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Disclaimer

The concept behind the development of this training tool using the Virtual Experience Immersive Learning Simulation (VEILS®) methodology is built around the Lincoln University Model for Suicide Prevention and its Life Preservation Index. The model views suicidal ideation and behavior as the result of a combination of structural, cultural, social and individual factors. The index outlines how social connectedness serves as an effective buffer towards suicidal ideation and subsequent suicidal behavior. This multi-dimensional approach, combined with the methodology of WILL Interactive, Inc., led to the development of the story lines in this VEILS®.

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

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

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

A portion of the research for the development of this training tool was sponsored by the Army Research Laboratory and was accomplished under Cooperative Agreement Number W911NF-07-2-0062. The views and conclusions contained in this document are those of the authors and should not be interpreted as representing the official policies, either expressed or implied, of the Army Research Laboratory or the U.S. Government. The U.S. Government is authorized to reproduce and distribute reprints for Government purposes notwithstanding any copyright notation hereon.

More Information

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

For information, please contact: Dr. Abdoulaye Bah baha@lincolnu.edu, or Ché Wilson wilsonc@lincolnu.edu or call (573) 681-5225 or (573) 681-5227.

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

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

The collaboration between Lincoln University, the Army Research Laboratory, WILL Interactive, Inc., and the Office of the G-1 has produced a second training module for suicide prevention. Those involved in this effort include:

**Lincoln University**
- Abdoulaye Bah, Ph.D. Sociologist, Principal Investigator
- Ché Wilson, M.A. Researcher
- Antonio Holland, Ph.D. Researcher
- Linda Fatkin, M.A., Psy Researcher, Board Certified Traumatic Stress

**Army Research Laboratory**
- Madeline Swann, Ph.D. Cooperative Agreement Manager

**Office of the G-1**
- Walter Morales Army Suicide Prevention Program Manager
- Ray Rosales, LTC U.S. Army (Retired) Project Officer

**WILL Interactive**
- Grady Weatherford Director
- Karen Palting Senior Producer
- Vallery Linn Producer
- Chris Stezin Writer
RUNNING THE PROGRAM

**The Home Front** is available in both disc and online formats. If you are using the disc version, the program should automatically launch in your default web browser when it is inserted in your computer’s DVD drive. If your computer does not have the required version of Adobe Flash, you will automatically be prompted to install it. If the program does not self-start, please complete the following steps:

**Windows Users**

1. Insert **The Home Front** into your DVD-ROM drive.

2. If **The Home Front** does not self-start within 30 seconds, follow the next steps:
   
a) Open Windows Explorer (My Computer) and browse to your DVD drive.

   b) Double-click on “The_Home_Front.exe”.

**Mac Users**

1. Insert **The Home Front** into your DVD-ROM drive.

2. Double click on the **The Home Front** disc icon on your desktop (or browse to it’s location in the Finder).

3. Double click on “The_Home_Front.app”.

**System Requirements:**

- Windows XP, Vista, or 7 / Mac OS 10.4 or higher
- Adobe Flash Player 10+
- 1GHz or faster processor (2GHz recommended for full-screen playback at high resolutions)
- 256MB of RAM (512MB recommended)
- DVD-ROM Drive
- Video Card & Display (1024 * 768 minimum resolution)
- Sound Card & Speakers / Headphones
- Keyboard & Mouse
TECHNICAL SOLUTIONS AND SUGGESTIONS

Projecting for a Large Audience

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

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

1. Large Computer Monitor (21” or more) for a small group.
2. Computer Projection System with LCD projector for large groups.

Graphics/Color Issues

*The Home Front* is designed to work best in a screen resolution of at least 1024 by 768, with at least High Color (16 bit) color palette/depth.
**The Home Front** is a Virtual Experience Immersive Learning Simulation created to address some of the need for suicide awareness training and prevention for the U.S. Army. The instructional content of the program is based on Lincoln University’s Risk Assessment Model using social indicators to determine risk and protective factors for suicidal ideation. This model emphasizes a holistic approach to looking at suicide through structural, cultural, social, and individual factors. The program also incorporates elements of the U.S. Army Public Health Command’s Suicide Awareness for Soldiers/ACE curriculum as well as a resiliency component.

**Goals**

The goals of this program are: to provide you with basic knowledge in recognizing the warning signs and risk factors for suicidal ideation in others and in yourself; to provide insight as to how to intervene to help possible victims; to educate you regarding the causes of suicidal ideation and behavior; to stress the importance of developing and maintaining strong social bonds; to convey that mental wellness and awareness of high-risk situations can reduce the likelihood of acute depression and suicide in the future; to provide a guide for emotional balance and resilience as protective factors; and, to encourage the development of critical thinking, decision-making and problem-solving skills to help prevent suicide.

**Instructional Design**

The software allows you to assume the roles of fictional characters and to see the consequences of the behaviors you select in a non-judgmental interactive movie. The software engages, entertains, and utilizes behavior modification techniques and skills that include: reinforcement (both positive and negative), critical thinking, decision-making, communication, problem solving, building on existing strengths and learning through consequences.
TIPS FOR PLAYING

Navigating the Program

When a vignette plays to its conclusion, the program will automatically move to the next screen. You must manually click out of text screens.

The *next* and *back* buttons appear at the bottom of almost all screens.

- The *back* button allows players to go back and make a different choice.
- The *next* button sends players to the next screen or video.

In video screens, the *next* and *back* buttons appear with a movie player control (see below). These controls will appear briefly at the beginning of each video and will reappear when the cursor is rolled over the screen.

Clicking on the *menu* button returns the player to the beginning. Prior navigation will not be saved. The *voice over* button toggles voice-over audio recordings of the on-screen text. When the button is set to the position, voice-over will be heard; when it is set to , it will not be heard. The *full-screen* button toggles full-screen mode. You can expand the program to full-screen view by clicking on . When in full-screen mode, click the button again to exit full-screen and return to normal view. You may also use the ESC key to exit full-screen mode at any time.

Choices are highlighted as they are made, so when you back up, get “kicked back” into an earlier part of the program, or return to the menu and start over, all decisions previously made will be highlighted. These highlights only indicate previous choices; they do not stop you from making the same choice again. In order to erase these highlights, you must refresh and/or restart the program.

Movie Player

When you start the interactive movie or make a decision, the movie player window will appear. The movie should begin automatically.

Several other controls are available on the tool bar below the video:

- **Play/Pause.** Once the movie has started, the play button will turn into a pause button when you click the pause button, it turns into a play button again.

- **Stop.** Click the stop button any time to stop the video. Click the play button to resume the video from the beginning.

- **Running Bar.** You can move back and forth within a video by clicking and dragging the running bar directly below the video.

- **Closed Captioning.** This button toggles the visibility of text captions for video dialogue. When the button is set to the position, closed-captions will be displayed; when it is set to , they will not be displayed.
PLAYBACK PROBLEMS

Video Skips and Hesitations

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

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

No Sound

Double-check the wires—ensure that your speakers are properly connected, that they are turned on and the volume is up.

If you still do not have sound, contact your computer support team and tell them you may have a problem with your sound card or speakers.
**USAGE OPTIONS AND TIME REQUIRED**

*The Home Front* is designed for use as both a facilitated instructional tool and as a self-instructed, self-paced activity. Choosing the instructional method depends on available time, resources, and personal preferences.

When using the program individually, one complete pathway for both characters can be finished in approximately one hour.

**Warning:**

Although there are no explicit depictions of suicide or death, *The Home Front* is based on real events. Survivors of suicide and/or combat veterans may have strong reactions to some of the situations depicted in the VEILS®. *Warning: vivid combat re-enactment scenes*

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1 According to Bryan, L.E. Dhillon-Davis and K.K. Dhillon-Davis (2009), viewing video-based media has been found to be a safe educational tool.
SELF-INSTRUCTION

The Home Front is designed to function as a facilitated instruction tool and as a self-instructed, self-paced activity. You may elect to work individually or in small groups.

Schedule instruction time so a facilitator/instructor can be available for consultation whenever possible.

Pay close attention to the choices that you make and the information provided following your decision. The information presented may reinforce your decision. Other times, it may ask you to reconsider your decision. The scenarios that follow as the result of your decisions should also make you think about the quality of the decision that you made.

Synopsis of Discussion Points

1. Recognize warning signs of suicidal ideation;
2. Recognize risks factors for suicidal behavior;
3. Emphasize the importance of social support (family, friends, spirituality and religious practices) in preventing suicidal ideation;
4. Identify the role of effective communication skills in addressing behavioral health issues;
5. Describe the importance of balancing family and career duties;
6. Enhance awareness about resources available to military families regarding behavioral health issues; and,
7. Explain the importance of resiliency as both a coping mechanism and a tool for self-preservation.

These discussion points serve as guides to create a well-rounded learning experience that will cause participants to explain and defend the choices made for each character within each scenario. In line with effective communication, it is not necessary to characterize a response as wrong or negative; rather, as the instructor, your mission is to introduce and explain positive, life preserving responses that are reflective of the learning objectives for the film.

Thank you for your commitment to life preservation and for your time as the group facilitator.
PROGRAM DIAGRAMS

The purpose of the program diagrams, pages 11-22, is to provide a reference and guide for navigating the pathways. The duration for completion of pathways are provided and are based on playing “straight through” to an outcome and pausing for text screens. Following a bad outcome and being returned to the beginning of the program, backing up to explore multiple choices, and longer pauses at text boxes have not been factored into the approximate playing times.

In order to present the most efficient and understandable representation of the program, these diagrams move from choice to choice. The videos and text boxes that populate the program between choices are not indicated. There may be several video clips and text boxes between any two choices.

Page 10 contains the key for the diagrams and their color coding.

NOTE TO USER:

For individual play, it may be beneficial to copy these diagrams. Each decision has been numbered to aid in facilitation; you can walk through a specific pathway using the decision numbers (e.g.—“At Dowdell decision number five, “Do you want to pick up the phone?” choose ‘Yes.’ At decision number six, choose ‘Ethan didn’t want to get out of bed this morning,’ etc.)

The diagrams are provided as aid for the navigation to bad and good outcomes. They should not be interpreted as a linear step-by-step guide for using the program. The interactive methodology used to build the program will prevent the user from reaching certain decision points (especially when a bad outcome occurs). In these instances the user is redirected to a decision point to allow alternative choices for a positive outcome.
Diagram Key

Green Box = Question

Red Box / No Fill = Choice/Active Link — No effect on ending

Red Box / Blue Fill = Choice/Active Link — Best choice, but no effect on ending

Red Box / Green Fill = Choice/Active Link — Pathway to positive ending

Red Box / Red Fill = Choice/Active Link — Pathway to bad ending

No Box = Navigation

Black Box = Positive Ending

Broken Black Box = Bad Ending
**DECISION 1**
What do you want to do…?

- Catch up with Washer later.
- Get to the motor pool.
- Take the time to talk with Washer.

**DECISION 2**
What do you want to do?

- Don’t try to contain your anger this time—let him have it.
- Let them know this stops now—or you’ll take it up the chain.
- Let it go. You have to work with these guys, and nothing you say will stop this behavior.

**DECISION 3**
Is your situation having a serious negative effect on your life?

- No. You’re a Soldier and an NCO. You’re trained to deal.
- A little. Not much.
- Yes. It has to.

**DECISION 4**
What do you want to do?

- Tell him you have to pick up your son.
- Stay and talk.
- Tell him you’ll talk tomorrow.
- Tell him you think he should talk to someone more qualified.

**GO TO DECISION 5**
**ELIZABETH DOWDELL**

(CONTINUED)

**DECISION 5**

Do you want to pick up the phone?

- Yes.
- No.

**DECISION 6**

What do you say?

- No excuse. I’ll get squared away.
- There isn’t really anything to say. So don’t say anything.
- Ethan didn’t want to get out of bed this morning.

**DECISION 7**

What will you say?

- Tell him you’ll be okay, and your performance will return to its usual high standard.
- Tell him you could probably use some help.

Leads to Dowdell not being able to hold it together and facing disciplinary action due to carelessness.

Leads to successful ending.
MEGAN JEREMY
INTRODUCTORY VIDEO AND TEXT

DECISION 1
Should he be honest on his PDHA?

- Yes. It’s okay to take care of yourself.
- Just wait until you get home.
- I can’t make that decision for you.
- No. It won’t do you any good to be stuck here. You’re better off with your Family.

DECISION 2
Push it or let it go?

- Push it. Find out what’s up with SPC English.
- Let it go—but tell him you’ll be calling him.
- Let it go. Don’t put him on the spot.

DECISION 3
What do you want to do?

- Offer to give him a ride—let him know there is support out there.
- Respect his privacy—let it go.
- Let him go—but see if you can get in touch with his Family.

DECISION 4
What do you want to do?

- Ask him if he’s considering suicide.
- He needs Family support. Tell him to call his parents and that you’ll check on him tomorrow.
- Tell him to stay put. You’re on your way.
- Tell him to stay put. Call your PSG.

GO TO DECISION 5

- Leads to English unsuccessfully attempting suicide.
- Leads to English getting help.
Ask him about his situation.  Let it go. He’s having a hard time.  Tell him you’ll help if he needs it—otherwise, get squared away.  Ask his buddies if they’ve noticed anything.

What do you do?

Leads to English getting help.

DECISION 6

Is that answer acceptable to you?

Yes.  No.

DECISION 7

What do you want to do?

Tell him you’ll help if he needs it, otherwise, get squared away.  Ask his buddies if they’ve noticed anything.

Leads to English getting help.
**RICHARD PETERSON**
**INTRODUCTORY VIDEO AND TEXT**

**DECISION 1**
What are you going to do…?

- Straighten out this idiot.
- Go to the rest room for a minute-try to cool off.
- Try to intervene calmly.

**DECISION 2**
What do you want to do?

- Nothing. She doesn’t understand, and you can’t make her—just walk away.
- Tell her to back off—that’s all you can do.
- Tell her you’re not sure you want the job back anyway—and why.

**DECISION 3**
Do you agree with Jensen—counseling doesn’t solve your problems?

- Sort of—talking can help, but it doesn’t solve everything.
- Yeah, Jensen is right—you just have to ride it out.
- No—Jensen is wrong.

**DECISION 4**
Give Miller’s business proposition a try?

- Yes- you have to—if this doesn’t work you’re out of options.
- No. It won’t work, and you can’t afford to take chances right now.
- Why not? It’s worth a try.

GO TO DECISION 5

Leads to successful ending.
Would you say you’re doing alright?

Yes - just going through a rough patch.

Leads to Peterson unsuccessfully attempting suicide.

No.

Leads to successful ending.
ANTONIO ROSALES
INTRODUCTORY VIDEO AND TEXT

DECISION 1
What will you say to your parents…?

I’ve been having this dream lately. *
I just couldn’t sleep.
It’s under control.
Don’t treat me like a kid.

DECISION 2
What do you want to do?

Just go home.
Go out- at least for a little while.
Tell them what they want to hear- then go home.

DECISION 3
What do you want to say?

Tell her about the dream. *
Tell her that you’re not sleeping much and leave it at that.
Tell her you don’t want to talk about deployment—she wouldn’t understand any of it.

DECISION 4
You’ve agreed to seek help—but how?

Call your Squad Leader.
Contact the VA.
Go to your local hospital.

GO TO DECISION 5

Tell them you can hold it together as long as you have support.

Leads to Rosales getting the help he needs.

* If Decision 1 and/or Decision 2 is correct
What do you want to do?

Tell them the truth—you’re slipping and you need help.

Leads to Rosales getting help.

Tell them you’re fine and you’ll straighten this out with SSG Arbus.

Leads to Rosales unsuccessfully attempting suicide.
What do you say to your boss…?

**DECISION 1**

- Tell him you got sidetracked and ask for more time.
- Tell him you’re almost finished and you’ll send it out in a minute.
- Unload on him—tell him honestly how you are feeling about the situation right now and why your work isn’t done.

**DECISION 2**

- Are you going to Manuel’s office to “talk”?
  - You don’t have a choice. Go take your medicine.
  - No way. Tell him you have to get home and you’ll see him tomorrow.

**DECISION 3**

- What do you want to do?
  - Tell Ellen the truth—you’re tired and just can’t talk now.
  - Talk to your wife.
  - Tell her that the Family is out of options and she just needs to accept the situation.

**DECISION 4**

- Still, It might be time for a break, right?
  - Wrong. Stay on track, finish this job.
  - Yes. Give it up for a minute.

GO TO DECISION 5
What do you want to do?

Go grab a coffee.

Tell him you’ll hang out another time.

What do you want to tell Ellen?

“The kids will be fine. We can have a late dinner.”

“Ok. I’ll see you at home.”

Leads to successful ending—Foreman getting help.

Leads to Foreman unsuccessfully attempting suicide.
DEcision 1

What do you want to do...

Call Gail and cancel.

Decide to go to dinner.

DEcision 2

What do you want to do?

Tell Frankie she’s coming with you.

Ask Frankie if she is alright to stay home.

Don’t upset her—leave her alone for now and call to check up on her.

Ask her about the changes you’ve noticed.

DEcision 3

What do you want to do?

She’s a moody teenager going through a lot—keep any eye on her.

Call Gail

Email John.

Ask Frankie about the picture.

Call the school counselor.

GO TO DEcision 5

DEcision 4

E-mail John?

No—there is no need to panic.

Leads to Frankie running away.

Yes.

Leads to successful ending.
You now have a list of resources—but you are still worried about your husband’s career. What do you want to do?

- Keep a close eye on her.
  - Leads to Frankie running away.

- Use information to get help.
  - Leads to successful ending.
SUGGESTIONS FOR THE FACILITATOR

1. Welcome Trainees

Explain to your students that this VEILS® program is about life preservation, specifically teaching Suicide Awareness and Prevention. Emphasize that this knowledge is critical to the successful accomplishment of the Army’s mission to thoroughly educate its employees regarding best behavioral health practices. The instructional content of the program is based on Lincoln University’s Risk Assessment Model using social indicators to determine risk and protective factors for suicidal ideation. This Model emphasizes a holistic approach to looking at suicide through structural, cultural, social, and individual factors.

This VEILS® program:

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

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

2. Administer Lincoln University Survey

Located in Appendix B, this survey will be given before the initial viewing of the video and after the final viewing of the video. All participants will be assigned the same unique identifier for both surveys. Please make sure that each student writes his/her assigned number on both surveys.

3. Starting the Video

Play the introduction video by clicking “Next” from the last page of opening text.
4. Starting the Character Modules

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

5. Using Decision Roadmaps

Decision roadmaps are flowcharts. The flow charts clearly show the navigational choices that the six (6) major characters can follow.

The flow charts can be used in place of a written script. They assist you in teaching and are easy to understand and follow. A combination of boxes for video clips, teaching points, decision tree and possible choices guide through each character's story. The shapes and colors make it easy to know what is happening, as well as to describe the decision points that each playable character reaches.

You may follow the green lines and boxes for the pathway that demonstrates the best course of action to support suicide awareness and prevention. Red pathways depict what happens when less favorable choices are made.

There are several shapes and colors in VEILS flow charts.

- White squares and rectangles with black outline and 90 degree corners show wording from the text screen that appear on your screen.
- White squares and rectangles with rounded corners and gray outline show selected wording from the VEILS video script. They describe the story action.
- Green and red outlined squares and rectangles note a decision point.
- Shapes with a solid GREEN outline show the route that is most consistent with Army Values.
- Shapes with a solid RED outline denote incorrect choices that lead to the physical act of suicide.

The flow charts also contain icons. Icons are pictures that help you teach ideas, rules, and policies. When an icon appears on a flow chart, look for its explanation on the companion page below it. Each explanation can be read aloud as a teaching point and discussed.

6. Discussion Themes and Questions

The Discussion Themes that appear before the guided outline for playing each character are to be stated and explained before viewing the scenario so that viewers will be able to see how each theme is incorporated and/or played out within the video. After viewing the video, discuss how these themes impacted the characters and the decisions ultimately made by them.

Each scenario has a set of discussion questions that will reinforce the learning objectives. It is crucial that participants discuss these questions and get an opportunity to respond to them. This exercise, best facilitated in small groups of no more than 30 people, will enrich the viewing experience and provide a basis for assessing individual self efficacy in both identifying at risk individuals and knowing what to do to provide those at-risk individuals with help. As discussion devel-
ops, remember to highlight the key learning objectives by asking how they are reflected within the participant’s decision choices. For example, if a Soldier explained his/her choice of not joining friends for dinner as an acceptable choice, remind him/her that social support serves as a key buffer to suicidal ideation. Again, utilize discussion as a way to ensure that everyone has processed the intended lessons learned.

These Discussion Questions serve as guides to create a well-rounded learning experience that will cause participants to explain and defend the choices made for each character within each scenario. In line with effective communication, it is not necessary to characterize a response as wrong or negative; rather, as the instructor, your mission is to introduce and explain positive, life preserving responses that are reflective of the learning objectives for the film.

7. Learning Objectives

The purpose of this second installment of the life preservation curricula is to build upon the basic concept of recognizing suicidal ideation and behavior within the self and others by presenting life challenges and providing a safe way for the characters to deal with them. Built into the storylines of each of the six scenarios are learning objectives derived from our theoretical model of suicidal ideation and behavior. This model focuses on the interplay of individual, social and structural levels as possible dimensions of risk assessment for suicidal ideation and behavior. Some of these learning objectives are listed below:

- Learn about the importance of support systems (family, friends, religious affiliations, military units, etc.) in suicide prevention
- Learn how to address and reduce the effects of stigma on seeking behavioral health
- Learn about evidence-based suicide facts
- Develop the self-efficacy required to take positive action
- To be able to differentiate between risk factors, warning signs, compounding factors, protective factors
- Become familiar with suicide terminology
- Correctly identify myths and misconceptions regarding suicide
- Critically process information related to suicide
- Understand the importance of communication/reaching out
Elizabeth Dowdell

Elizabeth Dowdell is a professional and caring Soldier confronted with the demands of her job and her Family. She provides an open ear to Washer, a fellow Soldier experiencing some behavioral health issues. The demands of her job have reduced the time she has to devote to her Family needs, especially her son, Ethan. Fortunately, the Army’s recent push to train and educate line leaders has brought SSG Salyers in her command. This experienced leader has been concerned about the apparent behavioral and performance changes exhibited by SGT Dowdell. Having identified signs that are a source of concern, SSG Slayers is taking a proactive role to assess and intervene before SGT Dowdell slides into a serious behavioral health condition.

You will be directed back into the program until you have navigated to a good ending. In the second go around, some choices will not be available because they lead to either undesirable outcomes or endless loops.

Discussion Themes—Positive Outcome

- Importance of recognizing warning signs of behavioral health issues
- Care and concern exhibited by leadership
- Willingness to seek professional help
- Question 21\(^3\) and the new policy regarding seeking professional help
- Engaging in familiar social support groups (family, friends, religious practices)
- Importance of balancing responsibility to self and to fellow Soldiers
- Workplace stressors
- Positive way of handling relationship problems

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3 Document is located in Appendix D.
<table>
<thead>
<tr>
<th>TIME</th>
<th>VEILS SYSTEM</th>
<th>LECTURE CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Start the VEILS system. At the “Welcome” screen, click on active duty.</td>
<td></td>
</tr>
<tr>
<td>0:40</td>
<td></td>
<td>(Home Front Introduction)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we “play” interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</td>
</tr>
<tr>
<td>2:38</td>
<td>Video 1:58</td>
<td></td>
</tr>
<tr>
<td>3:42</td>
<td>Video 1:04</td>
<td>DECISION POINT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum time of video (*depending on which answer you choose): 1:36</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Click on your choice.</td>
</tr>
<tr>
<td>4:06</td>
<td>Video 0:24</td>
<td>Take time to talk to Washer.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Read the text)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss the following: importance of peer support; reporting requirements regarding statements made about weapons; responsibility to direct a peer to professional help</td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Maximum time of video: 0:45</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do you want to do? <em>(Take one suggestion)</em></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Let them know this stops now or you’ll take it up the chain.</td>
</tr>
<tr>
<td>4:24</td>
<td>0:18</td>
<td>Video</td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td><em>(Read text)</em></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss Army sexual harassment policy.</td>
</tr>
<tr>
<td>6:06</td>
<td>Video: 1:42</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Maximum time of video: 0:11</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Is your situation having a serious negative effect on your life?</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Yes, it has to.</td>
</tr>
<tr>
<td>6:09</td>
<td>Video: 0:03</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss and introduce the concept of resiliency and the availability of Army behavioral health resources.</td>
</tr>
<tr>
<td>7:03</td>
<td>Video: 0:54</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Maximum time of video: 0:49</td>
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<tr>
<td></td>
<td></td>
<td>What do you want to do?</td>
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<tr>
<td></td>
<td>Click on your choice.</td>
<td>Tell him you think he should talk to someone more qualified.</td>
</tr>
<tr>
<td>7:26</td>
<td>Video: 0:23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the chain of command policy of referral at your installation.</td>
</tr>
<tr>
<td>8:54</td>
<td>Video: 1:28</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<tr>
<td></td>
<td>DECISION POINT</td>
<td>You want to pick up the phone?</td>
</tr>
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<td></td>
<td></td>
<td>Maximum time of video: 3:51</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Yes.</td>
</tr>
<tr>
<td>10:46</td>
<td>Video 1:52</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the life preservation index (social support, spirituality or religious attachment, coping skills)</td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss various forms of social support.</td>
</tr>
<tr>
<td>12:09</td>
<td>Video: 1:23</td>
<td></td>
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<tr>
<td></td>
<td>DECISION POINT</td>
<td>What do you say?</td>
</tr>
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<td></td>
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<td>Maximum time of video: 1:14</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>There isn’t really anything to say, so don’t say anything.</td>
</tr>
<tr>
<td>12:29</td>
<td>Video 0:20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss how to make an objective assessment of a Soldier’s performance—is it due to personal issues or not?</td>
</tr>
<tr>
<td>12:38</td>
<td>Video 0:09</td>
<td></td>
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<tr>
<td></td>
<td>DECISION POINT</td>
<td>What will you say?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum time of video: 2:33</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Tell him you’ll be okay and your performance will return to its usual high standard.</td>
</tr>
<tr>
<td>14:03</td>
<td>Video 1:25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the warning signs of an emotional breakdown; social isolation</td>
</tr>
</tbody>
</table>
Discussion Themes—Negative Outcome

- Emotional difficulties (irritability towards co-worker and son)
- Decreased attendance and involvement with church
- Poor performance at work
- Isolation and distance from family
- Avoidance of social interaction
- Inability to balance work and family duties
- Feelings of helplessness (sexual harassment incident)
- Refusal to accept help
- Little to no self care time

<table>
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<td>Start the VEILS system. At the “Welcome” screen, select active duty.</td>
<td>(Home Front Introduction)</td>
</tr>
<tr>
<td></td>
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<td>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we “play” interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make.</td>
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<td></td>
<td></td>
<td>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</td>
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<tr>
<td></td>
<td>Click on SGT Elizabeth Dowdell.</td>
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<tr>
<td>2:38</td>
<td>Video 1:58</td>
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<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
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</tr>
<tr>
<td></td>
<td>Maximum time of video (*depending on which answer you choose): 1:36</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Get to the motor pool.</td>
</tr>
<tr>
<td>3:03</td>
<td>Video 0:25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss how one can balance his/her work and Family responsibilities.</td>
</tr>
<tr>
<td>3:27</td>
<td>Video 0:24</td>
<td></td>
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<td><strong>DECISION POINT</strong></td>
<td>What do you want to do? <em>(Take one suggestion)</em></td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 0:45</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Let it go…</td>
</tr>
<tr>
<td>3:31</td>
<td>Video 0:04</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Text</strong></td>
<td><em>(Read text)</em> Discuss feelings of powerlessness; the effects of sexual harassment on combat readiness and teamwork. Army sexual harassment policy AR 600-20 should be discussed as well.</td>
</tr>
<tr>
<td>5:13</td>
<td>Video 1:42</td>
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<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
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<tr>
<td></td>
<td>Click on your choice</td>
<td>No...you’re trained to deal.</td>
</tr>
<tr>
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<tr>
<td>5:18</td>
<td>Video 0:05</td>
<td></td>
</tr>
<tr>
<td>Text</td>
<td>Discuss and introduce the concept of resiliency and the availability of Army behavioral health resources.</td>
<td></td>
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<tr>
<td>6:12</td>
<td>Video 0:54</td>
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<tr>
<td>What do you want to do?</td>
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<tr>
<td>Click on your choice.</td>
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<tr>
<td>Stay and talk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6:25</td>
<td>Video 0:13</td>
<td></td>
</tr>
<tr>
<td>Text</td>
<td>Discuss balancing work and Family issues and recognizing the limits of your own personal expertise.</td>
<td></td>
</tr>
<tr>
<td>7:53</td>
<td>Video 1:28</td>
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<td><strong>DECISION POINT</strong></td>
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<td></td>
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<tr>
<td>Maximum time of video: 2:45</td>
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<td></td>
</tr>
<tr>
<td>You want to pick up the phone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Click on your choice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Video 0:53</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8:46</td>
<td>Text</td>
<td></td>
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<td>Discuss the life preservation index (social support, religious attachment, coping skills)</td>
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</tr>
<tr>
<td>What do you say?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:10</td>
<td>Video 1:24</td>
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<td>10:39</td>
<td>Text</td>
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<td>10:39</td>
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<tr>
<td><strong>DECISION POINT</strong></td>
<td></td>
<td>What will you say?</td>
</tr>
<tr>
<td>12:04</td>
<td>Video 1:25</td>
<td>Tell him you’ll be okay and your performance will return to its usual high standard.</td>
</tr>
<tr>
<td>12:04</td>
<td>Text</td>
<td>Discuss the warning signs of an emotional breakdown; social isolation</td>
</tr>
</tbody>
</table>

**Discussion Questions**

Would you consider Dowdell as being isolated? Why or why not?

*Social support; warning signs of suicide*

Would you explain your personal problems to your superior if you were in jeopardy of a poor performance appraisal?

*Effective communication; accessing military support resources; resiliency*

What do you think about Dowdell’s interaction with Washer?

*Effective communication; accessing military support resources; resiliency*

Do you believe that behavioral health services within the Army have improved in recent years (in terms of both access and quality)?

*Accessing military support resources*
Megan Jeremy

Megan Jeremy is a Reservist sergeant who has a Soldier who is not coping well with behavioral health issues. Jeremy recognizes that her role as a leader demands that she look after the well being of her Soldiers. She is confronted with the difficulties of keeping up with English and getting him the required help. English is not actively engaged in a social support system of any form and lives in a community that does not have easy access to behavioral health specialists.

You will be directed back into the program until you have navigated to a good ending.

Discussion Themes—Positive Outcome

- Importance of recognizing warning signs of behavioral health issues
- Care and concern exhibited by leadership
- Exploring solutions for English
- Promoting a command climate that encourages Soldiers to seek help
- Taking a personal interest in exploring English’s social support systems and situating herself as a new social support system
- Knowledgeable about the course of action to take (access to treatment)
- Direct communication

<table>
<thead>
<tr>
<th>TIME</th>
<th>VEILS SYSTEM</th>
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</thead>
<tbody>
<tr>
<td>Set up.</td>
<td>Start the VEILS system. At the “Welcome” screen, select Guard and Reserve.</td>
<td><img src="image" alt="VEILS System Welcome Screen" /></td>
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</table>

The Home Front Facilitator’s Guide

Story Synopses and Character Outlines

Page 34
<table>
<thead>
<tr>
<th>TIME</th>
<th>VEILS SYSTEM</th>
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<tbody>
<tr>
<td>0:40</td>
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</tr>
<tr>
<td></td>
<td>Click on SGT Megan Jeremy</td>
<td></td>
</tr>
<tr>
<td>1:23</td>
<td>Video 0:43</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the importance of honestly completing the PDHA.</td>
</tr>
<tr>
<td>2:53</td>
<td>Video 1:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Should he be honest on his PDHA?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video (*depending on which answer you choose): 1:31</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Yes, it’s okay to take care of yourself.</td>
</tr>
<tr>
<td>4:07</td>
<td>Video 1:14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Stress the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.</td>
</tr>
<tr>
<td>5:05</td>
<td>Video 0:58</td>
<td>Text</td>
</tr>
<tr>
<td>TIME</td>
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<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Push it or let it go?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Push it. Find out what’s up with SPC English.</td>
</tr>
<tr>
<td>6:11</td>
<td>Video 1:06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the importance of being proactive as a leader in seeking out information.</td>
</tr>
<tr>
<td>6:33</td>
<td>Video 0:22</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Offer to give him a ride—let him know that there is support out there.</td>
</tr>
<tr>
<td>7:29</td>
<td>Video 0:56</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss seeking behavioral health and security clearance. Note that guidance has been provided throughout the service on how to access behavioral health providers with no adverse effects on one’s security clearance.</td>
</tr>
<tr>
<td>7:47</td>
<td>Video: 0:18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>When you return from deployment, and your Unit scatters, it’s easy to lose touch. Geographical dispersion is a serious issue for Reserve Component Soldiers. Therefore, it is important that leaders make an effort to check in with their Soldiers—especially Soldiers who may have experienced medical or behavioral health issues during deployment.</td>
</tr>
<tr>
<td>11:17</td>
<td>Video 3:30</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 4:23</td>
<td></td>
</tr>
</tbody>
</table>
### Discussion Themes—Negative Outcome

- Lack of social support
- Social isolation
- Sudden, noticeable changes in appearance and behavior
- Recognition of other warning signs and risk factors of suicide
- Leadership responsibilities (how to differentiate between being persistent and being overbearing)
- Geographical dispersion
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<td>Should he be honest on his PDHA?</td>
</tr>
<tr>
<td>2:53</td>
<td>DECISION POINT</td>
<td>Maximum time of video (*depending on which answer you choose): 1:31</td>
</tr>
<tr>
<td>Click on your choice.</td>
<td>I can’t make that decision for you.</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
</tr>
<tr>
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</tr>
<tr>
<td>2:59</td>
<td>Video 0:06</td>
<td>Stress the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.</td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss possible association between suicidal ideation, TBI and PTSD.</td>
</tr>
<tr>
<td>3:57</td>
<td>Video 0:58</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Push it or let it go?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Let it go. Don’t put him on the spot.</td>
</tr>
<tr>
<td>4:03</td>
<td>Video 0:06</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>You missed an opportunity to find out why English is avoiding contacting his Family. Discuss the importance of social connectedness (bonds we share with Family, friends groups that give us a sense of dedication and purpose).</td>
</tr>
<tr>
<td>4:21</td>
<td>Video 0:18</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>5:52</td>
<td>Video 1:31</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What do you do?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 2:11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Let it go.</td>
</tr>
<tr>
<td>6:04</td>
<td>Video 0:12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the hardships and effects of geographical dispersion.</td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<td>------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>7:01</td>
<td>Video: 0:57</td>
<td>You did not act responsibly as a leader in dealing with SPC English. You should have made more of an effort to inquire about his situation and direct him to the appropriate outlets for help. Review ACE.</td>
</tr>
</tbody>
</table>

**Discussion Questions**

As a member of leadership, did Jeremy set a good example of establishing a line of communication between herself and her Soldiers?

*Effective communication; duty to career; access to military support resources*

It is difficult to communicate with English on a regular basis. Did Jeremy do a good job handling this obstacle?

*Effective communication; social support; warning signs of suicide; accessing military support resources*

What are some of the other factors that can impede access to behavioral health care for reservists?

*Accessing military support resources*

**Richard Peterson**

Richard Peterson is a National Guardsman who is denied his job by his former employer upon his return from deployment. He refuses to challenge his former employer for his old job as outlined in USERRA, yet he has no other option to successfully provide for his Family. This leads to financial difficulties and a subsequent downward spiral, including: frequent conflict with spouse; substance abuse; and, finally, being arrested for a DUI (driving under the influence). The response of a friend and the resources put forth by the NG will provide for a better outcome.

You will be directed back into the program until you have navigated to a good ending.

**Discussion Themes—Positive Outcome**

- Financial difficulties
- Substance abuse
- Effective use of buddy system
- Use of social network
- Effective communication with spouse
- Readjustment to civilian life
- Seeking behavioral health
- Suicidal ideation

<table>
<thead>
<tr>
<th>TIME</th>
<th>VEILS SYSTEM</th>
<th>LECTURE CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Set up.</td>
<td>Start the VEILS system. At the “Welcome” screen, select Guard and Reserve.</td>
<td>(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we “play” interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</td>
</tr>
<tr>
<td>0:40</td>
<td></td>
<td>It is your responsibility to inform your employer of your deployment and follow all of the other requirements of USERRA as outlined on the card. Upon reemployment, service members have full reinstatement of benefits, including health and pension, and the opportunity to participate in missed training or retraining, if necessary.</td>
</tr>
<tr>
<td>Click on SFC Richard Peterson</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:52</td>
<td>Video 1:12</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<tr>
<td>2:20</td>
<td>Video 0:28</td>
<td>Decision point</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum time of video: 0:44</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What are you going to do?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Click on your choice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Go to the restroom for a minute—try to cool off.</td>
</tr>
<tr>
<td>2:32</td>
<td>Video 0:12</td>
<td>Text</td>
</tr>
<tr>
<td>4:01</td>
<td>Video 1:29</td>
<td>DECISION POINT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maximum time of video: 4:07</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do you do?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Click on your choice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tell her you’re not sure you want the job back anyway—and why.</td>
</tr>
<tr>
<td>4:50</td>
<td>Video 0:49</td>
<td>Text</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You were able to engage in a conversation with your spouse that revealed your current feelings about your job and future career plans. While the conversation did not include a plan for the immediate and long term future, it at least allowed you to make your intentions known. Open communication can help diffuse a potential conflict within the Family.</td>
</tr>
<tr>
<td>5:58</td>
<td>Video: 1:08</td>
<td>Text</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events. Alternatively, separation can strengthen the family bond by allowing those moments of being together to be cherished and enjoyed. When you regret being separated from your Family, you need to transfer the guilt and possible sadness into love and kindness towards your wife and children. That will erase any sadness or guilt from your mind and theirs.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Discuss ‘Strong Bonds.’</td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<tr>
<td>6:46</td>
<td>Video 0:48</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Do you agree with Jensen—counseling doesn’t solve your problems?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 0:27</td>
<td>No—Jensen is wrong.</td>
</tr>
<tr>
<td>6:53</td>
<td>Video 0:07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss new Army policy regarding behavioral health.</td>
</tr>
<tr>
<td>11:27</td>
<td>Video 4:34</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Give Miller’s business proposition a try?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:07</td>
<td>Yes—you have to—if this doesn’t work you are out of options.</td>
</tr>
<tr>
<td>11:56</td>
<td>Video 0:29</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Would you say you’re doing all right?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:37</td>
<td>No.</td>
</tr>
<tr>
<td>12:53</td>
<td>Video 1:03</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss available resources at your installation and within your community. Reinforce ACE.</td>
</tr>
<tr>
<td>13:40</td>
<td>Video 0:47</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Review the USERRA guidelines, emphasizing the Soldier’s responsibility.</td>
</tr>
</tbody>
</table>
Discussion Themes—Negative Outcome

- Family conflict
- Irritability
- Unemployment
- Geographical dispersion
- Substance abuse and violent behavior
- Financial difficulties
- Legal problems resulting from poor behavior decisions

<table>
<thead>
<tr>
<th>TIME</th>
<th>VEILS SYSTEM</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Set up</td>
<td>Start the VEILS system.</td>
<td>(Home Front Introduction)</td>
</tr>
<tr>
<td></td>
<td>At the “Welcome” screen, select Guard and Reserve.</td>
<td>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Soldiers and see the consequences of different decisions. Essentially, we “play” interactive Soldiers in training. At certain points, I will need your input, as to what decision we should make. In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</td>
</tr>
<tr>
<td>0:40</td>
<td>Click on SFC Richard Peterson</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<td>------</td>
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</tr>
<tr>
<td>1:52</td>
<td>Video 1:12</td>
<td>Text It is your responsibility to inform your employer of your deployment and follow all of the other requirements of USERRA as outlined on the card. Upon reemployment, service members have full reinstatement of benefits, including health and pension, and the opportunity to participate in missed training or retraining, if necessary.</td>
</tr>
<tr>
<td>2:20</td>
<td>Video 0:28</td>
<td><strong>DECISION POINT</strong> Maximum time of video (*depending on which answer you choose): 0:44 What are you going to do? Straighten out this idiot.</td>
</tr>
<tr>
<td>2:40</td>
<td>Video 0:20</td>
<td>Text Discuss UCMJ.</td>
</tr>
<tr>
<td>4:09</td>
<td>Video 1:29</td>
<td><strong>DECISION POINT</strong> Maximum time of video: 4:07 What do you do? Click on your choice. Tell her to back off—that is all you can do.</td>
</tr>
<tr>
<td>5:49</td>
<td>Video 1:40</td>
<td></td>
</tr>
</tbody>
</table>
Effective family communication takes work—it is rarely convenient and it is not easy—but your family is everything to you, so the alternative is not an option. Use the TOTAL formula:

**T**—Set aside a **TIME** when you are more calm—you don’t have to be happy, just in a reasonable state of mind. (Could be later that evening, first thing in the morning, during a walk together, etc.)

**O**—Decide who **OWNS** what part of the problem (who is most affected in a tangible way)—that will determine when you **TALK** and when you **LISTEN**. For example, if your loved one is very upset, angry or hurt, put your opinion on hold until you understand things from his/her point of view.

**T**—**TALK** in a non-threatening way. Start off with “I” for the part of the problem you own: “I feel like I’m between a rock and a hard place. I need the job, but can’t go back there.” (Instead of, “You just don’t get it.”)

**A**—**ACTIVE**LY switch gears from talking to listening—make it happen often, even when you aren’t finished “speaking your piece.”

**L**—**LISTEN** sincerely to the other’s feelings, words, behaviors. This means you put yourself in their shoes (“You’re not just worried about the bills adding up. You’re afraid because our whole future is blurred.”)

Communication using the TOTAL formula defuses the conflict and tension in the family. Knowing when to talk and when to listen is the key rarely used—it determines the difference between looking for blame or looking for solutions.
<table>
<thead>
<tr>
<th>TIME</th>
<th>VEILS SYSTEM</th>
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</thead>
<tbody>
<tr>
<td>Text</td>
<td>This isn’t true and indicates that you feel a lack of power over your circumstances. Seeking counseling can be the first step in a process that leads you to identify and understand the challenges—and ultimately helps you decide what you need to do to achieve a healthy and positive outcome. Discuss the importance of seeking help early.</td>
<td></td>
</tr>
<tr>
<td>12:31</td>
<td>Video 4:40</td>
<td></td>
</tr>
<tr>
<td>12:31</td>
<td><strong>DECISION POINT</strong></td>
<td>Give Miller’s business proposition a try?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:07</td>
<td></td>
</tr>
<tr>
<td>13:00</td>
<td>Video 0:29</td>
<td>No. It won’t work, and you can’t afford to take chances right now.</td>
</tr>
<tr>
<td>13:40</td>
<td>Video 0:40</td>
<td></td>
</tr>
<tr>
<td>13:40</td>
<td><strong>DECISION POINT</strong></td>
<td>Would you say you’re doing all right?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:43</td>
<td></td>
</tr>
<tr>
<td>15:08</td>
<td>Video 1:28</td>
<td>Yes—just going through a rough patch.</td>
</tr>
<tr>
<td>15:08</td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>15:08</td>
<td><strong>Text</strong></td>
<td>Discuss risk factors of suicide and show Army card TA-074-0507</td>
</tr>
<tr>
<td>15:55</td>
<td>Video 0:47</td>
<td></td>
</tr>
<tr>
<td>15:55</td>
<td>Text</td>
<td>Military One Source</td>
</tr>
<tr>
<td>15:55</td>
<td>Text</td>
<td>Re-entering civilian life.</td>
</tr>
</tbody>
</table>
Discussion Questions

What caused Peterson to become so annoyed at the coffee shop? Peterson’s outburst could have resulted in legal trouble. What are the ramifications of such an incident?

*Role conflict between family and work; effective communication*

Is Peterson doing enough to look for a job? To provide for his Family? Why or why not?

*Duty to family; effective communication; resiliency*

Peterson alludes to faking a car accident as a means to provide for his Family. Why would he opt to die as a solution rather than trying to find or create one?

*Suicidal behavior; resiliency; duty to family; USERRA*

**Antonio Rosales**

Antonio Rosales is a Reservist who lives with his parents and is not adjusting to civilian life following deployment. Rosales was cross-leveled to a combat support hospital that was deployed. He was traumatized by his experience in theater and is not willing to talk about it to Family or friends. His actions have cut him off from people who can provide him help and support. Some of his symptoms include co-morbid factors of suicidal ideation: depression, hyper vigilance, a lack of concentration, difficulty sleeping and angry outbursts.

You will be directed back into the program until you have navigated to a good ending.

**Discussion Themes—Positive Outcome**

- Positive and supportive family relationship
• Using the chain of command to get access to resources
• Open communication with loved ones
• Willingness to seek help
• Maintaining positive self image
• Engaging in social interaction
• How to address stressful experiences from one’s past
• Loss of interest in familiar activities

<table>
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<tr>
<td>0:40</td>
<td>Click on SPC Antonio Rosales</td>
<td></td>
</tr>
<tr>
<td>3:31</td>
<td>Video 2:51</td>
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</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
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<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What will you say to your parents?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video (*depending on which answer you choose): 0:43</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>“I’ve been having this dream lately.”</td>
</tr>
<tr>
<td>3:53</td>
<td>Video 0:22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>According to the DoD Survey of Health Related Behavior (RTI 2009), 72% of the Army respondents chose talking to a relative or friend as a coping mechanism when dealing with stress.</td>
</tr>
<tr>
<td>5:35</td>
<td>Video 1:42</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Go out—at least for a while.</td>
</tr>
<tr>
<td>5:46</td>
<td>Video 0:11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the importance of social interaction. While you didn’t enjoy yourself entirely, you immersed yourself in a familiar environment with friends rather than reliving your emotional pain alone.</td>
</tr>
<tr>
<td>6:26</td>
<td>Video 0:40</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What do you want to say?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 2:23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice</td>
<td>Tell her about the dream.</td>
</tr>
<tr>
<td>7:32</td>
<td>Video 1:06</td>
<td></td>
</tr>
</tbody>
</table>
### Time | Veils System | Lecture Content
--- | --- | ---
Text | Discuss protective factors against suicide. |
8:54 | Video 1:22 | |
Text | Discuss risk factors of suicide. |
9:48 | Video 0:54 | |
Text | Discuss ACE. |

**Decision Point**

Maximum time of video: 2:22

You have agreed to seek help—but how?

Click on your choice

Go to your local hospital.

9:54 | Video 0:06 | |

Text | Discuss the importance of taking suicidal ideation, threats and behaviors seriously. |
12:09 | Video 2:15 | |

Text | Discuss resiliency and available resources at your installation and within your community. |

Text | Discuss the importance of taking suicidal ideation seriously. |

**Discussion Themes—Negative Outcome**

- Avoidance of friends
- Misdirected anger
- Rejection of social support from family and friends
- Lost interest in activities he used to enjoy
- Avoidance of situations that reminded him of stressful situations
- Sleeping problems
- Feeling irritable
- Low self esteem

<table>
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<td></td>
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</tr>
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<td></td>
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</tr>
<tr>
<td>0:40</td>
<td>Click on SPC Antonio Rosales</td>
<td>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</td>
</tr>
<tr>
<td></td>
<td>Video 2:51</td>
<td>DECISION POINT</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video (*depending on which answer you choose): 0:43</td>
<td>What will you say to your parents?</td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<tr>
<td>------</td>
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</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>“Don’t treat me like a kid.”</td>
</tr>
<tr>
<td>3:40</td>
<td>Video 0:09</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the importance of accepting other people’s assessment of your overall well-being.</td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the importance of social integration and ask for examples.</td>
</tr>
<tr>
<td>5:22</td>
<td>Video 1:42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DECISION POINT</td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Tell them what they want to hear—then go home.</td>
</tr>
<tr>
<td>5:51</td>
<td>Video 0:29</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the importance of social integration and its positive effect on mood.</td>
</tr>
<tr>
<td>6:31</td>
<td>Video 0:40</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DECISION POINT</td>
<td>What do you want to say?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 2:23</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Tell her you don’t want to talk about deployment—she wouldn’t understand any of it.</td>
</tr>
<tr>
<td>7:17</td>
<td>Video 0:46</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Again, you are placing a barrier to help up between yourself and Julie. Do not allow your anger to control your outlook on life and your behaviors. Everyone is angry from time to time and given your recent deployment, you are entitled to feel this emotion more strongly than others. You are not entitled, however, to blame others for your behaviors and current situation.</td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<td>-------</td>
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</tr>
<tr>
<td>8:39</td>
<td>Video 1:22</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss risk factors of suicide.</td>
</tr>
<tr>
<td>10:41</td>
<td>Video 2:02</td>
<td></td>
</tr>
</tbody>
</table>

**DECISION POINT**

Maximum time of video: 3:24

**What do you want to do?**

Click on your choice.

Tell them you’re fine and you’ll straighten this out with SSG Arbus.

<table>
<thead>
<tr>
<th>12:21</th>
<th>Video 1:40</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Text</td>
<td>Review ACE.</td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td></td>
</tr>
</tbody>
</table>

**Discussion Questions**

Rosales did not partake in his usual routine once he returned. How did avoiding school and friends hurt him?

*Family and social support; effective communication; warning signs of suicide; accessing military support resources*

Rosales did not want to return to his reserve unit due to the fact that he was cross-leveled. This is another behavioral indicator of his struggle to reconnect with familiar constructs in his life. How does this isolation affect other areas of his life (e.g. family, friends, and school)?

*Duty to career; resiliency; access to military support services; social isolation*

What is the effect of his residential location on his desire to seek help for his behavioral health issues?

*Access to military support services*
Carl Foreman

Carl Foreman is a DA civilian confronted with relocation issues when his installation is selected for closing because of the BRAC. The challenges associated with uprooting his family and moving to a new installation are examined as stressors that can lead to suicidal ideation and other behavioral health conditions (depression, anger, substance abuse). Although members of his social support system (wife, boss and friends) are proactive in engaging him and helping him face his problems, Foreman is oblivious to the risk of suicidal ideation he is experiencing. Thankfully, his wife’s supportive and objective analysis of the situation combined with her effective communication skills help Foreman to avoid ending his life.

You will be directed back into the program until you have navigated to a good ending.

Discussion Themes—Positive Outcome

- Importance of communication with spouse and boss
- Importance of seeking help for personal problems
- Avoiding isolation during stressful times
- Positive attitude exhibited by spouse
- Immediate action taken for suicidal ideation (through seeking professional help)
- Overbearing within family dynamics
- Employee Assistance Program (EAP)
- Group therapy

<table>
<thead>
<tr>
<th>TIME</th>
<th>VEILS SYSTEM</th>
<th>LECTURE CONTENT</th>
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</thead>
<tbody>
<tr>
<td>Set up.</td>
<td>Start the VEILS system. At the “Welcome” screen, select DA civilian.</td>
<td></td>
</tr>
</tbody>
</table>
Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of DA Civilians and see the consequences of different decisions. Essentially, we “play” interactive individuals in training. At certain points, I will need your input, as to what decision we should make.

In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.

### DECISION POINT

Maximum time of video (*depending on which answer you choose): 1:20

**What do you say to your boss?**

- **Click on your choice.**
  - Tell him you got sidetracked and ask for more time.

**Video 0:23**

**Text**

Discuss how Carl’s personal problems are beginning to interfere with his work performance.

**Video 0:19**

**Text**

Seek family input.
<table>
<thead>
<tr>
<th>TIME</th>
<th>VEILS SYSTEM</th>
<th>LECTURE CONTENT</th>
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</thead>
<tbody>
<tr>
<td>5:36</td>
<td>Video 0:40</td>
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<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:57</td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Talk to your wife.</td>
</tr>
<tr>
<td>6:56</td>
<td>Video 1:20</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Text</strong></td>
<td>Great. You used effective communication to ensure that what is said is understood by both parties through reflection—repeating what has been voiced so that the speaker can agree or disagree to its interpretation. Meaningful, effective communication and openness are two important blocks in the foundation of a strong, healthy relationship.</td>
</tr>
<tr>
<td>7:18</td>
<td>Video 0:22</td>
<td>Morales has given you an extension on your deadline, showing his support for you during this stressful period in your life.</td>
</tr>
<tr>
<td>7:31</td>
<td>Video 0:13</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Still—it might be time for a break, right?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 0:21</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Yes. Give it up for a minute.</td>
</tr>
<tr>
<td>7:44</td>
<td>Video 0:13</td>
<td>Discuss the importance of social interaction with co-workers.</td>
</tr>
<tr>
<td>8:28</td>
<td>Video 0:44</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
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<td>LECTURE CONTENT</td>
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<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 0:26</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Go grab some coffee.</td>
</tr>
<tr>
<td>8:46</td>
<td>Video 0:18</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What do you want to tell Ellen?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 0:33</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>“The kids will be fine. We can have a late dinner.”</td>
</tr>
<tr>
<td>9:01</td>
<td>Video 0:15</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the importance of self-care.</td>
</tr>
<tr>
<td>9:49</td>
<td>Video 0:48</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss how important it is to take suicidal threats seriously.</td>
</tr>
<tr>
<td>11:02</td>
<td>Video 1:13</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the importance of meaningful and open communication.</td>
</tr>
<tr>
<td>11:13</td>
<td>Video 0:11</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss available resources in your area/on your base.</td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss ‘Risk Factors and Warning Signs’ from GTA 12 01-007. Point out the warning signs exhibited by Carl.</td>
</tr>
<tr>
<td>12:31</td>
<td>Video 1:18</td>
<td></td>
</tr>
</tbody>
</table>

Discussion Themes—Negative Outcome

- Refusing to engage social support networks
- Substance abuse
- Anger
- Breakdown in family dynamics
- Social isolation
- Poor self-efficacy
- Poor work performance

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Set up.</td>
<td>Start the VEILS system. At the “Welcome” screen, select DA civilian.</td>
<td></td>
</tr>
<tr>
<td>0:40</td>
<td>(Home Front Introduction)</td>
<td>Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of DA Civilians and see the consequences of different decisions. Essentially, we “play” interactive individuals in training. At certain points, I will need your input, as to what decision we should make.</td>
</tr>
<tr>
<td></td>
<td>Click on Carl Foreman</td>
<td>In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</td>
</tr>
<tr>
<td>2:17</td>
<td>Video 1:37</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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</tr>
<tr>
<td>Text</td>
<td>Molly is angry with you for jeopardizing her future and sense of belonging. Perhaps you hold the same feelings for your employer at this moment, too. How could you express yourselves to each other in a meaningful, rather than argumentative, way?</td>
<td></td>
</tr>
<tr>
<td>4:14</td>
<td>Video 1:57</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DECISION POINT</td>
<td>What do you say to your boss?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video (*depending on which answer you choose): 1:20</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Tell him you’re almost finished and you’ll send it out in a minute.</td>
</tr>
<tr>
<td>4:33</td>
<td>Video 0:19</td>
<td></td>
</tr>
<tr>
<td>Text</td>
<td>Discuss how Carl’s personal problems are beginning to interfere with his work performance.</td>
<td></td>
</tr>
<tr>
<td>4:52</td>
<td>Video 0:19</td>
<td></td>
</tr>
<tr>
<td>Text</td>
<td>While the alcohol may temporarily bring you relief from your present situation, it will not help you resolve the issues of trust, happiness and family cohesion that this move has raised. Instead of reaching for the bottle, reach for Molly, Jack and Ellen. As members of your Family, they share a special bond with you that affect your competence as both a father and a husband. When this bond is weakened, you begin to feel isolated and they, in turn, feel neglected.</td>
<td></td>
</tr>
<tr>
<td>5:32</td>
<td>Video 0:40</td>
<td></td>
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<tr>
<td></td>
<td>DECISION POINT</td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 1:57</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Tell her that the Family is out of options and she just needs to accept the situation.</td>
</tr>
<tr>
<td>5:53</td>
<td>Video 0:21</td>
<td></td>
</tr>
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<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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</tr>
<tr>
<td></td>
<td>Text</td>
<td>Effective communication will ensure that what is said is understood by both parties through reflection—repeating what has been voiced so that the speaker can agree or disagree to its interpretation. Meaningful, effective communication and openness are two important blocks in the foundation of a strong, healthy relationship.</td>
</tr>
<tr>
<td>7:27</td>
<td>Video: 1:34</td>
<td>When you express your problems to people that are in a position to address them, you relieve yourself of the anxiety and guilt that comes from performing at less than optimal levels due to energy being wasted and exhausted on worrying. Are you ready to get energized and function as Carl again?</td>
</tr>
<tr>
<td>7:40</td>
<td>Video 0:13</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Still—it might be time for a break, right?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 0:14</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Yes. Give it up for a minute.</td>
</tr>
<tr>
<td>7:46</td>
<td>Video 0:06</td>
<td>Discuss how a break could help Carl refocus (self care).</td>
</tr>
<tr>
<td>8:01</td>
<td>Video: 0:15</td>
<td></td>
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<tr>
<td></td>
<td>Text</td>
<td></td>
</tr>
<tr>
<td>8:45</td>
<td>Video 0:44</td>
<td>Discuss why the pills have become a danger (not used for original intention, used to do something Carl doesn’t want to do/has no energy to do, etc).</td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Maximum time of video: 0:26</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Tell him you’ll hang out some other time.</td>
</tr>
</tbody>
</table>
### Discussion Questions

How would you characterize Foreman’s attitude towards his Family’s input regarding the BRAC? Does his reclusive behavior at work place him at risk of suicidal ideation?

*Effective communication; social support*

Did you think that Foreman’s reliance on pills to complete an assignment was cause for alarm?

*Warning signs of suicide; accessing military support resources*

Was there a better way for Foreman to deal with his daughter’s anger?

*Effective communication; resiliency; duty to family*

### Maria Cartwright

Maria Cartwright is a 28-year-old wife of a deployed Soldier and step-mother to Frankie, a teenager who has exhibited marked change in behavior that seems to be self-destructive. The triggering event for Frankie’s change in behavior was the deployment of her father. Maria is conflicted as to which course of action to take to seek help for Frankie. Part of her resistance to seeking help from the Army is her concern that such action would interfere with her husband’s career. As a result, she relies on her civilian friend, Gail, to counsel her. An informative conversation with her husband removes the suspicion she has of seeking behavioral health counseling and its effect on her husband’s career. Maria experiences challenges associated with: responding to Frankie’s behavior; the amount of information shared with her spouse; and, reliance on social support and

<table>
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<tbody>
<tr>
<td>8:53</td>
<td>Video 0:08</td>
<td>Discuss why Carl rejected social support from his friend. Is this a good or bad sign?</td>
</tr>
<tr>
<td>Text</td>
<td></td>
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</tr>
<tr>
<td>10:55</td>
<td>Video 2:02</td>
<td>Point out the warning signs exhibited by Carl.</td>
</tr>
<tr>
<td>Text</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12:13</td>
<td>Video 1:18</td>
<td>Discuss question 21 and the availability of resources in your area/on your base.</td>
</tr>
<tr>
<td>Text</td>
<td></td>
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</tr>
</tbody>
</table>
utilization of military resources.

You will be directed back into the program until you have navigated to a good ending.

**Discussion Themes—Positive Outcome**

- Utilization of social support
- Appropriate care and concern for child (Frankie)
- Acceptance of help from outside sources
- Open communication with spouse (John)

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<thead>
<tr>
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<tbody>
<tr>
<td>Set up.</td>
<td>Start the VEILS system. At the “Welcome” screen, select Family Member.</td>
<td>(Home Front Introduction) Today we will be using a multimedia program designed to present some of the major issues of Suicide Prevention and Awareness. The interactive video allows us to make different decisions in the lives of Family Members and see the consequences of different decisions. Essentially, we “play” interactive Individuals in training. At certain points, I will need your input, as to what decision we should make. In this video we’ll see how suicide can be avoided—from the point of view of someone who may be thinking about suicide. We’ll also see how the people around a possibly suicidal individual can intervene and get him/her help.</td>
</tr>
<tr>
<td>0:40</td>
<td>Start the VEILS system. At the “Welcome” screen, select Family Member.</td>
<td></td>
</tr>
<tr>
<td>2:00</td>
<td>Video 1:20</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
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<td>LECTURE CONTENT</td>
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<tr>
<td></td>
<td>DECISION POINT</td>
<td>Maximum time of video (*depending on which answer you choose): 1:04</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>You can’t leave Frankie home alone. Call Gail and cancel.</td>
</tr>
<tr>
<td>3:00</td>
<td>Video 1:00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss how you have dealt with children and teens that appear miserable. What worked and what did not?</td>
</tr>
<tr>
<td>3:03</td>
<td>Video 0:03</td>
<td></td>
</tr>
<tr>
<td></td>
<td>DECISION POINT</td>
<td>Maximum time of video: 2:37</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Tell Frankie she is coming with you.</td>
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<tr>
<td>3:41</td>
<td>Video 0:38</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Some practical suggestions: find time when your teen can casually talk about concerns—such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It’s not easy, but you can do this by thinking of how you would respond if this was the neighbor’s teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding. Remember; make your home a safe haven instead of the location of all of your confrontations.</td>
</tr>
<tr>
<td>6:48</td>
<td>Video 3:07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Click on the ‘Behavioral Signs of Depression’ tab and give examples of each.</td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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</tr>
<tr>
<td>8:56</td>
<td>Video 2:08</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Maximum time of video: 4:55</td>
</tr>
<tr>
<td></td>
<td></td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>E-mail John.</td>
</tr>
<tr>
<td>9:12</td>
<td>Video 0:16</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Maximum time of video: 1:47</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Go ahead and write him about Frankie?</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Yes.</td>
</tr>
<tr>
<td>10:51</td>
<td>Video 1:39</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Text</strong></td>
<td>Discuss the elements of effective communication (maintaining eye contact, repeating what has been said to you for clarification, using ‘I’ statements rather than ‘you’ statements)</td>
</tr>
<tr>
<td>11:17</td>
<td>Video 1:26</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Text</strong></td>
<td></td>
</tr>
<tr>
<td>14:43</td>
<td>Video 3:26</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Text</strong></td>
<td>Discuss Question 21 and how it relates to family issues.</td>
</tr>
</tbody>
</table>

**Discussion Themes—Negative Outcome**

- Social isolation
- Declining help from outside sources
- Fear (of the Army as an institution, John and the label of a bad parent)
- Recognizing one’s limits of coping with/handling a situation
- Development of resiliency

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</tr>
<tr>
<td>0:40</td>
<td></td>
<td>Click on Maria Cartwright</td>
</tr>
<tr>
<td>2:00</td>
<td>Video 1:20</td>
<td>What do you want to do?</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Click on your choice. Decide to go to dinner.</td>
</tr>
<tr>
<td>2:04</td>
<td>Video 0:04</td>
<td></td>
</tr>
<tr>
<td>TIME</td>
<td>VEILS SYSTEM</td>
<td>LECTURE CONTENT</td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Discuss the pros of going to a dinner with a friend and the cons of staying home with a miserable teenager.</td>
</tr>
<tr>
<td>2:07</td>
<td>Video 0:03</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Maximum time of video: 2:37</td>
</tr>
<tr>
<td></td>
<td>Click on your choice.</td>
<td>Don’t upset her—leave her alone for now and call to check up on her later.</td>
</tr>
<tr>
<td>2:45</td>
<td>Video 0:38</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Some practical suggestions: find time when your teen can casually talk about concerns—such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It’s not easy, but you can do this by thinking of how you would respond if this was the neighbor’s teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding. Remember; make your home a safe haven instead of the location of all of your confrontations.</td>
</tr>
<tr>
<td>5:52</td>
<td>Video 3:07</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Text</td>
<td>Click on ‘Behavioral Signs of Depression’ tab and discuss. Frankie’s separation from her dad acts as the trigger point for her downward spiral. Her behaviors and attitude reflect her saddened outlook. Such a state of mind could lead to suicidal ideation, should Frankie believe that her life will not get any better.</td>
</tr>
<tr>
<td>8:00</td>
<td>Video 2:08</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>DECISION POINT</strong></td>
<td>Maximum time of video: 4:55</td>
</tr>
<tr>
<td></td>
<td>What do you want to do?</td>
<td></td>
</tr>
</tbody>
</table>
Discussion Questions

Why didn’t Maria alert her husband earlier regarding Frankie’s behavior? Was she right to avoid seeking help from within the Army?

*Effective communication*

Many teens go through a difficult period as a part of growing up. What did Frankie say or do that would make you take her behavior seriously rather than dismiss it as a phase?

*Suicidal ideation and behavior; warning signs of suicide*

How did Maria grow from this experience? How did she use her social support systems?

*Resiliency; accessing military support services; effective communication*
In addition to viewing the individual character videos, facilitators should review the following information with their students. This information includes terminology specific to suicide prevention, myths about suicide, distinguishing between warning signs and risk factors of suicide and demographic factors related to suicide.

**Terminology**

The following terms and definitions are also found in the professional literature:

- **Suicidality**: An individual's level of danger to him- or herself.
- **Suicidal ideation**: Thoughts and ideas about death by suicide.
- **Suicidal intent**: More serious than suicidal ideations, *intent* involves not only thoughts about suicide, but also a specific plan and the motivation to carry it out.
- **Suicide survivor**: Any person who knew and cared about the deceased.
- **Availability of means**: Accessibility to lethal means by an individual who is suicidal.
- **Warning signs**: Overt indicators of suicidal risk in an individual.
- **Duty to warn**: An ethical and legal obligation to disclose the risk of intent to harm, including by suicidal means.
- **Comorbidity**: When two psychological conditions exist simultaneously and usually independently of one another (e.g., depression and substance abuse).
- **Risk factors**: Variables (e.g., habits, traits, or conditions) in a person or in the environment that are associated with an increased chance (risk) of adverse outcomes (e.g., disease, infection, psychological disorder, injury, suicide).
- **Protective factors**: Variables in a person or the environment that enhance resiliency, increase resistance (protect against risk), and reduce the potential of adverse outcomes. Risk and protective factors are correlational, not causal.
MYTHS ABOUT SUICIDE

1. People who talk about suicide are unlikely to actually do it.

False
Individual who are suicidal do not just want attention. Verbal or non-verbal communication about suicide should be taken seriously. Non-judgmental discussion of the concerns expressed by a suicidal individual will alleviate their pain. Ask directly if a person intends to commit suicide will not lead to a suicide attempt.

2. Suicides are impulsive.

False
Suicide is the result of a gradual process with multiple warning signs. Eight out of ten who die by suicide give specific warning signs. Survivors of suicide always seemed to remember hints that were missed before the death of a loved one.

3. Suicidal people really want to die and nothing will stop them.

False
Suicidal people really want to end their pain. While suicide is an individual action, most people who are suicidal simply want to escape their problems rather than actually die.

4. Once a person is suicidal, that person is always suicidal.

False
Most suicidal crises are temporary and associated with problems that can be solved.

5. Suicide affects people of all socioeconomic statuses.

True
Suicide and suicidal ideation are not limited to certain socioeconomic groups.

6. Suicidal people are always mentally ill.

False
Although the majority of suicide (90%) are associated with mental illness not all suicidal people are always mentally ill. Suicidal people are those that feel desperate, see no change in the immediate future in regards to their situation and lack the tools necessary to develop and implement the change needed to correct their present situation.

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7. If there is no note then it cannot be suicide.

**False**
People can die by suicide without a note, especially if their reason for doing so was to generate financial stability (i.e. life insurance) for someone else or to relieve someone of a burden (i.e. themselves).

8. Non-verbal or verbal communication about suicide should be taken seriously.

**True**
The slightest hint of suicidal ideation should be taken seriously and followed up by behavioral health professionals.

9. Most suicidal crises are temporary.

**True**
While the contemplation of suicide may be brief, the suicidal ideation that lurks behind the act itself may remain for quite some time.

10. Suicide attempters are all depressed.

**False**
Although depression is a risk factor for suicide, not every person who attempts suicide is depressed. Others are fearful, ashamed or even tired of living due to any combination of individual and external factors.

11. Most suicides occur during the year-end holidays.

**False**
Most suicides occur in the spring. According to Hubbard & McIntosh, spring is time of transition and change (graduation) that can produce increased levels of anxiety and depression and leading to suicidal ideation.

12. Suicidal ideation and behavior begin during the teen years.

**False**
According to Greene (1994), childhood suicide is more common than previously believed. While many forms of mental illness develop during the teen years, suicidal ideation and behavior can exhibit themselves in children quite young.
WARNING SIGNS

Warning signs of suicide are behaviors exhibited by an individual that are indicative of suicidal ideation. When these behaviors are exhibited or performed in combination and/or frequently, the individual should be referred to a behavioral health specialist immediately. These behaviors include:

- Reckless behavior that is usually not exhibited by an individual
- Prolonged depression and listlessness
- Giving away prized possessions
- Joking that he/she wants to die or could kill him/herself
- Withdrawal from family, friends and activities
- Neglecting one's personal appearance
- A change in sleeping patterns—either too much or too little
- An explosive temper, often used to sabotage relationships
- Rejection of religion
- Refusing to seek help for mental illness, anger management or other behavioral health disorders
- Appearing to be happy and calm when he/she has been extremely sad or depressed
- An individual telling people “goodbye” when he/she isn’t physically going anywhere
- A sudden urgency to create a will
RISK FACTORS

Risk factors are conditions that predispose an individual to a heightened chance of harboring suicidal ideation and following through with the act of suicide itself. These factors include:

- A recent loss of a loved one, either through death or a breakup
- Owning a firearm
- Feeling hopeless
- A family history of suicide, both attempts and completions
- Financial problems
- A prior suicide attempt
- A recent hospitalization, for either physical or mental reasons
- Suffering from bipolar disorder or depression
- Frequent alcohol use

DEMOGRAPHIC FACTORS

Demographic factors are those inherent, classifiable traits that individuals have that research has shown to influence suicidal ideation and completion rates of suicide. These factors have produced the following generalizations:

- A gay, lesbian, bisexual or transgender individual is placed at a higher risk of attempting suicide.
- Being male rather than female is a risk factor for suicide.
- Women attempt suicide more than men.
- African American women have the lowest rate of suicide among any demographic group.
- Men are more successful than women in completing a suicide.
- Elderly, white men have the highest rate of suicide among any demographic.
- Suicide is the third leading cause of death for individuals between the ages of 15 and 24.
LINCOLN UNIVERSITY SURVEY

YOUR RESPONSES ON THIS SURVEY WILL BE HELD STRICTLY CONFIDENTIAL. INDIVIDUAL RESULTS WILL NOT BE DISCUSSED. ONLY GROUP RESULTS WILL BE REPORTED.

ID# ____________________  Date ________________  Time ________________  Rank ____________________

MOS/Job Position _____________________________  Duty Status ________________ (Active, Reserve, etc.)

1. What is your race? (circle one)
   - White - 1
   - African American/Black - 2
   - Hispanic - 3
   - Asiatic/Oriental - 4
   - Other (specify) - 5

2. How old are you?
   __________

3. What is your gender?
   - Male ________________________________  1
   - Female ________________________________  2

4. Taking things all together, how would you describe your bond with your Family? Would you say that you are strongly bonded, moderately bonded, a little bonded, or not at all bonded?
   - Strongly bonded ____________________________  3
   - Moderately bonded ____________________________  2
   - A little bonded ____________________________  1
   - Not at all bonded ____________________________  8
5. Taking things all together, how would you describe your satisfaction with your relationship with your significant other?

- Very happy ........................................... 4
- Pretty happy ......................................... 3
- Unhappy .............................................. 2
- Very unhappy ....................................... 1
- Not applicable ....................................... 8

6. Do you think a person has the right to end his or her own life if this person...

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>YES</th>
<th>NO</th>
<th>DON’T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has an incurable disease?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Has gone bankrupt?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Has dishonored his or her family?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Is tired of living and ready to die?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

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

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

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

- Very comfortable ..................................... 3
- Fairly comfortable ................................... 2
- Not at all comfortable .............................. 1
9. How comfortable are you with talking about your feelings with friends?

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

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

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

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

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

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

Please circle one of the numbers below:

1 2 3 4 5 6 7 8 9 10

Not at all confident  Extremely confident

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

Please circle one of the numbers below:

1 2 3 4 5 6 7 8 9 10

Not at all confident  Extremely confident
14. What is your religious preference?

<table>
<thead>
<tr>
<th>Preference</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Protestant</td>
<td>1</td>
</tr>
<tr>
<td>Catholic</td>
<td>2</td>
</tr>
<tr>
<td>Jewish</td>
<td>3</td>
</tr>
<tr>
<td>None</td>
<td>4</td>
</tr>
<tr>
<td>OTHER</td>
<td>5</td>
</tr>
</tbody>
</table>

15. How often do you attend religious services?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>0</td>
</tr>
<tr>
<td>Less than once a year</td>
<td>1</td>
</tr>
<tr>
<td>About once or twice a year</td>
<td>2</td>
</tr>
<tr>
<td>Several times a year</td>
<td>3</td>
</tr>
<tr>
<td>About once a month</td>
<td>4</td>
</tr>
<tr>
<td>2–3 times a month</td>
<td>5</td>
</tr>
<tr>
<td>Nearly every week</td>
<td>6</td>
</tr>
<tr>
<td>Every week</td>
<td>7</td>
</tr>
<tr>
<td>Several times a week</td>
<td>8</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Belief</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>1</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
</tr>
<tr>
<td>Undecided</td>
<td>3</td>
</tr>
</tbody>
</table>
17. People have different images of the world and human nature. We would like to know the kinds of images you have.

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

If you think “There is much goodness in the world which hints at God’s goodness” you would place yourself at 7. If you think things are somewhere in between these two, you would place yourself at 2, 3, 4, 5 or 6.

The world is basically filled with evil and sin.  

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

THANK YOU FOR YOUR TIME AND EFFORT.

If you any question about this survey, please contact a Lincoln University at CSPRS@lincoln.edu or call (573) 681-5225.
Decision Roadmaps Key:

- Video Box
- Question
- Answer that leads to good ending.
- Question
- Answer that leads to bad ending.
- Text Box
  - Discussion Points
  - Pathway
You talk to Washer for a while and find out that he’s having some problems. You are having the same kind of problems, yourself and you think it probably helps to talk like this. You head over to the motor pool. Your Squad Leader, Staff Sergeant Salyers is there when you get there. He’s clearly not happy.

Later in the day, you’re trying to get work done and not getting a lot of respect from a couple of the other NCOs. Normally you find a way to laugh this stuff off—while still letting them know that they’ve crossed a line—but now you’re just sick of it.

You tell them that it stops now or you’ll be filing a complaint with the Captain.

Later that day your Squad Leader wants to talk with you. He wants to get to know the squad and find out what it’s been like since you all got home. You talk about some of the things you are dealing with right now—disrespect from other Soldiers—being a single mom. He wants to know how you are handling all of this.

You made the right decision to stick around and listen to your buddy.

It’s good that you’re there for a fellow Soldier, and it’s crucial for a Soldier to have support from peers and superiors. But—given your own duties and responsibilities—if Washer continues to seek your help, you may want to refer him to counseling from a professional.

Remember ACE

Discuss the following: importance of peer support; reporting requirements regarding statements made about weapons; responsibility to direct a peer to professional help.

Good. You have the power to affect your own situation. You certainly have the right to be angry—and to stand up for yourself—forcefully, if necessary.

Discuss Army Sexual Harassment Policy

Later in the day, you’re trying to get work done and not getting a lot of respect from a couple of the other NCOs. Normally you find a way to laugh this stuff off—while still letting them know that they’ve crossed a line—but now you’re just sick of it.

What do you want to do?

Take time to talk to him.

Later that day your Squad Leader wants to talk with you. He wants to get to know the squad and find out what it’s been like since you all got home. You talk about some of the things you are dealing with right now—disrespect from other Soldiers—being a single mom. He wants to know how you are handling all of this.

What do you want to do?

Let them know it stops now...

Is this situation having a serious negative effect on your life?

Yes, it has to.

Continue onto next page
ELIZABETH DOWDELL
(CONTINUED)

So, that’s what you say.

Good. This is the best thing for both of you. Right now you’re stretched thin—emotionally, and every other way. This Soldier needs more time and attention than you really have to give. He needs a trained professional who can help him deal with any emotional issues he might be having.

Discuss the chain of command policy of referral at your installation.

You get home, have dinner and put Ethan to bed. Your phone rings—it’s your parents.

Next morning you run into your neighbor, Anthony. He invites you and Ethan to his house over the weekend.

You think about what your dad said and you accept.

Ethan did not want to get up and you are late again. Salyers tells you he has noticed your performance slipping.

According to the DoD Survey of Health Related Behavior (RTI 2009), 72% of the Army respondents chose talking to a relative or friend as a coping mechanism when dealing with stress. Next time, answer the phone. Etc…

Discuss various forms of social support.

You tell Washer that you think he needs to talk to someone more qualified. You suggest he talks to someone at behavioral health or the Chaplain.

What do you want to do?

Tell him he should talk to someone more qualified.

Do you want to pick up the phone?

Yes.

You talk to your dad. You tell him about everything going on. He thinks you might be depressed and tells you that you need to talk to someone about all of this. He gives you some resources and you promise to call.

You tell him about Ethan. He knows you have a lot going on. He tells you to let him know if you need help.

What do you say?

Ethan didn’t want to get out of bed today.

Self-efficacy

Resiliency

Accessing Army resources online

Discuss and introduce the concept of resiliency and the availability of Army Behavioral Health resources.

It’s the end of the duty day and you’re hustling to pick up your son, Ethan. You are late, again. You call Ethan’s father, but he will not help. Washer wants to talk to you about something personal.

Tell him he should talk to someone more qualified.

List of available resources

Next morning you run into your neighbor, Anthony. He invites you and Ethan to his house over the weekend.

You think about what your dad said and you accept.
ELIZABETH DOWDELL
(CONTINUED)

An essential foundation to the suicide prevention program is communicating key suicide prevention messages to Soldiers. Etc...

You carry your weight without asking for help every time you encounter something difficult. And you're not sure what your Squad Leader wants to hear.

What do you want to do?
Tell him you could use some help.

As a leader, you must reiterate that policies exist that do no discriminate against those who seek help for behavioral health issues. Etc...

Discuss importance of proactive leader.
Confidentiality, ACE

You tell him that you could probably use some help. You are thinking of calling Military One Source.

He reminds you not to forget about behavioral health. He tells you to let him know how he can help.

Things do gradually get better. It's not perfect—there are still bad days, and it's always a struggle to maintain balance. But it's easier when you're not always trying to carry a load that doesn't belong to you.

Discuss how to reinforce positive behavior, importance of protective factors, self-care.

You have to balance your responsibilities to your fellow Soldiers with your duties as an NCO. Was there a better way to handle this?

Discuss need to balance work and family responsibilities.

Opening Video

This is you. Sergeant Elizabeth Dowdell. You are hurrying to the motor pool when Specialist Washer stops you. His buddy Cornin was killed when your convoy was ambushed about a year ago. He got an email from Cornin's mom. You know he wants to talk, but you need to check on a vehicle.

What do you want to do?
Get to the motor pool.

You tell him you have to get to the motor pool.

Continue onto next page
Later in the day, you’re trying to get work done and not getting a lot of respect from a couple of the other NCOs. Normally you find a way to laugh this stuff off—while still letting them know that they’ve crossed a line, but now you’re just sick of it.

Later that day your Squad Leader wants to talk with you. He wants to get to know the squad and find out what it’s been like since you all got home. You talk about some of the things you are dealing with right now—disrespect from other Soldiers, being a single mom. He wants to know how you are handling all of this.

Is this situation having a serious negative effect on your life?

No.

You’re a Soldier and an NCO. You are trained to deal.

What do you want to do?

Stay and talk.

Later in the day, you’re trying to get work done and not getting a lot of respect from a couple of the other NCOs. Normally you find a way to laugh this stuff off—while still letting them know that they’ve crossed a line, but now you’re just sick of it.

Later that day your Squad Leader wants to talk with you. He wants to get to know the squad and find out what it’s been like since you all got home. You talk about some of the things you are dealing with right now—disrespect from other Soldiers, being a single mom. He wants to know how you are handling all of this.

Is this situation having a serious negative effect on your life?

No.

You’re a Soldier and an NCO. You are trained to deal.

What do you want to do?

Stay and talk.

Not a bad choice, really. But it appears that this Soldier needs more time and attention than you really have to give. Do you really have the emotional resources to take on this Soldier’s burden in addition to your own? Do you have the expertise to really help him with emotional problems he may be experiencing?

Discuss need to balance work and family responsibilities.

According to the DoD Survey of Health Related Behavior (RTI 2009), 72% of the Army respondents chose talking to a relative or friend as a coping mechanism when dealing with stress. Next time, answer the phone. Etc…
What do you say?  There isn’t anything to say.

Next morning you run into your neighbor, Anthony. He invites you and Ethan to his house over the weekend. The idea actually terrifies you a little bit, so you tell him no, thanks.

Ethan did not want to get up and you are late again. Salyers tells you he has noticed your performance slipping. You say nothing. Salyers says he knows you’ve got a lot going on. He tells you to let him know if you need help.

You carry your weight without asking for help every time you encounter something difficult. And you’re not sure what your Squad Leader wants to hear. You say nothing. Salyers says he knows you’ve got a lot going on. He tells you to let him know if you need help.

List of available resources

What will you say?  Tell him you will be okay.

You carry your weight without asking for help every time you encounter something difficult. And you’re not sure what your Squad Leader wants to hear. You say nothing. Salyers says he knows you’ve got a lot going on. He tells you to let him know if you need help.

There can be legitimate behavioral health issues that contribute to a decline in performance.

Discuss how to make an objective assessment of a Soldier’s performance—is it due to personal issues or not?

Refusing help has cost you only a promotion but, thanks to Salyers, not your career completely. Take some time to reflect upon the warning signs of your breakdown:

- irritability
- lack of patience for Ethan
- angry outburst on the job
- social isolation (phone conversation with dad)

So that’s what you say and you pull it together for a while. Over time, you don’t have any patience at all for Ethan, or anyone. Finally, you are careless. You forget to secure your tools and some are stolen. You are reprimanded, but Salyers stands up for you and you get a command referral. The only choice you’re given is to get an appointment at behavioral health or with the Chaplain.

Go back and try this again. This time, keep in mind that part of being strong is recognizing when you are weak. Seek help so that you can complete the mission, both in your professional and personal lives.
That was a good answer.

PDHA reporting helps you set a baseline for your health status.

It is the responsibility of the leader to encourage compliance with Army regulations. Etc...

Stress the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.

Traumatic brain injury (TBI) is a condition associated with other psychological health ailments, such as post traumatic stress disorder (PTSD) Etc...

Discuss possible association between suicidal ideation, TBI and PTSD.

You explain the DEMOB Station procedures to your Soldiers. Specialist William English approaches you. His Humvee was hit while on deployment and he is worried about mild traumatic brain injury. He asks you if he should talk to someone before he gets home. What do you tell him?

You tell him he definitely should. It could be a medical problem that needs treatment.

English is creating a situation in which he has no one to talk to, no one to support him.

Discuss seeking behavioral health and security clearance. Note that guidance has been provided throughout the service on how to access behavioral health providers with no adverse effects on one’s security clearance.

You are worried about English, but not sure you should get involved.

What do you want to do?

Offer to give him a ride—offer support.

Your Unit arrives back at the local Training Center. It’s time to go home. English is waiting for a cab. You ask about his family, but he does not want to talk about it.

What do you want to do?

Push it. Find out what’s up with him.

You push it and he opens up about his family. He is embarrassed to talk to them.
You give him a ride home. On the way to the car, you tell him to talk to someone if he needs help.

English took your advice and filled out the PDHA honestly. He has been referred to the VA for treatment, but cannot get a ride. You tell him you will help.

You call English, but he doesn't answer. You leave a few messages. You finally hear back from him and he does not sound good. He is having a hard time. You talk to him a few days later and he expresses suicidal thoughts.

The Army is committed to providing help for its Soldiers.

Discuss proactive leader.

You are home and getting adjusted. A week later, you call English.

You missed an opportunity to find out why English is avoiding contacting his family.

Don't forget, you're still on duty and you are still responsible for the well being of your Soldiers.

What do you want to do?

Tell him to stay there—you are on your way.

It sounds like he's thinking about suicide. You go to his place and convince him to let you take him to the emergency room.

Warning signs:
- Talking or hinting about suicide;
- Obsession with death (e.g., in music, poetry, art work);
- Giving away possessions/suddenly making a will;
- Feeling sad, depressed, or hopeless;
- Isolation and withdrawal from social situation. Etc.

Good job.

Remember, being a leader does not make you an expert in all matters. Etc…

You work with English to make sure he follows through with the VA. Military One Source gets him in touch with a local counselor.
**Opening Video**

**MAIN MENU**

**CLICK MEGAN JEREMY**

---

**MEGAN JEREMY**

(Continued)

This is you. SGT Megan Jeremy. You’re at the DEMOB Station one state away from your home station. 1SG Marshall is walking the Unit through demobilization scenarios.

You explain the DEMOB Station procedures to your Soldiers. Specialist William English approaches you. His Humvee was hit while on deployment and he is worried about mild traumatic brain injury. He asks you if he should talk to someone before he gets home. What do you tell him?

You didn’t really help your Soldier.

Being truthful on the PDHA reporting helps you set a baseline for your health status. It is the responsibility of the leader to encourage compliance with Army regulations.

**Stress the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.**

You tell him that you can’t make that decision for him.

**Tell him you can’t make that decision for him.**

You didn’t really help your Soldier.

You tell him that you can’t make that decision for him.

You explain the importance of encouraging Soldiers to complete the PDHA as well as the duty that higher commands have in assuring their Soldiers receive the care they need and deserve. Discuss standard form 86, question 21 as well.

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**Should he be honest on his PDHA?**

**Tell him you can’t make that decision for him.**

You tell him that you can’t make that decision for him.

Traumatic brain injury (TBI) is a condition associated with other psychological health ailments, such as post traumatic stress disorder (PTSD) Etc…

**Discuss possible association between suicidal ideation, TBI and PTSD.**

Your Unit arrives back at the local Training Center. It’s time to go home. English is waiting for a cab. You ask about his family, but he does not want to talk about it.

You didn’t really help your Soldier.

Don’t forget, you’re still on duty and you are still responsible for the well being of your Soldiers.

**You did not act responsibly as a leader in dealing with SPC English. You should have made more of an effort to inquire about his situation and direct him to the appropriate outlets for help. Review ACE.**

You did not inquire about alternative plans for transportation.

You are home and getting adjusted. A week later, you call English.

**What do you want to do?**

**Let it go. Don’t put him on the spot.**

You let it go.

You did not inquire about alternative plans for transportation.

You did not act responsibly as a leader in dealing with SPC English. You should have made more of an effort to inquire about his situation and direct him to the appropriate outlets for help. Review ACE.

Continuing onto next page...
When you return from deployment, and your Unit scatters, it’s easy to lose touch.

Geographical dispersion is a serious issue for Reserve Component Soldiers.

Leaders should make an effort to check in with their Soldiers—especially Soldiers who may have experienced behavioral health issues during deployment.

Discuss the hardships and effects of geographical dispersion.

You leave many messages for English, but he does not call you back. You get caught up in life and eventually you forget to remember to worry about how English is doing. At your first weekend training since coming home, English is four hours late and looks terrible.

What do you want to do?

Let it go—he’s having a hard time.

So you leave it at that and keep an eye on him.

English is not at the next weekend training. You find out from your PSG that English has committed suicide.

Flashback scenes illustrate isolation from those who care.

Lack of social support is a risk factor for suicide.

Low self esteem and high suicidal ideology can increase the risk of suicidal behavior.

GO BACK—TRY THIS AGAIN
You made a good decision to physically remove yourself from the situation. Now, you need to mentally remove yourself and focus on the original cause of your frustration, your former employer. Forget this guy and walk away.

There are two issues here: (1) communication with your wife and (2) your employment rights… Etc…

The Uniformed Services Employment and Reemployment Rights Act (USERRA) applies to all private and public employers and mandates that service members be reemployed in their original position if they gave prior notice of their deployment and followed other guidelines as stated within USERRA. Etc…

It is your responsibility to inform your employer of your deployment and follow all of the other requirements of USERRA as outlined on the card. Upon reemployment, service members have full reinstatement of benefits, including health and pension, and the opportunity to participate in missed training or retraining, if necessary.

You explain to her that you aren’t sure you want that job back. You are not sure what you want to do, but you are trying to figure it out. You have a good discussion.

Two weeks later, you’re at weekend training with SSG Jensen, your squad leader and SFC Miller a platoon sergeant. You are talking about how hard it can be to get back into life as a civilian and the job situation. You talk about going on active duty.

You are at home working on your resume. You’ve had a few beers before your wife, Karen, and the kids come home. She asks about your job and you tell her. She wants to talk about it.

You tell her you’re not sure you want the job back anyway and why.

There are two issues here: (1) communication with your wife and (2) your employment rights… Etc…
Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events.

**Alternatively, separation can strengthen the family bond by allowing those moments of being together to be cherished and enjoyed. When you regret being separated from your family, you need to transfer the guilt and possible sadness into love and kindness towards your wife and children. That will erase any sadness or guilt from your mind and theirs.**

Jensen is wrong, yes. But realize that counseling may only be the first step in a process that leads you to identify and understand your problems – and ultimately helps you decide what you need to do to achieve a healthy and positive outcome. Etc…

**Discuss new Army policy regarding behavioral health.**

You tell him that you have to do this—there are no other options. Miller asks if you are all right.

**Would you say you’re doing all right?**

*No.*

You tell Miller what has been going on. You have been thinking about suicide. Karen and Miller take you to the nearest emergency room.

**You are getting counseling.**

Eventually, you find a job in your field and your relationship with your Family is improving.

Jensen is wrong, yes. But realize that counseling may only be the first step in a process that leads you to identify and understand your problems – and ultimately helps you decide what you need to do to achieve a healthy and positive outcome. Etc…

**Discuss new Army policy regarding behavioral health.**

**RESOURCES**

**Discuss available resources at your installation and within your community. Reinforce ACE.**

You are behind in your finances. You do not have any job prospects. You and Karen are not getting along. You are getting desperate and having suicidal thoughts. You talk about active duty, but it is not an option. Your friend Miller comes over to talk about a possible business opportunity.

**This offer is actually giving you reason for hope. So…**

You agree with Miller, talking helps.

**Do you agree with Jensen—counseling doesn’t solve your problems?**

*No—Jensen’s wrong.*

You tell Miller that he has been getting help and talking with someone. Jensen does not think talking to someone is helpful.

**You are getting counseling.**

Eventually, you find a job in your field and your relationship with your Family is improving.

**You’ve completed SFC Richard Peterson. Good job.**

**Review USERRA Guidelines**

**Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events.**

**Alternatively, separation can strengthen the family bond by allowing those moments of being together to be cherished and enjoyed. When you regret being separated from your family, you need to transfer the guilt and possible sadness into love and kindness towards your wife and children. That will erase any sadness or guilt from your mind and theirs.**
You desperately need caffeine and head to the local coffee shop. There is a guy complaining about his latte and holding up the line. You are about to lose it.

What do you want to do?

Straighten out this idiot.

You are at home working on your resume. You’ve had a few beers before your wife, Karen, and the kids come home. She asks about your job and you tell her. She wants to talk about it.

What do you want to do?

Tell her to back off—that’s all you can do.

This is you—Richard Peterson, Sergeant First Class, U.S. Army National Guard. You were deployed for more than a year and now you need your old job back. Your boss tells you he does not have anything for you right now. You know there are laws that protect your job, but you are not sure you even want this job, so, you leave on a friendly note.

The Uniformed Services Employment and Reemployment Rights Act (USERRA) applies to all private and public employers and mandates that service members be reemployed in their original position if they gave prior notice of their deployment and followed other guidelines as stated within USERRA. Etc…

You approach the guy and tell him he is holding up the line. You end up in a physical confrontation and leave the shop in a hurry. You never get your coffee.

You tell her to back off, but she won’t.

Karen pushes the issue and you end up in an argument. You are angry and punch the side of the house. She leaves you alone.
Effective family communication takes work—it is rarely convenient and it is not easy—but your Family is everything to you, so the alternative is not an option. Use the TOTAL formula: Etc…

**TOTAL formula:**

- **T** — Set aside a TIME when you are calmer—you don’t have to be happy, just in a reasonable state of mind. (Could be later that evening, first thing in the morning, during a walk together, etc.)

- **O** — Decide who OWNS what part of the problem—that will determine when you TALK and when you LISTEN.

- **T** — TALK in a non-threatening way. Start off with “I” for the part of the problem you own: “I feel like I’m between a rock and a hard place. I need the job, but can’t go back there.” (Instead of, “You just don’t get it.”)

- **A** — ACTIVELY switch gears from talking to listening—make it happen often, even when you aren’t finished “speaking your piece.”

- **L** — LISTEN sincerely to the other’s feelings, words, behaviors. This means you put yourself in their shoes (“You’re not just worried about the bills adding up. You’re afraid because our whole future is blurred.”)

Two weeks later, you’re at weekend training with SSG Jensen, your squad leader and SFC Miller a platoon sergeant. You are talking about how hard it can be to get back into life as a civilian and the job situation You talk about going on active duty.

Separation from your Family can cause you to feel guilt and sadness as you have missed out on important family events.

Miller tells you that he has been getting help and talking with someone. Jensen does not think talking to someone is helpful.

You agree with Jensen.

You tell him that it won’t work. There is nothing that can solve your problems.

Do you agree with Jensen—counseling doesn’t solve your problems?

**Yeah, Jensen’s right…**

Do you agree with Jensen—counseling doesn’t solve your problems?

You are behind in your finances. You do not have any job prospects. You and Karen are not getting along. You are getting desperate and having suicidal thoughts. You talk about active duty, but it is not an option. Your friend Miller comes over to talk about a possible business opportunity.

Give Miller’s business proposition a try?

**No. It won’t work.**

Given your state of mind, there is only one answer.

**Continue onto next page**
RICHARD PETERSON
(CONTINUED)

Miller asks if you are alright.

Would you say you’re doing all right?

Yes—just going through a rough patch.

You tell him that you are fine. He offers help, but you decline.

You stay at the bar drinking for awhile. When you leave the bar, you intend to take your life, but instead, you are pulled over and busted for DUI. The next morning, Miller picks you up and takes you straight to the VA emergency room.

You pass on Miller’s opportunity and continue to look for a job. Things get worse. You drive straight to a bar and start drinking.

You know you have bounced back from tougher challenges… and now?

Use Army card TA-075-0507 for discussion of risk factors of suicide.

You are getting counseling. Eventually, you find a job in your field and your relationship with your Family is improving.

Re-entering civilian life following a deployment is a difficult situation.

Although you ended up getting the help you needed, things didn’t have to go this far.

Etc…

RESOURCES

Discuss available resources at your installation.
According to the DoD Survey of Health Related Behavior (RTI 2009), 72% of the Army respondents chose talking to a relative or friend as a coping mechanism when dealing with stress. You made the right decision to tell your parents what is bothering you. It is comforting to know that, while they may not know exactly what you are experiencing, they know that you are having a tough time and will respond accordingly.

You meet your girlfriend, Julie, and a few old friends at a restaurant. You’re not that interested in anything they have to say, or their company. You’d rather be back in the sandbox with your old Unit. They invite you to go out for a drink.

You go to the bar.

A week later, you are with your girlfriend, Julie. She asks what is going on with you.

You tell her about the dream and what has been like since you got home. She is understanding and it’s a good talk.

You were able to relate your feelings to someone special in your life and, as a result, feel better.

Discuss protective factors of suicide.
A week later, you attend your first weekend training since redeploying home. When you got back, you were placed in a different Company. Most of these guys haven’t been deployed and can’t relate to what you’ve been through. You stop going to school and spend most of your time in your room. You recognize that you’re not completely healthy when you begin to have thoughts about how much easier it would be if you just found a way out.

You walk in to find your parents and Julie waiting for you. They ask if you are thinking about suicide. You are embarrassed, but tell them the truth. You agree to get help.

Your parents take you straight to the local emergency room. You are getting help and on a gradual path to recovery. You and Julie break up, but you are okay. You are dealing with it in a healthy way, something you’ve learned over the past few months. You are feeling strong.

If you suspect a person is considering suicide, ask him or her directly. Discuss risk factors of suicide.

Your parents made the correct decision to get you help immediately. Discuss ACE.

You can now recognize some of the warning signs and co-occurring risk factors of suicidal ideation. Discuss importance of taking suicidal ideation seriously.

List of resources.

Available resources at your installation.

Opening Video

This is you, 21 year old Antonio Rosales, pre-med student—and Specialist, United States Army Reserve. You were deployed and spent a lot of time outside the wire. You’ve been back for three months, but some of the things you saw over there are keeping you up at night. Your parents have noticed changes in your behavior and are concerned.

What will you say to your parents?

Don’t treat me like a kid.

You tell them not to treat you like a kid and leave it at that.

Continue onto next page
You are placing a barrier between you and your problem and you and your parents, a crucial part of your social support system. In your attempt to shut out your internal conflict, do not shut out those who care for you and can recognize when you need help.

The emotional distress that you are trying to avoid confronting has caused you to avoid situations where you think your true colors will be revealed.

Your sudden angry outbursts are a cause for concern and could be indicative of a behavioral health condition.

A week later, you are with your girlfriend, Julie. She asks what is going on with you.

What do you want to do?
Tell them what they want to hear—then go home.

What do you want to say?
Tell her you don’t want to talk about it—she wouldn’t understand any of it.

A week later, you attend your first weekend training since redeploying home. When you got back, you were placed in a different Company. Most of these guys have not been deployed and cannot relate to what you have been through. You stop going to school and spend most of your time in your room. You recognize that you are not completely healthy when you begin to have thoughts about how much easier it would be if you just found a way out.

You are isolating yourself from family and friends, school and familiar activities.

Discuss risk factors of suicide.

A few weeks later you are at home. There is a call from your squad leader—you are AWOL., but you do not care. The squad leader explains to your mom that you talked to a counselor when you were deployed. Your parents confront you about what is going on. They want an answer.
You tell your parents that you are fine and that you will straighten everything out with your squad leader. The next day, your parents find you sitting in the garage next to a makeshift noose and a step ladder. They know you need help and take you to the local emergency room.

What do you want to do?
Tell them you’re fine and you’ll straighten this out with SSG Arbus.

A sudden change in behavior, positive or negative, should be noted with extreme caution in a person who is having difficulties.

Review ACE.
CARL FOREMAN

This is you, Carl Foreman. The BRAC is forcing you to move—but your mortgage is upside down—you're wife doesn't want to sell or shut down her business, which isn't doing so great lately, and your kids, especially your daughter Molly, are not happy. Nobody's happy.

The next morning at work you're still thinking about the night before. You are in the middle of working on the BRAC implementation plan and feeling a lot of anxiety. You take some of the anti-anxiety medication that your doctor has prescribed for you and try to get back to work. Your boss, Mr. Morales comes in to tell you that he needs that plan by close of business. By the end of the day, you have not made a lot of progress on the plan. Mr. Morales stops by your desk and asks if the plan is ready.

What do you say to your boss?

Tell him you got sidetracked and ask for more time.

You tell your boss that you got a little sidetracked and could use a little more time. He is not happy, but gives you until close of business tomorrow to finish it.

That evening you are at home having dinner and there is more of the same stress. You get another beer and remember when everyone was pretty happy... You just want your Family to be happy again.

Instead of avoiding the issue you are confronted with, reach out to Molly, Jack and Ellen and seek their inputs for a solution.

As members of your Family, they share a special bond with you that affects your competence as both a father and a husband.

While the alcohol may temporarily bring you relief from your present situation, it will not help you resolve the issues of trust, happiness and family cohesion that this move has raised. Instead of reaching for the bottle, reach for Molly, Jack and Ellen. As members of your family, they share a special bond with you that affect your competence as both a father and a husband. When this bond is weakened, you begin to feel isolated and they, in turn, feel neglected.

That evening you are at home having dinner and there is more of the same stress. You get another beer and remember when everyone was pretty happy... You just want your Family to be happy again.

What do you say to your boss?

Tell him you got sidetracked and ask for more time.

You tell your boss that you got a little sidetracked and could use a little more time. He is not happy, but gives you until close of business tomorrow to finish it.

That evening you are at home having dinner and there is more of the same stress. You get another beer and remember when everyone was pretty happy... You just want your Family to be happy again.

Instead of avoiding the issue you are confronted with, reach out to Molly, Jack and Ellen and seek their inputs for a solution.

As members of your Family, they share a special bond with you that affects your competence as both a father and a husband.

While the alcohol may temporarily bring you relief from your present situation, it will not help you resolve the issues of trust, happiness and family cohesion that this move has raised. Instead of reaching for the bottle, reach for Molly, Jack and Ellen. As members of your family, they share a special bond with you that affect your competence as both a father and a husband. When this bond is weakened, you begin to feel isolated and they, in turn, feel neglected.

Although you have been granted more time to complete your project, the issues you are confronted with are far from being resolved.

Discuss how Carl's personal problems are beginning to interfere with his work performance.

You are cleaning up after dinner when Ellen tells you that she did a lot of work with the finances. She did the books for the business and talked to the mortgage company. You know that Ellen wants to talk—about her business, the house, the kids and the move. All you want to do is finish this, collapse into bed, and escape into sleep.
You and Ellen sit down and talk. You don’t necessarily solve anything. But you’re reminded that your wife is your best friend—your partner—and that you can lean on her if you need to.

You’ve got until COB to finish your report. You’re glad you were truthful about that—hard as it is to focus, you make some headway.

Meaningful communication and openness are two important building blocks in the foundation of strong, healthy relationships. You should still seek help from other trusted individuals who can offer support, such as relatives, your pastor or close friends.

You are busy working on the report when you receive yet another angry text message from your daughter. You do not have time to deal with this.

By being truthful with your supervisor you have relieved yourself of the anxiety and guilt associated with your recent poor performance. Now that you have been upfront with Morales, you are able to efficiently do your work.

Morales has given you an extension on your deadline, showing his support for you during this stressful period in your life.

So you decide to take a break. A few co-workers are in the break area, and you get involved in some chatter.

When you get back you feel a little fresher, and you’re able to approach your work with renewed enthusiasm.

Meaningful communication and openness are two important building blocks in the foundation of strong, healthy relationships. You should still seek help from other trusted individuals who can offer support, such as relatives, your pastor or close friends.

It helpful to take time to step away from your desk and mingle with co-workers as a way to recharge. Even when under duress, self-care should be maintained as a coping mechanism. It allows you to refocus your outlook on the challenges you are faced with.

It might be time for a break, right?

Yes.

What do you want to do?

Talk to your wife.

Go grab a coffee.

What do you want to tell Ellen?

“The kids will be fine. We can have a late dinner.”

You call Ellen to check with her about going with your friend. She tells you she will not be able to go home to make the kids dinner. You know you have responsibilities, but…

Continue onto next page
Later, Molly has an announcement to make… What you don’t say is that you feel like a failure… You stew on that conversation all day at work the next day. And it seems like you and Ellen start arguing the minute you get home.

The next day Ellen calls Manuel. He provides a list of resources and also gets you in touch with HR. You and your wife start the process of getting the help you need.

You get regular counseling. Life isn’t perfect, no… but you’ve achieved your goal—your Family’s together…

You’re not alone. It takes courage to seek help. Remember: Families of DA Civilians are also eligible to participate in counseling.

You've Completed Carl Foreman. Good Job.
Instead of avoiding the issue you are confronted with, reach out to Molly, Jack and Ellen and seek their inputs for a solution. As members of your Family, they share a special bond with you that affects your competence as both a father and a husband. Discuss issue of substance abuse.

You are cleaning up after dinner when Ellen tells you that she did a lot of work with the finances. She did the books for the business and talked to the mortgage company. You know that Ellen wants to talk—about her business, the house, the kids and the move. All you want to do is finish this, collapse into bed, and escape into sleep.

That evening you are at home having dinner and there is more of the same stress. You get another beer and remember when everyone was pretty happy... You just want your Family to be happy again.

You tell him that you will send it to him in a minute. You gather your things, then write an email that says the plan is attached. You send the email without the attachment and hurry out of the office. You will work on it tonight at home.

It’s understandable that you did not want your boss to know that you have not completed your work. If your intentions are to actually complete the document tonight, then your action will be effective. Discuss how Carl’s personal problems are beginning to interfere with his work performance.

What do you say to your boss?
Tell him you’re almost finished and you’ll send it out in a minute.

Tell her that the Family is out of options and that she just needs to accept it.

So, that’s what you do. Ellen leaves the room upset.
You made a definitive statement by declaring that the Family is out of options and Ellen misinterpreted your resignation as being overbearing in her life.

What did you really mean to say?

Effective communication will ensure that what is said is understood by both parties.

Discuss how effective communication can enhance family dynamic.

It’s the next morning. Mr. Morales comes by and tells you that he did not receive the attachment. You tell him that you will re-send it and he leaves. You did not finish the report last night. He comes by again and you tell him the same thing. Later, Mr. Morales calls you and asks you to come to his office. He is unhappy. He asks if there is anything wrong and when he can have the report. You tell him you will have it done by the end of the day.

You missed an opportunity to relate your situation to Mr. Morales and receive his support for your current situation.

Letting other people know about your situation can lessen your burden. Importance of self care.

It might be time for a break, right?

Yes. Give it up for a minute.

But you remember how stern Manuel was—and you don’t feel that you have a choice—you have to get back to work.

Discuss the danger of relying on control substance to carry out your work.

You finish up and hurry home, late as usual, when you run into an old friend, Dave. You start to talk about everything that you are going through. He invites you out for a drink, or a cup of coffee.

What do you want to do?

Tell him you’ll hang out another time soon.

You tell him that you can’t, but that you’ll call him soon.

It’s a slog, and you don’t get a lot done. For the first time in your life you wonder what it would be like to take a handful of pills with a bottle of whiskey and just slip away.

Recognize this as a danger—talk to someone NOW.

You missed an opportunity to talk to someone to get a different perspective to consider in your deliberation regarding your move. You need to stop isolating yourself from outlets of support. Standing alone in this whirlwind is only going to leave you hurt in the end.

Is the rejection of social interaction a good or bad thing?

You missed out on an opportunity to talk to someone to get a different perspective to consider in your deliberation regarding your move. You need to stop isolating yourself from outlets of support. Standing alone in this whirlwind is only going to leave you hurt in the end.

Continue onto next page
At dinner, your daughter announces that she will not be moving with you. She will live with her aunt and uncle. You look to your wife for support, but she backs your daughter. You feel like a failure.

You get regular counseling. It doesn’t change your situation, but you’ve got a lot of perspective back. Life isn’t perfect, no, but you’ve achieved your goal—your Family’s together.

Some of the warning signs you exhibited were:
- Change in personal habits (drinking more than usual)
- Change in mood
- Withdrawal from social situations
- Work-related problems
- Feeling sad, depressed and/or hopeless

Although you ended up getting the help you needed, things didn’t have to go this far.

You might want to think about playing through Carl Foreman again—and try to make the choices that will help you and your Family avoid the pain associated with your downward emotional spiral.

Ask the audience to list some of the warning signs exhibited by Carl.

Discuss Question 21 and the resources available in your community.

Where would you like to go?

[Select an Answer]

You’re not alone.

It takes courage to seek help.
Although you may not recognize it right now, you are a vital part of Frankie’s support system. In addition to seeking help from your own support system, you are also addressing Frankie’s needs. You need to keep yourself in good shape so that you can help Frankie through whatever troubles she’s having.

**Importance of self-care**

Teens do better in homes with clear boundaries, consistent expectations, flexible and compassionate parenting.

Make your home a safe-haven for both of you, instead of the location of all your confrontations.

Encourage her to take breaks from the news, and substitute an activity instead—like making a special card or surprise package to send.

**Discuss how you have dealt with children and teens that appear miserable. What worked and what did not?**

You meet Gail for dinner. You talk to her about what it has been like with John being deployed, being a “single mom” and the changes in your relationship with Frankie. You talk about the Family Readiness Group and that you have not gone because of feeling like an outsider.

Gail does make you feel better, and you’re glad you came out. You’re still unsure about what’s going on with Frankie.
A week later, you are attending parent—teacher conferences at Frankie’s school. Frankie’s teacher tells you he is worried about Frankie. Her work is falling off, she has become quiet and is not socializing with her friends like she used to. He shows you a picture that Frankie drew of a Soldier that appears to be mutilated after a bomb blast. You are concerned and seek out the guidance counselor, but she is busy with other parents.

You email John and he calls you within the hour. He talks to you about the FRG. He is glad you emailed him and tells you that you are not alone.

You email John and he calls you within the hour. He talks to you about the FRG. He is glad you emailed him and tells you that you are not alone.

Writing John seems like the right thing to do, but you know he is handling a lot right now, and her well being is your responsibility. Should you write him?

One afternoon, you pick up Frankie after school and tell her that you are going to see a counselor. You have talked to her dad about it and agree that it’s the best thing. Frankie is not happy, but you do what you have to do and try to think about something else.

A month later you are with Gail talking about Frankie’s progress. Gail can sympathize, but thinks you need to got to the FRG for additional support. You get involved in your Family Readiness Group. Frankie is doing better and you are getting the support you need.

You are not alone. The Army has an array of resources available to the Family members of deployed persons.

Active parenting is essential. Communication is paramount.

You are not alone. The Army has an array of resources available to the Family members of deployed persons.

What do you want to do?

What do you want to do?

Email John.

Email John.

Go ahead and write him?

Go ahead and write him?

Yes.

Yes.

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Email John.

What do you want to do?
Although you may not recognize it right now, you are a vital part of Frankie’s support system.

In addition to seeking help from your own support system, you are also addressing Frankie’s needs.

You need to keep yourself in good shape so that you can help Frankie through whatever troubles she’s having.

Click on ‘Depression and Suicide Risk Factors’ tab on discuss. Frankie’s separation from her dad acts as the trigger point for her downward spiral. Her behaviors and attitude reflect her saddened outlook. Such a state of mind could lead to suicidal ideation, should Frankie believe that her life will not get any better.

Teens do better in homes with clear boundaries, consistent expectations, flexible and compassionate parenting.

Make your home a safe-haven for both of you, instead of the location of all your confrontations.

Encourage her to take breaks from the news, and substitute an activity instead—like making a special card or surprise package to send.

You need some time to decompress—and dinner with a friend will help.

That’s settled. But you still have to decide what to do about Frankie.

You yell through the door that you are going out, and tell her you will call to check on her later.

It may have been a better idea to try to engage Frankie in conversation—and in outside activity.

You meet Gail for dinner. You talk to her about what it has been like with John being deployed, being a “single mom” and the changes in your relationship with Frankie. You talk about the Family Readiness Group and that you have not gone because of feeling like an outsider.

Gail does make you feel better, and you’re glad you came out. You’re still unsure about what’s going on with Frankie.

It may be difficult to separate the mood swings of a typical teenager from symptoms of depression.

Some practical suggestions: find time when you teen can casually talk about concerns—such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It’s not easy, but you can do this by thinking of how you would respond if this was the neighbor’s teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding.

Remember; make your home a safe haven instead of the location of all of your confrontations.

It may be difficult to separate the mood swings of a typical teenager from symptoms of depression.

Some practical suggestions: find time when you teen can casually talk about concerns—such as when riding in a car. Listen in a nonjudgmental way to encourage more meaningful conversations. It’s not easy, but you can do this by thinking of how you would respond if this was the neighbor’s teen rather than your own. You would be less likely to overreact and would, instead, take a few seconds to think before responding.

Remember; make your home a safe haven instead of the location of all of your confrontations.
A week later, you are attending parent-teacher conferences at Frankie’s school. Frankie’s teacher tells you he is worried about Frankie. Her work is falling off, she has become quiet and is not socializing with her friends like she used to. He shows you a picture that Frankie drew of a Soldier that appears to be mutilated after a bomb blast. You are concerned and seek out the guidance counselor, but she is busy with other parents.

There may not be anything seriously wrong—but it is important to note the tangible signs:

Frankie is withdrawn from others, does not actively participate in school, is short-tempered and has had a change in sleeping habits.

She may be displaying signs of a behavioral health condition or warning signs for suicide. You need to seek professional help.

You receive a phone call from Frankie’s school. She has been skipping school. You tell her that you will be picking her up from school everyday. One day when you go to pick up Frankie after school, she is not there. You call the police. You call John and finally tell him everything. The police finally call and say they found her. You pick her up and take her straight to the hospital.

Adolescent suicide can be reduced up to 85% if the following protective factors are in place: etc…

According to the American Association of Suicidology (2009), statistics reveal that suicide is the 11th-leading cause of death in the United States and the third-leading cause of death among 15- to 24-year-olds. This translates into 80 deaths by suicide daily, or one every 18 minutes. In fact, more teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined. In addition, it is estimated that for every death by suicide, there are about 25 nonfatal suicide attempts (Holmes & Holmes, 2005).
MEMORANDUM FOR SECRETARIES OF THE MILITARY DEPARTMENTS
CHAIRMAN OF THE JOINT CHIEFS OF STAFF
UNDER SECRETARIES OF DEFENSE
ASSISTANT SECRETARIES OF DEFENSE
GENERAL COUNSEL OF THE DEPARTMENT OF DEFENSE
INSPECTOR GENERAL OF THE DEPARTMENT OF DEFENSE
DIRECTOR, ADMINISTRATION AND MANAGEMENT
DIRECTORS OF DEFENSE AGENCIES
DIRECTORS OF THE DOD FIELD ACTIVITIES

SUBJECT: Policy Implementation – Mental Health Question, Standard Form (SF) 86, Questionnaire for National Security Positions

The Department of Defense (DoD) successfully advocated a revision to Question 21 on the SF86 regarding mental and emotional health. Effective immediately, DoD Components will distribute the attached letter and the revised Question 21 language to all Service members, and to all DoD Civilians occupying sensitive positions.

Until the updated SF86 (Office of Management and Budget Approval Number 3206-0005) is published later this year, all individuals completing the form will respond to Question 21, whether hard copy or in electronic format, using the revised language. DoD Components must ensure the immediate implementation of this policy. Questions may be directed to Ms. Andrea Upperman at Andrea.Upperman@osd.mil or (703) 604-1112.

Attachments:
1. Memorandum to All Individuals Completing the SF86 Questionnaire for National Security Positions
2. Question 21 – Revised (Feb 08)
To: All Individuals Completing the SF86 Questionnaire for National Security Positions

The purpose of this cover letter is to reaffirm that the Department of Defense strongly endorses the practice of seeking professional help to address all health-related concerns, whether mental or physical. The Department considers it a mark of strength and maturity to seek appropriate healthcare, whenever required. This is especially important for DoD, whose members are routinely exposed to traumatic events with psychological and physical impact beyond those encountered in other environments.

The Secretary of Defense has successfully advocated a revised Question 21 of the SF86 Questionnaire for National Security Positions, which asks about mental health treatment. The revised question, which is attached for reference, excludes counseling related to marital, family, or grief issues, unless related to violence by you. It also rules out counseling for adjustments from service in a military combat environment.

Seeking professional care for these mental health issues should not be perceived to jeopardize an individual’s security clearance. On the contrary, failure to seek care actually increases the likelihood that psychological distress could escalate to a more serious mental condition, which could preclude an individual from performing sensitive duties.

Thus, we encourage you to seek care when necessary, knowing that getting professional assistance as needed is the best way to sustain one’s ability to perform well. A grateful Nation entrusts you with its safety and wellbeing, and counts on you to maintain your mental and physical health.

Sincerely,

James R. Clapper, Jr.
Under Secretary of Defense
Intelligence

David S. C. Chu
Under Secretary of Defense
Personnel and Readiness

Attachment:
Question 21 – Revised (Feb 08)
To: All Individuals Completing the SF86 Questionnaire for National Security Positions

Until the Office of Personnel and Management publishes an updated SF86 later this year, all individuals completing the form will respond to Question 21 using the revised language, whether hard copy or in electronic format.

Sincerely,

James R. Clapper, Jr.
Under Secretary of Defense
Intelligence

David S. C. Chu
Under Secretary of Defense
Personnel and Readiness

**Standard Form 86, Question 21 – Revised**
*(Feb 2008)*

*Mental health counseling in and of itself is not a reason to revoke or deny a clearance.*

In the last 7 years, have you consulted with a health care professional regarding an emotional or mental health condition or were you hospitalized for such a condition?

*Answer “No” if the counseling was for any of the following reasons and was not court-ordered:*
  - strictly marital, family, grief not related to violence by you; or
  - strictly related to adjustments from service in a military combat environment.

*If you answered "Yes," indicate who conducted the treatment and/or counseling, provide the following information, and sign the Authorization for Release of Medical Information Pursuant to the Health Insurance Portability and Accountability Act (HIPAA).*
1. Imagine yourself in a situation where you might be able to help someone who is demonstrating risk factors and signs of suicide. Please answer the questions by marking the box that best fits you.

<table>
<thead>
<tr>
<th>SCALE: 1—Not at All  to  5—Fully Comfortable</th>
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<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>a) How comfortable would you feel helping this individual who has thoughts of suicide?</td>
</tr>
<tr>
<td>b) Considering your current knowledge and skills, how competent would you feel helping this person with thoughts of suicide?</td>
</tr>
<tr>
<td>c) Overall how confident are you that you would try to help this person?</td>
</tr>
</tbody>
</table>

2. Please rate your level of knowledge by marking the box that best fits you.

<table>
<thead>
<tr>
<th>SCALE: 1—Very Low  to  5—Very High</th>
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</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>a) Facts about suicide.</td>
</tr>
<tr>
<td>b) Suicide risk factors and warning signs.</td>
</tr>
<tr>
<td>c) How to ask someone about suicide.</td>
</tr>
<tr>
<td>d) How to get help for someone who is demonstrating risk factors and signs of suicide.</td>
</tr>
</tbody>
</table>
3. The following questions are intended to assess your knowledge about suicide prevention and intervention. Please mark the box that best fits you.

<table>
<thead>
<tr>
<th>SCALE: 1—Strongly Agree to 5—Strongly Disagree</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) If a buddy I knew told me that he/she was thinking of suicide, I would want to get more information about his/her plan.</td>
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<td>b) It is harmful for me to engage in open communication when dealing with someone at risk of suicide.</td>
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<td>c) If a person knew was showing suggestive signs of suicide I would raise the question of suicide with him/her.</td>
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<td>d) If a person admits to feelings of suicide I would refer the person to a Chaplain or behavioral health professional.</td>
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<tr>
<td>e) It is okay to leave someone alone who is thinking of suicide.</td>
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</table>
THE HOME FRONT TRAINING VIDEO POST-TEST

Now that you have viewed the Home Front Training Video, revisit some of the questions previously asked to assess any change in your understanding of suicide risk factors and warning signs and your confidence in being able to assist a fellow Soldier in need.

1. Imagine yourself in a situation where you might be able to help someone who is demonstrating and signs of suicide. Please answer the questions by the marking the box that best fits you.

   SCALE: 1—Not at All to 5—Fully Comfortable

   a) How comfortable would you feel helping this individual who has thoughts of suicide?

   b) Considering your current knowledge and skills, how competent would you feel helping this person with thoughts of suicide?

   c) Overall how confident are you that you would try to help this person?

2. Please rate your level of knowledge by marking the box that best fits you.

   SCALE: 1—Very Low to 5—Very High

   a) Facts about suicide.

   b) Suicide risk factors and warning signs.

   c) How to ask someone about suicide.

   d) How to get help for someone who is demonstrating risk factors and signs of suicide.
3. Please answer the following questions by marking the box that most represents your answer.

<table>
<thead>
<tr>
<th>SCALE: 1—Not at All to 5—Very Much</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>a) How valuable was this interactive video training for increasing your awareness of suicide risk?</td>
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<td>b) How valuable was this training for improving your ability to talk about suicide?</td>
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<td>c) How valuable was this training for teaching you how to respond if you think your buddy is at a high risk for suicide?</td>
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<td>d) How clear was this training about what to do if you are the one who is thinking about suicide?</td>
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<tr>
<td>e) How satisfied were you with the training?</td>
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</table>

4. Did the video stir up any emotions that were not present prior to viewing the video?
   Yes ________  No ________

<table>
<thead>
<tr>
<th>SCALE: 1—Low to 5—High</th>
<th>1</th>
<th>2</th>
<th>3</th>
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</thead>
<tbody>
<tr>
<td>5. Please rate the overall quality of the interactive video.</td>
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</tbody>
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