

Shoulder to Shoulder

FINDING STRENGTH and HOPE TOGETHER

Trainer Facilitation Guide



Prevent Army Suicide

Ask ★ Care ★ Escort

Talk to your Chain of Command, Supervisor, Chaplain, or Behavioral Health Professional
or call the National Suicide Prevention Lifeline 1-800-273-TALK (8255)

www.suicidepreventionlifeline.org militaryonesource.com

www.preventsuicide.army.mil

Shoulder to Shoulder

Finding Strength and Hope Together

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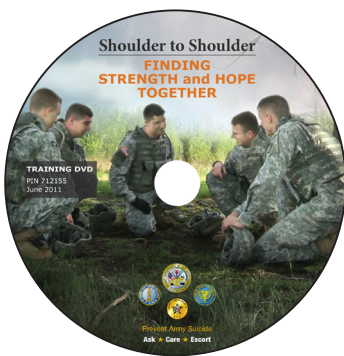
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Introduction

The target audience for this U.S. Army suicide prevention training is Soldiers, junior leaders, first-line supervisors, Department of the Army (DA) Civilians, and Families. The goals of the training, which takes approximately one hour, include the following:

- Reduce the stigma associated with seeking help
- Encourage leaders to connect with and know their people and reach out to help them when necessary
- Demonstrate the importance of resilience in preventing suicide throughout the entire Army Family
- Understand stressors and high-risk behaviors that can lead to psychological distress and suicide

These goals will be achieved when participants can understand the concept of resilience, recognize high-risk behaviors that can lead to suicide, and know where and how to get help if they need it. To be most effective, this training should be conducted in small groups, facilitated by a Soldier when presented to Soldiers, or a DA Civilian when presented to DA Civilians or Families. It is very important that trainers involve all participants in the discussion. Trainers should allow participants to express their opinions without judging or rejecting them.



The DVD includes:

- *Shoulder to Shoulder: Finding Strength and Hope Together* Training Video (approximately 17 minutes)
- Facilitation Guide PDF
- PowerPoint Presentation for Training

TRAINING OBJECTIVES

The purpose of this training is to provide information that will help Soldiers, DA Civilians, and the entire Army Family to better understand resilience and to reduce the risk of suicide throughout the Army. The learning objectives include the following:

- To understand an Army leader's role in reducing the stigma associated with needing or seeking behavioral health care
- To demonstrate the importance of resilience in preventing suicide
- To stress the importance of recognizing high-risk behavior and reaching out to help
- To emphasize the role of leaders in connecting with and knowing their Soldiers and reaching out to help them when necessary
- To encourage Soldiers, DA Civilians, and Family members to get help if they need it

TRAINING TOOLS

The training package includes a Data DVD, which contains the training video, *Shoulder to Shoulder: Finding Strength and Hope Together*, and a copy of this Facilitation Guide. The video features a range of real Soldiers, DA Civilians, and Army Family members who discuss how they experienced psychological distress, considered or attempted suicide or dealt with the suicide of loved ones, how they received help, and the actions they took to increase their resilience. The members of the Army Family are to be commended because talking openly about psychological distress is a critical first step in reducing the stigma often associated with depression, anxiety, suicidal ideation, and other distress.

The video and Facilitation Guide are designed to be used together to promote discussion about psychological distress and suicide, resilience, and behavioral health resources. This training package gives specific guidance on these topics. It also contains a Resource List, an Increasing Resilience handout, and a Post-Training Assessment, all of which should be printed out and given to each participant at the appropriate point in the training. Participants should complete the survey and hand it in to the facilitator after the completion of the training.

The video on the Data DVD may be played on any computer equipped with a CD/DVD drive and Windows Media Video (WMV) software. If the DVD does not play in your computer, please contact your IT administrator for the appropriate software. For best results copy the files onto your computer and then play them.

Facilitation Strategies

Your job as a facilitator of this training is to help the group conduct a productive discussion that meets all of the course's objectives. As an effective facilitator, you will leave training participants feeling like a team and like they learned from each other.

Some of the ***best*** things a facilitator can do:

- Explain the purpose and importance of the training
- Speak in simple, direct language
- Create an open and trusting atmosphere
- Let participants know that everyone is expected to participate
- Treat all participants with respect and as equals
- Listen to all comments, validate those that are good, correct misinformation, and keep the discussion on track
- Probe gently for comments from those who aren't speaking up
- Maintain a high energy level
- Remain flexible

Some of the ***worst*** things a facilitator can do:

- Let discussions ramble without proper closure
- Talk too much
- Let misinformation go uncorrected
- Be insensitive to cultural diversity issues
- Allow one or more people to dominate the conversation
- Lose sight of the objectives or control of the discussion

PREPARING FOR AND CONDUCTING THE TRAINING

It is important to be thoroughly prepared to conduct this training. The following is a checklist of important steps to take in the days before the training, on the day of the training, and as training participants arrive.

In advance:

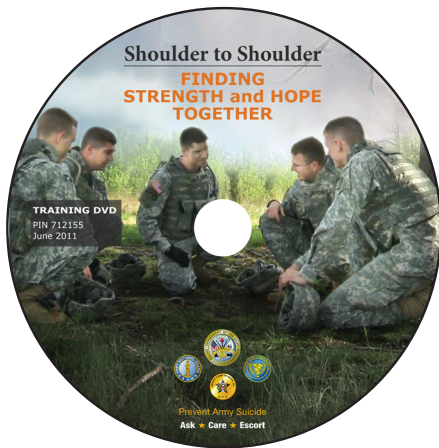
- Preview the video a few times to become familiar with the content.
- Study this Facilitation Guide, paying close attention to Facilitator Notes associated with each discussion question. These provide information you should know so you can correct misinformation and can steer discussions in the proper direction.
- Become familiar with the Post-Training Assessment. Obtain pencils or pens for student use in completing the assessment forms.
- If possible, visit the classroom ahead of time to make sure it is large enough and has enough chairs and that audiovisual equipment is working properly.
- Get the name and number of someone who will be available to assist you if there is an audio-visual problem during the training.
- Add local and unit numbers to the Resource List provided.
- Print enough Resource Lists, Resilience handouts, and Post-Assessment Surveys for each participant.

On the day of training:

- Arrive early.
- Arrange the chairs so that each participant can see the screen and to ensure optimum participation in discussions. For a small group, arrange chairs in a horseshoe. For larger groups, concentric semi-circles work well. Chairs should not be arranged in rows; you don't want this to seem like a classroom.
- Test the audio-visual equipment, ensuring that the video and sound components are working properly.
- Cue up the video.
- Cue up the PowerPoint presentation and/or write terminal objectives on a flip chart or classroom board.

A suggested introduction:

The goal of this training is to help you understand your responsibilities as Soldiers, DA Civilians, and members of the Army Family to take an active role in reducing the incidence of suicide and high-risk behaviors. Notice the objectives I have written on the board. We will cover each of them in the discussion that follows the 17-minute DVD you are about to watch. The training will last one hour.



After the participants arrive:

- Welcome participants and ask them to be seated.
- Introduce yourself if necessary.
- Remind participants to turn off all cell phones and electronic devices.
- Let participants know that the training will last one hour.

Dim lights and play DVD.

After watching the DVD:

- Turn the lights back on.
- Explain that the group will spend approximately 10 minutes on each discussion question.
- Follow the instructions for each discussion. Feel free to use your own words, but make sure you cover each topic and all relevant points within each topic.
- Distribute Resource Lists, Increasing Resilience handouts, and Post-Training Assessments during the discussion on resources.
- Collect the completed Post-Training Assessments.

Reducing the Stigma and Fear of Getting Help

TERMINAL OBJECTIVES:

To understand an Army leader's role in reducing the stigma associated with needing or seeking behavioral health care.

Enabling objectives:

- Define stigma
- Discuss participants' attitudes about stigma
- Discuss Army Senior Leadership's attitude about stigma
- Describe the ways that the Army Leadership has sought to reduce stigma
- Discuss examples of people who have sought behavioral health counseling

To encourage self-referrals for professional help.

Enabling objectives:

- Ask how many of the participants in the video referred themselves for help or treatment
- Discuss the type of leader behaviors that help to overcome stigma and encourage self-referral among participants
- Ask how many of the participants would consider self-referral if they thought they needed it

Introduce the topic by saying:

These are real Soldiers, real DA Civilians, and real Family members who were willing to share their stories in their own words. Their stories touch on several key topics that the Army wants leaders to understand: reducing stigma; identifying the risk factors and warning signs associated with suicide; building resilience; and getting help that is available to all Soldiers, DA Civilians, and Family members. We are going to discuss those topics now, including actions you as leaders are expected to take.

First, let's talk about reducing stigma and encouraging individuals to get professional help. Even though the Army has worked hard to reduce the degree of stigma experienced by all members of the Army Family, stigma still exists and we must continue to work to reduce and eliminate it.

You just saw several Soldiers, DA Civilians, and Family members who got help to deal with stress and other issues that were overwhelming them. With the right help, most people can resolve problems with depression, stress, and anger, build their resilience, and get on with their lives.

DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

- What is stigma, and why does it sometimes keep Soldiers and members of the Army Family from seeking help?
- In the video, DA Civilian Aaron says, “There are many people who think if they have suicidal thoughts, and tell anybody about it, it’s the end of their career; which is simply not true.” Do you agree with that statement?
- Do you feel there is a stigma associated with taking medications for depression, anxiety, etc.? Would you take medications for depression and anxiety if you needed them?

If necessary to get the discussion started, say:

IAW DA PAM 600-24 states the following about stigma:

“One of the greatest barriers to preventing suicides is a culture that shames Soldiers into believing it is not safe to seek help. Stigma can render suicide prevention efforts ineffective unless elements are incorporated into the program to counter these destructive attitudes.”

“Individuals may not seek help because they believe that their problems or behavioral health issues should remain a secret. Reasons for this may include shame and embarrassment, fear that their careers are affected, concern that personal issues are exposed, belief that seeking help is a sign of weakness, and a feeling of helplessness and hopelessness.”

Follow-up questions:

- What are some of the things leaders can do to help Soldiers, DA Civilians, and Army Family members who have these fears so they feel comfortable seeking help?
- Army leadership has been seeking ways to reduce the stigma that has been associated with seeking behavioral health care. What are some of the things you know about that the Army has done?
- Which of the Soldiers and Army Family members in the video got help?
- By a show of hands, how many of you would be reluctant to get help if you needed it? Why?

Close discussion by saying:

We must all continue to work on reducing the stigma associated with getting help so that everyone feels comfortable asking for help. Seeking help is not a sign of weakness. It takes courage and, in fact, is a sign of strength.

Remember

Encourage all participants to express their opinions, without judging them. However, it is important to correct any misinformation.

FACILITATOR NOTES

The information on these two pages is important for facilitators to understand before leading a training session.

This information is for your guidance but is not intended to be read during training. However, it can help you steer discussions to make sure that objectives are met and can help you correct any misinformation that arises. Please consult AR 600-63 or DA PAM 600-24 for additional information. Space is provided for you to take notes.

IMPORTANT NOTE

Sometimes the idea may surface that people who want to get out of a mission or out of the Army “play the suicide card” or fake symptoms in order to get out. You as a trainer need to emphasize that suicidal symptoms or statements always indicate a serious issue or problem of some kind and must be treated in accordance with Army Regulation 600-63.

What the DoD and Army Are Doing to Reduce Stigma

- **Stigma Reduction Campaign Plan.** Both the Department of Defense and the Army are in the process of developing a stigma reduction campaign plan that synchronizes efforts across agencies and leverages DoD’s existing Real Warriors Campaign that was launched in 2009 to encourage help-seeking behavior among Servicemembers and veterans.
- **Behavioral Health (BH) Providers.** The Army has increased the number of BH providers, embedded them with brigade combat teams in theater, and is co-locating them with primary health care physicians to provide comprehensive medical treatment and share treatment plans.
- The Army is also exploring other initiatives such as the Confidential Alcohol Treatment and Education Pilot (CATEP) to enhance self-referrals for Soldiers in the early phase of alcohol abuse, and Tele-behavioral Counseling and Treatment, which utilizes online video/audio resources to provide BH care and encourages the use of self-assessment tools such as the anonymous screening available on Military Pathways TM (www.militarymentalhealth.org).
- **Rapid Action Revision of AR 600-63, Army Health Promotion.** This regulation underwent a four-month review by the Army Suicide Prevention Task Force (ASPTF) and a rapid revision to incorporate a number of policy changes, including replacing the term “mental health” with “behavioral health”; requiring commanders to refer Soldiers who are undergoing disciplinary action and have multiple risk factors present to appropriate services to mitigate risk; mandating that commanders publish a suicide prevention policy (e.g., full-participation in behavioral health screenings, importance of reducing stigma, and unit program elements) and implement health promotion, risk reduction, and suicide prevention programs and encourage participation in behavioral health screenings and treatment.
- **Revision of DA PAM 600-24, Health Promotion, Risk Reduction, and Suicide Prevention.** This revision made a number of changes, including outlining the commander’s responsibility to reduce stigma associated with needing or seeking behavioral health treatment, and building a command climate that encourages self-care and help-seeking behaviors.

The Importance of Resilience

TERMINAL OBJECTIVE:

To understand resilience and its role in successfully coping with psychological distress and preventing suicides.

Enabling objectives:

- Define resilience
- Discuss participants' understanding of resilient behaviors and thought processes
- Describe ways that all members of the Army Family can increase their resilience

Introduce the topic by saying:

Resilience is central to a person's ability to successfully cope with life challenges. Resilience is how you respond to intense stress. Resilience is not a matter of masking emotions and maintaining an image of strength or of maintaining a "tough facade." It is not a matter of resisting stress but of knowing how to deal successfully with stressful life challenges.

It consists of emotional and mental capabilities that help us deal with setbacks. It helps us bounce back from life's stressors. Resilience is partly a product of our life experiences and upbringing. But it also consists of emotional and mental capabilities that can be taught and learned. For example, problem-solving and stress reduction are resilience techniques that can be learned, as are other life and coping skills.

FACILITATOR NOTES

The information on resilience contained in Increasing Resilience on pages 32 and 33 is important for facilitators to understand before leading a training session. This information is for your guidance but is not intended to be read during training. However, it can help you steer discussions to make sure that objectives are met and can help you correct any misinformation that arises. Copies of these pages should be handed out to participants at the end of the course.

DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

- What is resilience?
- Can resilience be taught, or is it something you learn simply through experience and growing up?
- What are some resilient behaviors shown in the video?
- What are some resilient behaviors you believe you have learned or observed in others?
- Is resilience mental, emotional, or both?
- Has anyone participated in the Master Resilience Training course? If so, what did you learn? Did it help make you more resilient?

Follow-up questions:

- What are some resilient ways of thinking? For example, positive thoughts, avoiding thinking traps such as “all or nothing” thinking, etc.
- How can you learn to focus on the positive in the face of various stressors?
- How can leaders encourage resilience?
- How does resilience relate to the prevention of suicide?
- Are optimistic people, who have learned key life skills and stress management, less likely to commit suicide?

Close discussion by saying:

Resilience is critical to coping with life stresses and ultimately, preventing suicides from occurring. One way of viewing suicide is that it represents the complete failure of resilience. As we learn to understand the types of stressors we experience in the Army and learn ways to cope with those stressors by increasing our resilience, we can reduce the number of suicides in the Army Family.

Remember

Encourage all participants to express their opinions, without judging them. However, it is important to correct any misinformation.

Risk Factors and Warning Signs

TERMINAL OBJECTIVE:

To know the risk factors of psychological distress and the warning signs that may mean a person is likely to attempt suicide.

Enabling objectives:

- Explain the difference between a risk factor and a warning sign
- Demonstrate, through the video case studies, risk factors that may make people more susceptible to psychological distress
- List the risk factors
- Discuss the risk factors
- Demonstrate, through the case studies, the warning signs that a suicide may occur
- List the warning signs
- Discuss the warning signs

Introduce the topic by saying:

This discussion will address the risk factors that may make people more susceptible to psychological distress and the warning signs that indicate a suicide may occur. The stress the Army is under today is universal. It is not just the combat troops who are experiencing the stress of a long war on two fronts. Resources and personnel are stretched across the Army, in the Active, Reserve, and Guard components, among DA Civilians, and the Army Family as a whole.

A common misperception is that most suicides are directly caused by the stress of combat or deployment. It's not that simple. The total Active Duty Suicides for calendar years 2001-2010 was 1,026. Of those suicides, 419 Soldiers (41%) were never deployed, 227 Soldiers (22%) died during deployment, and 380 Soldiers (37%) died post deployment. Even in cases where combat stress was a factor, it was not the ONLY factor.

Risk factors are personal factors or life events that increase stress for people especially when multiple risk factors are involved. People experiencing these events may need increased support or counseling to deal with them. For a few people these increased stresses may lead to depression and the potential for suicide.

DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

- What were some of the factors that created stress in the lives of the Soldiers, DA Civilians, and Family members in the video and led them to think about suicide?
- In the video, SFC Skelton says, “My 1st SGT and supervisor shared with me that they’ve been through experiences with finances, they’ve had security clearance issues. So they understood.” Does it help to know that others understand your problems? Would you share with someone that you’ve experienced problems similar to theirs if that was the case?

If necessary to get the discussion started, say:

Everyone deals with life events that can cause stress. This includes Soldiers, DA Civilians, and Family members. Each area of Army life can be viewed as a strand. Thus, there are three strands—unit, Soldier, and Family. Life events that become stressful can occur in any or all of these strands or in multiple areas of life at the same time.

The same type of event may be perceived differently by different people and be more stressful for one than another. Or a person who has coped well with an event in the past may not be able to cope as well if the event occurs again. Multiple events occurring at the same time can become stressful out of proportion to each individual event. When a life event becomes stressful to a person, that life event becomes a risk factor. Examples of risk factors include the following:

- Family reintegration and changes in roles after deployment
- Financial problems (debt, uncontrolled spending, etc.)
- Work or unit or mission challenges
- Other types of work stress like changing jobs or changes of leadership
- Balancing the demands of work and home life
- Legal issues
- Family issues, such as pressures as care-givers, dealing with a spouse who is deployed, or reintegrating after deployment
- Relationship issues (pregnancy, divorce, infidelity, etc.)

Follow-up questions:

- What are some of the other risk factors that you have observed or have heard about?
- You may not always know that someone has experienced a stressful event. But often, actions or behaviors that you observe will indicate that a person may be at immediate risk for suicide. These actions or behaviors are often referred to as “warning signs.” What are some signs that are mentioned in the video?

FACILITATOR NOTES

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- What should you do as a leader so that you can recognize risk factors and warning signs in your Soldiers, DA Civilians, and Army Family members?

Close discussion by saying:

Leaders must know their people well in order to recognize the risk factors they are experiencing and warning signs of suicide and act appropriately.

Warning Signs of Potential for Suicide

Suicides can be prevented. Although some suicides occur without any obvious warning, most individuals who are suicidal do give warning signs, including:

- Noticeable changes in eating/sleeping habits and personal hygiene
- Talking or hinting about suicide, expressing a strong wish to die or a desire to kill someone else
- Obsession with death (e.g., in music, poetry, artwork, letters)
- Change in mood (e.g., depression, irritability, rage, anger)
- Increased alcohol and/or drug use or abuse
- Isolation and withdrawal from social situations
- Giving away possessions
- Expressing feelings of sadness, hopelessness, anxiety
- Making a will or otherwise finalizing personal affairs
- Sudden or impulsive purchase of a firearm or obtaining other means of killing oneself such as poisons, medications

Leaders play an important role in ensuring that individuals' crises are mitigated. Behavioral health providers may provide treatment to reduce ideation and behavior, but it is the leaders who work daily with Soldiers, DA Civilians, and Army Family members who are in the best position to help resolve situational issues and help people develop strategies to prevent future crises. Leaders must be careful not to presume that a threat has passed because outward signs improve.

IMPORTANT NOTE

Leaders need to be aware that the first few weeks or months after a Soldier reports to a new unit are very stressful. Leaders should help every new Soldier adjust and be accepted by the unit, and provide the Soldier with information about helpful resources available to them. It is also important to help Soldiers reintegrate to the unit after they have been apart for a period of time due to leave; physical or behavioral illness, injury, or treatment; school or training; or other reasons.

Factors That May Increase the Risk of Suicide

Many stress factors can increase the risk of suicide. They include:

- Failed intimate relationship or relationship strain
- Previous suicide attempts
- Family history of suicide, suicide attempts, or depression
- History of depression or other psychological illness
- Significant loss (death of loved one, loss due to natural disasters, etc.)
- Poor social skills, difficulty interacting with others
- Drug or alcohol abuse
- Violence in the home or social environment
- Access to means of suicide (particularly handguns in the home)
- Disciplinary or legal actions (Article 15, UCMJ)
- Serious medical problems or physical illness
- Work-related problems
- Excessive debt and other financial problems
- Severe, prolonged, and/or perceived unmanageable stress

The above factors can be complicated by intense feelings or emotions. Some individuals consider drastic measures to stop these feelings. Strategies to lower the risk of suicide should address risk factors as well as the intense reactions, which may include:

- Loneliness, a feeling of being alienated. Loneliness can also stem from a feeling of being disconnected from a higher power. Connections with other people and with a higher power can reduce stress and disappointment.
- Worthlessness, a feeling of not being valued.
- Hopelessness, a feeling that the future holds no escape from negative circumstances. Awareness of resources can alleviate hopelessness.
- Helplessness, a feeling of having no control over a situation.
- Shame, which may follow a negative legal or judicial action.

Leadership Responsibility

TERMINAL OBJECTIVES:

To understand actions that can be taken to intervene and prevent suicide.

Enabling objectives:

- Discuss the successful interventions in the video
- Discuss the participants' reactions to the interventions
- Talk about the participants' experiences with interventions

To understand Army leaders' responsibilities regarding intervention.

Enabling objectives:

- Discuss actions that increase resilience
- Discuss early interventions such as referrals to counseling
- Discuss a leader's responsibility to intervene with a person in crisis
- Discuss the participants' assessment of their own skill at intervening in non-crisis or crisis situations

Introduce the topic by saying:

This discussion will address leaders' responsibility to intervene when a person is in crisis.

You know the risk factors and warning signs associated with suicide, but what are you going to do with that knowledge? It is your responsibility to use that knowledge to take action.

Let's talk about the interventions in the video.

DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

- What actions were taken in the video that may have saved an individual's life? These may be actions taken by buddies, Family members, leaders, or efforts a Soldier took to save his own life.
- In the video, CSM Wallace says, "It's not our job to make these guys communicate with us, we've got to find a way at this level to communicate with them." What are some of the best ways leaders can communicate with individuals?

If necessary to get the discussion started, say:

Not every intervention will be dramatic. In fact, early intervention—before someone is in crisis or contemplating suicide—is very important. This is why leaders need to know their people and know when they have stresses in their lives that may require counseling and support. Early interventions may be as simple as encouraging someone to get counseling and explaining where to get free and confidential counseling. Another early intervention strategy may be to teach your people to become more resilient and to model resilience for them by working to develop resilience yourself.

Follow-up questions:

- If you know that a Soldier, DA Civilian, or Family member has experienced a stressful event, or if he or she is showing signs of distress, what can you do to help?
- What can you do to prepare the other Soldiers, DA Civilians, or Family members in your unit to intervene and to understand how their responsibility to never leave a fallen comrade applies to suicide prevention?
- If a Soldier, DA Civilian or Family member is in immediate crisis and a suicide attempt appears to be imminent, what steps should you take?
- By a show of hands, how many of you feel comfortable that you could intervene if you needed to?

Close discussion by saying:

First-line supervisors and battle buddies are in the best position to help Soldiers and DA Civilians who are in distress. It is your duty to be there for each other and to have the courage to intervene.

Remember

Encourage all participants to express their opinions, without judging them. However, it is important to correct any misinformation.

FACILITATOR NOTES

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IMPORTANT NOTE

If the danger of suicide is immediate, crisis intervention is necessary. Safely remove weapons and medications. Stay with the person, notify emergency services or escort the person to the chaplain or to medical/behavioral health staff. Whatever you do, do not leave the person alone. Explain to the helping professional that the person is suicidal and transfer responsibility to that person before you leave.

Guidance on Leadership

In the Army, first-line leaders have the responsibility to:

- Foster a climate of trust and support
- Minimize the stigma of seeking help by demonstrating by attitude, words, and actions that they tolerate and encourage help-seeking behavior
- Take a personal interest in each subordinate Soldier's personal life and provide support as needed
- Understand their responsibilities regarding suicide prevention, intervention, and postvention
- Teach suicide prevention to all personnel assigned
- Establish, publicize, and enforce a no-tolerance policy for belittling, shaming, hazing, or otherwise humiliating those who need or seek help
- Encourage the battle buddy system, fostering a sense of active concern and support for each other
- Make sure that all personnel understand the ACE (Ask, Care, Escort) method of peer-to-peer intervention
- Encourage activities that promote resilience in Soldiers, DA Civilians, and Family members

Where to Get Help

TERMINAL OBJECTIVE:

To understand suicide prevention resources and how and when to use each resource.

Enabling objectives:

- Talk about the difference between resources for crisis/emergency intervention and the resources for counseling or for information
- Discuss the option for free and confidential counseling—chaplains, Military OneSource
- Hand out the Resource List and have the participants program important local resource numbers into their cell phones

Introduce the topic by saying:

This discussion will address resources that are available to provide help for Soldiers, DA Civilians, and Army Family members. You, as leaders, must be aware of these resources and how and when to use them. I am passing out a Resource List, including resources that are universal to everyone in the Army and resources that are specific to your unit.

As you will see, suicide prevention and related resources can be divided into three categories: crisis, or emergency, resources; non-emergency resources; and sources for helpful information.

IMPORTANT NOTE

A Resource List is provided in Section 4 of this guide. Please write in the important local or installation phone numbers, then make copies of this list (front and back) to hand out to each training participant. Make sure you tell participants to enter the phone numbers into their cell phones before leaving the training.

DISCUSSION QUESTIONS:

Encourage participants to join the discussion by asking:

- Where did the Soldiers, DA Civilians, and Family members in the video go for help?

If necessary to get the discussion started, say:

In a crisis—when someone has already attempted suicide or has a plan and the means to make an attempt—getting immediate help is critical. The Army has developed the easy-to-remember ACE method so you will know what to do in a crisis. ACE stands for Ask, Care, Escort. Ask if the Soldier is thinking of suicide and if he or she has a plan. Care enough to listen and to take action, which may mean removing the means. Escort the person to get help.

Look at the list. Which resources would you use in a crisis?

Follow-up questions:

- If the person is experiencing life stresses or risk factors but does not seem to be in immediate crisis, which resources would you recommend?
- It is very important that Soldiers, DA Civilians, and Family members be aware that confidential help is available. If confidentiality is a concern, where should you direct a person for help?
- There are also many websites and agencies that can offer information on counseling and other services. What are the resources you are most comfortable using or recommending?

Close discussion by saying:

There are resources available for every Soldier, DA Civilian, and Family Member. It is your responsibility to know what is available for emergency help and for non-emergency counseling and information. Use the Resource List and program important numbers into your cell phone so you always have them with you. Turn your phones back on and take a few minutes to do that now. Be sure to include the number for the National Suicide Prevention Lifeline.

Remember

Encourage all participants to express their opinions, without judging them. However, it is important to correct any misinformation.

How Leaders Can Help

Leaders can help survivors through the following steps:

- Provide care for a Soldier, DA Civilian, or Family member who has expressed suicidal ideation or has attempted suicide.
- Refer survivors of suicides, including the Family of those individuals who have attempted or completed suicide, to various services and outreach programs that can provide long-term support including the following:
 - Department of Veterans Affairs Bereavement Counseling
 - Tragedy Assistance Program for Survivors (TAPS) (<http://www.taps.org/>)
 - Survivor Outreach Services (SOS)
 - Military OneSource
- Where appropriate, arrange with the Casualty Assistance Officer to meet and talk with the immediate Family.
- Request the support of the Suicide Response Team to assist in coordinating and leveraging support and services.
- Provide care to the friends of someone who has attempted or completed suicide. The command must proactively address the situation and provide an outlet for those affected to express and process their emotions. Ensure that each Soldier, DA Civilian, and Family member in the unit is notified of a death and given the information and command support to attend the funeral. Have a chaplain or behavioral health provider available to address the Soldiers, DA Civilians, and Family members as a group and be available to Soldiers who need to talk further. Specifically identify Soldiers or supervisors who were close to the deceased and have an appropriate person in their chain of command offer support.

Conclusion

POST-TRAINING ASSESSMENT

Before you conclude the training, hand out the Post-Training Assessment shown on page 28. Give the class plenty of time to complete the assessment. Emphasize that it is anonymous—no one should sign their name to it. The purpose of the survey is to evaluate whether and to what degree the session was successful and to collect useful information to improve the training. Collect the assessments when they are completed.

Mail Post-Training Assessments to:

Mr. Spencer Myers
2521 S. Clark St.
Polk Building, 10th Floor, Suite 1000,
Arlington, VA 22202

Conclude the training by saying:

In the training today we have discussed these objectives.

(Point to list of Terminal Objectives on the screen, board, or flip chart.)

Thank you for your participation and for the valuable information and input that you have provided that helps us meet these objectives. Does anyone have any additional questions about the material we have covered?

- Answer or address any remaining questions
- Dismiss the participants
- After dismissing the students, tally the training results using the Training Facilitators' Report Form on page 29
- Scan the form and email it to: Spencer.myers1@us.army.mil

POST-TRAINING ASSESSMENT

Date: (mm/dd/yy)							Installation/Camp/ Station					
Gender:	M		F		Position/Duty/MOS:							
Army Component:	Active			Reserve			Guard		Family		Civilian	
Grade/ Rank:	PVT- SPC		SGT- SSG		SFC- SGM		W01- CW5		2LT- CPT		MAJ- LTG	

As a result of this video and training...						
Make one response for each statement		Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
1.	I have a greater understanding of how a leader should respond when a person needs help.					
2.	I have a better understanding of how others have coped with anxiety, depression, combat stress, and physical pain.					
3.	I understand more about resilience and some activities that can be used to become more resilient.					
4.	I feel more comfortable reaching out for help or speaking to someone when I need help.					
5.	I am better informed about where to get help for myself or for someone else.					
6.	I understand more about how multiple stressors sometimes lead to depression or thoughts of suicide.					
7.	I believe that a person can get help for behavioral health issues and still have a good career in the Army.					
8.	I understand more about the impact of suicide on friends and Family members.					
9.	I am more likely to recognize signs of depression or stress in myself or in others.					

TRAINING FACILITATOR’S REPORT FORM

Instructions:

1. Prior to the training, make enough copies of the Post-Training Assessment Form for all students.
2. Prior to the training, obtain enough pencils or pens for the students to use to complete the forms.
3. Show the video and conduct the training then distribute the Assessment Forms to each student.
4. Collect the completed forms as the students leave the training session.
5. Use this Facilitator’s Report Form to tally the results of the completed Post-Training Assessment Forms.
6. Scan and email the form to: Spencer.myers1@us.army.mil

Date: (mm/dd/yy)						Installation/Camp/ Station			
Facilitator’s Name:									
Facilitator’s Email:									
Total number of students:			Number of male students:			Number of female students:			
Total number of AC students:			Reserve:		Guard:		Family Members:		
Number of PV1-SPC:			SGT-SSG:		SFC- SGM:		WO1- CW5		
						1LT-CPT		MAJ-LTG	
List positions, primary duties, MOS of students:									
Tally the student responses and enter the number of responses in each of the five columns below for each statement:									
	As a result of this video and training...				Strongly Agree	Agree	Neither Agree nor Disagrees	Disagree	Strongly Disagree
1.	I have a greater understanding of how a leader should respond when a person needs help.								
2.	I have a better understanding of how others have coped with anxiety, depression, combat stress, and physical pain.								
3.	I understand more about resilience and some activities that can be used to become more resilient.								
4.	I feel more comfortable reaching out for help or speaking to someone when I need help.								
5.	I am better informed about where to get help for myself or for someone else.								
6.	I understand more about how multiple stressors sometimes lead to depression or thoughts of suicide.								
7.	I believe that a person can get help for behavioral health issues and still have a good career in the Army.								
8.	I understand more about the impact of suicide on friends and Family members.								
9.	I am more likely to recognize signs of depression or stress in myself or in others.								

EMERGENCY RESOURCE LIST

(Please write in important phone numbers and make copies of this list, front and back.)

CONUS Emergencies *(Stay with the person and call one of the following)*

Local Emergency Service: **911**

Military Police (if on installation) _____

Your Chain of Command/Supervisor: _____

National Suicide Prevention Lifeline: **1-800-273-TALK (8255)**); dial “1” for military

(Free and confidential hotline is staffed 24/7 by trained counselors.)

OCONUS Emergencies *(Stay with the person and call one of the following)*

Local Emergency Services _____

Military Police (if on installation) _____

Your Chain of Command/Supervisor: _____

National Suicide Prevention Lifeline: **International Access Code +800-273-TALK (8255)**

(Free and confidential hotline is staffed 24/7 by trained counselors.)

In-Theater Emergencies *(Stay with the person and call one of the following)*

Medics _____

Military Police _____

Your Chain of Command/Supervisor: _____

National Suicide Prevention Lifeline: **International Access Code (94)+800-273-TALK (8255)**

(Free and confidential hotline is staffed 24/7 by trained counselors.)

NON-EMERGENCY RESOURCE LIST FOR COUNSELING

Soldiers, their Families, and Department of Army civilians can access counseling and substance abuse programs through these primary points of contact:

Chaplains maintain absolute confidentiality for all Soldiers and Family members regardless of rank or position.

Military & Family Life Consultants (MFLCs) provide anonymous, fully confidential, short-term, non-medical counseling to all Army Component members and their Families.

Military OneSource: 1-800-342-9647 or www.militaryonesource.com

For Soldiers, provides up to 12 free counseling sessions per issue, per counselor. Counseling is treated confidentially regardless of rank with exceptions for the duty to report family maltreatment, threats of harm to self or others, substance abuse, and illegal activities. DoD civilians deployed to Iraq or Afghanistan and their immediate family members are also eligible for counseling during deployment and for 180 days upon return. Eligibility criteria sometimes change, call MOS at 1-800-342-9647 or see www.militaryonesource.com then “counseling” then “eligibility chart.”

Defense Centers of Excellence: 1-866-966-1020 or www.dcoe.health.mil/default.aspx

Available 24/7 and staffed by consultants who can serve as an authoritative source of information on psychological health and traumatic brain injury.

Real Warriors Live Chat: <http://www.realwarriors.net/livechat>

Medical or Behavioral Health Professionals

NON-EMERGENCY WEBSITE RESOURCE LIST

Deputy Chief of staff, G-1, Suicide Prevention Website: www.preventsuicide.army.mil

Army Behavioral Health: <http://www.behavioralhealth.army.mil/sprevention/index.html>

U.S. Army Public Health Command (Provisional): <http://phc.amedd.army.mil>

U.S. Army Chaplains: www.chapnet.army.mil

American Association for Suicidology: www.suicidology.org

AKO Suicide Prevention resources: <https://www.us.army.mil/suite/page/334798/army-national-guard>

Military OneSource: www.militaryonesource.com

National Institute of Mental Health: www.nimh.nih.gov/health/topics/suicide-prevention/index.shtml

National Strategy for Suicide Prevention: <http://mentalhealth.samhsa.gov/SuicidePrevention/>

Suicide Awareness Voices of Education: www.save.org

Suicide Prevention Lifeline: www.suicidepreventionlifeline.org

Suicide Prevention Action Network: www.spanusa.org

National Resource Database: www.nationalresourcedirectory.org

Health Care—Veterans Health Administration: www.va.gov/health/

Army Reserve Warrior Family Assistance Center: www.arfp.org

INCREASING RESILIENCE

“...health promotion and risk reduction programs and services that promote resilience are key to decreasing suicidal and high risk behavior and to ensuring personnel readiness.”

– Army Health Promotion, Risk Reduction, Suicide Prevention Report, August 2010

Resilience is the ability to recover and adapt in spite of adversity, trauma, illness, changes, or misfortunes. Resilience means “bouncing back” from difficult situations. Individual resilience is a combination of factors including having a sense of belonging in the unit, having inner strength to face adversity and fears, connecting with buddies, maintaining caring and supportive relationships within and outside the Family, maintaining a positive view of self, having confidence in strengths and abilities to function as a person, and managing strong feelings and impulses. The following are some adaptive behaviors, thoughts, and actions that can mitigate the negative effects of trauma, adversity, and emotional stress:

- Confide in a friend or mentor, particularly in the face of stress
- Try to create and promote good relationships with Family and close friends
- Participate in unit activities
- Join social support groups, faith-based organizations, or self-help groups
- Attend life skills training (Army Community Service offers classes to address anger management, parenting, couples issues, finances, and other needs)
- Recognize and accept that everyone has fears and learn to face fears
- Learn to manage your emotions and avoid impulsive behavior
- Maintain realistic optimism and believe in your ability to survive and function as a good Soldier
- Recognize that no one has the resources to manage all personal problems alone, and that asking for help is a sign of strength
- Take care of your physical health

Resilience plays an important role in preventing suicide. The Army’s Comprehensive Soldier Fitness (CSF) program offers strength-based, positive psychology tools to aid Soldiers, Leaders, DA Civilians, and Families in their ability to grow and thrive in the face of challenges and bounce back from adversity. Training and information is targeted to all phases of the Soldier deployment cycle, Soldier life cycle, and Soldier support system. Almost a million Soldiers have taken the Global Assessment Tool (GAT)—an online self-assessment that measures their resilience in five key areas. And more than 125,000 Soldiers have taken more than 750,000 comprehensive self-study modules to give them the tools to enhance their resilience.

COPING SKILLS

In preparing this training, the Army Suicide Prevention Office interviewed CSP Master Resilience Trainers for information on how to improve resilience in the Army Family. They recommend the following coping skills:

Hunt the Good Stuff – Each night, before bed, write down three positive experiences you had during the day. Focus on these experiences and include details such as what the experience meant to you, how you felt about it, and your reaction to it. In doing this, you flush out all the negative things that have happened to you throughout the day. Studies show you'll sleep better. Applied regularly, this exercise has the potential to change the way we think because we search for the positive. Hunt the good stuff to counter the negativity bias, create positive emotion, and notice and analyze what is good.

Put it in Perspective – Here's a scenario—a Soldier prepares to go on a mission. He or she decides to call his or her spouse first. It's 2300, so he or she should be home, but there's no answer. The first step in "Put it in Perspective" is to think about your worst case scenarios (e.g., My spouse is cheating on me). The second step is to think of your best outcome (e.g., My spouse won the lottery and is out buying a car for me!). Step three is to think of the most likely scenario (e.g., My spouse is in bed asleep and didn't hear the phone). And finally, step four, to develop a plan of action. This exercise stops catastrophic thinking, reduces anxiety, and improves problem-solving.

ARMY PROGRAMS

The Army has a number of programs intended to help develop coping skills, strength, and hope in the Army Family, including:

Comprehensive Soldier Fitness: <http://csf.army.mil/resilience/index.html>

Strong Bonds: <http://www.strongbonds.org/skins/strongbonds/home.aspx>

Army Family Team Building: <http://www.myarmyonesource.com/FamilyProgramsandServices/FamilyPrograms/ArmyFamilyTeamBuilding/default.aspx>

Building the Resilience of Your Military Family: <http://www.militaryonesource.com/MOS/FindInformation/Category/Topic/Issue/Material.aspx?MaterialTypeID=9&MaterialID=16568>

Virtual and real-world Family Readiness Groups: <http://www.armyfrg.org/>

The Yellow Ribbon Reintegration Program (National Guard and Reserve): <http://www.yellowribbon.mil/>

Army Strong Community Centers (Reserve): http://www.arfp.org/skins/ARFP/display.aspx?action=display_page&mode=User&ModuleID=8cde2e88-3052-448c-893d-d0b4b14b31c4&ObjectID=3747cb51-15bc-49c4-91f1-92e9d298f6ba

Army Reserve Family Programs: (866) 345-8248

Army Reserve Child and Youth Services: https://www.arfp.org/skins/cys/cys_home.aspx