

SUICIDE PREVENTION

SUICIDE PREVENTION FOR DEPARTMENT OF THE ARMY CIVILIANS



PREPARED BY

THE U. S. ARMY CENTER FOR HEALTH PROMOTION
AND PREVENTIVE MEDICINE



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TABLE OF CONTENTS

Introduction	1
HISTORY	1
ARMY SUICIDE PREVENTION PROGRAM	2
INSTRUCTIONAL PROCEDURES	3
INSTRUCTOR NOTE	3
SUICIDE AWARENESS TRAINING FOR CIVILIAN EMPLOYEES IN THE WORKPLACE	4
APPENDIX A: REFERENCES & RESOURCES	19
APPENDIX B: TIP CARDS	20

TECHNICAL GUIDE 325D

SUICIDE AWARENESS TRAINING FOR CIVILIAN EMPLOYEES IN THE WORKPLACE

1. INTRODUCTION.

This technical guide replaces the previous U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) Suicide Prevention Manual: A Resource Manual for the United States Army dated 2007. These presentations will assist you, the facilitator, in fulfilling the suicide prevention training requirements as outlined in AR 600-63, section 4.4 (j), 2.b.. DA Civilian participation in training must comply with AR 600-63, section 4.4 (j) 2.b., i.e. labor relations obligations. All accompanying slides, video clips, and graphic training aids will be available for downloading at USACHPPM's Army Knowledge Online (AKO) Suicide Prevention web page, <https://www.us.army.mil/suite/page/334798>.

2. HISTORY.

a. Dr. David Satcher, Surgeon General of the United States, declared in 1999 that suicide is a serious public health threat, launching a national effort to develop strategies to prevent suicide and the suffering it causes. The Army followed his direction and in December 1999, the Chief of Staff of the Army directed a review of the Army Suicide Prevention Program (ASPP). In 2000, the Army G-1, the Behavioral Health Proponent at the Army Office of the Surgeon General (OTSG), and the Office of Chief of Chaplains completed a review and determined that the ASPP was basically sound; however, it needed to emphasize greater leadership involvement and offer more advanced training. In 2001, the Army implemented the Suicide Prevention Campaign Plan that emphasized prevention and intervention measures, directed commanders to take ownership, and synchronized and integrated resources at an installation level. In compliance with the need for more advanced training, the Army G-1 funded intervention training in 2002 by contracting with Living Works and initiated the Applied Suicide Intervention Skills Training workshops with accompanying computer interactive computer disk. In 2005, the Army G-1 funded Question, Persuade, Refer workshops Army-wide to provide an additional resource in suicide prevention awareness and intervention training.

b. Since the Operation Iraqi Freedom began in 2003, suicides have increased. To assess Soldiers' behavioral health issues and look at suicide prevention programs, OTSG deployed Mental Health Assessment Teams (MHAT) from 2003–2006 to the Operation Iraqi Freedom/Operation Enduring Freedom Theaters. The 2005 MHAT report verified that suicide prevention training was being conducted at specific intervals during the deployment cycle, primarily conducted by Unit Ministry Teams (UMT) with occasional assistance from behavioral health assets. The report also discovered that there was a decrease in Soldiers' perception of the

adequacy of suicide prevention training. The all Army activities (*ALARACT*) 031/2009 *ISO Army Suicide Prevention* directed a suicide prevention training stand-down followed by a chain teaching program addressing Leaders, Soldiers, Department of Army (DA) civilians, and Family members. In addition, in *ALARACT* 115/2009 *The Army Campaign Plan for Health Promotion, Risk Reduction and Suicide Prevention*, the Vice Chief of Staff of the Army established the Suicide Prevention Task Force and chartered the Army Suicide Prevention Council to take a strategic approach to mitigating suicides and high risk behaviors across the Army.

3. ARMY SUICIDE PREVENTION PROGRAM.

a. Army Suicide Prevention. The ASPP is a commander's program and the responsibility of every leader. It is a required training for Army Soldiers and civilian employees. It is recommended for Army Family members as outlined in Army Regulation (AR) 600-63. The ASPP is defined in AR 600-63 and DA PAM 600-24 and involves the entire military community. The Senior Commander will establish a Community Health Promotion Council (CHPC), and designate an Installation Suicide Prevention Program Coordinator to synchronize and integrate unit and community-based programs and activities. The AR 600-63 outlines the current strategies designating layers of responsibilities for commanders, leaders, and the CHPC.

SUICIDE PREVENTION STRATEGIES

	LEADERS (L) COMMANDERS (C)	CHPC
DEVELOP POSITIVE LIFE COPING SKILLS	(L) Encourage and support programs.	Ensure programs are promoted and advertised.
ENCOURAGE HELP- SEEKING BEHAVIOR	(L) Create positive command climate (C) Eliminate negative policy. (C) Monitor access to services and programs.	Increase visibility and accessibility to local helping agencies. Monitor use of helping agencies. Coordinate with local programs.
RAISE AWARENESS AND VIGILANCE TOWARDS SUICIDE PREVENTION	(C) Ensure training for all Soldiers/DA employees. (C) Coordinate training for leaders. (L) Ensure supervision and assistance to those in crisis. (L) Ensure training for UMTs.	Ensure training of all installation gatekeepers. Identify events that increase the risk of suicide and take appropriate measures.
SYNCHRONIZE, INTEGRATE AND MANAGE THE ASPP	(C) Ensures synchronization and integration of all suicide prevention strategies and policies.	Implement suicide prevention strategies and objectives. Establish policies and procedures for the ISRT. Create subcommittee(s) as needed, i.e. suicide prevention, alcohol/substance abuse, PTSD, etc.
CONDUCT SUICIDE SURVEILLANCE, ANALYSIS AND REPORTING	(L) Stay aware of the problem of suicide behavior, track any demographic trends, and identify any potential event that has raised the level of risk.	Support commanders need for data/analysis to effect decisions to mitigate risk and develop life coping skills.

b. Lesson Plan Advance Sheet.

(1) Title: Suicide Prevention Training for Department of the Army Civilians in the Workplace

(2) Time: ~60 minutes

c. Target Audience: This training is designed for all civilian employees in the workplace.

d. Mission Statement: The Army Suicide Prevention Program is based on training Soldiers, Family and civilians to recognize the warning signs and risk factors of suicide.

e. Terminal Learning Objectives: 1) Describe the stressors commonly faced by DA civilian employees. 2) Recognize the risk factors and warning signs of an individual at risk for suicide. 3) Demonstrate the ability to appropriately respond to an at-risk individual in a crisis situation and refer them to helpful resources.

f. Learning Objectives: Participants will be able to–

(1) Identify 4 warning signs of an individual at risk for suicide and 4 risk factors associated with suicidal behavior.

(2) Describe 4 coping skills that can assist us and others in times of crisis.

(3) Explain the 3 steps in the ACE intervention process and how to respond appropriately to a person in a potential suicide situation.

(4) Identify at least two sources of available help.

4. INSTRUCTIONAL PROCEDURES.

PowerPoint and DVD capability on the computer system used to present the training. Distribute training tip cards. When given many video clips on a slide, choose one or more to play based on your audience and time constraints.

5. INSTRUCTOR NOTE.

The slides have notes to the instructor and talking points for the slides. This briefing is designed to be both informative and interactive. Engaging the audience will enhance their experience and promote learning.

6. SUICIDE AWARENESS TRAINING FOR CIVILIAN EMPLOYEES IN THE WORKPLACE.



Slide 1. Suicide Prevention: Civilian Employees in the Workplace.

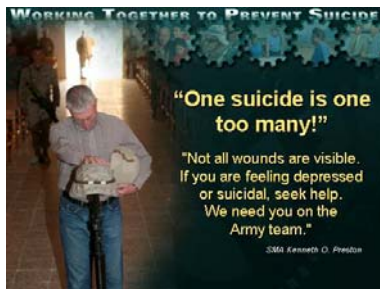
Talking points: Suicide is an irreversible decision that affects the individual's family, friends, associates and unit. Suicide is an issue that needs to be addressed throughout the military community – with service members, leaders, and civilian employees. As civilians employees you work with both military members and other civilians, either as subordinates, coworkers, or supervisors. No matter what your position or role, **EVERY** Soldier, civilian, contractor, and Army Family member has a responsibility to pay attention to and care for those with which we work. Consider what you can do that would help a coworker that is hurting.



Slide 2. Objectives.

Talking Points: The purpose of this presentation is to educate Department of the Army civilians about the risk factors and warning signs of suicide so that they can identify potential problems in themselves, their coworkers (whether civilian or military), and even family members. Positive coping skills and appropriate responses to personal situations will be offered.

The policy governing the Suicide Prevention Program is found in AR 600-63, Heath Promotion, paragraph 4-4. It explains required training, which can provide training support, how to integrate with community resources, and the responsibilities of the garrison in the roles of manager, advocate, and liaison.



Slide 3. "One suicide is one too many."

Talking points: Suicides among DA civilians are not frequent, for which we can be grateful. But even one is a loss we do not want to accept. You can help prevent this needless and tragic loss by learning to recognize suicide warning signs...and taking immediate action to ensure that anyone exhibiting suicidal signs gets help!

Instructors: Ask the audience to do a Personal Opinion Check. Get an idea of their personal opinions about suicide in the DA civilian population. If they are willing, ask a few to share what they think, know, or feel.

- Do you perceive suicide as a concern for the DA civilian workforce?

- Do you know if there has been a DA civilian suicide in this organization?
- Do you think there is a stigma associated with going to mental health counseling?
- Have you or someone you know had a personal experience with suicide?



Slide 4. Suicide Introduction.

Talking points: Suicidal thoughts are common. Suicidal acts, threats, and attempts are less common...BUT...are more frequent than most people realize. What do individuals who have had suicide touch their lives have to say about the topic? Listen to these comments from people that have made suicide attempts or considered suicide.

Instructors: Show each video clip or the chosen clips that are most appropriate to your audience.



Slide 5. Who Dies by Suicide?

Talking points: Who in the U.S. population dies by suicide? These statistics from the Centers for Disease Control (CDC) and Prevention give a picture that may be a surprise. Suicide was the eleventh leading cause of death, accounting for 1.4 percent of all deaths in the U.S. in 2004. Men represent 78.8 percent of all U.S. suicides, completing suicide four times the rate of females. This makes it the eighth leading cause of death for

males. The highest rate is for men that are ages 75 years and older. Women on the other hand, attempt suicide two to three times as often as men making it the sixteenth leading cause of death for females. The highest rate among women is for women in their 40s and 50s.

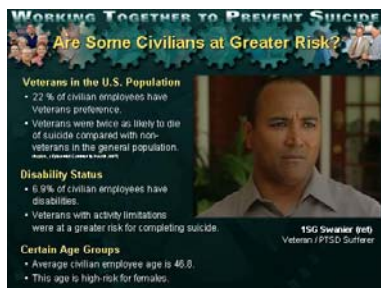


Slide 6. Does Deployment Increase Suicide Risk?

Talking points: Civilians are not routinely deployed; however, in our current military situation being deployed is not uncommon. There are also many contractors deployed. Civilians experience similar stress related to deployments as active duty military - juggling new responsibilities and roles, fear of harm, separation, reintegrating with family. According to a report by

the Honorable Patricia S. Bradshaw, "Benefits and Medical Care Offered to Civilian Employees Deployed to Iraq and Afghanistan" September 18, 2007 the Department of Defense (DoD) can deploy DoD civilian employees to hostile or combat areas based upon their position

responsibilities. Since 2001, approximately 1,500 DoD civilian employees deployed to Afghanistan and over 6,000 civilian employees to Iraq. Currently, approximately 2000 civilian employees are serving in Afghanistan and Iraq. Due to this current operation tempo, DA civilian positions may also have increased stress and pressure due to the absence of deployed military members. We need to be aware of the symptoms that require behavioral health assistance (that is, depression, anxiety, suicidal) and how to respond appropriately if the need arises. Recognize that these symptoms may be present in us or others. To offset some potential risk to our civilian employees the following is required: DoD policy mandates that federal civilian employees returning from a deployment to a military contingency operation must be scheduled for a face-to-face health assessment with a trained health care provider within 30 days after returning to home or to the processing station. This assessment must include a discussion of psychosocial issues commonly associated with deployments. These employees are required to have a reassessment within 90-180 days after return to home station. The Post-Deployment Health Reassessment (PDHRA) program has been incorporated as a mandatory task within the Deployment Cycle Support (DCS) Program. The DCS Directive, issued March 26, 2007. Any civilian employee injured in theater receives immediate medical attention equivalent to our military members. Additionally, deployed DoD civilians who later identify compensable illnesses, diseases, wounds or injuries under the Department of Labor Worker Compensation programs are eligible for treatment in an medical treatment facility (MTF) or private sector medical facility at no cost them. ArmyG-1PDHRA, http://www.armyg1.army.mil/hr/pdhra/faq_da_civilian.asp#q40



Slide 7. Are Some Civilians at Greater Risk?

Talking points: Are some civilian employees at greater risk for suicide? An overview of the demographics of our DA civilian population indicates that 22 percent have Veterans preference and almost 7 percent have disability status. A recent study was published that looked at the association between suicide and veterans in the U.S. population. According to this study, veterans

in the general U.S. population, whether or not they are affiliated with the Department of Veterans Affairs, are at an increased risk of suicide. Those veterans that are white, greater than 12 years of education and with activity limitations were at a greater risk for completing suicide. Veterans were twice as likely to die of suicide compared with nonveterans in the general population.

Instructors: If you have veterans in your audience, ask them to listen to this video clip of a retired First Sergeant speaking to veterans about his experience with post traumatic stress disorder (PTSD) and the need to seek help, even after retirement or separating from military service.

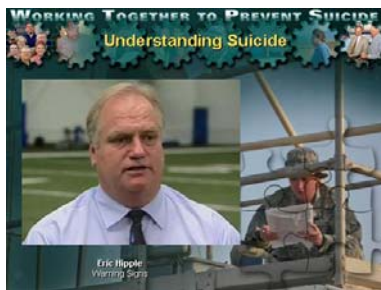


Slide 8. Understanding Suicide.

Talking points: This instruction **is not** designed to make you an expert or a counselor, but to better equip you in recognizing some of the danger signs of an individual who is at risk for suicide. The great majority of completed suicides give some warning signs, but they are not necessarily easily identified. So how do you recognize someone that is at risk for suicide?

Instructors: As you discuss this slide, click the hidden text so the puzzle pieces come together to show a distressed person.

Talking points: Some ‘Cries for Help’ are loud and clear verbal cues, such as “I’m going to kill myself”. They may be visible behavior (s) like excess drinking, giving away possessions, or behavior changes that may include irritability, isolation, or changes in eating or sleeping habits. However, nonverbal and subtle cues are also just as likely. “I’m tired” could mean the person is ‘tired of life – of living’ if they are depressed and sad. A combination of warning signs that are not readily visible may indicate someone is at risk for suicide.



Slide 9. Understanding Suicide.

Talking points: As Eric Hipple indicates was the case in his experience, the warning signs of someone at-risk for suicide can be misunderstood and not easily recognized by others. It is not yours or my place as the supervisor, coworker or friend to diagnose a mental health problem, but we all need to be aware so the needed steps can be taken to encourage someone that is hurting to get the proper care they need.

Instructors: Show video clip.



Slide 10. Be Aware of Risk Factors.

Talking points: Each individual deals with the stressors of life in very different ways ... a ‘trigger’ may lead one person to self-destructive behavior ... yet another person may deal with the situation in a healthy manner. There are some circumstances when people are more at risk for suicidal thoughts and actions.

Instructors: Ask the audience to name stressors that come to mind, then discuss the examples listed here.

- Difficulties/stress/overwork on the job.
- Deployment issues - Filling in for deployed military members or being deployed themselves.
- Relationship problems – separation, divorce.
- Financial issues.
- Genetic vulnerability or psychiatric illness - depression, schizophrenia.
- After Holidays - Thanksgiving/ Christmas/ Birthdays.
- Stressful periods – recent loss of family member, anniversaries of deaths or special events.
- Family or personal history of abuse, suicide attempts.
- Home environment that is violent, abusive or not supportive of the individual.
- Winter - Seasonal affective disorder.



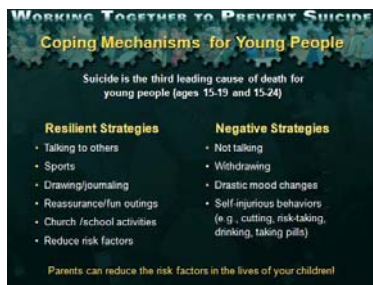
Slide 11. Personal Coping Skills.

Talking Points: There are personal coping skills that we can all develop to assist us and others in times of crisis and difficulty. Think about what coping skills Drew Carey has developed in his life.

Instructors: Show the video clip of Drew Carey. Ask the class to give ideas of productive coping skills. After their input, give them any additional skills below that were not mentioned.

- Accepting the unique and diverse qualities of each person.
- Treating everyone with the utmost respect and regard.
- Keeping a positive and healthy view of ourselves and life.
- Understanding that organizational stress affects morale and in turn can impact work performance.

- Being willing to seek needed counseling or see a behavioral health provider.
- Knowing how to access mental health services.
- Living a healthy lifestyle (that is, exercise, adequate rest, good nutrition).
- Participating in stress relieving activities (hobbies, support groups, volunteering, talking to others, getting out in nature)



Slide 12. Coping Mechanisms for Young People.

Talking Points: For most of us, family and close friends play a significant part of our lives. Many of you may have adolescent or young adult children, and are concerned about the prevalence of suicide in this age group. According to the CDC and Disease Prevention suicide is the third leading cause of death in the age groups seen here.

Instructors: ASK, ‘What are some of the coping strategies you can be aware of, both positive and negative, to help a young person that is struggling?’ Have audience verbalize their ideas before putting up the list, and then discuss.

Instructors: ASK, ‘What are some of the risk factors that as parents you can reduce in the lives of your children?’ Provide the following ideas.

- Personal Losses: Death of family member or friend, Family divorce/separation, Break-up with girlfriend/boyfriend
- Poor social Skills: Difficulty interacting with others, Problems starting a conversation and making friends
- Drug or Alcohol Abuse: Drugs decrease impulse control making impulsive suicide more likely. Some try to self-medicate with drugs or alcohol
- Violence in the Home or Social Environment:
- Handguns in the Home:



Slide 13. Be Willing to Ask for Help!

Talking Points: We are going to watch a video clip of part of an interview with these individuals.

Instructors: Observe your audience and choose the video clip or clips that are the most appropriate to your population in age and interest. Introduce the speaker of the video clip.

- Terry Bradshaw, well-known football star and television actor.
- Eric Hipple, former NFL quarterback from 1980-1989.
- Kevin Hines, a mental health advocate and suicide survivor (attempted suicide by jumping from the Golden Gate Bridge).

Instructors: Ask these questions to the group as a whole and encourage discussion.

- What was the bottom line message in each of the video clips?
- What should you do if you or a coworker are suffering from depression or having suicidal thoughts?
- What further thoughts do you have about the video messages?



Slide 14. What to Do as a Coworker or Supervisor.

Talking Points: Besides developing your own personal resilient coping skills, what can you as a supervisor or coworker do to help prevent suicide attempts? As a coworker or a supervisor, you need to respond appropriately to this issue that can have a significant impact on the health of your organization.

Instructors: Show video clip of Pat Hines, father of Kevin Hines (suicide survivor). ASK: "What does it mean to be someone's 'corner man'? Click on list and discuss ideas not mentioned by the class.

- Listen to your coworkers. Create a trusting environment.

Refer your coworker to the installation Employee Assistance Program.

- Don't discriminate; show compassion to those receiving behavioral health counseling.

- Emphasize that seeking help displays good judgment. Recommend seeking assistance from a behavioral health provider early.
- Foster an environment of support. Develop a strong mentoring system.
- Increase behavioral health visibility.
- Contract a behavioral health professional to conduct an assessment in the workplace. Have Civilian Employee Assistance Program or Garrison SP Manager on site for training to answer questions.
- Arrange for a Federal Employee Health Benefits (FEHB) benefits representative to be present at the training and discuss behavioral health assistance based on the assessment results and answer questions. Know what could preclude someone from receiving necessary assistance. Know how to access behavioral health providers and what behavioral health services are available with your FEHB Program package.
- Observe federal employee rights to privacy. Respect confidentiality between a coworker and their behavioral health care provider.



Slide 15. Stigma and Career.

Talking Points: DA Civilians may ask, “How will seeking a mental health professional affect my career?” Recently the Secretary of Defense advocated for a revised Question 21 for National Security Positions. This means that answering that you have seen a mental health provider for counseling strictly marital, family, grief not related to violence by you; or strictly related to

adjustment from service in a military combat environment is not a reason to revoke or deny a clearance.. The new Question 21 looks like this.

Instructors: Click the mouse to animate and show the new question text.



Slide 16. Be Ready to Help Using ACE.

Talking points: You can be a vital part of a necessary intervention. Listen as Kevin talks to us about what he recommends you say if you think a friend or coworker is having suicidal thoughts.

Instructors: Show video clip of Kevin Hines.

Talking Points: Here are the steps you as an individual need to be prepared to take. This is not designed to be an all-inclusive suicide intervention training program, but gives a tool to use if an at-risk person is identified.

Ask your Coworker

Have the courage to ask the question, but stay calm. Ask the questions directly, for example, are you thinking of killing yourself? Asking them won't increase the likelihood that he or she will commit suicide. You won't place the idea in their head!

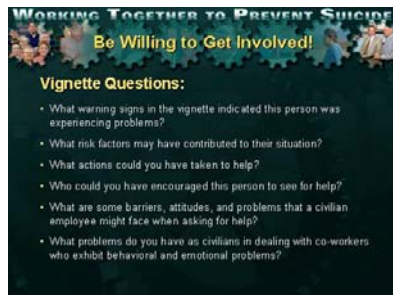
Care for your Coworker

Remove any means that could be used for self-injury. Calmly control the situation; do not use force. Actively listen to reassure your coworker that he or she will be helped.

Escort your Coworker

Use good sound judgment in handling emergencies. Never leave your coworker alone. Escort them to the emergency room, primary care provider, or behavioral health professional. If escorting a civilian to ER ...it should be by a supervisor or coworker. If they refuse to go with you, do not leave them alone. Call 911 if necessary.

NOTE: If the DA civilian is not past military, they will be triaged at the MTF and then treated at the local civilian hospital. If they are seen at the MTF, their insurance will be billed and there may be a co pay.



Slide 17. Be Willing to Get Involved.

Talking points: It is important for YOU to know and recognize the warning signs and risk factors of a potential suicide victim. The first hurdle is to overcome the reluctance of getting involved ... be willing to get "The rest of the story!" Ask, "What did you mean by that?"

Instructors: Use the questions on the slide to facilitate a brief discussion on the vignettes. Use one of these options:

- 1) Choose the three vignettes that are MOST appropriate for your audience. Discuss them as a single group. Put the vignette questions up on the screen for everyone to see.
- 2) Break the audience into small groups (6-10 members) and assign each group one vignette to discuss, and then share the major point with the audience. PRINT A COPY OF THE QUESTIONS AND THE VIGNETTE ASSIGNED FOR EACH GROUP.

3) Break the audience into several small groups (6-10 members) and have each group go over each vignette and discuss amongst themselves. No sharing required. PRINT A COPY OF THE QUESTIONS AND EACH VIGNETTE FOR EACH GROUP.

4) The vignettes may also be used as a role play to allow the attendees to practice appropriate responses in a real situation. Ask members of each group to play the part of each person in the vignette and follow the ACE strategy. PRINT ACE STRATEGY FOR EACH GROUP, slide 13. Roles are suicidal person, coworker, supervisor, medical provider, chaplain or counselor.

Instructors: After discussion is complete, summarize the primary risk factors and warning signs illustrated. The CDC Risk Factors are:

- Previous suicide attempt (s)
- Alcohol or drug abuse
- Feeling alone/ relationship problems
- Work issues
- History of depression or other mental illness
- Physical illness
- Financial problems



Slide 18. Suicide Vignette No.1.

Instructors: Have the class read the vignette. The warning signs and risk factors are listed here to assist you.

Warning Signs: Poor work performance, withdrawn from friends and family, and Alcohol abuse.

Risk Factor: Written reprimand from work and history of suicide attempt

WORKING TOGETHER TO PREVENT SUICIDE
Suicide Vignette #1 (cont.)

Given that you know John, and are aware of his distress, which of the following would be the best response.

1. If I had known about his distress, I would talk to him to see if he was all right. I would ask him if he felt suicidal. If he said yes, I would convince him to see a behavioral health provider as soon as possible. If needed, I would take him to a provider myself.
2. Unfortunately, co-workers say dumb things. However, John needed to learn how to handle the blame and negative comments.
3. I would let his supervisor know about the excess drinking. I believe the supervisor should talk to John about his behavior and force him to see a behavioral health provider.

Slide 19. Suicide Vignette No. 1.

Instructors: Discuss how each option might play out.

Option 1. Best option.

Option 2. Not an option.

Option 3. Second best option.

WORKING TOGETHER TO PREVENT SUICIDE
Suicide Vignette #2

Susan worked for the Civilian Personnel Office as an administrative assistant. She suffered from rheumatoid arthritis that frequently flared up causing severe pain, but she was generally cheerful and outgoing. In her cubicle space, she had wall to wall pictures of her husband and children. About a week ago, she announced that her husband of ten years wanted a divorce. During the last several days, she was found in the women's bathroom crying uncontrollably. She repeatedly blamed herself for the pending divorce. Yesterday, she reported to work looking extremely tired. She spent most of the day in her cubicle crying quietly to herself. The supervisor asked her what was wrong. Susan stated that her husband now wanted to take the children away from her and said that she could not live without her children. Further, Susan implied that she could not live without her husband. Trying to be sympathetic, her supervisor decided to send her home. Later that evening, Susan was found dead by drug overdose.

Slide 20. Suicide Vignette No. 2.

Instructors: Have the class read the vignette. The warning signs and risk factors are listed here to assist you.

Warning Signs: Sudden breakup of significant relationship
 Change in emotion/behavior...sad/crying. Alluding to death; she could not live without her children and husband and sleep deprived

Risk Factor: Pending divorce and/or chronic illness

WORKING TOGETHER TO PREVENT SUICIDE
Suicide Vignette #2 (cont.)

Given that you know Susan, and are aware of her distress, which of the following would be the best response.

1. Wait and see how things go because it's not a good idea to interfere in another employee's personal matters. She might get angry.
2. A divorce is always a tough experience for anyone. I would talk to her to see if she was alright. I would ask if she felt suicidal. If she said yes, I would escort her to see the behavioral health counselor.
3. Given her mood, the supervisor should have escorted her to the emergency room and not allowed her to go home until she was seen by a behavioral health provider.

Slide 21. Suicide Vignette No. 2 (cont.).

Instructors: Discuss how each option might play out.

Option 1. Not an option.

Option 2. Best option.

Option 3. Second best.

WORKING TOGETHER TO PREVENT SUICIDE
Suicide Vignette #3

Bill was a DA civilian contractor just deployed to Iraq. He was a construction crew supervisor that was responsible for six employees. He was extremely safety conscious. His goal was to complete his tour without losing any employees to an IED or accidental mishaps. Each morning he provided safety briefings to his crew, including a reminder to watch out for IEDs. While out on a construction site, one of the crew members set off an IED killing three of Bill's construction crew. Bill took this loss of crew members very hard. Several weeks after their death, Bill told several other employees that he felt personally responsible for the death of his crew members. He was noticeably sad. There were significant changes in his behavior, i.e., drastic mood swings, being irritable one moment and appearing quite distant and sad the next moment. He said that he wished he had died with his crew. About six weeks later, Bill reported to work as usual, and got into a major argument with his boss early in the day. While conveying to a work site, Bill suddenly stopped his vehicle, pulled out his revolver and shot himself.

Slide 22. Suicide Vignette No. 3.

Instructors: Have the class read the vignette. The warning signs and risk factors are listed here to assist you.

Warning signs: Drastic mood changes; sad, irritable, and angry
 Guilt and verbal death wish.

Risk Factor: Grief or deployed.

Instructors: Discuss how each option might play out.

Option 1. Maybe an option.

Option 2. Not an option.

Option 3. Best option.

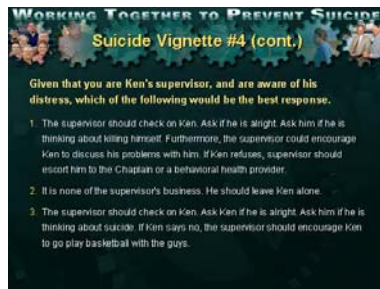


Slide 24. Suicide Vignette No. 4.

Instructors: Have the class read the vignette. The warning signs and risk factors are listed here to assist you.

Warning Signs: Breakup of his relationship, feelings of hopelessness, sense of isolation, and/or change in activities

Risk Factor: Pending divorce and/or financial stress.



Slide 25. Suicide Vignette No. 4 (cont.).

Instructors: Discuss how each option might play out.

Option 1: Best option.

Option 2: Not an option.

Option 3: Is this an option?

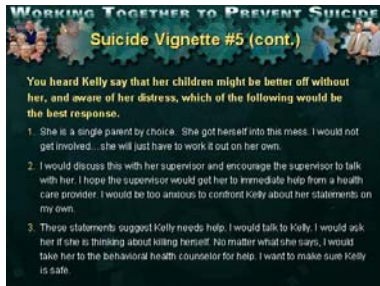


Slide 26. Suicide Vignette No. 5.

Instructors: Have the class read the vignette. The warning signs and risk factors are listed here to assist you.

Warning Signs: Suicidal ideation, alcohol abuse (self medication), and hinting at suicide

Risk Factors: History of a suicide attempt and depression. Work problems, financial problems, single parent, and alcohol abuse



Slide 27. Suicide Vignette No. 5 (cont.).

Instructors: Discuss how each option might play out.

Option 1: Not an option.

Option 2: Second best.

Option 3: Best option.



Slide 28. Summary.

Talking points: There is no 100 percent fool proof way to stop all suicides ... sometimes despite everything we do some people will take the ultimate and irreversible step to self destruction. However, suicides can be prevented by following through on these preventive steps:

- Knowing and caring about your coworkers.
- Securing appropriate interventions for those at risk.
- Minimizing stigma associated with accessing behavioral health care.
- Supervisors constructively intervening early in their employees' problems.
- Coworkers paying close attention and providing constructive interventions to those facing major losses from legal, marital, occupational or financial problems.

Whether you are a military member or a civilian employee we are all working together in support of each other. Listen to some of these concluding remarks from our suicide prevention speakers.

Instructors: Show video clips



Slide 29. Resources for Soldiers.

Talking points: Many DA civilians are supervisors of active duty Soldiers. If you have a Soldier that you are concerned about, encourage that Soldier to talk to someone and reduce the stigma that is often associated with seeking help. Stigma refers to a cluster of negative attitudes and beliefs that cause Soldiers and leaders to fear, reject, avoid, and discriminate against military and civilian personnel with mental illnesses. Stigma leads Soldiers and leaders to avoid

and often discriminate against Soldiers who are experiencing personnel emotional problems. It leads to low self-esteem, isolation, and hopelessness for the Soldier who has a mental illness. It deters the Soldier from seeking care. Responding to stigma, Soldiers with mental health problems internalize others attitudes and become so embarrassed or ashamed that they often conceal symptoms and fail to seek treatment. When Soldiers fail to seek help when it is necessary, the general outcome is emotional degeneration leading to poor work performance and, possibly, suicidal behavior. As more Soldiers seek help and share their stories with buddies and relatives, it will become a more commonly-shared experience, and others will tend to respond with compassion, not ridicule.



Slide 30. General Resources.

Talking points: These personal counseling resources can be a provider referral or a self referral. There are also multiple internet and telephone resources to assist a person in need. Programs are also in place to assist the unit / individual / families to assist with the grieving process and healing. Be aware that for those civilian employees that are also Army retirees that each TRICARE region

has behavioral health information specific to that region. For civilian employees that are on Blue Cross/ Blue Shield FEHB, their benefits and costs may vary depending upon the plan chosen by the employee.

Instructors: If you have internet capability, you can click one or more of the links to demonstrate how to access those resources.

For Instructor Situational Awareness: Should the question arise, in the event a Soldiers' death is determined to be self-inflicted, Family member benefits (i.e., Dependency and Indemnity Compensation) may be subject to modification IAW Army Regulation 600-8-4. For more information contact your local benefits counselor, go to <http://myarmybenefits.us.army.mil/EN/default.aspx>, or call My Army Benefits at 1-888-721-2769 (1-888-721-ARMY).



Slide 31. Local Resources.

Talking points: A list of the resources for the local area is listed here. (Note: local Employee Assistance Program)

Instructors: Discuss with the attendees how to access these local resources and any additional ones that the participants may be able to add.



Slide 32. Questions.

Talking points: Thank you for participating in this suicide prevention training. Are there any questions?

APPENDIX A

RESOURCES & REFERENCES

Technical Guide 320 is available at http://chppm-www.apgea.army.mil/hio_public/orders.aspx.

Download these products at <http://chppm-www.apgea.army.mil/dhpw/Readiness/suicide.aspx>.

Targeting Suicide Brochure

Suicide Tip card

References

The following references acknowledge the responsibility for the care of the Soldier and state the need for suicide prevention:

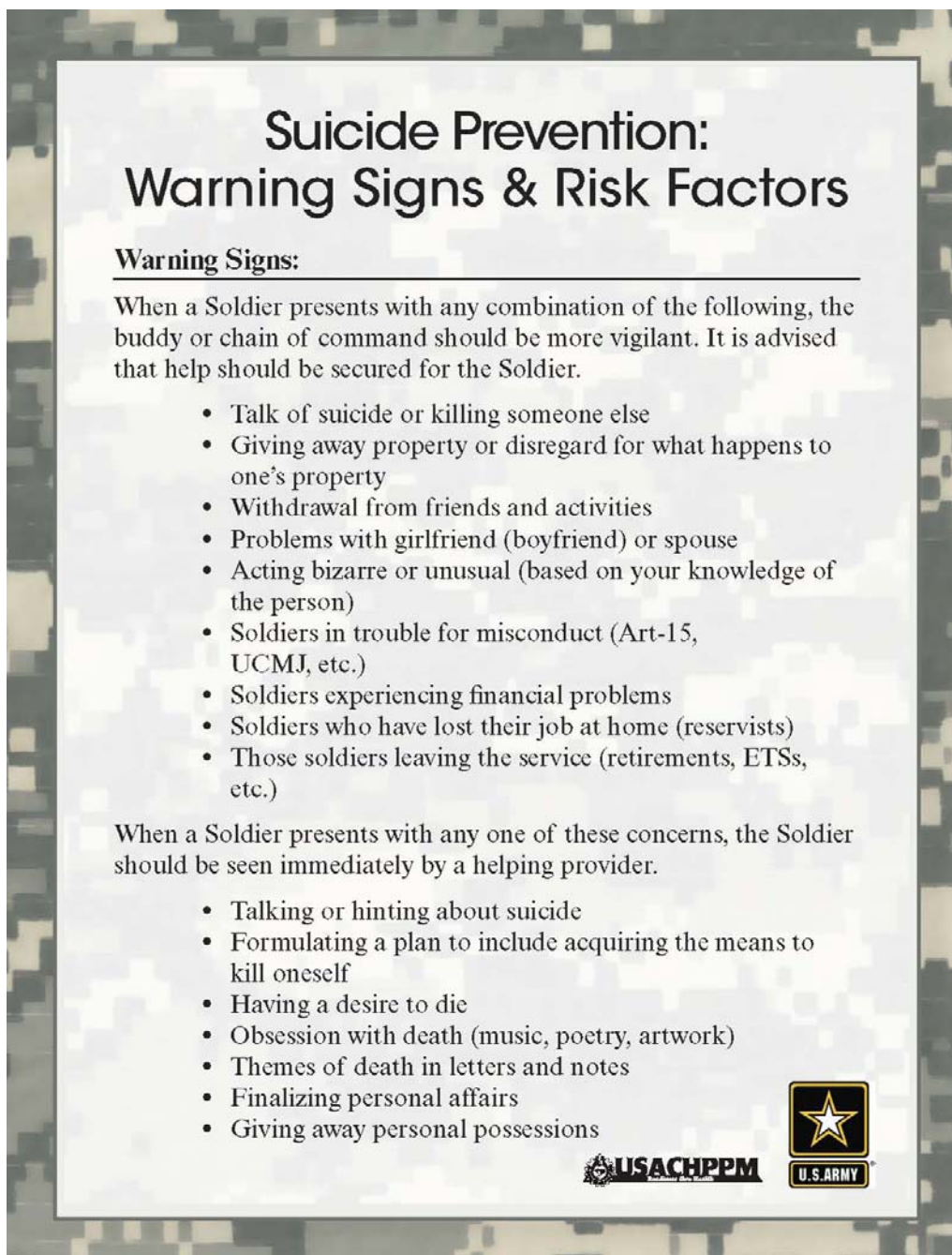
Army Regulation (AR) 165-1, Chaplain Activities in the United States Army, 25 March 2004.

AR 600-63, Army Health Promotion, 2009.

Department of the Army Pamphlet (DA PAM) 600-24, Suicide Prevention and Psychological Autopsy, 30 September 1988.

APPENDIX B

Suicide Prevention Tip Cards



Suicide Prevention: Warning Signs and Risk Factors, Front

Risk Factors:

Risk factors are those things that increase the probability that difficulties could result in serious adverse behavioral or physical health. The risk factors only raise the risk of an individual being suicidal it does not mean they are suicidal.

The risk factors often associated with suicidal behavior include:

- Relationship problems (loss of girlfriend/boyfriend, divorce, etc.).
- History of previous suicide attempts.
- Substance abuse.
- History of depression or other mental illness.
- Family history of suicide or violence.
- Work related problems.
- Transitions (retirement, PCS, discharge, etc.).
- A serious medical problem.
- Significant loss (death of loved one, loss due to natural disasters, etc.).
- Current/pending disciplinary or legal action.
- Setbacks (academic, career, or personal).
- Severe, prolonged, and/or perceived unmanageable stress.
- A sense of powerlessness, helplessness, and/or hopelessness.

Suicidal Risk Highest When:

- The person sees **no way out** and fears things may get worse.
- The predominant emotions are **hopelessness and helplessness**.
- **Thinking is constricted** with a tendency to perceive his or her situation as all bad.
- Judgment is impaired by use of **alcohol or other substances**.

TA-075-0507

Suicide Prevention: Warning Signs and Risk Factors, Back

Suicide Prevention Training Tip Card

This card is to be used as a training aid for the Soldier's and leadership's Suicide Prevention awareness briefs.

Most suicides and suicide attempts are reactions to intense feelings of:

Loneliness - is an emotional state in which a person experiences powerful feelings of emptiness and isolation. Loneliness is more than just the feeling of wanting company or wanting to do something with another person. Loneliness is a feeling of being cut off, disconnected from the world, and alienated from other people.

Worthlessness - is an emotional state in which a person feels low, and they lack any feelings of being valued by others.

Hopelessness - is a spiritual/relational issue. It often stems from feeling disconnected from a higher power or other people. Connection with a higher power and other people is a key to helping individuals to withstand grief and loss. This connection allows individuals to rebound from most severe disappointments of life.

Helplessness - is a condition or event where the Soldier thinks that they have no control over their situation and whatever they do is futile such as repeated failures, receipt of a "Dear John or Dear Joan" letter, etc.

Guilt - is a primary emotion experienced by people who believe that they have done something wrong.

Depression:

Depression is considered when one of the following two elements is present for a period of at least two weeks: depressed mood or inability to experience life pleasures. If one of these elements is identified, depression is diagnosed when five symptoms from the list below are presented over a two-week period.

- ▶ Feelings of overwhelming sadness and/or fear, or the seeming inability to feel emotion (emptiness).
- ▶ A decrease in the amount of interest or pleasure in all, or almost all, daily activities.
- ▶ Changing appetite and marked weight gain or loss.
- ▶ Disturbed sleep patterns, such as insomnia, loss of REM sleep, or excessive sleep (Hypersomnia).
- ▶ Psychomotor agitation or retardation nearly every day.
- ▶ Fatigue, mental or physical, also loss of energy.
- ▶ Intense feelings of guilt, helplessness, hopelessness, worthlessness, isolation/loneliness and/or anxiety.
- ▶ Trouble concentrating, keeping focus or making decisions or a generalized slowing and memory difficulties.
- ▶ Recurrent thoughts of death (not just fear of dying), desire to just "lay down and die" or "stop breathing," recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- ▶ Feeling and/or fear of being abandoned by those close to the individual.

For some individuals, a combination of many factors may cause depression. For others, a single factor may trigger the illness. Depression often is related to the following:

- ▶ **Imbalance of brain chemicals called neurotransmitters** - Changes in these brain chemicals may cause or contribute to clinical depression.
- ▶ **Negative thinking patterns** - People who are pessimistic, have low self-esteem, worry excessively, or feel they have little control over life events are more likely to develop clinical depression.
- ▶ **Family history of depression** - A genetic history of clinical depression can increase one's risk for developing the illness. But depression also occurs in people who have had no family members with depression.

Suicide Prevention Training Leaders TIP Card, Front

▶ **Difficult life events** – Events such as the death of a loved one, divorce, financial strains, history of trauma, moving to a new location or significant loss can contribute to the onset of clinical depression.

▶ **Frequent and excessive alcohol consumption** – Drinking large amounts of alcohol on a regular basis can sometimes lead to clinical depression. Excessive alcohol consumption is also sometimes a symptom of depression.

Warning Signs:

When a Soldier presents with any combination of the following, the buddy or chain of command should be more vigilant. It is advised that help should be secured for the Soldier.

- ▶ Talk of suicide or killing someone else
- ▶ Giving away property or disregard for what happens to one's property
- ▶ Withdrawal from friends and activities
- ▶ Problems with girlfriend/boyfriend or spouse
- ▶ Acting bizarre or unusual (based on your knowledge of the person)
- ▶ Soldiers in trouble for misconduct (Art-15, UCMJ, etc.)
- ▶ Soldiers experiencing financial problems
- ▶ Soldiers who have lost their job at home (reservists)
- ▶ Those soldiers leaving the service (retirements, ETSs, etc.)

When a Soldier presents with any one of these concerns, the Soldier should be seen immediately by a helping provider.

- ▶ Talking or hinting about suicide
- ▶ Formulating a plan to include acquiring the means to kill oneself
- ▶ Having a desire to die
- ▶ Obsession with death (music, poetry, artwork)
- ▶ Themes of death in letters and notes
- ▶ Finalizing personal affairs
- ▶ Giving away personal possessions

Risk Factors:

Risk factors are those things that increase the probability that difficulties could result in serious adverse behavioral or physical health. The risk factors only raise the risk of an individual being suicidal, it does not mean they are suicidal.

The risk factors often associated with suicidal behavior include:

- ▶ Relationship problems (loss of girlfriend/boyfriend, divorce, etc.)
- ▶ History of previous suicide attempts
- ▶ Substance abuse
- ▶ History of depression or other mental illness
- ▶ Family history of suicide or violence
- ▶ Work related problems
- ▶ Transitions (retirement, PCS, discharge, etc.)
- ▶ A serious medical problem
- ▶ Significant loss (death of loved one, loss due to natural disasters, etc.)
- ▶ Current/pending disciplinary or legal action
- ▶ Setbacks (academic, career, or personal)
- ▶ Severe, prolonged, and/or perceived unmanageable stress
- ▶ A sense of powerlessness, helplessness, and/or hopelessness

Suicidal Risk Highest When:

- ▶ The person sees **no way out** and fears things may get worse.
- ▶ The predominant emotions are **hopelessness and helplessness**.
- ▶ **Thinking is constricted** with a tendency to perceive his or her situation as all bad.
- ▶ Judgment is impaired by use of **alcohol or other substances**.

TA-074-0507




Suicide Prevention Training Leaders TIP Card, Back



Family Coping and Resiliency Suicide Prevention Training Tip Card

**This card is to be used as a training aid for the Suicide Prevention
for Army Family Members awareness brief.**

Army life can be stressful. Stressors that you and your Family might experience include:

- ▶ Deployment separation. Separation from a loved one inevitably strains communication which can affect your relationship. In addition, taking on new responsibilities at home can be challenging and frustrating.
- ▶ Previous suicide attempts.
- ▶ Frequent moves. Many of the stressors that families experience are related to moving.
- ▶ New schools. Adjusting to a new school and a new schedule can be very difficult.
- ▶ New jobs. Finding a new job and/or learning the details of a job that you have been transferred to can be exhausting and overwhelming.
- ▶ Meeting new friends. Both adults and children can have a hard time meeting new people and developing friendships.
- ▶ Not making the next rank, UCMJ, or bad ratings.

Both adults and children can be affected by stressors and can use resilient or negative strategies to cope. Encourage the use of resilient coping strategies.

Resilient Coping Strategies

Adults/Soldiers:

- ▶ Breathing deeply. Slow, deep breaths give your body more oxygen and can produce a calming and focused effect.
- ▶ Church/religious activities. Attending church or other religious activities can provide support.
- ▶ Cooking. Some find great joy in preparing food. The rhythmic motion of chopping vegetables or the aroma of freshly baked bread can be very soothing.
- ▶ Exercising. In addition to keeping you fit, exercise can be a great stress reliever and a great coping strategy. When your body is fit and healthy, coping with stressful situations will be easier.
- ▶ Spending time in nature. Take time to notice the natural beauty around you by taking a walk in a park. Merely getting away from your stresses and finding peace and relaxation, even if only for a few minutes each day, can be beneficial.
- ▶ Support groups. You may feel as if you are the only one dealing with stress and depression; however, you are not alone. Look for support in your area. These groups can be formal groups established in the community, informal groups in your neighborhood, or groups associated with the Army via the Army Family Readiness Group (FRG) www.armyfrg.org.
- ▶ Talking to others. Don't underestimate the power of talk. Talking about your thoughts and feelings can be very useful. Even if the person with whom you are talking cannot fix the problem, the act of putting your emotions into words can be helpful.
- ▶ Volunteering. When you give back to others, whether you volunteer to work with children, the homeless, elderly populations, or at a local animal shelter, you find out just how strong you are. Visit www.volunteermatch.org for opportunities in your area.
- ▶ Writing/journaling. Put your thoughts and emotions on paper. Writing can help you to sort out how you are feeling. You don't have to show what you have written to anyone. Keeping a journal can help you track your moods.

Children/Adolescents:

- ▶ Church/school activities. Children are social beings. Involving them in church and school activities feeds their need for friendship, provides them with support, and exposes them to positive influences.
 - ▶ Drawing/journaling. Children can sometimes find it difficult to express their emotions verbally.
- 

Suicide Prevention Family Coping and Resiliency, Front

If so, drawing and journaling can be great alternatives to express their feelings in a personal, safe way.

- ▶ Reassurance/fun outings. Children benefit from reassurance that they get from individuals who are close to them. Creating fun environments/outings for children reminds them how it feels to be happy.
- ▶ Sports. In addition to providing an outlet for energy, relieving stress, and improving physical fitness, involvement in sports is a great way for children to improve their self-confidence, make friends, and gain support.
- ▶ Talking to others. Just as with adults, children benefit when they share their thoughts and feelings with others. It allows them to know that they are not alone.

Extended use of negative coping strategies can be a risk factor for suicide.

Negative Coping Strategies

Adults/Soldiers:

- ▶ Eating in excess or not enough. Eating or bingeing when stressed is a common but ineffective coping strategy. Not eating enough can be a sign of depression. Both eating patterns are maladaptive and should be replaced with resilient strategies.
- ▶ Not talking. Keeping feelings bottled up inside is not a beneficial way to cope with problems. When people do not talk about their feelings, they become consumed with the negative, which makes a problem seem larger and less manageable.
- ▶ Self-injurious behaviors (e.g., self-cutting, drinking alcohol, taking pain killers, reckless driving, etc.). These behaviors are very serious. They are sometimes a cry for help, but engaging in these behaviors even one time can be fatal.
- ▶ Withdrawing. Individuals might feel that they need to keep to themselves and not burden others with their problems when they are feeling stressed; however, the opposite is true. Withdrawing from others and/or the problem will only make the problem worse.

Children/Adolescents:

- ▶ Drastic mood changes. Mood swings are not uncommon during adolescence; however, uncharacteristic mood swings or violent mood swings could indicate a problem coping with stress.
- ▶ Not talking. Keeping feelings inside is not a helpful strategy for children who might not understand a stressor. Children have fewer resources for coping, and if they don't express their feelings, others cannot provide them with the support they need.
- ▶ Self-injurious behaviors. Behaviors such as self-cutting, drinking, taking pills, promiscuous sexual acts, and other risky behaviors can be a cry for help; however, these acts can also be deadly.
- ▶ Withdrawing. A child who withdraws from family and friends is isolating himself/herself can be at risk for depression.

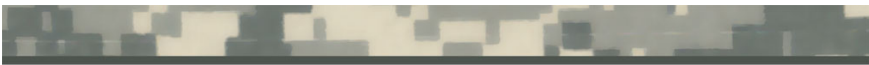
Your Resources

- ▶ Army Center for Health Promotion and Preventive Medicine (CHPPM)
 - ▶ <http://chppm-www.apgea.army.mil>
- ▶ Army Families Online
 - ▶ <http://www.armyfamiliesonline.org>
- ▶ Family Readiness Library
 - ▶ <http://deploymentthehealthlibrary.fhp.osd.mil>
- ▶ National Suicide Prevention Lifeline
 - ▶ 1-800-273-TALK
- ▶ Military OneSource
 - ▶ <http://www.militaryonesource.com> or 1-800-342-9647
- ▶ My Army Life Too for families and friends
 - ▶ <http://www.myarmylifetoo.com>
- ▶ Suicide Prevention Action Network (SPAN)
 - ▶ <http://www.spanusa.org>



TA-084-0108

Suicide Prevention Family Coping and Resiliency, Back



Risk Factors and Warning Signs For Families Suicide Prevention Training Tip Card

This card is to be used as a training aid for communicating risk factors and warning signs as part of the Suicide Prevention for Army Family Members awareness brief.

Risk factors raise the risk of an individual being suicidal; it does not mean that the individual is currently suicidal.

Risk Factors for Adults (Including Soldiers) and Children

- ▶ Previous suicide attempts
- ▶ Close family member who has committed suicide
- ▶ Past psychiatric hospitalization
- ▶ Recent losses
 - ▶ Death of family member or friend
 - ▶ Family divorce/separation
 - ▶ Break-up with girlfriend/boyfriend
- ▶ Poor social skills
 - ▶ Difficulty interacting with others
 - ▶ Problems starting a conversation and making friends
- ▶ Drug or alcohol abuse
 - ▶ Drugs decrease impulse control making impulsive suicide more likely
 - ▶ Some try to self-medicate with drugs or alcohol
- ▶ Violence in the home or social environment
- ▶ Handguns in the home
- ▶ Work-related problems
- ▶ Serious medical problems
- ▶ Poor school performance

Warning signs indicate that a person could be at greater risk for suicide.

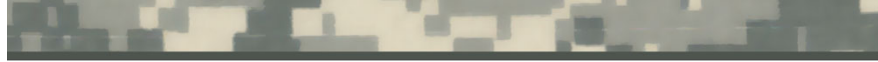
Warning signs that an adult/Soldier needs help

- ▶ Noticeable changes in eating and sleeping habits
- ▶ Talking or hinting about suicide
- ▶ Obsession with death (e.g., in music, poetry, artwork)
- ▶ Irritability
- ▶ Alcohol and/or drug use or abuse
- ▶ Isolation
- ▶ Giving away possessions/suddenly making a will
- ▶ Feeling sad, depressed, or hopeless
- ▶ Finalizing personal affairs
- ▶ Coworkers, family, friends are concerned

Warning signs that a child/adolescent needs help

- ▶ Noticeable changes in eating and sleeping habits
 - ▶ Unexplained, or unusually severe, violent or rebellious behavior
 - ▶ Running away
 - ▶ Unusual neglect in appearance
 - ▶ Drastic mood swings
- 

Suicide Prevention Risk Factors and Warning Signs for Families, Front



- Hostile toward other children
- Withdraws from peers
- Gives away possessions
- Feeling sad or depressed
- Obsession with death (e.g., in music, poetry, artwork)
- Physical complaints that are not real
- Talks about death
- Your child's teacher or other trusted adult tells you that your child is acting different and may need help

If someone you know is exhibiting these warning signs, take action and be an ACE.

A: Ask

- Ask the question directly and stay calm, e.g., "Are you thinking of killing yourself?" "Do you want to die?" "Do you wish you were dead?" "Have you thought of how you could kill yourself?"
- Talk openly about suicide. Be willing to listen and allow the person to express feelings

C: Care

- Care for the person. He or she may be in pain
- Remove any means that could be used for self-injury
- Active listening may produce relief. Calmly control the situation; do not use force
- Encourage the person to seek help
- Reassure the Family member that he or she will be helped and will feel better

E: Escort

- Never leave your Family member or friend alone
- Escort to the emergency room, primary care provider, or behavioral health professional
- Adopt an attitude that you are going to help your Family member or friend; this will save his or her life

Your Resources

- Army Center for Health Promotion and Preventive Medicine (CHPPM)
 - <http://usachppm.apgea.army.mil/dhpw/readiness/suicide.aspx>
- Community Mental Health Clinic (CMHC)
- Church/Chaplains
- Family Readiness Groups (FRG)
 - <http://www.armyfrg.org>
 - Join FRGs in your area
- Military OneSource (6 free counseling sessions for Service members and their families)
 - <http://www.militaryonesource.com>
 - <http://www.militaryonesource.com> or 1-800-342-9647
- Military Welfare and Recreation (MWR)
- Medical Treatment Facility (MTF)
- National Suicide Prevention Lifeline:
 - 1-800-273-TALK
- National Youth Violence Prevention Resource Center
 - <http://www.safeyouth.org>
- School Counselors
- Suicide Prevention Action Network (SPAN)
 - <http://www.spanusa.org>
- Tragedy Assistance Program for Survivors (TAPS)
 - <http://www.taps.org>

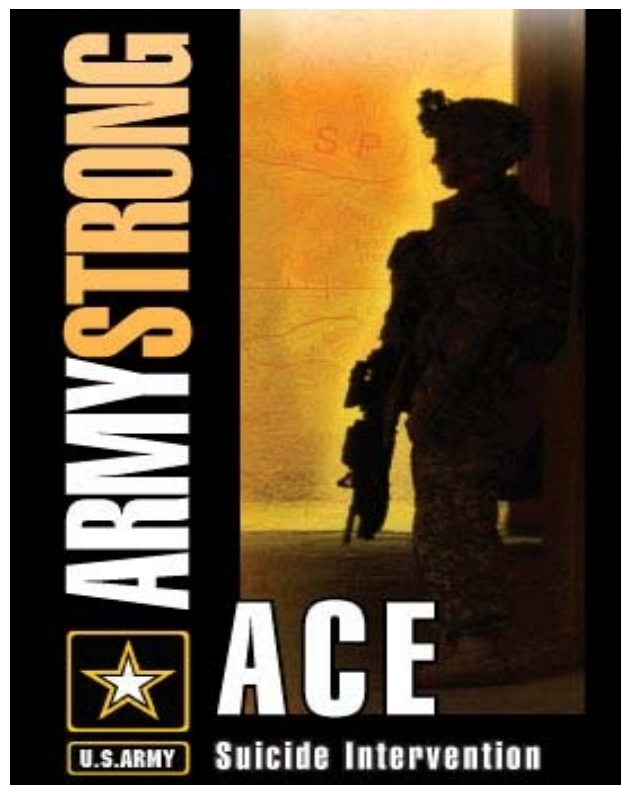


TA-083-0108



Suicide Prevention Risk Factors and Warning Signs for Families, Back

ACE Suicide Intervention Tip Card



Ask your buddy

- Have the courage to ask the question, but stay calm
- Ask the question directly: Are you thinking of killing yourself?

Care for your buddy

- Calmly control the situation; do not use force; be safe
- Actively listen to show understanding and produce relief
- Remove any means that could be used for self-injury

Escort your buddy

- Never leave your buddy alone
- Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
- Call Military One Source

TA - 095 - 0609

Military One Source Crisis Line: 1-800-342-9647

USACHPPM <http://chppm-www.apgea.army.mil/>

