The Army Suicide Prevention Program

Suicide Prevention and Awareness Training for the United States Army

Prepared by

The American Association of Suicidology

and

The U. S. Army Center for Health Promotion and Preventive Medicine
Minimize Army suicidal behavior by encouraging help-seeking and providing “Buddy Care.”

The Army Suicide Prevention Program is based on trained and ready personnel at all levels. The mission of all personnel is to encourage help-seeking behaviors and to attain proficiency in the “Buddy Care” principles in this training module.
Levels of Training

Individual Suicidal Risk Awareness is the foundation for all subsequent levels of Suicide Prevention Training.

Mental Health Care Providers
Unit Ministry Teams
Installation Gatekeepers
All NCO’s and Officers
Battle Buddies / Soldiers

HIGH SPECIFICITY
LOW SPECIFICITY
Support: Learning Objectives

1. Describe primary, secondary, and tertiary suicide prevention
2. Identify personal and environmental protective factors
3. Know information about local support resources and programs
Support: Learning Objectives

4. Promote cohesion and a sense of belonging

5. Encourage help seeking behavior
Army Suicide Prevention and Awareness Training

**PRIMARY**
Anticipating potential times of crisis and structuring pre-emptive support systems.

**SECONDARY**
Recognizing the obvious signs and symptoms of distress/crisis and potential emotional/mental disorder while providing caring support and needed interventions.

**TERTIARY**
Recognizing and treating psychiatric disorders that result in acute suicidal behaviors.

Soldier/Family Support Systems and Well-being Screening

Mental Health Care Providers

Unit Ministry Teams

Installation Gatekeepers

All NCO’s and Officers

Battle Buddies/Soldiers
Personal Protective Factors

- Easy temperament
- Previous experience with self-mastery, problem solving, and crisis resolution
- Optimistic outlook
- Social/emotional competence
- High self esteem, self worth
Personal Protective Factors

- Decision making, problem solving skills
- Sense of personal control, self efficacy
- Sense of belonging to a group and/or organization
- High and realistic expectations
- High spiritual resiliency
Environmental Protective Factors

- Strong family relationships
- Models of healthy coping
- Encouragement of participation
- Opportunities to make significant contributions
Environmental Protective Factors

- Available social supports
- Available helping resources
- Healthy spiritual/religious affiliation
- Cultural and religious beliefs against suicide and in support of self-preservation
Support

◆ The Reasons for Living Inventory, Linehan, Goodstein, Nielsen & Chiles (1983)

Connections save lives.

- Spiritual connectedness
- Unit cohesiveness
Seeking help is a sign of effectively dealing with problems, and of strength rather than weakness.
A good leader does not expose those under his/her command to unnecessary risk.
Support

- Promote a norm of mutual Buddy Care among all military personnel: “We are our brother’s keepers!”

- Pay attention to warning signs and respond to those who need help
Pay close attention to the personal needs of your people and be on the lookout for signs of stress.

Communicate in your words and actions that it is not only acceptable, but a sign of strength, to recognize life problems and get help to deal with them constructively.
Support

- Support and protect to the fullest extent possible those courageous people who seek help early, before a crisis develops
Support

- Create a responsive, caring, and responsible environment where individuals are motivated to seek help with personal struggles without fear of being singled out.
Support

- Foster a social climate in your unit that communicates to everyone, “You belong here.”
Our Mission

Minimize Army suicidal behavior by encouraging help-seeking and providing “Buddy Care.”

The Army Suicide Prevention Program is based on trained and ready personnel at all levels. The mission of all personnel is to encourage help-seeking behaviors and to attain proficiency in the “Buddy Care” principles in this training module.
Screen: Learning Objectives

- Understand the benefits of gated screening
- Be informed about the confidentiality of screening results
- Be informed about secondary screening instruments
Screen

- The Army Structure makes screening viable
- Screening must be gated
- The Suicide Prevention Standing Committee collects and reports anonymous data
Goldberg Well-Being Scale (1972)

In the last two weeks have you:

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>No more than usual</th>
<th>A little more than usual</th>
<th>A lot more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Been able to concentrate on whatever you’re doing?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2</td>
<td>Lost much sleep over worry?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Felt that you are playing a useful part in things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Felt capable of making decisions about things?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>Felt constantly under strain?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6</td>
<td>Felt that you couldn’t overcome your difficulties?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>7</td>
<td>Been able to enjoy your normal day-to-day activities?</td>
<td>1</td>
<td>2</td>
<td>3</td>
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<tr>
<td>8</td>
<td>Been able to face up to your problems?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>Been feeling unhappy and depressed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>Been losing confidence in yourself?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>11</td>
<td>Been thinking of yourself as a useless person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>12</td>
<td>Been feeling reasonably happy, all things considered?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
Screen

- Goldberg Well-being Scale information will be disclosed only to the individual and will be used only to assess and assist personnel during times of distress.

- Unit Trends may be reported to the Unit Commander as a gauge of his/her unit well-being.
Screen

- Multidimensional Health Profile (MHP) Ruehlman, Lanyon & Karoly

- Life Stressors and Social Resources Inventory (LISRES-Adult), Moos
Gatekeeper Lesson 1

All Personnel
Gatekeeper Lesson 1
Learning Objectives

1. Understand The Suicide Model.
2. Answer general questions about suicide.
3. Identify common precipitants of suicide.
4. Identify symptoms of depression.
5. Identify myths about suicide.
6. Identify warning signs of suicide.
7. Take appropriate action in response to at-risk individual.
Main Points

- The Suicide Model
- What is suicide?
- Why should we know about suicide?
- Why do people commit suicide?
- Some stressful situations that can trigger suicidal feelings in the Army
- Who commits suicide?
Main Points

- Special problems that can cause suicidal feelings
- Misconceptions about suicide
Main Points

◆ How can you tell if someone is thinking about committing suicide?
◆ Common symptoms of depression and hopelessness
Main Points

◆ Referral procedures
The Army Suicide Prevention Model

INDIVIDUAL READINESS

- Identifying “High Risk” Soldiers
- Caring and Proactive Leaders
- Encouraging Help Seeking Behavior
- Positive Life Coping Skills

PREVENTION

- Suicide Awareness and Vigilance
- Integrated & Synchronized Unit and Community-wide support Agencies
- Assured Problem Resolution

INTERVENTION

- Life Crisis
- Suicidal Ideation
- Psychiatric Treatment
- Psychiatric Assessment

SECURE

- Safeguard
- Follow on Care
- Inpatient Care
- Outpatient Care
- Continuity of Care (Installation Standing Committee)

DEATH

- Postvention
- Suicide Behaviors

Continuity of Care

Awareness Training

Referral
Suicidal Behavior

- Serious suicidal thoughts or threats
- Self destructive acts
- Attempts to harm, but not kill oneself
- Attempts to commit suicide
- Completed suicide
Triggers of Suicidal Behavior

- A bad evaluation for an enlisted soldier or officer
- The breakup of a close relationship
- Drug or alcohol abuse
- Reunion from a long field training or isolated tour
- Leaving old friends
- Being alone with concerns about self or family
- Financial stressors
- New military assignments
Triggers of Suicidal Behavior

- Recent interpersonal losses
- Loss of esteem/status
- Humiliation
- Rejection (e.g., job, promotion boy/girlfriend)
- Disciplinary or legal difficulty
- Suicide of a friend or family member
- Discharge from treatment or from service
- Retirement
"Bimodal" Distribution

- Developing Life Coping Skills
  - Behavioral Development
  - Life Mentors

- Encouraging Help-seeking Behavior
  - Stigma Reduction
  - Confidentiality

- Impulsive
- Poor Coping Skills
  - Financial, Relationships
  - Substance Abuse
  - Facing UCMJ Action

- Facing Major Transition
  - Relationship Failure
  - Mood Disorder/
  - Substance Abuse

Numbers based upon U.S. Army Casualty Reports confirmed suicides for active duty RA, ANG, USAR for CY 99

TOTAL  RATE PER 100K

USACHPPM Readiness is Our Health
Suicide Totals by Force

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<tbody>
<tr>
<td>ANG/USAR Suicide Totals</td>
<td>5</td>
<td>6</td>
<td>8</td>
<td>7</td>
<td>15</td>
</tr>
<tr>
<td>RA Suicide Totals</td>
<td>75</td>
<td>61</td>
<td>49</td>
<td>57</td>
<td>58</td>
</tr>
</tbody>
</table>

- ANG/USAR Suicide Totals
- RA Suicide Totals
The civilian rate per 100K, demographically adjusted for age, gender and race, is 19.14

Includes 7 “undetermined deaths”

In the 1990’s, the Army lost a battalion’s equivalent (800) to suicide
Gatekeeper Lesson 2

Officers and NCOs
Supervises Suicide Prevention Standing Committee
Coordinates Community Support Agencies Involvement
Integrates and Synchronizes Community Prevention Programs

Manages Subordinate Units Programs
Ensures Active UMT Participation
Support Life Skills Training

Prescreening
Providing M.H. Surveillance
Psychiatric Care
Advises Cdr’s
SME for Prevention Training

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SME for Prevention Training

First Line Supervisor
Encourages Help-Seeking Behavior
Sense of Unit Belonging
Positive Role Model
Knowledge of Support Agencies
Genuine Interest and Concern
Risk Identification

Company Commanders
Bn and Bde Commanders

Unit Level Training
Responsible for Individual Well-being
Confidentiality

Unit Level Instruction
Counseling/Life Skills Training
Encourages Help-seeking Behavior
Positive Role Model
Principle Advisor to Leadership

Knowledge of Support Agencies
Genuine Interest and Concern
Risk Identification

Battle Buddies
Community Support Agencies

Cross Talks Risk Identification

Installation Suicide Prevention Standing Committee

Mental Health Providers

Unit Ministry Teams
Gatekeeper Lesson 2

Learning Objectives

1. Inquire about suicide
2. Respond to phone callers
3. Obtain help for suicidal individuals
Responding to Statements or Threats

- Stay calm
- Send someone for help
- Do not leave alone
- Buy time
Responding to Statements or Threats

- Acknowledge
- Listen
- Convey
Responding to Statements or Threats

- Secure
- Note the time
- Take action
Asking About Suicide

- Review your evidence
- Inquire or state about feelings
- Persist
- “Sometimes” approach
Asking About Suicide

- Ask directly
- Get help
- Convey concern
Gatekeeper Lesson 3

Formal Gatekeepers
Synchronized Prevention Measures

**Leader Involvement**

- Supervises Suicide Prevention Standing Committee
- Coordinates Community Support Agencies Involvement
- Manages Subordinate Units Programs
- Ensures Active UMT Participation
- Support Life Skills Training
- Responsible for Unit Level Training
- Responsible for Individual Well-being
- Confidentiality
- Prescreening
- Providing M.H. Surveillance
- Psychiatric Care
- Advises Cdr's
- SME for Prevention Training
- Encourages Help-Seeking Behavior
- Sense of Unit Belonging
- Positive Role Model
- Knowledge of Support Agencies
- Genuine Interest and Concern
- Risk Identification
- Unit Level Instruction
- Counseling/Life Skills Training
- Encourages Help-seeking Behavior
- Positive Role Model
- Principle Advisor to Leadership
- Knowledge of Support Agencies
- Genuine Interest and Concern
- Risk Identification

**Support Measures**

- Integrates and Synchronizes Community Prevention Programs
- Cross Talks Risk Identification

**Installation Suicide Prevention Standing Committee**

- Battle Buddies
- Company Commanders
- First Line Supervisor
- Battalions and Bde Commanders
- Mental Health Providers

**Community Support Agencies**

- Community Support Agencies
- Cross Talks Risk Identification

**Unit Ministry Teams**

- Knowledge of Support Agencies
- Genuine Interest and Concern
- Risk Identification
Gatekeeper Lesson 3

Learning Objectives

- Identify risk factors for suicide
- Conduct basic risk assessment
Risk Assessment Questions

1. Have you been thinking of killing yourself?

2. What has happened that makes life not worth living?

3. How will you do it?

4. How much do you want to die?
Risk Assessment Questions

5. How much do you want to live?

6. How often do you have these thoughts?

7. When you think of suicide, how long do the thoughts stay with you?

8. Have you ever attempted suicide?
Risk Assessment Questions

9. Have you been drinking heavily lately or taking drugs?

10. Has anyone in your family committed or attempted suicide?

11. Is there anyone or anything to stop you?

12. On a scale of 1 to 10, what is the probability that you will kill yourself?
Secure

Health Care Professionals
Synchronized Prevention Measures

Leader Involvement

- Supervises Suicide Prevention Standing Committee
- Coordinates Community Support Agencies Involvement
- Manages Subordinate Units Programs
- Ensures Active UMT Participation
- Support Life Skills Training
- Responsible for Unit Level Training
- Responsible for Individual Well-being
- Confidentiality
- Encourages Help-Seeking Behavior
- Sense of Unit Belonging
- Positive Role Model
- Knowledge of Support Agencies
- Genuine Interest and Concern
- Risk Identification

Support Measures

- Integrates and Synchronizes Community Prevention Programs
- Prescreening
- Providing M.H. Surveillance
- Psychiatric Care
- Advises Cdr's
- SME for Prevention Training
- Unit Level Instruction
- Counseling/Life Skills Training
- Encourages Help-seeking Behavior
- Positive Role Model
- Principle Advisor to Leadership
- Knowledge of Support Agencies
- Genuine Interest and Concern
- Risk Identification

Battle Buddies

First Line Supervisor

Company Commanders

Bn and Bde Commanders

Installation Suicide Prevention Standing Committee

Mental Health Providers

Community Support Agencies

Unit Ministry Teams

Cross Talks Risk Identification
Secure: Learning Objectives

1. Become knowledgeable about Army suicide policies and procedures

2. Conduct advanced risk assessment
The Suicide Prevention Standing Committee

- Sets local policies and procedures for:
  - Individuals suspected of being at risk for suicide
  - Individuals who are talking about/threatening suicide
The Suicide Prevention Standing Committee

- Sets local policies and procedures for:
  - Individuals who attempt suicide
  - Completed suicides
Steps in Suicide Assessment

1. Set the stage for the interview

2. Assess for risk factors and warning signs for suicide

3. Inquire about suicidal ideation

4. Determine the level of suicide risk
Assessing the Suicide Plan

- Perturbation
- Cognitive construction
- Intentionality
- Lethality
Assessing the Suicide Plan

- Specificity
- Method
- Means
Questions