Leaders,

Suicide Prevention Training is a critical element of the Air Force Suicide Prevention Program. It leverages our Wingman Culture of Airmen looking out for each other by encouraging each Airman to seek help early and intervene with fellow Airmen in distress.

This training provides an opportunity for leaders and their Airmen to address the problem on a personal level. By direction of the Air Force Community Action Information Board, this mandatory interactive training includes a 17½-minute vignette-based video that introduces six training concepts. There are six breaks throughout the video for small group discussion of these concepts. The commander introduces and closes the training. Please select your best mentor-leaders, supervisors, and respected peers to lead the small group discussions. The manual is broken into sections to allow facilitators to use the sections most helpful to them. For example, experienced facilitators may choose to lead the discussions with only the detailed outline and the list of resources.

The skills and resources taught in this training may help save a life on your base. Your support as a senior leader is essential to ensure the success of this program.

David J. Linkh, Lt Col, USAF, BSC
Air Force Suicide Prevention Program Manager
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Local Training Requirements

1. Consider if you need to develop any additional training for your unit leaders to prepare them to be facilitators in the small group discussion portion. This is not required. The Annual Suicide Prevention Training with Small Group Discussion is designed to be delivered by concerned and caring leaders with minimal preparation.

2. Customize the Resources List and ACE Card (Appendix D) by adding in the phone numbers and contact information for your installation and local resources.

3. Ensure the Resources List is distributed to units for use during the Annual Suicide Prevention Training with Small Group Discussion.

4. Develop a plan for collecting the training feedback forms from unit commanders and collating the information for elevation to the CAIB/IDS at the appropriate level (Local, MAJCOM, and AF).

5. Track training completion and annually document compliance with item 9 of the MICT AFI 90-505 Self-Assessment Checklist.
**Brief Summary of Suicide Prevention Training**

1. Commander’s Welcome and Introduction – 5 minutes

2. Video Segment #1 – 3½ minutes

3. Small Group Discussion about Protective Factors including CAF – 7 minutes

4. Video Segment #2 – 4 minutes

5. Small Group Discussion about Risk Factors – 7 minutes

6. Video Segment #3 – 2½ minutes

7. Small Group Discussion about Warning Signs – 7 minutes

8. Video Segment #4 – 3½ minutes

9. Small Group Discussion about ACE – 12 minutes

10. Video Segment #5 – 2 minutes

11. Small Group Discussion about Helping Resources – 4-5 minutes

12. Video Segment #6 – 2 minutes

13. Small Group Discussion about Follow-Up – 4-5 minutes

14. Small Group Discussion about Problem Solving – 10 minutes

15. Small Group Discussion about Postvention: After a Suicide – 2-3 minutes

16. Commander’s Conclusion – 2-5 minutes
Detailed Outline of Suicide Prevention Training

1. Commander’s Welcome and Introduction – 5 minutes (pages 17-19)
   A. Training Introduction (pages 17-18)
   B. Disclaimer (page 18)
   C. Training Objectives (pages 18-19)
      1) To promote the attitude that Suicide Prevention is the responsibility of all Airmen.
      2) To encourage early, healthy, and responsible help-seeking behavior in all Airmen.
      3) To encourage early intervention and the use of the Ask Care Escort (ACE) model by all Airmen.
      4) To promote supportive follow-up behaviors until problems are resolved or sent up the chain.
   D. Introduce Facilitators (page 19)

2. Video Segment #1 – 3½ minutes (Training overview/introduction, introduction to characters, introduction to Protective Factors)

3. Small Group Discussion about Protective Factors including Comprehensive Airman Fitness (CAF) – 7 minutes (pages 20-22)
   A. Discussion Objectives (page 20):
      1) Discuss Protective Factors (positive relationships, coping skills, and positive beliefs).
      2) Review Protective Factors and how to strengthen them.
      3) Discuss how Suicide Prevention fits with CAF.
   B. Discussion Questions (pages 20-21):
      1) What are Protective Factors? Which ones are present in the video?
         a. Protective Factors are positive behaviors and supportive connections that can serve to protect against stress and promote effective coping in the face of adverse events.
         b. They are an important element of Suicide Prevention.
         c. Daniel has several Protective Factors: positive relationships, positive expectations for the future.
      2) Identify some other Protective Factors. How do you strengthen them?
         a. Positive relationships
b. Coping skills
c. Positive thoughts/beliefs
d. Answers that support a healthy way to strengthen or improve Protective Factors

3) How does Suicide Prevention fit with CAF?
a. Suicide Prevention contributes to CAF. It helps Airmen understand their roles as Wingmen, and contributes to Airmen becoming comprehensively fit: mentally, physically, socially, and spiritually. Comprehensive fitness helps overall resilience and response to stressors. The AF Resilience Program provides positive behavior skill sets training to help Airmen become more resilient when faced with life’s challenges. The more we use the Wingman concept, the more we encourage resilience by doing the right thing and making better choices, even when those choices are difficult.

C. Key Information (page 22)

4. Video Segment #2 – 4 minutes (Daniel works late and misses practice, introduction to Risk Factors, Bridget and Daniel fight, Daniel is late to work and fails QA)

5. Small Group Discussion about Risk Factors – 7 minutes (pages 23-25)
   A. Discussion Objectives (page 23):
   1) Discuss Risk Factors.
   2) Identify the Risk Factors that are present in the video.
   3) Discuss when to offer help, and how early intervention helps to resolve problems before they have a major impact on personal and professional life.
   4) Discuss the reasons individuals may or may not choose to get help, and the pros and cons of seeking help.

   B. Discussion Questions (pages 23-24):
   1) What are Risk Factors?
      a. Risk Factors are potential problem areas in a person’s life that we as their Wingmen may or may not be able to see. These problems don’t “cause” suicides, but they are often seen in individuals who attempt suicide. Some Risk Factors are easy to change or resolve, and others are not.
2) What Risk Factors are present in the video? What potential Risk Factors could you see developing for Daniel?
   a. Relationship problems
   b. Work problems
   c. Stress

3) When is the best time to offer help or provide support?
   a. Early intervention is preferable because it often helps resolve problems before they become larger and more complex. It also prevents problems from impacting personal and professional life.
   b. Negative career impact is less likely for Airmen who seek care and seek it early before their work performance is affected.
   c. Results from Col Rowan’s research in 2006 confirmed that the overwhelming majority of Airmen voluntarily seeking help at Mental Health do not have their commands contacted or experience long-term negative career impact.

4) What are some reasons individuals may or may not choose to get help? What are the pros and cons of seeking help? Do you think seeking help for problems actually helps?
   a. Let participants generate a list of pros and cons of seeking help.
   b. Some responses may be incorrect. There are a lot of misperceptions about what happens when someone seeks help, particularly for mental health.

C. Key Information (pages 24-25)

6. Video Segment #3 – 2½ minutes (Daniel snaps at Kevin, introduction to Warning Signs, Daniel thinks Bridget is leaving him)

7. Small Group Discussion about Warning Signs – 7 minutes (pages 26-28)
   A. Discussion Objectives (page 26):
      1) Discuss Warning Signs.
      2) Identify the Warning Signs displayed in this video segment.
      3) Discuss when to intervene.
      4) Identify ways to encourage help seeking, coping, and overcoming adversity.
   B. Discussion Questions (pages 26-27):
      1) What are Warning Signs?
a. Warning Signs are usually more obvious than Risk Factors and indicate a significant change in the person. Warning Signs should be responded to as soon as they are detected. The key to recognizing Warning Signs is “change.”

2) Identify the Warning Signs present in the video.
   a. Change in work performance
   b. Anger, fighting
   c. Agitation, anxiety

3) When should a Wingman or supervisor intervene? Should Kevin have intervened earlier? Are there other things he could have done to help?
   a. Answers may vary, but should encourage healthy working relationships, good communication, and early intervention, when problems are smaller and more manageable.
   b. Promote Wingman Culture of our Total Force where Airmen help Airmen.

4) Generally the stressors people face are temporary in nature. We want Airmen to choose to seek help and community support in a healthy manner. What are some ways to encourage help seeking, coping, and overcoming adversity?
   a. Answers will vary. Focus the conversation on healthy ways of seeking help and receiving support:
      - Talking with friends and family
      - Reaching out to a trusted mentor, peer, or supervisor
      - Seeking help from local helping agencies
      - Attending medical appointments
   b. Discourage suicide as a permanent response to a temporary situation.
   c. Discuss the impact of suicide:
      - Impact on loved ones and youth (having a parent choose suicide is particularly difficult for children and raises their risk of depression and suicide)
      - Impact on Wingmen and mission
   d. Encourage early intervention while problems are small and have less impact.
   e. Discuss the benefits of getting help in terms of the specific problems it can avoid (e.g. loss of career, DUIs).
C. Key Information (pages 27-28)

8. Video Segment #4 – 3½ minutes (Kevin intervenes, introduction to Ask, Care, Escort (ACE))

9. Small Group Discussion about ACE – 12 minutes (pages 29-32)
   A. Discussion Objective (page 29):
      1) Discuss when and how to use ACE. ACE is framework that can support individuals facing a variety of challenges.
   B. Facilitator Review of ACE Components (pages 29-31):
      1) Ask what’s going on.
      2) Care about your Wingman.
      3) Escort to the appropriate resource.
   C. ACE Examples and Role-Play (pages 31-32)
   D. Discussion Question (page 32):
      1) In the video, was ACE needed? When is it appropriate to use ACE? Does it have to be an emergency?
         a. Yes, ACE was needed. ACE can be used any time across multiple issues.
         b. A situation does not have to be an emergency to use ACE. In fact, ACE is a good model to use across multiple situations and issues.
         c. Remember that ACE is a framework developed to guide your discussions and actions when supporting a fellow Airman.
         d. Take the time to get to know your Wingmen in advance and build good relationships so your friends and coworkers feel comfortable coming to you.
         e. It’s important for everyone to recognize when they need help and get support before their problems begin to negatively affect multiple areas of their lives.
         f. Everyone has the responsibility to be a good Wingman or friend to those in need by providing support and, if needed, intervention.

C. Key Information (page 32)
10. Video Segment #5 – 2 minutes (Kevin suggests resources, introduction to Helping Resources)

11. Small Group Discussion about Helping Resources – 4-5 minutes (pages 33-34)

   A. Discussion Objectives (page 33):
      1) Highlight the resources available to assist Airmen in resolving life challenges and problems.
      2) Discuss what type of resources or intervention might help Daniel.
      3) Discuss Kevin’s actions.

   B. Discussion Questions (pages 33-34):
      1) Why should we know our resources? What resources are you familiar with?
         a. Answers should reflect that knowing resources allows Airmen to seek help when needed and to support other Airmen.
         b. Commonly known resources: family and friends; chaplains; mental health; commanders; first sergeants; primary care physicians or clinics; and local substance abuse clinics
         c. National resources: Military Crisis Line (1-800-273-8255, Press 1)
         d. Local resources: crisis centers, local crisis lines, community, religious, veterans, and other support agencies and groups
      2) What resources may be helpful for Daniel?
         a. Chaplain
         b. Friends and family
         c. Wingmen and supervisors
         d. Etc.
      3) What would you have done in Kevin’s position?
         a. Discussion should focus on healthy, appropriate, and supportive decision-making that does not stigmatize or create barriers that prevent someone from getting help.

   C. Key Information (page 34)

12. Video Segment #6 – 2 minutes (Kevin continues to follow up, introduction to Follow-Up)
13. Small Group Discussion about Follow-Up – 4-5 minutes (pages 35-36)

A. Discussion Objectives (page 35):
   1) Emphasize that following up is important to ensure problem resolution.
   2) Discuss the potential consequences in the video if Kevin did not follow up.
   3) Understand when and what types of situations may need to be brought to the attention of others like a supervisor or unit leadership.

B. Discussion Questions (pages 35-36):
   1) Why is following up important? What are different ways to follow up?
      a. Stressors and problems take time to resolve, and some problems may be more difficult than others to resolve. Your Wingman will need continued support to ensure resolution.
      b. Additional problems and/or complications may occur if there is no follow-up.
      c. Stressors may continue to build until the Airman feels overwhelmed if there is no follow-up.
      d. There are a variety of ways to follow up. Accept answers about healthy ways to follow up with a Wingman (e.g. meeting regularly to discuss).
   2) What do you think could happen if Kevin did not follow up?
      a. Allow for a variety of appropriate answers.
      b. Daniel may feel isolated and alone. Especially if matters get worse, he may feel abandoned or a burden to others.
   3) What are your options if the problems your Wingman is experiencing are not getting better or are getting worse?
      a. Talk to your Wingman to see what, if anything has changed (better or worse).
      b. Seek additional resources and talk with a mentor.
      c. Depending on the problem, the chain of command may need to be involved. They can provide additional support.
      d. Consider using the Airman’s Guide to Assisting Personnel in Distress:
         http://www.airforcemedicine.af.mil/airmansguide/
C. Key Information (page 36)

14. Small Group Discussion about Problem Solving – 10 minutes (pages 37-38)
   A. Discussion Objectives (page 37):
      1) Understand the difference between avoidant, impulsive, and rational approaches to problem solving.
      2) Apply the problem solving process to the scenario in the video.
   B. Facilitator Review of Problem Solving Concepts (pages 37-38):
      1) Positive and negative mindsets
      2) Avoidant, impulsive, and rational approaches
      3) Effective and ineffective solutions
   C. Problem Solving Exercise and Discussion (page 38)

15. Small Group Discussion about Postvention: After a Suicide – 2-3 minutes (page 39)
   A. Understand that a wide variety of reactions can be normal.
   B. Remember that people will be affected in different ways.
   C. Be a good Wingman. Share your feelings with others, be willing to listen, and keep an eye out for anyone who seems to be struggling.
   D. Don’t hesitate to access helping services for support.
   E. Follow the ACE (Ask, Care, Escort) model.
   F. Remember that Wingmen seek help when they need it.

16. Commander’s Conclusion – 2-5 minutes (page 40)
   A. Take the time to know your Wingmen and notice what’s going on in their lives.
   B. Early intervention can make the difference.
   C. Suicide Prevention is a dual responsibility: take care of yourself and those who depend on you, your Wingmen.


Training Details and Requirements

Training Overview: This course builds on the concept of Airmen helping Airmen. It focuses on the early identification of those Airmen who may be struggling with life challenges, and providing support and resources to help them overcome these challenges. It may surprise some participants that this training emphasizes supporting distressed Airmen, not just those who may be suicidal, and encourages early intervention in addition to Suicide Prevention. The objective behind this dual focus is to promote early resolution of challenges as the normative intervention for all Airmen. Early identification and resolution can help people live happier and more fulfilled lives, but it also can reduce the risk of suicide by resolving personal and professional issues before they reach a crisis point.

The training is leader-led. It uses video and small group discussion to explore key concepts. The video is broken into six segments to help participants understand the importance of maintaining a healthy lifestyle balance and Protective Factors, recognizing Risk Factors and Signs of distress, knowing how and when to intervene with an Airman in distress, being aware of Helping Resources and the role of command, and Following Up through issue resolution. Discussion sections following each video segment allow Airmen to process the training content and discuss their thoughts. Small group discussion fosters greater understanding of how Airmen view these concepts and provides the opportunity to de-stigmatize or clear up any misperceptions about getting help.

Participants: This course is designed for Total Force Airmen of all ranks and grades. It is required for Active Duty AF service members, AF Civilians, Air National Guard members, and Air Force Reserve members, but is also appropriate for adult family members.

Interactive Learning: This course depends upon interaction and participation. Not all individuals will be comfortable speaking up in a group, but people are likely to remember the lessons better through active participation and interaction with the scenario presented in the video.

Small Group Discussion Size: The availability of appropriate group leader-facilitators may drive group sizes, but ideally groups should be large enough for good discussion and small enough to give each member a chance to talk
during the brief periods allowed for discussion. Ideal size is between eight and 20, and should never exceed 30 participants.

**Facilitators:** Facilitators will be chosen by the unit commander and drawn from the command elements within each unit. If you’re attached to an installation, you can request additional facilitator training from the installation Integrated Delivery System (IDS) if needed. Please check with your installation IDS and/or installation Suicide Prevention Program Manager if you have any questions.

**Facilitator Requirements:**
- Facilitators should be chosen by the commander to ensure that they are mature and are recognized leaders within the unit.
- Individuals with beliefs or personal experiences incongruent with Suicide Prevention Training principles should not be selected as facilitators.
- Facilitators must be able to speak openly and directly about suicide and other sensitive topics.
- Facilitators must be able to deal with group members who have varying degrees of experience with suicide and suicide attempts.
- Commanders should foster the understanding that Suicide Prevention and Suicide Prevention Training facilitation are core leadership skills, and facilitators must strive to be comfortable with leading a discussion versus a one-way briefing. (Please see Appendix A: Instructions for Facilitators for more information.)
- Facilitators must review course materials in order to be confident in their ability to facilitate subject material.

**Preparation Time for Commanders and Facilitators:** Commanders and facilitators should plan on spending two hours becoming familiar with the key concepts and structure of the training, and to prepare for potential questions and discussion topics. The installation Suicide Prevention Program Manager and appointed IDS members will be available for questions.

**Mandatory Course Materials:** The course materials include this manual and the accompanying video.

**Training Set-up:** The training venue will need to be large enough to accommodate the unit size and should be conducive to breaking into small group discussion.
**Equipment Required:** A projection device, DVD player, or laptop capable of displaying the training video is necessary.

**Feedback Forms:** The Commander Feedback Form is provided in Appendix E, and the Facilitator Notes Form can be found in Appendix F. Facilitators will use the Facilitator Notes Form to record feedback gathered during the discussion sections of the training. The Facilitator Notes can be used to augment the Commander Feedback Form, which the unit commander will submit as an After Action Report (AAR) to the installation IDS, or if not attached to an installation, submit directly to the AF Suicide Prevention Program Manager. After review by installation CAIBs, this information should be collated and submitted to the MAJCOM CAIB/IDS and to the AF Suicide Prevention Program Manager at HAF IDS on a quarterly basis to improve future Air Force Suicide Prevention efforts and training.

**Required Handouts:** The installation IDS will customize the list of resources and ACE Card in Appendix D by entering the appropriate contact information for installation-specific helping agencies, and by adding any local resources, such as city and county crisis centers and hotlines, and any applicable community service, religious, or veteran support organizations. The installation IDS should feel free to supply additional program information that may be helpful. This list is to be distributed as a handout during the small group discussion. Also, units will need to make copies of Appendices H, I, and J for distribution during the training segment on ACE. If you’re not located on an installation or you’re at a joint base, the list of resources and ACE card must still be customized. Appropriate personnel should be designated to accomplish this.
Instructions for Commanders

The Air Force has identified suicide as a serious threat that is tragic, unacceptable, and preventable. Your leadership helps to establish the tone for this training and models Suicide Prevention as a core leadership skill for subordinate officers, enlisted personnel, and civilian employees. As the AF leader entrusted with this task, you have several key responsibilities that will help determine the success of this training:

1. Select unit leaders, supervisors, and respected peers to facilitate the small group discussions. Those chosen should be mature, professional, senior unit members who can capably manage discussions on the emotionally charged topic of suicide. Some will be anxious about leading these discussions, but encourage them to think of it as part of fostering an overall Wingman culture, which is essential for taking care of our personnel.

2. Manage pre-training responsibilities, which include: reviewing the training with facilitators, securing an appropriate space to conduct training, securing all needed equipment, and ensuring that facilitators are prepared and able to meet their task demands.

3. Deliver the Commander’s Welcome and Introduction at the beginning of the training (see pages 17-19), which will include instructions for participants, course objectives, and a personal introduction to the subject matter.

4. Monitor the training to ensure that it is well delivered and well received.

5. Conclude the training with the Commander’s Conclusion (see page 40), which reinforces the lessons learned: that each Airman can save a Wingman in distress by knowing what to look for and how to respond.

6. Assign a unit member to collect the Facilitator Notes Forms (Appendix F) and collate the information into an AAR prior to submitting to the IDS.

*Caveat: Although the training and related discussion are not expected to cause distress, it is possible that some of the training attendees may experience some distress or offer information about the challenges they are facing. Unit leaders and frontline supervisors are encouraged to follow up privately with these Airmen post-training to assist them in reaching the appropriate support resources.
Active Duty Suicide Prevention Training

Commander’s Welcome and Introduction

1. *Give a Brief Overview and Personal Statement (examples below)*

“The Wingman Culture is central to the Air Force’s approach to taking care of its number one resource: its people. Being great Wingmen involves both taking care of yourself and taking care of those around you.

In this course we will use a dramatic scenario to demonstrate and discuss a range of topics including Protective Factors, early identification and intervention of Risk Factors and Warning Signs, the Ask Care Escort (ACE) model, Helping Resources and Agencies, and Follow-Up. The video you are about to watch is broken into six segments. After each segment we will pause the video and discuss the issues presented in the scenario in our small groups. We will also have an opportunity to discuss Problem Solving as well as Postvention after a suicide. Active participation in the small group discussions is imperative.”

**Personal Statement (Optional)**

This is the personal introduction of the Annual Suicide Prevention Training by the commander to the unit. It is a critical part of the training that sets the tone for the training. Although the unit knows the commander professionally, this is a good opportunity to make a personal statement in line with official AF messaging (see AF Public Affairs Guidelines on Suicide Prevention) about why Suicide Prevention is important to the presenter and to the Air Force. Please choose one of the suggested approaches listed below:

- “I have witnessed the devastating effects of suicide on family, friends, and coworkers, and I believe there are better, healthier alternatives to cope with life’s problems.”
- “I want all Airmen and their families to learn to cope effectively with stress and life’s challenges to help weather good times and bad.”
- “I believe that the responsibility for Suicide Prevention lies with each of us. We all have a responsibility to take care of ourselves, and to help a Wingman and lend a hand when they need help.”
- “It is vital that all members of the Air Force community learn to recognize members who are distressed and intervene appropriately.”
It may also be helpful to ask who has been impacted by suicide on any level to determine the unit’s experience with suicide. Some ways to elicit this information is by asking if anyone has lost someone to suicide…

- As a unit member?
- As a family member?
- As a friend?
- As a commander/director?
- As part of your job responsibilities?

2. **Read Disclaimer**

   “This training is meant to generate thought and promote discussion. We recognize that this topic may be difficult to discuss and may contain sensitive material. Some of you may have had personal experience with suicide and it may difficult to participate. At any time, feel free to leave the room if you are having difficulty. Please let your Wingman or supervisor know if you feel you cannot return to the training.

   Though we want open dialogue today, we also want to remain respectful of those around us. Since we do not know what experiences with suicide others within the unit have had, all statements should be respectful of other viewpoints, even if there is disagreement.

   Resource lists with numbers for local, national, and installation resources will be handed out during the training. Make sure you receive one.”

3. **Go Over the Objectives**

   Well-defined objectives act as a guide for the course, and allow the participants to understand what they can expect to learn during the course. The objectives are specifically designed to reflect the most salient teaching points. Well-defined objectives also help the facilitator to keep the course on track.

   **Objective 1:** To promote the attitude that Suicide Prevention is the responsibility of all Airmen.

   **Objective 2:** To encourage early, healthy, and responsible help-seeking behavior in all Airmen.
**Objective 3:** To encourage early intervention and the use of the Ask Care Escort (ACE) model by all Airmen.

**Objective 4:** To promote supportive follow-up behaviors until problems are resolved or sent up the chain.

**4. Introduce the Facilitators**
Introduce the facilitators and provide instruction on how the training will progress, including how the unit will divide into small groups and the location(s) for small group discussion. Have one of the facilitators go over the following information:

**Facilitator:** In order for the participants to be able to concentrate fully on the course, it is important to address any logistical issues that exist and put them to rest at the beginning of the course. Address the housekeeping issues very briefly. These should include:

- The location of the restrooms and exits
- A reminder that cell phones should be silenced
- Sign-in sheets for the roster to ensure the UTM records attendance

Remind participants that the goal is to discuss the video segment and that the following rules of engagement apply:

- Each participant speaks for his or herself.
- All comments should be directed at the idea being communicated, not the person talking.
- Be respectful of others (Golden Rule).
- Do not interrupt. Allow others to finish before you respond.
- No personal attacks.
- Notify the facilitator and take a Wingman if you need to leave the group.
Segment One: Protective Factors including CAF

**VIDEO:** The Host provides an overview/introduction, and viewers are introduced to Daniel. The Host introduces Protective Factors. *PAUSE VIDEO when indicated.*

**Discussion Objectives:**
- Discuss Protective Factors (positive relationships, coping skills, and positive beliefs).
- Review Protective Factors and how to strengthen them.
- Discuss how Suicide Prevention fits with Comprehensive Airman Fitness.

**Facilitator:** “We are going to spend some time talking about Protective Factors and other positive behaviors and supports that can serve as a protection against stress and adverse events.”

**Discussion Question 1:** What are Protective Factors? Which ones are present in the video?
- Protective Factors are positive behaviors and supportive connections that can serve to protect against stress and promote effective coping in the face of adverse events.
- They are an important element of Suicide Prevention.
- Daniel has several Protective Factors. He has positive relationships with his family and friends, and he has positive expectations for the future.

**Discussion Question 2:** Identify some other Protective Factors. How do you strengthen them?
- There are many rights answers, but there are three areas we want to emphasize that are very important to Suicide Prevention training. These are grouped into relationships, positive coping skills, and positive thoughts.
(Discussion Question 2 cont.)

- Positive Relationships
  - Family, friends, coworkers
  - Sense of belonging
- Coping skills
  - Effective problem solving
  - Goal setting
  - Knowing when to seek help
- Positive thoughts/beliefs
  - Acknowledging the positive aspects of a situation
  - Maintaining positive expectations for the future
  - Recognizing your ability to influence that future
  - Believing things will get better even when they are going wrong
  - Sustaining a sense of purpose or meaning in your life
  - Holding religious or spiritual beliefs

✓ Strengthening Protective Factors
  - Any answers that support a healthy way to strengthen or improve Protective Factors
  - Taking a class or getting help proactively
  - Building strong relationships
  - Seeking a support service (financial, spiritual, medical, etc.)

**Discussion Question 3:** How does Suicide Prevention fit with Comprehensive Airman Fitness (CAF)?

✓ Suicide Prevention contributes to CAF. It helps Airmen understand their roles as Wingmen, and contributes to Airmen becoming comprehensively fit: mentally, physically, socially, and spiritually. Comprehensive fitness helps overall resilience and response to stressors. The AF Resilience Program provides positive behavior skill sets training to help Airmen become more resilient when faced with life’s challenges. The more we use the Wingman concept, the more we encourage resilience by doing the right thing and making better choices, even when those choices are difficult.
**Facilitator: please document any noteworthy responses on the Notes Form.**

**Key information:** Protective Factors are those things that buffer individuals from suicidal thoughts and behaviors, and prevent or reduce an individual’s vulnerability to suicide. Protective Factors enhance the resilience of each Airman and may serve to counterbalance Risk Factors. Maintaining a balanced lifestyle is important. It helps you to identify when there are problems and work to resolve these problems early and proactively to minimize the impact on you, your loved ones, and your career.

The Air Force supports all Airmen in building and maintaining a balanced lifestyle through Comprehensive Airmen Fitness (CAF). CAF complements Suicide Prevention by encouraging Airmen to work toward wellness in four domains – mental, physical, social, and spiritual. Being able to recognize a lack of balance in these domains is critical to seeking and receiving the support you need or your coworkers need. CAF can help instill or strengthen existing Protective Factors to help you cope with stress or major life changes in positive ways.
Segment Two: Risk Factors

**VIDEO:** Daniel works late and misses his son’s tee-ball practice. The Host introduces Risk Factors. Bridget and Daniel fight. Daniel is late to work and finds out that QA gave them a fail. *PAUSE VIDEO when indicated.*

**Discussion Objectives:**
- Discuss Risk Factors.
- Identify the Risk Factors that are present in the video.
- Discuss when to offer help, and how early intervention helps to resolve problems before they have a major impact on personal and professional life.
- Discuss the reasons individuals may or may not choose to get help, and the pros and cons of seeking help.

**Facilitator:** “This section discusses how individuals cope with stress and what challenges can overwhelm an individual and increase their risk for suicide. Suicide is a complex issue, and stress does not directly cause it. We know all Airmen experience stress and hard times, and the overwhelming majority resolve these challenges by using healthy coping skills and support systems. But there are some who may get overwhelmed and begin to think about suicide.”

**Discussion Question 1:** What are Risk Factors?
- Risk Factors are potential problem areas in a person’s life that we as their Wingmen may or may not be able to see. These problems don’t “cause” suicides, but they are often seen in individuals who attempt suicide. Some Risk Factors are easy to change or resolve, and others are not.
**Discussion Question 2:** What Risk Factors are present in the video? What potential Risk Factors could you see developing for Daniel?
- Relationship problems
- Work problems
- Stress

**Discussion Question 3:** When is the best time to offer help, or to provide support?
- Early intervention is preferable because it often helps resolve problems before they become larger and more complex. It also prevents problems from impacting personal and professional life.
- Negative career impact is less likely for Airmen who seek care and seek it early before their work performance is affected.
- Results from Col Rowan’s research in 2006 confirmed that the overwhelming majority of Airmen voluntarily seeking help at Mental Health do not have their commands contacted or experience long-term negative career impact.

**Discussion Question 4:** What are some reasons individuals may or may not choose to get help? What are the pros and cons of seeking help? Do you think seeking help for problems actually helps?
- Let participants generate a list of pros and cons of seeking help.
- Some responses may be incorrect. There are a lot of misperceptions about seeking help, particularly for mental health.

**Facilitator:** please document any noteworthy responses on the Notes Form.

**Key Information:** Risk Factors are things or conditions that may signal an increased chance that a person may take their own life. Risk Factors can be related to things occurring in a person’s life that are usually visible to someone who knows the individual well. Some Risk Factors may be reduced by intervention while others cannot be changed.
Common Risk Factors for suicide are:
- Relationship problems
- Loss of a loved one
- Lack of social support
- Legal problems
- Financial difficulties or challenges
- Health concerns or chronic pain
- Severe, prolonged, or unmanageable stress
- Work difficulties
- Setbacks or failures
- Feelings of hopelessness
- Alcoholism or drug misuse
- Depression or anxiety
- A history of prior suicide attempts

Mental Health providers are required to maintain confidentiality for Airmen in non-duty status, and those in duty status have limits to confidentiality based on safety and mission concerns. Mental Health providers can only notify commanders in the following situations IAW DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*:
- Harm to self
- Harm to others
- Harm to mission
- Special personnel – i.e. Personnel Reliability Program (PRP)
- Inpatient care is needed
- Acute medical conditions that interfere with duty
- Substance Abuse Treatment
- Command-Directed Mental Health Evaluations
- Other special circumstances – See DoDI 6490.08
Segment Three: Warning Signs

VIDEO: Daniel snaps at Kevin. The Host introduces Warning Signs. A text from Bridget makes Daniel think she’s leaving him. *PAUSE VIDEO when indicated.*

**Discussion Objectives:**
- Discuss Warning Signs.
- Identify the Warning Signs displayed in this video segment.
- Discuss when to intervene.
- Identify ways to encourage help seeking, coping, and overcoming adversity.

Facilitator: “This section discusses the Warning Signs displayed in the video.”

**Discussion Question 1:** What are Warning Signs?
- Warning Signs are usually more obvious than Risk Factors and indicate a significant change in the person. Warning Signs should be responded to as soon as they are detected. The key to recognizing Warning Signs is “change.”

**Discussion Question 2:** What Warning Signs are present in the video?
- Change in work performance
- Anger, fighting
- Agitation, anxiety

**Discussion Question 3:** When should a Wingman or supervisor intervene? Should Kevin have intervened earlier? Are there other things he could have done to help?
- Answers may vary, but should encourage healthy working relationships, good communication, and early intervention, when problems are smaller and more manageable.
Promote Wingman Culture of our Total Force where Airmen help Airmen.

**Discussion Question 4:** Generally the stressors people face are temporary in nature. We want Airmen to choose to seek help and community support in a healthy manner. What are some ways to encourage help seeking, coping, and overcoming adversity?

- Focus the conversation on healthy ways of seeking help and receiving support.
  - Talking with friends and family
  - Reaching out to a trusted mentor, peer, or supervisor
  - Seeking help from local helping agencies
  - Attending medical appointments
- Discourage suicide as a permanent response to a temporary situation.
- Discuss the impact of suicide:
  - Impact on loved ones and youth (having a parent choose suicide is particularly difficult for children and raises their risk of depression and suicide)
  - Impact on coworkers and mission
- Encourage early intervention while problems are small and have less impact.
- Discuss the benefits of getting help in terms of the specific problems it can avoid (e.g. loss of career, DUIs).

**Facilitator:** please document any noteworthy responses on the Notes Form.

**Key Information:** Warning Signs are usually more apparent than Risk Factors and signal a significant change in the person. The common theme for Warning Signs is change, and they should be responded to as soon as detected.
Common Warning Signs for suicide are:

- Mood changes, such as depression or anxiety
- Irritability, agitation, or anger
- Expressed feelings of hopelessness or helplessness
- Feeling like a burden to others
- Sense of powerlessness
- Trouble concentrating
- Fatigue or headaches
- Isolating from friends, family, or coworkers
- Lack of interest in activities that were previously enjoyed
- Significantly diminished or changed job performance
- Acting recklessly or impulsively or a lack of impulse-control
- Unexpected changes in behavior
- Changes in appetite or weight
- Changes in sleep patterns (too little or too much)
- Changes in alcohol use or the abuse of drugs

The people most likely to spot a person at risk for suicide are the ones who interact with them on a daily basis (e.g., friends, family, coworkers, or immediate supervisors). These individuals are best positioned to notice changes in an at-risk Airman’s behavior, mood, and performance. Engage with the person to determine what caused the observed changes, assist in choosing resources to resolve stressors, be supportive through the process, and communicate concerns with the chain of command as appropriate. Early intervention and resolution of problems can prevent them from becoming bigger and more complex.

Getting help early can avoid the risk of suicide, which has long-lasting impact, particularly on loved ones. Suicide of a parent places children at higher risk for depression, suicide, and other problems.
Segment Four: ACE

VIDEO: Kevin intervenes with Daniel. The Host introduces ACE. **PAUSE VIDEO when indicated.**

**Discussion Objective:**
- Discuss when and how to use ACE. ACE is framework that can support individuals facing a variety of challenges.

**Facilitator:** Please provide the handouts from Appendices H, I, and J. Then read the following information while your small group participants follow along:

“Knowing how to talk to a person about the concerns you have for them is key to being a good Wingman. In this discussion section, we are going to talk about the ACE model, what it is, and how and when to use it.

The Ask, Care, and Escort, or ACE, Model is a framework with steps an Airman should take to effectively engage a fellow Airman in a supportive manner, particularly if that Airman is having difficulty. This model may be used at any time (non-emergency and emergency) across multiple situations and settings. It is part of the larger Wingman Culture of knowing and taking care of your fellow Airmen. Please follow along as I review the components of ACE.

There are three components to ACE:
- The first component is **Ask.** Asking direct questions helps you find out what is going on. Having a good relationship with your Wingmen helps build trust to support these conversations. It is best to maintain good communications and address concerns often. When beginning a conversation, take your time and do not rush the conversation unless the situation is an emergency. Rushing through conversations can cause individuals to shut down. To get started, it may be helpful to discuss the changes you have seen. **Make sure to Ask directly about thoughts of suicide in your conversation. Take all reports of suicidal thoughts very seriously. Never ignore remarks about suicide or promise secrecy.**
  - Know your fellow Airmen.
○ Talk early and talk often.
○ Do not rush the conversation, unless it is an emergency.
○ **Within the conversation, make sure you Ask directly about suicide, and take remarks about suicide seriously.**
○ Never promise secrecy.

✓ The second component is **Care** about your Wingman. Make taking the time to find out what is going on a priority. Sit down with your Wingman in private and calmly express concern. Listen carefully to what you are being told. Make sure you understand the full picture of what’s going on by summarizing what you have heard and asking for clarification. Don’t be judgmental or promise secrecy. Use the information you have gathered to determine the appropriate resources to help this person.

○ Find a place to talk in private.
○ Be honest and direct about your concerns.
○ Ask your Wingman if you have the full picture.
○ Find out what help or steps the person may have already pursued.
○ Directly asking about thoughts/plans for suicide demonstrates caring and the willingness to help.
○ Use this information to determine what resources are needed – emergency services or other services.

✓ **Escort** your Wingman to the right resource is the third component. Remember, while many people simply need help problem solving, some may need immediate intervention and should not be left alone for any reason. In that case, they should be escorted immediately to the support services of their choosing. Services might include a chaplain, mental health provider, first sergeant, or a local emergency room.

○ Escort to the chosen resource.
○ If not an emergency, help the individual to find the right resource and make appointments.
○ Arrange to follow up with your Wingman.
○ If the person is thinking about suicide, it is an emergency. Do not leave them alone, and **Escort** them to a chaplain, mental health provider, first sergeant, or the most appropriate emergency service.
It is natural to feel uncomfortable when discussing suicide with individuals, but it is important to understand that most individuals experiencing stressors are NOT having thoughts of suicide. Thoughts of suicide are relatively rare. In fact, the majority of people facing challenges/stressors need support, and being able to share the stressors they are facing is often helpful in problem solving. If they ARE having thoughts of suicide, you are in a great place to help. Treat the person the way you would someone that is close to you, like a friend or family member.

Let’s look at the handout titled “Ask, Care, Escort (ACE) Communication” from Appendix H. This handout demonstrates the important start of the ACE model – open, caring communication – being done incorrectly and correctly. Let’s take a minute to review these examples.”

Go through the examples with the Facilitator reading Airman A, and a volunteer from the group reading Airman B.

**Facilitator:** “It’s important to remember that ACE works best when you know your fellow Airmen and maintain a good relationship with them. Most people are unlikely to trust and confide in someone who has not previously taken the time to know them or shown any interest in getting to know them as a person.

Remember, ACE can be used to help you discuss a number of topics with your coworkers, family, and friends. The goal is a continuous engagement with your Wingman.”

**ACE Practice:** “Break into groups of four to six. Choose two people to role-play the ACE Model using the handout in Appendix I. Each scenario provides only the basics of the situation, so the two persons in each group who are role-playing will need to improvise the roles. When improvising, please be tasteful and demonstrate real life applicability – no reality TV antics or content. The goal is to practice the ACE Model by having a conversation with an Airman who is having difficulties. The remaining group members will give constructive feedback. Feel free to refer to the ACE Model handout (Appendix J) as well.”

Allow approximately three to four minutes for the role-play. After the role-play, have the group members provide feedback about what went well and what did not go well, and then continue with the discussion question. If time permits, additional role-plays may be enacted.

**Discussion Question:** In the video, was ACE needed? When is it appropriate to use ACE? Does it have to be an emergency?

- Yes, ACE was needed. ACE can be used any time across multiple issues.
- A situation does not have to be an emergency to use ACE. In fact, ACE is a good model to use across multiple situations and issues.
- Remember that ACE is a framework to guide your discussions and actions when supporting a fellow Airman.
- Take the time to get to know your Wingmen in advance and build good relationships so your friends and coworkers feel comfortable coming to you.
- It’s important for everyone to recognize when they need help and get support before their problems begin to negatively affect multiple areas of their lives.
- Everyone has the responsibility to be a good Wingman or friend to those in need by providing support and, if needed, intervention.

**Facilitator:** please document any noteworthy responses on the Notes Form.

**Key Information:** The ACE model is the Air Force framework for engaging with a Wingman when you notice a change in their behavior. This model can be used in non-emergency and emergency situations.
Segment Five: Helping Resources

VIDEO: Kevin suggests resources to Daniel. The Host introduces Helping Resources. *PAUSE VIDEO when indicated.*

**Discussion Objectives:**
- Highlight the resources available to assist Airmen in resolving life challenges and problems.
- Discuss what type of resources or intervention might help Daniel.
- Discuss Kevin’s actions.

Facilitator: “There are many resources and helping agencies available to Active Duty service members. This section highlights the importance of knowing what resources are available. These vary from location to location, so it’s important to be familiar with what’s available to you here.”

**Discussion Question 1:** Why should we know our resources? What resources are you familiar with?
- Answers should reflect that knowing resources allows Airmen to seek help when needed and to support other Airmen.
- Commonly known resources: family and friends; chaplains; mental health; commanders; first sergeants; primary care physicians or clinics; and local substance abuse clinics
- National resources: Military Crisis Line (1-800-273-8255, Press 1)
- Local resources: crisis centers, local crisis lines, community, religious, veterans, and other support agencies and groups

**Discussion Question 2:** What resources may be helpful for Daniel?
- Chaplain
- Friends and family
- Wingmen and supervisors
**Facilitator:** please document any noteworthy responses on the Notes Form.

**Key Information:** Knowing what helping agencies and resources are available allows Airmen to get help when they need it and to support others in need. A full list of resources at your location can be found in Appendix D.
Segment Six: Follow-Up

VIDEO: Kevin continues to follow up with Daniel. The Host introduces Follow-Up. *VIDEO ENDS.*

**Discussion Objectives:**
- Emphasize that following up is important to ensure problem resolution.
- Discuss the potential consequences in the video if Kevin did not follow up.
- Understand when and what types of situations may need to be brought to the attention of others like a supervisor or unit leadership.

**Facilitator:** “Some problems may take several different solutions before they resolve. This section highlights the importance of following up to ensure problem resolution.”

**Discussion Question 1:** Why is following up important? What are different ways to follow up?
- Stressors and problems take time to resolve, and some problems may be more difficult than others to resolve. Your Wingman will need continued support to ensure resolution.
- Additional problems and/or complications may occur if there is no follow-up.
- Stressors may continue to build until the individual feels overwhelmed if there is no follow-up.
- There are a variety of ways to follow up. Accept answers about healthy ways to follow up with a Wingman (e.g. meeting regularly to discuss).
**Facilitator:** please document any noteworthy responses on the Notes Form.

**Key Information:** Following up regularly with the distressed Airmen until they are certain the problem is adequately resolved is critical. It supports the individual and helps resolve any additional problems or complications that may occur.
Problem Solving

**Discussion Objectives:**
- Understand the difference between avoidant, impulsive, and rational approaches to problem solving.
- Apply the problem solving process to the scenario in the video.

**Facilitator:** “Before we complete our training, we are going to do a problem solving exercise. As mentioned throughout training, an individual’s ability to problem solve can protect against stressors. Everyone experiences problems; people who are capable problem solvers overcome those problems.

**Problem solving** involves a combination of skills, feelings, and attitudes about an individual’s ability to resolve real world problems. Effective problem solving is a form of effective coping. Problems are inevitable, but effective problem solving allows you to satisfactorily resolve problems, experience less stress, and grow in both your confidence and competence.

Things that impact YOUR problem solving include:
- Your problem solving mindset (positive or negative)
- Your problem solving approach (avoidant, impulsive, or rational)

Your problem solving **mindset** refers to your beliefs about your ability to solve difficult or challenging problems.
- People with a **positive mindset** are more likely to identify problems, understand that each problem has a solution (even though the solution may not be pleasant), and effectively engage with the problem to continue working at it until it is resolved.
- People with a **negative mindset** tend to see problems as overwhelming, have limited confidence in their problem solving abilities, and may fail to engage with a problem to work toward resolution.

The problem solving **approaches** below refer to a set of skills and describe how people engage with the problems they face.
- **Avoidant problem solvers** fail to identify or ignore problems. They tend to give up easily or avoid issues that are challenging or problematic until they become bigger problems.
Impulsive problem solvers don’t take time to understand the problem; instead they act first (Ready, Fire, Aim!) and are often driven by emotion. Their actions may be careless, and they may fail to consider potential consequences of their actions.

Rational problem solvers identify that a problem is present based upon how they feel (e.g., angry or sad). These individuals follow steps to identify and understand the problem, generate solutions, and take action. They then determine if the problem is resolved and, if needed, re-engage in problem solving to get to an effective solution.

Effective solutions have a high likelihood of solving the problem while having relatively few negative consequences, whereas ineffective solutions are unlikely to solve the problem, are impractical, or have considerable negative consequences.

Let’s apply the problem solving process to the scenario in the video.”

Problem Solving Exercise and Discussion:

1. What is Daniel feeling?
2. What is the problem?
3. What about this makes it a problem?
4. What are some solutions to the problem?
5. What is your best solution?
6. What about this solution makes it the best solution?
7. How do you implement your solution?

Once the solution has been implemented, ask yourself:

- Has the problem gotten any better?
- How do you know the problem has gotten better?

If the problem is improved, continue with the chosen solution. If not, return to step one above, then consider:

- Is it possible that this problem will return?
- How will you address this problem in the future if it returns?
Postvention: After a Suicide

Facilitator: “While most Total Force members demonstrate resilient coping, a small portion die by suicide. This section addresses what to do when a suicide occurs at your base.

✓ Understand that a wide variety of reactions can be normal, including sadness, anger, anxiety, and/or temporary changes in mood, sleep, and appetite.
✓ Remember that people will be affected in different ways, so remain sensitive, supportive, and non-judgmental.
✓ As always, be a good Wingman. Share your feelings with others, and be willing to listen to theirs. Keep an eye out for anyone who seems to be struggling, isolating themselves, or has other changes in behavior.
✓ Don’t hesitate to access helping services, such as Chaplains, Military Family Life Consultants (MFLCs), Military One Source, and mental health providers, as well as trusted mentors and supervisors for support.
✓ Follow the ACE (Ask, Care, Escort) model to get help for anyone who appears to be having difficulty coping or is at risk of harming themselves or others.
✓ Remember that Wingman seek help for themselves and others when they need it. Appropriate help seeking is a sign of strength and supports resilient coping.”

Additional Postvention resources and guidance for Commanders and unit leaders are available in Appendix G and at www.wingmanonline.org.
Commander’s Conclusion

Commander (suggested comments): “Remember: one person, one conversation, one text message can help a person in need, and might even save a life. Taking the time to notice what’s going on in your Wingman’s life and intervening early when something’s not right can make all the difference. Being great Wingmen is a two-sided coin: you take care of yourself, and you are better able to take care of those around you. Airmen taking care of Airmen and encouraging responsible decisions keep us all safe and healthy.”
Appendix A: Instructions for Facilitators

Thank you for agreeing to facilitate this vitally important Annual Suicide Prevention Training for the Air Force. The Air Force continues to work to reduce the incidence of suicide and suicidal behaviors among our Total Force Airmen. You were chosen by your commander because you are considered a leader within your unit, a person others trust, and someone who embodies the Wingman concept. You are essential to the success of this training. In this training you will be using skills you have learned throughout your Air Force career in professional military education.

This course uses video to teach training concepts, and the information presented will be processed in small group discussion. The training is broken into six video segments. After each segment, you will have approximately five to twelve minutes for small group discussion. Each discussion section will have discussion objectives that you as the facilitator are responsible for meeting. At least half to two thirds of the total training time should be devoted to group discussion. When facilitated well, one of the benefits of small group discussion is that it promotes active, social learning. The quality of the training will be largely driven by the quality of the facilitation.

Facilitating Small Group Discussion:

1. **Familiarize yourself with the material.** Spend ample time becoming familiar with the course manual and training video and considering difficult questions and/or issues that might come up in discussion. Go over the objectives and make sure you understand them.

2. **Belief systems.** Talking about suicide, even when focusing on prevention, can be a difficult task. Because this topic can be so emotionally charged, consider your own personal beliefs about suicide before agreeing to be a facilitator. If facilitating may not be a good choice due to personal beliefs or experiences, ask your commander to excuse you from the training. It’s also important to be aware that members in your small group may not hold the same beliefs you do. Do not let your personal belief system sway small group facilitation.

3. **Personal information.** Personal disclosure is generally not recommended, but there are exceptions. For example, briefly talking about a time when reaching out for assistance helped you get through a tough time would be a powerful way to model help-seeking behaviors, which is something we want to promote.
4. **Facilitation vs. Briefing.** One of the goals of this training is to promote interaction and discussion on the topics presented in the video. The facilitator should not lecture or brief during the training unless the manual directs it.

5. **Getting a small group started.** Introduce yourself and your role in the training. Remind participants of group discussion rules and the need to keep the discussion respectful. Sometimes group members will begin discussion without being prompted. If they don’t, begin with an open-ended question that elicits more than a “yes” or “no” response.

6. **Rules of engagement.**
   a. Each participant speaks for his or herself.
   b. All comments should be directed at the idea being communicated, not the person talking.
   c. Be respectful of others (Golden Rule).
   d. Do not interrupt. Allow others to finish before you respond.
   e. No personal attacks.
   f. Notify facilitator if you need to leave the group.

7. **Stick to the rules.** Be sure to stick to the rules and remind the group members if they stray from the rules. This provides a secure structure to have a frank discussion of the information presented.

8. **Be patient.** Sometimes it takes group members time to be comfortable with the group discussion format. Use open-ended questions related to the Discussion Objectives to get started. As a last resort, you may have to call on a few people to get the discussion started.

9. **Be comfortable with silence.** Silence can be used effectively because it tends to be uncomfortable. Start with an open-ended question, relax, and wait for a response. Someone will usually fill in the silence.

10. **Be judicious with feedback.** We want to encourage active participation and discussion. There are times when constructive feedback is needed to promote good group discussion.

11. **Responding to direct questions.** Try to turn direct questions from participants back on the group. Encourage them to try to answer their own questions if they can.

12. **Keep the discussion on track.** If the discussion gets sidetracked, remind the group of the discussion objectives to get back on track.

13. **How to deal with group problems.** Re-emphasize the goals of the training and ask focused questions to keep discussion moving on the right track.
a. **Dominant group members.** Thank them for their participation and ask for their cooperation to allow others to participate.

b. **Shy group members.** Do not pressure them into participating, but try to direct a question at them to include them.

c. **Hostile group members.** Try to resolve hostility quickly. If the problem generating hostility cannot be resolved immediately, then ask for cooperation during the training and address the problem post-training.

14. **Be honest.** You may be asked a question you don’t know the answer to. If you don’t know an answer, commit to finding one and follow up.

15. **Monitor for distress.** Please ensure that you are monitoring your small group participants for signs of distress or challenges. Also make sure to follow up with any Airman that verbalizes stressors to ensure they are connected to the appropriate resource.

16. **Avoid unhelpful detail.** Media can make suicide seem dramatic, more common than it is, or like an expectable outcome due to a series of stresses or serious problems. It is not. We want all training participants to understand that suicide remains a rare event, and the Air Force encourages its Total Force Airmen to cope with stressors and problems by reaching out to friends, family, and the needed resources. In addition, the public discussion often dwells on specific cases or mechanisms of suicide. This is a course on Suicide Prevention, not a course on suicide: steer conversation away from details of how people commit suicide and stories of specific suicides.

17. **Ending each discussion section.** Make sure you summarize the discussion and include the Discussion Objectives in the summary. Note any questions or due-outs you may have to the group and topics of interest that come up.

**Additional Tips**

1. **Be mindful of the time.** Each discussion should last about five to twelve minutes, and the projected discussion time is available in the Detailed Outline. Try not to go over the projected time.

2. **Remember Discussion Objectives.** Discussions will need to meet the specified Objectives for each section.

3. **Facilitator Notes Form.** The Facilitator Notes Form is provided in Appendix F. Keep it with you during the small group discussion to note key feedback or concepts brought up in each of the discussion sections that may have implications for Suicide Prevention efforts. This information will be collated into an AAR to the installation IDS.
*Caveat: Although the training and small group discussions are not expected to cause distress, it is possible that some of the training attendees may experience some distress or offer information about the challenges they are facing. This is a good time for the Airmen of your unit to see the Wingman concept in action.
### Appendix B: Comprehensive Airman Fitness

<table>
<thead>
<tr>
<th>Domain</th>
<th>Tenets</th>
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<tbody>
<tr>
<td>Mental Fitness – The ability</td>
<td>Awareness – Self-awareness is broadly defined as the self-descriptions</td>
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<tr>
<td>to effectively cope with</td>
<td>a person ascribes to oneself that influence one’s actual behavior,</td>
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<td>unique mental stressors and</td>
<td>motivation to initiate or disrupt activities, and feelings about</td>
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<td>challenges.</td>
<td>oneself. Individuals must also have situational awareness, or</td>
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<td></td>
<td>knowledge of what is going on around them for accurately interpreting</td>
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<td></td>
<td>and attending to appropriate cues in the environment.</td>
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<td></td>
<td>Adaptability – Ease of adapting to changes associated with military</td>
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<td>life, including flexible roles within the family.</td>
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<td></td>
<td>Decision Making – Thoughts, attitudes, and behaviors used for</td>
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<td></td>
<td>evaluating and choosing courses of action to solve a problem or reach</td>
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<td>a goal. Decision making factors include problem solving, goal setting,</td>
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<td>adaptive thinking, and intuitive thinking.</td>
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<td>Physical Fitness – The</td>
<td>Positive Thinking – Information processing, applying knowledge, and</td>
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<tr>
<td>ability to adopt and</td>
<td>changing preferences through restructuring, positive reframing,</td>
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<td>sustain healthy behaviors</td>
<td>making sense out of a situation, flexibility, reappraisal,</td>
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<td>needed to enhance health and</td>
<td>refocusing, having positive outcome expectations, a positive outlook,</td>
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<td>well-being.</td>
<td>and psychological preparation.</td>
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<td>Endurance – The body’s ability to continually accomplish the same</td>
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<td></td>
<td>task in a repetitive fashion.</td>
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<td></td>
<td>Recovery – Practices that restore energy and counterbalance stress</td>
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<td></td>
<td>that can offset adverse mood and deteriorating performance.</td>
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<td></td>
<td>Nutrition – The provision and consumption of food in quantities,</td>
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<td></td>
<td>quality, and proportions sufficient to promote optimal physical</td>
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<tr>
<td></td>
<td>performance and to protect against disease and/or injury.</td>
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<td></td>
<td>Strength – Ability to generate force and power, thus lowering the</td>
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<td></td>
<td>relative work required to complete desired objectives.</td>
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<tr>
<td>Social Fitness – The ability to engage in healthy social networks that promote overall well-being and optimal performance.</td>
<td>Communication – The exchange of thoughts, opinions, or information, including problem-solving and relationship management.</td>
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<tr>
<td>Connectedness – The quality and number of connections with other people in the community; includes connections with a place or people of that place; aspects include commitment, structure, roles, responsibility, and communication.</td>
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<tr>
<td>Social Support – Perceiving that comfort is available from (and can be provided to) others, including emotional, tangible, instrumental, informational, and spiritual support.</td>
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<tr>
<td>Teamwork – Work coordination among team members, including flexibility.</td>
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<tr>
<td>Spiritual Fitness – The ability to adhere to beliefs, principles, or values needed to persevere and prevail in accomplishing missions.</td>
<td>Core Values – Principles that guide an organization’s or a person’s internal conduct as well as its relationship with the external world.</td>
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<tr>
<td>Perseverance – Steady persistence in a course of action, a purpose, a state, etc., especially in spite of difficulties, obstacles, or discouragement.</td>
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<td>Perspective – How one views situations, facts, etc., and judges their relative importance.</td>
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<tr>
<td>Purpose – The reason for which one exists.</td>
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</table>

**Taken from AFI 90-506**
Appendix C: Protective Factors, Risk Factors, and Warning Signs

Protective Factors are an element of Resilience and Suicide Prevention. These factors can help protect an Airman against distress. They include:

✓ Positive relationships
  o Family, friends, coworkers, and Wingmen
  o Sense of belonging

✓ Coping Skills
  o Effective problem solving
  o Seeking help, consultation, or mentorship early

✓ Positive thoughts/beliefs
  o Focus on the future
  o Feeling that you have control of that future
  o Belief that things will get better when they are going wrong
  o Religious/spiritual beliefs

Risk Factors, or sources of distress, can be internal or external events, situations, and behaviors that may increase the risk for suicide. Sources of distress may or may not be visible to others and are associated with things that are going on with the person. Some of the most common Risk Factors for suicide are:

✓ Relationship problems
✓ Loss of a loved one
✓ Lack of social support
✓ Legal problems
✓ Financial difficulties or challenges
✓ Health concerns or chronic pain
✓ Severe, prolonged, or unmanageable stress
✓ Work difficulties
✓ Setbacks or failures
✓ Feelings of hopelessness
✓ Alcoholism or drug misuse
✓ Depression or anxiety
✓ A history of prior suicide attempts
Warning Signs are often accompanied by sudden and unexplained changes in mood or behavior. Warning Signs for suicide tend to be more apparent and easier to recognize. These signs of distress can vary significantly from person to person, however. Some of the most common Warning Signs for suicide are:

- Mood changes, such as depression or anxiety
- Irritability, agitation, or anger
- Expressed feelings of hopelessness or helplessness
- Feeling like a burden to others
- Sense of powerlessness
- Trouble concentrating
- Fatigue or headaches
- Isolating from friends, family, or coworkers
- Lack of interest in activities that were previously enjoyed
- Significantly diminished or changed job performance
- Acting recklessly or impulsively or a lack of impulse-control
- Unexpected changes in behavior
- Changes in appetite or weight
- Changes in sleep patterns (too little or too much)
- Changes in alcohol use or the abuse of drugs
## Appendix D: Resources

<table>
<thead>
<tr>
<th>Unit and Local Resources</th>
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<tbody>
<tr>
<td>Resource</td>
</tr>
<tr>
<td>Commander</td>
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<tr>
<td>Supervisor</td>
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<tr>
<td>1st Sergeant</td>
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<tr>
<td>Mental Health Clinic</td>
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<td>Chaplain Service</td>
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<td>Military Family Life Counselor</td>
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<tr>
<td>Sexual Assault Response Program</td>
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<tr>
<td>Airman and Family Readiness Centers</td>
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<tr>
<td>Primary Care Clinics</td>
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<tr>
<td>Family Advocacy</td>
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<tr>
<td>Alcohol and Drug Abuse Prevention and Treatment Program</td>
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<tr>
<td>Health and Wellness Center</td>
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<tr>
<td>Air Force Survivor Assistance Program</td>
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<tr>
<td>Air Force Wounded Warrior Program</td>
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<tr>
<td>Child and Youth Services – Family Member Services</td>
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<tr>
<td>Area Defense Counsel</td>
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<tr>
<td>Behavioral Health Optimization Program</td>
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<tr>
<td>Equal Opportunity</td>
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<tr>
<td>Exceptional Family Member Program</td>
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<tr>
<td>Inspector General</td>
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<tr>
<td>Installation Legal Office</td>
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<tr>
<td>Installation Safety Office</td>
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<tr>
<td>Special Victims’ Counsel</td>
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<tr>
<td>National Resources</td>
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<tr>
<td>Military Crisis Line</td>
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<tr>
<td>American Red Cross</td>
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<tr>
<td>Military OneSource</td>
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</tbody>
</table>
Ask, Care, Escort (ACE) Card

Please follow the link provided below to the “ACE” card. This card can be personalized to your installation and local resources. The ACE card is in PDF and Publisher format. Please choose the one that best fits your needs.

https://kx2.afms.mil/kj/kx2/AFSuicidePrevention/Documents/Forms/ShowFolders.aspx?RootFolder=%2fkj%2fkx2%2fAFSuicidePrevention%2fDocuments%2fACE%20card&FolderCTID=0x01200046A701E12606B0448A615ED1E6FE3FED
Appendix E: Commander Feedback Form

Unit: ___________________________________________ Date: ______________
Installation: ______________________________________________

Instructions: Commander, utilize feedback from the Facilitator Notes Form after you complete the Annual Suicide Prevention Training with Small Group Discussion to answer the following items. This information will be used to improve the Suicide Prevention Program and Training.

How was the training received?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Were there any problems or concerns?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

Did unit leaders feel the instruction provided in the manual was sufficient to prepare them for the small group discussion portion of the training?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

In looking back at the small group discussions, did your unit leaders notice whether there were any topics that elicited more discussion in the small group discussion?

_____________________________________________________________

_____________________________________________________________

_____________________________________________________________

If so, please indicate which topics and which level this information should be elevated to: Local CAIB/IDS, MAJCOM CAIB/IDS and AF CAIB/IDS Level: ______________________________
Appendix E: Commander Feedback Form (cont’d)

Is there any other information that leadership should be aware of?

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Appendix F: Facilitator Notes Form

Small Group Discussion #1 Notes:
________________________________________________________________________
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________________________________________________________________________
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Small Group Discussion #2 Notes:
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Small Group Discussion #3 Notes:
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Small Group Discussion #4 Notes:
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Small Group Discussion #5 Notes:
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Appendix F: Facilitator Notes Form (cont’d)

Small Group Discussion #6 Notes:
_____________________________________________________________
_____________________________________________________________
_____________________________________________________________
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Small Group Discussion #7 Notes:
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Small Group Discussion #8 Notes:
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Appendix G: Additional Commander Information on Suicide Prevention Trends and Postvention

Suicide Trends:
In any given year, roughly 30,000 Americans die by suicide, almost twice as many as are killed by homicide. The military is not exempt from the problem of suicide.

Suicide remains a leading cause of concern and preventable form of death among Air Force personnel. Between 2010 and 2014 the Air Force lost between 41-62 active duty Airmen per year to death by suicide. This equates to 15.6 suicides for every 100,000 Airmen. The Air Force Reserve component (ANG/AFR) has lost an average of 25 Airmen per year. Additionally, the Air Force has lost an average of 19 civilian employees to death by suicide over the last five years.

Within the Air Force, the most common stressors experienced by those who die by suicide are relationship problems, legal problems, mental health problems, financial hardship, and work problems. Air Force data show that all age groups are at potential risk for suicide. All ethnic, racial, age and rank groups were represented among Air Force suicides. However, just as in the U.S. at large, more men die by suicide than women at a rate four times greater. While female Airmen are less likely to die from suicide than male Airmen, they have a rate higher than women who do not serve in the military.

Dynamics of Suicide:
The reasons for considering suicide will vary from person to person. All people experience stressors (i.e., challenges or problems). Research tends to indicate that the following are associated with suicide: increased/new stressors; distress; changes in mood, habits, and behaviors; feelings of hopelessness; belief that the individual is or will become a burden; belief that others do not care or they do not belong to the group/community anymore; increasing thoughts or beliefs that suicide is a viable solution to the current situation; and access to a means to end one’s life. Sometimes these stressors may build up and lead to distress which is the discomfort or emotional pain associated with difficulty solving or overcoming problems – in other cases the decision is much more impulsive. This is particularly true when risk factors combine (e.g. the individual has news of a new stressor
like a break up, is intoxicated and has access to a firearm). The desire to escape or avoid distress can lead some to determine that suicide is their best option to get out of their current situation. The Air Force promotes and supports Airmen resolving their problems and challenges in healthy, safe, and constructive ways. To that end, the Air Force has developed many resources to help Total Force Airmen and their families resolve these problems.

It is important to recognize that anyone can become suicidal, regardless of how well they have managed military or personal stress previously. If a Total Force Airman experiences stressors or problems that overwhelm their ability to cope, it may result in feeling distressed, alone, and a burden to others. This may increase vulnerability and susceptibility to suicide.

**Postvention:**
Taking care of the Total Force Airmen, family, and friends of someone who dies by suicide is a part of suicide prevention. These actions are called Postvention or Post-Suicide response. They are designed to support the grieving and prevent future suicides by offering support early after a suicide. Early support is associated with increased help-seeking behavior and resilience.

Post-suicide responses are managed by unit leaders. This can be accomplished by supporting the affected personnel and family member through the grieving process by consulting with chaplains, mental health, and Directors of Psychological Health. These helping professionals can provide information on the resources, grieving process, and signs of complicated grief. Following a suicide, unit leaders should reference and implement AF post-suicide guidance IAW AFI 90-505, Attachment 3.

Care must be taken to avoid sensationalizing, glamorizing, romanticizing, or giving undue prominence to suicide. These practices are associated with suicide clusters, copycat suicides, and increased suicide rates. Additional guidance on postvention can be found in the Air Force Public Affairs Guide to Suicide Prevention, in the Memorial Guidance on the AFMS Knowledge Exchange, and AFI 90-505, Suicide Prevention Program.
https://kx2.afms.mil/kj/kx2/AFSuicidePrevention/Documents/Forms/ShowFolders.aspx?RootFolder=%2fkj%2fkx2%2fAFSuicidePrevention%2fDocuments%2fPress%2fPublic%20Affairs&FolderCTID=0x01200046A701E12606B0448A615ED1E6FE3FED

Appendix H: Ask, Care, Escort (ACE) Communication

The purpose of this exercise is to get participants thinking about the subtle day-to-day interactions between Airmen that create an atmosphere of trust and open communication. In this exercise, a scenario is read aloud three times with three different responses from Airman A. The facilitator will play Airman A, and one of the participants will be asked to play Airman B. After each round, the group will discuss the likely impact Airman A’s response had on Airman B, and the likelihood that Airman B would mention personal problems to Airman A in the future.

**Round #1**

**Airman A:** “How are you doing this morning?”

**Airman B:** “I guess I’m okay. I’m having a rough start this morning. I had trouble falling asleep last night. Then I couldn’t find my ID, and someone cut me off about a mile from work…”

**Airman A:** “That’s interesting. [looking at his watch] Well, you know we have staff meeting in five minutes. Better get to it.”

*Impact of Airman A’s Response:* Airman A is conveying disinterest and lack of caring about Airman B’s situation. Airman B is unlikely to confide any further in this person if this is the response they typically get.

**Round #2**

**Airman A:** “How are you doing this morning?”

**Airman B:** “I guess I’m okay. I’m having a rough start this morning. I had trouble falling asleep last night. Then I couldn’t find my ID, and someone cut me off about a mile from work …”
(Round #2 cont.)

Airman A: “That’s interesting. It sure sounds like a hassle. Why didn’t you put your ID and other work items together before you went to bed? Then you wouldn’t have to search for them. Also, if you left earlier, you would give yourself plenty of time to get to work. You can never predict when an accident is going to slow things down.”

Impact of Airman A’s Response: Airman A is being critical and comes across as uncaring. While there may be validity in the criticism, it is not helpful at this time. Airman B is unlikely to approach someone for help who is always critical.

Round #3

Airman A: “How are you doing this morning?”

Airman B: “I guess I’m okay. I’m having a rough start this morning. I had trouble falling asleep last night. Then I couldn’t find my ID, and someone cut me off about a mile from work …”

Airman A: “Sounds like a tough morning. I’m sorry you’re tired, and glad you made it in one piece. We have time to get coffee before the staff meeting.”

Impact of Airman A’s Response: Airman A is willing to take the time to check in on Airman B and make sure they are okay. This expresses understanding, caring, and support. When having these types of conversations, use open-ended questions that invite more than just a “yes” or “no” answer (e.g. “What do you think is the reason you’re having trouble sleeping?”).
Appendix I: ACE Scenarios

**Facilitators:** You will need two volunteers for this small group discussion. Hand out copies of these scenarios to your small group, and have the group members choose a scenario to role-play using the ACE model. Genders have been assigned in the scenarios for illustrative purposes, but can be adjusted to match that of the group members.

1. SrA Porter has just learned from some of his friends that they’ve seen his girlfriend with another guy on several occasions. When he confronts her, his girlfriend admits that she has been cheating on him with another Airman and isn’t sure she wants to continue their relationship. Porter is angry, and after a night of heavy drinking, gets in a fight with the other Airman. They both receive disciplinary action. Role-play how a Wingman could use the Ask Care Escort model to speak with SrA Porter.

2. A1C Taylor is sexually assaulted at a party, and she doesn’t know the guy who did it. She’s embarrassed to tell anyone what happened. She normally enjoys her job, but recently she finds it difficult to focus and often retreats to the bathroom to cry. She begins to isolate herself socially, refusing invitations from her friends to hang out or go to parties. Role-play how a Wingman could use the Ask Care Escort model to speak with A1C Taylor.

3. SSgt Sidney and his daughter are badly injured in a car accident, and it will take them several months to recover fully. The other driver involved in the accident files a lawsuit against Sidney. Sidney’s wife takes on a second job to help pay the legal and medical bills. They argue often, and Sidney feels like his wife blames him for their daughter’s injury and their financial predicament. Role-play how a Wingman could use the Ask Care Escort model to speak with SSgt Sidney.

4. SrA Hunt, an only child, has recently lost his mother to cancer, and he’s been estranged from his father since he was very young. He begins using alcohol to cope, and his work performance begins to slip. He has angry outbursts over small things. Role-play how a Wingman could use the Ask Care Escort model to speak with SrA Hunt.
Appendix J: The Ask, Care, Escort (ACE) Model

**Ask** is the first component. Asking direct questions helps you find out what is going on with your fellow Airman. Having a good relationship with your fellow Airmen can help build trust to support these conversations. It is best to maintain good communications and address concerns often. When beginning a conversation, take your time and do not rush the conversation unless the situation is an emergency. Rushing through conversations can cause individuals to shut down. To get started, it may be helpful to discuss the changes you have seen. **Make sure to Ask directly about thoughts of suicide in your conversation. Take all reports of suicidal thoughts very seriously. Never ignore remarks about suicide or promise secrecy.**

- Know your fellow Airmen.
- Talk early and talk often.
- Do not rush the conversation, unless it is an emergency.
- **Within the conversation, make sure you Ask directly about suicide, and take remarks about suicide seriously.**
- Never promise secrecy.

**Care** about your Wingman is the second component. Take the time to make finding out what is going on a priority. Sit down with your Wingman in private and calmly express concern. Listen carefully to what you are being told. Make sure you understand the full picture of what’s going on by summarizing what you have heard and asking for clarification. Don’t be judgmental or promise secrecy. Be sure to ask directly about suicide. You will use this information to help guide the next step of ACE, determining the right resources (emergency or otherwise) for the person.

- Find a place to talk in private.
- Be honest and direct about your concerns.
- Ask your Wingman if you have the full picture.
- Find out what help or steps the person may have already pursued.
- Directly asking about thoughts/plans for suicide demonstrates caring and the willingness to help.

**Escort** your Wingman to the right resource is the third component. Remember, while many people simply need help problem solving, some may need immediate intervention and should not be left alone for any reason. In that case, they should be escorted immediately to the support
services of their choosing. Services might include a chaplain, mental health provider, first sergeant, or a local emergency room.

- Escort to the appropriate resource.
- If not an emergency, help the individual to find the right resource and make appointments.
- Arrange follow-up with the Wingman.
- If the person is thinking about suicide, it is an emergency. Do not leave them alone, and escort to a chaplain, mental health provider, first sergeant, or the most appropriate emergency service.

**Tips for ACE**

- Being uncomfortable or nervous when discussing suicide is normal.
- Most individuals experiencing stress are NOT thinking of suicide.
- If they ARE having thoughts of suicide, you are in the right place to help that person.
- The majority of people facing challenges/stressors need support, and being able to share the stressors they are facing often helps them problem solve.
- It may be helpful to treat the person the way you would someone that is close to you (a friend or family member).
- ACE works best when you know your fellow Airmen and maintain a good relationship with them. Most people are unlikely to trust and confide in someone who has not previously taken the time to know them.

Remember, ACE can be used to help you discuss a number of topics with your coworkers, family, and friends. The goal is a continuous engagement with your Wingman.