

# Practice Checklist

RESOURCES EXIST, ASKING CAN HELP-SPOUSE

This checklist is designed to serve as a practice tool for new REACH-Spouse facilitators preparing to lead their first session. It includes key points you will need to cover on each slide for Sessions 1 and 2 and helpful tips for how to engage your audience. Start using this checklist after you thoroughly review the REACH-Spouse Facilitator’s Manual and demonstration videos. You can also use this checklist to practice in front of friends, family members, or co-workers. Be sure to use the REACH-Spouse slide deck while you practice, so that you could get comfortable with using animations and advancing slides. Finally, the checklist also serves as a helpful tool for pacing yourself, as it shows roughly how much time you should spend on each slide.

*\*Please note that the Session 1 checklist includes two options for Slide 8, one for Active Duty and one for Reserve/National Guard participants. You should select the Slide 8 content that aligns with your population.*

Version 3, March 2024 (OPA-2021-035, PERSEREC-PA-20-21)

## REACH-Spouse Session 1

| SLIDE 1: REACH-Spouse Title Slide (6 Minutes) | **Tips** |
| --- | --- |
| [ ]  Make a brief and engaging personal introduction and share a personal story (no more than 2–4 minutes in length)[ ]  Build a relationship with participants (e.g., use authenticity, humor, vulnerability, or emotional connection)[ ]  Define the REACH-Spouse mindset and link it to proactive self-care[ ]  Ask participants to participate throughout the session[ ]  Ask participants to introduce themselves (e.g., their name, where they are originally from, and how many years they have been a military spouse (or partner)[ ]  Briefly mention that there are actually two REACH-Spouse sessions available  | * When introducing yourself, share a short personal story related to help-seeking and explain why REACH-Spouse is important to you personally
* Remember to avoid going into “briefing mode” and instead focus on starting a conversation and building a rapport with participants in the audience
 |
| SLIDE 2: Session 1 Roadmap  **(5 Minutes)** | **Tips** |
| [ ]  Explain the idea behind REACH-Spouse and the importance of everyone getting behind this mindset[ ]  Review the major components of today’s session [ ]  Emphasize that this is a safe and comfortable environment [ ]  Discuss expectations of privacy and confidentiality for the session[ ]  Review procedures for leaving during a session  | * Reassure participants that this is a safe space to share, but how much they share is up to them
* If a participant leaves your session looking upset, use guidance from the *Distress Protocol* found in the *Facilitator’s Manual*
 |

|  |  |
| --- | --- |
| SLIDE 3: Military Spouse Challenges  **(14 Minutes)** | **Tips** |
| [ ]  Ask participants why military spouses report having more mental health concerns than non-military spouses [ ]  Review and briefly discuss at least a few of the challenges on the slide [ ]  Give participants time and opportunities to comment on challenges [ ]  Ask participants directly what challenges they have faced as a military spouse [ ]  Validate answers and link challenges to the session purpose[ ]  End by explaining that one of the goals of REACH-Spouse Session 1 is to help military spouses overcome these challenges by reaching out for help | * Steer the conversation toward the understanding that military spouses face many uniquely difficult challenges from other spouses
* It is not the facilitator’s job to have all the solutions; instead ask questions to help participants generate their own solutions
* Don’t rush through this slide; this is an opportunity to engage in a dialogue with your audience and practice your Motivational Interviewing (MI) skills
 |
| SLIDE 4: Barriers to Help Seeking  **(10 Minutes)** | **Tips** |
| [ ]  Ask participants why military spouses choose not to seek help [ ]  Define barrier to care [ ]  Discuss the importance of distinguishing between perceived vs. real barriers to care and explain that perceived barriers feel just as real to the person experiencing them[ ]  Ask participants to identify barriers to care for military spouses [ ]  Discuss answers after getting participant input | * Be aware of the conversation potentially becoming emotionally charged or derailed
* Remember to practice your MI skills
* If you wish to increase participant engagement, ask a volunteer to read the definition of barrier to care
 |

|  |  |
| --- | --- |
| SLIDE 5: Mental Health Resources for Military Spouses **(10 Minutes)** | **Tips** |
| [ ]  Ask participants who they would turn to for help [ ]  Guide discussion to gauge participants’ knowledge of available resources [ ]  Distribute the *Resources Handout*[ ]  Note which resources can be accessed privately[ ]  Define “duty to warn” [ ]  Ask how many participants know the chaplain from their service member’s unit[ ]  Describe chaplains’ and Military/Veterans Crisis Line and their level of confidentiality[ ]  Ask participants whether they have heard of or used Military OneSource, Military and Family Life Counselors (MFLCs), and family readiness programs (FRPs)[ ]  Describe Military OneSource and MFLCs and their level of confidentiality[ ]  Review FRPs applicable to the audience[ ]  Describe behavioral health services available through the military treatment facility (MTF) and emergency room services, as well as their level of confidentiality[ ]  Encourage participants not to give up when looking for mental health support | * Focus your attention on resources that would be most helpful for your audience
* Don’t forget to mention local installation resources and have resource representatives who are in attendance (e.g., chaplain, MFLC, or mental health clinic POC) introduce themselves
* Provide opportunities for participant questions and personalize your responses to their needs
* Look for opportunities to weave in how using Military OneSource may fit in with participants’ goals, priorities and values
* Common mistake:
	+ Spending too much time going through each resource in the table
 |
| SLIDE 6: Mobile Resilience Tools **(5 Minutes)** | **Tips** |
| [ ]  Explain the availability and utility of mobile resilience apps [ ]  Mention that these apps are confidential with instant access and where to find them [ ]  Review the purpose and features of several mobile apps[ ]  Show your participants one of the apps you have downloaded and its features (e.g., *Breathe2Relax* guided breathing exercise feature)[ ]  Ask participants to share other apps they have used and found helpful | * Emphasize that these apps are free and were developed especially for the military community
* Emphasize that the apps fit a variety of military couple, family, and individual needs
* Common mistake:
	+ When a participant asks about a mobile app from the slide, the facilitator does not refer to the brief descriptions of the apps provided in the manual
 |

|  |  |
| --- | --- |
| SLIDE 7: Fear of Being Perceived as Broken (5 Minutes) | **Tips** |
| [ ]  Introduce the notion of mental health stigma[ ]  Ask what “being broken” means to participants and why this perception is not helpful [ ]  Ask participants to rate the likelihood of using previously discussed resources for a mental health problem on a scale of 1 to 10[ ]  Equate mental health to physical health[ ]  Define stigma and describe its effects[ ]  Explain steps to overcoming stigma [ ]  Ask participants if they have heard of kintsugi and explain how it can teach us about resilience and mental health [ ]  Emphasize the lightbulb statement  | * This slide is a great opportunity to share a personal story or anecdote that relates to overcoming mental health stigma
* Common mistakes:
	+ Not asking the 1 to 10 rating scale question to gather feedback and build participant engagement
	+ Not watching the clock (Slide 7 is the half-way point)
 |
| SLIDE 8: Fear of Negative Career Impact; Active Duty ONLY (5 Minutes) | **Tips** |
| [ ]  Mention that career worries can also keep spouses from seeking mental health help [ ]  Ask participants how likely it is that their mental health help seeking will affect their service member’s career [ ]  Highlight the connection between improvements in spouse’s mental health and the service member’s mental health and career[ ]  Ask participants about their reaction to this connection[ ]  Illustrate benefits of early help seeking using the “nagging toothache” analogy | * Some participants may identify with this barrier, some may not; find ways to keep everyone engaged
* Consider sharing a personal story or an anecdote that illustrates the benefits of seeking help early
 |

|  |  |
| --- | --- |
| SLIDE 8: Switching Providers; Reserve/National Guard ONLY (5 Minutes) | **Tips** |
| [ ]  Ask participants if switching back and forth between reserve/National Guard activation status poses an obstacle to seeking mental health care[ ]  Emphasize that continuity of care is important for our physical and mental health, so if they anticipate a change in activation status, they should proactively start looking for new providers [ ]  Ask participants about their experiences and if they have any tips to share with other participants [ ]  Mention that the *Resources Handout* has many resources they can use to meet their family’s needs [ ]  Mention the *TRICARE Choices for National Guard and Reserve Handbook* as another helpful resource  | * Facilitators don’t have to know everything about TRICARE, but it would be beneficial to do some research ahead of time
* Common issues:
	+ If participants share complaints about TRICARE, use your MI skills, such as reflective listening and rolling with resistance, to address negative comments that are raised
	+ If participants ask insurance-specific questions that you don’t know how to answer, you can recommend that they consult a patient advocate or ombudsman with their insurance
 |
| SLIDE 9: Practical Concerns (5 Minutes) | **Tips** |
| [ ]  Introduce practical concerns as another barrier to getting mental health support[ ]  Ask participants to share what practical issues may interfere with their ability to seek mental health help[ ]  Discuss challenges and possible solutions[ ]  Ask whether participants have encountered these practical concerns, and solicit ideas, resources, or strategies to overcome them[ ]  Validate participant experiences and opinions[ ]  Remind participants of the *Resources Handout*  | * Common mistakes:
	+ Going over the entire table can take too much time
	+ Reading all three “ASK” questions in a row; be sure to pause for responses between each one or go in depth only on one of the questions
 |

|  |  |
| --- | --- |
| SLIDE 10: Military OneSource: 24/7 Support for the Military Community (10 Minutes) | **Tips** |
| [ ]  Ask participants about their own or others’ experiences with Military OneSource [ ]  Emphasize that Military OneSource is free, available 24/7, and available for both service members and dependents[ ]  Describe Military OneSource’s many offerings and options for accessing their resources[ ]  Highlight non-medical counseling[ ]  Emphasize that Military OneSource is a great “first stop” when participants don’t know where to go for help [ ]  Ask participants which resources they would like to use in the next few months | * Ask participants which Military OneSource resources they would like to know more about; then expand on those resources
* Remember that your audience’s past experiences with Military OneSource may vary; use your MI skills to address negative comments
* Common mistake:
	+ Going over the entire circle of resources takes too much time; instead highlight resources that are most relevant to the audience
 |
| SLIDE 11: Practice Call (10 Minutes) | **Tips** |
| [ ]  Ask for a volunteer to help make the call; if nobody volunteers you can ask a resource representative to help make the call, or make the call yourself[ ]  Explain to participants how the practice call will go[ ]  Gather input from participants when deciding on the call topic[ ]  Help volunteer make the call[ ]  Introduce yourself to the triage consultant as a REACH-Spouse facilitator and ask to skip the collection of demographics in the interest of time[ ]  Keep the call to around 5 minutes in length[ ]  Discuss the participants’ impressions [ ]  Ask participants for a commitment to call Military OneSource if they struggle with something in the future[ ]  Ask participants to put the Military OneSource and the Military/Veterans’ Crisis Line phone numbers into their cell phones | * Common issues:
	+ Spouses are silent when trying to find a volunteer or identify a call topic
* Solution: Try to make advance arrangements with someone to serve as the volunteer; suggest a call topic that someone inquired about earlier
	+ Being put on hold (most likely to happen during tax season and at the end of day)
* Solution: Advance the other half of the slide and go through its content until the triage consultant picks up, then start the practice call; avoid silence in the room
	+ Call length exceeding 5 minutes
* Solution: Steer the call with targeted questions; tell the triage consultant that is all the time you have
 |
| SLIDE 12: The Importance of Self-Care (10 Minutes) | **Tips** |
| [ ]  Ask participants what self-care is and why it is important [ ]  Provide the definition of self-care [ ]  Ask about military spouses’ barriers to practicing self-care[ ]  Ask participants to estimate how long military spouses spend on self-care every day[ ]  Ask participants for strategies for making time for self-care [ ]  Ask participants about their own likelihood of starting a daily self-care routine [ ]  Read Brené Brown’s quote and ask participants to comment on what it means to them | * You are almost near the end of the session; resist the urge to speed through this slide because self-care is very important and often gets neglected in real life
* Ask a volunteer to read the definition of self-care
* You don’t have to ask all five questions from the manual; choose only a few to pose to the audience
* Use MI skills to ask the 1 to 10 rating scale question to gather information and build participant engagement
* Common mistake:
	+ Losing track of time due to great discussion
 |
| SLIDE 13: Self-Care and Mental Wellness Strategies (15 Minutes) | **Tips** |
| [ ]  Stimulate discussion and facilitate sharing of strategies to increase self-care[ ]  Review self-care practices [ ]  Discuss relaxation[ ]  Ask participants about their familiarity with meditation[ ]  Ask participants what “physically unwinding” means to them[ ]  Ask participants about their familiarity with mindfulness and define it[ ]  Ask about participants’ hobbies and ways to fit them into their schedules regularly[ ]  Ask participants what self-care practices they can do in five minutes[ ]  Discuss knowing your limits and ask who struggles with this in practice[ ]  Conduct a 1-minute breathing exercise and ask how it went  | * You are almost finished with the session and might start running out of time; use your discretion to determine how much time you would like to spend on this slide
* Common mistakes:
	+ Running through this slide too quickly due to poor time management
	+ Not practicing the breathing exercise ahead of time
	+ Skipping the breathing exercise entirely
 |

|  |  |
| --- | --- |
| SLIDE 14: Takeaways (10 Minutes) | **Tips** |
| [ ]  Introduce resource representatives, such as a chaplain, MFLC, or mental health clinic POC, if they are in attendance and you didn’t introduce them earlier[ ]  Ask participants to read the four key takeaways [ ]  Ask participants what their own takeaways are from today’s session[ ]  Remind participants of the *Resources Handout* distributed earlier[ ]  Mention REACH-Spouse Session 2 and its purpose | * Stick around for a few minutes afterwards in case participants wish to talk to you or have a question
 |

## REACH-Spouse Session 2

| SLIDE 1: REACH-Spouse Title Slide(6 Minutes) | **Tips** |
| --- | --- |
| [ ]  Make a brief and engaging personal introduction and share a personal story (no more than 2–4 minutes in length)[ ]  Build a relationship with participants (e.g., use authenticity, humor, vulnerability, or emotional connection)[ ]  Define the REACH-Spouse mindset and link it to proactive self-care[ ]  Ask participants to participate throughout the session[ ]  Ask participants to introduce themselves (e.g., their name, where they are originally from, and how many years they have been a military spouse (or partner)[ ]  Briefly mention that there are actually two REACH-Spouse sessions available  | * When introducing yourself, share a short personal story related to help-seeking and explain why REACH-Spouse is important to you personally
* Remember to avoid going into “briefing mode” and instead focus on starting a conversation and building a rapport with participants in the audience
 |
| SLIDE 2: Session 2 Roadmap  (5 Minutes) | **Tips** |
| [ ]  Explain the idea behind REACH-Spouse and the importance of everyone getting behind this mindset[ ]  Review the major components of today’s session [ ]  Emphasize that this is a safe and comfortable environment [ ]  Discuss expectations of privacy and confidentiality for the session[ ]  Review procedures for leaving during a session  | * Reassure participants that this is a safe space to share, but how much they share is up to them
* If a participant leaves your session looking upset, use guidance from the *Distress Protocol* found in the *Facilitator’s Manual*
 |

|  |  |
| --- | --- |
| SLIDE 3: Service Member Challenges  (14 Minutes) | **Tips** |
| [ ]  Ask participants why service members report having more mental health concerns than civilians [ ]  Ask open-ended questions and affirm challenges mentioned by participants[ ]  Review and briefly discuss at least a few of the challenges on the slide  [ ]  Give participants time and opportunities to comment on challenges[ ]  Validate answers and links challenges to the session purpose[ ]  Explain that one of the goals of REACH-Spouse Session 2 is to help service members overcome these challenges by reaching out for help | * Steer the conversation toward the understanding that service members face many uniquely difficult challenges from civilians
* It is not the facilitator’s job to have all the solutions; instead ask questions to help participants generate their own solutions
* Don’t rush through this slide; this slide is an opportunity to engage in a dialogue with your audience and practice your Motivational Interviewing (MI) skills
 |
| SLIDE 4: Service Member Barriers to Help Seeking (10 Minutes) | **Tips** |
| [ ]  Ask participants why they think service members choose not to seek help [ ]  Define barrier to care [ ]  Discuss the importance of distinguishing between perceived vs. real barriers to care and explain that perceived barriers feel just as real to the person experiencing them[ ]  Ask participants to name what they think are the top barriers to care for service members  [ ]  Discuss answers after getting participant input[ ]  Present the Status of Forces Survey data on perceived barriers to care | * Present the question at the top of the slide first to facilitate conversation prior to sharing the definition
* If you wish to increase participant engagement, ask a volunteer to read the definition of barrier to care
* Common mistake:
	+ Spending too much time introducing each barrier or not getting enough discussion going; avoid falling into "briefing mode"
 |

|  |  |
| --- | --- |
| SLIDE 5: Handling Things on Their Own  (5 Minutes) | **Tips** |
| [ ]  Start by asking spouses what they know about the resources available to their service member when they have an issue  [ ]  Ask participants what their service member would do if they cannot resolve something on their own [ ]  Emphasize that the goal is to make sure that service members do not simply avoid their problems, but are proactive about finding solutions to them[ ]  Discuss how mental health issues often require a blend of self-care and medical care [ ]  Discuss the continuum of care and how mental health issues can range from simple to complex, and resources can range from light to heavy involvement [ ]  Mention that handling an issue early leads to much better outcomes than letting it continue unaddressed  | * Acknowledge that service members are trained to try to solve their problems on their own, so it can be hard for them to ask for help
* Emphasize that help can take many forms for different issues
* Common mistake:
	+ Not explaining the continuum of care graphic and not starting out with the question from the manual – “When struggles come up that your service member cannot resolve on their own, what resources could they use?”
 |
| SLIDE 6: Fear of Being Perceived as Broken (5 Minutes) | **Tips** |
| [ ]  Describe the Status of Forces Survey data indicating that 67% of service members worry that others will see them as weak if they reach out for help [ ]  Ask what “being broken” means to service members and why it is not a helpful perception[ ]  Link the example of broken leg being healed by a visit to a doctor to mental health counseling [ ]  Share a personal story that demonstrates the positive impact of early help seeking[ ]  Ask participants how likely they would be to encourage their service member to get help on a scale from 1 to 10 | * Emphasize that service members often fear looking weak to peers or leaders
* Common mistake:
	+ Not asking the 1 to 10 rating scale question to gather feedback and build participant engagement
 |

|  |  |
| --- | --- |
| SLIDE 7: Mental Health Treatment and Career Outcomes (5 Minutes) | **Tips** |
| [ ]  Start the slide by asking what percentage of security clearances are denied or revoked due to reported mental health issues *alone*[ ]  Mention that career worries can often keep service members from seeking help [ ]  Describe security clearances as a key worry for many service members and share that mental health has very little impact on career development [ ]  Mention each benefit of early help seeking and liken it to proactive dental care (e.g., taking care of a cavity to avoid needing a root canal)[ ]  Describe the early symptoms of stress [ ]  Ask participants what helps them and their service member relieve stress [ ]  Introduce the idea of starting conversations with your spouse when you notice something is off | * Emphasize that seeking help on their own is best for the service member’s career instead of being told to do so by leadership
* If participants bring up an example of security clearance eligibility being denied due to mental health, explain that it might be because there were multiple issues at play (e.g., excessive alcohol usage), versus just a mental health issue
* If you don’t have an answer to a question, feel free to be open about it with your participants, offer to research the topic, and follow-up with them in a timely manner
* Common mistake:
	+ Not asking the first question on the screen
 |
| SLIDE 8: Mental Health Resources for Military Members (10 Minutes) | **Tips** |
| [ ]  Describe the resources available to service members [ ]  Distribute the *Resources Handout*[ ]  Discuss privacy, "duty to warn," and "command-directed evaluations"[ ]  Ask how many participants know the chaplain from their service member’s unit [ ]  Ask participants about their knowledge or experience with Military OneSource [ ]  Ask participants about their knowledge or experience with Military and Family Life Counselors (MFLCs)[ ]  Highlight Military OneSource and MFLCs and their level of confidentiality[ ]  Encourage participants by saying “Remind your service member to not give up on their quest for mental health support! They could have a negative experience with one provider, and the next one could change their life!”[ ]  Give time for participants to ask questions  | * Emphasize that these are military mental health resources, but there are other civilian resources
* Don’t forget to mention local installation resources and have resource representatives who are in attendance (e.g., chaplain, MFLC, or mental health clinic POC) introduce themselves
* Provide opportunities for participant questions and personalize your responses to their needs
* Common mistake:
	+ Spending too much time going through each resource in the table
 |

|  |  |
| --- | --- |
| SLIDE 9: Mobile Resilience Tools  (5 Minutes) | **Tips** |
| [ ]  Explain the availability and utility of mobile resilience apps [ ]  Mention that these apps are confidential with instant access and where to find them [ ]  Review the purpose and features of several mobile apps[ ]  Show your participants one of the apps you have downloaded and its features (e.g., one of the guided stress release drills from *Chill Drills*)[ ]  Ask participants to share other apps they have used and found helpful | * Emphasize that these apps are free and were developed especially for the military community
* Emphasize that the apps fit a variety of military couple, family, and individual needs
* Common mistake:
	+ When a participant asks about a mobile app from the slide, the facilitator does not refer to the brief descriptions of the apps provided in the manual
 |
| SLIDE 10: Military OneSource: 24/7 Support for the Military Community (10 Minutes) | **Tips** |
| [ ]  Ask participants about their own or others’ experiences with Military OneSource [ ]  Emphasize that Military OneSource is free, available 24/7, and available for both service members and dependents[ ]  Describe Military OneSource’s many offerings and options for accessing their resources[ ]  Highlight non-medical counseling[ ]  Emphasize that Military OneSource is a great “first stop” when participants don’t know where to go for help [ ]  Ask participants which resources they would like to use in the next few months | * Ask participants which Military OneSource resources they would like to know more about; then expand on those resources
* Remember that your audience’s past experiences with Military OneSource may vary; use your MI skills to address negative comments
* Common mistake:
	+ Going over the entire circle of resources takes too much time; instead highlight resources that are most relevant to the audience
 |

|  |  |
| --- | --- |
| SLIDE 11: Practice Call (10 Minutes) | **Tips** |
| [ ]  Ask for a volunteer to help make the call; if nobody volunteers you can ask a resource representative to help make the call, or make the call yourself[ ]  Explain to participants how the practice call will go[ ]  Gather input from participants when deciding on the call topic[ ]  Help volunteer make the call[ ]  Introduce yourself to the triage consultant as a REACH-Spouse facilitator and ask to skip the collection of demographics in the interest of time[ ]  Keep the call to around 5 minutes in length[ ]  Discuss the participants’ impressions [ ]  Ask participants for a commitment to call Military OneSource if they struggle with something in the future[ ]  Ask participants to put the Military OneSource and the Military/Veterans’ Crisis Line phone numbers into their cell phones | * Common issues:
	+ Spouses are silent when trying to find a volunteer or identify a call topic
* Solution: Try to make advance arrangements with someone to serve as the volunteer; suggest a call topic that someone inquired about earlier
	+ Being put on hold (most likely to happen during tax season and at the end of day)
* Solution: Advance the other half of the slide and go through its content until the triage consultant picks up, then start the practice call; avoid silence in the room
	+ Call length exceeding 5 minutes
* Solution: Steer the call with targeted questions; tell the triage consultant that is all the time you have
 |
| SLIDE 12: Suicide Prevention Skills  (5 Minutes) | **Tips** |
| [ ]  Clearly state that sometimes mental health crises are not preventable [ ]  Emphasize that it is important to know the warning signs of suicidal ideation[ ]  Mention the Question, Persuade, and Refer (QPR) technique | * Be sure to practice transitioning to the topic of suicide prevention on this slide ahead of time, otherwise it might feel abrupt for some participants; consider saying something like “sometimes, despite our best efforts, we’re still not able to prevent a mental health crisis from occurring”
* Acknowledge that this can be an uncomfortable topic to delve into, but validate its importance for saving someone’s life
 |

|  |  |
| --- | --- |
| SLIDE 13: Signs and Symptoms of Suicide Risk (5 Minutes) | **Tips** |
| [ ]  Clearly state that suicidality can include verbal or written statements, changes in behaviors, and displays of emotion[ ]  Describe the signs and symptoms of suicide risk by reviewing two or three bullet points, including the ones about firearms, and provide examples[ ]  State that none of the symptoms necessarily point to a risk on their own, but together could be a sign of other problems [ ]  Point participants to the QPR technique | * Review the bullet about firearms. This is important because an unsecured firearm could pose a threat to a person in crisis, and potentially to everyone else in the home. Research shows that having conversations about securely storing firearms can significantly reduce the risk of death by suicide, domestic violence, and accidental harm to others. The *Resources Handout* has some great ideas for how to start these conversations. Emphasize that the list of signs and symptoms is a starting point for a conversation with a service member, and the intention is to direct them to get help
* People might be anxious about having a conversation about suicidality, and this is natural; use the MI techniques to discuss their fears and remind participants that even if their service member does not want to use the resources now, they will be there once their spouse decides the time is right
* Refer spouses to other programs for in-depth suicide prevention training if they express interest
* Avoid sharing a story of someone who attempted suicide or died by suicide
* Common mistake:
	+ Spending too much time going through all of the signs and symptoms in detail; instead highlight a few key ones
 |

|  |  |
| --- | --- |
| SLIDE 14: Question, Persuade, Refer (15 Minutes) | **Tips** |
| [ ]  Clearly state the purpose of the QPR technique and explain each of its three steps[ ]  Provide an example of how to Question [ ]  Provide an example of how to Persuade[ ]  Provide an example of how to Refer [ ]  Introduce the Columbia-Suicide Severity Rating Scale (C-SSRS)[ ]  Go through the role-play example of how you might use QPR with a service member[ ]  Ask participants how likely they would be to use the QPR technique on a scale from 1 to 10 | * Practice the QPR role-play script and arrange for a volunteer ahead of time to help you demonstrate it
* Engage participants by having them read the question, persuade, and refer boxes on the slide
	+ On the Question technique:
* Make sure you say that being direct is important and for spouses not to tack on emotional appeals early
* Tell spouses to let the service member tell their story and listen at this phase
	+ On the Persuade technique:
* The overall message from the spouse should be "I care for you, and I want to help"
* They can make an appeal with love or friendship here
* Remind spouses that service members might be resistant and they may need to repeat these steps
	+ On the Refer technique:
* Provide concrete examples of how to connect the service member to the resource they need
* Refer participants to other programs for in-depth suicide prevention training if they express interest; consider sharing the link to the QPR video from the Facilitator’s Manual with those interested
* Common mistake:
	+ Forgetting to ask the 1 to 10 rating scale question at the end, or rushing through the content of this slide
 |

|  |  |
| --- | --- |
| SLIDE 15: Takeaways (10 Minutes) | **Tips** |
| [ ]  Introduce resource representatives, such as a chaplain, MFLC, or mental health clinic POC, if they are in attendance and you didn’t introduce them earlier[ ]  Ask participants to read the four key takeaways [ ]  Ask participants what their own takeaways are from today’s session[ ]  Remind participants of the *Resources Handout* distributed earlier[ ]  Mention REACH-Spouse Session 1 and its purpose | * Stick around for a few minutes afterwards in case participants wish to talk to you or have a question
 |