



U.S. ARMY JOHN F. KENNEDY SPECIAL WARFARE CENTER AND SCHOOL

SUICIDE PREVENTION SMART SHEET

FROM THE LEADERSHIP

Ladies and Gentlemen,

Suicides are on the rise within our community and this rise in suicides is another indicator that we are not immune to the pressures associated with our OPTEMPO, the stress of combat and the long deployments away from home and loved ones. These pressures affect every one of us — no one is invulnerable.

I need your help to fix this problem. To begin with, I want you to be more aware of this issue and how to recognize when you or a teammate needs help. Learn to recognize the signs which indicate hopelessness, depression and isolation. If you see these indicators in a colleague, weigh in and help out. If it is severe, tell your chain of command; get them help before it is too late.

Most importantly, understand that there will be no repercussions, stigma or dishonor if you or someone in community reaches out for help. You have my word on it! Command Sergeant Major Faris and I have made this extremely clear to your chain of command — there should be no misinterpretation of our guidance.

Over the next 60 days, your leadership will discuss suicide with each one of you. I encourage you to speak freely and ask for help if you need to. An open dialogue between you and your leadership is absolutely critical in addressing this problem. Talk with them — let them know if you or a teammate needs help. This problem is bigger than individuals. If a problem exists, it is a problem we must and will face together in order to break the cycle that leads to desperation and an unnecessary end to a teammate's life.

Admiral William H. McRaven, USN
Commander, United States Special Operations Command

SUICIDE PREVENTION RESOURCES

U.S. Army John F. Kennedy Special Warfare Center and School:

- USAJFKSWCS Chaplain: (910) 432-2127/9705
- 1st Special Warfare Training Group (A) Chaplain: (910) 432-5384
- USAJFKSWCS Staff Judge Advocate (SJA): (910) 432-9979

Fort Bragg:

- Womack Department of Behavioral Health: (910) 907-6825
- Clark ASAP: (910) 907-9671
- ACS Financial Readiness: (910) 907-3468
- Military Family Life Consultants: 910-633-2767
- Watter's Family Life Center, Post Chaplain: (910) 396-6564

Other:

- Military One Source: www.militaryonesource.com or 1-800-342-9647
- National Suicide Prevention Line: 1-800-273-TALK (8255)
- Suicide Prevention Action Network: www.spanusa.org
- Army Families Online: www.armyfamiliesonline.org

STATISTICS

For every 100,000 Soldiers in the Army, 24 Soldiers commit suicide. From the Army's standpoint, and from your standpoint as a Soldier, even one suicide is one too many.

In 2004, as multiple deployments began taking their toll on Soldiers, the Army saw a sharp rise in the suicide rate among its ranks. At the same time, sexual assault and domestic violence rates began to increase. The number of domestic abuser grew by almost 50 percent, with the child abuse rate increasing to 62 percent. All of these negative statistics have taken a toll on not only Soldiers, but their Families as well.

Recognizing the strain placed on Soldiers and their Families, the Army has taken a closer look at the way it screens Soldiers and Families for a variety of issues. The screenings have paid off. In 2011, the Army saw its first decline in suicide rates since 2004. But for former Vice Chief of Staff of the Army Gen. Peter Chiarelli, that was not enough.

"I think we have at least arrested this problem and hopefully will start to push it down," said Chiarelli during an interview with *USA Today* in January.

According to the latest information released by the Army, suicides among active-duty Soldiers and those in the National Guard and Reserve fell by 9 percent last year from 305 deaths in 2010 to 278 in 2011. Even with that decline commanders and the Soldiers in their command need to be aware and watch out for changes in their fellow Soldiers that may indicate they are having problems.

It has been estimated that up to 75 percent of suicide victims display some warning signs or symptoms. Recognizing warning signs or symptoms may enable you or your loved ones to access treatment before a suicide attempt. Warning signs of suicide vary and may include:

- Talk or preoccupation with suicide or death; threatening suicide; writing about death or suicide
- Signs of serious depression, including hopelessness, no sense of purpose, loss of pleasure, sleep problems
- Withdrawal from Family and friends
- Increased risk-taking, irritability
- Making statements about "life not worth living"
- Increased alcohol or drug use
- Feelings of uncontrolled anger
- Seeking access to firearms, pills, or other methods to commit suicide
- Changing wills, giving personal items away
- Dramatic changes in personality

Experts believe that most suicidal individuals do not want to die. When suicidal behaviors are detected early, lives can be saved. If you or someone you know is in need of immediate assistance, please call 911 or one of the resources listed on the left.

SUICIDE RISK FACTORS

Risk factors raise the risk of an individual being suicidal; it does not mean that the individual is currently suicidal.

Risk Factors for Adults (Including Soldiers) and Children:

- Previous suicide attempts
- Close family member who has committed suicide
- Past psychiatric hospitalization
- Recent losses
 - » Death of family member or friend
 - » Family divorce/separation
 - » Break-up with girlfriend/boyfriend
- Poor social skills
 - » Difficulty interacting with others
 - » Problems starting a conversation and making friends
- Drug or alcohol abuse
 - » Drugs decrease impulse control making impulsive suicide more likely
 - » Some try to self-medicate with drugs or alcohol
- Violence in the home or social environment
- Handguns in the home
- Work-related problems
- Serious medical problems
- Poor school performance.

SUICIDE RISK IS HIGHEST WHEN:

- The person sees **no way out** and fears things may get worse.
- The predominant emotions are **hopelessness and helplessness**.
- **Thinking is constricted** with a tendency to perceive his or her situation as all bad.
- Judgment is impaired by use of **alcohol or other substances**.

SUICIDE WARNING SIGNS

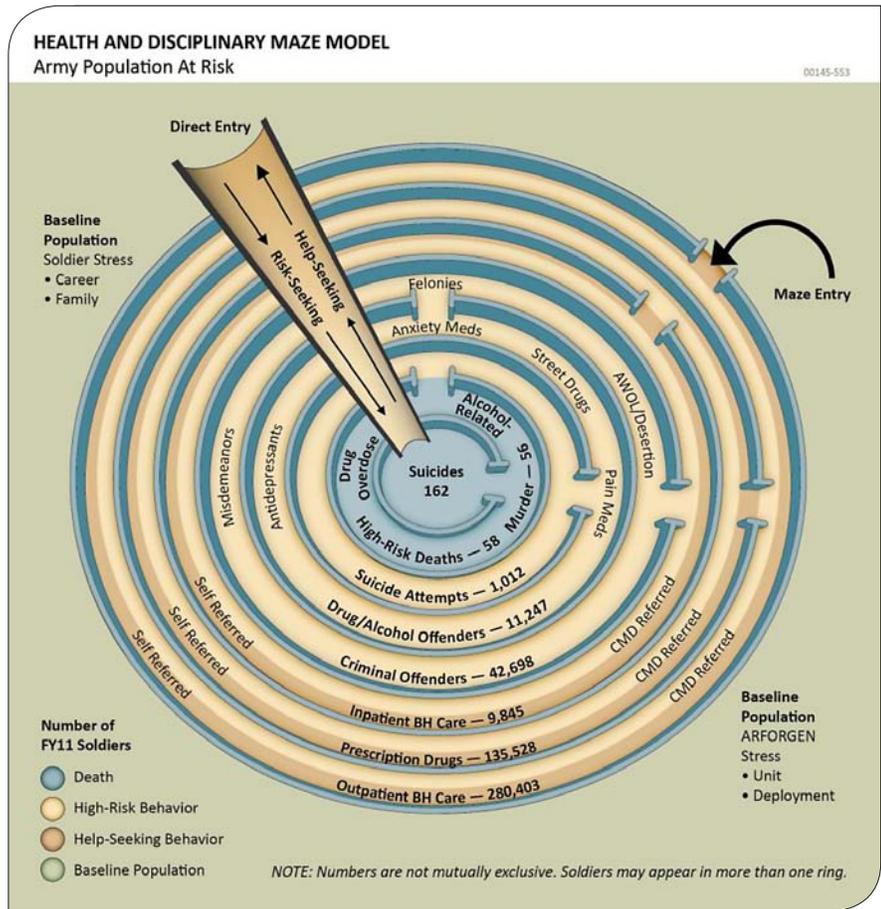
Warning signs indicate that a person could be at greater risk for suicide.

Warning signs that an adult/Soldier needs help:

- Noticeable changes in eating and sleeping habits
- Talking or hinting about suicide
- Obsession with death (e.g., in music, poetry, artwork)
- Irritability
- Alcohol and/or drug use or abuse
- Isolation
- Giving away possessions/suddenly making a will
- Feeling sad, depressed, or hopeless
- Finalizing personal affairs
- Coworkers, family, friends are concerned

Warning signs that a child/adolescent needs help:

- Noticeable changes in eating and sleeping habits
- Unexplained, or unusually severe, violent or rebellious behavior
- Running away
- Unusual neglect in appearance
- Drastic mood swings
- Hostile toward other children
- Withdraws from peers
- Gives away possessions
- Feeling sad or depressed
- Obsession with death (e.g., in music, poetry, artwork)
- Physical complaints that are not real
- Talks about death
- Your child's teacher or other trusted adult tells you that your child is acting different and may need help



SUICIDE CONTEMPLATION

This model comes from the *Gold Book Army 2020: Generating Health and Discipline in the Force*. It shows suicide completions being split into two distinct groups:

- The first group gets to suicide by entering at the 2 o'clock position shown above (maze entry), and navigates the maze of recognizable red flags: previous suicidal behavior, drug/alcohol issues, criminal offenses, etc.
- The second group arrives at suicide through "direct entry." Their decisions tend to be impulsive and within minutes of act; they lack the premeditation and bypass the significant red flags that would otherwise alert leadership.

FAMILY COPING AND RESILIENCY

Army life can be stressful. Stressors that you and your Family might experience include:

- Deployment separation. Separation from a loved one inevitably strains communication which can affect your relationship. In addition, taking on new responsibilities at home can be challenging and frustrating.
- Previous suicide attempts.
- Frequent moves. Many of the stressors that families experience are related to moving.
- New schools. Adjusting to a new school and a new schedule can be very difficult.
- New jobs. Finding a new job and/or learning the details of a job that you have been transferred to can be exhausting and overwhelming.
- Meeting new friends. Both adults and children can have a hard time meeting new people and developing friendships.
- Not making the next rank, UCMJ, or bad ratings.

Both adults and children can be affected by stressors and can use resilient or negative strategies to cope. Encourage the use of resilient coping strategies. Extended use of negative coping strategies can be a risk factor for suicide.

ADULTS/SOLDIERS

Resilient Coping Strategies:

- **Breathing deeply.** Slow, deep breaths give your body more oxygen and can produce a calming and focused effect.
- **Church/religious activities.** Attending church or other religious activities can provide support.
- **Cooking.** Some find great joy in preparing food. The rhythmic motion of chopping vegetables or the aroma of freshly baked bread can be very soothing.
- **Exercising.** In addition to keeping you fit, exercise can be a great stress reliever and a great coping strategy. When your body is fit and healthy, coping with stressful situations will be easier.
- **Spending time in nature.** Take time to notice the natural beauty around you by taking a walk in a park. Merely getting away from your stresses and finding peace and relaxation, even if only for a few minutes each day, can be beneficial.
- **Support groups.** You may feel as if you are the only one dealing with stress and depression; however, you are not alone. Look for support in your area. These groups can be formal groups established in the community, informal groups in your neighborhood, or groups associated with the Army via the Army Family Readiness Group (FRG) www.armyfrg.org.
- **Talking to others.** Don't underestimate the power of talk. Talking about your thoughts and feelings can be very useful. Even if the person with whom you are talking cannot fix the problem, the act of putting your emotions into words can be helpful.
- **Volunteering.** When you give back to others, whether you volunteer to work with children, the homeless, elderly populations, or at a local animal shelter, you find out just how strong you are. Visit www.volunteermatch.org for opportunities in your area.
- **Writing/journaling.** Put your thoughts and emotions on paper. Writing can help you to sort out how you are feeling. You don't have to show what you have written to anyone. Keeping a journal can help you track your moods.

Negative Coping Strategies:

- **Eating in excess or not enough.** Eating or bingeing when stressed is a common but ineffective coping strategy. Not eating enough can be a sign of depression. Both eating patterns are maladaptive and should be replaced with resilient strategies.
- **Not talking.** Keeping feelings bottled up inside is not a beneficial way to cope with problems. When people do not talk about their feelings, **they become consumed with the negative, which makes a problem seem larger and less manageable.**
- **Self-injurious behaviors** (e.g., self-cutting, drinking alcohol, taking pain killers, reckless driving, etc.). These behaviors are very serious. They are sometimes a cry for help, but engaging in these behaviors even one time can be fatal.
- **Withdrawing.** Individuals might feel that they need to keep to themselves and not burden others with their problems when they are feeling stressed; however, the opposite is true. Withdrawing from others and/or the problem will only make the problem worse.

CHILDREN/ADOLESCENTS

Resilient Coping Strategies:

- **Church/school activities.** Children are social beings. Involving them in church and school activities feeds their need for friendship, provides them with support, and exposes them to positive influences.
- **Drawing/journaling.** Children can sometimes find it difficult to express their emotions verbally. If so, drawing and journaling can be great alternatives to express their feelings in a personal, safe way.
- **Reassurance/fun outings.** Children benefit from reassurance that they get from individuals who are close to them. Creating fun environments/outings for children reminds them how it feels to be happy.
- **Sports.** In addition to providing an outlet for energy, relieving stress, and improving physical fitness, involvement in sports is a great way for children to improve their self-confidence, make friends, and gain support.
- **Talking to others.** Just as with adults, children benefit when they share their thoughts and feelings with others. It allows them to know that they are not alone.

Negative Coping Strategies:

- **Drastic mood changes.** Mood swings are not uncommon during adolescence; however, uncharacteristic mood swings or violent mood swings could indicate a problem coping with stress.
- **Not talking.** Keeping feelings inside is not a helpful strategy for children who might not understand a stressor. Children have fewer resources for coping, and if they don't express their feelings, others cannot provide them with the support they need.
- **Self-injurious behaviors.** Behaviors such as self-cutting, drinking, taking pills, promiscuous sexual acts, and other risky behaviors can be a cry for help; however, these acts can also be deadly.
- **Withdrawing.** A child who withdraws from family and friends is isolating himself/herself can be at risk for depression.

ACE

If someone you know is exhibiting these warning signs, take action and be an ACE.

A: Ask

- Ask the question directly and stay calm, e.g., “Are you thinking of killing yourself?” “Do you want to die?” “Do you wish you were dead?” “Have you thought of how you could kill yourself?”
- Talk openly about suicide. Be willing to listen and allow the person to express feelings.

C: Care

- Care for the person. He or she may be in pain.
- Remove any means that could be used for self-injury.
- Active listening may produce relief. Calmly control the situation; do not use force.
- Encourage the person to seek help.
- Reassure the Family member that he or she will be helped and will feel better.

E: Escort

- Never leave your Family member or friend alone
- Escort to the emergency room, primary care provider, or behavioral health professional
- Adopt an attitude that you are going to help your Family member or friend; this will save his or her life

LEADERS RESOURCES

For additional information and training materials on suicide risk and prevention visit the Army G1 portal or contact your unit chaplain.

Army G1 Portal

www.armyg1.army.mil/hr/suicide

USAJFKSWCS Chaplain

(910) 432-2127/9705

USAJFKSWCS, 1st SWTG(A) Chaplain

(910) 432-5384



U.S. ARMY JOHN F. KENNEDY
SPECIAL WARFARE CENTER AND SCHOOL

as of 30 April 2012

LEADERS GUIDE TO SUICIDE PREVENTION

Effective suicide prevention requires everyone in the unit to be aware of the risk factors for suicide and know how to respond. Commanders, NCOs and supervisors must lead the way.

Leaders have the power and responsibility to protect their Soldiers on and off the battlefield. This includes recognizing uncharacteristic and suicidal behaviors. Effective suicide prevention requires everyone in the unit to be aware of the risk factors for suicide and know how to respond. Commanders, NCOs and supervisors must lead the way. If a Soldier seems suicidal, the time to take action is NOW. Talk to the Soldier before it is too late.

What to Do

It is best for mental health or medical professionals to assess and manage suicidal Soldiers, but there may be times when unit leaders or peers find themselves on the phone with a suicidal Soldier. In any situation, if a Soldier threatens suicide, take him very seriously. You may have very limited time and only one chance to intervene. The most important thing to do is take action.

By Phone:

- Establish a helping relationship (get your foot in the door).
- Quickly express that you are glad the Soldier called.
- Immediately get the telephone number that he is calling from in case you are disconnected.
- Find out where the Soldier is located.
- Get as much information as possible

In Person:

- Find out what is going on with the Soldier.
- Use open-ended questions such as: “How are things going?” or “How are you dealing with...?”
- Share concern for his well-being.
- Be honest and direct.
- Listen to words and emotions.
- Repeat what he says using his words.
- Ask directly about his intent, i.e., “Are you thinking about suicide?” This will not put new ideas in his head.
- Keep the Soldier safe—DO NOT leave him alone; have a capable Soldier with him at ALL times.
- Take steps to remove potential means of self-harm including firearms, pills, knives, and ropes.
- Involve security if the Soldier is agitated or combative.
- The command should escort the Soldier to the military treatment facility (MTF) or civilian emergency room (ER) if the MTF is unavailable.
- Follow up and verify that the Soldier was evaluated.
- If psychiatric hospitalization is required, talk to the MTF staff about what assis-

stance is needed (e.g., arranging for necessary belongings, child care, or pet care).

- Listen and do not give advice.
- Keep the Soldier talking as long as possible until help can reach him but avoid topics that agitate him (i.e., his unfair supervisor, cheating spouse, etc.).
- Follow up and ensure the Soldier is evaluated.
- Monitor the Soldier until you are convinced the Soldier is no longer at risk.
- The Soldier may be so intent on suicide that he becomes dangerous to those attempting to help him. Talk to a mental health provider for advice on whether to call an ambulance or transport him yourself. If the advice is to transport him in your vehicle, a person must sit at each door to prevent the suicidal Soldier from exiting the moving vehicle. Have your appointed contact person give the mental health provider the unit commander’s telephone number for feedback following the evaluation. During duty hours, contact your MTF. After duty hours, contact the post or civilian ER. Mental health evaluations must be conducted in a location where medical support and security are available. If there is not an ER on post, the MTF duty crew will handle suicide risk assessments using the local community medical or mental health facilities.

What to Avoid

Leaders should let their Soldiers know they are safe and in good hands if they ask for help.

- Do NOT minimize the problem. Do NOT ask, “Is that all?”
- Do NOT overreact to the problem.
- Do NOT create a stigma about seeking mental health treatment.
- Do NOT give simplistic advice such as, “All you have to do is...”
- Do NOT tell the Soldier to “suck it up,” or “get over it.”
- Do NOT make the problem a source of unit gossip. Involve others on a need-to-know basis.
- Do NOT delay a necessary referral.