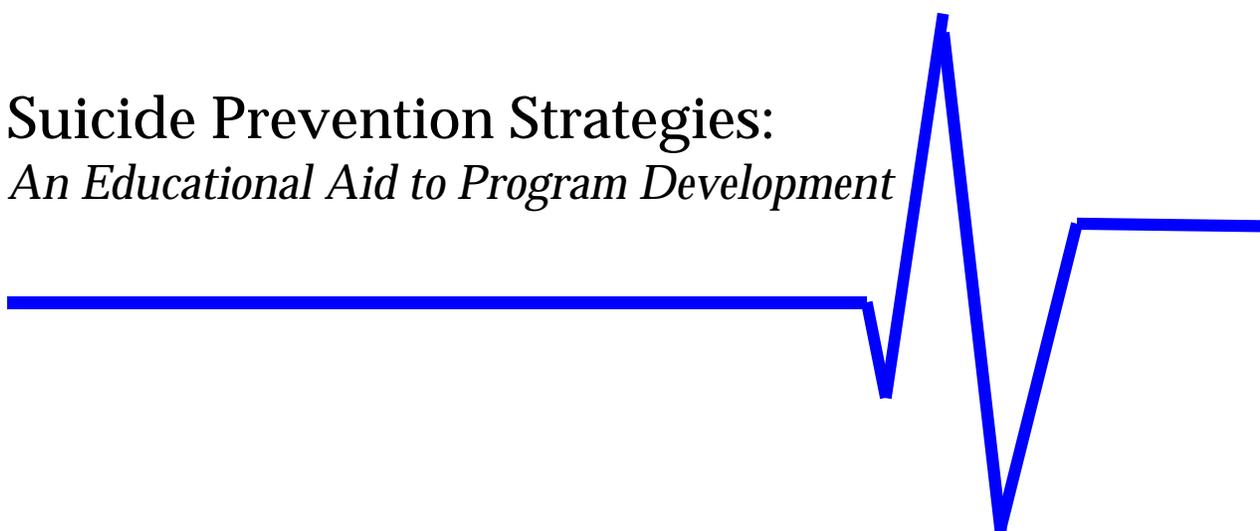


Positive Reinforcement of Values – Naval Service

PROV – NS

March 2000

Suicide Prevention Strategies: *An Educational Aid to Program Development*



Chief of Naval Education and Training
Code OOF
250 Dallas Street
Pensacola, FL 32508

Suicide is a Personal Decision. . .
(How we gauge the magnitude of the event)

What help is there for leaders who face the terrible specter of suicide within their command. Suicide, if anything, is a personal decision – a personal act of self-destruction – a decision made against the consent of others. Command leadership faces a double dilemma: certain behaviors indicate the level of threat that a person may attempt suicide. But since it is a personal choice there is no exact science on the day, hour or minute the person may follow through on an attempt. “What can be done to keep it from happening now and here?” “What are the damage control procedures?” And most of all, “What am I doing to abate the possibility of a suicide?”

Invariably, there is the seemingly insensitive teasing among clinical residents that none wants to be on call during a full moon, or that one of them seems always to be on duty when more deaths occur. Such banter has its purpose. Many have uttered the fervent mantra of the clinical pastoral resident, “Please, God, not when I’m on call!”

Caregivers indulge in this professional distancing to create horizons which help them gauge the resulting magnitude of the event . When, where and how they engage in this *distancing* has direct bearing upon the quality of their professionalism, of course. Suicide is not a comfortable topic but neither is fire when the command is underway. Discretionary banter is a means of airing the reluctance and self-doubt we feel then called upon to manage this particular people-issue.

Here is a deeper corollary to this phenomenon. The subtle truth is that someone will die, sometime, and on someone’s watch. Caregivers know this all too well. Their dilemma is this:
“Who will be present to mitigate the pain, sorrow, and loss?”
“ How well will they do the job?” And most of all,
“If I am the one who takes the call, can I handle it?”

Questions we ALL ask ourselves.

LEADERSHIP

- *Be aware of the subtle aspects of suicide.*
- *Suicide is complex.*
- *Societal acceptance of suicide is increasing.*
- *It is important to find training and educational initiatives that affirm life.*

General Guidance. Because our society tends to define suicide prevention as pulling a person away from an open window or talking them off a ledge, we may be resistant to recognizing the more subtle aspects of the issue.

We work hard not to lose anyone to suicide. On those rare occasions when it happens intervention with survivors of suicide and command assessment procedures become equally significant. We have professional nomenclature for 'unplanned losses' and 'acceptable losses' in battle – in matters of suicide we refer to 'abatement.' A person may have suicidal thoughts and not act upon them. On the other hand, while not planning to die but intending to draw attention to intense personal pain, an individual may, indeed, die of self-inflicted wounds. How can we decrease the odds that suicide will occur?

Suicide is a complex issue. In some cases the best we can hope for is that we can keep it from happening on our watch.

Recent trends toward legitimizing suicide are most alarming. Referred to as "right to die" such trends were once relegated to a rare set of rigid circumstances not normally found in our population. Popular culture harbors some unhealthy views on the value of life. It is increasingly important

that we find training and educational initiatives that affirm the value of life.

Affirming the Value of Life. There is no cure-all for suicide. However, we remain responsible for the safety of those we lead those we know, those we love. Educate yourself to some of the signs and conditions which breed unhealthy attitudes toward life. Pay attention to people – one person at a time – when at all possible.

Acts of violence play an increasingly significant role in how our culture values life. Drive by shootings, gang initiations, domestic violence and abuse, certain forms of entertainment – all these practices serve to devalue life, itself. What counter measures do you have in place.

Areas of Focus. There are a variety of schools of thought regarding the causes of suicide. Stress, social isolation, histrionic conditions such as infantile behavior or family dysfunction, and more. Even age groupings predispose individuals to some ideas toward suicide. Current studies point to preconditions, often undiagnosed depression.

Full quality of life programs are essential: personal, pastoral and group counseling, family life, spiritual formation and social work programs, risk management and education on substance abuse and timely healthcare referrals. Most of these are already in place. The challenge is getting people to use them!

MANAGEMENT

- *Ensure leadership models a balanced lifestyle.*
- *Ensure managers exercise positive, personal interactions with their people.*
- *Ensure positive, effective informal organizational leadership*
- *Foster worship practices which allow release and rejuvenation.*
- *Balance a healthy mix of discipline and people-centered management in ways that allow the start of a new life that leaves bad habits behind.*

Value Of Life. How effectively does leadership model a balanced life-style? Do they work responsibly and make time for life enriching activities. Do the mess decks see leadership enjoying life and work? How well does leadership model teamwork vice stovepiping? Surely, discipline is valued over mere punishment when wrongdoing is identified? How effectively is the margin for error defined within the unit? How often is laughter heard along the passageways or in staff meetings?

There is no substitute for the personal touch in attending the needs of people. Employ it as often as possible. Hand write it once in a while, don't type it. Pick up the phone when there is time, don't email them. Shake a few hands, don't always dash quietly out of sight.

Is the command intramural program a good time or mandatory fun? One hundred percent participation does not mean 100% fun. Are there a few good go-to people in the command mix? Got Mentors – people with a reputation for caring and helping shipmates? Do they have command visibility? Cultivate value of life initiatives which grow

positive attitudes. Programs are a separate piece of the strategic plan. They won't be as effective if appropriate attitudes aren't supporting them.

Even the strict environment of a training command can embed resources which support life-affirming initiatives. The chaplain's ability to conduct worship experiences in this hermetically sealed environment gives sailors a pressure gage to maintain a healthy emotional and spiritual balance at a time of intense transition in their lives.

People new to the Navy are vulnerable because they have made a huge change in their lifestyle. The invariable temptation to revert to the old way of living is strong. If that old way of living was dysfunctional, chances are. . .more of the same. Leadership's challenge is to not let that dysfunction bleed into the command's way of doing business. The first place to start is when a suicide does occur:

Balanced lessons-learned. Do not let the aftermath of a suicide increase the stress, guilt or pain for the unit and family members.

Survivors of Suicide – friends, co-workers, family members - are faced with resulting guilt and self doubt, "What could I have done to prevent this?" Grief management is an effective form of abatement to suicide. Chaplains have unique training in bereavement. In some high visibility cases, there is even need for a critical incident debriefing for the unit after the cause of death is known or suspected. A debriefing team composed of chaplains and social workers is an excellent resource.

Encourage tolerance for strong emotion (stress, guilt, pain) in ways that are healthy. For example,

- Learn about grief management and why it is helpful and needed
- Consider critical incident stress debriefing as a post-suicide program.
- Avoid intrusive interventions with family members; their bereavement often complicates fact-finding.
- Inflexible thinking is different from strong emotion and often bodes unhealthy emotion.
- Depression is a very treatable disorder. Referral to a medical clinic is the avenue to treatment.

After action reports or investigations can have a double-edged effect. If a cause of death is not determined, people can get stuck in the denial phase of grief management. The results can be very unpleasant for everyone involved. In some cases, when questions are asked the family and friends may see this as an intrusion – faultfinding or blaming. It is not unusual for family members or close acquaintances to feel as though they are being dug back through the pain all over again. They may be resistant to talking about the person or events leading to the death. Again, knowledge of bereavement and grief management is important not to mention ability to perceive any embarrassment or guilt close friends or family may harbor. Many are surprised to learn that anger – anger toward the deceased - is frequently a part of the grief process.

Stress and Suicidal Behavior. Stress is a normal part of life. People are usually able to cope. The following combination of stressful events are unique stressors for military people. In combination with other factors, they can increase suicidal ideation:

- Diminished work requirements can equal boredom.

- Cyclic work schedules, which swing from extremes of max to minimum output, escalate stress.
- Stress over separation anxieties of impending deployment.
- High adjustment stress the first few months after coming on active duty.
- High adjustment stress the last few months before retirement.
- Reentry to shore/home life immediately following a deployment.

Depression and suicidal behavior.

Irritability and other disruptive behaviors, frequent expressions of sadness, tantrums or tears, pronounced fatigue – all are markers for depression which can easily overlooked in an acquaintance. (It's easy to assume they are just having a bad hair day.) These behaviors are not sole indicators of suicidal ideation. These behaviors may be transitory and related to a fixable situation. However, the intensity, duration and combination of these factors have a direct corollary to suicidal ideation. Also, are you aware that suicide and homicide are often the flip of a coin? More on that later.

Maintain a positive protective environment:

- Strong affective needs are typical in adolescents. They are not to be taken lightly.
- Alcohol abuse interventions involve more than just saying, 'no.'
- Avoid planning activities that encourage impulsive behavior.

Histrionic Conditions. Some people display patterns of acting out which reveal unhealthy personality traits. In depth analysis of these conditions is better left to clinicians. Briefly, some people get locked into infantile behaviors which make them more susceptible to suicidal ideation. These are unhappy people who are very needy. They may have strong affective needs and, like a child, seek constant approval, affirmation and emotional support. Or, some may be 'loners' unable to share or

Social Isolation. As suicidal ideation increases the individual is more likely to withdraw from friends, significant relationships – or, those relationships may have been taken from them. Though the degree of descent differs, in general the person begins a downward spiral into depression and isolation which feed a sense of hopelessness. Life takes on a sense of 'no way out.' (from the trouble, unhappiness). It is not uncommon for the individual to be ashamed of such feelings and either become irritable or even euphoric in behavior. This attempt to mask their inner feelings only increases the difficulty of identifying the individual's true level of need. It is not uncommon for status to be at issue. "I'm the Master Chief, I can handle this myself." "I'm a Marine; Marines never give in." "I can't afford to let my family down." Our military culture values the ability to survive in difficult circumstances. This mentality can backfire if it feeds loneliness. . .if it feeds a rambo mentality of being invulnerable.

seek support and assistance with what bothers them. Either way, such conditions illustrate the difficulty in gauging the level of suicidal ideation.

For example, what is to be done for the sailor who returns to the unit after being evaluated as "fit for duty?" What kind of follow-up will be appropriate? A standard plan is the best approach. Key ingredients include a non-judgmental environment, presence of key people who stealth-monitor the individual and offer an open communication style to ensure the person is aware of where to find help. See the Point of Access plan in the program section of this booklet.

Adolescent Suicide

CHANGE

Loosening of childhood ties to new sense of autonomy
Sexual identity and awkward changes
Emotional changeability and ambivalence
Self doubt feeling of inferiority – what does future hold
Impulsive behavior – to resolve conflicting demands

LOSS

Family troubles lead to doubting self worth
Guilt as means of controlling behavior is problematic
Criticism's object – the self or the act?
Domestic neglect/discord can resemble emotional death

ATTEMPT TO MAINTAIN CONTROL

Alcohol/drug abuse – to blot out personal pain
Act out impulsively in dramatic form

NORMAL VS ABNORMAL BEHAVIOR

Tendency to isolate self
Irritability
Apparent confusion about goals for future
Feelings of being 'completely misunderstood'

SIGNS OF DEPRESSION

Hyper, physical complaints, accident prone
Significant change in habits
Apathy
Anxiety
Aggressiveness
Overwhelming guilt or self-hate
Alcohol/drug abuse
Deep, prolonged grief

Adolescent development and risk management. The more senior of us know what is really meant by the term “float test” – an adolescent has no idea. “The broken xerox machine won’t float?” they muse, “you sure. . .?” The adolescent is along for the thrill of it not the result. Sometimes, out of ignorance and lack of life experience, they float test their lives and the result is unalterable.

Risk management. Adolescent development issues intensify the younger sailor’s need for risk management skills. Military people have always struggled with the difference between “personal best” and self-destructive behavior. But, it is much harder for younger sailors to make such distinctions. That is one of the reasons why values inculcation and character development is a critical educational focus for this age group because they generally have:

☛ Poor impulse control. Impulsive youngsters need the structure of rules. They are much more likely to accept them based on peer group pressure and social standing. Buy a car; who cares if there are 60 payments which take up half a month’s pay. What’s wrong with buying a car? Offer car-buying classes. Limit setting is okay. It is okay not to give underage sailors access to clubs that serve alcohol on base. Profits may drop; but loss of life may also. Entertainment and recreation are an absolute requirement. Offer options that don’t engage impulsive behavior. The old argument of letting them drink on base so they don’t get in trouble doesn’t wash as well these days. Scrutinize the profit motive – how moral is it?

☛ Strong affective needs. They want to belong, fit in, and look good. Their culture views sex as entertainment; not responsibility. Intimacy gets shunted into physical needs not emotional ones. These tough people are, in reality, very fragile. How often does a phrase like “healthy sex and good marriage” run across the base marquis? So what! if the chaplains are teaching the seminar in a room off the quarterdeck in the barracks.

Substance abuse and broken relationships. The preponderance of data suggests alcohol and broken relationships are factors in a large percentage of suicides among military people. Logically, educating military people to drink responsibly is a form of suicide prevention. As for broken relationships and the resulting loneliness it produces, directly impact suicidal ideation:

Family dysfunction. All families have their problems. There is nothing unique in that. However, some relationships and behaviors do put people at risk for making unhealthy decisions. A sampling of characteristics which indicate potential for suicide include:

Loneliness comes in all forms, shapes and sizes. It usually isn't a good thing, either!

➤ *A disturbed family structure.* Closed family systems are vulnerable because they don't allow intimacy outside the family structure. The family unit appears very fragile – no one member socializes alone outside the family. The support of the guy next door, or school guidance counselor or even a 'best friend' is missing. Each family member is isolated and limited to fewer options for help and support.

➤ *Unbalanced or one-sided intrafamilial relationships.* There are relationships of convenience. She stays for the financial security; he stays for the security of a place to crash. These are ambivalent relationships. Commitment is not built on intimacy and love but on the needs of each individual. The potential for support through difficult life experiences is minimized.

➤ *Transactional difficulties.* Highly judgmental, unforgiving and inflexible decision-making within the family increases isolation and thwarts healthy emotional development. Excessive secretiveness and other communication disturbances result in intolerance for crisis. How might a family like this handle an upcoming deployment? A failure to promote? The usual stress associated with busy schedules, change in duties at work or frequent deployments?

Loss of status is a subtle warning sign a casual acquaintance can easily miss.

➤ *Affective difficulties.* Family violence frequently involves a one-sided pattern of aggression. Fearful of being harmed, the pursued member shuts down communication. Family members become isolated and unable to talk through the dilemmas. Members are aware there is a problem but see no means to 'fix' them. Depression is frequently present. Suicide and homicide may become two sides of a common coin in such relationships.

Poor coping skills. People who don't know how to make friends, or who have learned self-defeating habits don't

usually know how to find positive aspects of living. They may not have learned that waiting can produce good results, too. They may appear to be whiners, or accident-prone. One value of religious worship is that it strengthens the coping ability within the inner person. Consider these words coming from the pulpit, "God will help you with this; you can get through these trials with the Lord's help." To the degree you are, or are not, religious, making these services available to sailors is a powerful form of teaching the value of life.

Bereavement. We usually associate this term with the process of suffering from the death of a loved one. But it can also include the loss of valued possessions. Loss of a loved one through divorce; loss of status such as a job and the level of income and notoriety it provided. Status is one of the more subtle losses in life which can be easily overlooked by the workspace supervisor or casual acquaintance. Healthy bereavement

involves grief management. Here are some danger signs that indicate the grief is not being managed well. These signs can also contribute to suicidal ideation.

➤ *Blaming.* As a means of avoiding their own feelings some people blame the death of a loved one on someone else. By focusing outward, this enables them to deny the loss. When left unchecked this behavior can produce bitterness. For some, blaming allows them to not admit a deep personal sense of guilt. Rightly or wrongly, internally they blame themselves for the death.

➤ *Disapproval of bereavement.* A family member who does not permit another to cry may have an unrealistic expectation. They may believe that the loss “wasn’t worth your tears. . .” or that such display of emotions is a weakness. There can be a fine line between “suck it up” and “admit your pain.” *(For additional information see PROV-NS Death, Grief and Bereavement at a separate file on this webpage.)*

The following training activities may work well in your command. Some require teamwork with other disciplines or tailored to fit special mission requirements:

*If a service member is being sent to the medical treatment facility to be evaluated for suicidal ideation, consider a **Point of Access (POA) Plan** like this:*

➤ Assign a corpsman, if possible or senior petty officer and duty driver as escort the SVMBR directly to the medical treatment facility and stay there while the evaluation takes place

-- The petty officer brings the SVMBR back to the command if the Sailor is not admitted to the hospital.

-- Instruct the petty officer, as command liaison, to bring medical’s treatment recommendations back to the command (if the doc wants to seal recommendations in an envelope, fine).

➤ Identify the Sailor’s close friends. Ask one to volunteer to mentor the person through the difficulties. Not as a spy or counselor – but as a mentor who is a friendly contact.

➤ Determine where and with whom the Sailor will spend that night, especially if single or without family nearby.

➤ Treat the Sailor like a human being – not a love fest. Just convey a little dignity.

Have the mentor take the Sailor to a non-Mickey D dinner to decompress and relax (Senior leaders have been known to pull \$20 out of pocket to make this happen)

➤ *These actions are not a reward for inappropriate behavior. They are designed to model a safe, listening environment for the person who has returned –feeling even more isolated and out of the main stream of command life. The idea here is to avoid social isolation.*

➤ Have a plan for some sort of routine, weekly, counseling. Family Service Center, Chaplain, small self-help group meeting – structured contact with a helping environment. Call to make sure the person gets to the meetings.

#1

Holiday Periods

Most of us need help handling the holiday blues, it is easy to imagine why people at risk for suicide need the help all the more. Notice how each of these bullets relate to the discussion paragraphs in this booklet. Chaplains, the career counselor, or family service personnel can put a GMT together.

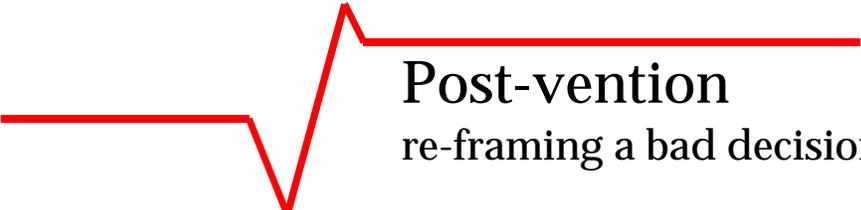
- If you want to buy gifts; don't go into debt just to impress someone.
- Get the competition out of your plans
- Forget about the ENTIRE holiday season and focus on a day at a time.
- If you see greedy or whinny behavior don't sink into it; find a way around it.
- Give yourself some rewards that are fund.
- Plan family time to do something special
- Rediscover your spiritual heritage
- Start a family tradition
- Avoid your bad habits

#2

Conflict Negotiation

Conflict Negotiation Classes are a means of teaching effective coping skills as well as helping inculcate values which show respect, perseverance and personal worth. These one-liners sound good to you?

- Conflict is a natural occurrence and when used correctly can result in positive change.
- What is your conflict response style?
 - Avoidance
 - Confrontation
 - Communication
- The steps to effective resolution. Find a mediator who will direct you to
 - Get the facts
 - Listen to determine what the disagreement is really about
 - Take turns stating sides of the conflict
 - Explore possible solutionsChose one or more and try them;

A red ECG line graphic that starts with a horizontal line, dips down, rises to a peak, and then continues as a horizontal line to the right.

#3

Post-vention re-framing a bad decision

We 've all done things we feel guilty for. Or, felt that we were at the end of our rope. But it doesn't have to stay that way. Listen to this personal account: This may be helpful when speaking with someone who has survived a suicide attempt.

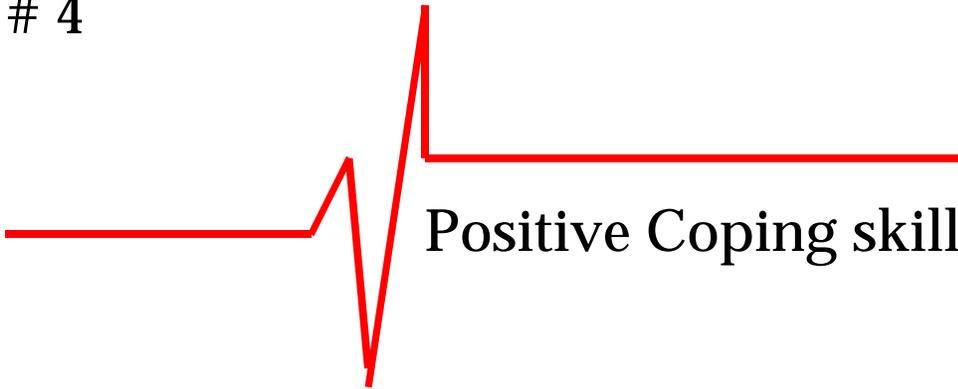
"I gave up all hopes. I had reached the bottom. The idea of death by suicide was not novel to me. It had been on my mind before. But, from that moment on it became an obsession.

There was nothing left for me. Life ad driven me into an inextricable position. I wanted to die, I was ready for it.

...in attempting suicide I was completely dismissing the world I was going to leave behind. The life I had been leading consisted of a series of events for which I had no responsibility; I acted entirely by instinct, following blindly the road drawn out for me by circumstances; I never tried to analyze anything.

Well, let me say only that in this chaos of thoughts I discovered the secret of happiness and I still cherish it: Love life for better or worse, without conditions."

He was not yet 30 when this event occurred. Arthur Rubinstein died in 1982 at age 92. He was among the greatest pianists of the twentieth century. Thank God he was able to get past those terrible feelings! He had no way of knowing what was to become of him. He had grown up in a very strict family which expected him to become a doctor. Leaving that professional was humiliating to his family. It goes to show – we never know what wonderful things are in store for us – we just have to hold up and hold on!

A red ECG line graphic that starts with a horizontal line, dips down, rises to a peak, and then continues as a horizontal line to the right.

4

Positive Coping skills

A Jewish legend teaches that when God banished Adam and Eve from the Garden of Eden, He gave them two gifts: the Sabbath Day for a period of rest and relaxation, and

human tears as a relief for emotional pain. Of all the earth's creatures, only mankind can cry. To cry is to be human. Ask yourself these questions and reflect on your answers:

- Can you remember the last time you cried? Why?
- What events in your life have been IMPORTANT enough to cry about?
- Is there something in your present life that might be cleansed and released by crying? Will you allow yourself this human experience?

#5



It's easy to get caught up in situations that are difficult to work through. We feel outraged. We want to short circuit the process. We want something done immediately! Life just gets too intense!

Effective Actions for dealing with tension and anxiety:

Talk it out. Speak with someone who is level-headed person who'll give you feedback

Work off your anger. Work off your tension with exercise – swim, walk, run, shoot baskets

Give in occasionally. Even when you think you are right, find some items you can give in on. Try to see the other's persons point of view.

Take one thing at a time. Set priorities. Take the issues in small bites. What needs to happen first, second and fifth?!

Give the other person a break. Cooperation reduces emotional tension – no need to threaten others with heavy-handed tactics. They may be just a frustrated as you are.