

Instruction Notes: Success in this presentation is maximizing discussion and minimizing the instructor's comments. You will need the capability to play a DVD that has good resolution and good audible capability. Rehearse your AV equipment to ensure compatibility. Each slide has 1) script or 2) general, spiritual, and behavioral health talking points. The presenter may use the script or may use the talking points as guidelines. Recommended presenters include chaplains, senior NCO chaplain assistants, or behavioral health providers. Keep in mind that the introduction of a very sensitive topic requires an equally sensitive approach. You must assume that the class will include people who have been touched by a suicide, and some class members who have seriously contemplated or attempted suicide. Care must be given in discussing this topic. Also, you will seek to motivate members of the unit to become concerned for the well-being of others. Chaplains can certainly speak from their own faith traditions, but need to remember to be inclusive of the different beliefs of the audience. Chaplains also need to openly advocate behavioral health as a resource. Behavioral health providers need to openly advocate spirituality and religiosity as resiliency factors. This briefing will be more effective if both providers are present during the briefing.

Setup: Play "Hold On" video by Good Charlotte as personnel enter the room (Other songs, CD or DVD, may be substituted – a full list can be found at http://en.wikipedia.org/wiki/List_of_songs_about_suicide). It is best to play a song that will be popular for your audience, one that will allude to suicide but also will communicate to the audience. Pretest and posttest is optional. If you use the pretest, pass it out as they enter the room and have all take the pretest while listening to the music. Take up the pretest and start the discussion.

Hold On BY GOOD CHARLOTTE

This world, this world is cold
 But you don't, you don't have to go
 You're feeling sad you're feeling lonely
 And no one seems to care

Your days you say they're way too long
 And your nights you cant sleep at all (hold on)
 And you're not sure what you're looking for
 But you don't want to no more
 And you're not sure what you're waiting for
 but you don't want to no more

But we all bleed the same way as you do
 We all have the same things to go thru
 Hold on...if you feel like letting go
 Hold on...it gets better than you know

Don't stop looking you're one step closer
 Don't stop searching its not over...hold on

S U I C I D E A W A R E N E S S

S U I C I D E A W A R E N E S S

U.S. ARMY

Script: *Before we even start this training, I would like to discuss the most contributing factor that is causing our Soldiers to complete suicide – relationship destruction. As you entered the room, I was playing a song about suicidal ideations. Why do you think that Soldiers, primarily young white males, are killing themselves over broken relationships? Why do some Soldiers handle relationship failures better than others? What advice would you give a buddy who is going through a break up? Considering that someone in this room may be going through a broken relationship, how can Soldiers be better prepared for this possibility? I need your help as we try to figure out how to help our Soldiers who feel this same dependency (As you guide this discussion, try to pull out information as listed in the talking points).*

Talking Points

General: The purpose for this slide is to heighten awareness amongst the platoon members about the possibility that a broken relationship might lead to a completed suicide. The desired outcome for this discussion is heightened awareness of future destroyed relationships within the platoon and creation of empathy and active listening skills for such events. Engage the audience to discuss this dilemma. Recommended questions include:

- Why do you think that Soldiers, primarily young white males, are killing themselves over broken relationships?
- Why do some Soldiers handle relationship failures better than others?
- What advice would you give a buddy who is going through a break up?
- Considering that some in this room may be going through a broken relationship, how can Soldiers be better prepared for this possibility?

One suicide is too many for the US Army. The Hold On video by Good Charlotte inspires us to hang in there, to persevere despite the situation. There are countless other videos that speak of suicides due to failed relationships. The tragedy of this message is that it runs true in our Army as most of our completed suicides are connected to a failed relationship.

Spiritual: Spirituality looks outside of oneself for meaning and provides resiliency for failures in life experiences. Religiosity adds the dimension of a supportive community to help one deal with crises. Connectivity to the Divine is fundamental to developing resiliency that allows one to deal with disappointments. Bottom line, Soldiers should not base their reason for living in another human being!

Behavioral Health: When Soldiers feel depressed and sad, they can become trapped in a cycle of negative thoughts and beliefs. They may experience a variety of cognitive distortions such as:

Negative filter: The Soldier views all of his life including daily activities through a negative filter. Soldiers might attribute a benign glance from a fellow Soldier as a look of anger or view a simple mistake such as misplacing keys as a sign that he/she is truly a failure in life.

All-or-nothing thinking: The Soldier sees things in black and white categories. If the relationship fails, the Soldier sees himself/herself as a failure and as the sole reason for the break-up.

Overgeneralization: The Soldier sees a single negative event as a never-ending pattern of defeat. If the Soldier's relationship ends, he/she may think that all future relationships will fail, too.

Disqualifying the positive: The Soldier disregards any positive experience, and maintains negative beliefs even if they are contradicted by everyday experiences. A Soldier may fail to find any positive about his/her relationship or about his/her current status, if newly single even if several members of the opposite sex express interest in a relationship.

Catastrophizing: The Soldier exaggerates the importance of negative events. If a relationship fails, the Soldier might assume that the failure will now affect all aspects of life, will affect ability to be promoted, and will cause a loss of friends. It is important to help the Soldier identify his/her automatic cognitive distortions and beliefs and then work with the Soldier to create healthier, more rational cognitions and beliefs.

Demographics

Sergeant Major of the Army States:

“One suicide is one too many!”

“Not all wounds are visible. If you are feeling depressed or suicidal, seek help. We need you on the Army team.”



SMA Kenneth O. Preston



SUICIDE AWARENESS

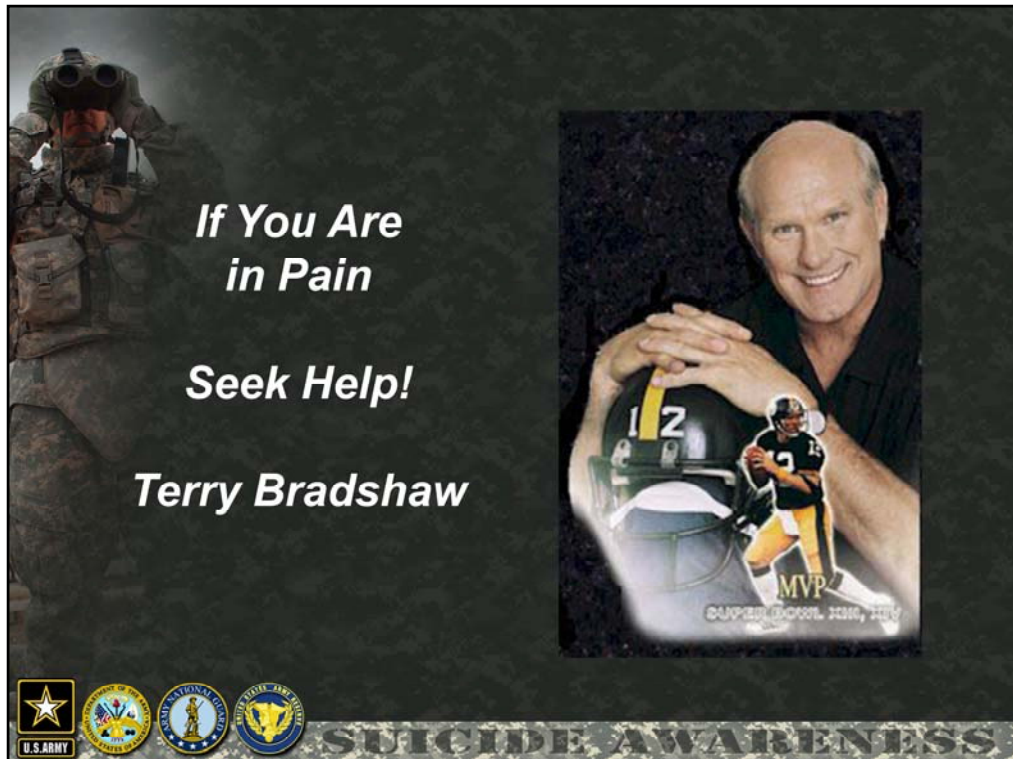
Script: *Bottom line up front, Soldiers are committing suicide and we must find a solution to decrease the number of suicides. For the next hour, we will collectively look at preventing Soldiers from attempting suicide. In the past, suicide prevention briefings have included several slides on demographics. This presentation only has one such slide, has only two main points, a few vignettes for discussion, and then concludes with a contest. Key point here is that Soldiers are killing themselves and one suicide is too many!*

Talking Points

General: Soldiers are killing themselves and one suicide is too many!

Spiritual: Emphasize the importance of spiritual health, connectivity with a faith community, and a relationship with God.

Behavioral Health: Focus on coping mechanisms that exist within the Army and ask Soldiers to think about their own personal coping mechanisms. Help Soldiers identify ways that they have coped with difficulties in the past (e.g., social support from buddies/family/friends, counseling, writing a letter, talking to a friend, etc.) and ways that they might cope in the future.



Setup: Play DVD chapter entitled “Servicemembers”.

Script: *Suicide is not an option for Soldiers. If you are suffering from unbearable pain, I will do everything in my power to help you. Please do not hurt yourself. Give me a chance to help you survive you in this difficult period of your life. Terry Bradshaw finally sought help with his pain. He is the winner of four Superbowls and eight AFC championships, author of five books, starred in several movies, and has even recorded six records. Terry was enthusiastic and willing to discuss his battle with depression in an interview with the Army. Bradshaw has been ridiculed and criticized for his openness on this topic. The Warrior Ethos statement, “I am disciplined, physically and mentally tough” tells us that if there is a physical or mental hindrance, then we must fix it. If you break your leg, get it fixed. If you are suffering from emotional or mental pain, then as with the broken bone, get it fixed! Please listen to this ten minute portion of the thirty minute interview. If anyone wants to order their own free copy of the full interview, it can be ordered from the CHPPM suicide prevention website.*

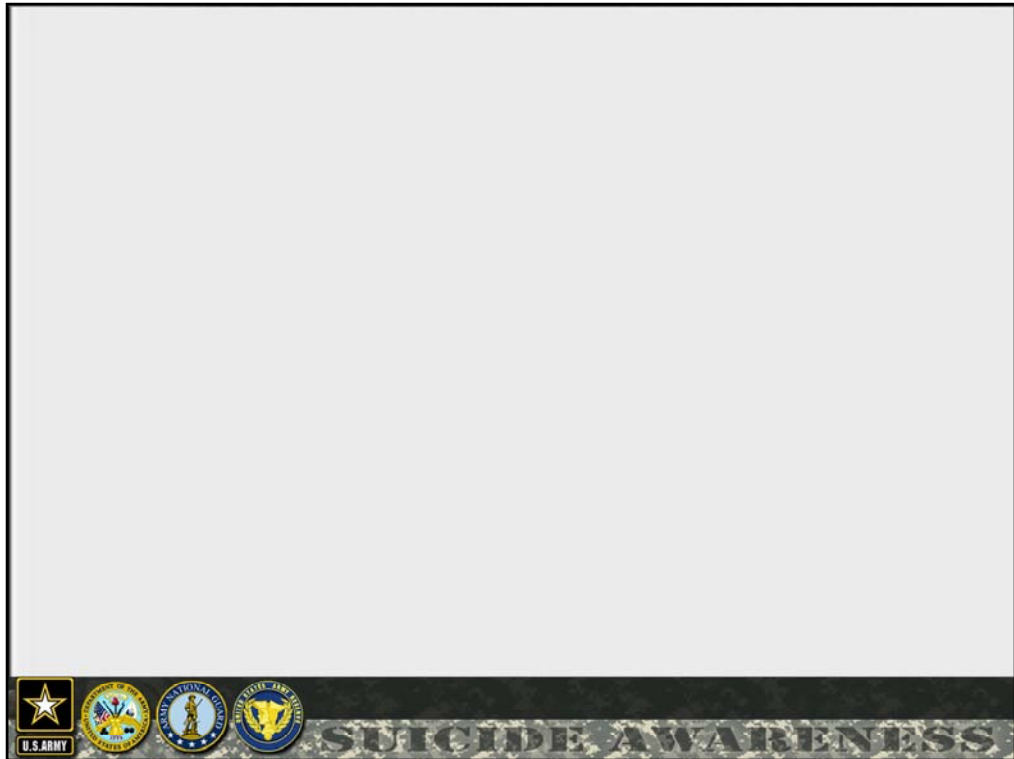
Talking Points

General: Football legend Terry Bradshaw agreed to speak to Soldiers about his battle with depression and the stigma of seeking help. He is the winner of four Superbowls and eight AFC championships, author of five books and he has even recorded six records. Here is a ten minute clip of that interview.

Spiritual: Terry is very open about his faith in God and his relationship with his church. Spirituality is an invaluable ingredient in his battle with this disease. Make sure the Soldiers know they can come to you for help, that you care, and that suicide is not an option.

Behavioral Health: Soldiers should be aware of the signs of depression:

- Persistent sad mood
- Difficulty concentrating
- Sudden change in appetite or weight (loss or gain)
- Difficulty sleeping (too much or too little)
- Feelings of guilt
- Feelings of hopelessness
- Persistent fatigue and/or loss of energy
- Loss of interest in pleasurable activities
- Irritability



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Script: *The Warrior Ethos statement “I will never leave a fallen comrade” refers to helping a buddy in mental distress also. A very large number of suicides could have been prevented by an attentive buddy. Helping a buddy takes courage and accepting help is a sign of strength.*

Talking Points

General: A very large number of the completed suicides in the Army could have been prevented by a caring buddy.

Spiritual: Soldiers need to take care of each other and rid any thoughts of survival of the fittest. Almost all religions adhere to some form of Christianity’s Golden Rule, or the Categorical Imperative of Immanuel Kant. The Golden Rule basically states that we should treat others as we would want to be treated. Its universality is demonstrated by the following table:

Universality of the Golden Rule

Christianity *“So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets”*

Confucianism *“Do not do to others what you would not like yourself. Then there will be no resentment against you, either in the family or in the state”*

Buddhism *“Hurt not others in ways that you yourself would find hurtful”*

Hinduism *“This is the sum of duty; do naught onto others what you would not have them do unto you”*

Islam *“No one of you is a believer until he desires for his brother that which he desires for himself”*

Judaism *“What is hateful to you, do not do to your fellowman. This is the entire Law; all the rest is commentary”*

Taoism *“Regard your neighbor’s gain as your gain, and your neighbor’s loss as your own loss”*

Behavioral Health: Ask Soldiers to think about times when they have helped a buddy and when they have been helped by a buddy. Emphasize that helping a buddy takes courage and that accepting help is a sign of strength and indicates a desire to feel better.

Life's Ups & Downs...



Emotional Peaks & Valleys over Time



SUICIDE AWARENESS

Intervention

A **Ask your buddy**

- Have the courage to ask the question, but stay calm
- Ask the question directly, e.g. Are you thinking of killing yourself?

C **Care for your buddy**

- Remove any means that could be used for self-injury
- Calmly control the situation; do not use force
- Actively listen to produce relief

E **Escort your buddy**

- Never leave your buddy alone
- Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider

SUICIDE AWARENESS

Script: *This is not a difficult mission but it is most important. Key points are to confront your buddy, keep your buddy safe, and to take your buddy to the nearest available resource. Never leave the individual alone and do not be afraid to directly confront the Soldier with questions such as: Are you going to hurt yourself, Are you thinking about suicide, etc. As long as you demonstrate true concern for their wellbeing, you cannot say the wrong thing. Doing nothing is not an option.*

Talking Points

General: Emphasize that it is okay to ask the question and to never leave the person alone as help is sought.

Spiritual: Chaplain should emphasize the UMT's availability immediately after this presentation and all other times.

Behavioral Health: Encourage Soldiers to become acquainted with their Behavioral Health professionals and inform Soldiers how to access care.

Suicide Vignette #1

PVT Smith was a 22 year-old single, black male who was three months into his first deployment. While surfing MySpace.com, he learned that his deployed girlfriend was involved in another relationship. After that, PVT Smith began to abuse alcohol. One evening, PVT Smith refused to go to the gym with his buddies, which was unusual. That night, Private Smith shot himself to death.

Can you list the warning signs?

Given that you know PVT Smith, and are aware of his distress, which of the following would be the best response?

1. Wait and see how things go because it's not a good idea to interfere in another Soldier's personal matters. He might get angry.
2. If I knew about his girlfriend problems, I would talk to him to see if he was alright. I would ask him if he felt suicidal. If he said yes, I would escort him to see the commander.
3. Because of his alcohol abuse, I would inform the Platoon SGT that something was troubling PVT Smith i.e., he was drinking too much. I would suggest that the Platoon SGT talk to him.



SUICIDE AWARENESS

Instruction for Slides 7-12 Suicide Vignettes

Setup (1 or 2): 1. Divide the Soldiers into small groups and hand out printed copies of each vignette and request that each group share their discussion.

2. Display or hand out the questions and discuss each vignette in the large group setting.

Script: 1. *Please look at the vignette that was handed to your group and respond to the questions for each vignette. Pick a leader from each group to report back to the large group.*

2. *Let's look at each vignette and address each of the questions that I have passed out (or displayed).*

Talking Point

General: Each slide has recommended warning signs embedded in the notes of the slide (risk factors are listed also, although Soldiers should be more focused on warning signs). The trainer should attempt to get the Soldiers to discover this information on their own. Soldiers are certainly allowed to discover signs not listed, but the trainer's goal is to at least guide the audience to discover the listed signs. We could take each option and discuss how they might play out.

For example:

Option 1 is a problem. If all Soldiers felt this way, the buddy system would be useless. The results would be more deaths related to suicide (extreme statement).

Option 2 is best. Other Soldiers are more successful in identifying another buddy who is suicidal or experiencing problems. Asking directly about suicide increases the chances of helping someone in distress. If a buddy said yes, it is important to stay with your buddy until he or she see someone who can help. This ensures your buddy safety and well-being.

Option 3 is next best. However, the problem associated with this option is that it could delay intervention. Remember, If someone is suicidal, the individual needs immediate help.

Suicide Vignette #2

SPC Rodriguez was a 27 year-old, single, Hispanic male, who had previously deployed to both Iraq and Afghanistan. SPC Rodriguez recently received an Article 15 resulting in loss of pay and rank. His commander referred him for a lateral transfer and cross training. It was known that SPC Rodriguez was very frustrated and angry about the command referral and reassignment to a new unit that was deploying in a week. Ordinarily, he was very quiet and introverted, but had a good rapport with other platoon members. He was a "video gamer" who spent more time gaming and less time with friends. SPC Rodriguez was missing for 2 days before he was discovered dead by a buddy. SPC Rodriguez had hanged himself in the basement of his quarters.

Can you list the warning signs?

Given that you know SPC Rodriguez, and are aware of his distress, which of the following would be the best response?

1. Two deployments are tough. He probably received the Article 15 for complaining about going on another deployment. I prefer not to be involved with someone who received an Article 15. He was probably trouble.
2. In our unit, we keep good track of our unit personnel. If someone is missing, we look for the Soldier immediately to see if he or she is okay.
3. Realizing that SPC Rodriguez is a quiet person, I would talk to him after the transfer to see if he was alright. Given all his issues, I would recommend that he speak with the Chaplain.



WARNING SIGNS: Withdrawal from friends and activities

RISK FACTORS: Multiple-deployer with new deployment; job transition

Option 1 is a problem. Evidence has shown that multiple deployments can be extremely stressful. Anybody in the audience care to share their experience with multiple deployments for discussion purposes?

Option 2 is a good unit protective factor.

Option 3 is the best. It is important to look out after your fellow Soldier. It was possible if someone had asked SPC Rodriguez about his problems he could have been encouraged to get help.

Suicide Vignette #3

PFC Morgan was a 19 year-old, single, white male, 11B, who had deployed twice to Iraq with significant combat exposure. PFC Morgan had difficulties learning new Soldiers' skills. Because of his slowness, he was often ridiculed by peers and leadership. Everyone believed that he accepted the treatment as good natured ribbing. Prior to his death, he gave away some personal belongings. About one day before his death, he also told a buddy that he had "had enough". This was interpreted as simple frustration. PFC Morgan was found dead in his car by carbon monoxide poisoning.

Can you list the warning signs?

Given that you know PFC Morgan, and aware of his distress, which of the following would be the best response?

1. If I had known he was angry about being "teased", I would talk to him to see if he was alright. I would ask him if he felt suicidal. If he said yes, I would convince him to see a behavioral health provider in the morning. After he made a commitment, I would tell him that I would pick him up the next day.
2. In the Army, people are always joking with each other. That's how we all deal with the stress. If you can't handle the ribbing, you should get out of the Army.
3. When I heard that he had had enough, I would immediately ask him if he was thinking of suicide. If he said yes, I would stay with him, and inform the chain of command. I would never leave him alone until he saw a helping provider.



WARNING SIGNS: Giving away personal items; verbalizing "having had enough"; peer hazing

RISK FACTORS: Loss of social status; multiple deployments with significant combat exposure; work related problems

Option 1 was fine until the Soldier was left alone. What was wrong with leaving the Soldier alone until the next day?

Option 2 is a problem. Discuss why this was the wrong choice.

Option 3 is the best. When the Soldier indicated he had enough, this was a warning sign that should receive immediate attention. You should directly ask the Soldier about his or her suicidal thoughts. You should seek assistance for the Soldier either by the chain of command, Chaplain, or a behavioral health professional. You should stay with the Soldier until assistance is provided.

Suicide Vignette #4

SPC Rhodes, a 25 year-old, single white female, 91W, has deployed three different times: twice to Iraq and once to Afghanistan. During a current deployment, her TMC experienced a mass casualty in which SPC Rhodes watched several Soldiers from her unit die. She was neither well-liked nor disliked by others. She frequently talked about her boyfriend back home and their plans to marry. About a week before she died, she received a letter from her boyfriend indicating that he wanted to terminate their relationship. SPC Rhodes was discovered in her bunk dead from a drug overdose.

Can you list the warning signs?

Given that you know SPC Rhodes, and are aware of her distress, which of the following would be the best response?

1. "Dear John or Dear Joan" letters are common during deployments. It is best to wait and see how a Soldier will respond to such a letter. You don't want to ask intrusive questions unnecessarily because the Soldier could get angry.
2. If I had known about her boyfriend problems, I would have asked one of her girlfriends to talk to her. Girls relate better to each other. She would never tell a guy if she was suicidal.
3. Both the mass casualty and the loss of her boyfriend were concerns. I would talk to her to see if she was alright. As her buddy, I would make sure she talked to either the unit Chaplain or COSC team about her losses.



WARNING SIGNS: loss of relationship

RISK FACTORS: Multiple deployments; witnessing traumatic events; relationship problems

Option 1 is not good. It is not consistent with the Army's buddy system. It is recommended that a buddy be especially vigilant when a fellow Soldier receives a "Dear John or Dear Joan" letter. Deployments are already a stressful experience, and to suffer losses during a deployment can cause a person to feel overwhelmed and hopeless about their situation.

Option 2 is better than doing nothing. What do you think about the comment suggesting that SPC Rhodes would only talk to another female?

Option 3 is best. Again, it follows the process of ensuring that a fellow Soldier was helped when it was needed.

Suicide Vignette #5

SGT Jones was a 34 year-old, married white male, 13 B, who was six months into his first deployment. SGT Jones received a verbal counseling for not following proper risk assessment procedures which may have led to combat casualties. He declined mid-tour leave. One week before his death, he received an Article 15 for falling asleep while on guard duty. SGT Jones shot himself to death using his own military weapon.

Can you list the warning signs?

Given that you know SGT Jones, and are aware of his distress, which of the following would be the best response?

1. Being in a war zone, he should have lost his stripes. Falling asleep on guard duty is unacceptable.
2. It was apparent that SGT Jones had issues. I believe that another NCO should talk to him to see if he is alright. This is NCO business.
3. Leadership should have recognized that it is not usual for an NCO to get an Article 15. SGT Jones must have been experiencing personal problems. I would have recommended that he talk to behavioral health.



WARNING SIGNS: Declined leave; mandatory mental health evaluation

RISK FACTORS: Loss of status; current disciplinary action

Option 1 is a problem. It maybe correct that he should lose his stripes but it does not get to the root cause of SGT Jones's poor work performance.

Option 2 is better. Another NCO talking to SGT Jones may had helped. Do you feel that this kind of issue is strictly NCO business?

Option 3 is best. Leadership should be alarmed when a NCO work performance begins to deteriorate. This SGT should have been evaluated by behavioral health.



Script: Actor Gary Sinise, who played LT Dan in the movie *Forest Gump*, volunteered to offer this announcement to all DOD personnel. Gary has traveled all over the world to speak to military members, providing musical entertainment and encouraging us all. He delivered this public service announcement at Fort Leonardwood, MO on June 5, 2006. Please listen to this three minute talk.

Talking Points

General: Actor Gary Sinise (LT Dan from *Forest Gump*) volunteered to offer this announcement to all DOD personnel. This public service announcement was delivered at Fort Leonardwood, MO on June 5, 2006.

Spiritual: Emphasize the phrase “that you persevere, that you stay alive”. This is from a Greek word “Hupomeno” which is used in Christian scriptures, particularly in the Pauline epistles. It is also used by James, the bishop of Jerusalem, as Jerusalem was in devastation and about to be destroyed. He wanted all Christians, despite the persecutions and violent times, to not lose hope, to keep on enduring. Encourage the audience to repeat this word and use it as a motto or mantra when in difficult times.

Behavioral Health: Emphasize the sentence, “The difficulties and dangers that you face are so abnormal that they’re more than a human being is designed to handle.” Discuss the importance of talking to other Soldiers about what he/she is feeling. It is likely that the Soldier’s buddies are feeling the same way and are experiencing the same difficulties and struggles. Talking to each other strengthens bonds and shows that you care.



Resources

- Chain of Command
- Unit Chaplain
- Mental Health Clinic
- www.militaryonesource.com
1-800-342-9647
- <http://www.armyg1.army.mil/hr/suicide.asp>



SUICIDE AWARENESS

Please modify this slide so that it tells Soldiers what the resources are for your situation.