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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®.

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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 Expert

**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.
INTERACTIVE MOVIE OVERVIEW

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.

Synopsis

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:

1. Recognizing warning signs of suicidal ideation;
2. Recognizing risks factors for suicidal behavior;
3. Emphasizing the importance of social support (family, friends, spirituality and religious practices) in preventing suicidal ideation;
4. The role of effective communication skills in addressing behavioral health issues;
5. The importance of balancing family and career duties;
6. Enhancing awareness about resources available to military families regarding behavioral health issues; and,

7. Explaining the importance of resiliency as both a coping mechanism and a tool for self-preservation.

Each scenario has a set of discussion questions that will reinforce the learning objectives. It is crucial that Soldiers 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 develops, remember to highlight the key learning objectives by asking how they are reflected within the Soldier’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.
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—be certain that the speakers have electricity, that all the connections are in the right places, and that the speakers are turned on and the volume is up.

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

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 mental health services within the Army have improved in recent years (in terms of both access and quality)?

Accessing military support resources

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 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 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** 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 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** 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 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** 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 avoid ending his life.

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

**Discussion Questions**

How would you characterize Foreman’s attitude towards his family’s input regarding the BRAC? Does his work related problems increase his risk for suicidal ideation?

_Effective communication; social support; accessing military support resources_

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

**Warning signs of suicide**

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

_Effective communication; resiliency; duty to family_

**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 utilization of military resources.

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

These discussion questions serve as guides to create a well-rounded learning experience that will cause Soldiers 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 group facilitator.
The purpose of the program diagrams, pages 16-27, 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 15 contains the key for the diagrams and their color coding.

NOTE: 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.)
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
What will you say to your parents…?

I've been having this dream lately.

Go to Decision 4

I just couldn’t sleep.

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.

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.

You’ve agreed to seek help— but how?

Call your Squad Leader.

Contact the VA.

Go to your local hospital.

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

Leads to Rosales getting help the needs.
DECISION 5

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…?

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.

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.

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.

It might be time for a break, right?

Wrong. Stay on track, finish this job.
Yes. Give it up for a minute.
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.
ELIZABETH DOWDELL
INTRODUCTORY VIDEO AND TEXT

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 our 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.
MARIA CARTWRIGHT
INTRODUCTORY VIDEO AND TEXT

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.

DECISION 4

E-mail John?

- No—there is no need to panic.
- Yes.

Leads to Frankie running away.

Leads to successful ending.
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.
Should he be honest on his PDHA?

**DECISION 1**

- 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. 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**

- 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?

**DECISION 6**

- 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.

- Leads to English unsuccessfully attempting suicide.
- Leads to English getting help.
What do you do?

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.

Leads to English unsuccessfully attempting suicide.

Is that answer acceptable to you?

Yes.

No.

Leads to English’s Suicide

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.
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.

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.

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.

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.

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.