

ASPP Website FAQs

Q: I have just been assigned as the Suicide Prevention Program Manager (SPPM). What responsibilities do I have?

A: As a SPPM, your primary responsibilities include the following:

- *Administer the suicide prevention program for both military and civilian members with a goal to reduce suicides.*
- *Serve as the presiding officer of the Suicide Prevention Task Force and coordinate the efforts of the task members.*
- *Track the training of all ACE-certified personnel and ACE training for the installation, state and Reserve Support Command.*
- *Serve as the Point of Contact for program information and advice to the commander and major subordinate commands.*
- *Integrate suicide prevention into community, Family, and Soldier support programs as appropriate.*
- *Coordinate with internal and external organizations to share information, trends, best practices, lesson learned and training developments.*

Note: AR 600-63 and DA Pam 600-24 are your primary sources for the administration of the Army Suicide Prevention Program.

Q: I have a friend who has been talking about suicide. He has told me not to say anything. What should I do?

*A: Take all discussions about suicide seriously. Most people tell someone before they kill themselves. Use the “Ask, Care, Escort” (ACE) approach. **Ask** your friend directly if he is talking about suicide. If yes, ask if him if he has a plan for suicide. Show concern, by asking open ended questions such as, “What has happened that you are considering suicide?” **Care:** Listen and be direct and honest. Don’t give advice or be judgmental or lecture the person on what a stupid idea it is. Offer to **Escort** him to see a behavioral health provider, chaplain, or a primary care provider. Never leave your friend alone. It is better to have a friend who may be upset with you than a friend who is dead.*

Q: Where can I get more information about information on suicide prevention?

A: Helping agencies include the:

- *MilitaryOneSource, www.militaryonesource.com, 1-800-342-9647*
- *National Suicide Prevention Lifeline, www.suicidepreventionlifeline.org, 1-800-273-TALK*
- *Additional help may be found at your local installation Chaplains, Behavioral Health Centers, and family, friends and supervisors.*
- *Additional resources can be found on the 'Links' page of the Army Suicide Prevention website.*

Q: What is ASIST?

A: Applied Suicide Intervention Skills Training (ASIST) training prepares caregivers to recognize individuals who are at risk and how to intervene to prevent the risk of suicidal thoughts becoming suicidal behaviors. ASIST is an Army G1 approved suicide intervention skills training for the Army. The 2-day workshop is recommended for "gatekeepers."

Q: Who are "Gatekeepers"?

A: Gatekeepers are individuals who, in the performance of their assigned duties and responsibilities, provide specific counseling to Soldiers and Civilians in need. Primary gatekeepers include chaplains, chaplain assistants, Army Substance Abuse Program (ASAP) counselors, and others as identified in AR 600-63, Chapter 4-4, j (4), Table 4-1. Secondary gatekeepers, such as military police, DoD school counselors, Red Cross workers, legal assistants, first-line supervisors, etc., are also listed in this table. Gatekeepers should attend the 2-day ASIST training workshop. Prioritization for the training should be given to those who have the highest propensity for interacting with individuals having the highest risk for suicide behaviors.

Q: Is the 2-day ASIST class a onetime training event and are there re-certification requirements?

A: The 2-day ASIST training is a 1 time event. Recertification is not required for the 2-day ASIST training.

Q: What is the maximum class size for the 2-day ASIST course?

A: A minimum of 2 ASIST Trainers is required for any class up to 30 students. Three (3) ASIST Trainers can train up to 45 with 45 being the limit for any 1 ASIST workshop.

Q: Can the material be condensed to a 1-day ASIST class?

A: No. The curriculum requires 2-days to instill the skill-sets required to use the ASIST suicide intervention model.

Q: What is the difference between the 2-day and 5-day ASIST workshops?

A: The 2-day ASIST workshop prepares individuals to recognize suicide warning signs and provide basic intervention skills. The 5-day ASIST workshop is Training for Trainers (T4T) course. It equips individuals with the skills necessary to conduct the 2-day workshops. In addition to the 5-day T4T class, the individual must teach 3 2-day ASIST courses along-side an experienced trainer within 1 year to achieve the certification. Certification is required to train the 2-day ASIST workshops. ASIST T4T is conducted by experienced LivingWorks Education coaching trainers. LivingWorks “owns” the ASIST curriculum.

Q: What is a provisional ASIST trainer?

A: A provisional ASIST trainer is an individual who has completed the 5-day T4T workshop but has not yet conducted the mandatory 3 2-day workshops within 1-year of completing ASIST T4T. In order to maintain ASIST T4T certification, a minimum of one class per year must be conducted thereafter. Additionally, trainers are required to keep training materials up-to-date.

Q: What if you are unable to complete the 3 mandatory 2-day ASIST workshops within the first year?

A: If you are unable to complete the mandatory training sessions due to circumstances beyond your control, such as having deployment orders, you must notify Livingworks who can assist with alternatives. Trainers who are unable to conduct any workshops within their first year will be placed in an “inactive status.” In the case of a deployment, in order to re-activate certification status, trainers must contact LivingWorks for assistance/instructions. Reactivation is dependent upon the length of time since completion of the T4T 5-day workshop.

Q: Is ASIST T4T certification valid for a specific length of time?

A: No; ASIST trainers who remain active (3 workshops within the first year and 1 per year for subsequent years) can continue to train ASIST without any recertification. LivingWorks provides ASIST T4T trainers with revisions to the course.

Q: How can I obtain the new Additional Skill Identifier (ASI) "1S" for Suicide Intervention Trainers?

A: The ASI "1S" for Suicide Intervention Trainers is awarded to Soldiers who attend the approved five-day Applied Suicide Intervention Skills Training (ASIST) Train-the-Trainers course provided by LivingWorks Education, Inc. and conduct three ASIST workshops within one year following the five day training course. All officer branches in the ranks of 2LT through MAJ, warrant officers MOS, and enlisted MOS in the ranks of sergeant through sergeant first class are eligible to be awarded the suicide intervention skills trainer ASI "1S."

Q: Who is required to receive Ask, Care, and Escort (ACE) training and when should they receive it?

A: Ask, Care, and Escort (ACE) training was developed by Public Health Command (PHC) (formerly USACHPPM) and was mandated by Army Regulation (AR) 600-63 for suicide prevention and awareness training for all Soldiers, Leaders, and Civilians. Every Soldier, Leader, and Civilian must receive ACE training annually.

Q: What is the difference between ACE Training and ACE Suicide Intervention (SI) skills training?

A: ACE training for Soldiers, Leaders, and Civilians provides basic suicide awareness and prevention training focusing on the identification of suicide warning and danger signs, and what lifesaving actions they should take using the Ask, Care and Escort (ACE) model. The target audience for ACE SI training is junior leaders or first-line supervisors. The ACE SI provides these individuals additional training in suicide intervention. Chaplains are the primary trainers for ACE SI; however, individuals who have been trained in other suicide prevention/intervention models may conduct the ACE SI training.

Q: Is there an ACE Train the Trainer workshop?

A: No. There is no formal ACE Train the Trainer workshop. However, the resources for ACE Suicide Intervention (SI) skills training are available at PHC ([PHC hyper-link](#)) and at the Army G1 Suicide Prevention ([G-1 hyperlink](#)) website. The ACE training program does not currently have a certification requirement.

Q: Is there a class size limit for ACE training?

A: Groups should not be larger than platoon size. Larger groups will not permit the interaction necessary between the instructors and the students.

Q: What are my responsibilities as a commander for conducting a ramp ceremony or memorial service for a Soldier assigned to my unit who die by suicide?

A: Army Regulation (AR) 600-20 Army Command Policy prescribes responsibilities/actions for ramp ceremonies/memorial services for Soldiers who die by suicide. Unit memorial ceremonies and services show respect to the Soldiers' service to the Country and offer support to survivors. These memorial events assist surviving Soldiers and Families and honor the military service and the contribution the Soldier made while in uniform. The unit memorial event allows surviving Soldiers a means for expressing their grief and assists in the healing process. Commanders will conduct a memorial event for every Soldier who dies while assigned to their unit, regardless of the manner of death to include suicides. The manner of death does not negate the service and the contribution a Soldier has made while in uniform.

For more information, refer to AR 600-20 Army Command Policy which provides the detailed guidance for conducting Unit Memorial and Ramp Ceremonies.

The following four questions were extracted from the Office of the Secretary of Defense (OSD) Memo, dated November 20, 2009, subject: Mental Health Counseling and Treatment and Security Clearances

Q: If I seek mental health counseling or treatment for a condition that is not excluded from being reported on question 21 of the Standard Form 86 Questionnaire for National Security Positions (SF 86), how will it affect the decision on whether to grant or renew my security clearance?

A: Your decision to seek counseling or treatment is viewed as a positive sign that you recognize a problem may exist and are willing to take steps towards resolving it. Early intervention is often a key to successful resolution. On the other hand, letting your mental health problem grow until your behavior endangers security may lead to a negative decision on your clearance.

Q: If I have received counseling or treatment from a mental health professional for reasons other than the exclusions listed on question 21 of the SF86, what happens when I am investigated or reinvestigated for my security clearance?

A: You will have to report the counseling or treatment on your personnel security questionnaire (the SF 86). During an interview, the background investigator will ask standard questions about the length and reasons for your mental health counseling or treatment and its outcomes.

Q: Does it make a difference if I enter this counseling or treatment voluntarily, without it being required by a supervisor or court?

A: Yes. Voluntarily seeking help is a definite plus in the later decision by personnel security officials regarding whether to grant or renew your security clearance. The fact that you have voluntarily sought counseling or treatment for a mental health problem does not suggest that your problem is more serious than someone who has not. Instead, it shows that you are aware of the problem and are trying to deal with it in a responsible manner. This voluntary action is considered positive evidence of reliability and a willingness to fulfill personnel security responsibilities. When the investigation results are later reviewed to make a security clearance decision, the fact that you voluntarily sought professional help will be a significant positive factor in the decision.

Q: How do I get help if I have a problem that requires mental health counseling or treatment?

A: You can receive quick professional help by contacting the Employee Assistance Program (EAP), Military One Source, or counseling services that are offered at your workplace. These free government sponsored programs can assist you in finding a local mental health professional that can help you with your mental problem. If an EAP is not available, you can seek help from mental health professionals located in your local area.