INSTRUCTOR GUIDE

U.S. ARMY

DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

Ask, Care, Escort

Annual Unit Suicide Prevention Training

Fighting Stigma Module

ACE Base +1

September 2023

VERSION 1.3

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Introduction

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

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

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

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

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

In 2023, the Army's suicide prevention and intervention training expanded to include a tailored curriculum for the 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 Active Listening for Circle of Support module resembles the content and format of the ACE Active Listening 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.
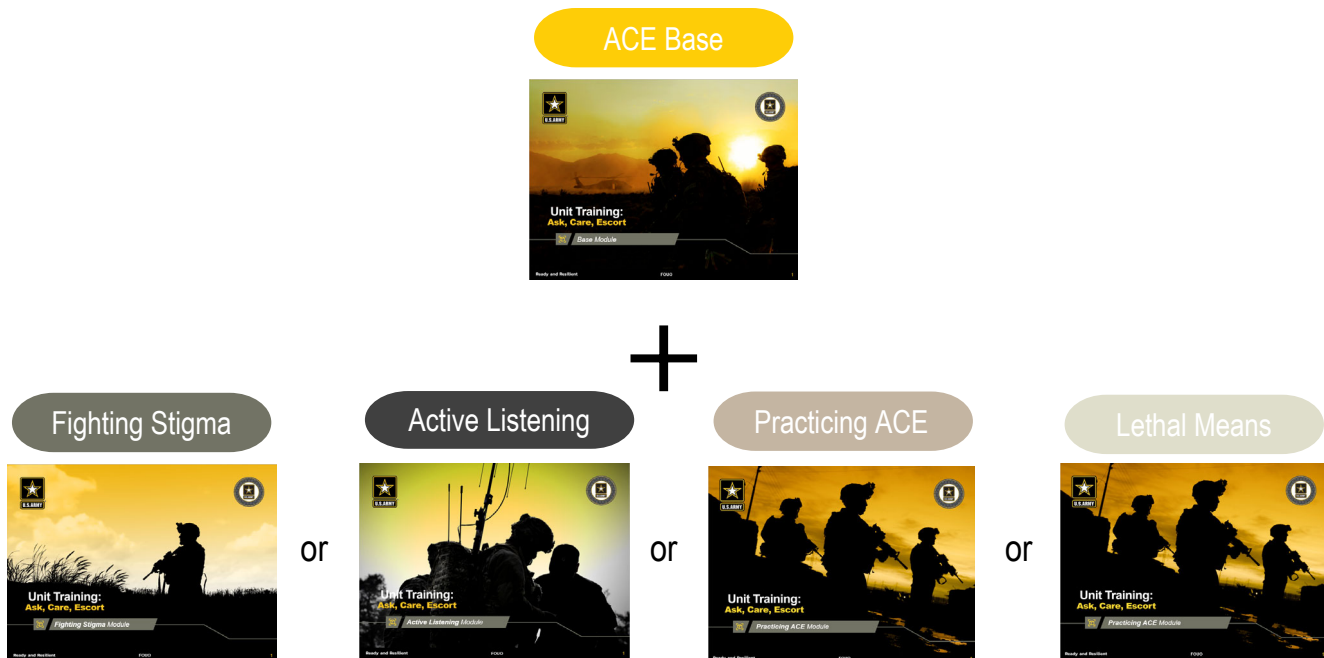
Note: *Each module should be trained to standard and not to time, it is most effective when time is allowed for in-depth group discussion and participation. To maximize the benefits of this training, allow for extra time for dialogue and interaction.*

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, 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.

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.

Slides 1-3	*Slides 4-7*	*Slides 8-11*	*Slides 12-14*	
Introduction	Stigma, It's Impact & Tactics	Practical Exercises	Application & Closing	Training Complete
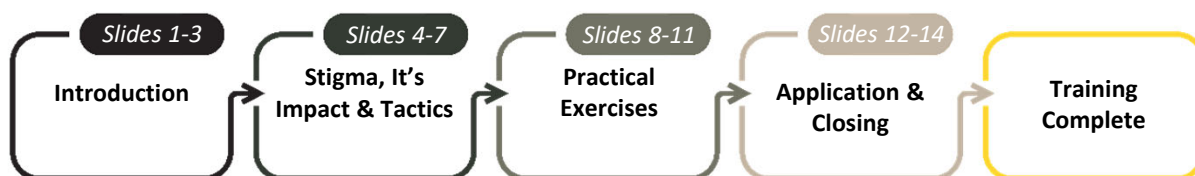
<u>Training Preparation (continued):</u>

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 the phrase "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: Although ACE Base +1 is an annual training requirement, the training does not have to be conducted or perceived as "just another mandatory briefing." Instead, it is important that the trainer and participants see the ACE Base +1 modules as an opportunity for an annual discussion amongst Soldiers and leadership about the way the unit uses these skills and concepts in their day-to-day life and operations.

When Soldiers collectively implement the ACE process, use Active Listening, and are intentionally Fighting Stigma, it creates culture of trust and cohesion. Consequently, a culture of trust and cohesion encourages help-seeking behavior; Soldiers know that when they need someone, the Soldiers in the unit will have their back. As the trainer, work to present the material as a facilitated discussion so the Soldiers are learning the material but also learning from and about one another and actively building trust and cohesion.

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.

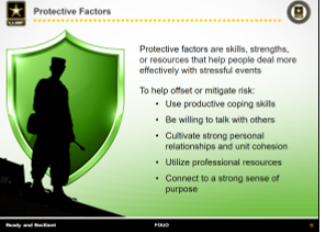| Facilitation Strategies	When/How to Use
Asking Quality Questions - Asking quality questions is important for generating participation and group discussions, which is why scripted questions have been included within the material.	Use closed-ended questions for a check on learning or to get a group consensus. 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.
Efficient Instructions - Efficient instructions for exercises are clear and concise directions resulting in participants' understanding of the intent of the exercise, what actions they need to take, and how long they have to complete the work.	Include timings in your instructions to help participants understand how in-depth their discussions should be. Provide time prompts such as "one minute left," to keep the group on track during activities. Demonstrate lengthy instructions with another individual.
Conducting Effective Discussions - Discussions can sometimes get off track. It is important to be purposeful when leading a conversation about a particular topic or activity.	Effective discussions are learner-centric; keep the conversation moving forward and include a summary with key takeaway points. If restricted in your available time, consider having partners/small groups discuss, then select a few representatives to share with the larger group.
Handling Challenges Effectively - There can be many challenges that occur when teaching a class. Having strategies for challenges that are likely to arise can help you be more prepared.	Be prepared to handle difficult questions, manage emotionally-charged contributions, and 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.
Be Aware of Timing - Pace yourself to ensure there is sufficient time for practical exercises and group discussion.	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.

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*.


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
(clock icon)	Timing	This symbol indicates the amount of time allotted for a given section of the material.
(target icon)	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.
(weightlifter icon)	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.
(green triangle icon)	Continue	This symbol indicates that the training material for a given slide continues onto the next page.
(red square icon)	Stop	This symbol indicates that the training material for a given slide ends on this page.

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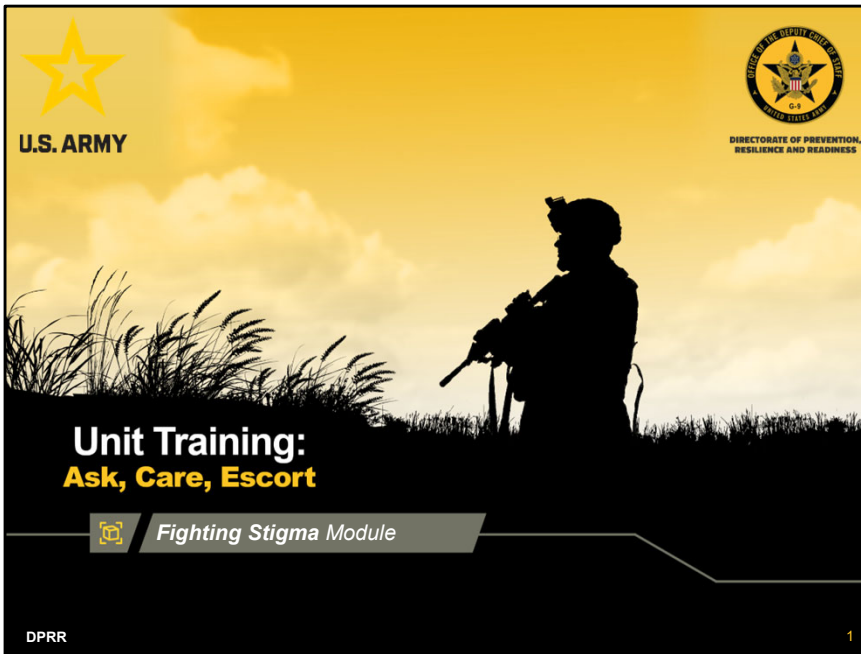
Introduce the module (and yourself, if necessary) and state the impact of active participation on building unit trust and cohesion.

1. **Introduce the module (and yourself, if necessary).**

   • Welcome to the second part of your annual ACE suicide prevention training, specifically the *Fighting the Stigma* module.

2. **State that active participation can help strengthen unit trust and cohesion, which, in turn, helps to fight stigma.**

   • Stigma has negative impacts. It's not just about hurting someone's feelings—stigma can undermine trust between individuals and within units.

   • Fully engaging with this training by actively participating in the discussions about stigma and working with your peers through the practical exercises can help strengthen trust and cohesion, which will build protective factors within the unit.

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

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Concrete Experience

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.

(?) What are some reasons that might contribute to Soldiers not reaching out or seeking help?

DPRR   2

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

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1. **Share the reality about many service members not seeking help when needed.**

   • Many service members who have reported suicidal thoughts or had a suicide attempt since joining the military have indicated that they did not talk to anyone or seek help.

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

2. **Discuss reasons that might contribute to Soldiers not reaching out or seeking help.**

   • *[ASK]* What are some reasons that might contribute to Soldiers not reaching out or seeking help?

   *[**NOTE**: Allow for responses. Possible examples include*

   - *belief that asking for help is a sign of weakness; feel ashamed or embarrassed*

   - *scared of ramifications; fear of being labeled or criticized by others; fear of letting down teammates or being treated differently*

   - *belief that you can handle the problem on your own (overly self-reliant).]*

   2-A

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3. Briefly explain the connection between a person's behavior (e.g., seeking help), beliefs, and stigma.

- A person's behavior is influenced by their thoughts, beliefs, and emotions.

- Judgmental beliefs like "something is wrong with me" or "if I get help, then people will think I'm weak" can lead to emotions like shame and fear, which can then lead to avoidance behaviors.

- What can influence a person's beliefs and their willingness to seek the help they need is stigma.

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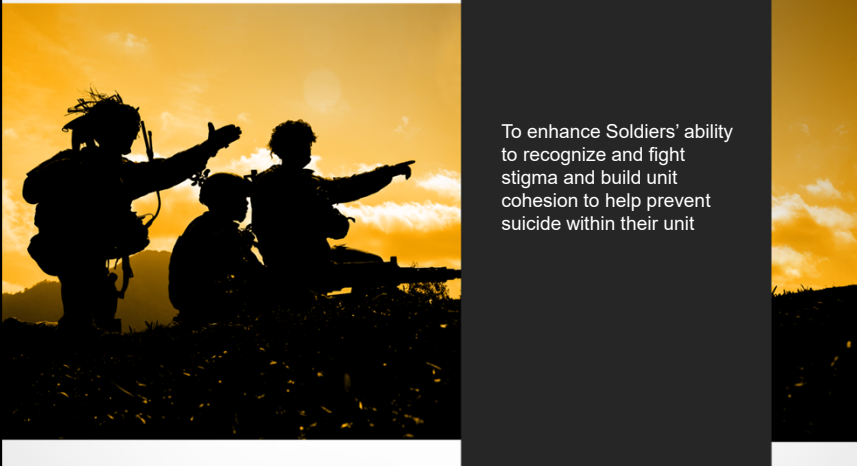
4. Transition.

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

Training Purpose

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To enhance Soldiers' ability to recognize and fight stigma and build unit cohesion to help prevent suicide within their unit

DPRR   3

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

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1.   State the training purpose.

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

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

- We will begin by discussing what stigma is and the impact it can have on help-seeking among individuals and the unit as a whole.

- Then, each of you will have the opportunity to put the training into practice by using stigma-fighting tactics and the ACE process.

- Lastly, we will discuss how taking an active role to fight stigma in your unit can help reduce the risk of suicide.

3.   Transition.

- Let's start by taking a closer look at what stigma is so that you are more capable of identifying its presence.

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

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

Condition: In a classroom environment, given training materials

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

- *define and identify stigma and its primary elements*

- *explain stigma's impact on help seeking, unit climate of trust, and suicide prevention*

- *identify the ways to end stigma and mitigate its effect on suicide prevention*

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

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What is Stigma?

Stigma is the **negative attitude** toward people or ideas **based on certain characteristics** such as one's mental or physical health or social attributes **that might distinguish them from others** in the group.

Public stigma

Negative or discriminatory attitudes <u>others</u> hold about certain behaviors or traits

Self-stigma

Negative attitudes about certain behaviors or traits have been internalized; the person adopts a negative view of <u>themselves</u>

DPRR   4

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

---

1.   **Define stigma and state the two main types.**

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

- Stigma is the negative attitude toward people or ideas based on certain characteristics such as one's mental or physical health, or social attributes like gender, sexuality, or race that might distinguish them from others in the group.

- Stigma comes in multiple forms. Two of the main types of stigma are public stigma and self-stigma.

2.   **Explain public stigma and discuss indicators/signs of public stigma.**

- **Public stigma** is when an individual or a group stereotypes certain characteristics or behaviors, then discriminates against other people displaying those characteristics or behaviors.

- An example of public stigma might be a unit stereotyping those on physical profile as unmotivated or unable to lead well, or a unit stereotyping the act of leaving work before the 1700 retreat as a lack of work ethic.

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

[*NOTE*: *Allow for responses. Possible responses may include*

- *singling someone out*

- *bullying, hazing or harassment*

- *labeling someone/group (like "weak" or "crazy")*

- *gossiping about others; making unfavorable comments about someone or a group of people*

- *shunning certain people; rejecting them; being exclusive rather than inclusive*

- *showing favoritism*

- *judging someone based on their preferences and/or appearances.]*

| 3. | **Explain self-stigma and discuss indicators/signs of self-stigma.** |

- **Self-stigma** is buying into the public stigma and applying it to themselves. It occurs when someone perceives a negative attitude toward themselves from others and then internalizes it. This process usually results in a person having a negative view of themselves and commonly experiencing emotions like shame and fear.

- **[ASK]** What are some signs or indicators that someone is experiencing self-stigma?

[*NOTE*: *Allow for responses. Possible responses may include*

- *choosing not to participate*

- *disclosure concerns*

- *avoiding others, intentionally avoiding groups/lack of group cohesion*

- *talking badly about themselves*

- *lowering expectations of themselves.]*

| 4. | **Transition.** |

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

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Impact of Stigma

How might the derogatory use of a **slang term** or **label** impact individual Soldiers and the unit as a whole?

- Stigma undermines a unit's culture of trust, which degrades unit cohesion and reduces operational effectiveness

- Stigma is one of the main barriers for people getting the help and support they need when facing life challenges

- Not seeking help early – or at all – can increase a Soldier's risk for crisis, and subsequently contributes to a greater risk for suicidal thinking and behaviors

DPRR   5

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

[SLIDE BUILDS]

1. **Discuss the broad impacts of stigma, to include the presence of stereotypes or use of labels, on Soldiers and units.**

- *[ASK]* How might the derogatory use of a slang term or label impact individual Soldiers and the unit as a whole?

[NOTE: Allow for discussion. Responses might include

- *it could cause fear to seek care if it is legitimately needed*

- *it could decrease a Soldier's willingness to speak up if injured or if experiencing mental health struggles*

- *causes a divide between Soldiers*

- *lowers morale and trust.]*

[CLICK TO ADVANCE]

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

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2. Highlight the impact of stigmatizing words and behaviors on unit morale, trust, and cohesion.

- When stigmatizing words or actions are shared by members of a team and go unchallenged, it signals group acceptance; that it's okay for the team to isolate and separate certain individuals, and that it's okay to discriminate or treat them differently.

- Stigma not only disrespects the individual, it undermines morale and a unit's culture of trust. In turn, this degrades unit cohesion and reduces operational effectiveness.

3. Explain how stigma can impact someone's willingness to seek help when facing a challenge.

- At the start of this module, we discussed reasons that might contribute to Soldiers not reaching out or seeking help when facing life challenges. A main barrier is stigma.

- If there is a negative stigma about help-seeking, a Soldier's concern for being labeled or discriminated against can result in the delay or prevention of getting the support they legitimately need.

- Help-seeking refers to seeking help or support to face any type of life challenge, such as financial, relationship, emotional, mental health, family issues, sleep problems, or any other reason.

- Whatever the reason, delaying getting the necessary help can often make the problems worse and make resolving them even more difficult.

4. Explain the connection among stigma, help-seeking, and suicide risk.

- Not seeking help early, or at all, can increase a Soldier's risk for crisis, and subsequently contribute to a greater risk for suicidal thinking and/or behaviors.

5. Transition.

- Discussing stigma's negative impact might be feeling like doom and gloom right now. The reality of stigma's negative impact is heavy stuff. There's some good news, however: You play an important role in reversing the effects.

Fighting Stigma

Soldiers reporting unit climates supportive of mental health are more likely to talk about their problems with fellow Soldiers and to seek help from behavioral health.
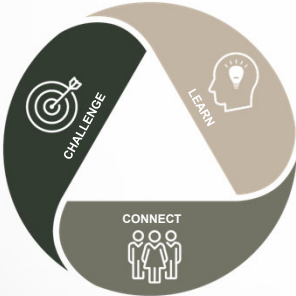
How have you seen other people in the Army or society at large fight against stigma?

DPRR   6

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

[SLIDE BUILDS]

1. **Explain that if Soldiers believe their unit is supportive of help-seeking, then they are more likely to seek the help they need.**

- Research has shown that Soldiers perceiving their unit climate to be supportive of mental health is associated with decreases in stigma, specifically stigma about a negative impact on one's career and being treated differently by fellow Soldiers for going to Behavioral Health.

- In turn, Soldiers in supportive units are more likely to both talk with a fellow unit member and seek treatment from a behavioral health specialist when experiencing stress or an emotional, alcohol, or family problem.

Record your own notes here:

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2. **Ask Soldiers how they have seen other people in the Army or society at large fight against stigma.**

- *[ASK]* How have you seen other people in the Army or society at large fight against stigma?

[*NOTE: Allow for responses. Some examples might include*

- *professional athletes/celebrities speaking out about behavioral health issues and seeking help*

- *changes in Army policy*

- *openness to share about experiences utilizing helping resources (e.g., BH, Family Advocacy Program, Army Community Services).*

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

3. **State that there are three overarching tactics that can help to fight stigma and engaging in these tactics shows the unit and Soldiers that you CARE.**

[CLICK TO ADVANCE]

- There are three overarching tactics that can help you to fight stigma: **learn, connect, and challenge.**

- Taking an active role to learn, connect, and challenge stigmatizing language and behavior, demonstrates to people that you CARE and that you will not tolerate stigma, discrimination, and disrespect within the unit.

- Remember, when people know you care, then they are more likely to trust you and reach out before a problem escalates to a crisis.

- Let's explore each of these tactics a little further, specifically how you can use them to fight stigma.

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

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

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

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

1. **Describe the tactic "Learn" and how it can help to fight stigma.**

- Stigma usually arises from a lack of awareness, lack of education, or misguided beliefs about the behavior or characteristic being judged.

- The "Learn" tactic means to educate yourself and teach others about the characteristics or differences that are subject to stigma, such as mental health.

- Learning can be done through formal means like unit training, Army training [Sexual Harassment/Assault Response and Prevention (SHARP), Combat and Operational Stress Control (COSC), and Suicide Prevention (SP)], formal education (college classes) or through informal means like self-paced learning (seminars, speaker events), reading, and through connection and conversation with others.

2. **Describe the tactic "Connect" and how it can help to fight stigma.**

- The "Connect" tactic means to promote strong peer bonds and a sense of team unity that fosters a shared concern for each other.

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- You can help other Soldiers feel connected by being a reliable battle buddy (i.e., support network) and by supporting them in their family, friend, and spiritual connections.

- Connection is a key protective factor that mitigates the risk of negative outcomes. Researchers have found that support from close others was as an important factor to a majority of Soldiers who made the decision to seek treatment while on active duty.

3. Describe the tactic "Challenge" and how it can help to fight stigma.

- Stigma can result from inaccurate information left unchallenged or uncorrected (e.g., rumors).

- The "Challenge" tactic means to recognize stigma and respond accordingly. This can include challenging self-beliefs as well as making on-the-spot corrections within the unit when necessary.

- Challenge can also include leading by example and speaking up as an advocate like openly sharing about your positive experience with talking to others about problems or seeking help from behavioral health.

4. Emphasize the interconnectedness of the tactics (i.e., the arrows in the diagram).

- When you engage in one tactic, you are increasing capability in another.

- The "Challenge" tactic can be difficult and uncomfortable. Furthermore, _how_ you challenge can impact its effectiveness. Tapping into the other two tactics can help.

- For example, connection and rapport will help others be more receptive to your challenging actions, and with more accurate knowledge (from learning), you are more equipped to challenge stigma when you see it.

5. Transition.

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

Fighting Stigma: Practical Exercise 1

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

? What should CPL Smith do?

CHALLENGE   LEARN   CONNECT

DPRR   8

Facilitate Part 1 of the Practical Exercise.   **[?]**

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

- This is a three-part practical exercise that you will work through in small groups.

- After each part, we will debrief before moving to the next. This will give you the opportunity to hear ideas, experiences, and perspectives from other groups.

- The intent of this practical exercise is to be able to process the steps you might take to fight stigma when you encounter it in your unit, with your battle buddy, or yourself so that you are more equipped to do so when you leave this training.

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

- Here's the scenario for Part 1.

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

Record your own notes here:

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

Record your own notes here:

- In your small groups, consider the scenario along with the tactics of learn, connect, and challenge, and discuss the question:

- *[ASK]* What should CPL Smith do?

[NOTE: Allow small group discussions.

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

- *Challenge: "That's not how we talk about other Soldiers in this unit." "Talking like that is disrespectful."*

- *Learn/Education: "Soldiers go to behavioral health for a lot of reasons, that doesn't make them unfit for duty."*

- *Connect: Soldiers from the detail, including SPC David, observe CPL Smith challenge the behavior, which shows he cares and builds a sense of trust.]*

3.   Transition.

- Let's move on to Part 2.

Fighting Stigma: Practical Exercise 2

U.S. ARMY

Part 2: After taking immediate action (challenge, learn/educate, connect), CPL Smith resumes cleaning a weapon when he notices that SPC David, one of the Soldiers from another platoon, has moved away from the group and is not participating in the way he was before the incident with the two Soldiers that CPL Smith corrected.

(?) How can CPL Smith use the steps of **ACE** to check in on SPC David?

CHALLENGE LEARN CONNECT

DPRR   9

Facilitate Part 2 of the Practical Exercise.   **[?]**

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

- After taking immediate action – such as challenging the stigmatizing behavior or educating the other Soldiers that receiving behavioral health care does not make a Soldier unfit for duty, CPL Smith resumes cleaning a weapon. Then, CPL Smith notices that SPC David, who is one of the Soldiers from another platoon, has moved away from the group and is not participating in the way he was before the incident with the two Soldiers that CPL Smith corrected.

- In your small groups, consider the scenario, and discuss the question:

- *[ASK]* How can CPL Smith use the steps of ACE to check in on SPC David?

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

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

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

Record your own notes here:

Record your own notes here:

- *CARE: CPL Smith could actively listen by giving SPC David his undivided attention, and encourage SPC David to share his experience; normalizing going to behavioral health*

- *ESCORT: CPL Smith could escort SPC David back to the detail to normalize going to behavioral health; help him transition back into the task and positively interacting with the other Soldiers.*

- *During the conversation with SPC David, if any risk factors or warning signs are indicated, then he could consider escorting to a helping resource.]*

2. Transition.

• Let's now move on to Part 3.

Fighting Stigma: Practical Exercise 3

Part 3: Later that afternoon, CPL Smith is asked by his PSG about the incident with the two Soldiers from 2nd PLT. CPL Smith then explains the stigmatizing language and the impact it had on SPC David. The PSG asks if the CPL has any suggestions on what they can do to help eliminate that type of behavior in their platoon.

? What actions might CPL Smith recommend to the PSG?

CHALLENGE — LEARN — CONNECT

DPRR   10

🎯 **Facilitate Part 3 of the Practical Exercise.**   **[?]**

---

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

- Later that afternoon, CPL Smith is asked by his PSG about the incident with the two Soldiers from 2nd PLT. CPL Smith then explains the stigmatizing behavior and the impact it had on SPC David. The PSG asks if the CPL has any suggestions on what they can do to help eliminate that type of behavior in their platoon.

- In your small groups, consider the scenario, and discuss the question:

- *[ASK]* What actions might CPL Smith recommend to the PSG?

[NOTE: Allow small group discussions.

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

> *- asking for Sergeants' Time Training to talk to the platoon to have a conversation about being a cohesive team (connect & learn)*

> *- bring in resources to educate the unit on specific topics (learn)*

> *- team building (org day, watch a movie like "Remember the Titans," etc.) (connect).]*

▶

Record your own notes here:

2. **State that fighting the stigma is not just important in the moment it presents itself, but it is an on-going effort.**

- Confronting stigma in the moment you encounter its presence is important. Fighting stigma is not a "one and done" approach, however.

- If the PSG hadn't initiated the conversation with CPL Smith, CPL Smith may have decided to take follow-up action by notifying the unit leadership based on the Army Values of Respect, Duty, and Integrity.

3. **Transition.**

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

Record your own notes here:

Practical Application

What specific actions will you take to fight stigma inside the formation?

- Fighting unit stigma or public stigma often starts with taking a pause to look inward.

- During challenging times, draw on the Army Values for motivation to engage in stigma-reducing behaviors and in the ACE process.

DPRR   11

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

[SLIDE BUILDS]

1. **Acknowledge the Soldiers' efforts within this training to increase their capability to fight stigma.**

- Addressing stigma in hypothetical scenarios, in a low-stress environment like this training session has value. It allowed you to work together with your peers and think through what actions can be taken.

- Now having done that, and having increased your awareness and knowledge of stigma and tactics to fight it, let's discuss how you can personally and practically apply this knowledge inside your unit.

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

- *[ASK]* What specific actions will you take to fight stigma inside your formation?

[NOTE: Allow for responses. Examples may include

- *utilize Sergeant's Time Training to have a conversation about respect inside the platoon*

- *team building activities*

- *when stigma is recognized, bring it to the attention of unit leadership*

▶

Record your own notes here:

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

- *be an advocate and role model: speak up about your personal experiences with utilizing helping resources.]*

3. **Encourage Soldiers to look inward and identify any beliefs or behaviors that fuel stigma.**

[CLICK TO ADVANCE]

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

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

- *[ASK]* Are you the first barrier preventing Soldiers from reaching out for and getting the help they need? Are your beliefs, your words, and your actions aligned when it comes to Soldiers asking for help?

- You or others may unintentionally or innocently use language or behaviors that are in fact harmful or stigmatizing. If or when this happens, be receptive when being challenged and corrected.

4. **Encourage Soldiers to draw on the Army Values to engage in stigma-reducing behaviors in challenging situations.**

- There will likely be times when taking action to fight stigma is difficult or uncomfortable. During these more challenging times, you have the Army Values to draw upon for motivation to engage in stigma-reducing behaviors and in the ACE process.

- For example, you can pull on your Personal Courage to challenge the stigma, on sense of Duty to learn more about mental health, or on Loyalty to foster a stronger connection with a unit member that is different than you.

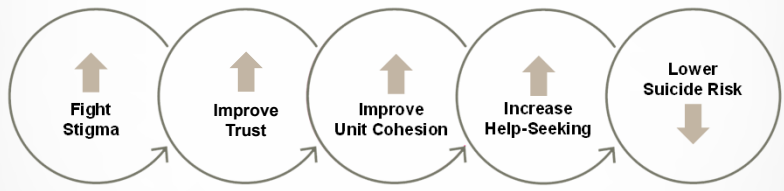*[NOTE: This is a natural transition to the next slide.]*

Record your own notes here:

Fighting Stigma and Suicide Prevention

Fighting stigma helps to lower the risk of suicide;
it shows you CARE!

Fight Stigma → Improve Trust → Improve Unit Cohesion → Increase Help-Seeking → Lower Suicide Risk

---

🎯 **Review the connection between reducing stigma and suicide prevention.**

[SLIDE BUILDS]

1. **State that fighting stigma can help to lower the risk of suicide.**

- Now, let's take a look at the positive outcomes that can come from your efforts to fight stigma.

- Throughout this module, we have demonstrated that stigma is associated with negative outcomes to include increased risk of suicide.

- Fighting stigma can, therefore, help to lower the risk of suicide.

2. **Use the image to demonstrate the positive impact of fighting the stigma and how it can contribute to a lower risk of suicide.**

[CLICK TO ADVANCE]

- Stigma is disrespectful; actively fighting stigma with tactics such as learning, connecting, and challenging shows that you will not tolerate disrespect within the unit. It shows that you CARE.

- When you know someone cares, you are more apt to trust them.

- A unit with members that can trust one another will naturally help to improve unit cohesion.

Record your own notes here:

Record your own notes here:

- Units with higher levels of cohesion are typically less tolerant of stigmatizing behavior, resulting in higher rates of help-seeking and fewer barriers to care.

- Furthermore, a unit that has strong relationships, trust, and cohesion enhances the ability of team members to successfully Ask, Care, Escort and take action, all crucial steps in the ACE process.

- By fighting the stigma with effective tactics, you are doing your part to positively affect the suicide prevention efforts within your unit and within the Army as a whole, and help to lower the risk of suicide.

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

Next Steps: Plan to Implement

(?) What is **one thing** you plan to do within the next week or two **that can help lower the risk of suicide** within your unit or among your friends and family members?

Preventing suicide requires taking **proactive steps**

DPRR   13

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

1. **Ask Soldiers to identify one thing to implement from today's training in the next week or two that can help lower the risk of suicide.**

- Throughout a typical day or week, you have many opportunities to apply what you've learned today in the ACE Base module and this +1 module.

- *[ASK]* Based on what we've covered today, what is one thing you plan to do within the next week or two that can help lower the risk of suicide within your unit or your friends and family members?

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

- *identify a specific person in my unit or Circle of Support and check in to see how they are doing or invite them over for a BBQ*

- *draw on one of the Army Values when tempted to avoid uncomfortable conversations or needing to challenge a stigma*

- *make an effort to ask more open-ended questions to improve active listening skills*

- *fight self-stigma by using the Learn tactic by seeking out the chaplain to learn more about confidential options if needing help with a problem.]*

▶

Record your own notes here:

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

Record your own notes here:

[CLICK TO ADVANCE]

- Preventing suicide requires taking proactive steps.

- In addition to the plans you all have just shared, here are some proactive steps you might consider taking with your fellow Soldiers and others within your Circle of Support:

    - look for opportunities to use active listening to enhance communication and connection and to build trust

    - ask who they feel most comfortable talking with if there is ever a concern or moment of crisis, and share that same information with them about you

    - talk about which resources you all might find most helpful and put the contact information in your phones

    - when they are facing a challenge, encourage them to use resources proactively such as when there is even a hint of concern rather than wait until it's a crisis situation; demonstrate proactive and preventative behavior as a role model by seeking help early and proactively

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

Fighting Stigma Makes a Difference

U.S. ARMY

DIRECTORATE OF PREVENTION, RESILIENCE AND READINESS

You are now armed with tactics to fight against stigma and aid the suicide prevention efforts of the unit.

Army policies are changing to be more supportive of Soldiers seeking help, but true change happens at the lowest level.

You are an integral part of the Army's comprehensive and integrated approach to preventing suicide and protecting others from its devastating impacts.

DPRR   14

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

1. Empower Soldiers to commit to fighting the stigma within their unit to help mitigate the risk of suicide.

- Army policies are changing to be more supportive of Soldiers getting the help they need, but true change happens at the lowest level.

- Remember, you are a part of the Army's comprehensive and integrated approach to preventing suicide and protecting others from its devastating impacts.

- The Army and its people need you to concentrate your efforts in the prevention strategies within your control and influence, which you have gained from today's training.

- Take the knowledge you've received to help sustain and improve the culture within your unit as it pertains to help-seeking behavior and mitigating risk of suicide. Commit to the stigma-fighting actions you established a few moments ago.

- Each individual has the responsibility and the power to make a positive difference. Be the difference with your battle buddy, team, squad, and company.

Record your own notes here:

2. **Thank Soldiers for their participation.**

Record your own notes here:
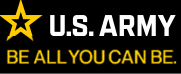
- ACE can save a life. So remember to Ask, Care, and Escort.

- Thank you for your participation today and for demonstrating your selfless support of your fellow Soldiers and the whole Army Family.
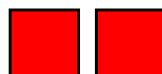
U.S. ARMY
BE ALL YOU CAN BE.

Post-Training Survey

https://wrair.gov1.qualtrics.com/jfe/form/SV_aXFrN0d3WYotliy

Participants: You have just completed

the **ACE Fighting Stigma** 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 received the Base module prior to this module, please select the Base + Fighting Stigma option on the survey.

Introduce Post-Training Survey

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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:

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