



Beyond the Front



Facilitator Guide



A Virtual Experience Immersive Learning Simulation (VEILS®)

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Disclaimer

The concept behind the development of this training tool using the Virtual Experience Immersive Learning Simulation (VEILS®) methodology is built around the Lincoln University Model for Suicide Prevention. This model views suicidal ideation and behavior as the result of a combination of structural, cultural, social and individual factors. This multi-dimensional approach, combined with the methodology of WILL Interactive, Inc., led to the development of the storylines in this VEILS®. **Warning: Vivid combat re-enactment scenes.**



Lincoln University, the Army Research Laboratory and WILL Interactive, Inc., the producers of this VEILS®, disclaim any and all responsibility for any action that any individual takes - or does not take - under any circumstance in real life.

The purpose of this VEILS® is to share information and stimulate thought about situations and issues that may be encountered in real life. It does not provide any guidance and is not a source of any policy. Individuals should always assess the unique circumstances of each situation they encounter and respond as they determine to be appropriate based upon the aggregate of their knowledge and experience.

This VEILS® is not intended to prescribe any course of action to be followed in any real-life situation, whether or not that situation is the same as – or similar to – one portrayed in this VEILS®. This VEILS® does not replace human interaction in any manner whatsoever.

A portion of the research for the development of this training tool was sponsored by the Army Research Laboratory and was accomplished under Cooperative Agreement Number W911NF-07-2-0053. The views and conclusions contained in this document are those of the authors and should not be interpreted as representing the official policies, either expressed or implied, of the Army Research Laboratory or the U.S. Government. The U.S. Government is authorized to reproduce and distribute reprints for Government purposes notwithstanding any copyright notation hereon.

More Information

This Virtual Experience Immersive Learning Simulation (VEILS®) is a component of the Life Preservation Training course offered through Lincoln University-Missouri's Center for Suicide Prevention Research and Studies.

For information about ***Beyond the Front: A Life Preservation Training Course***, please contact: Dr. Abdoulaye Bah baha@lincolnu.edu, or Ché Wilson wilsonc@lincolnu.edu or call 573-681-5225 or 573-681-5227.

For more information about **Beyond the Front** VEILS® and/or other WILL VEILS®, visit www.willinteractive.com or call 1-877-ALL-WILL (255-9455).

LINCOLN UNIVERSITY

Jefferson City, Missouri



Lincoln University, an historically Black university founded in 1866 by the enlisted men and officers of the 62nd and 65th United States Colored Infantries, is located in Jefferson City, Missouri. These heroic men, who fought for the freedom of African Americans and the stability of the Union, continued a civilian war against the absence of education for African Americans. What began as a conversation around a campfire at Ft. McIntosh, Texas became a blueprint for an institution that today boasts a diverse student population and nationally accredited programs. Given its humble yet determined beginnings, Lincoln University is honored and deeply appreciative to have worked with the United States Army in the 21st century as a partner in developing this suicide prevention and training tool.

This collaboration between Lincoln University, the Army Research Laboratory, WILL Interactive, Inc., the Center for Health Promotion and Preventive Medicine and the Office of the Army G-1 over the past three years led to the development of a training module for suicide prevention. Those involved in the development of this facilitator guide are:

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This trainer manual is intended to be used as a guide for the teaching of the Lincoln University (Jefferson City, MO) Life Preservation Training Course. Although it is a complete guide for *BTF*, it does not replace the subject matter experts who deliver this course in both traditional classroom settings and through on-line dissemination of an eight (8) week certification course as a trainer for *BTF*.

OVERVIEW

Life Preservation Training Course and the VEILS® program

1. Welcome Soldiers

Explain to your students that this VEILS® program is about life preservation, specifically teaching Suicide Awareness and Prevention. Emphasize that this knowledge is critical to the successful accomplishment of the Army's mission to thoroughly educate its personnel regarding best mental health practices. This VEILS® is built around the Lincoln University Model of suicide prevention research which emphasizes the interplay between structural, social, individual and cultural factors in suicidal ideation and behavior.

Explain to your students the significance of the title. *Beyond the Front* refers to both the front of the battlefield and the front that Soldiers may put on to disguise the inner turmoil that they are experiencing while on active duty or upon their return home. The aim of this video is to encourage Soldiers to look beyond the stoic and/or indifferent front that may be presented and inquire of a particular Soldier his/her well being and direct that Soldier to help if needed.

This VEILS® program:

- Presents the major issues of Suicide Awareness and Prevention
- Introduces concepts of Risk Factors, Warning Signs, Compounding Factors, Protective Factors
- Sharpens Soldiers' observation and critical thinking skills
- Demonstrates the ways in which Soldiers apply Army Core Values to mental health issues
- Attempts to reduce the stigma associated with seeking mental health evaluation and care
- Encourages Soldiers to be proactive in seeking help for both themselves and their buddies

Inform students that they will use the interactive video to learn about risk and protective factors related to suicide and engage in role-taking and role-playing by making decisions for each main character. In assuming the role of the main character, the decisions the students make will have subsequent positive, life-saving, or negative, life threatening, consequences.

2. Administer Lincoln University Survey¹

Located in Appendix A, this survey will be given before the initial viewing of the video and after the final viewing of the video. Please make sure that each student writes his/her assigned number, the date, and the time on both surveys.

3. Opening Video

Play the introduction video by clicking **Next** from the last page of opening text.



A summary of the introduction video is located in Appendix B. If you wish, you may use it to introduce the *BTF VEILS*®.

4. Starting the Character Modules

Following the introduction video, the Main Menu will appear. Click on a character to begin playing. Be sure to read Using Decision Roadmaps and the Decision Roadmaps Key. Be advised that these two (2) tools are for the instructor's use only.

5. Using Decision Roadmaps

Decision roadmaps are flowcharts. The flow charts clearly show the navigational choices that the two (2) major characters can follow. They assist you in teaching and are easy to understand and follow. A combination of boxes for video clips, teaching points, decision tree

¹ This survey is recommended for evaluating the effectiveness of the BTF training, and the significant factors that can influence effectiveness. Core issues addressed in this VEILS® go beyond the basic identification of risk factors and warning signs, and therefore this comprehensive, yet brief, instrument is preferred. However, the survey included in this guide is not required. For example, the Army G-1 Office may approve other surveys to be distributed to training participants.

and possible choices guide you through each character's story. The shapes and colors make it easy to follow, as well as to describe the decision points that each playable character reaches.

You may follow the green lines and boxes for the pathway that demonstrates the best course of action to support suicide awareness and prevention. Orange pathways allow choices that are less consistent or inconsistent with effective suicide awareness and prevention. While not the optimal route, following these choices create excellent teaching opportunities. Red pathways depict what happens when less favorable choices are made.

There are several shapes and colors in VEILS® flow charts.



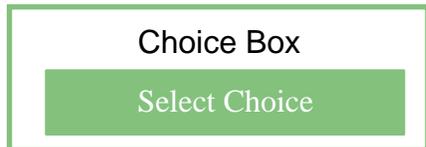
Text box

Squares and rectangles with 90 degree corners show wording from the text screen that appear on your screen.



Video Box

Squares and rectangles with rounded corners show selected wording from the VEILS® video script. They describe the story action.



Choice Box

Select Choice

Squares and rectangles with 90 degree corners that encase a solid-colored rectangle denote a decision point and the choice.



Shapes with a solid GREEN line show the route that is most consistent with Army Values.



Shapes with a solid ORANGE line show routes that are less consistent or inconsistent with Army Values.



Shapes with a solid RED line denote incorrect choices that lead to the physical act of suicide.



Discussion Points

Discussion Points

Fluorescent rectangles denote teaching points that should be covered during that particular segment of the video.

CHARACTER NAVIGATIONAL PATHS

1. Specialist Kyle Norton Synopsis and Character Profile

Synopsis

Norton's story begins two months into his deployment. Already lonely for his fiancée, Anne, and wondering why she hasn't been e-mailing or calling, he finally gets an e-mail that turns out to be a bombshell. Anne is leaving him for another man, and she is pregnant with that man's child. Specialist Norton is completely blind-sided, surprised to find his life turning into a bad soap opera. He has found support in his Buddy, Specialist Brad Blair, but he is hit with another loss when Blair is killed in an ambush. This series of losses has a devastating psychological effect on Norton.

How will Norton deal with these pressures? Will he give in to hopelessness and obsess over his losses or engage in constructive actions? Will he reach out to fellow Soldiers or family members? Will he seek counseling if he feels his emotional difficulties are too much to deal with, or will he feel pressured to be "strong" and suck it up? These are questions Users must answer as they navigate the choices faced by this character throughout the program.

Character Profile



Specialist Norton is a 19-year-old white male on his first deployment. Kyle is from a medium-sized Midwestern town and has a narrow social network. His family is not overly affectionate. He is the younger of two children. Norton's older sister lives in another state and does not visit much. Norton's parents always stressed independence, encouraging him to work through high school and to strike out on his own as soon as he graduated. Just after graduation, Norton moved into an apartment with Anne, his high school girlfriend of five months. Six months later, Norton, with Anne's support, decided to enlist

in the U.S. Army. A month before he deployed, Norton and Anne were engaged. Norton's parents didn't approve.

Norton is dealing with the following stresses of combat on a daily basis: physical danger and discomfort; periods of boredom punctuated with moments of intense fear; pressure to perform; and unfamiliar surroundings.

Learning Opportunities:

Some of the topics to be explored in this character:

- The importance of communication/reaching out
- Dealing with stigma
- Support systems (family, friends, religious affiliations, military units, etc.)
- Ethnicity
- Taking positive action
- Risk factors, warning signs, compounding factors, protective factors
- Age
- Developing emotional resilience
- Resisting peer pressure

In this segment of the video, the following questions can be used to facilitate discussions regarding these topics²:

Depression

1. Is Norton depressed, or is he just whining?

Yes, Norton is depressed. He has experienced the breakdown of a serious relationship, the loss of a good friend and separation from his familiar home environment.

2. Provide a scientific definition of depression.

An illness that involves the body, mood, and thoughts, that affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things.

3. Provide a lay person's definition of depression.

Feeling low.

Down in the dumps.

Feeling as if there is no way out.

Support Systems

1. Identify the ways in which Norton's family can help him.

His sister can pick up his car from Anne's apartment.

His parents should have been more understanding of his situation during his break-up with Anne.

² Additional questions for each topic may be found in the Questions Database Folder (Appendix C)

His parents can write to him and/or send care packages to maintain regular communication.

Norton and his parents could discuss their lack of support for Anne and, at the same time, reinforce the support that they have for each other as a nuclear family.

2. Identify the ways in which Norton's peers can help him.

Encourage him to see the Chaplain.

Avoid making fun of him for seeking help.

Recognize the severity of his emotional state.

Ask Norton if there is anything they can do to help him through his difficulties.

3. Identify the ways in which Norton's leaders can help him.

SGT Mendenhall should not minimize Norton's emotional state or attempt to diagnose his condition.

SGT Martin should require everyone to speak with the Chaplain after Blair's death rather than making the visit an option.

Resiliency

1. Identify some positive ways in which Norton deals with his problems. What does he do that builds up or damages his psychological state?

He tells Blair what has happened to him.

He surrounds himself with people and activities that he enjoys (i.e. basketball).

He decides to seek counseling.

2. Identify some actions that others take to help Norton.

Blair encourages Norton to maintain his regular routine and notices when Norton begins to fall short of what is normally expected of him.

SGT Mendenhall notices that there is something different about Norton. Although he does not give an accurate assessment of the situation, he still expresses concern.

3. How does Norton deal with stigma associated with seeking help?

The discussion sparked by this question is dependent upon the choices made in the video.

Pathways to Bad Outcomes

Although the program provides opportunities to make choices that can be reverted, there are two junctures within Norton's scenario at which subsequent wrong choices will preclude you from a positive outcome. These two junctures mark a "point of no return."

- During a counseling session with his Platoon Sergeant, Norton has two (2) opportunities to admit that he is experiencing mental health difficulties. If he chooses twice in a row not to reveal this information, then he is in a downward spiral that will result in a suicide attempt.
- Once Specialist Norton has been counseled by a Combat Stress Control Officer, he is presented with the news that his ex-fiancée is now married. He has the choice to suck it up or seek counseling. If he chooses to suck it up, he falls into a depression that impairs his judgment, leading to intolerable behavior (drinking and harassment of civilians) and subsequent disciplinary action.

If Norton makes the right choices, he is able to exhibit resiliency and deal with his mental health difficulties in a constructive manner. This courageous choice is noticed by his leader who asks him to look out for a fellow Soldier who might be experiencing difficulties similar to the ones that he has overcome.

2. Sergeant 1st Class Michael Martin Synopsis and Character Profile

Synopsis

SFC Martin's story begins about six weeks after returning to CONUS from his fourth deployment. His old friend, Ben Hernandez, a Hispanic male of the same age who recently returned from a tour of duty, is a SFC stationed at the same base. They have known each other for almost twenty years and their families spend a lot of time together. In their daily interaction, SFC Martin notices changes in his friend's behavior that are of concern to him. Martin is not sure if his friend is just having a hard time readjusting to life after deployment or if he is exhibiting real symptoms of a mental health condition.

Martin's track will introduce Users to a series of subtly escalating incidents that are fraught with ambiguity and are tied to a series of choices regarding intervention. Will Martin ask Hernandez about the behavioral changes he is noticing, or will he choose to mind his own business? When Hernandez makes odd comments will Martin point them out and inquire about them or will he ignore them? When Hernandez does admit to being depressed, how will Martin handle it? These are some of the issues that Users will confront in the navigation of the SFC Martin character.

Character Profile

Sergeant Martin, an African American, is a 37-year-old male with 15 years of experience in the Army. He has been through his own challenges, including dealing with symptoms of PTSD. He has many known protective factors including: personal resilience, good mentoring and a solid family support system. After returning from multiple deployments, he and his family have the typical difficult adjustments to make. However, his experience has taught him how to deal with these changes. His wife Jennifer is a mature, understanding and patient partner. She is always encouraging him to communicate. Martin is the Sergeant that every enlisted Soldier looks up to and wants to be. He and Jennifer have one daughter.



In addition to dealing with the normal stresses of family readjustment after returning from a deployment, Martin is also spending time with an old friend who may be experiencing his own post-deployment difficulties.

Learning Opportunities

Some of the topics touched on in this segment:

- Changes in behavior
- Family functioning
- Effective communication
- Social support
- Post Traumatic Stress Disorder
- Readjustment after deployment
- Risk factors
- Warning signs
- Compounding factors
- Protective factors
- Suicidal ideation
- Social network
- Early intervention

The following questions can be used to facilitate discussions regarding these topics. Prompts are provided to stimulate discussion when needed³:

Social Support

1. Is it Martin's responsibility to monitor his buddy's behavioral changes?
Yes. Based upon the Army's policy of Ask, Care and Escort, Martin should inquire about his friend's sudden change on behavior.
2. Can Martin know when "it's none of his business" to intervene in Hernandez's personal life?
No. As member of the United States Army, he is always responsible for the well-being of his fellow Soldier. If personal problems become a distraction to his ability to carry out his mission, someone must intervene.
3. Does he have any responsibility for his buddy's psychological well-being? If not, why not? If so, how much and where does it end?
In part, he does. Martin is a member of Hernandez's social support system.

Risk Factors, Warning Signs

1. What does Hernandez say and do that causes Martin to be concerned?
*Hernandez has no interest in attending Mass.
He begins to frequent a local strip club.
He drinks more than usual in social situations.
He has expressed that no one would care if he were suddenly gone.*
2. What does Martin know about Hernandez's background that might give him reason to be concerned?
*Hernandez has a family history of mental health issues.
Once a deeply religious man, he seems to have abandoned his faith.
Hernandez witnessed the killing of innocent children while in combat and that image continues to haunt him.*
3. Does Hernandez's deployment experience contribute to his psychological problems? If so, how?
Yes. According to the Office of the Surgeon General's Mental Health Advisory Team, "27% of NCO's exhibited symptoms commonly referred to as PTSD. That

³ Additional questions for each topic may be found in the Questions Database Folder (Appendix C)

figure is higher than the 12% who exhibited those symptoms after one tour and 18.5% who develop the disorder after the second deployment.”

Intervention

1. At what point should Martin start asking questions?

When he notices a consistent change in behavior for the negative (i.e. lack of conversation during lunch, increased drinking, lethargic attitude towards life in general and anger towards his wife and daughter).

2. Why should Martin take Hernandez to a Chaplain or the Mental Health Clinic?

Martin is not a trained mental health provider.

3. Is it Martin’s responsibility to counsel Hernandez? Why, or why not?

From personal experience, Martin realizes that Hernandez’s behavior could escalate to a serious problem. He can provide empathy, but not professional counseling services.

4. Is Martin in a better position to help than Hernandez’s family?

Possibly, due to the fact that Martin serves as a confidante and has experienced the same combat situations and subsequent emotional issues.

Pathways to Bad Outcomes

Early intervention and proactive involvement are critical in providing help to at-risk individuals. In order to emphasize the importance of asking questions early and often, the initial decisions made in this character’s track are crucial for obtaining a successful outcome.

- In this scenario, there are very few opportunities to correct one’s bad decisions for a better outcome. For instance, if Martin selects “*Don’t embarrass your buddy...you should know when to mind your own business*” as his response to the initial choice, then any subsequent decision he makes not to engage Hernandez in a discussion about his unusual behavior will lead to a bad outcome.
- If Martin chooses to initially ask Hernandez about his unusual behavior, but then chooses at the next decision point not to not pursue the subject with his wife, this will also lead to a bad outcome.

If Martin makes the right choices, he is able to successfully engage his friend in a conversation about his psychological state and guide him to the appropriate resources available within the Army for help.

LESSON DELIVERY OPTIONS

This is a short version of a three-hour college credit course offered by Lincoln University, MO. Given the sensitivity of the issue and the complexity of the topics covered, it is recommended that the preferred lesson plan A be used for training. By doing so, instructors will be able to explore both scenarios presented in the VEILS® program. Behavior modifications and attitudinal changes are difficult to achieve in a short timeframe. A sustained effort from the organization, leadership and individual participants is critical in helping change attitudes and behavior regarding traditionally stigmatized health issues such as suicidal ideation, depression and PTSD. Given the time constraints in the military environment, it is not realistic to plan for this training for weeks on end. However, for this training to be effective in developing an awareness of suicidal ideation and the ability to recognize the warning signs and risk factors that are presented in these stories, the time for instruction using this BTF is 3 ½ hours. Every effort should be made to follow the Preferred Lesson Plan. Under circumstances where time does not allow for the completion of the preferred lesson plan, the Condensed Lesson Plan (a 2-hour class) should be used. For individuals that have completed the preferred lesson plan or the condensed lesson plan, the Refresher Training Plan will meet the enabling and terminal learning objectives of suicide prevention awareness. In all cases, the VEILS® Decision Roadmaps serve as a guide through the virtual experience of the Life Preservation Training.

A. Preferred Lesson Plan

Terminal Objectives:

Objective A: Identify our role and obligations in recognizing the warning signs and risk factors for suicidal ideation/behavior in ourselves and in others.

Objective B: Illustrate methods of intervening to help individuals experiencing mental health issues.

Enabling Objectives:

Objective A: Identify specific behaviors that demonstrate increased knowledge of risk factors and warning signs of suicidal ideation in general.

Objective B: Identify specific risk factors and warning signs of suicidal ideation within the Army.

Objective C: Identify the procedures outlined in the Ask, Care, Escort (ACE) program.

Objective D: Identify personal resiliency skills such as: the ability to adapt to unexpected events; the ability to get needs met; effective communication; and problem-solving skills.

Materials and Equipment:

- VEILS® LIFE PRESERVATION TRAINING PROGRAM DVD

- LIFE PRESERVATION TRAINING PROGRAM Facilitator’s Guide
- PC Computer, Monitor or Video Projector⁴
- Screen if projecting
- ACE cards
- TA075-0507 Cards (Warning Signs and Risk Factors) [Instructor is to hand them out according to the Instructor’s Script]

Delivery Time: 3 ½ hours

Preferred Lesson Plan

| TIME (minutes:seconds) | ACTIVITY |
|--|--|
| 0:00 – 15:00 | <p>Start the <i>BTF</i>, click through to the introductory video and click the pause button.</p> <p>Explain why maintaining good mental health is critical to achieving the mission of the U.S. Army. Through this training, students will learn how to identify warning signs and risk factors of suicide.</p> <p>Describe VEILS® as an interactive methodology used in the development of this Life Preservation Course that allows Soldiers to make decisions for characters in the movie.</p> <p>Play the 3 minute Introduction Video.</p> |
| <p><i>Explain that you will lead the students through both character modules. Use <u>Character Profile and Synopsis</u> and <u>Decision Roadmaps</u> to explore the behavior choices of each character. Remember that the green lines and boxes on the <u>Decision Roadmaps</u> chart the pathway to success. However, it is important that students also explore alternative outcomes. Use the links to amplify and reinforce learning points. You should spend approximately 80 minutes on each character. Be sure to answer students’ questions and encourage discussion.</i></p> | |
| 15:00 – 60:00 | Explore Specialist Norton |
| 60:00 – 65:00 | Refer to Decision Roadmap Key (Green) . Locate and replay final “good outcome” video. |

⁴ Please see the section on Technical Solutions and Suggestions in this guide.

| TIME (minutes:seconds) | ACTIVITY |
|----------------------------------|---|
| 65:00 – 75:00 | BREAK |
| 75:00 – 105:00 | Use the Question Database Folder to solicit student responses and discuss answers. |
| 105:00 – 150:00 | Explore Sergeant First Class Martin. |
| 150:00 – 160:00 | BREAK |
| 160:00 – 165:00 | Refer to Decision Roadmap Key (Green). Locate and replay final “good outcome” video. |
| 165:00 – 195:00 | Use the Question Database Folder to solicit student responses and discuss answers. |
| 195:00 – 210:00 | Refer to Wrap Up below to end the session. |

Wrap Up

Maintaining good mental health and developing resiliency are critical to achieving the mission of the U. S. Army. Dealing with mental health issues can be challenging. Suicide can be a difficult subject to talk about, and it can be even more difficult to deal with in a real-world situation. But it is important that you are able to recognize Warning Signs and Risk Factors – in yourself and in others - and that you know the principles of **ACE** and are ready to apply them.

B. Condensed Lesson Plan

Terminal Objectives:

Objective A: Identify our role and obligations in recognizing the warning signs and risk factors for suicidal ideation/behavior in ourselves and in others.

Objective B: Illustrate methods of intervening to help individuals experiencing mental health issues.

Enabling Objectives:

Objective A: Identify specific behaviors that demonstrate increased knowledge of risk factors and warning signs of suicidal ideation in general.

Objective B: Identify specific risk factors and warning signs of suicidal ideation within the Army.

Objective C: Identify the procedures outlined in the **ACE** program.

Objective D: Identify personal resiliency skills such as: the ability to adapt to unexpected events; the ability to get needs met; effective communication; and problem-solving skills.

Materials and Equipment:

- VEILS® LIFE PRESERVATION TRAINING PROGRAM DVD
- LIFE PRESERVATION TRAINING PROGRAM Facilitator's Guide
- PC Computer, Monitor or Video Projector⁵
- Screen if projecting
- **ACE** cards
- TA075-0507 Cards (Warning Signs and Risk Factors) [Instructor is to hand them out according to the Instructor's Script]

Delivery Time: 1 hour 15 minutes

It is not recommended that Instructors attempt to complete both characters in 75 minutes. The importance of spending time on discussions and alternative pathways outweighs the value of presenting both characters.

To ensure that you meet the terminal and enabling learning objectives, you may wish to refer to the Instructor Script for the Refresher Training provided in this guide. Using this script as a foundation, you can explore alternative pathways and facilitate substantive guided discussions to help ensure meeting the learning objectives.

Condensed Lesson Plan

| TIME (minutes:seconds) | ACTIVITY |
|----------------------------------|--|
| 0:00 – 5:00 | Start the <i>BTF</i> , click through to the introductory video and click the pause button. |

⁵ Please see the section on Technical Solutions and Suggestions in this guide.

| TIME (minutes:seconds) | ACTIVITY |
|---------------------------|----------|
|---------------------------|----------|

Explain why maintaining good mental health is critical to achieving the mission of the U.S. Army. Through this training, students will learn how to identify warning signs and risk factors of suicide. Describe VEILS® as an interactive methodology used in the development of this Life Preservation Course that allows Soldiers to make decisions for characters in the movie.

Play the 3 minute Introduction Video.

Explain that you will lead the students through only one character module.

Use Character Profile and Synopsis and Decision Roadmaps to explore the behavior choices of each character. Remember that the green lines and boxes on the Decision Roadmaps chart the pathway to success. However, it is important that students also explore alternative outcomes. Use the links to amplify and reinforce learning points. You should spend approximately 65 minutes on one of the characters. Be sure to answer students' questions and encourage discussion.

| | |
|---------------------|---------------------|
| 5:00 – 55:00 | Explore a Character |
|---------------------|---------------------|

| | |
|----------------------|---|
| 55:00 – 70:00 | Use the Question Database Folder to solicit student responses and discuss answers. |
|----------------------|---|

| | |
|----------------------|---|
| 70:00 – 75:00 | Refer to Wrap Up below to end the session. |
|----------------------|---|

Wrap Up

Maintaining good mental health and developing resiliency are critical to achieving the mission of the U. S. Army. Dealing with mental health issues can be challenging. Suicide can be a difficult subject to talk about, and it can be even more difficult to deal with in a real-world situation. But it is important that you are able to recognize Warning Signs and Risk Factors – in yourself and in others - and that you know the principles of ACE and are ready to apply them.

C. Refresher Training Lesson Plan

Terminal Objectives:

Objective A: Identify our role and obligations in recognizing the warning signs and risk factors for suicidal ideation/behavior in ourselves and in others.

Objective B: Illustrate methods of intervening to help individuals experiencing mental health issues.

Enabling Objectives:

Objective A: Identify specific behaviors that demonstrate increased knowledge of risk factors and warning signs of suicidal ideation in general.

Objective B: Identify specific risk factors and warning signs of suicidal ideation within the Army.

Objective C: Identify the procedures outlined in the **ACE** program.

Objective D: Identify personal resiliency skills such as: the ability to adapt to unexpected events; the ability to get needs met; effective communication; and problem-solving skills.

Materials and Equipment:

- VEILS® LIFE PRESERVATION TRAINING PROGRAM DVD
- LIFE PRESERVATION TRAINING PROGRAM Facilitator's Guide
- PC Computer, Monitor or Video Projector⁶
- Screen if projecting
- **ACE** cards
- TA075-0507 Cards (Warning Signs and Risk Factors) [Instructor is to hand them out according to the Instructor's Script]

Delivery Time: 50 Minutes

The Refresher Training Plan is a quick reinforcement of Suicide Prevention learning objectives within the context of Army Values. It is not meant to replace the Preferred or Condensed Lesson Plans. It is intended for individuals that have completed the preferred lesson plan or the condensed lesson plan. The Refresher Training Plan will meet the enabling and terminal learning objectives of suicide prevention awareness. As there is no time available for a thorough discussion of the issues, you should follow the green line through the Pathway to Success on the Decision Roadmaps of the Norton or Martin character track.

⁶ Please see the section on Technical Solutions and Suggestions in this guide.

An Instructor Script for the Refresher Training based on the Norton character is provided below. If you follow this script word-for-word, the terminal and enabling learning objectives will be met in the time indicated.

Refresher Training Lesson Plan

| TIME (minutes:seconds) | ACTIVITY |
|--|---|
| 0:00 – 4:45 | <p>Start the <i>BTF</i>, click through to the introductory video and click the pause button.</p> <p>Explain why maintaining good mental health is critical to achieving the mission of the U.S. Army. Through this training, students will learn how to identify warning signs and risk factors of suicide. Describe VEILS® as an interactive methodology used in the development of this Life Preservation Course that allows Soldiers to make decisions for characters in the movie.</p> <p>Play the 3 minute Introduction Video.</p> |
| <p><i>Explain that you will lead the students through the Norton character module.</i></p> <p><i>Use <u>Character Profile and Synopsis</u> and <u>Decision Roadmaps for Specialist Norton</u>. Remember that the green line on the <u>Decision Roadmaps</u> charts the pathway to success. Use the links to reinforce learning points as time allows. You should spend approximately 33 minutes on this character.</i></p> | |
| 4:45 – 37:35 | Play Specialist Norton |
| 37:35 – 47:35 | Use the Question Database Folder to solicit student responses and discuss answers. |
| 47:35 – 50:00 | Refer to Wrap Up below to end the session. |

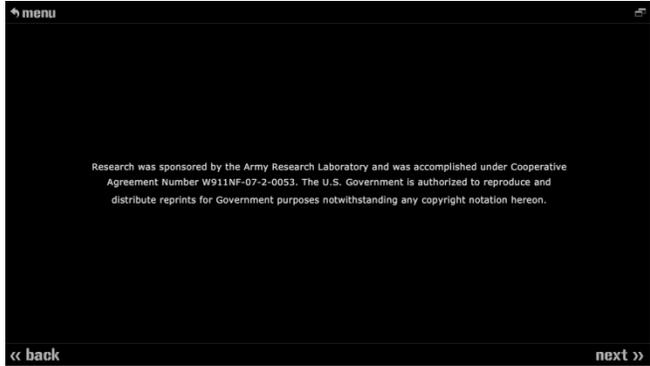
Wrap Up

Maintaining good mental health and developing resiliency are critical to achieving the mission of the U. S. Army. Dealing with mental health issues can be challenging. Suicide can be a difficult subject to talk about, and it can be even more difficult to deal with in a real-world situation. But it is important that you are able to recognize Warning Signs and Risk Factors – in yourself and in others - and that you know the principles of ACE and are ready to apply them.

Instructor Script

The following is an exact, step-by-step Instructor Script for the Refresher Training Lesson Plan. If an instructor follows this script precisely and limits discussion to a bare minimum, the Refresher Training can be accomplished in 50 minutes.

Refresher Training Instructor Script (Time depicted as MINUTES:SECONDS)

| TIME | VEILS SYSTEM | LECTURE CONTENT |
|----------------|---|--|
| Set up. | Start the <i>BTF</i> . Click “Next” three times until you reach the second disclaimer screen. Leave on this screen. |  |
| 0:00 | | <p>(Session Introduction)</p> <p>For the next 50 minutes, you will be learning about Suicide Prevention and Awareness. Maintaining good mental health is critical to achieving the mission of the U.S. Army. The safety of your unit and your performance as a Soldier depends not only on your physical readiness, but also on your mental and your emotional preparedness. During this training session, you will learn how to identify warning signs and risk factors of suicide.</p> |
| 0:40 | | <p>(<i>BTF</i> Introduction)</p> <p>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we “play” interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. First there is a 3 minute introductory clip video.</p> |

| TIME | VEILS SYSTEM | LECTURE CONTENT |
|-------------|--|---|
| 1:10 | Click Next . The introduction video will start. Time of video: 3:00 | |
| 4:10 | (Leave on menu) | In this video we'll see how suicide can be avoided – from the point of view of someone who may be thinking about suicide. We'll also see how the people around a possibly suicidal individual can intervene and get him/her help. |

SPECIALIST NORTON

| | | |
|-------------|---|--|
| 4:30 | | This is Specialist Norton, a Soldier is on his first deployment. |
| 4:45 | Click on the image of Specialist Norton. Time of video: 1:45 | |
| 6:30 | | What are you going to do? (<i>Take one suggestion</i>) Ok, let's see what happens. |
| 6:40 | Click on your choice. Maximum time of video (<i>depending on which answer you choose</i>): 1:15 | |
| 7:55 | | (<i>Read the text</i>) It's a good idea to talk somebody when you're facing a hard situation. |
| 8:00 | Click on Next . | (<i>Read text</i>) "It is not just the Dear John e-mail etc..." |
| 9:00 | | What are you going to do? (<i>Take one suggestion</i>) |

| TIME | VEILS SYSTEM | LECTURE CONTENT |
|--------------|--|---|
| 9:10 | Click on an answer. Maximum time of video: 0:28 | |
| 9:30 | | <i>(Read text screen)</i> |
| 9:35 | Click on Next . | <i>(Read text)</i> “You are in a country etc...” |
| 9:50 | Click on Next . Time of video: 3:07 | |
| 13:00 | | <i>(Read text)</i> “Your Squad Leader has given you a wake-up call etc...” |
| 13:15 | Click on Next . Time of video: 1:03 | |
| 14:20 | | Talk to Blair? Let’s go ahead and tell him what’s going on. |
| 14:25 | Click on “Yes. Go ahead and confide in Blair.” Time of video: 1:03 | |
| 15:30 | Click on “Back to Movie.” | <i>(Read text)</i> “This is not a matter of weakness etc...” |
| 15:35 | Click on Next . | <i>(Read text)</i> “Talking with someone is not a sign of weakness etc...” |
| 15:50 | Click on Next . Time of video: 1:13 | |

| TIME | VEILS SYSTEM | LECTURE CONTENT |
|--------------|--|---|
| 17:00 | Click on “Back to Movie.” | What do you want to do? (<i>Take some responses</i>) Let’s cancel the cards. |
| 17:10 | Click on “Call to cancel your cards.” Time of video: 0:11 | |
| 17:20 | | (<i>Read text</i>) “Not a bad choice.” |
| 17:25 | Click on Next . | (<i>Read text</i>) “Use your personal strengths etc...” |
| 17:35 | Click on Next . Time of video: 2:28 | |
| 20:05 | | (<i>Read text</i>) “SGT Mendenhall is not qualified to determine etc...” |
| 20:15 | Click on Next . Time of video: 0:27 | |
| 20:45 | | What do you want to do? (<i>Take some suggestions</i>) Let’s play some ball. |
| 21:00 | Click on “Go play some ball.” Time of video: 0:07 | |
| 21:10 | | (<i>Read text</i>) “Good move...” |
| 21:20 | Click on Next . Time of video: 0:12 | |
| 21:35 | | (<i>Read text</i>) “Try to take some positive action etc...” |

| TIME | VEILS SYSTEM | LECTURE CONTENT |
|--------------|--|--|
| 21:45 | Click on Next . Time of video: 0:38 | |
| 22:25 | | <i>(Read text)</i> “Playing ball and joking etc...” |
| 22:40 | Click on Next . | <i>(Read text)</i> “Is Blair correct to be concerned etc...” |
| 23:00 | Click on Next . | <i>(Read text)</i> “When these factors are present etc...” |
| 23:20 | Click on Next . Time of video: 01:30 | |
| 24:50 | | <i>(Read text)</i> “The recent break-up of a relationship etc...” |
| 25:00 | Click on Next . Time of video: 01:05 | |
| 26:05 | | Will you talk to the Chaplain? Yes. |
| 26:15 | Click on “Yes.” Time of video: 01:05 | <i>(Read text)</i> “Playing ball and joking etc...” |
| 27:20 | Click on Next . | What do you want to do? |
| 27:30 | Click on “Talk to someone at CSPT.” Time of video: 0:05 | |
| 27:35 | | <i>(Read text)</i> “Good for you etc...” |

| TIME | VEILS SYSTEM | LECTURE CONTENT |
|--------------|---|---|
| 27:40 | Click on Next. Time of video: 02:33 | |
| 29:15 | | <i>(Read text)</i> “The decision to place a Soldier on Unit Watch etc...” |
| 29:25 | Click on Next . | <i>(Read text)</i> “Captain Jones has seen some warning signs etc...” |
| 29:45 | Click on Next . | <i>(Read text)</i> “When a Soldier presents with any of the following concerns etc...” |
| 30:05 | Click on Next . Time of video: 01:05 | |
| 31:10 | | What do you do? <i>(Take one suggestion)</i> |
| 31:20 | Click on a choice. Maximum video time: 0:25 | |
| 31:45 | | <i>(Read the text screen)</i> |
| 31:55 | Click on Next . Time of video: 0:50 | |
| 32:45 | | Your state of mind and your performance are slipping. What do you do? |
| 32:50 | Click on “Talk to CPT Jones.” Time of video: 0:20 | |

| TIME | VEILS SYSTEM | LECTURE CONTENT |
|--------------|---|---|
| 33:10 | | <i>(Read text)</i> “You have learned how to use your honesty etc...” |
| 33:20 | Click on Next . Time of video: 02:56 | |
| 36:20 | | <i>(Read text)</i> “If you are feeling suicidal etc...” |
| 36:30 | Click on “View ACE Card” link. Time of video: 0:24 | <i>(Read through ACE Card text)</i> |
| 37:00 | Click on the “x” to close ACE Card pop-up. | |
| 37:05 | Click on “Click here to find out who you can contact for help.” | <i>(Review the listed resources with Soldiers)</i> |
| 37:35 | | Use the Question Database Folder to solicit student responses and discuss answers. |
| 47:35 | Click on “Menu.” | Refer to Wrap Up below to wrap up the session. |

Wrap Up

Maintaining good mental health and developing resiliency are critical to achieving the mission of the U. S. Army. Dealing with mental health issues can be challenging. Suicide can be a difficult subject to talk about, and it can be even more difficult to deal with in a real-world situation. But it is important that you are able to recognize Warning Signs and Risk Factors – in yourself and in others - and that you know the principles of **ACE** and are ready to apply them.

TECHNICAL SOLUTIONS AND SUGGESTIONS

This section answers technical questions, helps to trouble-shoot problems, and offers suggestions to create a technically better presentation of VEILS®. Included are subheadings on Minimum System Requirements, Projecting *BTF* for a Large Audience, and Playback Problems.

A. System Requirements:

- Windows XP, or Vista / Mac OS 10.3 ("Panther") or higher
- Adobe Flash Player 9+ (included)
- 1Ghz or faster processor (2GHz recommended for full-screen playback at high resolutions)
- 256MB of RAM (512MB recommended)
- DVD-ROM Drive
- Video Card & Display (1024 by 768 minimum resolution)
- Sound Card & Speakers / Headphones

B. Projecting for a Large Audience

Beyond the Front can be projected onto a screen for large audiences, given the right equipment, *if the classroom/auditorium is already set up to project multimedia.*

*If the classroom auditorium is only set up to use or project TV/VCR images and you want to project **Beyond the Front**, you have two options.*

- A. Large Computer Monitor (21" or more) for a small group.
- B. Computer Projection System with LCD projector for large groups.

C. Graphics/Color Issues

Beyond the Front is designed to work best in a screen resolution of at least 1024 by 768, with at least High Color (16 bit) color palette/depth.

D. Playback Problems

Video Skips and Hesitations

Beyond the Front is not made for older computers. Skips and hesitations in the video indicate that part of your computer is not processing quickly enough. This is generally caused by a lack of either CPU processor speed, amount of physical memory (RAM) or both.

If you have the minimum system requirements, you may be able to improve performance by closing all other applications and/or decreasing your desktop resolution.

No Sound

Double-check the wires-be certain that the speakers have electricity, that all the connections are in the right places, and that the speakers are turned on and the volume is up.

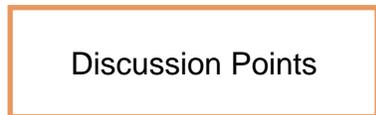
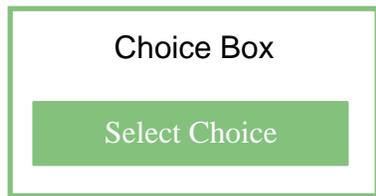
If you still do not have sound, contact your computer support folks and tell them you may have a problem with your sound card or speakers.

DECISION ROADMAPS

Key: Norton A - Positive Outcome

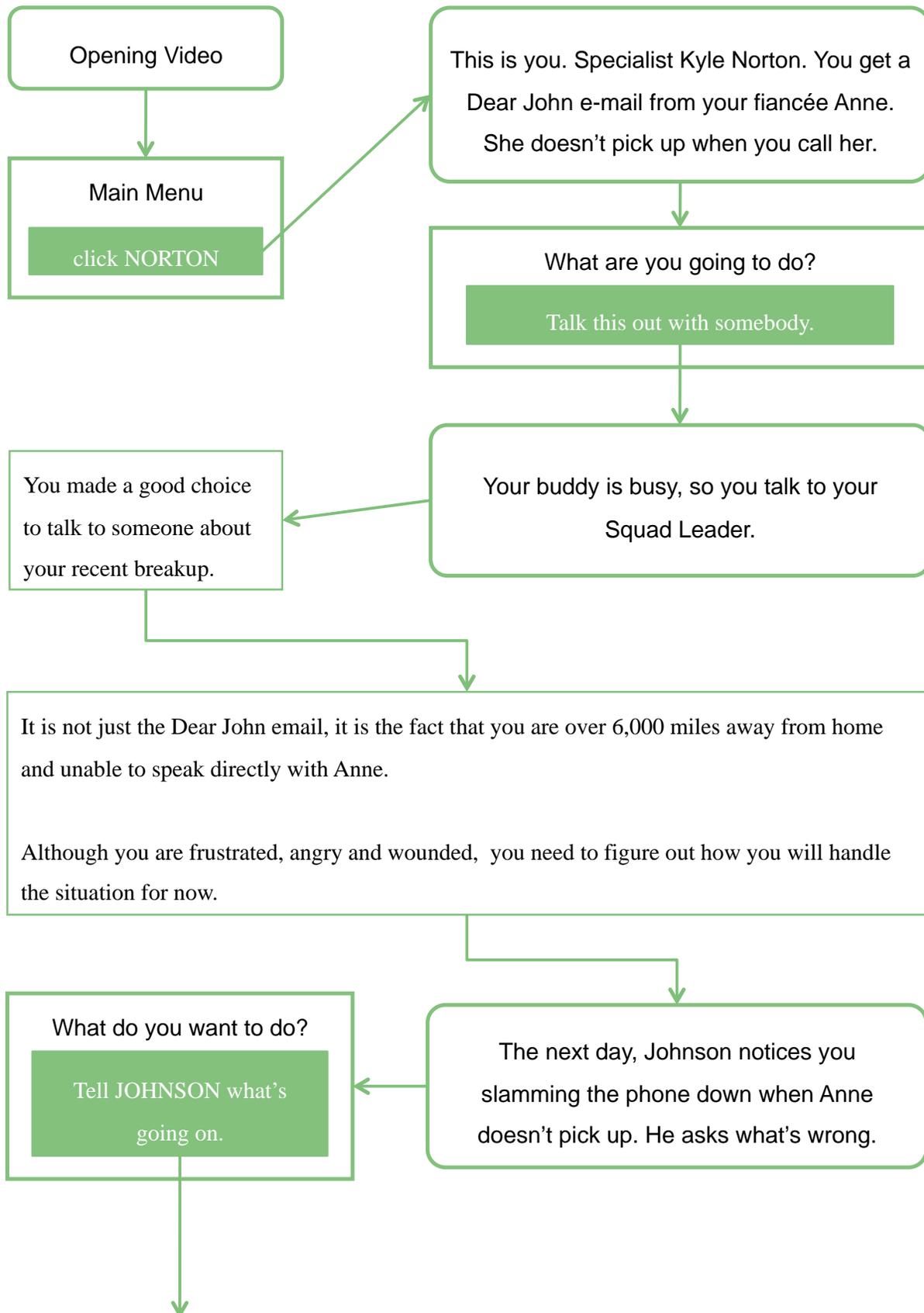


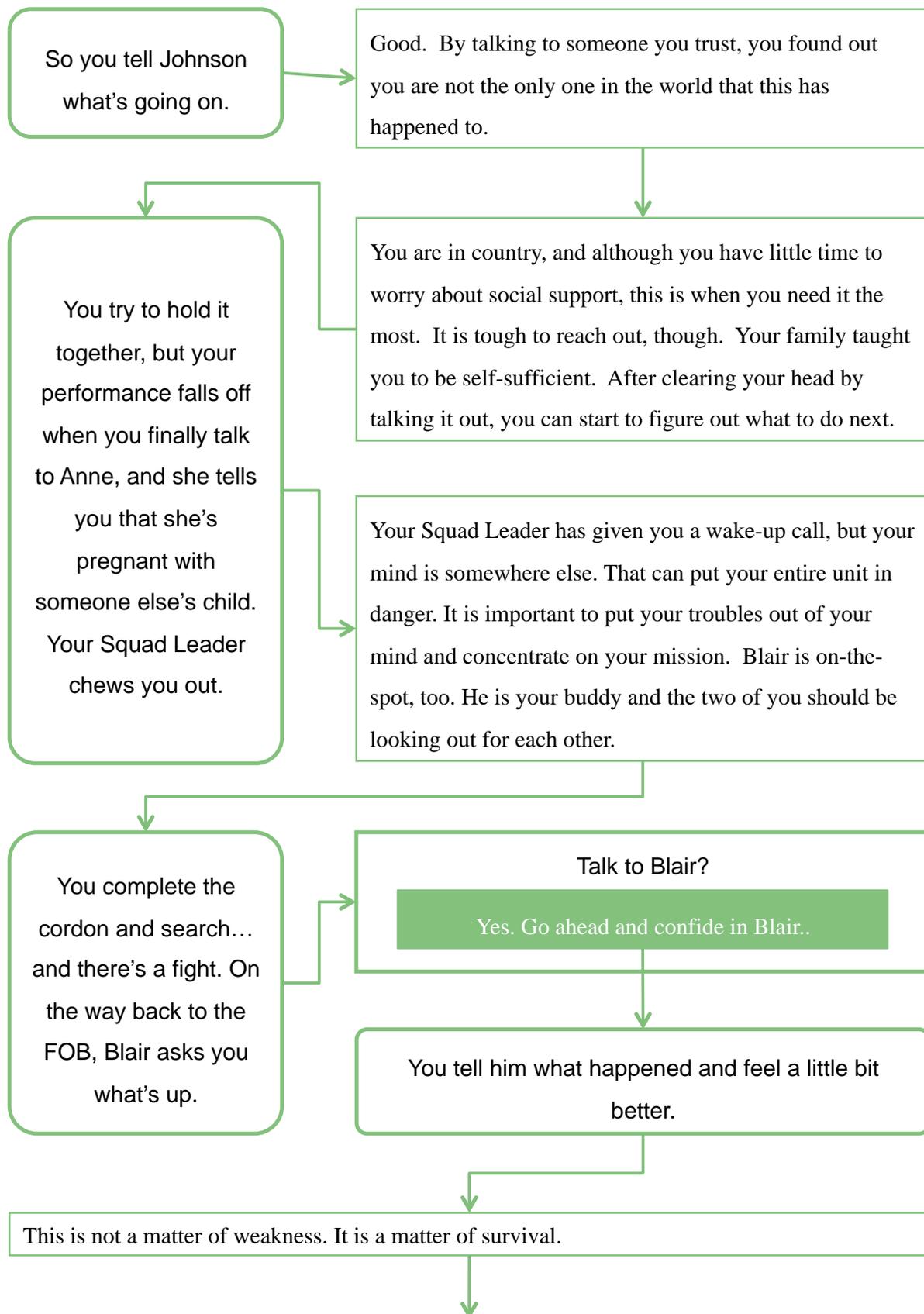
Pathway to positive outcome



Learning objectives that are to be emphasized with corresponding scenes

NOTE: The decision roadmap indicates the most direct route to a positive outcome in Specialist Kyle Norton's scenario. If time allows, it is highly recommended that Instructors allow students to explore alternative choices and outcomes. Bad endings will always lead back into the game at the point where a poor decision was made. This allows you to make a better choice for a successful ending.





Define stigma – the rejection from peers and/or society due to one’s actions or attitudes.
Discuss DOD 2008 memo regarding question #21 of the National Security Clearance questionnaire.

Talking to someone is not a sign of weakness.
Blair is not being a true buddy by keeping quiet.
Second guessing what others will think or do is a waste of your time. Seeking help is a sign of strength, not weakness. Believe it.

Two days later, you’re doing your banking online, and you discover that your accounts have been cleared out.

What do you want to do?

Call your big sister. Call to cancel your cards. Get online and change your passwords. Call your folks.

She gives you good advice and sympathy.

That’s what you do.

Your mom can’t help.

Your sister proved to be a source of support. You took a positive action, and received positive results.

Not a bad choice.

Discuss social support- a network of family and friends who are willing to help and encourage you.

Another sleepless night. The next day you get counseled by SGT Mendenhall.

Sergeant Mendenhall is not qualified to determine whether or not you are depressed, and he is definitely not the sensitive type. He does know his Soldiers, though, and makes some good points.

Later... Blair asks you if you want to play ball.

What do you want to do?

Go play some ball.

Good move. While this won't change everything, it is a step in the right direction. It is never too late to make a healthy choice.

You tell Blair to wait up.

You and Blair successfully defend your two-on-two championship.

Try to take some positive action. Exercise is always a good choice. It will help you sleep better and think more clearly.

The next day you and Blair joke about your situation while you eat your MRE's.

Playing ball and joking with your buddy help to keep your mind in the present, instead of thinking of what you should have done or what might have been.

These activities provide a sense of "belonging." Individuals who belong to a social group, such as a close family, an active church group, or a cohesive military unit, share similar values and a sense of purpose. This helps keep you healthy.

Reinforce importance of social support.

Is Blair correct in being concerned? Here are some risk factors that are often associated with suicidal behavior:

- Relationship problems (loss of girlfriend/boyfriend , divorce, etc.)
- History of previous suicide attempts
- Substance abuse
- Transitions (retirement, PCS, discharge, etc.)
- Significant loss (death of loved one, loss due to natural disaster, etc.)
- Severe, prolonged, and/or perceived unmanageable stress
- A sense of powerlessness, helplessness, and/or hopelessness



When these factors are present, there is an increased risk of a person being suicidal. Still, Blair might have a good reason to be a little concerned.

Suicide Risk is 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 is all bad
- Judgment is impaired by use of alcohol or other substances



Blair is killed by a sniper. There's a fight, and on the ride back to FOB, you're feeling hopeless.

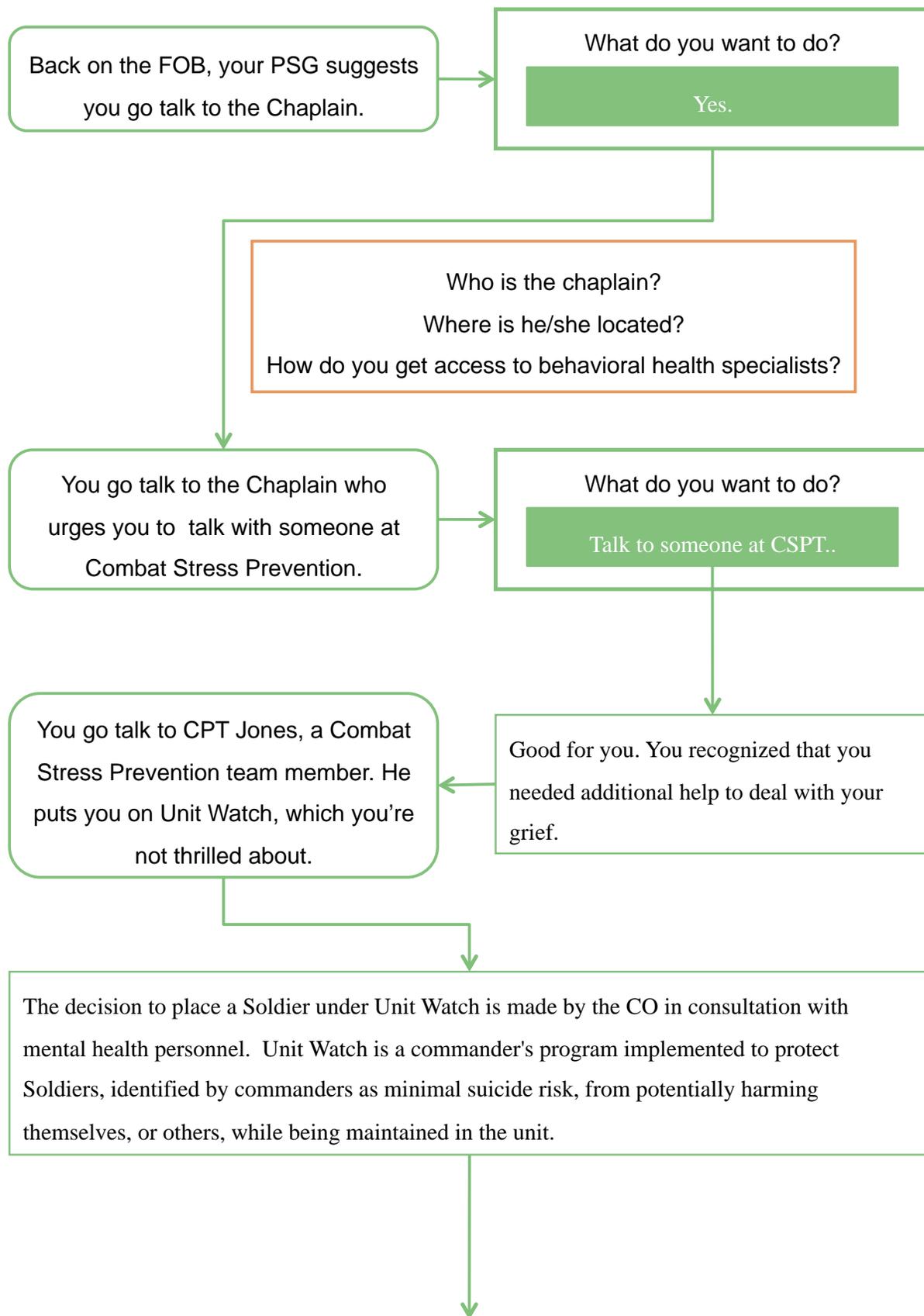
Define Risk Factor-
increases one's chances of developing suicidal ideation.



The recent breakup of a relationship and the loss of a buddy in a short span of time would be difficult for anyone, at any stage in life.

You need to know that exposure to this kind of extreme stress can actually change who you are, how you think and how you feel. It is imperative that you find a way to handle this stress so that IT does not lead to suicidal ideation.

Discuss cognitive readiness- mental preparation needed to sustain complex situations



Captain Jones has seen some **warning signs** of suicide exhibited by Norton. Suicide can be avoided, but many people do not recognize the **warning signs**.

Here are some of the more common warning signs:

- 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 relationships
- Acting bizarre or unusual (based on your knowledge of the person)

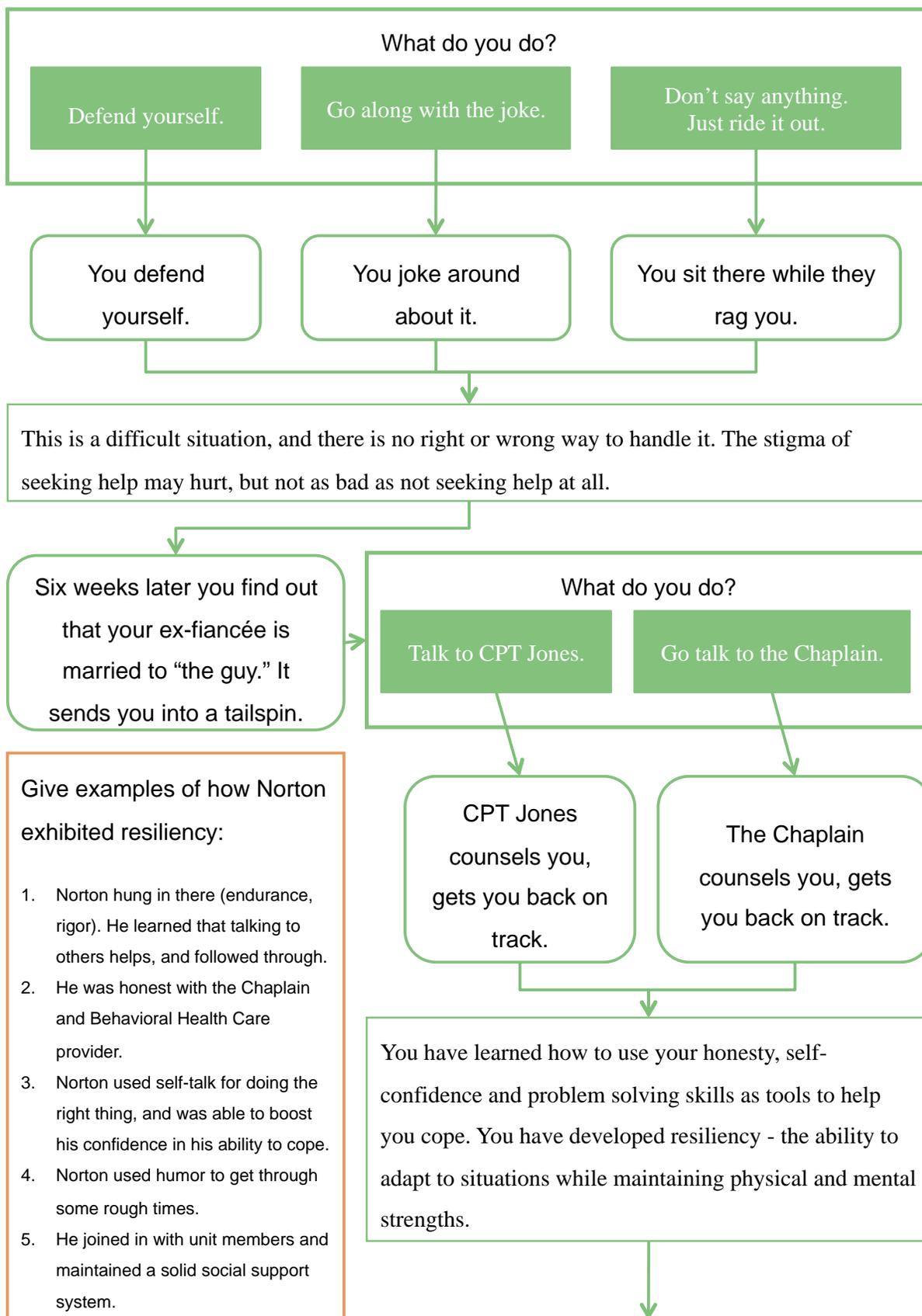
The buddy and/or Chain of Command should be observant of a Soldier who presents with any combination of the above.

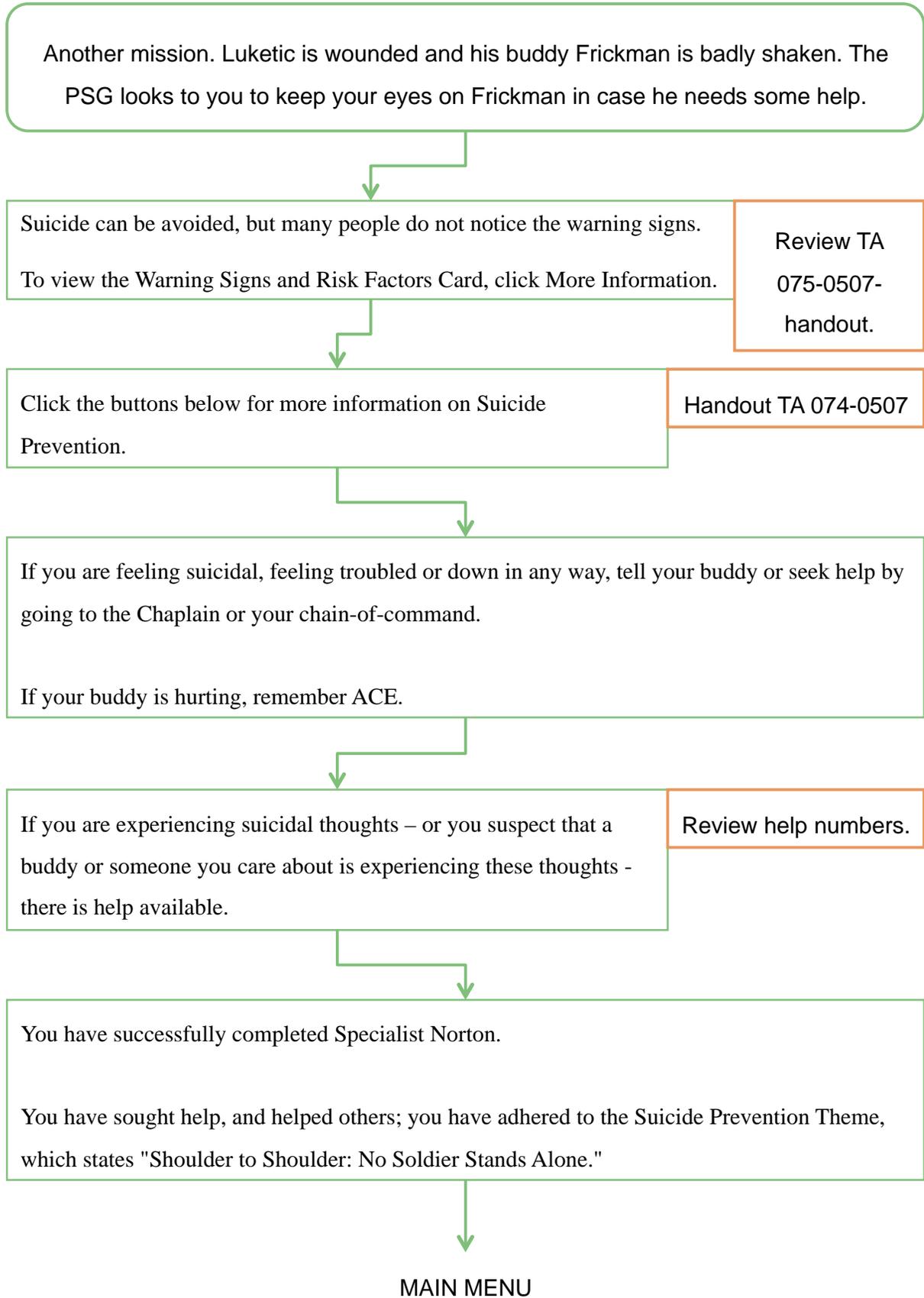
Following the more info box, define
compounding factors
Discuss Article 15.

When a Soldier presents with any one of the following 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

Back on the FOB, your PSG suggests
you go talk to the Chaplain.

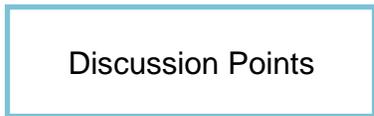
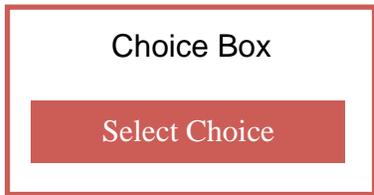




Key: Norton B - Worst Outcome

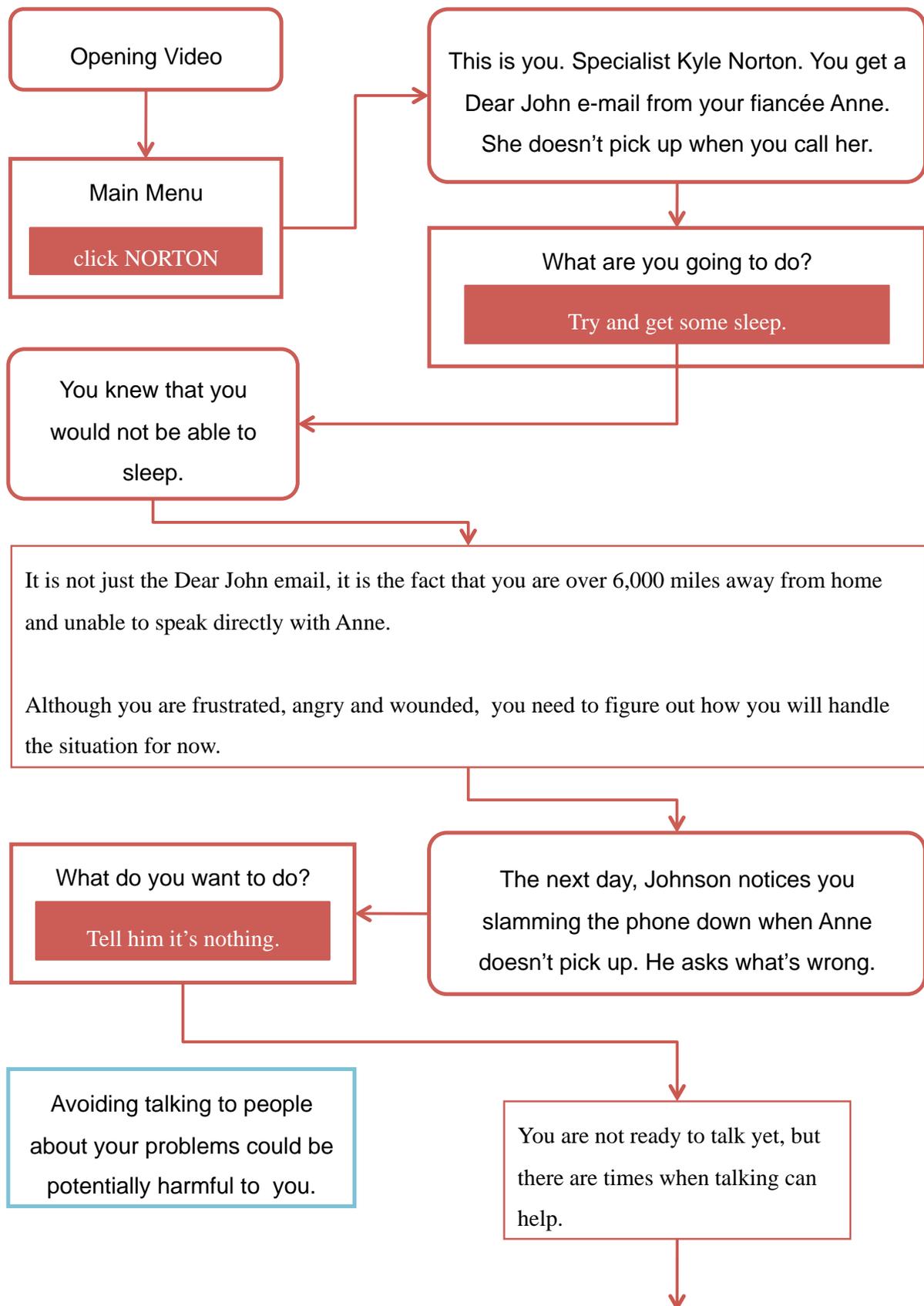


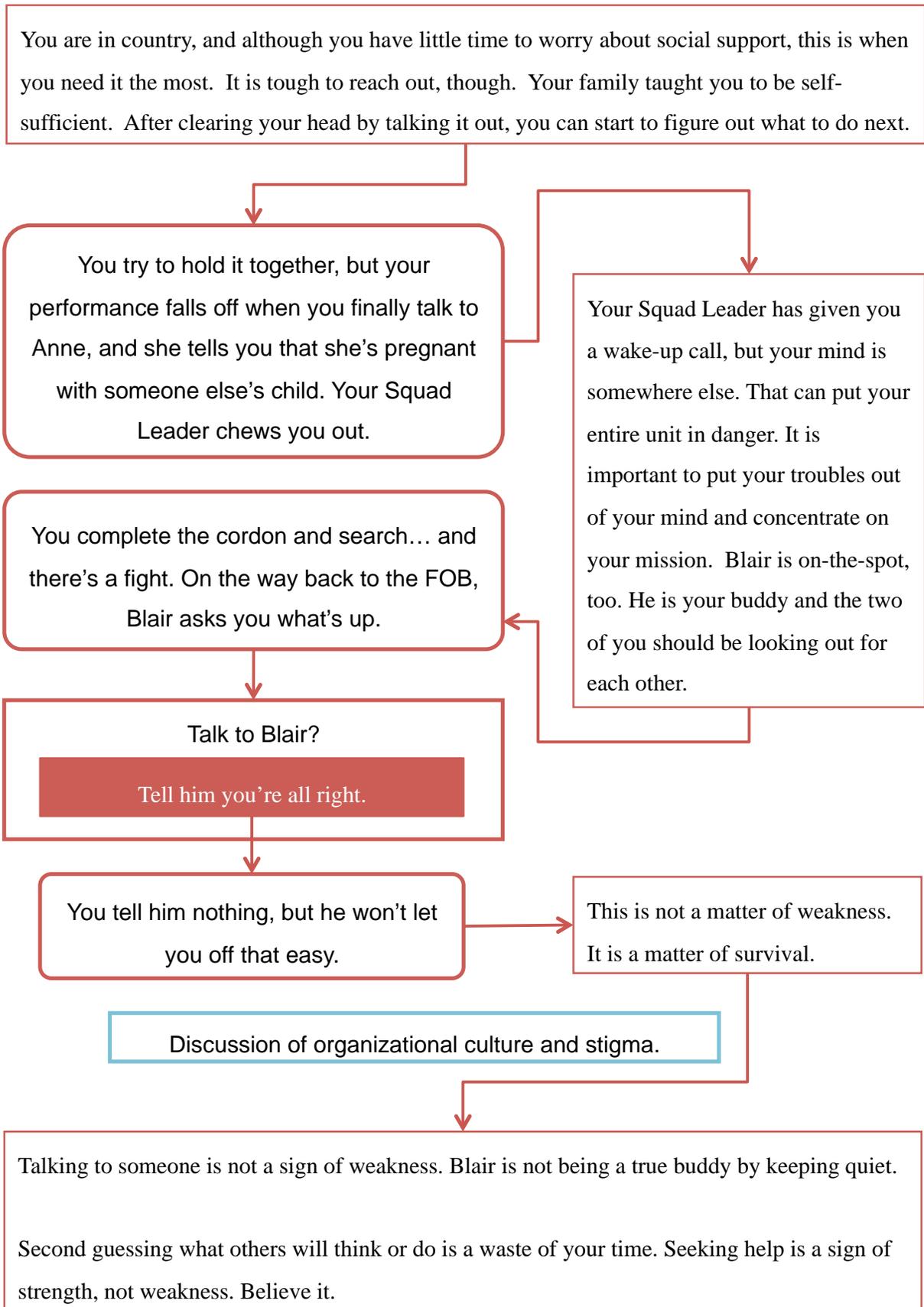
Pathway to worst outcome

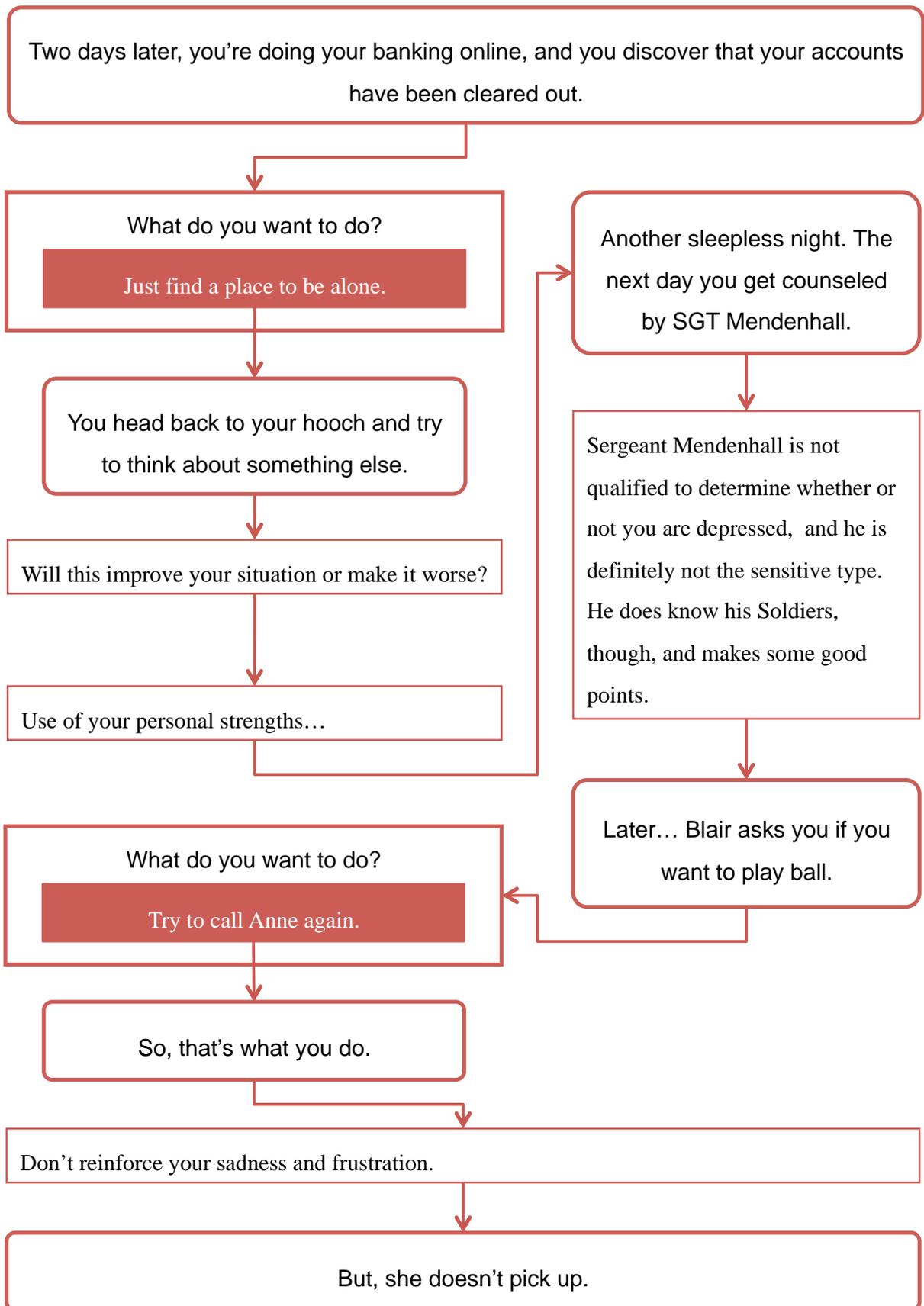


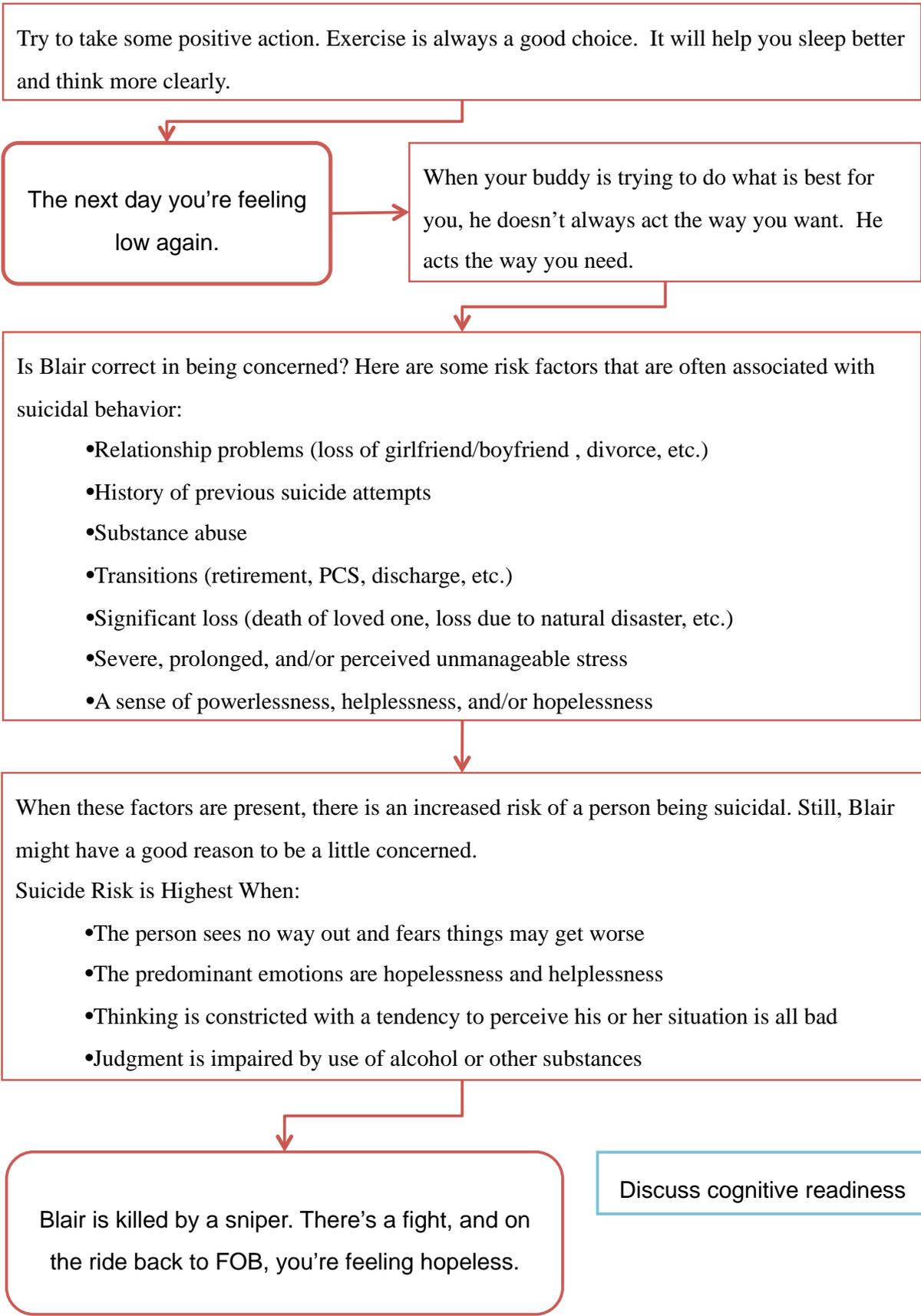
Learning objectives that are to be emphasized with corresponding scenes

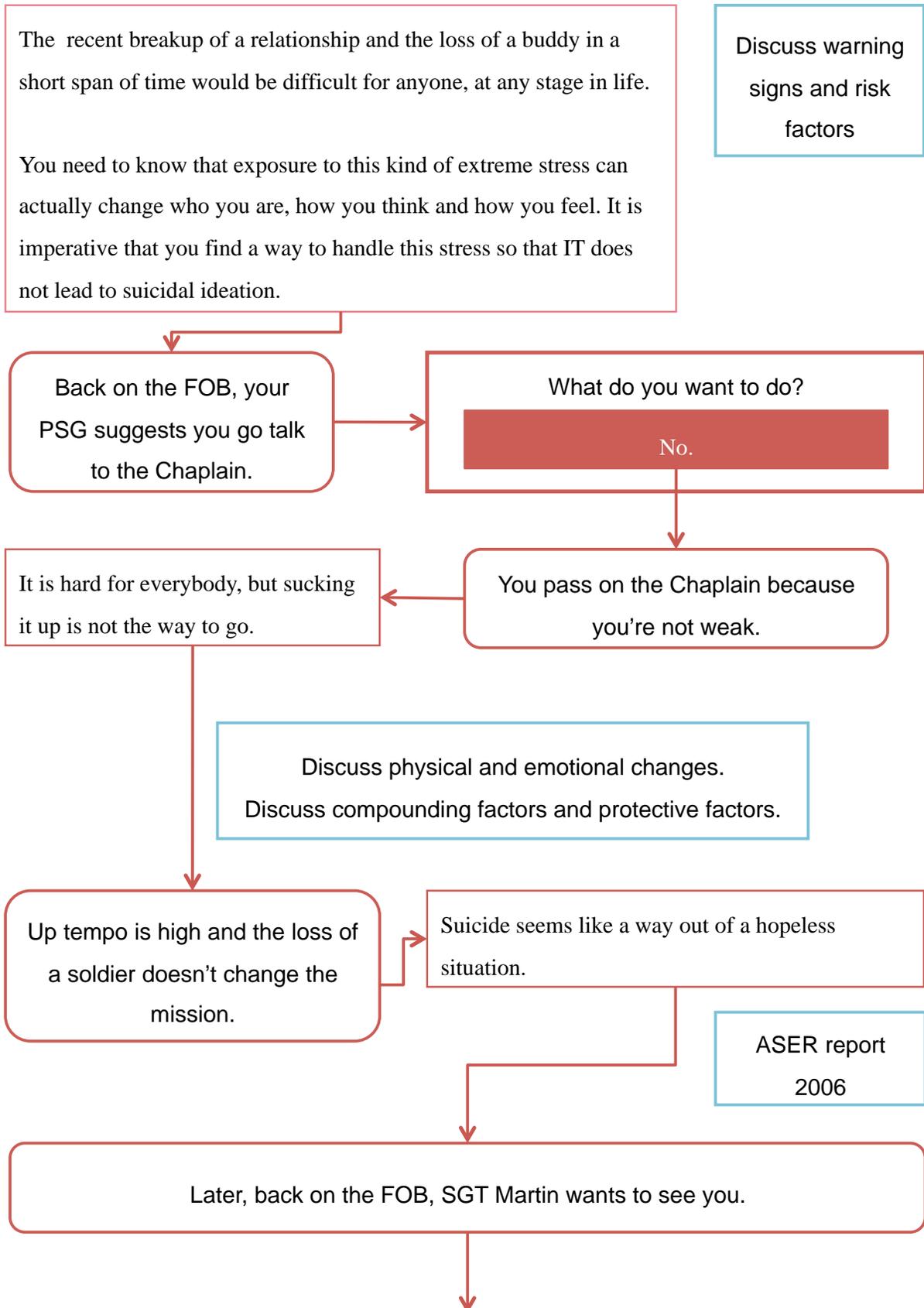
NOTE: The decision roadmap indicates the most direct route to the worst outcome in Specialist Kyle Norton's scenario. If time allows, it is highly recommended that Instructors allow students to explore alternative choices and outcomes. Bad endings will always lead back into the game at the point where a poor decision was made. This allows you to make a better choice for a successful ending.

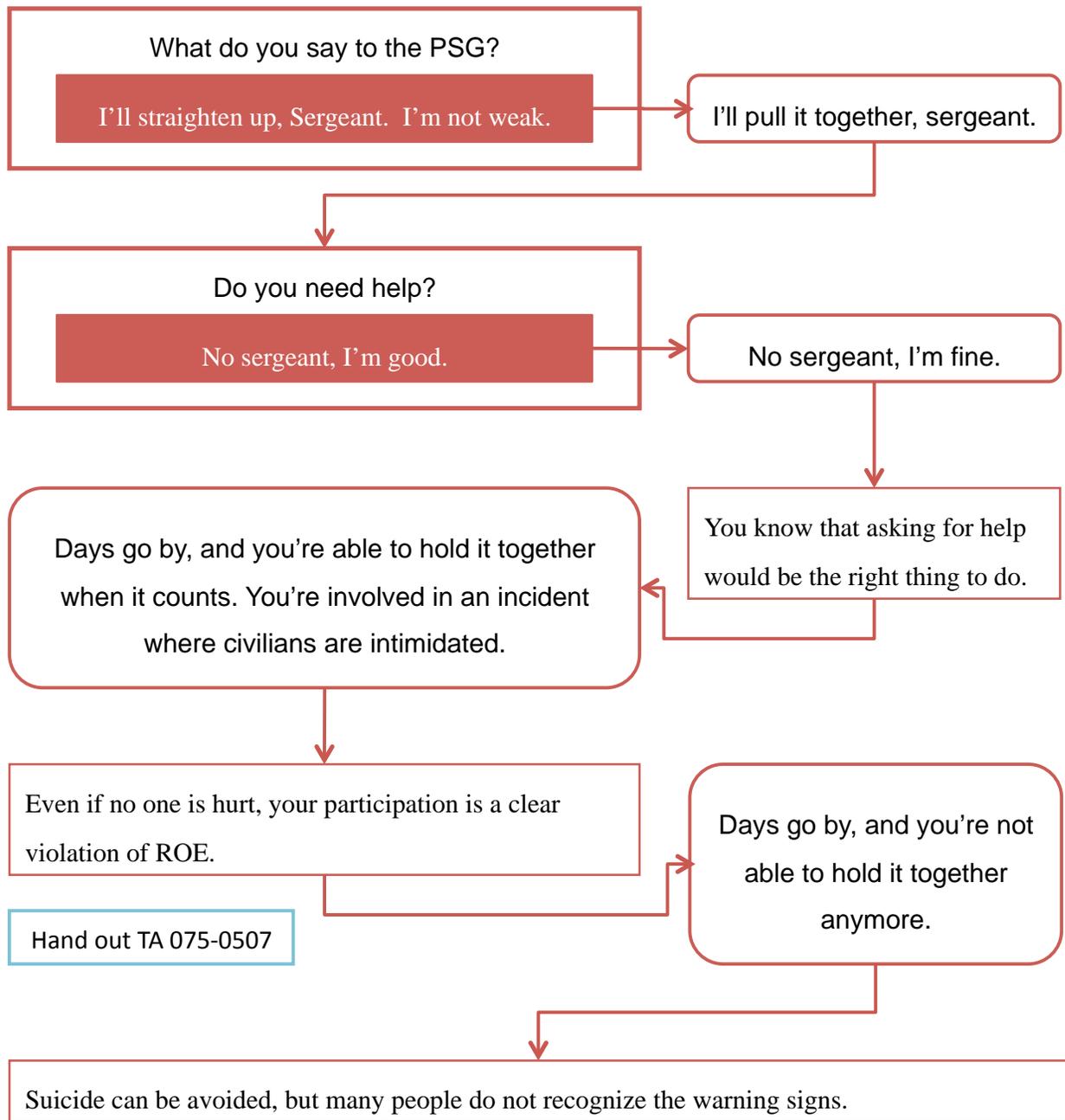












Discuss what steps Norton could have taken to avoid this ending.
Norton lacked resiliency (define) and rejected social support (define and give examples of)

Hand out **ACE card**, training tip card, go over contact numbers and define compounding factors.

Key: Norton C - Negative Outcome



Video Box



Pathway to negative outcome



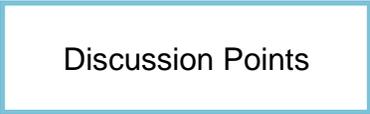
Text box



Choice Box



Select Choice

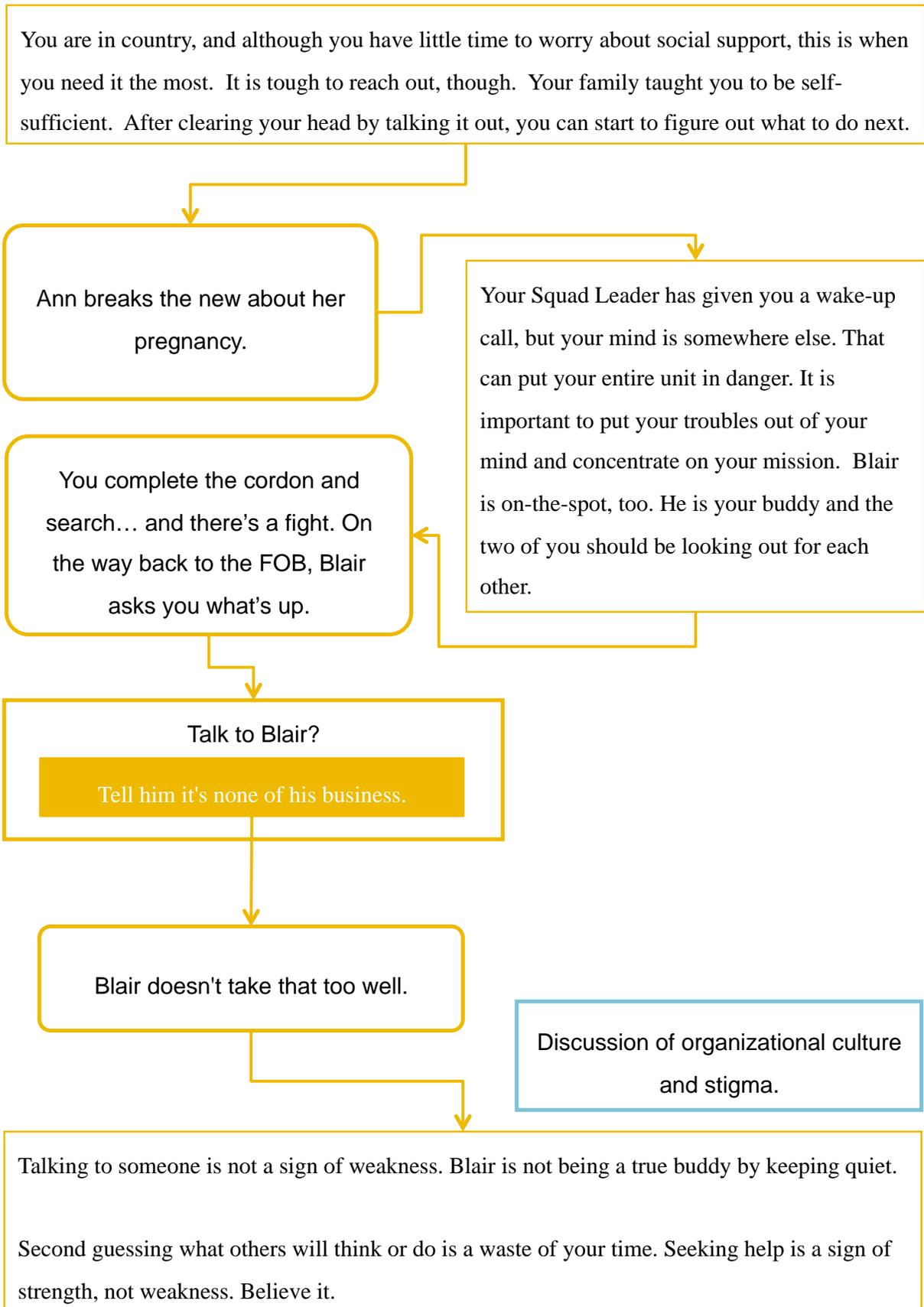


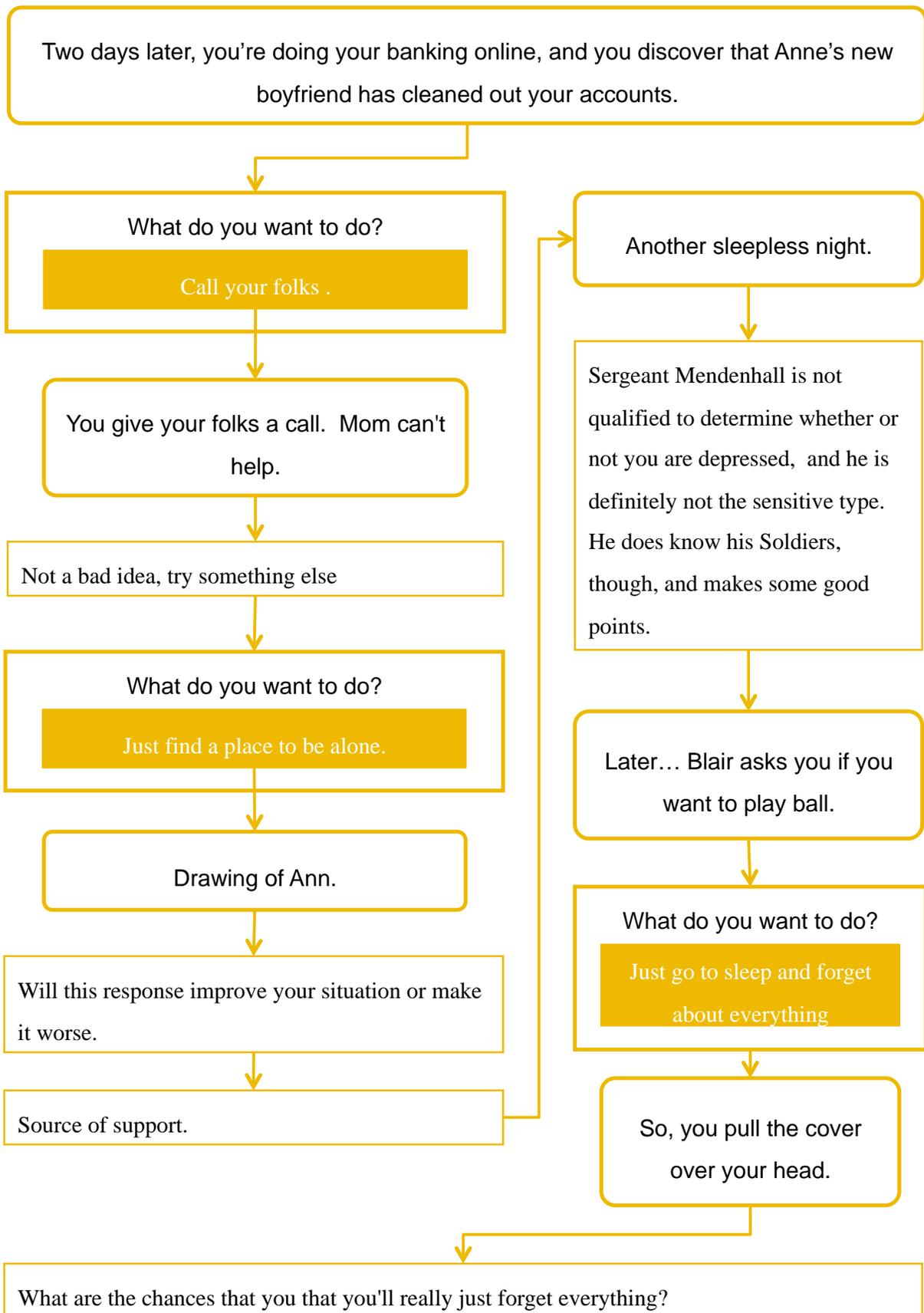
Discussion Points

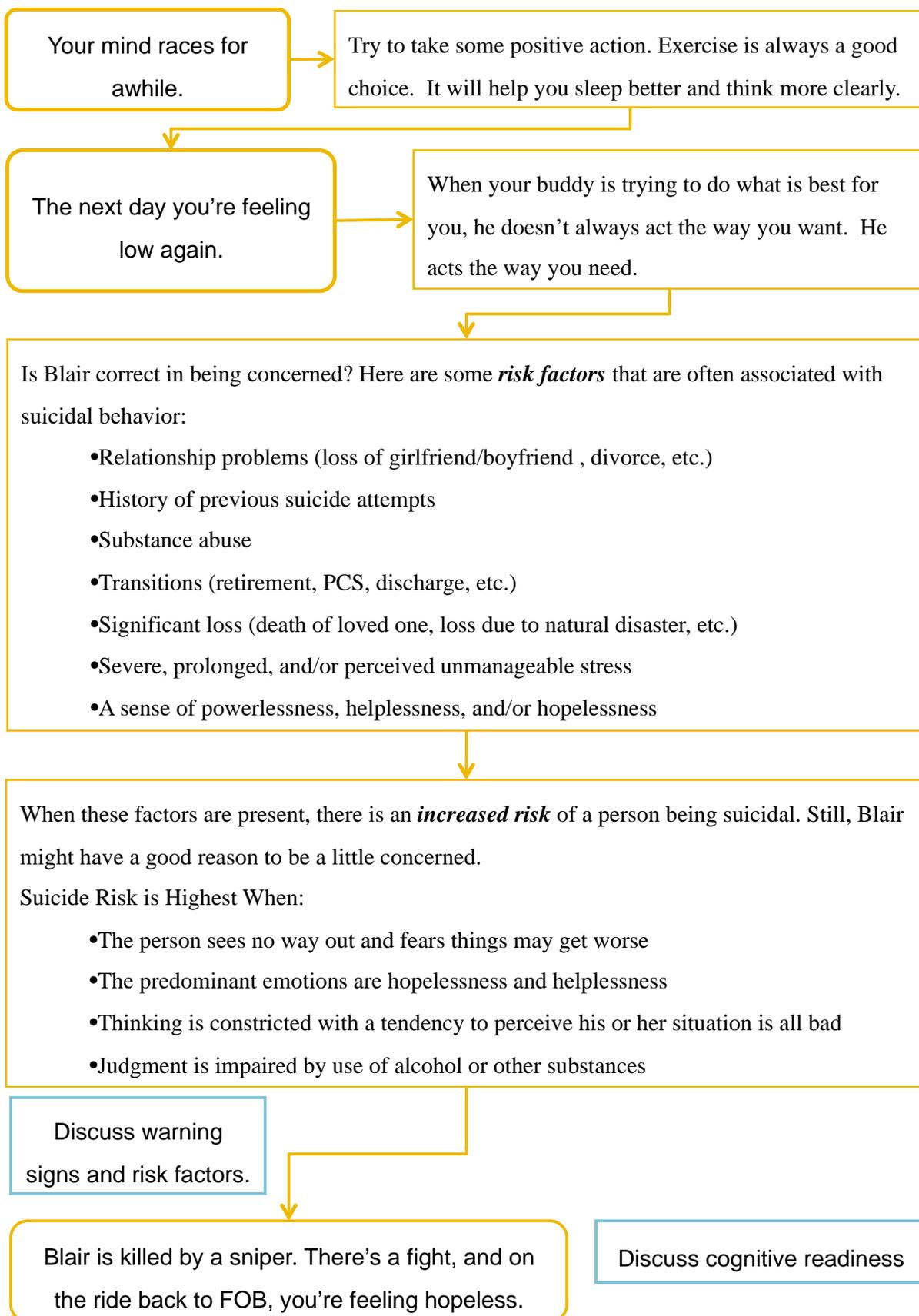
Learning objectives that are to be emphasized with corresponding scenes

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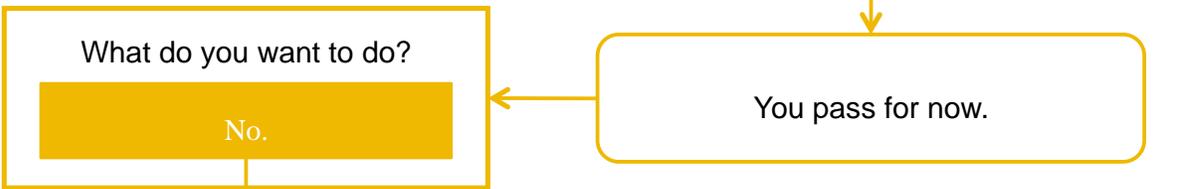
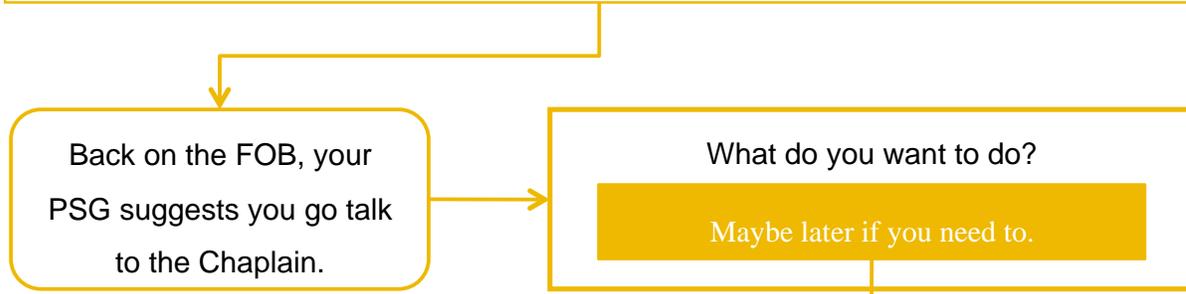




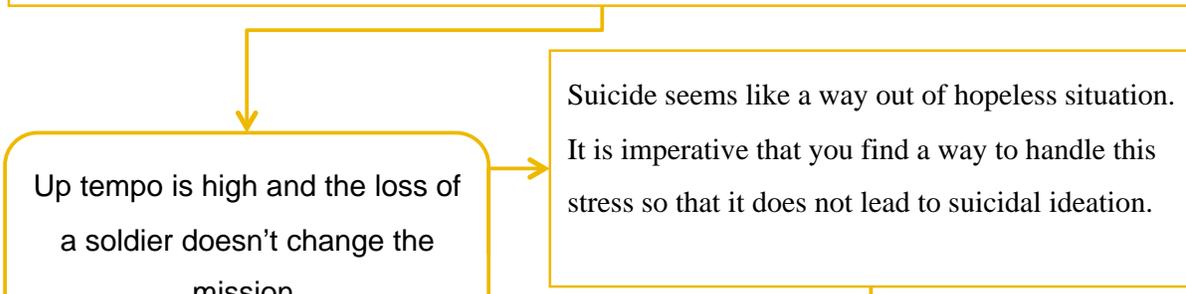


The recent breakup of a relationship and the loss of a buddy in a short span of time would be difficult for anyone, at any stage in life.

You need to know that exposure to this kind of extreme stress can actually change who you are, how you think and how you feel. It is imperative that you find a way to handle this stress so that IT does not lead to suicidal ideation.

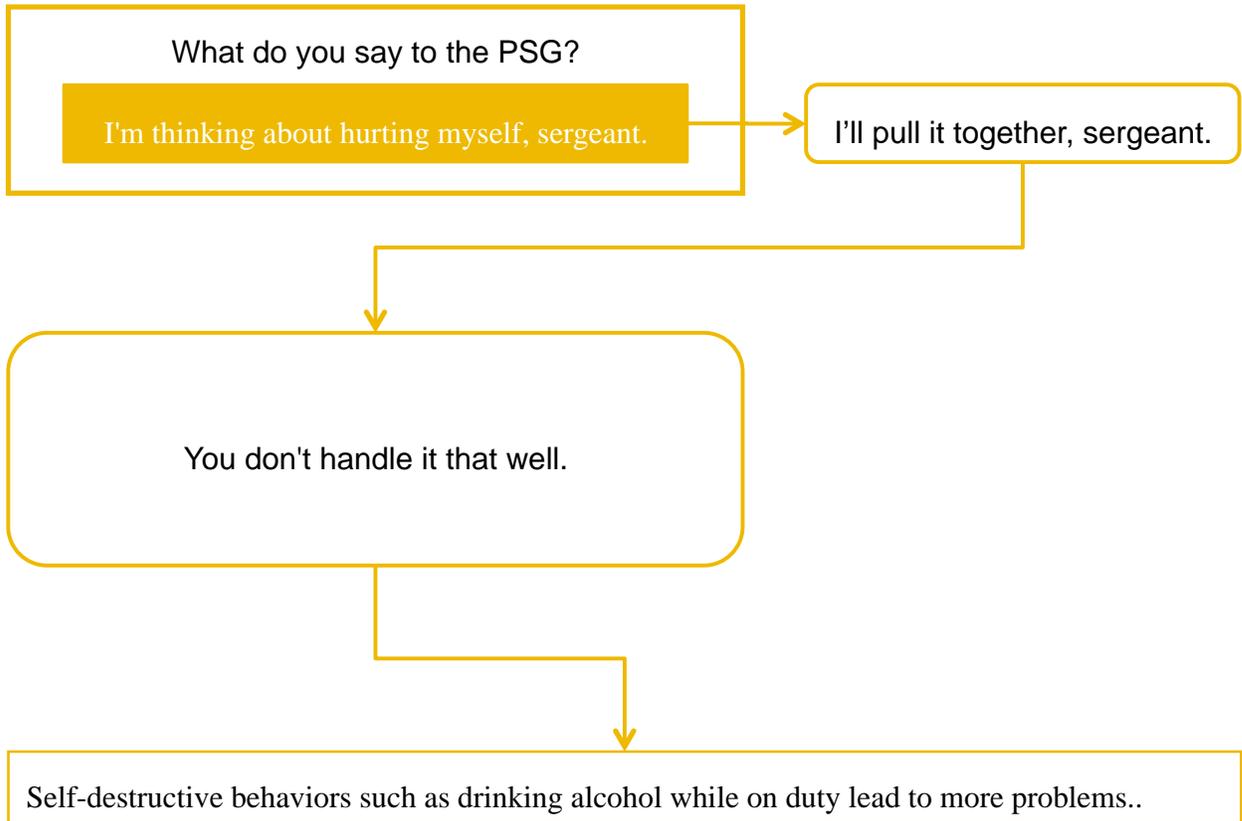


Stigma is an attitude that views certain behaviors or condition as wrong and shameful.



ASER report
2006

Later, back on the FOB, SGT Martin wants to see you.



Hand out TA 075-0507

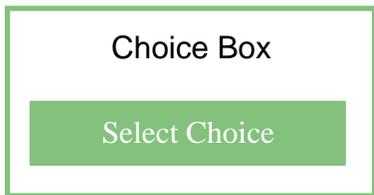
Discuss what steps Norton could have taken to avoid this ending.
Norton lacked resiliency (define) and rejected social support (define and give examples of)

Hand out **ACE card**, training tip card, go over contact numbers and define compounding factors.

Key: Martin A - Positive Outcome

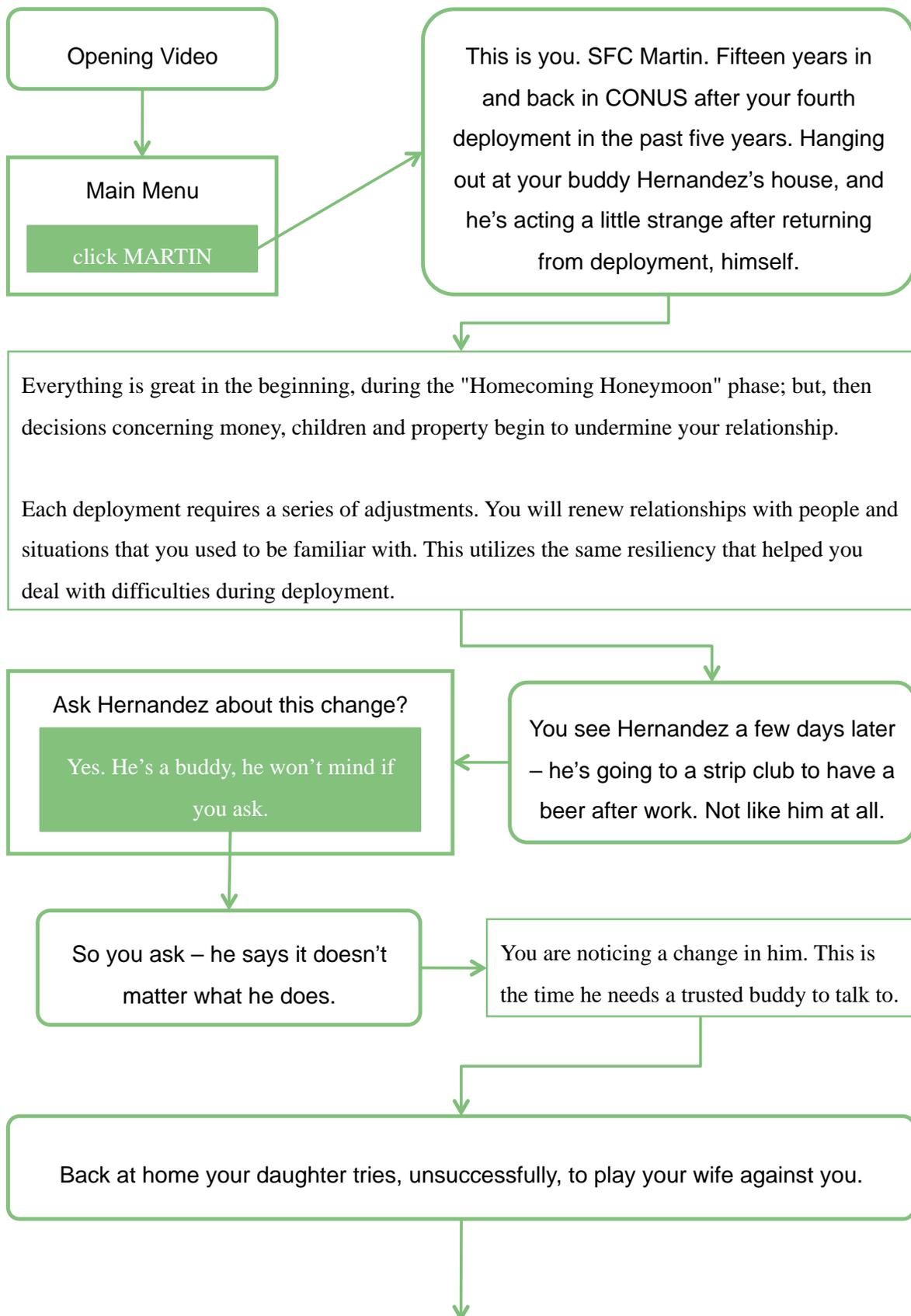


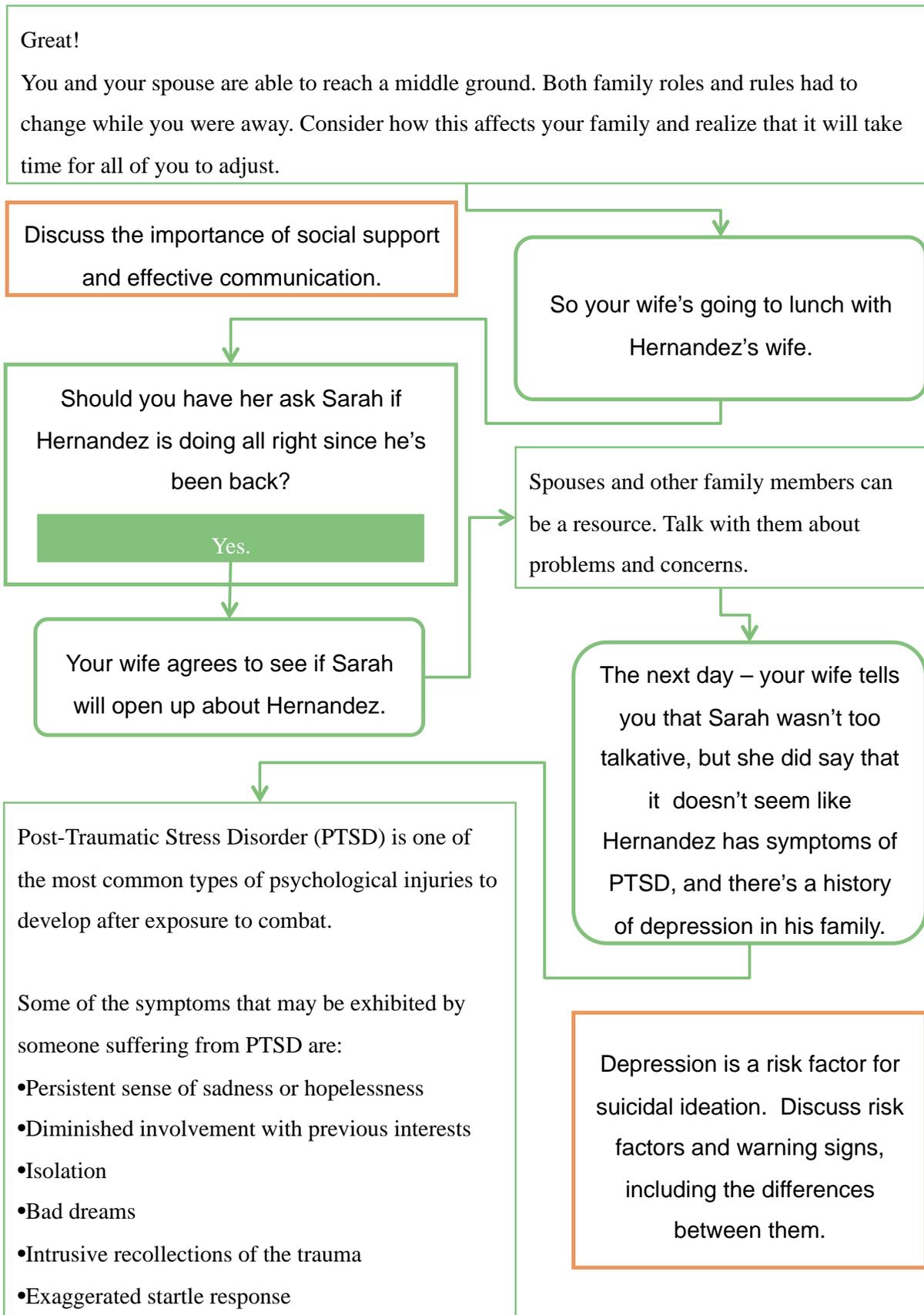
Pathway to positive outcome

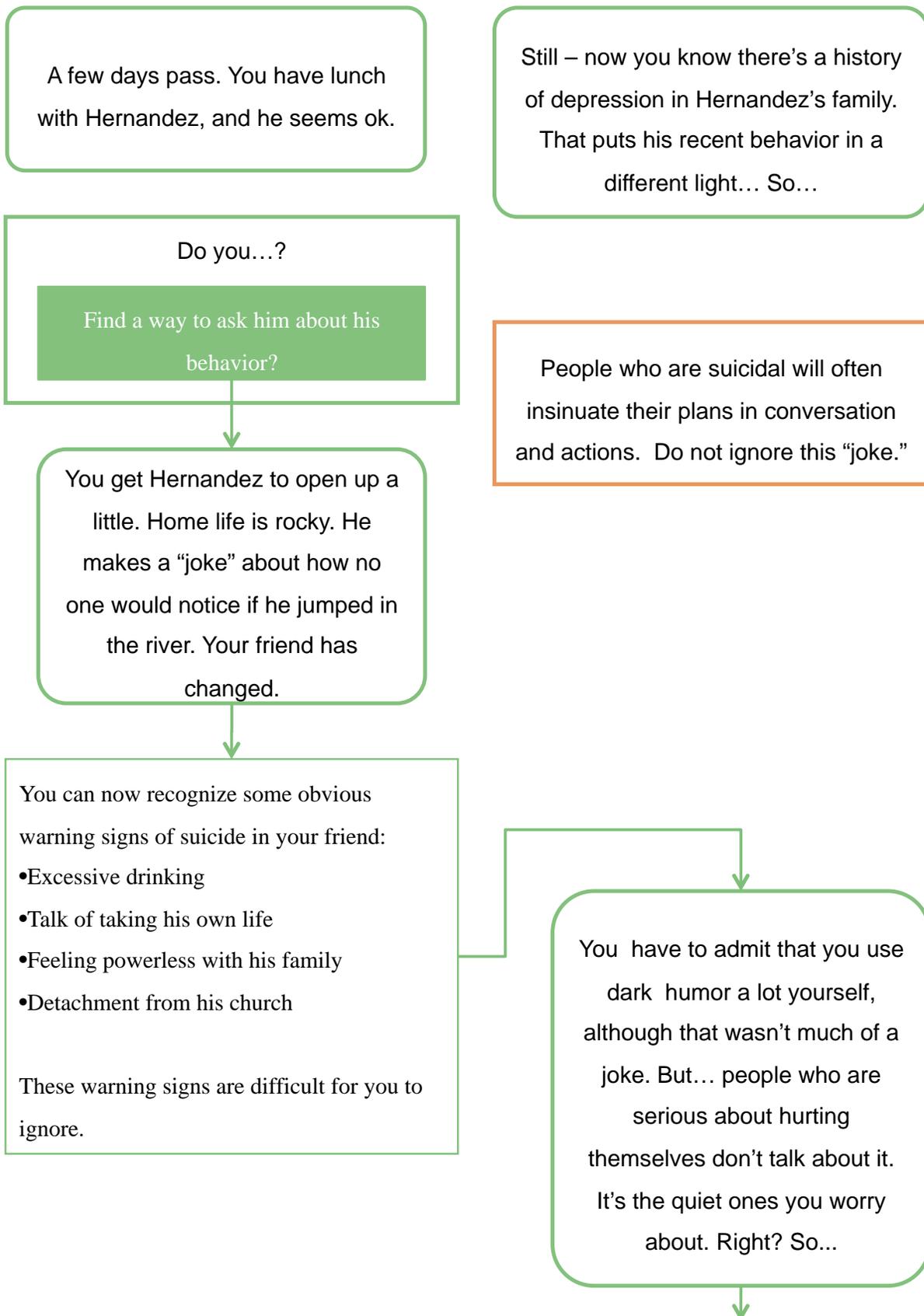


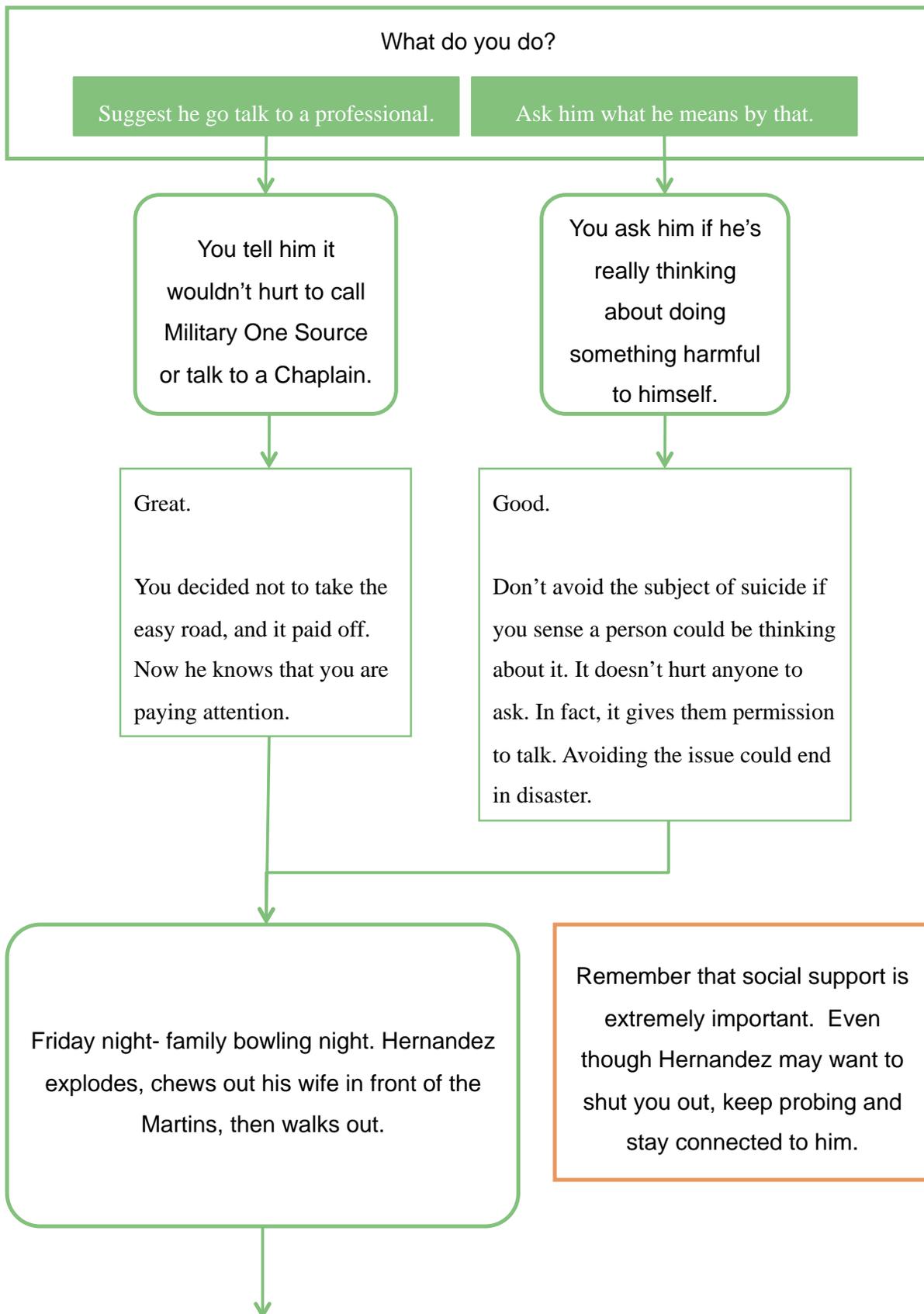
Learning objectives that are to be emphasized with corresponding scenes

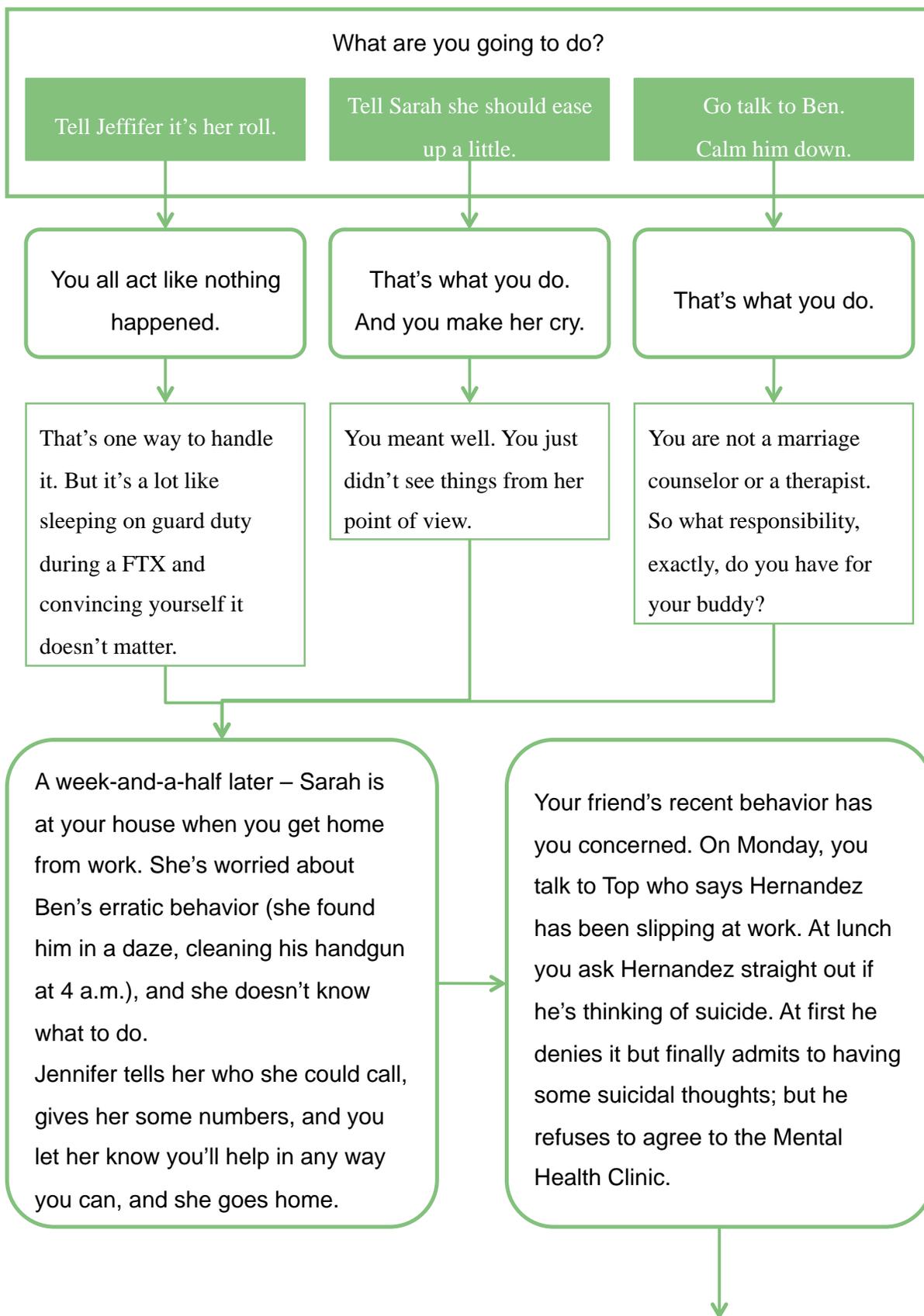
NOTE: The decision roadmap indicates the most direct route to a positive outcome in Sergeant Martin's scenario. If time allows, it is highly recommended that Instructors allow students to explore alternative choices and outcomes. Bad endings will always lead back into the game at the point where a poor decision was made. This allows you to make a better choice for a successful ending.

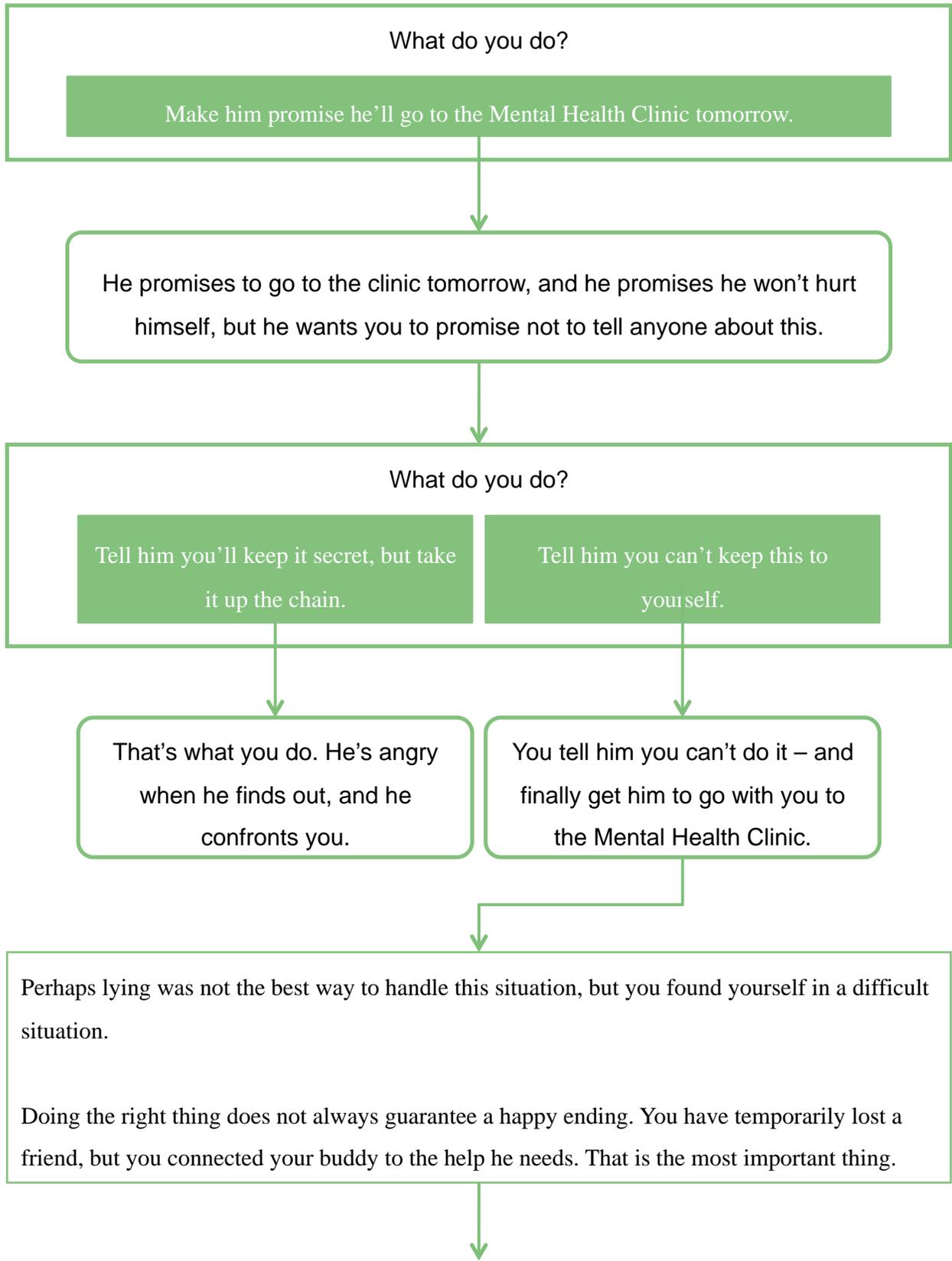












Suicide can be avoided, but many people do not notice the warning signs.

To view the Warning Signs and Risk Factors Card, click More Information.

Click the buttons below for more information on Suicide Prevention.

Unfortunately, you can do all the right things and still lose someone to suicide. What's important is that you are prepared to intervene.

In this case you did intervene. You realized that your buddy needed more help than you could provide, and you connected him to a professional who could help. That was the right move. Good job.

If your buddy is hurting, remember ACE of hearts.

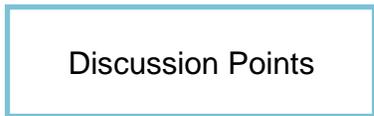
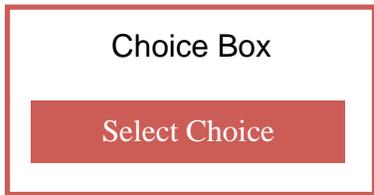
Congratulations. You have successfully completed SFC Martin.

You may now exit the program or return to the menu to surf alternative decision paths.

Key: Martin B - Worst Outcome

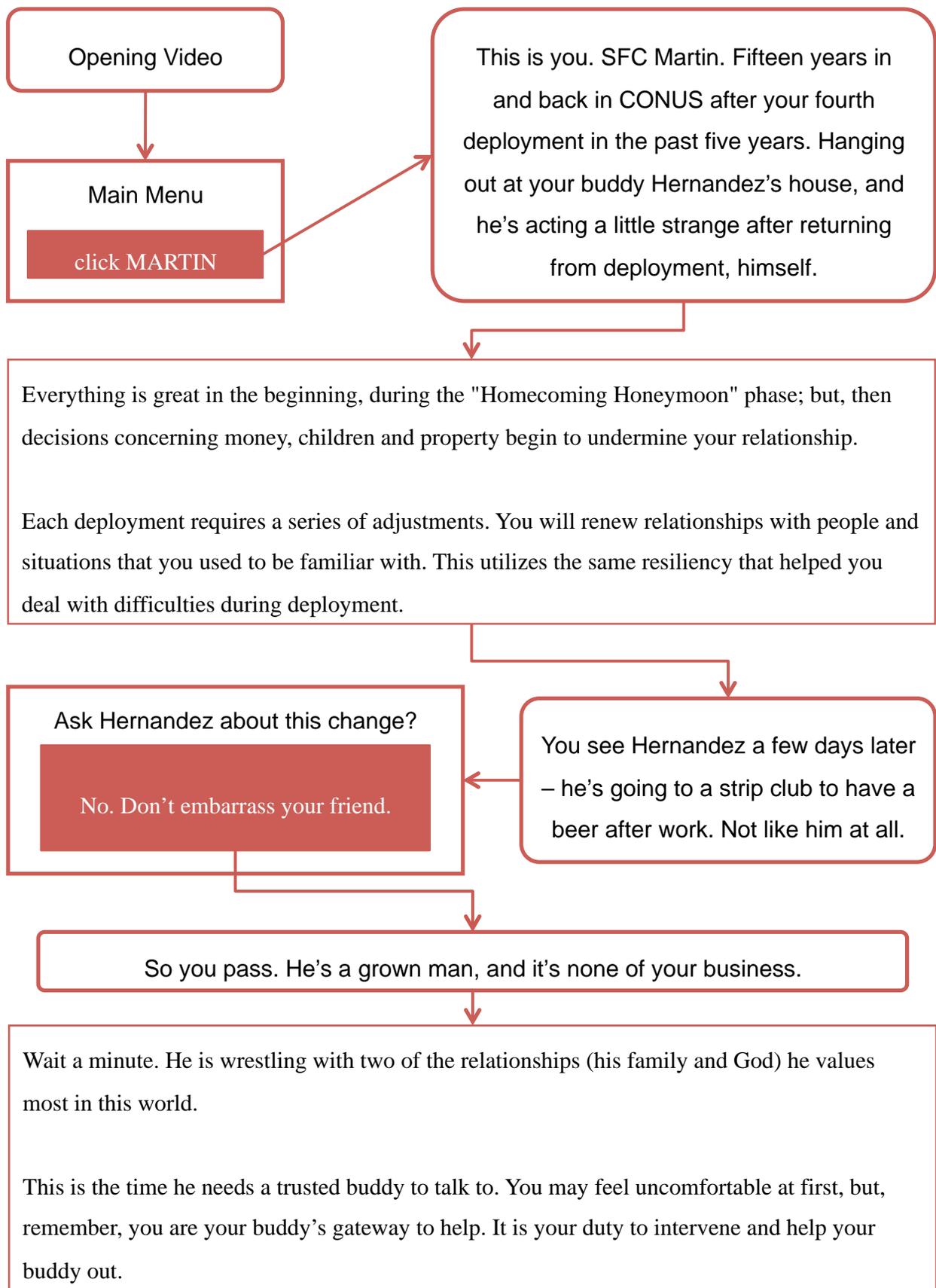


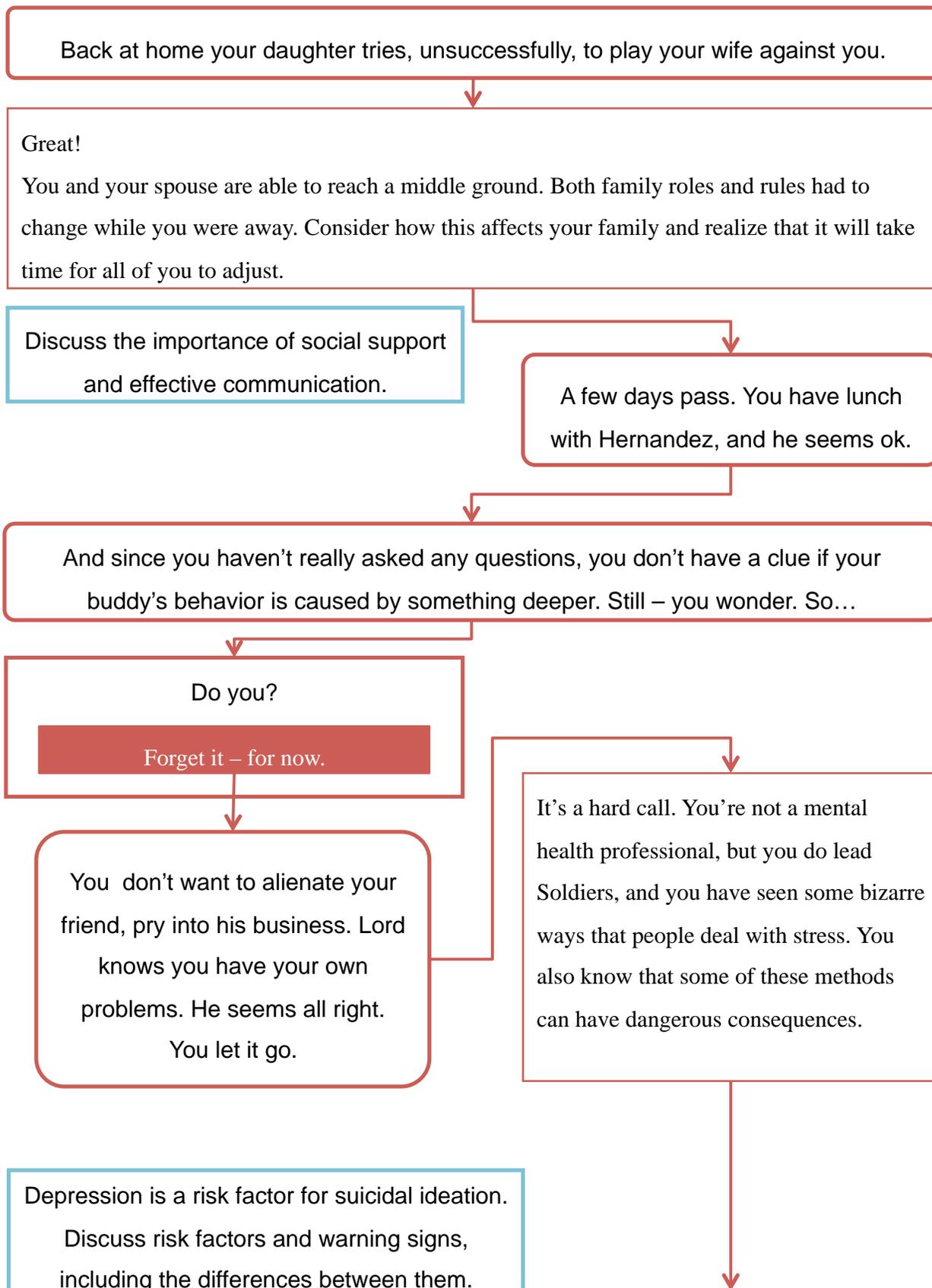
Pathway to worst outcome

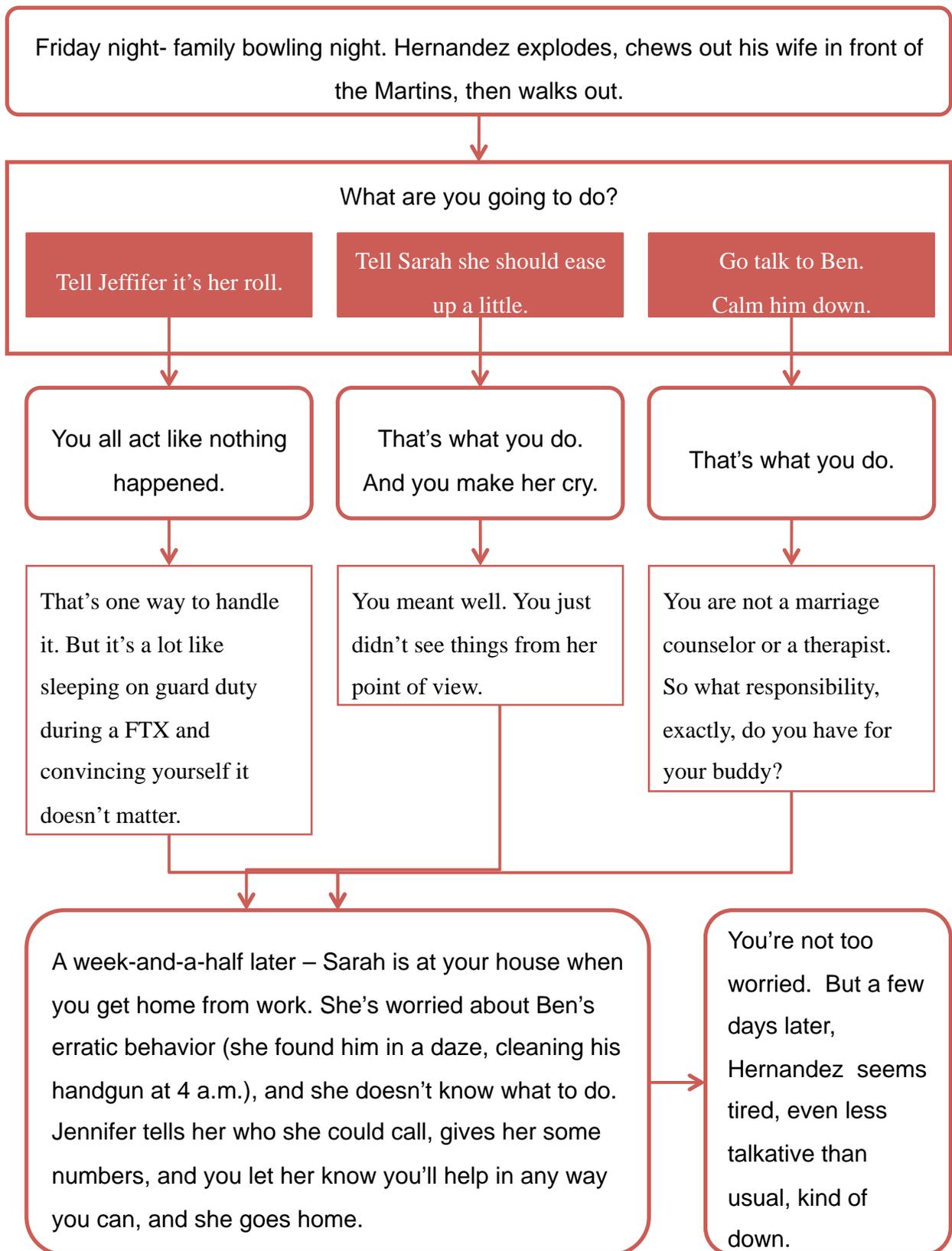


Learning objectives that are to be emphasized with corresponding scenes

NOTE: The decision roadmap indicates the most direct route to the worst outcome in Sergeant Martin's scenario. If time allows, it is highly recommended that Instructors allow students to explore alternative choices and outcomes. Bad endings will always lead back into the game at the point where a poor decision was made. This allows you to make a better choice for a successful ending.







What warning signs have you witnessed? Have you fulfilled your role of providing social support to Ben and his family?

You keep tabs on Hernandez, and he seems much improved when you have lunch with him a week later. Early the next morning you get a call telling you that he has killed himself.

People who are planning to die by suicide will speak warmly to friends and often appear to be peaceful or elated.

The day of the funeral seems to last forever. You feel like you let your friend down.

Suicide can be avoided, but many people do not notice the warning signs.
To view the Warning Signs and Risk Factors Card, click More Information.

Discuss cognitive readiness and how it may have prevented this situation.

Click the buttons below for more information on Suicide Prevention.

If your buddy is hurting, remember ACE of hearts.

If you suspect that a buddy or someone you care about is exhibiting some of these warning signs, help is available.
Click [next] to go back and see if you can produce a better outcome.

Return to first choice

APPENDIX A

Lincoln University Survey

ID# _____ MOS _____ Date _____ Time _____

1. What is your race? (circle one)

- | | | | | |
|-----------|------------------------------------|--------------|---------------------------|------------------------|
| White - 1 | African American / Black - 2 | Hispanic - 3 | Asiatic / Oriental - 4 | Other (specify) - 5 |
|-----------|------------------------------------|--------------|---------------------------|------------------------|

2. How old are you? _____

3. What is your gender?

- | | |
|------------------|---|
| Male | 1 |
| Female | 2 |

4. Taking things all together, how would you describe your bond with your family? Would you say that you are strongly bonded, moderately bonded, a little bonded, or not at all bonded?

- | | |
|-----------------------------|---|
| Strongly bonded. | 3 |
| Moderately bonded | 2 |
| A little bonded | 1 |
| Not at all bonded | 8 |

5. Taking things all together, how would you describe your marriage? Would you say that your marriage is very happy, pretty happy, or not too happy?

- | | |
|-------------------------|---|
| Very happy | 3 |
| Pretty happy. | 2 |
| Not too happy. | 1 |
| Not applicable. | 8 |

6. Do you think a person has the right to end his or her own life if this person . . .
 READ EACH STATEMENT, AND CIRCLE ONE CODE FOR EACH:

| | Yes | No | Don't Know |
|---|------------|-----------|-------------------|
| A. Has an incurable disease? | 1 | 2 | 8 |
| B. Has gone bankrupt? | 1 | 2 | 8 |
| C. Has dishonored his or her family? | 1 | 2 | 8 |
| D. Is tired of living and ready to die? | 1 | 2 | 8 |

7. Taken all together, how would you say things are these days--would you say that you are very happy, pretty happy, or not too happy?

- Very happy 3
- Pretty happy. 2
- Not too happy 1

8. How comfortable are you with talking about your feelings with relatives?

- Very comfortable 3
- Fairly comfortable. 2
- Not at all comfortable 1

9. How comfortable are you with talking about your feelings with friends?

- Very comfortable. 3
- Fairly comfortable. 2
- Not at all comfortable 1

10. If you had a problem and were in need of help, how helpful would your relatives be?

- Very helpful. 3
- Somewhat helpful 2
- No help at all 1

11. If you had a problem and were in need of help, how helpful would your friends be?

- Very helpful 3
- Somewhat helpful 2
- No help at all 1

12. On a scale from 1 to 10, how confident are you in your ability to identify persons of concern (POC), or those at risk of suicide?

Please circle one of the numbers below:

Not at all confident. **Extremely confident.**

1 2 3 4 5 6 7 8 9 10

13. On a scale from 1 to 10, how confident are you in your ability to refer the POC for help?

Please circle one of the numbers below:

Not at all confident. **Extremely confident.**

1 2 3 4 5 6 7 8 9 10

14. What is your religious preference?

- Protestant. 1
- Catholic. 2
- Jewish 3
- None. 5
- OTHER (specify religion and/or church denomination) _____ 6

15. How often do you attend religious services?

- Never 0
- Less than once a year..... 1
- About once or twice a year 2
- Several times a year..... 3
- About once a month 4
- 2-3 times a month..... 5
- Nearly every week 6
- Every week..... 7
- Several times a week 8

16. Do you believe there is a life after death?

- Yes..... 1
- No..... 2
- Undecided..... 3

17. People have different images of the world and human nature. We would like to know the kinds of images you have.

If you think that *"The world is basically filled with evil and sin,"* you would place yourself at 1.

If you think *"There is much goodness in the world which hints at God's goodness"* you would place yourself at 7.

If you think things are somewhere in between these two, you would place yourself at 2, 3, 4, 5 or 6.

The world is basically filled with evil and sin.

There is much goodness in the world which hints at God's goodness.



THANK YOU FOR YOUR TIME AND EFFORT.

APPENDIX B

The introductory video opens with a 1SG talking about two (2) Soldiers he lost to suicide.

- He talks about SPC Norton and SFC Martinez; the difficulties they faced; and, how they each failed to get help for their psychological problems.
- He talks about how SP Norton failed to seek help for his own problems and how SFC Martin, Martinez's closest friend, failed to seek help for Martinez.
- But the 1SG doesn't have to lose these Soldiers, because this is not reality. This is a virtual learning experience. Because this is not a real life situation and thanks to technology use in developing this training video, we can go back in time and make different choices for these characters that lead to a more favorable outcome.

APPENDIX C

Beyond the Front: A Life Preservation Training Course

Question Database Folder

There are two set of questions contained in this folder: process and content reviews. The instructor should select questions that she/he thinks will measure the topic covered during the training, and provide a good basis for discussion.

Process Review Questions for Class Discussion

These Process Review items should be discussed in addition to the Content Review Questions included in the Main Quiz.

1. Who is responsible for Suicide Prevention in the Army?
 - A. The Chief of Staff of the Army
 - B. All Commanders
 - C. Each Soldier
 - D. Chaplains and Chaplain Assistants

Although the official proponent for suicide prevention in the Army is the G-1, AR 600-63 calls the Army Suicide Prevention Program (ASPP) a Commander's Program and declares its success the responsibility of every leader. It is also the responsibility of Soldiers of all ranks and occupational specialties to learn ways to act on the health promotion strategies and to break down barriers that make it difficult to refer those in need of help.

2. If you have recently returned from deployment and wish to receive medical advice or attention, you must to wait to complete the Post-Deployment Health Re-Assessment in order to access care. (F)

This is false. Although the PDHRA is an integral part of the assessment of your transition back home, it is not a prerequisite to medical care. Soldiers are free to seek help through self-referral processes or through the help of their battle buddy, unit leaders, or the unit ministry teams (Chaplains and assistants).

3. Which functional areas should be included when addressing Health Promotion programs, such as suicide prevention?
 - A. Health education
 - B. Behavioral health interventions
 - C. Physical programs
 - D. Spiritual programs

E. Environmental and social programs

Army health promotion is defined as any combination of health education and related organizational, political, and economic interventions designed to facilitate behavioral and environmental changes conducive to the health and well-being of the Army community. Health is the product of many personal, environmental, and behavioral factors.

4. Discuss ways that health promotion programs can reduce structural barriers to Behavioral Health (BH) care.
 - *Provide better access to BH resources.*
 - *Reduce the stigma associated with receiving with BH services.*
 - *Provide clear guidelines, such as the **A.C.E.** Strategy (ASK your buddy, CARE for your buddy, ESCORT your buddy), to assist those in need of referral.*
 - *Demonstrate ways to notify their unit leaders or contact their unit ministry team.*

5. The prevention and treatment of combat and operational stress reaction is often accomplished by referral to Combat and Operational Stress Control (COSC) teams. Discuss examples of the three ways the COSC assists Soldiers in life-threatening environments.

The three levels of primary prevention services:

(a) COSC universal prevention -- incident debriefings to reduce stress, and interactive training to increase resilience;

(b) COSC indicated prevention -- visits by Combat Stress Control (CSC) teams and BH specialists, or restoration treatment; and

(c) Combat operational stress reaction treatment prevention -- continuing BH treatment and monitoring.

6. The Army Suicide Prevention Program is currently managed at the Installation level. Therefore, a clear roadmap of the available resources at each installation must be provided to all unit members. Identify the local resources and the practical steps necessary to use them.

Example:

*Soldier identifies peer at risk; encourages individual to connect with professional or initial unit contact, using the **A.C.E.** approach (Ask-Care-Escort);*

Options:

- *arrange consult with Unit Leader*
- *arrange appointment with Chaplain or UMT member*

- *arrange appointment with Behavioral Health specialist or Army Substance Abuse (ASAP) counselor*
- *arrange appointment with CSC team*

Obtain local contact information for installation Gatekeepers (primary and secondary), and provide all training participants with local and national phone numbers.

Military One Source - 1-800-342-9647. This 24/7 Call Center operated by the DoD, provides access to six (6) free private counseling sessions per problem, per person with a provider in your local area.

National Suicide Prevention Hot Line - 1-800-273-TALK (8255)

Dept of Veterans' Affairs (VA) Suicide Prevention Hot Line - 1-800-273-TALK (8255)

VA Readjustment Counseling Services - 1-800-827-1000, www.va.gov/rcs

American Legion Family Support Network - 1-800-504-4098, familysupport@legion.org

National Military Family Association, Alexandria, VA - 1-800-260-0218

Wounded Soldier and Family Hotline - has 24-hour operations, 7 days a week. If you send an email, please provide your phone number so that they may call you back.

- Stateside: 1-800-984-8523
- Overseas DSN: 312-328-0002
- Stateside DSN: 328-0002
- Email: wsfsupport@conus.army.mil

Content Review Questions for Class Discussion

Specialist Norton

1. After viewing the Norton selection, define warning signs of suicide and give examples of the way that they are exhibited using Norton's character as a reference.

1.1

- **Warning sign** - a condition or behavior that presents itself prior to the ideation and/or act of suicide itself.
- **Risk factor** - a condition and/or behavior that predisposes an individual to a higher susceptibility towards suicide.

1.2 Warning signs relevant to Norton:

- **Anger**- over breakup with girlfriend
 - **Anger/anxiety**- bank/credit card issues
 - **Anxiety**- limited family support
 - **Withdrawal**- from activities and buddies
 - **Indifference towards the well being of others**- participating in an unauthorized household search/tuning out while orders are given
 - **Increased drinking**
 - **Changes in personal appearance**
 - **Making statements that allude to ideation** "just wish I didn't have to wake up"
 - **Explosive temper towards friends and loved ones**- interaction with Blair, his buddy
2. Specialist Norton seems to have an unusual amount of loss within a close period of time and amid fighting in a war. How does his personal tragedy, the breakup with his fiancée, compounded with the loss of his buddy affect his response to his suicidal ideation? Is he proactive or reactive?

This response, proactive or reactive, is dependent upon the path the student chooses to take.

Proactive:

- openly communicates with people
- seeks help when offered and/or independently

- maintains relationships with friends and family
- maintains his regular routine
- does not engage in risky behavior

Reactive:

- does not communicate his issues with others
 - does not seek help when offered and/or independently
 - does not maintain relationships with friends and family
 - does not maintain his regular routine
 - engages in risky behavior, attempts suicide
3. Many times, we try to reach out to those in need and we get the same response that Norton's buddy, Blair, received. Is there anything else that Blair could have done for Norton? If your response is yes, provide a thorough plan of action that could have been enacted. If your response is no, thoroughly explain what Blair did and said to cause Norton to avoid suicide.

The **yes** response would draw upon training learned in the course. The **no** response would cite specific scenes from the video, such as:

- Blair inviting Norton to play basketball
- Blair asking Norton what is bothering him
- Blair possibly reporting Norton's behavior up the chain of command

Sergeant Martin

1. Through the eyes of Sgt. Martin, it is obvious that his friend, Sgt. Hernandez has changed. List the changes that are apparent and distinguish these changes from warning signs, if applicable.
- Excessive drinking
 - No longer interested in attending Mass
 - Suddenly frequenting a local strip club (could be viewed as a neutral place where he is not judged by family and/or friends)
 - Control issues with his wife and daughter (could be viewed as an issue of readjusting from deployment)
 - Explosive temper
 - Drop in performance on the job
2. Support from family and friends is a proven safeguard against suicide. While Sgt. Martin is supportive of his friend, Sgt. Hernandez's wife and daughter do not actively provide the

support that he so desperately needs. Cite specific examples from the video where Sgt. Hernandez's wife and daughter could have altered their behavior in support of him.

- Sarah (wife) admonishes Hernandez about his drinking in front of Martin and Jennifer in both the opening scene and at the bowling alley.
 - Marie (daughter) dismisses Hernandez's authority over her in front of everyone at the bowling alley.
 - When Martin goes to Hernandez's house in what would be a final effort to help his buddy, Marie stays in her room and does not come out until the gunshot is heard.
3. It has been said that a person intent on killing themselves is bound to succeed. As a result of this false surmise, many people do not attempt to help a person who has displayed, verbally and/or nonverbally, suicidal tendencies. Was there a point in the video where it became obviously clear that Sgt. Hernandez wanted to kill himself? If your response is yes, cite what was said or done to imply his serious intent and cite the response rendered from family and friends. If your response is no, explain why his family and friends, particularly Sgt. Martin, appear to be so concerned about his well-being.

Yes

- Hernandez tells Martin that he could jump into a lake with a cinder block around his neck and no one would notice or care.
- An unusually upbeat Hernandez tells Martin that he has "everything figured out." He goes on to say that he just had to get a plan together.
- A depressed and despondent Hernandez offers his clothes to Martin and thanks him for everything that he has done.

No

- Same warning factors as listed in answer #1

Additional Content Review Questions

Depression Questions

- Can anyone be depressed? Does depression always lead to suicide?
- Is there anyone available to talk Norton out of these negative feelings?
- Is it normal to be depressed given certain situations one goes through in life?
- What is the definition of depression?

Support Systems

- Is it Norton's responsibility to get help?
- Is it the responsibility of those around him to recognize that he needs help and get it for him?
- Who can help Norton deal with his problems? In what way?
- How do we verbally and non-verbally express to others that we need help?
- Does the organization have any responsibility in encouraging Norton to seek help?

Access to Resources

- What resources are available for mental health needs in the Army?⁷
- Primary Care Physician
- Behavioral Health Specialist
- Military One Source
- Army One Source
- Leaders
- Yellow Ribbon Program
- BATTLEMIND training
- Chaplains
- Financial/Legal Counselors

⁷ This list is not in order of accessibility

Good Outcome Video

Before the Quiz, we recommend that you replay the final “good outcome” video. This helps to end your session on a positive note and reinforce good decision-making. When correct choices are selected during instruction, you will conclude each character track with a good outcome video. If you have already played to this outcome, you can easily access this video by simply hitting the “Back” button until you return to the final video.

In the good outcome video, Norton track:

- Norton takes the action he needs to keep himself healthy (exhibiting resiliency).
- He performs his duties successfully and helps his Unit complete its mission.
- He is able to recognize a fellow Soldier who may be struggling with a psychological problem.
- His Platoon Sergeant recognizes Norton’s strength, resiliency and knowledge and asks him to look after the potentially troubled Soldier.

In the good outcome video, Martin track:

- Martin successfully models the principles of the **ACE** program:
 - A**sk – he starts a conversation, talks openly about suicidal thoughts
 - C**are and calmly control the situation – he listens and doesn’t try to use force
 - E**scort your buddy – he convinces Hernandez to accompany him to the Mental Health Clinic
- Martin demonstrates leadership, compassion and friendship.
- Martin is conscious of taking an action that is possibly life-saving.

Quiz

Warning Signs

1. Reckless behavior that is usually not exhibited by an individual is a warning sign of suicide.
2. A person exhibiting prolonged depression and listlessness is also exhibiting a warning sign of suicide.
3. Giving away prized possessions is not a warning sign of suicide.
4. An individual joking that he/she wants to die or could kill him/herself is not a warning sign of suicide.
5. A withdrawal from family, friends and activities is a warning sign of suicide.
6. Neglecting one's personal appearance is not a warning sign of suicide.
7. A change in sleeping patterns, either too much or too little, is not a warning sign of suicide.
8. An explosive temper used to sabotage relationships is a warning sign of suicide.
9. Individuals that reject their religion are not exhibiting a warning sign of suicide.
10. A person may exhibit more than one warning sign of suicide.
11. A person may exhibit one or more warning signs of suicide, but may be mentally disturbed rather than suicidal.
12. A person may initially suffer from a form of mental illness, but, without help and intervention, may become suicidal as a means to escape the pain and confusion.
13. A person who has been extremely sad or depressed who suddenly appears to be happy and calm may be prepared to follow through with a suicide attempt.
14. An individual who tells people "goodbye" when he/she isn't physically going anywhere is not a warning sign of suicide.
15. A sudden urgency to create a will is not a warning sign of suicide.

Answer Key

Warning Signs

1. True
2. True
3. False
4. False
5. True
6. False
7. False
8. True
9. False
10. True
11. True
12. True
13. True
14. False
15. False

Norton Discussion Questions

- a. After viewing the Norton selection, define warning signs of suicide and give examples of the way that they are exhibited using Norton's character as a reference.
- b. Private Norton seems to have an unusual amount of loss within a close period of time and amid fighting in a war. How does his personal tragedy, the breakup with his fiancée, compounded with the loss of his buddy affect his response to his suicidal ideation? Is he proactive or reactive?
- c. Many times, we try to reach out to those in need and we get the same response that Norton's buddy, Blair, received. Is there anything else that Blair could have done for Norton? If your response is yes, provide a thorough plan of action that could have been enacted. If your response is no, thoroughly explain what Blair did and said to cause Norton to avoid suicide.
- d. Protective factors are psychological, cultural, or social buffers that reduce the likelihood of suicide; they enhance resilience and may serve to counterbalance risk factors. Describe at least three protective factors mentioned in the storyline, and the corresponding resilient actions demonstrated by Specialist Norton.
- e. Every Soldier is trained to navigate through various unfamiliar terrains using tools such as a compass and map or a Global Positioning System (GPS). Navigating through an unfamiliar health care system can also be very difficult for someone experiencing emotional pain. What tools and circumstances assisted Specialist Norton in getting the help he needed? What roadblocks did Specialist Norton encounter along the way?
- f. Some believe that because the military culture focuses on performance, emotional or mental health problems could be "shaken off" if the Soldier is tough enough. However, recent efforts have been made within the military structure to reduce the stigma against seeking help. Consider what was communicated to Norton through the words and actions of his military leaders. Did they support the notion that service members should seek help for their problems? Provide at least two examples to support your answer.
- g. Describe some of the family dynamics occurring in Norton's life that either helped or hindered his journey to seek help with his problems.

Martin Discussion Questions

- h. Through the eyes of Sgt. Martin, it is obvious that his friend, Sgt. Hernandez has changed. List the changes that are apparent and distinguish these changes from warning signs, if applicable.
- i. Support from family and friends is a proven safeguard against suicide. While Sgt. Martin is supportive of his friend, Sgt. Hernandez's wife and daughter do not actively provide the support that he so desperately needs. Cite specific examples from the video where Sgt. Hernandez's wife and daughter could have altered their behavior in support of him.
- j. It has been said that a person intent on killing themselves is bound to succeed. As a result of this false surmise, many people do not attempt to help a person who has displayed, verbally and/or nonverbally, suicidal tendencies. Was there a point in the video where it

became obviously clear that Sgt. Hernandez wanted to kill himself? If your response is yes, cite what was said or done to imply his serious intent and cite the response rendered from family and friends. If your response is no, explain why his family and friends, particularly Sgt. Martin, appear to be so concerned about his well-being.

- k. Protective factors are psychological, cultural, or social buffers that reduce the likelihood of suicide; they enhance resilience and may serve to counterbalance risk factors. Describe at least two protective factors mentioned in the storyline, and the corresponding resilient actions demonstrated by SFC Martin.
- l. Every Soldier is trained to navigate through various unfamiliar terrains using tools such as a compass and map or a Global Positioning System (GPS). Navigating through an unfamiliar health care system can also be very difficult. What tools and circumstances assisted SGT Martin with directing SGT Hernandez to get the help he needed? What roadblocks did Martin encounter along the way?
- m. Some believe that because the military culture focuses on performance, emotional or mental health problems could be “shaken off” if the Soldier is tough enough. However, recent efforts have been made within the military structure to reduce the stigma against seeking help. Consider the words and actions of SFC Martin when he perceived his buddy, Hernandez, was having serious difficulties. Did he support the notion that service members should seek help for their problems? Provide at least two examples to support your answer.
- n. SGT Martin recognized some of the family dynamics occurring in SGT Hernandez’s life that indicated something was wrong. What culture-specific dynamics were of concern?

GLOSSARY OF TERMS

Cognitive readiness - mental preparation needed to sustain complex situations.

Compounding factors - additional circumstances which might increase the likelihood of suicidal ideation.

Organizational culture - the norms, values, beliefs and goals of a particular group.

Resiliency - the ability to adapt to situations while maintaining physical and mental strength.

Risk factors - increases one's chances of developing suicidal ideation.

Social support - a network of family and friends who are willing to help and encourage you.

Stigma - the rejection from peers and/or society due to one's actions or attitudes.

Warning signs - actions and behavior patterns that are indicative of a serious ailment.

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