



INSTRUCTOR GUIDE



U.S. ARMY

DIRECTORATE OF PREVENTION,
RESILIENCE AND READINESS

HT
GS

Ask, Care, Escort

Annual Unit Suicide

Prevention Training

Base Module

ACE Base +1

September 2023

VERSION 1.3

THIS PAGE IS INTENTIONALLY BLANK.

Introduction

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

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

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

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

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

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

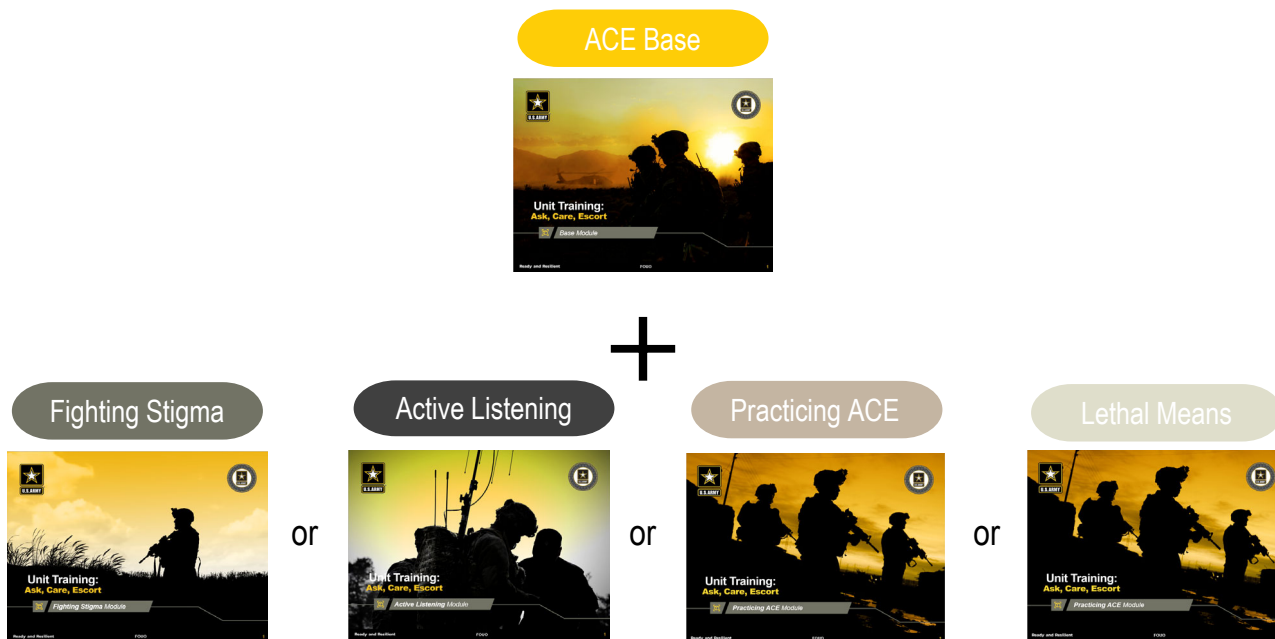
Intent

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

Delivered in-person to small groups: The ACE training is intended to be delivered in-person and it is highly recommended that this training be conducted with small groups (fewer than 40). In-person training allows for optimal engagement and also fosters unit cohesion, thus building protective factors which is an aim of the training.

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

Training Requirements: The U.S. Army’s requirement for annual suicide prevention training is to complete one hour of training that includes the “ACE Base” module along with one of the “+1” modules.



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

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

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

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

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

Training Preparation:

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

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

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

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

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

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



Training Preparation (continued):

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

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

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

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

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

ACE Training Facilitation Strategies:

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

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

Instructor SmartGuide Format:

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


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

When notes pages are printed and the booklet is opened, you will see the format below. On Side A is an image of the slide, a statement of slide intent (i.e., the target), and then key points and sample talking points. Key points and sample talking points may continue on to Side B when necessary.

The key points are highlighted in yellow and they briefly describe what must be covered to meet the intent of the slide. These are followed by more details or instructions.

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

ACE Unit Training- Base Module



Ready and Resilient

Record your own notes here:

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

1. Define and describe protective factors.

- Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events.
- Protective factors help offset or mitigate risk. Some examples of protective factors include
 - Using productive coping skills, like problem-solving, deep breathing, or considering another perspective on an issue
 - Being willing to talk with others about the things going on in your life
 - Cultivating strong personal relationships and contributing to a strong unit cohesion
 - Utilizing professional resources when needing help and also when looking to be proactive with personal or professional development, and
 - Connecting to a sense of purpose, like religious beliefs, your core values, or being in an influential role in another person's life.

6-A

ACE Unit Training- Base Module

Record your own notes here:

2. State that it is important to consistently work to improve or strengthen the protective factors for oneself along with those of fellow Soldiers.

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

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

- As a Soldier, you are part of a team. Your actions influence the protective factors of your fellow Soldiers. For example, being part of a unit that supports each other helps people feel connected. Healthy, strong connection to others is a core protective factor.

3. Transition.






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

6-B

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

SmartGuide Symbols:

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

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

THIS PAGE IS INTENTIONALLY BLANK.



Record your own notes here:



Welcome the participants. Introduce yourself and the training.

1. Welcome the participants and introduce yourself.

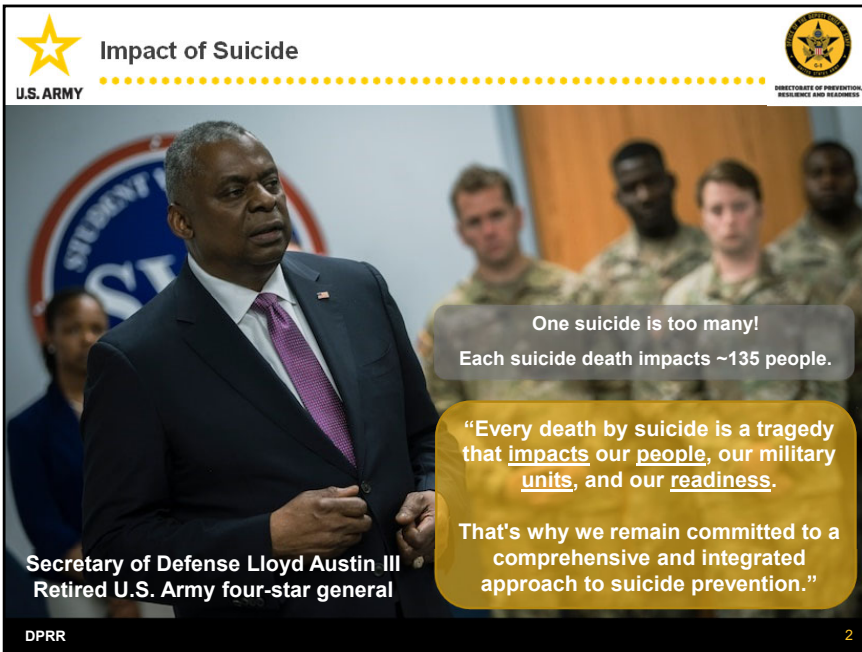
- Welcome to the Ask, Care, Escort training, also known as ACE training. This module will help equip you with knowledge and skills that can help you take an active role in suicide prevention.
- My name is _____ and I will be your instructor for this training.

2. Transition.

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



THIS PAGE IS INTENTIONALLY BLANK.



Record your own notes here:



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

1. Acknowledge that suicide is a problem of great concern in the Army and exposure is associated with psychological impact.

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



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

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

3. Describe the impact of suicide prevention and intervention training and that each Soldier has a role to play in lessening the impact of suicide within the Army Family.

- There are many factors that contribute to suicide. Suicide is a complex issue that the Army takes seriously.
- The Army as an organization is doubling down on efforts to prevent suicide and its tragic effects, but it cannot be done without each and every one of you in this room.
- You are part of the comprehensive and integrated approach to preventing suicide and protecting others from its devastating impacts.
- The Army and its people need you to concentrate your efforts in the prevention strategies within your control and influence, which will be covered in today’s training.

4. Explain that the training is designed to be interactive; engagement is encouraged and expected.

- It’s worth noting that this is not your typical mandatory training that you just sit through and passively receive information.
- Instead, this training is designed to be interactive. There will be opportunities for large and small group discussions. Your contributions are valuable. Furthermore, I encourage you to ask questions if and when they arise.
- This training is designed in such a way to promote communication, cohesion, and trust within your unit, which are all factors that protect against the risk of suicide.
- Simply put, paying attention and engaging in the discussions and activities can help save a life and save many more from the heartache of losing someone to suicide.

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



Record your own notes here:

The Army Values and Suicide Prevention

U.S. ARMY

ARMY VALUES

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

Which Army Value(s) do you believe are most impactful to your role in preventing suicide?

How could a Soldier leverage that value(s) to help reduce suicide in the unit?

DPRR 3

Record your own notes here:

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

1. Acknowledge that the Army is a values-based organization and link Army Values with expected behaviors.

- You know that the Army is a values-based organization. You have all been taught the Army values and the LDRSHIP acronym since you first joined the Army. It's not just knowing these values, though; it's putting these values into action.

2. Set up a small group discussion that highlights the usefulness of Soldiers tapping into their Army Values to drive behavior that supports suicide prevention.

- Let's do a small group discussion that can help you discover the usefulness of tapping into the Army Values to engage in suicide prevention behaviors.
- First, you will get in a small group of 3-4 people and discuss the questions posed on the slide:
- **[ASK]** Which Army Value(s) do you believe are most important to your role in preventing suicide? How could a Soldier leverage that value to help reduce suicide in the unit?



- If you've finished your discussion on *one* value, then go ahead and discuss another value.
- Afterwards, we will come back together and I will ask you to share your thoughts with the large group.

3. Debrief the small group discussion exercise.

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

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

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

4. Reinforce that values drive behaviors.

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

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

Record your own notes here:



Training Purpose

U.S. ARMY

U.S. ARMY

TO INCREASE AWARENESS OF protective factors, risk factors, and warning signs that contribute to a person's level of risk for suicide

TO EQUIP YOU WITH specific actions that can be taken to bolster protective factors, mitigate risk, and intervene in a crisis in order to help prevent suicide by utilizing the steps Ask, Care, Escort (ACE)

DPRR

State the training purpose.

1. State the training purpose.

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

2. Transition.

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

Record your own notes here:

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

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

Condition: In a classroom environment, given training materials

Standard: Participants will, with 100% accuracy as assessed by the instructor

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

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



THIS PAGE IS INTENTIONALLY BLANK.

WARNING SIGNS
Time-sensitive concerns for suicide risk
Stop and deal with this **NOW**

RISK FACTORS
Issues that increase suicide risk
Check in and follow up

PROTECTIVE FACTORS
Behaviors or supports that reduce risk
Encourage healthy behaviors

U.S. ARMY | DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS | DPRR | 5

Record your own notes here:

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



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

1. Explain the traffic light metaphor.

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

- Consider a traffic light. A traffic light helps to manage and control the risk of preventable traffic accidents that can result in injury or death.
- The traffic light can serve a similar purpose and simplified framework for suicide prevention. The colors represent the levels of risk, and specifically the type of behaviors being demonstrated, while also providing guidance as to what steps to take to mitigate risk.

2. Explain the risk levels according to traffic light colors such as green light protective factors, yellow light risk factors, and red light warning signs.

- Green lights mean drive on with relative safety. Protective factors are behaviors or support systems that help to decrease the chances that a combination of risk factors and life challenges result in negative outcomes.



- Yellow lights mean caution. Risk factors are issues that increase suicide risk. While risk factors alone do not necessarily indicate an emergency or crisis, a combination of risk factors would increase concern.
- Red lights mean stop. Warning signs are time-sensitive concerns and indicate the highest level of risk. When you recognize warning signs, you must stop what you are doing and take immediate action.
- No single factor differentiates a red light from a yellow light. Factors can differ amongst individuals and situations. The yellow light is meant to be a cue to action whereas the red light is a sign of “imminent danger,” stop what you’re doing and give undivided attention to the situation at hand (i.e., cease fire).
- Protective factors, risk factors, and warning signs all play a role in identifying an individual’s level of risk for suicide. Being aware and alert to the signs and indicators can help you assess a person’s risk level for self-injury or death by suicide.

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


- It is also important you stay alert to changes. Similar to the colors of a traffic light, a person’s risk levels can change.
- While a standard traffic light changes from green to yellow to red and back to green, this is not the typical pattern when it comes to suicide risk.
- For suicide prevention purposes, the lights can change in both directions and you have the opportunity to help someone change from red to yellow to green by putting your ACE training into action.
- How you use ACE will differ depending on the risk level or light color you are responding to.

4. Transition.


- In order to recognize change though, it is important to know your and others’ typical behaviors and establish a baseline.

Record your own notes here:





Establish a Baseline



U.S. ARMY

DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

A BASELINE CAN INCLUDE A PERSON'S...

- Typical behaviors and moods
- Typical reactions to stress or typical coping behaviors
- General information (e.g., relationship or family status, hobbies)

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

DPRR 6

Record your own notes here:



Explain the value of establishing a baseline.

1. Explain the value of establishing a baseline.

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

2. Transition.

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



THIS PAGE IS INTENTIONALLY BLANK.



Protective Factors

U.S. ARMY




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

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

To help offset or mitigate risk:

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

DPRR 7



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

[SLIDE BUILDS]

1. Define protective factors.

- Protective factors are skills, strengths, or resources that help people deal more effectively with stressful events.
- Protective factors help to offset or mitigate risk.

2. Ask participants to provide examples of protective factors based on the definition provided.

- **[ASK]** Given the definition, what are some examples of protective factors that can help offset or mitigate risk?
- [NOTE: Allow for responses.]*

3. Provide examples of protective factors.

[CLICK TO ADVANCE]

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



Record your own notes here:

- utilizing professional resources when needing help and also when looking to be proactive with personal or professional development
- connecting to a sense of purpose like religious beliefs, your core values, or playing an influential role in another person's life

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

4. State that it is important to consistently work to improve or strengthen the protective factors for oneself along with those of fellow Soldiers.

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

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


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

5. Transition.

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

Record your own notes here:




 Use ACE to Strengthen Protective Factors 
U.S. ARMY DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

A **C** **E**

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

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

ESCORT by encouraging proactive use of resources

 How could you use each step of **ACE** to enhance protective factors within your unit?

DPRR 8

Record your own notes here:



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

[?]

1.

Introduce Ask, Care, Escort (ACE) as a process that can be used not only in a time of crisis but also when recognizing risk indicators as well as to bolster protective factors.

- You may be familiar with the process of Ask, Care, Escort, commonly known as ACE, that can be used to prevent suicide.
- In the past, you may have only thought of ACE as being useful in a crisis, like in response to red light warning signs. You can use it in other contexts too. It can be useful when you recognize yellow light risk factors or simply a change in one's behavior from their baseline. It can also be used as proactive prevention such as to bolstering the green light protective factors.

2.

Provide an example of using ACE to bolster protective factors.

- Consider an example. In daily interaction with a fellow Soldier in your unit, you might simply **ASK** how they are doing or how a particular aspect of their life is going. You do not ask because you noticed anything of concern, but you ask because you want to demonstrate you **CARE** about the person and their well-being.



- While asking in and of itself is a demonstration that you **CARE**, you can further show you CARE by actively and constructively listening and responding to what they have to share. For instance, you could ask follow up questions to encourage them to share more about the good thing(s) in their life.
- Let's say the Soldier is sharing their excitement about the performance gains they've been making recently, such as their score on the last ACFT. The **ESCORT** step may involve inviting them to go with you to check out a resource like the Army Wellness Center (AWC) for further support of your shared goals. Or, ESCORT could simply be setting up a time to engage in an extra PT session together.

3. Facilitate a brief discussion for Soldiers to discuss in small groups how they could use the steps of ACE to bolster protective factors within their unit.

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

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

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

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

Record your own notes here:



 **Protective Factors**
U.S. ARMY


DIRECTORATE OF PREVENTION,
RESILIENCE AND READINESS




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

Everyone still has some level of risk.

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

DPRR 9

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

1. Acknowledge that Soldiers have likely developed some protective factors through their Army and life experiences.

- Life throws many challenges at us. Throughout your Army career and life experiences, you have likely developed skills and strengths, and utilized resources, that help you to effectively cope with and overcome challenges.
- None of us are immune to falling into some unproductive or unhealthy ways of coping or managing stress, however. How well we cope with challenges is one component of our risk.

2. Acknowledge that everyone has some level of risk; protective factors help decrease the chances that a combination of risk factors result in negative outcomes.

- Everyone has some level of risk, and our level of risk is influenced by many factors and shaped in part by our life experiences.
- Protective factors help to decrease the chances that a combination of risk factors and life challenges result in negative outcomes.

Record your own notes here:




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

3. Transition.

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


Record your own notes here:






Suicide Risk Factors

U.S. ARMY



DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

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

 **RISK FACTORS**

Changes in behavior such as:


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

Additional Risk Factors:

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

DPRR 10

Record your own notes here:



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

1. Describe suicide risk factors to help Soldiers recognize when someone may be at risk.

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



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

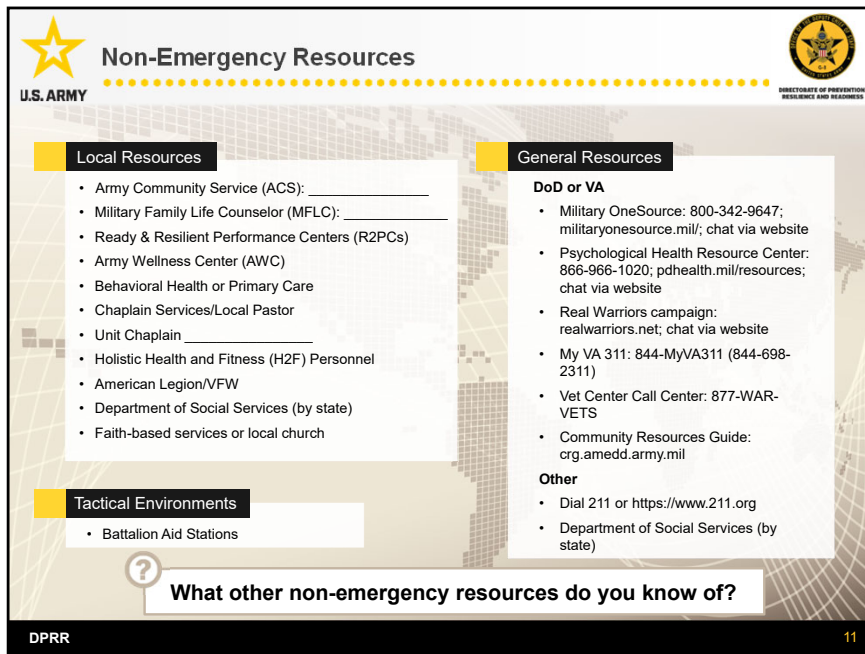
- Suicide is complex and does not result from any singular cause or factor. We do know that having more risk factors can put someone at greater risk for suicide.
- Although changes in behavior and/or mood can indicate something is not going well or there is a problem, more often than not this does not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

3. Transition.

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

Record your own notes here:





U.S. ARMY **Non-Emergency Resources**

Local Resources

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

Tactical Environments

- Battalion Aid Stations

General Resources

DoD or VA

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

Other

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

What other non-emergency resources do you know of?

DPRR 11

Record your own notes here:

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



Review non-emergency resources.

1. Review non-emergency resources.

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

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



2. Ask participants to share other non-emergency resources that they may be aware of that are not on the list.

- **[ASK]** What other non-emergency resources do you know of?

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

3. Acknowledge that finding help can be a process; there is value in knowing a variety of helping resources and in persevering in their efforts to get the help they or others need.

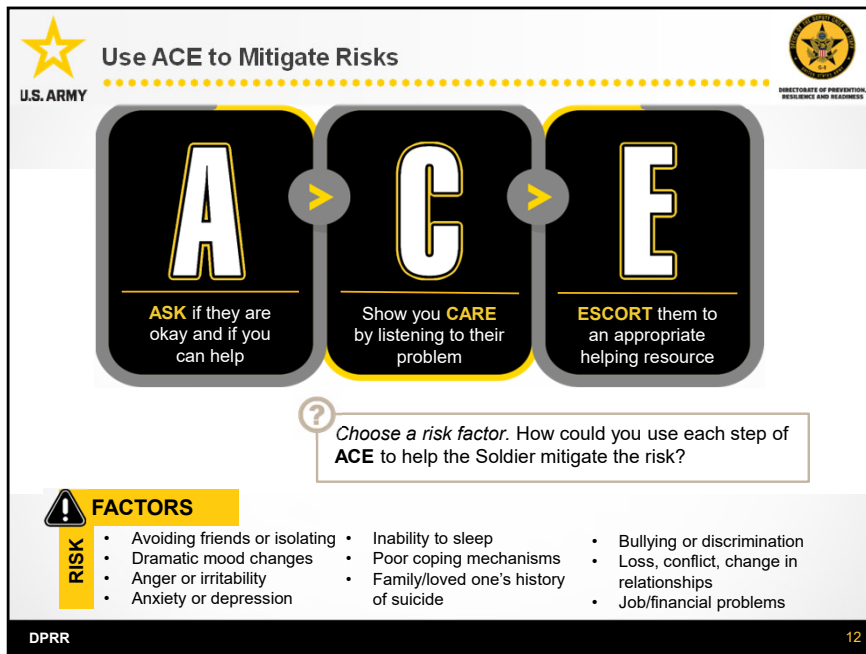
- Sometimes accessing helping resources—and securing the help one needs—can be a process that requires effort and perseverance.
- For example, sometimes the first resource you call may refer you to another resource. Scheduling behavioral health appointments within a reasonable time frame has also proven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

4. Transition.

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

Record your own notes here:





Use ACE to Mitigate Risks

A
ASK if they are okay and if you can help

C
Show you CARE by listening to their problem

E
ESCORT them to an appropriate helping resource

Choose a risk factor. How could you use each step of ACE to help the Soldier mitigate the risk?

RISK FACTORS

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

DPRR 12

Record your own notes here:



Facilitate a discussion where Soldiers discuss how to use ACE (Ask, Care, Escort) to mitigate risk.

[?]

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

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

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

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



2. Facilitate a brief practical exercise for Soldiers to discuss in small groups how they could use the steps of ACE to mitigate risk.


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

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

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


Record your own notes here:





Debrief: Identify and Mitigate Risks


U.S. ARMY




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

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

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



DPRR
CUI
13



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

[?]

1. Debrief the small group discussion activity by restating the question and allowing groups to share.

- **[ASK]** Which risk factor did you choose to discuss, and how could you use each step of ACE to help the Soldier mitigate their risk?

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

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



Record your own notes here:

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

- **[ASK]** When using ACE to mitigate risk, how might that, in turn, be strengthening a protective factor?

[NOTE: Allow for responses.]

- When you use ACE, you are, in essence, being a green light protective factor for the other person; you are connecting, supporting, and helping the person find the resources they may need to lower their risk.
- Your supportive actions can strengthen trust and connection, and it shows others in the unit that you care and can be someone they can turn to for support in the event they themselves are struggling or in the unfortunate event of crisis.

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

- What you do when you identify risk factors in others can make a difference in what happens next. You have the power to help your battle buddies or fellow unit members reverse their trajectory.
- On a standard traffic light, the yellow light automatically turns to a red light. That does not have to be the case here.
- Using ACE early, at the sign of concern, can stop some problems and stressors from growing and becoming overwhelming to the point of crisis. Using ACE can help you to assess risk and help control it.
- Getting teammates to the assistance they need earlier may prevent them from getting to the point where they consider suicide as an option.

4. Transition.

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

Record your own notes here:





Suicide Warning Signs

There are signs that may indicate someone is contemplating suicide.


WARNING SIGNS

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

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

DPRR 14

Record your own notes here:



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

1. Review warning signs to watch for that may indicate someone is contemplating suicide.

- Warning signs indicate the highest level of risk and are things that are more likely to be happening close to a suicide attempt. If a person is displaying one or more of the following warning signs, it may be an indication that they are contemplating suicide:
 - talking about death
 - giving away personal possessions
 - talking about harming oneself or stating they have no reason for living
 - regularly isolating
 - expressions of hopelessness or deep sadness

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

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



3. Emphasize the importance of trusting one's gut if sensing something is not right, regardless of not noticing any specific warning signs.

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

4. Transition.

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

Record your own notes here:



Emergency Resources

U.S. ARMY

Local Resources

- Your chain of command
- Emergency Room
- Local Emergency Resources
 - (Dial 9-1-1)
- Military Police
- Civilian Police
- ACE-SI

Crisis Hotlines

- Military/Veterans Crisis Line:
 - North America: Dial 988, Press 1
 - Text: 838255
 - Europe: 00800 1-273-8255 or DSN 118
 - Korea: 0808-555-118 or DSN 118
- Veterans Crisis Line Online Chat: www.veteranscrisisline.net/chat
- Lifeline Crisis Chat: <https://988lifeline.org/chat/>
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255). Press 1
- Suicide Hotlines (by State): <http://www.suicide.org/suicide-hotlines.html>

OCONUS Emergency Services (911)

- Germany: Dial 112
- Italy: Dial 112,118
- South Korea: Dial 119

DPRR CUI 15

Record your own notes here:

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



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

1. Review available emergency resources.

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

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



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

- Some Soldiers, and even family members of Soldiers, may be reluctant to get professional help due to fear of repercussions to the Soldier's military career.
- Unfortunately, stories of when this might have been the case – where seeking behavioral health care impacted one's military career – are more readily shared than the stories of Soldiers who got the help they needed and continued successfully in their career path. Furthermore, there could have been additional circumstances or factors involved in the cases where careers were impacted that were unknown or untold.
- So I encourage you to seek out accurate, thorough information from trusted resources if this becomes a barrier for you or someone you know. A chaplain might be a comfortable resource to inquire with given their confidentiality requirements.
- It is also worth considering that if a person's life is at stake or there is genuine concern for a person's well-being, then concern on a human level should take priority over concern of career impact.

3. Remind Soldiers of the importance of perseverance, commitment, and follow-through to locating accessible help.

- As a reminder, accessing help from professional resources may be a process that takes perseverance, commitment, and follow-through.
- Whether for yourself or for a time you are helping another individual, do not give up – keep pressing forward and try multiple resources until you or the other person receives the care and attention needed. This is especially critical if you or the other person is in a crisis situation.

4. Transition.

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

Record your own notes here:



U.S. ARMY Use ACE to Address Warning Signs **DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS**

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

C
CARE by listening and showing support

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

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

DPRR 16

Record your own notes here:

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

1. Explain how to use the steps of ACE during a crisis.

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

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



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

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

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

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

[NOTE: Allow for responses. Some examples might include

- *taking a few tactical breaths*
- *trusting your training*
- *grounding yourself in the present moment.]*

- When assisting someone in crisis, your primary focus is to remain calm and composed. Next, secure any items that might be used for self injury, then consider your options for accessing helping resources.

3. Transition.

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

Record your own notes here:



 **Debrief: Warning Signs** 
U.S. ARMY DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

What are the **warning signs** that can indicate a person might be contemplating suicide and require you to take immediate action?


How could you use the steps of ACE during a crisis situation?



ASK.CARE.ESCORT.
ACE
 SUICIDE INTERVENTION

DPRR 17

Record your own notes here:

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

1. Conduct a check on learning about warning signs.

- **[ASK]** What are the warning signs that can indicate a person might be contemplating suicide and that require you to take immediate action?

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

- *talking about death*
- *giving away personal possessions*
- *talking about harming oneself or stating they have no reason for living*
- *regularly isolating*
- *expressing hopelessness or deep sadness.]*

- **[ASK]** How do you use the steps of ACE during a crisis situation?

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



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

- Following the steps of ACE can save a life. You may be unsure about asking when you're concerned about someone's behavior: it is better to ask and be wrong than not to ask at all and have something terrible happen.
- When someone is in crisis, do not leave them alone, *especially* if they are suicidal. If they refuse to go with you to a helping resource, use your phone to call for help and/or ask someone else to get help. If they are suicidal, it may be best to call and have the help come to you. Remember, NEVER leave a person in crisis or who is suicidal alone.


3. Explain that using ACE in a crisis is activating green light protective factors.

- By ASKING the critical questions, showing that you CARE, and ESCORTING the person to the help they need, you are protecting your battle buddy from harm and potentially saving their life.
- Furthermore, when you recognize red light warning signs and take action to use ACE, your actions are bolstering green light protective factors within the unit.
- You are showing that as a unit, you take care of each other regardless of the issue. This helps to build trust, connection, cohesion, and utilizing resources—all of which are protective factors.

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


Record your own notes here:



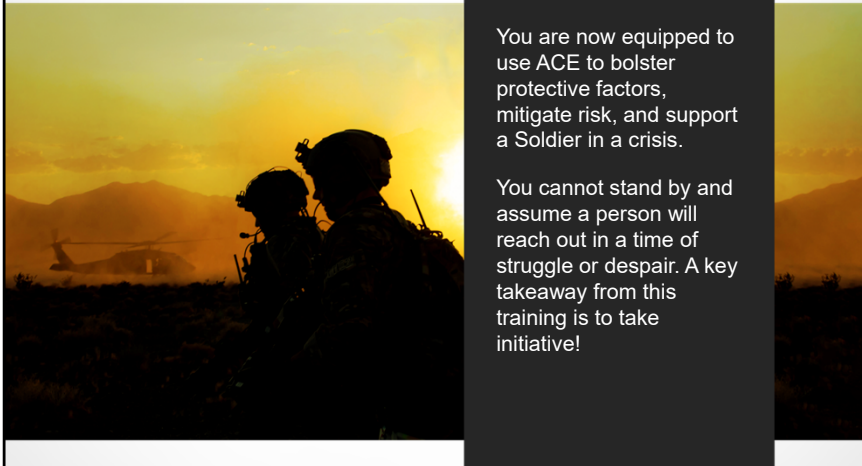


You are Equipped to Take Action!

U.S. ARMY



DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS



You are now equipped to use ACE to bolster protective factors, mitigate risk, and support a Soldier in a crisis.

You cannot stand by and assume a person will reach out in a time of struggle or despair. A key takeaway from this training is to take initiative!

DPRR 18

Record your own notes here:



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

1. Acknowledge the importance of taking initiative to engage in ACE with others.


- We have just reviewed the Ask, Care, Escort process. You are now equipped to use ACE to bolster protective factors, mitigate risk, and support a Soldier in a crisis.
- Many service members who have reported having suicidal thoughts or had a suicide attempt since joining the military have indicated that they did not talk to anyone or seek help.
- This shows that you cannot stand by and assume a person will reach out in a time of struggle or despair. A key takeaway from this training is to take initiative!
- Consider what that might look like for you, such as what actions you feel are important to take in the next week or two. We'll come back to this later in the training.

2. Thank Soldiers for their participation thus far, and transition to the +1 module.

- Thank you for your participation in the training thus far.
- Next, we will be transitioning to the second half of today's ACE training, the _____ module, which will further equip you to support your fellow Soldiers and members of your Circle of Support.



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





U.S. ARMY
BE ALL YOU CAN BE.

Post-Training Survey

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

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

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

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



Introduce Post-Training Survey

1. Introduce survey.

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

[NOTE: Emphasize the importance of the survey.]

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

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

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

Record your own notes here:

THIS PAGE IS INTENTIONALLY BLANK.

References

Army Publications

- Department of the Army. (2015). *Army Health Promotion* (AR-300-63).
https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/ARN15595_R600_63_admin_FINAL.pdf
- Department of the Army. (2019). *Army Leadership and the Profession* (ADP 6-22).
https://armypubs.army.mil/epubs/DR_pubs/DR_a/ARN20039-ADP_6-22-001-WEB-0.pdf
- Department of the Army. (2015). *Army Team Building* (ATP 6-22.6).
https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/atp6_22x6%20FINAL.pdf
- Department of the Army. (2016). *A Leader's Guide to Soldier Health and Fitness* (ATP 6-22.5).
https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/atp6_22x5.pdf
- Department of the Army. (2015). *Health Promotion, Risk Reduction, and Suicide Prevention* (DA PAM 600-24). https://armypubs.army.mil/epubs/DR_pubs/DR_a/pdf/web/p600_24.pdf

Other Publications

- Bowersox, N. W., Jagusch, J., Garlick, J., Chen, J. I., & Pfeiffer, P. N. (2021). Peer-based interventions targeting suicide prevention: A scoping review. *American Journal of Community Psychology, 68*(1-2), 232–248. <https://doi.org/10.1002/ajcp.12510>
- Cerel, J., Brown, M. M., Maple, M., Singleton, M., Van de Venne, J., Moore, M., & Flaherty, C. (2019). How many people are exposed to suicide? Not six. *Suicide and Life-Threatening Behavior, 49*(2), 529-534.
- Defense Suicide Prevention Office. (2016). *Suicide Prevention Training Competency Framework: A competency framework for all members and targeted sub-groups across the Department of Defense*. <https://www.dspo.mil/Portals/113/Documents/Final%20Signed%20Competency%20Framework%202016.pdf?ver=2018-02-07-111806-747>
- Department of Defense. (2022, Oct. 20). Secretary of Defense Lloyd J. Austin III's Statement on DoD Annual Suicide Report (CY2021). <https://www.defense.gov/News/Releases/Release/Article/3193957/secretary-of-defense-lloyd-j-austin-iiis-statement-on-dod-annual-suicide-report/>
- Department of Defense. (2022). *Quarterly Suicide Report (QSR) 4th Quarter, CY 2022*. https://www.dspo.mil/Portals/113/Documents/2022QSR/TAB%20A%20-%20QSR%20Rpt_Q4%20CY22_vf.pdf
- Department of Defense. (2022). *Annual Suicide Report Calendar Year 2021*. [https://www.dspo.mil/Portals/113/Documents/2022%20ASR/Annual%20Report%20on%20Suicide%20in%20the%20Military%20CY%202021%20with%20CY21%20DoDSER%20\(1\).pdf?ver=tat8FRrUhH2IIndFrCGbsA%3d%3d](https://www.dspo.mil/Portals/113/Documents/2022%20ASR/Annual%20Report%20on%20Suicide%20in%20the%20Military%20CY%202021%20with%20CY21%20DoDSER%20(1).pdf?ver=tat8FRrUhH2IIndFrCGbsA%3d%3d)
- Drollinger, T., Comer, L. B., & Warrington, P. T. (2006). Development and validation of the active empathetic listening scale. *Psychology & Marketing, 23*(2), 161-180.
<https://doi.org/10.1002/mar.20105>
- Griffith, J. & Bryan, C. J. (2018). Preventing suicides in the U.S. Military. *Psychological Services, 15*(3), 251-261. <http://dx.doi.org/10.1037/ser0000225>

References (cont.)

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