

LESSON PURPOSE PLAN

SUICIDE PREVENTION GUIDED DISCUSSION

VALUES-BASED LEADERSHIP

6/16/2015

1. **TOPIC OVERVIEW**

INSTRUCTOR NOTE

The Marine Corps believes that suicide prevention is the responsibility of the entire Marine Corps community. Each of us, as fellow Marines and friends, is responsible for reaching out to those who are troubled and encouraging them to seek help with their difficulties. Time is critical for those in need to seek assistance for problems that have potentially already begun to impact relationships, work performance, career, and overall mental health, and desire to live. As soon as you notice that someone may be struggling with an issue, reach out to that person and offer help; you may be the difference between living and a suicide. Suicide is prevented in your unit by addressing quality of life concerns and watching for "red flags" on a daily basis. Watching out for and assisting, fellow Marines impacts unit/mission readiness.

Use this time to present the topic of the guided discussion to your group. Cover why this topic is important to the Marine Corps, as a whole, and vital to the individual Marine. You may use the above paragraph to help introduce the topic, or develop a completely unique introduction. Aspects of your attention gainer should focus on your discussion topic. Authenticity is absolutely imperative; avoid glamorization or trying to shock and awe with any of the attention gainers or discussion. Never include specific details of a suicide attempt/death (i.e. do not include method or any personal identifying information about an actual attempt/death).

Ensure you have followed the Instructor Preparation Guide (IPG), familiarized yourself with the subject, and reviewed the references.

Definitions per Marine Corps Order 1720.2: *Marine Corps Suicide Prevention Program (MCSPP)*:

Suicide Attempt: A non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior.

Suicidal Behavior: Suicide attempts and completion.

Suicidal Ideation: Thoughts of engaging in suicide-related behavior.

Postvention: Intervention after a suicide to aid the survivors.

DOs

- Be aware. Learn the warning signs.
- Get involved. Become available. Show interest and support.
- Ask if she or he is thinking about suicide
- Be direct. Talk openly and freely about suicide.
- Be non-judgmental.
- Offer empathy.

- Offer hope that alternatives are available and take action.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.

DON'Ts

- Do not dare him or her to do it.
- Do not ask why. (This encourages defensiveness.)
- Do not offer sympathy.
- Do not act shocked. (This will put distance between you.)
- Do not be sworn to secrecy. (Seek support.)
- Do not lecture on the value of life.
- Do not debate whether suicide is right or wrong or feelings are good or bad.

2. METHOD

INSTRUCTOR NOTE

Inform your class that the instructional method you will be using for today's lesson is a guided discussion and that this method has been selected to actively involve students in the learning process.

The guided discussion can be effective at altering awareness and behaviors of participants. The goal of the guided discussion method is to drive group participation through leadership and encouragement. To learn more about guided discussions refer to Marine Corps Reference Publication (MCRP) 6-11B W/CH 1 - *Marine Corps Values: A User's Guide for Discussion Leaders*.

It is up to you, as the discussion leader, to use your best judgment and adapt this period of instruction to make it most suitable to your unit and the experience level of the participants. Be prepared for controversy, and form a plan to deal with conflicting viewpoints in order to keep the discussion progressing.

The guided discussion should last approximately 25 to 35 minutes. Spend a few minutes on the introduction; and, the majority of your time on the discussion questions within the body. Do not go too far over your time, as you may start to lose the attention of the participants. Too much information can start to overwhelm what is intended to be a simple and focused session. Remember to allow a few minutes for reflection and the summary of your lesson.

Determine what aspect of the topic you want to concentrate your discussion towards. Design learning outcomes, or "takeaways," which participants should grasp at the end of this discussion that best exemplify your intended focus. You can create your own learning outcomes OR use one, or more, of the examples listed below.

Example learning outcomes are:

- (a) Understand what support or actions an Individual Marine can do to assist a fellow Marine believed to be contemplating suicide in order to prevent suicides in the Marine Corps.
- (b) Understand what support or actions Marine units are taking to assist Marines believed to be contemplating suicide in order to prevent suicides in the Marine Corps.
- (c) Describe how our core values relate to suicide prevention.
- (d) Identify potential warning signs of distress or suicide.
- (e) Understand strategies to prevent (reduce the risk of) suicide.
- (f) Identify support available to individual Marines contemplating suicide.

3. INTRODUCTION

INSTRUCTOR NOTE

Use this time to introduce yourself to the group if necessary, and to ensure the group is familiar with each other. This is also the time to introduce any ground rules, which will establish what behaviors are expected during the guided discussion. Some example ground rules are: everyone participates fully; permit participants to express themselves without becoming recipients of personal attacks from anyone regarding their views; keep language clean, as not to offend others; make head-calls, as needed, without disrupting the rest of the participants; etc.

4. BODY

INSTRUCTOR NOTE

Start the discussion by giving your participants the learning outcome you developed for the guided discussion.

a. Gain Attention

INSTRUCTOR NOTE

A few attention-gaining stories are provided, but you are encouraged to personalize the attention-gainer to fit your personality, audience, and your desired learning outcome. You may use one of the provided stories, or conduct research in order to find others more applicable to your learning outcome.

(1) Wounded Warrior

He rarely spoke of it, not to his family, best buddies, fellow Marines or medical staff watching over him.

But the Marine Corporal had endured far more by the time he died at age 25 than most people could comprehend. The Camp Pendleton infantryman survived three months of combat in 2010 while serving in Sangin, Afghanistan, one of the deadliest battlegrounds of the war.

Amid firefights and insurgents' bombs, he saw limbs strewn across the ground. He loaded broken, bleeding bodies for medical evacuation, and grieved for the friends they could not save. His tour ended early when his legs were blown off by an improvised explosive device. His fight for survival included more than 30 surgeries and three years of rehabilitation.

It was a story of triumph over wounds that would have been fatal in earlier conflicts. He was only months away from a medical discharge from the Marine Corps and a new life as civilian college student. Physically, he had one surgery left to remove hardware in an arm. Psychologically, he was suffering from invisible wounds he hid behind smiles and upbeat banter. Yet, his family only discovered his psychological struggles on 9 January 2014 when he died by suicide in his barracks room in San Antonio.

His death, which blindsided his family and friends, was one of at least 22 veteran suicides every day, according to estimates from the U.S. Department of Veterans Affairs. Amid their raw first waves of grief, anger and irrational guilt, they pray that sharing his story might inspire others to stop suffering silently or spur a family to intervene.

Reference:

Kovach, Gretel C. "Farrell's Fight: Marine Battled Back, Yet Fell to Suicide." *UT San Diego*, 28 Mar. 2014.

[<http://www.utsandiego.com/news/2014/mar/28/farrell-gilliam-marine-suicide-amputee/>]

(2) Mother Picks Up the Pieces

In 2011, a Marine veteran died by suicide. As an enlisted infantryman, he had been involved in the largest helicopter offensive that the Marine Corps had launched since the Vietnam War, taking back territory from the Taliban, and he lost his best friend in that mission.

His death sent his mother into a spiral, she said. She, too, considered suicide before deciding that she wanted to honor her son's memory by raising awareness about the unseen wounds that combat veterans can have, she said. In May 2013, she launched a foundation bearing her son's name, providing a support system for returning veterans and their families here in this town just north of Miami.

"After I decided not to kill myself... I told myself, we need to raise awareness," she said. "We need to tell the families about post-traumatic stress, how to deal with and what to expect – these guys need to know they are not crazy, that what they are feeling is normal for experiencing the theater of war. They are survivors, and they are awesome."

Reference:

LaPorta, James. "Mother Picks up The Pieces after the Suicide of Her Marine Son." *The Washington Post*, 09 Jan. 2015.

[<http://www.washingtonpost.com/news/checkpoint/wp/2015/01/09/mother-picks-up-the-pieces-after-the-suicide-of-her-marine-son/>]

(3) Psychological Autopsy Study

The Marine Corps ordered the psychological autopsy study in 2010 when the number of military suicides had just peaked; 52 Marines took their own lives in 2009. "The psychological autopsy allows us to learn about these individuals in the aggregate and what the last days of their life were about," Alan Berman, executive director of the American Association of Suicidology said. This kind of information is relatively rare in suicide research. Much of what is known about risk factors is based on studies of people who attempted suicide and survived. Yet, there may be something distinct about the experiences of those who die by suicide that we do not understand.

The central questions for many surviving military families are, if and how service – and combat deployment in particular – drove a loved one to suicide. Recent studies show that this relationship is more complicated than it appears. In some cases, combat experience may act as a trigger that worsens existing emotional pain.

Berman said anecdotes from the psychological autopsies indicate that the end of a deployment might weaken a Marine's ability to cope with stress at home. As these young men leave the intense camaraderie of the battlefield and try to rediscover an identity apart from being a Marine, they may feel hopelessly lost.

"Sometimes they can't articulate these emotions to those they love most and don't know how to solve everyday problems in their families," said Kim Ruocco, director of "postvention" programs for Tragedy Assistance Program for Survivors (TAPS).

Reference:

Ruiz, Rebecca. "The Psychological Autopsy of a Marine Combat Veteran's Suicide." *Aljazeera America*, 22 Dec. 2013.

[<http://america.aljazeera.com/articles/2013/12/22/the-psychologicalautopsyofamarinecombatveteranssuicide.html>]

(4) Suicide on Facebook

A Marine veteran bled to death Monday night and documented his actions on Facebook.

"His friends and family were exposed to images they should never have seen," Douglas Tripp, one of the former Marine comrades, told reporters at Gawker. "Who needs to see their son, brother, cousin or

friend like that? They will remove a picture of a bare [expletive] or exposed breast with quickness. How are those more dangerous than a young man mutilating himself before his suicide death?"

Facebook initially defended its decision to leave the photos of wounds on his legs and captions with goodbye messages, but drew criticism from veterans groups.

Officials at Facebook worried that by removing the cries for help that family and friends would not know to intervene.

"Facebook has long relied on guidance from suicide prevention and other mental health experts to equip friends and others to take action when they notice a friend in distress," a spokesman for Facebook told the Daily Mail.

"As part of this approach, we've been advised of the importance of allowing images of self-harm to remain on Facebook since they are legitimate cries for help and will increase the likelihood a friend reaches them in time."

The young man, who served in the Marine Corps from 2004 to 2008 that included a tour in Iraq, had become a drifter in his community. The local Police said he was a troubled man.

On Sunday night, this former Marine took to Twitter and began a series of tweets that indicated he planned a suicide attempt. Friends rallied on Facebook via comments and messages to try and locate him, but they were unable to find him in time.

Reference:

Howell, Kellan. "Grisly Photos of Marine's Suicide Finally Removed From Facebook." *The Washington Times*, 10 May 2014.

[<http://www.washingtontimes.com/news/2014/may/10/grisly-photos-marines-suicide-finally-removed-face/?page=all>]

(5) Ending it All by Their Own Hand

Two deputies from the County Sheriff's Department rang the doorbell at the home, waking the wife, who had been asleep on the couch. Together, the three of them found her husband's body in the backyard. Her husband's belongings were scattered around his bedroom.

A laptop was left open, lingering on an image of their infant daughter. A notepad rested on the bed, covered with messages his wife scribbled during an argument the night before.

"I loved you."

"I want to separate."

He had been desperate for help he could not find. Alcohol abuse had strained his marriage and threatened his job, but he continued to drink, bragging about downing 18 beers or a half-gallon of whiskey every night. The family had a history of suicide, but when he threatened to take his own life he was never taken seriously.

The investigation report, which was partially redacted by the military, said he did not demonstrate any suicidal warning signs before his death, and that any indications of his intentions were either "too subtle" or "masked by his morose sense of humor."

Reference:

Kelman, Brett. "Ending it All by Their Own Hand: Corps Probes Marine Suicides." *MilitaryTimes.com*, 24 Mar. 2014.

[<http://archive.militarytimes.com/article/20140324/NEWS/303240031/Ending-all-by-their-own-hand-Corps-probes-Marine-suicides>]

(6) Trying To Get Help after Suicide Attempt

In an eloquent blog posting a retired Marine Corps sergeant writes about his suicide attempt.

"I stared intently at my grease-stained pair of Marine Corps-issued boots strewn across my bedroom carpet. I locked my gaze on the debossed eagle globe and anchor on the outside of each heel. I wondered if asking for help for my post-traumatic stress disorder and traumatic brain injury was the smartest decision - after all, it had ended my career."

"The way my leaders had treated me tore me up on the inside, and their words haunted me. They had convinced me that I was not a Marine in pain, but someone looking for free benefits from the Department of Veterans Affairs. At work, at home, in bed, all I could think about was how my career in the Corps had ended in such a terrible, tasteless fashion, with my peers and leaders turning their backs on me because I had enrolled in treatment. I felt worthless."

"I didn't want to seem like I was seeking pity," he told me. On the other hand, he knew sharing his experience publicly could help others. "The staggering suicide rate that the military and veteran community has - I was finally able to connect to it through my own issues. And I wanted to show people that they weren't alone."

He also told me that the Marine Corps has improved command climate by "leaps and bounds" in the two-and-a-half years since he sought mental health treatment. "It's night and day from what I went through [in 2012]," he said. "There's a lot of room left for improvement but it's starting to be OK to not be OK."

Reference:

Ruiz, Rebecca. "Marine Writes about Trying To Get Help after Suicide Attempt." *Forbes.com*, 05 Nov. 2013.

[<http://www.forbes.com/sites/rebeccaruiz/2013/11/05/retired-marine-writes-about-trouble-getting-help-after-suicide-attempt/>]

(7) War, Wives, and a Near Suicide

"If you are reading this, you should know that I am dead," began the blog of an Army wife. "At least I hope I'm dead," she added. "It would be awful to fail at your own suicide."

The entry, posted to a web blog was titled "A Final Goodbye." Its broad outlines, though not dramatic conclusion, are recognizable to many in the post-9/11 generation of military spouses. In over 4,000 words, she chronicled her husband's severe depression after his unit's deployment to Afghanistan, and her own subsequent depression, for which she sought counseling and medication.

After her husband's return and their cross-country move to a transitional army post, she was told she could not join the base's family support group because her husband was only a student there. She tried to put to use her master's degree in financial counseling, but was told she was unemployable because she would be leaving the area before the year's end. Her husband's erratic behavior, coupled with his drinking, convinced her that he was an alcoholic, and she encouraged him to get help.

As their marriage deteriorated, she checked herself into the hospital because of suicidal thoughts, and her husband left her. She felt that the military community, for which she had given up her career and her independence, had abandoned her as well. "I wish he had just died in combat," she writes. "If he had died, I would have been surrounded with so much support that I wouldn't have known what to do with it. Instead, he has discarded me on the side of the road like a piece of rubbish, and the Army 'family' has shrugged its shoulders and said, 'Well, he doesn't want you anymore. There's nothing we can do about it.'"

Reference:

Buckholtz, Alison. "War, Wives and a Near Suicide." *The New York Times: At War - Notes From the Front Lines Blog*, 25 Apr. 2011

[<http://atwar.blogs.nytimes.com/author/alison-buckholtz/>]

(8) Recognizing the Signs

A service member who is thinking of suicide due to being overwhelmed by their problems may take foolish risks, withdraw from the world, give away possessions and not take care of themselves. Many of these happen because the service member isn't actually worried

about the future because they don't intend to be around. A good leader will know to look "below the surface" and find out the reasons for the service member's behavior change.

When someone's problems have piled up or seem so large that they consider suicide, they need help from peers and leaders. Due to the stigma associated with seeking psychological help or having suicidal thoughts, many service members will hide any signs of problems from others and delay or completely avoid seeking help. Your role is to recognize the things above the surface and know how to ask about other problems that may be driving these changes. Engaged unit leaders are the front line in the preventing suicide.

Excerpt from:

"Suicide: What Unit Leaders Need to Know." *Defense Centers of Excellence For Psychological Health & Traumatic Brain Injury*, Web. 29 Jan. 2015. [<http://www.dcoe.health.mil/Libraries/Documents/Suicide-What Leaders Need to Know Fact Sheet.pdf>]

(9) Recognizing the Signs

Scenario:

Lance Corporal (LCpl) Kilroy returned to his unit after spending his post-deployment leave in his home town. On Friday night, the start of a 96-hour liberty period, he and his friends go out on the town. After an evening of partying, LCpl Kilroy makes the decision to drive home even though he was drinking. He is stopped at the main gate and apprehended for Drinking Under the Influence of alcohol (DUI). LCpl Kilroy knows he is in trouble and will face Non-judicial Punishment (NJP). On Saturday LCpl Kilroy is hit with another blow, his high school sweetheart, who he was seeing while he was home, calls and tells him she is pregnant. Over the next few days, LCpl Kilroy is very anxious. He knows he has made mistakes and sees no way out. He withdraws from his friends. No one knows about the pregnant girlfriend at home. He cannot sleep and did not shave Sunday or Monday. He is drinking heavily in his room at night alone. LCpl Kilroy's roommate observes the changes in his friend and on Tuesday he overhears him mutter something about "Death before Dishonor."

b. Potential Discussion Questions

INSTRUCTOR NOTE

The provided questions can be altered, but all questions should be carefully formulated to focus the discussion toward your desired learning outcome. It is the facilitator's responsibility to provoke thought, foster discussion and involvement on the part of the participants, manage the group, and keep discussion flowing. Choose several questions from the following list, which will help accomplish your learning outcome in the specified time.

The discussion format is intended to have the majority of the input come from the participants. Ensure you conduct comprehensive research on this topic using the provided references. Having a comprehensive understanding of the subject material is essential in order to clarify portions of the discussion that may be confusing, and to ensure only accurate information is disseminated during this exchange. This is not intended to be a lecture, so keep your comments direct and focused to keep the group discussion moving.

Do not insert too many of your own convictions, as it may cause the group to skew their input just to mirror your positions, and may not be a true representation of the participants' thoughts. Ensure you have writing material throughout the discussion so you can capture key elements of the discussion, which arise in each segment, in order to create follow-on questions and to summarize each key point.

As the facilitator, you may use a question to initiate a topic for discussion. After the discussion develops, follow-up questions can be used to guide the discussion. Follow-up questions may help a participant to explain something more thoroughly, or enable you to bring the discussion back to a point from which it has strayed.

Questions are so much a part of teaching, they are often taken for granted. Effective use of questions may result in more student learning than through use of any other instructional technique. In general, you should ask open-ended questions, which are thought-provoking and require more mental activity than simply remembering facts. Questions should require students to grasp concepts, explain similarities and differences, and infer cause-and-effect relationships.

Plan at least one lead-off question for each of your desired learning outcomes. While preparing questions, remember the purpose is to stimulate discussion, not merely to get answers. Avoid questions, which require only short categorical answers, such as "yes" or "no." Lead-off questions should usually begin with "how" or "why."

(1) What does the term "suicide" mean to you?

(2) Do you know anyone who attempted or died by suicide? If so, describe what impact it had on you.

(3) What are some signs that basic frustration is turning into despair or hopelessness?

(4) If someone is contemplating suicide, what do you think some warning signs may be? What warning signs did the Marine in the attention gainer exhibit?

(5) Do you think any of the suicides we discussed earlier could have been prevented? What do you think may be a first step to

preventing suicide? What can you do to help one of your Marines or buddies who may be contemplating suicide?

(6) What are some risk factors that are important to know in order to help identify and understand potentially suicidal Marines? What do you think are some events or situations that might cause someone to consider suicide?

(7) Why do you think some people may decide life is not worth living anymore?

(8) What are the dangers of "waiting to see if they pull out of it on their own?" How would you feel if you learned that someone you suspected to be suicidal followed through on their thoughts and you had done nothing to intervene in the situation?

(9) Do you think alcohol or other drug abuse may increase the risk for suicide?

(10) It has been said that, "talking about suicide may encourage them to commit suicide." Explain if you agree or disagree with that statement.

(11) Which of the people in the attention gainer made an impression on you and why?

(12) Is there any age, gender, or race that is safe from suicide?

(13) What military resources are available to help those thinking of suicide?

(14) What civilian/non-military resources are available to help those thinking of suicide?

(15) What do you think Marines can do to prevent suicides from happening in their units?

(16) Do you think any of our leadership traits apply to suicide prevention? If so, identify which ones you believe apply and why they are relevant.

(17) Do you think any of our leadership principles apply to suicide prevention? If so, identify which ones you believe apply and why they are relevant.

5. REFLECTION

INSTRUCTOR NOTE

Incorporate reflection questions here, in order to prompt the participants to re-evaluate the issues discussed and topics covered.

The more mentally involved each participant is in the active review of the topic, the greater their retention of the subject will be.

Reflection questions should be meaningful in relation to the experiences of the students and should bridge the gap between their discussion involvement and the abstract issues discussed in class. Questions posed during reflection are for personal consideration, as the participants may be uncomfortable openly sharing responses.

Reflection questions can be broken down into the following categories:

1. What? Ask the participants to re-examine in detail the content of the discussion.

2. So, what? What difference did the event make to their perceptions of the issue?

3. Now what? How will the participants think or act in the future as a result of this new perspective?

6. **SUMMARY**

INSTRUCTOR NOTE

Provide overview of main ideas covered. No questions should be asked here. Provide closure that is relevant to MOS, the Marine Corps, or applicable to the participants in some other manner.

INSTRUCTOR REFERENCE MATERIAL

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- Do not ask why. (This encourages defensiveness.)
- Do not offer sympathy.
- Do not act shocked. (This will put distance between you.)
- Do not be sworn to secrecy. (Seek support.)
- Do not lecture on the value of life.
- Do not debate whether suicide is right or wrong or feelings are good or bad.

Suggested Resources:

- Chain of Command
- Unit/Base Chaplain
- Marine Corps Behavioral Health Information Network
[http://bhin.usmc-mccs.org/index.cfm?fuseaction=c_user.dsp_browse]
- Military OneSource [<http://www.militaryonesource.com/>]
- For Immediate Help 24/7 Military Crisis Line (800) 273-8255 #1
- Manpower & Reserve Affairs: Community Counseling & Prevention Services
[https://www.manpower.usmc.mil/portal/page/portal/M_RA_HOME/MF/Behavioral%20Health/BH_Community%20Counseling%20and%20Prevention]

References:

- Marine Administrative Message 685/12: Call to Action For Preventing Marine Suicides
- Marine Corps Order 1720.2: Marine Corps Suicide Prevention Program