; concern for family	Threat to career; investigation, potential legal implications; guilt; potential loss of community and church respect for him	Unusual behavior; feelings of guilt; withdrawal; possible farewell message to spouse; gun; alcohol	Phone and speak with John using ACE method to ask directly about suicide; send help--notify 911 of potentially life threatening situation; call National Suicide Prevention Lifeline	Emergency resources: 911, police, National Suicide Prevention Lifeline. After emergency is past--counseling support through behavioral health/church

Character	Position	Protective Factors	Risk Factors	Warning Signs	Potential Courses of Action for Co-workers/ Supervisors)	Resources
Kaylee (age 26)	Army Civilian CPO Admin Assistant	Close to grandmother; one good friend at work	Recent divorce; financial problems; possible immaturity; history of suicide attempt; serious illness /potential death of close relative will mean loss of emotional and financial support; history of abuse as a child; problems at work	Changes in behavior; giving things away; throwing things away; disturbing Facebook posts; talk about death and dying; feeling of hopelessness; changes in personal grooming	Use ACE method and ask directly about suicide; take next steps based on Kaylee's responses; go with her to ER; call 911 if she refuses to go; get supervisor involved to help; call National Suicide Prevention Lifeline	Emergency resources: 911, police; National Suicide Prevention Lifeline. After emergency is past--counseling support through EAP or healthcare provider
Kenneth (age 45)	Army Civilian Corps of Engineers Employee	Concerned supervisor; physical activity; improved relations with co-workers	Anger management issues; isolated; marital problems; financial problems.	Withdrawal from others; emotional outburst; anger issues; withdrawal from activities	Supervisor follow organization's SOP for potential workplace violence; encourage him to get counseling help for anger issues; suggest marriage counseling; suggest he contact a lawyer re financial issues rather than dealing with them in anger with his wife	EAP short term counseling if available; insurance paid counseling options; anger management classes; primary care physician; marital counseling
Tyler (age 30)	Army Civilian Installation Maintenance Worker	Got desired job; shared his background with supervisor; potential group of peers available to help	Possible PTSD; newcomer with no close ties to work group; heightened stress due to job pressures; multiple deployments; combat exposure; sleep problems; using sleeping pills and alcohol; no close relationships	Changes in behavior; changes in personal hygiene; increasing alcohol use; anger and violent behavior; socially inappropriate behavior	Contact supervisor; supervisor could phone and use active listening and ACE to ask directly about suicide; supervisor might contact emergency POC on Tyler's personnel record to enlist their help; proceed based on outcome to either recommendations for counseling or contact emergency resources	Explore military veteran entitlements for options; EAP short term counseling; primary care provider for evaluation for PTSD; apps; CSF2 resources; possibly emergency resources

Character	Position	Protective Factors	Risk Factors	Warning Signs	Potential Courses of Action for Co-workers/ Supervisors)	Resources
Danny (age 48)	Army Civilian HQ Program Analyst (BRAC move)	Family; talks to co-worker; good work group; happy with work	Social isolation; increasing alienation from family; family stress; financial stress; increasing alcohol use	Possibly statement that family wouldn't miss him; change in work behavior (late to work)	Encourage him to get some help with marital and parenting issues; be willing to listen and offer friendship; invite him to join co-worker's family for dinner; invite him or encourage him to participate in church or other activities and groups; encourage him to join a gym or begin regular exercise program.	EAP evaluation and short term counseling if available; marital counseling; faith based family counseling
Reggie (age 37)	Army Civilian IT Specialist	Concern for children; possible family ties since shares cost of father's care; financially stable; positive use of free time w/website business	Potential legal problems; potential job loss/demotion; potential loss of income; lack of social support; shame and feelings of guilt and regret	Increasing levels of stress; change in behavior (leaving work abruptly)	Supervisor could call him and/or go to his home to make sure he is okay; personnel records should have an emergency POC in-country who could also check on him; contact local emergency authorities, if necessary, once Reggie's whereabouts are known	Explore legal assistance through the EAP to discuss options; explore options for local or work related social support groups; explore work related options
Don (age 41)	Army Civilian Contract Specialist	Community groups; friendships; religious faith; strong work ethic; concern for family; getting marriage counseling	Sudden threat to career; threat to marriage; potential loss of community and church sources of social stability and support; threat to financial security	Depression; sleeping too much; stopped attending church (changes in behavior); stated feeling of hopelessness/helplessness	Supervisor could discuss options, offer understanding, and offer help and support in job placement; supervisor could encourage individual counseling/treatment to help with depression; friend could encourage return to marital counseling; Don could consult personal physician for help or referral; Don could ask EAP for budgeting help/financial counseling	Explore EAP counseling options; discuss wife's refusal with marriage counselor for ideas and options; use workplace based job placement help and services; physician/behavioral health counselor

Character	Position	Protective Factors	Risk Factors	Warning Signs	Potential Courses of Action for Co-workers/ Supervisors)	Resources
Carolyn (age 60)	Army Civilian Relocation Specialist	Long term work relationships; strong work ethic	Job loss; potential financial problems; loss of social support (work was her life); shame/loss of face; approaching retirement and change of status	Depression; changes in social behavior; statements of hopelessness	Co-worker friend could offer social support outside work to help her connect with some other groups; co-worker could share her concerns with supervisor; supervisor could offer help with job placement; supervisor could connect her with advice about financial planning, budgeting, and retirement; supervisor could recommend EAP counseling or ACS classes on resumes and job search skills	EAP; friends at work; supervisor; health care provider; ACS budgeting classes or resume writing



APPENDIX C – ACE FOR ARMY CIVILIANS SIGN-IN

Date:		Training Facilitator:	Facilitator email/phone:
Print Name (Last, First MI)		Unit/Organization	Email
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APPENDIX D – POTENTIAL SUBJECT MATTER EXPERTS (SMES)

The following is a list of potential subject matter experts (SMEs) to participate in the *Guest SMEs* portion of the training designated to present resource information and answer questions.

- Local Employee Assistance Program Coordinator (EAPC) or representative
- Army Community Service Personnel
- Other Representatives from the Local Civilian Community that could provide support to the Army Civilians in the class

Suggested Speaker Guidelines

- Be prepared to present a *brief* overview of the services you or your organization can provide.
- Anticipate questions that may arise and have prepared responses.
- Manage your time. There is only about 20 minutes allotted for this portion of the training. Be considerate of the other speakers who may be present.
- If possible, bring informational pamphlets to distribute to participants about your organization.

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APPENDIX E – RESOURCE AND APPS LIST

These are some of the resources available to Army Civilians.

Emergency Resources


- **National Suicide Prevention Lifeline***
 - CONUS : 1-800-273-TALK (8255)
 - Europe 00800 1273 8255 or DSN 118 Korea 0808 555 118 or DSN 118
 - OEF ROZHAN: 070-113-2000, wait for dial tone and dial 1-1-1
 - DSN/NVOIP 1-1-1 or 318-421-8218
- **9-1-1 or emergency services**
- **ER or Urgent Care**
- **Doctor**

*The **National Suicide Prevention Lifeline** is available 24/7. When you dial 1-800-273-TALK (8255), you are calling the crisis center in the Lifeline network closest to your location. After you call, you will hear a message saying you have reached the National Suicide Prevention Lifeline. You will hear hold music while your call is being routed. You will be helped by a skilled, trained crisis worker who will listen to your problems and will tell you about mental health services in your area. Your call is confidential and free. Whether you are thinking about suicide, are worried about a friend, have lost someone to suicide, or need emotional support, there are a million of reasons to call the Lifeline.

Non-Emergency Resources for Counseling or Information

- Your Healthcare Provider --check insurance provisions at your Federal Employee Health Benefits Program at <http://www.opm.gov/insure/health/>. Check with your health insurance plan to determine coverage and costs.
- Employee Assistance Program (EAP) at <http://cpol.army.mil/news/201112/Wellness-EAP.html> (Most EAPs offer one-on-one problem assessment, short term counseling sessions, referrals to community resources, follow-up care, and crisis intervention. Initial counseling sessions are usually free.)
- Army Suicide Prevention Program (ASPP) Resources at www.preventsuicide.army.mil
- DoD Suicide Prevention Office (DSPO) Resources at <http://www.suicideoutreach.org/>
- Community Resource Guides at US Army Public Health Command (USAPHC) website at <http://phc.amedd.army.mil/topics/healthyliving/hpr/Pages/CommunityResourceGuides.aspx> or on the homepage of most Army installations. CRGs provide a comprehensive, coordinated community outreach resource that highlights installation, DoD, Army and community-based options for access to health care, awareness activities, and assistance

A support. These guides coordinate and leverage the strengths of installation and local community support programs and services for Active and Reserve Component Service Members, Family Members, Civilians, and Retirees. CRGs cover the continuum of care from prevention to education to treatment that is provided by clinicians and other installation-based care providers. Some of the information often includes where to find these health-related services locally.

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- Free apps at Telehealth and Technology (T2): <http://www.t2.health.mil/products/mobile-apps>.
 - Comprehensive Soldier and Family Fitness (CSF2) Global Assessment Tool (GAT) 2.0 and CSF2 Army Fit at <http://csf2.army.mil/>. CSF2 provides a Global Assessment Tool (GAT) 2.0 to help you pinpoint your own risks and protective factors and provides access to an online training environment with tailored videos, information, and people/organizations to follow based on your individual GAT results. The CSF2 resources are free and confidential.
 - For children and adolescents, consult your healthcare provider, school and college counseling center resources, or the EAP to locate resources. The Society for the Prevention of Teen Suicide at www.sptsnj.org also offers free informational resources.
 - Military retirees, veterans, military Family members, or Army Civilians who have been deployed, may be eligible for other military-provided mental health and counseling services such as those provided by the Veterans Administration (VA), Military One Source (MOS), or military treatment facilities (MTFs). Be sure to check out all your options.

If you are concerned about a child or adolescent, contact the National Suicide Prevention Lifeline, a healthcare provider or behavioral health center, or your child's school or college counseling center for assistance and referrals. Use your local emergency resources in a suicide emergency. The Society for the Prevention of Teen Suicide at www.sptsnj.org also offers free informational resources.

If you are a military retiree, veteran, or Family member who has access to military resources, there are a number of other resources available to you such as Military OneSource (MOS) and Military Family Life Consultants (MFLCs). If you have been deployed for your Army Civilian job, MOS and other military resources may also be available to you. Explore all your options.

Apps List

Many free apps are available through the National Telehealth and Technology Center (T2) at <http://www.t2.health.mil/products/mobile-apps>. All of the following apps are available for both Apple and Android devices and can be accessed by searching the name in the app store:

- **T2 Mood Tracker** – This app allows you to monitor and track your moods and behaviors over a period of time in order to raise your own awareness of how life events may weigh on your psychological health. It can be useful as a tool to share with your therapist or provider for insight into your day to day health.
- **Breathe2Relax** – This app guides you through a series of deep breathing exercises to help calm and release stress and anxiety when faced with a stressful situation.
- **Tactical Breather** – This app is similar to the Breathe2Relax, but was created for service members and was intended to train and guide you through exercises to gain control of both psychological and physiological responses to stress in combat situations. It is useful for day to day stressful situations as well.
- **PTSD Coach** – This app consists of a self-assessment module that allows you to track changes in symptoms over time, a manage symptoms module that provides coping skills and assistance for common problems, a support module that helps in locating help in times of need and an education module that provides information regarding PTSD, treatment options and other key topics.
- **LifeArmor** – This app is a companion to the AfterDeployment.org website. It provides information about many behavioral health topics, personal stories, and assessments to help identify feelings. Once it has helped identify the feelings, it provides exercises to help cope with the emotions.
- **Positive Activity Jackpot** – This app uses a professional behavioral health therapy called pleasant event scheduling (PES), which is used to overcome depression and build resilience. This app features augmented reality technology to help users find nearby enjoyable activities and makes activity suggestions with local options and the ability to invite friends. If you cannot make up your mind which fun thing to do, “pull the lever” and let the app’s jackpot function make the choice for you.
- **Provider Resilience** – This app is targeted to health care providers to help guard against burnout and compassion fatigue as they help service members, veterans and their Families.

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