

## THE ROLE OF LEADERSHIP

### DISCUSSION LEADER'S OUTLINE

#### **INTRODUCTION**

Good morning my name is \_\_\_\_\_. Today we will be talking about the role of leadership in suicide prevention.

The **ground rules** for this discussion are:

- (1) No personal attacks on anyone's opinions
- (2) Allow each participant to express themselves
- (3) Make head calls at your leisure, just don't interrupt the group
- (4) Keep your language clean as not to offend others
- (5) PARTICIPATION BY ALL!!!!!!

#### **Gain Attention**

Cpl Simpson has been the top performer in his unit since he enlisted 2½ years ago. He's met and exceeded all of his professional goals so far. If you would have asked him a few months ago, he would have said he was living the dream. The Marine Corps is the first place where he felt at home, like he belonged. However, recently life has been challenging and getting worse. First, his fiancée broke off their engagement, saying that she didn't think she was ready to be a military wife. Last week, he broke his femur while running on a rugged trail, he was training hard for the CFT, and it's coming up in 1 month. Now, to top it all off, he found out his mother has Stage 4 pancreatic cancer (his dad died when he was a child). Cpl Simpson is an only child and doesn't have a lot of close friends—his fiancée was actually his best friend. Now, he can't seem to shake these feelings of complete isolation and sadness. SSgt Jennings has noticed Cpl Simpson's change in attitude. Cpl Simpson told him about his mother's situation and said that he may be taking leave soon to go be with her. SSgt Jennings gave him the OK and said they could discuss the possibility of a Humanitarian Transfer before Cpl Simpson went on leave. SSgt Jennings asked Cpl Simpson to send him a summary of what he was working on and told him that he was there if Simpson needed him. In the middle of the night, SSgt Jennings woke up to a text from Cpl Simpson that read, "I don't think I can do this anymore. I'm just done."

**Key points** for the discussion today will be:

- (1) Setting the tone of suicide prevention
- (2) Identifying Marines at risk for suicide
- (3) Providing support for Marines experiencing suicidal thoughts

**Learning Objective:** After this guided discussion, you will have a better understanding of how to set a positive tone for suicide prevention in your unit. You will know how to identify suicidal behaviors by assessing indicators. You will be equipped with techniques and resources to provide support for Marines experiencing suicidal thoughts.

#### **DISCUSSION**

One of the most difficult challenges you may face as a leader is in knowing what to do if a Marine is at risk for suicide. Don't ignore the indicators that someone's life may be in danger. If someone appears to be at risk of suicide, it is vital to get help immediately. Leaders at all levels must be vigilant in setting a positive tone for suicide prevention. Unit leaders are in a good position to identify and intervene when a Marine is experiencing suicidal thoughts.

As leaders, you must know when to step in and take action. Some leaders are so consumed with their own stress, at work and at home, that they miss the warning signs. Others may be hyper-aware of every minor detail of their Marines' lives. Some leaders struggle with finding a balance between the personal and professional.

### **KEY POINT 1**

The key to preventing suicide among our Marines is engaged leadership, from small unit leaders all the way up through the chain of command. NCOs are the first line of defense when it comes to recognizing the warning signs of personal distress. Suicide takes a tremendous toll on our Marines, their families, and mission readiness. Every Marine is responsible for establishing a personal and professional relationship with their Marines so they can see warning signs and intervene before the issue escalates.

1. How can you, as a leader, develop a more personal relationship with your Marines while still maintaining your professional relationship?
  - a) Many young Marines lack life experience—you can help these Marines gain perspective and build resilience
  - b) Talk to your Marines about their personal lives—especially if you suspect something is wrong
  - c) Check on them at work
  - d) Put on unit-wide social events
  - e) Be careful of showing favoritism or inappropriate fraternization
2. As Cpl Simpson's SNCO, what were some steps SSgt Jennings could have taken to engage his Marine once he found out about his mother's diagnosis?
  - a) Asked him if he needed to speak with anyone
  - b) Took him out to coffee or invited him to take a break
  - c) Discussed some of the resources available if he needed to talk—Community Counseling Program, DSTRESS Line
3. What can leaders do to set a positive tone in their units about suicide prevention?
  - a) Marines who feel connected generally handle stress better. Show your Marines that you are concerned by being involved, not just professionally but personally. This builds more resilience.
  - b) Establish a climate of trust so that Marines will feel comfortable asking for and getting help. When Marines trust you, they are more likely to ask for and be receptive to help.
  - c) Train the unit on what signs of suicidal behavior look like and to ask questions of fellow Marines they suspect are having suicidal thoughts.
  - d) Offer support—let your Marine know that you are always ready to help.
4. Is it a good sign that Cpl Simpson reached out to SSgt Jennings when he was in distress?
  - a) Yes. It could mean that Cpl Simpson felt comfortable enough with SSgt Jennings to make a cry for help or maybe just for Jennings' awareness. Either way, it shows that they may have a pretty open line of communication.
  - b) Though there may be other warning signs, a Marine may not reach out if they're having suicidal thoughts. Since Cpl Simpson *did* choose to reach out, SSgt Jennings is now responsible for this information. What he does (or doesn't do) next can affect the situation tremendously.

**Interim Summary:** We just finished discussing how, as a leader, you set the tone in your unit to aid in suicide prevention. Making sure to engage in your Marines' lives, both personally and professionally, is key to helping create a culture of change. Now, let's look at different ways you can identify a Marine in distress.

## **KEY POINT 2**

1. Suicidal thoughts can occur in people of any age or background, including both high performers and those who are having work performance issues. There are a large number of risk factors for suicide. Some of the most significant ones are:
  - a) Prior suicide attempts
  - b) Alcohol and drug abuse
  - c) Mood and anxiety disorders, for example, depression, post-traumatic stress disorder (PTSD)
  - d) Access to a means to kill oneself, that is, lethal means
  - e) Family history of suicide or mental health diagnoses
  - f) Access to firearms
  - g) History of substance abuse
  - h) Unresolved anger
  - i) Lack of protective factors (no family around, only child)
  - j) Loss of status or self-esteem (change in physical ability)
2. What are some warning signs that someone is in distress and may be considering suicide? (Let Marines provide several answers.)
  - a) Withdrawing from family and friends or being quieter than usual
  - b) Losing interest in things that used to make him or her happy
  - c) Suddenly becoming “the life of the party” when they were previously shy
  - d) Disheveled personal appearance
  - e) Loss of appetite and weight, or overeating and gaining weight
3. For Marines who are already at risk, a “triggering” event may make them more likely to attempt suicide. If a person is displaying warning signs, and one or more of these triggers or risk factors apply, reach out to him or her. These events may include:
  - a) Previous suicide attempt
  - b) Loss of loved one, either by death, divorce or some other reason
  - c) Relationship problems/recent break-up
  - d) Mental health issues and/or diagnosis
  - e) Financial or legal problems, including NJP or administrative action
  - f) History of physical, emotional, or sexual abuse
  - g) A sense of being an outsider or experiencing social isolation
4. What risk factors and triggering events do you see in Cpl Simpson’s scenario? (Participants should be able to recognize at least 4 of the 5 signs.)
  - a) Relationship problems/recent breakup
  - b) Illness/loss of loved one
  - c) Isolation
  - d) Lack of protective factors (family, only child)
  - e) Loss of status or self-esteem/concerned about CFT
5. Most people who are considering suicide will display warning signs or red flags (as many as 10 to 20) such as direct statements, physical signs, emotional reactions, or changes in behavior. Sometimes, however, those considering suicide will only display very subtle signs; we have to be alert to see them. Friends, family members, and leaders may see different signs or only a few of the signs. Indicators associated with suicide can include:
  - a) Talking of feeling hopeless or worthless. A Marine who is thinking of suicide may talk about death more than others do. They may show interest in death benefits or life insurance policies, or ask questions such as, “What would happen to my pension if I died?” Or they may talk about making a will, planning their funeral, or putting their affairs in order. They may also give

away their prized possessions or seem not to care about things that used to be important to them.

- b) Sudden mood changes
  - c) Reckless behavior, including abuse of alcohol or drugs, gambling, Internet addiction, having accidents with government vehicles or other government property, engaging in inappropriate sexual activity during work hours, or acting in rude or threatening ways with others.
  - d) Increased talk of death or dying, including written threats of suicide. A Marine who is thinking of suicide may say things like, "I'd be better off dead" or "I just don't see the point of going on." Someone at risk for suicide may also express feelings of being overwhelmed by difficulties. Always take it very seriously when someone talks about or writes notes about suicide, especially if the person has a history of suicide attempts. Never assume that the Marine "doesn't really mean it" or will "get over it," or that if they talk about it "they won't do it."
  - e) Loss of interest in activities or things that used to be enjoyable
  - f) Withdrawal or social isolation
  - g) Major changes in performance at work. Formerly reliable Marines may have trouble meeting deadlines, finishing projects, or working as part of a team. If they have been helpful and friendly in the past, they may appear intensely negative or withdrawn. They may also display a lack of interest in life and work. Some people may have trouble sleeping and, for this reason, may develop problems with punctuality. A Marine who is thinking of suicide may begin to dress inappropriately for work, because either they don't care about their appearance or they are having difficulty eating properly, so their clothes no longer fit.
  - h) Increased financial concerns. A Marine who is thinking of suicide may ask for a loan or approach leaders or fellow Marines to borrow money. He or she may be constantly requesting to work overtime. In extreme cases, a Marine may have even committed company fraud or theft, thinking it was a solution, and then become highly anxious about being discovered.
6. Should SSgt Jennings take action immediately or wait until morning to see if Cpl Simpson shows up for duty? (Let Marines provide several answers.)
- a) When someone starts to act, think, and talk out of character—differently than he/she usually does—it is a signal that you need to find out what is wrong.
  - b) Recognizing risk factors and warning signs are the first step in the Marine Corps suicide prevention method called R.A.C.E. The steps are Recognize, Ask, Care and Escort.
  - c) "Recognize" means that we must be alert to changes in our friends, family members or fellow Marines that signal that something is different in their lives—or that something is severely bothering them. "Ask" means just what it says—you need to ask that person some very direct questions: start with "What's wrong?" and the most important question of all, "Are you thinking of killing yourself?" "Care" means that you let your words and your actions show that you really do care about the person and the problem he or she is experiencing. "Escort" means that if a person has suicidal thoughts, you stay with them until help arrives, or you physically take them to someone who can help them.

**Interim Summary:** We just finished discussing how to recognize when your Marine is in distress. We talked about warning signs, risk factors, and triggering events. We will now look at some ways you can help support a Marine who is already in distress.

### **KEY POINT 3**

1. What shouldn't you do when dealing with a person who is considering suicide? (Let Marines provide several answers.)

- a) Don't ignore the problem. Assuming the person will never follow through with suicide is not acceptable.
  - b) Do not try to act as a counselor or therapist. If a Marine needs help, encourage them to see a professional.
  - c) Don't act shocked or engage in moral discussions that may produce feelings of guilt or shame.
  - d) DO NOT leave a Marine who is suicidal alone, immediately get them to a professional qualified to do a medical evaluation.
  - e) Do not discuss the Marine's issues with others in the unit.
2. Provide your Marine with useful resources and explain how each resource works, for example, Community Counseling Program is free and confidential. What are some other resources you could recommend to Cpl Simpson? (Let Marines provide several answers.)
  - a) Chaplain
  - b) Medical/MCCS
  - c) Tricare—offers free counseling sessions
  - d) DSTRESS line: 1-877-476-7734
3. Continue to engage with your Marine after you have connected them to the right resources. Reintegration is a Core Leader Function (see Core Leader Function module). It is your responsibility as a leader to continually monitor a Marine who is experiencing stress and mentor them back to full duty as they recover. Unit leaders must set an example of respect, fairness, and have zero tolerance for stereotyping those who have experienced stress-related issues. The Marine Corps determines fitness, suitability, and deployability based on performance.
  - a) A successful reintegration means a Marine returns to the unit, or returns to his or her specific job, growing from the stress-related experience.
4. How can you help reintegrate a Marine back into your unit that has had assistance with stress-related issues? (Let Marines provide several answers.) Examples include the following:
  - a) Personally welcome that Marine back, remind him or her of their value to the team, refocus back on the mission, rebuild confidence, make sure others don't undermine this Marine's reputation on return, make sure others support this Marine's return to duty, set expectations about his or her return, be honest with him/her and the unit, keep them in the unit to the extent possible, and continue to train.
  - b) You should commend him or her for seeking help and tell the Marine that this is a sign of strength and adherence to Marine Corps values. Marines who have experienced stress-related issues need to prove to themselves and others that they are back to full readiness.
5. Recognize that a Marine in treatment or having recently completed treatment is still at risk and needs support.
  - a) If you've been through treatment yourself, you can share your own story of treatment. You can tell the Marine that others have had success after treatment and gone on to do great things. Seeking and receiving treatment is a sign of strength not weakness. You can tell the Marine he or she is a stronger Marine for seeking treatment and not letting the signs and symptoms get out of control.
  - b) As that individual shows the ability, it is important that they quickly return to MOS-appropriate duties from a period of limited duty or treatment. This restores a sense of pride and belonging. If a returning Marine is stuck in the corner with a mop, a signal is sent to all other Marines that seeking treatment is a bad idea.
  - c) Ensure the Marine follows any continuing care that is arranged. This means getting the Marine to his or her appointments. Ensure that a trusted superior or OSCAR Team Member is following up with the Marine and assisting the Marine as required.
  - d) Encourage Marines to link up with OSCAR Team Members or support groups who are

supportive of his or her recovery. Find out how things are going at home and encourage the family to be supportive. Encourage Marines who have completed treatment to become mentors or supporters to those undergoing treatment or those who have recently completed treatment.

### **SUMMARY/CONCLUSION**

Marines develop strength by focusing on fitness of body, fitness of mind, fitness of spirit, and social fitness. Marines demonstrate fitness of mind by knowing themselves and continually seeking self-improvement, adapting to challenging circumstances and persevering, acting with confidence, and making good decisions—this allows for focus on the mission and assisting others in need. Even the most motivated and well-trained Marines can experience behavioral health issues. Talking about your own experiences dealing with stressful events, and how you got past challenging circumstances, can motivate Marines to talk about the issues they experience. Allow your Marines to express their emotions and encourage them to talk about what they learned from previous stressful experiences. It is important to reinforce the concept that looking out for each other does not just apply to combat. Leaders at all levels need to know the realities of how behavioral health issues affect the unit's ability to perform. Unidentified warning signs, risk factors, and triggering events can lead to a loss of personnel or a loss in mission capability.

As a leader, it is important that you set the tone for your Marines to identify warning signs and risk factors in themselves and in fellow Marines. When someone starts to behave differently, you need to find out what is wrong. Ensure you know how to employ the steps of the R.A.C.E. method (Recognize Ask Care Escort).

#### **Closing Statement:**

You, as leaders, are the key. It is important that each leader in our Corps ensure Marines understand their responsibility to intervene when a fellow Marine shows signs/symptoms of behavioral health issues. Talk about it with your Marines. You are also in a position to set the example of acceptance and practice of help-seeking behaviors and willingness to refer and/or report behavioral health incidents. Let your Marines know that it's okay to get help so that they can get back in the fight. Then, help them to do so.

### **END OF DISCUSSION**

### **RESOURCES**

1. MARINE CORPS ORDER 1720.2, *Marine Corps Suicide Prevention Program*
2. *Suicide: What Unit Leaders Need to Know* Fact Sheet--[http://bhin.usmc-mccs.org/uploads/Suicide-What\\_Leaders\\_Need\\_to\\_Know\\_Fact\\_Sheet.pdf](http://bhin.usmc-mccs.org/uploads/Suicide-What_Leaders_Need_to_Know_Fact_Sheet.pdf)
3. <http://www.dstressline.com/>
4. <http://www.suicidepreventionlifeline.org/>
5. <http://www.med.navy.mil/sites/nmcphc/Documents/health-promotion-wellness/psychological-emotional-wellbeing/act-now.pdf>
6. *Understanding and Helping the Suicidal Person*, The American Association of Suicidology