LTP Lesson Plan

HD 1-1, 2-1, 3-1, 4-2: Suicide Awareness & Prevention

I. Preparation Required:

- ***Identify role players for in-class exercise & prep them on their requirements***
- Coordinate with unit faculty advisor, ADO, MECEP/STA21 for partner responsibilities in lesson
- Review lesson plan, slides, two articles (at end of lesson), three videos
- Review weekly leadership point to ponder
- Consider integrating a relevant current event or SCCC happening into lesson

II. Materials Required:

- Computer & projection capability
- Excerpt & Lesson plan
- Slides

III. Lesson Objectives:

- Objective 1: Learn how leaders and peers might create a command climate that is both suicide aware & committed to prevention
- Objective 2: Know how to ASK-CARE-ESCORT

FOR REFERENCE: LTP & leader development course objectives, respectively:

- In concert with the full Citadel Experience, advance readiness to serve as a principled leader in chosen post-graduation profession.
- For human dignity, learn to respect yourself and others and where to find helping resources.

[NOTE 1: Instructor should consider starting session with brief discussion of leadership point to ponder at http://www.citadel.edu/root/commandant-ltp .]

[NOTE 2: Instructor should incorporate into the discussion a relevant current event or recent happening within the SCCC.]

***INSTRUCTOR NOTE***: Be aware you might have a cadet in the room that had a very personal experience with suicide. Recommend you begin lesson with something like: “Has anyone been close to someone – a family member or close friend – who has committed suicide? I recognize this could be a tough discussion for you, but I want you to know how we would all welcome your perspective as we flow through the lesson. To the degree you’re comfortable; we would like to learn from you.”

***THE BIG IDEA IN INTRO***: There can be no complacency with respect to suicide. If we want to make a difference – there is no “silver bullet” by the way – if we want to make a difference in suicide trends, we must first and foremost KNOW OURSELVES & KNOW EACH OTHER. Second, we need to DO THE LEADERSHIP THING, which is to ACT if we are concerned about someone, whether we are a peer, an HA team member, or a commander. Third, we must learn to be ATTUNE TO SIGNS, be morally...
HONOR – DUTY – RESPECT

IV: Introduction/Attention Step:

- Anyone have a personal story with suicide? Death of a family member or close friend? We would welcome your insights as we go through the lesson.
- Today, I’d like us to start off by examining our biases when it comes to suicide. We all have them, and we’ll jumpstart the conversation through a few short videos and stories.

BIAS 1: we might see suicide victims as weak

- Our first video clip is 1 minute, 20 seconds. As you watch this video, I want you to consider what kind of judgments you make about the individuals in the video.

[Instructor: play 1+20 of “Warning Signs” video – be sure to stop it at 1+20]

- What do you think about these people?
  - Expected answers range from: “weak” to “loners/losers” to “it’s sad someone feels so alone” to “they need to reach out to someone”

- What if I told you these aren’t actors? That they are combat veterans & the stories are real? Does that change your judgment?

BIAS 2: we might think asking for help is a sign of weakness or a lack of mental toughness

[Instructor: play last 28 seconds of video]

- What do you take away from the last part of the video?
  - Expected answer: asking for help = staying alive

BIAS 3: I can’t make a difference.

- Now, let me tee up a 1 minute video of the friends/family members of veterans who committed suicide. As you watch this segment, what do you take away from their words?

[Instructor: play 1+08 “Do something” video]

- What sticks with you from this video?
  - Expected answer: do something to get your bud help

BIAS 4: Training is worthless.

- How many of you think I’ve heard all this before? What a waste o’ time? Let’s look at the Army SSG Kevin Allen story...

- Welcome to a discussion – and I mean discussion – on suicide. The front end intro, I hope, accomplished two things: (1) convinced you suicide happens and it’s bad; (2) got you to suspend your negativity about training. We should all have a mindset, “not in my unit!”
- If we engage in this discussion, I’m certain we can walk away as better leaders.
- BLUF: Right up front, here’s what we should get out of this lesson:
  - There is no silver bullet to prevention
  - We cannot be complacent, personally or with others
Suicide awareness & prevention is:
- A leadership thing
- An action thing
- (A-C-E)(Ask-Care-Escort)

V: Main Point 1: Suicide is a real challenge, particularly for the 15-24 year old demographic.
- Use the three “problem” slides to get at the challenge.
- Bottom line from the discussion is there is “no single demographic, no single predictor, no sure-fire criteria”

VI. Main point 2: Given there is no sure-fire criteria, commanders, supervisors, peers need to create an environment of awareness. To do that, we have to know each other, be committed to each other, know when things aren’t “quite right”, and know how to tap into helping resources.
- Start off with DoD video, “Leadership-Suicide Prevention” [4+15 in duration] Ask cadets to note what the commander and NCO offers as approaches to deal with suicide.
- Use slides to emphasize a few key points: (1) creating a “helping” climate takes time and effort & it’s all about trust; (2) assessing “not quite right” behaviors both personally and in others; (3) building resiliency personally has four pillars (mental, social, physical, spiritual) and building resiliency as a unit/company is about paying attention and acting with A-C-E when something is “not quite right.”
- Bottom line from this portion of lesson: you’ve got to know each other; if you’re a supervisor, you need to build a climate of trust & care; everyone needs to pay attention to people in their unit; understand there are personal things we can do (resiliency & asking for help) and there are things we do for someone in need (A-C-E).

VII: Main Point 3: Lots of campus resources. Key to The Citadel process is tapping those resources. Our process involves A-C-E, where the desire escort is a faculty or staff member—i.e., a cadet stays with his bud, but works with another cadet to energize staff to escort cadet to right resource.
- Use slide to talk through campus resources.
- Use two role play scenarios to work through Citadel process: (1) duty day crisis; (2) weekend/night crisis.
- Role play:
  - Recommend at least four role players: CO or 1SG; HAO or HA NCO; cadet in distress; cadet confident
  - Recommend one scenario in the barracks during daylight hours & one scenario in barracks after ESP.
  - Goal of role play is to work through ASK-CARE-ESCORT steps, with particular emphasis on WHERE and HOW to escort.
  - Emphasis is not on the specific “issue” for the cadet in distress.
- Bottom line from this section: we want cadets to know that a faculty/staff escort is first option & highly preferred (day: TAC, Counseling Center personnel; Infirmary personnel; chaplain – multiple options as to where to escort to - infirmary, chapel, CCC, etc) (night: Officer in charge, TAC – limited option as to where to escort to - infirmary)

VIII. Summary/Take-Aways: Suicide awareness and prevention is everyone’s business. It’s definitely a leadership thing.
IX. **Closure:** Today was about our commitment to each other. We will not be complacent about suicide. We’ll pay attention to our people. We won’t hesitate to act using ASK-CARE-ESCORT.

Attachments/Handouts/Supplement Reading (As Required)
At A Texas Base, Battling Army’s Top Threat: Suicide

Suicide killed more American troops last year than combat in Afghanistan, and that is likely to be the case again this year.

According to the Pentagon, there were at least 349 confirmed suicides in 2012, compared with 310 U.S. combat deaths in Afghanistan in the same period.

Historically, the suicide rate in the military has hovered around half the civilian rate. But in 2004, that changed: The rate doubled, and now it's on track to overtake the civilian rate.

The causes and remedies of the suicide epidemic are complicated, but one Army base in Texas has bucked the trend: At Fort Bliss, the suicide rate actually went down last year. In fact, it's declined consistently over the past three years: down to five suicides in 2012 from 12 in 2010.

"It was kind of a no-brainer," says Maj. Gen. Dana Pittard, who last month finished three years as the top commander at Fort Bliss. "Our focus was getting our soldiers to [get] help."

"In 10 years, only one case [of suicide at Fort Bliss] that we know of ... took place when a soldier was in treatment," says Pittard.

Pittard has battled to overcome the military's macho culture that considers reaching for help a sign of weakness. He mandated that all troops arriving at Fort Bliss take a two-day suicide awareness and prevention course that was different from the training used by the rest of the Army.

The program, which uses a more interactive approach, including role-playing, stresses action and intervention by peers to help troubled soldiers. But asking if someone feels suicidal is just the first step.

"That is the hard part. Ask the questions," says Storey Smith, a social worker, who teaches suicide prevention at Fort Bliss.

"But then the next thing that happens is if the answer is, 'Yes,' what do I do?" she says. "Equally important, if the answer is 'No,' is he really OK?"

A Brother's Helplessness

Army Staff Sgt. Kevin Allen grew up in a military family. His older brother Jason joined the Air Force, and then a couple years later, in 2001, Kevin joined the Army. The two brothers — best friends — still talked on the phone constantly.

"We took Verizon to the cleaner when they offered us unlimited minutes," Kevin says. "I'd drain my phone and then take my wife's phone. We would talk nonstop."

During Kevin's two Iraq deployments, the brothers lost the ability to stay in such constant contact.
But in 2009, things were looking up. Jason was out of the Air Force and living near their parents in Jackson, Ohio. Kevin was home from Iraq and stationed just a six-hour drive away in Maryland.

That spring, they weren’t talking as much as Kevin had hoped. Then a strange phone call coincided with a day of Army training — a dull PowerPoint course on suicide awareness.

“I have to be honest, I couldn’t have cared less about the training. And nobody in the room could,” Kevin says. “We sat through it every single year.”

But that evening, Jason called for the first time in weeks. The subject of the conversation was mundane, but the tone was off.

“He’s talking about the cost of inkjet printers. Going on and on, typical conversation. Something just struck me. It was his demeanor; I couldn’t really enunciate just what it was,” Kevin says. “Then it hit me: I think he’s suicidal.”

Kevin got permission from his superior and then drove through the night to Ohio. The whole way he was grappling with a question.

“What if he said, ‘Yes, I’m going to kill myself’ but then refused any other services. Was I prepared to call the sheriff on him?” Kevin says.

It took all weekend. Kevin bought a case of beer and took his brother out to burn a brush pile for their dad. They sat by the fire, drinking.

“I finally turned to him and said, ‘Jason, we need to talk. What’s going on?’ He looked at me and I knew that he knew what I was going to say. But he just got up, and walked away. And that was the end of my nerve,” says Kevin. “It was like every bit of the fears that I had that he was going to reject me for this, that confirmed them.”

The next morning, the brothers said goodbye in the rain. Kevin Allen drove back to Maryland. Jason Allen killed himself a week later.

Kevin says he’s played the moment over endlessly in his head, thinking about what he could have done differently. Three years later he arrived at Fort Bliss. He dreaded the idea of another suicide prevention course. But it wasn’t the same old PowerPoint presentation. Soldiers role-play through the awkward process of asking questions and taking action with someone contemplating suicide.

“I truly believe that had I had that training, that I can’t guarantee that my brother would be alive, but I know for a fact that that night sitting out by a bonfire, every bit of my actions would have been different,” Kevin says.

A Colleague’s Intervention

The training also teaches that anyone can be at risk, which highlights a surprising fact: Half of the suicides in the military are troops who never saw war. While PTSD and brain injuries from combat are contributing factors, it remains stubbornly hard to predict who will fall victim.

“Most people with any given risk factor never attempt [suicide],” says the National Institute of Mental Health’s Michael Schoenbaum, who studies military suicide. “Suicide is not like food poisoning, where you find out what is in the salad bar and you go remove the tuna salad.”
Dempsey: Leadership, Trust Essential to Battling Suicide

By Claudette Roulo American Forces Press Service

WASHINGTON, Sept. 25, 2012 – Military leaders have changed the way they approach suicide prevention, the chairman of the Joint Chiefs of Staff said during a recent interview with American Forces Press Service.

Driven by awareness of the cumulative effects of 10 years of war, leaders are working to build resilience in the force from the moment a service member enters the military, Army Gen. Martin E. Dempsey said.

“This is not something we can switch on and off like a light switch,” Dempsey said. “These programs have to be enduring, they have to be pervasive and we have to have leaders committed to it.”

It’s important for people who feel overstressed to realize that it’s OK to feel that way, he said. But it’s also important for them to “understand the number of programs that are … available to help young men and women make their way through the different stresses in their lives.”

Ultimately, he said, the chain of command has to be as attuned as possible to troops’ needs and commit to helping service members deal with the stresses in their lives.

Suicide prevention is a significant challenge, the chairman said, and solving the challenge will require awareness, commitment and understanding from leaders, service members and veterans.

Trust is the foundation upon which the military profession is built, Dempsey said, and developing and maintaining that trust is crucial to making progress against the military’s suicide problem.

This demands time and dedication from leaders, he said, and might mean simply being present in the barracks at certain times of the day or night, stopping by the motor pool to talk with a young mechanic or whatever else it takes to be visible and supportive.

“If we get to the point -- and we're trying -- where young men and women trust each other enough that if they feel these impulses, that they will approach a battle buddy or wingman or shipmate -- whatever we happen to call them -- with their fears, their anxieties, their stresses, and that the battle buddy cares enough about them to trust the chain of command to deal with them, then I think we'll make a difference,” Dempsey said.

In its search for ways to get out in front of the military’s suicide problem, the DOD also is examining the roles science and medicine play in the issue, he said, looking at everything from enzymes to chemical imbalances.

“I would describe this as an effort to literally approach this issue in all of its complexity,” the chairman said. “I think maybe the most important thing that we've identified over the last ten years certainly is just how complex this issue is.”

The recognition of the problem’s complexity is what allows the military to attack it from multiple angles, he said, “from the resiliency aspects of it to the team building aspects of it to the leadership aspects to the medical aspects of it, and to keep learning as we go. That's the important thing; we have to keep learning about this.”

The suicide prevention effort “is all about balance, it's all about commitment, it's all about trust and it's all about leaders taking ownership of this -- from the most senior leaders in the uniformed force to the most junior,” Dempsey said.
But we've got to keep at this because it's not just a military problem; it's actually a societal problem,” he added. “I think we have made significant progress in addressing the medical aspects of suicide and suicide prevention -- depression, post-traumatic stress, traumatic brain injury -- we're partnered not only with military medicine but into the civilian sector as well with the Department of Veterans Affairs and the Veterans Affairs hospital system.”

Dempsey said increased cooperation between the Department of Veteran's Affairs and the Department of Defense “is beginning to make a difference in our ability to manage these issues.”

The chairman noted that DOD is also partnering with the National Football League, which has had similar issues with concussions and their long-term effects. That partnership, signed earlier this month, is intended to raise awareness of traumatic brain injury and to further research into its causes.

“I've never seen such a widely cast net to try to build a network of folks who can bring a particular perspective to the problem,” Dempsey said, “and I think it's beginning to reap some benefits -- not only for the military, by the way, but also for those with whom we partner in the civilian sector.”

Striking the right balance between various approaches is important, he said.

“I will say there's the medical aspect of it -- you know, building resilience, then preventive measures [and] there's medication,” Dempsey said. “But … we're always concerned about the use of medication to make sure that it doesn't mask some things and that we don't make people so dependent on medication that we begin to limit their effectiveness.”

Trying to identify in advance people who might have a propensity to contemplate taking their own life “is really the most difficult part of all of this,” he said.

As part of the department’s predictive efforts, service members should become familiar with the tenets of the Total Force Fitness initiative, the chairman said.

The central pillar of the department’s holistic approach to suicide prevention, the Total Force Fitness initiative is designed to integrate and harmonize the resilience programs of each of the services, Dempsey said.

“Again, it's about building resilience as a core function of a soldier, sailor, airman, Marine or Coast Guardsman,” he said. “Our culture is one that tends to reward, but also promote, our strength -- 'Army Strong,' in my particular service -- but each service has some similar motto that describes the health of the force as rock-solid.’

But, the chairman said, service members should know that the military is strong in the aggregate. If people feel overwhelmed, “they have to know that the institution and its leaders are committed to bringing them back to … the position of resilience and strength so that they can contribute to the greater good of the institution at large.”

Troubled service members shouldn’t feel stigmatized and be reluctant to seek professional help, he said.

“Just as we would if someone couldn't do enough pushups or couldn't run fast enough, we've got hundreds of people to help each other through that. We also have hundreds of people willing to help people through the moments of depression in their lives,” Dempsey said. “But we have to know about it in order to help them.”

Though National Suicide Prevention and Awareness Month is drawing to a close, the chairman said, the issue requires constant emphasis.

"While the month of September is set aside to focus on suicide prevention, this is a critical issue that requires the commitment and focus of military leaders at all levels, every single day of the year,” he said.
LTP READY REFERENCES

**Primary Course Objective:** In concert with the full Citadel Experience, advance readiness to serve as a principled leader in chosen post-graduation profession.

**Additional objectives are to:**

1. For leader development, appreciate the importance of standards and leading by example and develop team-building, direction-setting, alignment, and delegation skills.
2. For honor training, instill the spirit of the honor code into your personal character.
3. For ethical reasoning, develop the quality of mind and spirit to face up to ethical challenges firmly and confidently, without flinching or retreating.
4. For substance abuse, avoid risky behavior on a personal level and learn to create an environment that reduces the risk of others making poor personal choices.
5. **For human dignity, learn to respect yourself and others and where to find helping resources.**
6. For sexual harassment/sexual assault, create safe and respectful climate and learn where to seek help, if necessary.
7. For Career Search, leverage all Citadel resources and line yourself up for a job before graduation.

**Definitions**

*Principled leadership* is influencing others to accomplish organizational goals while adhering to the organization’s core values.

*The Citadel Experience* provides every cadet the education, training, and experience to start their chosen post-graduation profession as a principled leader.

The Citadel Experience - rooted in the core values in Honor, Duty, & Respect – produces principled leaders by requiring cadets to learn and attain standards in all FOUR areas of instruction, known as the four pillars

With the **Academic** pillar, a cadet gains an appreciation for the importance of lifelong learning and study for a principled leader. A graduate is required to attain an accredited baccalaureate degree, as certified by the Provost.

With the **Military** pillar, a cadet gains an appreciation for the importance of personal discipline and team skills for a principled leader. A principled leader must be adept at leading oneself as well as working as part of and leading teams toward a goal. A graduate is required to demonstrate standards in personal appearance and discipline, team skills as a follower, and in the leadership skills of organization, planning, setting direction and expectations, delegation, and follow up, as certified by the Commandant.
For Physical Effectiveness pillar, a cadet learns to appreciate the role appearance, fitness, and endurance play in a principled leader’s life. A graduate is required to achieve standards on The Citadel fitness test and maintain school height and weight standards, as certified by the Commandant.

For the Moral-Ethical pillar, a cadet learns to appreciate the importance of values and ethics in the decision-making of a principled leader. A graduate is required to demonstrate proficiency in the concepts of ethical reasoning in the practice of daily duty as a cadet, as dual-certified by the Director of the Krause Center & the Commandant.

Core Values & Quotes:

**Honor:** First and foremost honor includes adherence to the Honor Code of The Citadel. A cadet “will not lie, cheat or steal, nor tolerate those who do”. The commitment to honor extends beyond the gates of The Citadel and is a life-long obligation to moral and ethical behavior. In addition, honor includes integrity; “doing the right thing when no one is watching”. Finally, honorable behavior includes exercising the moral courage to “do the right thing when everyone is watching”. The Honor Code is the foundation of our academic enterprise.

> “Honor is the capacity to control the instinctive selfishness that lurks in all of us. It is the tough case-hardened ability to put morality ahead of expediency, duty ahead of deviousness – and to do it instinctively and every time. Honor also means pride in excellence – of every kind; especially excellence of performance.”—General Mark Clark

**Duty:** First and foremost duty means to accept and accomplish the responsibilities assigned to me. At The Citadel, my primary duty is to perform academically and then to perform as a member of the Corps of Cadets and the campus community. I accept the consequences associated with my performance and actions. Once I have held myself accountable for my actions, then I will hold others accountable for their actions. Finally, duty means that others can depend on me to complete my assignments and to assist them with their assignments. Duty is also a call to serve others before self.

> “Duty is the sublimest word in the English language. You should do your duty in all things. You can never do more. You should never wish to do less.”—General Robert E. Lee

**Respect:** First and foremost respect means to treat other people with dignity and worth – the way you want others to treat you. Respect for others eliminates any form of prejudice, discrimination, or harassment (including but not limited to rank, position, age, race, color, gender, sexual orientation, national origin, religion, physical attributes, etc.). In addition, respect for others means to respect the positions of those in authority which include faculty, staff, administrators, active duty personnel and the leadership of the Corps of Cadets. Finally, respect includes a healthy respect for one’s self.
"The discipline which makes the soldier of a free country reliable in battle is not to be gained by harsh or tyrannical treatment. On the contrary, such treatment is far more likely to destroy than to make an army. It is possible to impart instructions and give commands in such a manner and in such a tone of voice to inspire in the soldier no feeling, but an intense desire to obey, while the opposite manner and tone of voice cannot fail to excite strong resentment and a desire to disobey. The one mode or the other of dealing with subordinates springs from a corresponding spirit in the breast of the commander. He who feels the respect which is due to others cannot fail to inspire in them regard for himself while one who feels, and hence manifests disrespect towards others, especially his inferiors, cannot fail to inspire hatred against himself."  --MG John M. Schofield  (in an address to the corps of cadets 11Aug1879)