

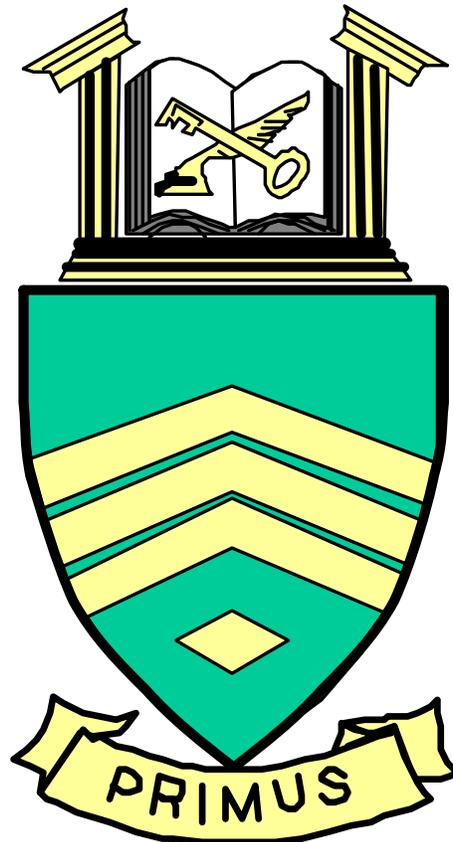
U.S. ARMY SERGEANTS MAJOR ACADEMY (FSC-TATS)

L670

OCT 03

SUICIDE PREVENTION

**TRAINING SUPPORT PACKAGE**



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## TRAINING SUPPORT PACKAGE (TSP)

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<b>TSP Number / Title</b>	L670 / Suicide Prevention
<b>Effective Date</b>	01 Oct 2003
<b>Supersedes TSP(s) / Lesson(s)</b>	L670, Suicide Prevention, Oct 00
<b>TSP Users</b>	400-521-SQIM, Phase II, Resident 400-521-SQIM, Phase II, (DL)
<b>Proponent</b>	The proponent for this document is the Sergeants Major Academy.
<b>Improvement Comments</b>	Users are invited to send comments and suggested improvements on DA Form 2028, <i>Recommended Changes to Publications and Blank Forms</i> . Completed forms, or equivalent response, will be mailed or attached to electronic e-mail and transmitted to:  COMDT USASMA ATTN ATSS D BLDG 11291 BIGGS FIELD FORT BLISS TX 79918-8002  Telephone (Comm): (915) 568-8875 Telephone (DSN): 978-8875  e-mail: atss-dcd@bliss.army.mil
<b>Security Clearance / Access</b>	Unclassified
<b>Foreign Disclosure Restrictions</b>	This product/publication has been reviewed by the product developers in coordination with the USASMA foreign disclosure authority. This product is releasable to students from all requesting foreign countries without restrictions.

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## PREFACE

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**Purpose**

This Training Support Package provides the instructor with a standardized lesson plan for presenting instruction for:

**Task Number**

**Task Title**

081-831-9028

IMPLEMENT A SUICIDE PREVENTION PROGRAM

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This TSP  
Contains

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**Suicide Prevention (FSC RESIDENT)  
L670 / Version 1  
01 Oct 2003**

**SECTION I. ADMINISTRATIVE DATA**

<b>All Courses Including This Lesson</b>	<u>Course Number</u>	<u>Version</u>	<u>Course Title</u>
	400-521 SQIM	1	First Sergeant Course - The Army Training System (FSC - TATS)
<b>Task(s) Taught (*) or Supported</b>	<u>Task Number</u>	<u>Task Title</u>	
	081-831-9028 (*)	IMPLEMENT A SUICIDE PREVENTION PROGRAM	
<b>Reinforced Task(s)</b>	<u>Task Number</u>	<u>Task Title</u>	
	081-831-0026	DETERMINE A CLIENT'S SUICIDAL POTENTIAL	
	081-831-9018	IMPLEMENT SUICIDE PREVENTION MEASURES	
	081-832-1016	INTERVENE IN A POTENTIAL SUICIDAL PLAN OR ATTEMPT	
<b>Academic Hours</b>	The academic hours required to teach this lesson are as follows:		
		<u>Resident Hours/Methods</u>	
		1 hr 45 mins /Conference / Discussion	
		5 mins /Practical Exercise (Performance)	
	Test	0 hrs	
	Test Review	0 hrs	
	Total Hours:	2 hrs	
<b>Test Lesson Number</b>		<u>Hours</u>	<u>Lesson No.</u>
	Testing (to include test review)	_____	N/A
<b>Prerequisite Lesson(s)</b>	<u>Lesson Number</u>	<u>Lesson Title</u>	
	None		
<b>Clearance Access</b>	Security Level: Unclassified Requirements: There are no clearance or access requirements for the lesson.		
<b>Foreign Disclosure Restrictions</b>	This product/publication has been reviewed by the product developers in coordination with the USASMA foreign disclosure authority. This product is releasable to students from all requesting foreign countries without restrictions.		

**References**

<u>Number</u>	<u>Title</u>	<u>Date</u>	<u>Additional Information</u>
AR 600-63	Army Health Promotion	17 Nov 1987	
DA PAM 600-24	Suicide Prevention and Psychological Autopsy	01 Sep 1998	
DA PAM 600-70	U. S. Army Guide to the Prevention of Suicide and Self-Destructive Behavior	01 Nov 1985	

**Student Study Assignments**

Before class--

- Read chapter 5, AR 600-63, DA PAM 600-24, and DA PAM 600-70.
- Complete Practical Exercise 1.

During class--

- Participate in class discussion and review the practical exercise.

After class--

- Turn in recoverable materials.

**Instructor Requirements**

1:14, FSC graduate, served as a 1SG, ITC, SGITC, and VTT-ITC (VTT only) qualified.

1:16, At USASMA VTT site to operate the TNET equipment.

**Additional Support Personnel Requirements**

<u>Name</u>	<u>Stu Ratio</u>	<u>Qty</u>	<u>Man Hours</u>
One site coordinator at each VTT site to operate the TNET equipment and coordinate classroom instruction. Must be FSC grad, served as 1SG, ITC, and SGITC qualified. (Enlisted)	1:16	2	2 hrs

**Equipment Required for Instruction**

<u>ID Name</u>	<u>Stu Ratio</u>	<u>Instr Ratio</u>	<u>Spt</u>	<u>Qty</u>	<u>Exp</u>
441-06 LCD Projection System	1:14	1:1	No	1	No
5820-00-T81-6161 VCR	1:14	1:1	No	1	No
6730-00-577-4813 SCREEN PROJECTION: BM-10	1:14	1:1	No	1	No
702101T134520 DELL CPU, MONITOR, MOUSE, KEYBOARD	14:14	1:1	No	1	No

7110-00-T81-1805 DRY ERASE BOARD	1:14	1:1	No	1	No
7510-01-424-4867 EASEL, (STAND ALONE) WITH PAPER	1:14	1:1	No	1	No
FSC-1 TNET COMMUNICATIONS EQUIPMENT SUITE (VTT LESSON ONLY)	1:16	1:1	No	1	No
FSC-2 TNET ROOM EQUIPMENT SUITE (VTT LESSON ONLY)	1:16	1:1	No	1	No
FSC-3 TNET AUDIO/VIDEO LINKAGE EQUIPMENT (VTT LESSON ONLY)	1:16	1:1	No	1	No
SNV1240262544393 36 - INCH COLOR MONITOR W/REMOTE CONTROL AND LUXOR STAND	1:14	1:1	No	1	No
SOFTWARE-2 WINDOWS XP, LATEST GOVERNMENT APPROVED VERSION	14:14	1:1	No	1	No
TVT 8-93 Suicide Prevention	1:14	1:1	No	1	No
* Before Id indicates a TADSS					

**Materials  
Required**

**Instructor Materials:**

- VGTs: 20.
- TSP.
- TVT: Suicide Prevention, 19 Minutes (8-93).
- AR 600-63, and DA PAMs 600-24 and 600-70.

**Student Materials:**

- Pen or pencil and writing paper.
- AR 600-63, and DA PAMs 600-24 and 600-70.
- All reference material issued for this lesson.

**Classroom,  
Training Area,  
and Range  
Requirements**

CLASSROOM XXI WITH T-NET CAPABILITY (VTT)  
CLASSROOM, GENERAL PURPOSE, 600 SF, 16 PN

**Ammunition  
Requirements**

<u>Id</u>	<u>Name</u>	<u>Exp</u>	<u>Stu Ratio</u>	<u>Instr Ratio</u>	<u>Spt Qty</u>
None					

**Instructional  
Guidance**

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**NOTE:** Before presenting this lesson, instructors must thoroughly prepare by studying this lesson and identified reference material.

**NOTE:** Show VGT-1, Suicide Prevention, Title Slide, during the set-up time. Remove when you start the lesson.

Before class--

- Read all TSP material.
- Issue AR 600-63, DA PAM 600-24, DA PAM 600-70, and PE-1 three days before class.
- Schedule TVT to start immediately after the instructional lead-in.

During class--

- Conduct this lesson using the Small Group Instruction method
- Use the questions provided to generate discussion among the students at the different sites.
- The facilitator may need to create additional questions to ensure student participation continues throughout the lesson material.
- The DL (VTT) instructor will select an appropriate site prior to asking a student a question.
- Cover all learning objectives.

After class--

- Collect recoverable material.
- Report any lesson discrepancies to the Senior Instructor.

**Proponent  
Lesson Plan  
Approvals**

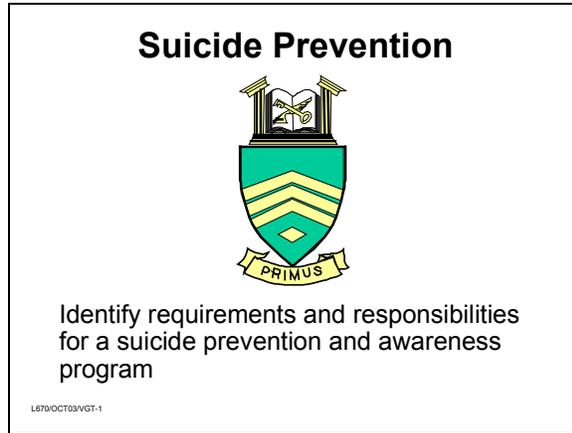
<u>Name</u>	<u>Rank</u>	<u>Position</u>	<u>Date</u>
Colyer, Donald J.	GS09	Training Specialist	
Graham, Kevin L.	MSG	Course Chief, FSC	
Gratton, Steven M.	SGM	Chief, Functional Courses	
Mays, Albert J.	SGM	Chief, CDDD	

**SECTION II. INTRODUCTION**

Method of Instruction: Conference / Discussion  
Technique of Delivery: Small Group Instruction (SGI)  
Instructor to Student Ratio is: 1:14  
Time of Instruction: 20 mins  
Media: VGT-1 thru VGT-4 and TVT 8-93, Suicide Prevention

Motivator

**SHOW VGT-1, TITLE SLIDE**



**Camera: Main camera on the instructor. Ask each site coordinator at the Distance Learning sites if they are on line and ready for training. Ensure they have AR 600-63 and DA PAMs 600-24 and 600-70.**

Suicide among our soldiers and their family members is a serious growing problem. Suicide prevention must be the business of every leader, supervisor, soldier, and civilian employee in the United States Army. To facilitate this effort, there is a need for a coordinated program for suicide prevention at every Army installation and separate activity. It is important that you are able to recognize the warning signs of a potentially suicidal individual, know what to do about it, and strive to prevent it.

**REMOVE VGT-1**

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**Terminal Learning Objective**

**NOTE:** Inform the students of the following Terminal Learning Objective requirements.

At the completion of this lesson, you [the student] will:

<b>Action:</b>	Identify requirements and responsibilities for a suicide prevention and awareness program.
<b>Conditions:</b>	As a first sergeant, in a classroom, given AR 600-63 and DA PAMs 600-24, and 600-70.
<b>Standards:</b>	Identified requirements and responsibilities for a suicide prevention and awareness program, pass a 40 question written examination with a score of 70 percent or better, IAW AR 600-63 and DA PAMs 600-24 and 600-70.

**Safety Requirements**

None

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**Risk Assessment Level**

Low

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**Environmental Considerations**

**NOTE:** It is the responsibility of all soldiers and DA civilians to protect the environment from damage.

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**Evaluation**

At the end of this course, you will receive a 40-question written, objective examination. It will test your learning of the objectives from this and other lessons. You must correctly answer at least 70 percent (28 or more) of the questions to receive a GO.

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**Instructional  
Lead-In**

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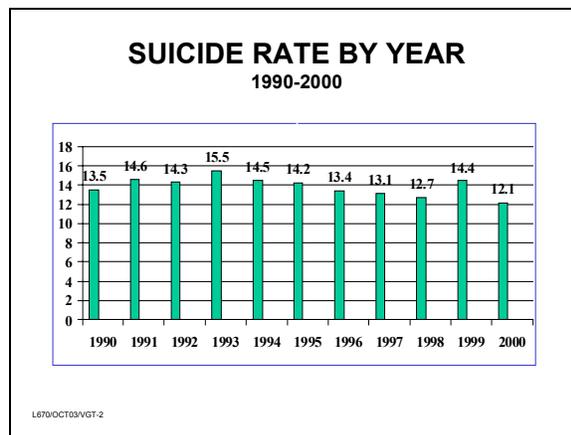
Suicide prevention is commander/first sergeant business. You must understand the potential for suicides and increase awareness for recognizing individuals who are at risk or exhibit self-destructive behavior. It is your responsibility to help your soldiers and civilians understand how to identify at-risk individuals, recognize warning signs, and know how to take direct action. Then, you must act to provide immediate assistance and intervention. Persons contemplating suicide are often incapable of reaching out to help themselves. Providing that help is your responsibility.

**NOTE:** Schedule the TVT to start after the instructional lead-in. After the film is over, allow time for a short discussion.

**NOTE:** Show VGT-2, VGT-3, and VGT-4. Talk through the three slides as part of your lead-in. No questions during the lead-in.

**NOTE:** The information for these slides comes from DAPE-HR-PR information papers: (U) Calendar Year 2000 Army Active Duty Suicide Statistics (U) (DAPE-HR-PR) Dated 19 January 2001.

**SHOW VGT-2, SUICIDE RATE BY YEAR**

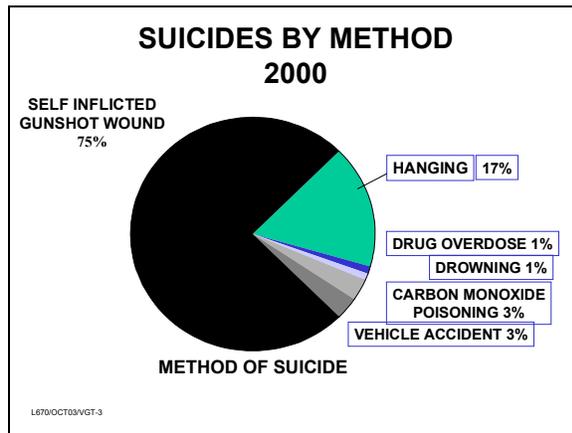


Prior to FY 2000 the rate per 100,000 soldiers varied according to the chart shown with the lowest rate in 1998 and the highest rate in 1993. The suicide rate in the Army dropped to 12.1 in FY 2000.

**REMOVE VGT-2**

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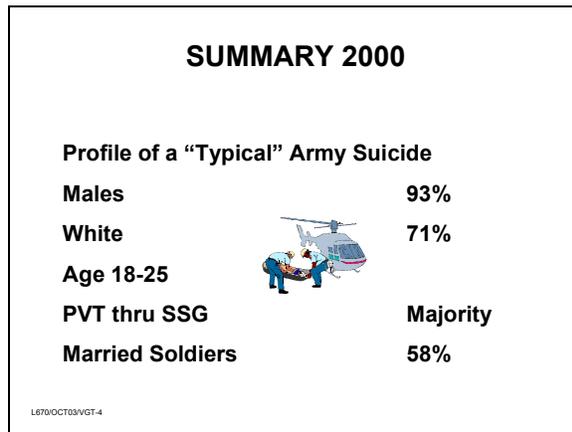
**SHOW VGT-3, SUICIDES BY METHOD**



Self-inflicted gunshots at 75 percent were the number one means chosen to commit suicide; hanging was second at 17 percent.

**REMOVE VGT-3**

**SHOW VGT-4, SUMMARY**



This chart shows the "typical" Army suicide in 2000 as a married, white male, PVT thru SSG, between the ages of 18 and 25 years of age.

**REMOVE VGT-4**

**SHOW TVT 8-93, SUICIDE PREVENTION, (19 MINUTES)**

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### SECTION III. PRESENTATION

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**NOTE:** Inform the students of the Enabling Learning Objective requirements.

#### A. ENABLING LEARNING OBJECTIVE

<b>ACTION:</b>	Describe resources for a suicide prevention program.
<b>CONDITIONS:</b>	As a first sergeant, in a classroom, given AR 600-63, DA PAMs 600-24 and 600-70, and SH-2.
<b>STANDARDS:</b>	Described resources for a suicide prevention program IAW AR 600-63 and DA PAMs 600-24 and 600-70.

1. Learning Step / Activity 1. Resources for a Suicide Prevention Program

Method of Instruction: Conference / Discussion

Technique of Delivery: Small Group Instruction (SGI)

Instructor to Student Ratio: 1:14

Time of Instruction: 25 mins

Media: VGT-5 thru VGT-9

Suicide prevention is everyone's responsibility. To that end, the Army developed a policy for implementation of a suicide prevention program. Commanders and their staff have certain obligations toward suicide prevention.

**NOTE:** At this time, break the class into 3 groups/sites and assign each a discussion area. Group 1, The Army Suicide Prevention Program (AR 600-63, para 5-1 to 5-5); Group 2, the Suicide Prevention Task Force, Strategy, and the Family Member Suicide Prevention Program (DA PAM 600-24, para 2-2 through 2-5 and AR 600-63 para 5-6); Group 3, ELO B, Identify depression and warning signs of suicide (DA PAM 600-24, para 2-6 and DA PAM 600-70, pages 6 and 7). Use the questions and VGT-5 thru VGT-12 to generate discussion among the groups. Allow 10 minutes to process the information and 30 minutes to discuss the information (10 minutes per group).

Ask the students to talk about the program as it relates to their unit or their own experiences.

**QUESTION:** What are the guidelines for establishing the Army Suicide Prevention Program (ASPP)?

**ANSWER:** See VGT-5, (Discuss the four areas).

**SHOW VGT-5, ARMY SUICIDE PREVENTION PROGRAM**

**ARMY SUICIDE  
PREVENTION PROGRAM**

- Reduces Army's Suicide Risk.
- Establishes suicide risk identification training.
- Outlines ASPP responsibilities.
- Requires psychological autopsy.

L679OCT03/VGT-5

Ref: AR 600-63, para 5-1

**REMOVE VGT-5**

As the first sergeant, you must be aware of what the installation Army suicide prevention program can provide to your unit. There are three areas that the ASPP concentrates in.

QUESTION: What does the installation ASPP provide?

ANSWER: See VGT-6.

**SHOW VGT-6, ASPP PROVIDES**

**ASPP PROVIDES**

- Suicide prevention education awareness:
  - risk identification
  - crisis intervention and referral
- Mental health and UMT resources.
- Assistance to families with suicide loss.

L679OCT03/VGT-6

Ref: AR 600-63, para 5-2a, b, and c

**NOTE:** Allow the students to discuss their experiences with the ASPP and the outcome of those experiences.

**REMOVE VGT-6**

The military has certain training requirements for sequential progressive suicide risk identification training.

QUESTION: Under the ASPP, what are the Army's training requirements?

ANSWER: See VGT-7.

**NOTE:** Use AR 600-63, para 5-5. Ensure the students discuss the bullets in the next two slides, VGT-7 and VGT-8.

**SHOW VGT-7, ASPP TRAINING REQUIREMENTS**

**ASPP TRAINING REQUIREMENTS**

- In all Army leadership development courses.
- In unit officer/NCO professional development courses.
- In post level courses for civilian supervisors and CPO personnel.
- As in-service training for professionals and military police.

L679OCT03VGT-7

Ref: AR 600-63, para 5-5a, b, c and d

**REMOVE VGT-7**

**SHOW VGT-8, ASPP TRAINING REQUIREMENTS (cont)**

**ASPP TRAINING REQUIREMENTS (cont)**

- Mental health officers “train the trainers”.
- Unit ministry teams assist with training.
- Army community services conducts education awareness program for family members.

L679OCT03VGT-8

Ref: AR 600-63, para 5-5a, b, c, d, e, f, and g

**REMOVE VGT-8**

**NOTE:** End of Group one's discussion. Start with Group two's discussion at this point. Answer any questions Group one may have.

QUESTION: What are the functions of the Suicide Prevention Task Force (SPTF)?

ANSWER: The functions of the suicide prevention task force are:

- a. Coordinate program activities.
- b. Evaluate the program needs of the installation.
- c. Review, refine, add or delete based on on-going evaluation of needs.
- d. Develop awareness training about installation suicide prevention.
- e. Evaluate impact of training and operations on the soldier and family quality of life in the total military community.
- f. Recommend command policy guidance.
- g. Be aware of publicity generated with respect to suicides.
- h. Meet at the discretion of the task force presiding officer.
- i. Review the results of the psychological autopsy.
- j. Coordinate with civilian support agencies.

Ref: DA PAM 600-24, para 2-3

QUESTION: Who are the members of the SPTF?

ANSWER: Members of the SPTF are:

- a. Director of Personnel and Community Activities.
- b. Division and installation chaplains.
- c. Director of Health Services.
- d. Division surgeon.
- e. Army Community Services Officer.
- f. Provost marshal.
- g. Civilian personnel officer.
- h. Alcohol and drug control officer.
- i. Commander.

Ref: DA PAM 600-24, para 2-4

QUESTION: As the commander/first sergeant, what are your functions as a member of the SPTF?

ANSWER: The commander/first sergeant will:

- a. Coordinate awareness training for subordinate leaders.
- b. Assure subordinates are aware of assistance agencies.
- c. Refer individuals identified as having personal problems or emotional problems to an appropriate source of help.
- d. Send a representative of the Family Member School System to the SPTF.

Ref: DA PAM 600-24, para 2-4m

QUESTION: What does the Army base its strategy and supporting elements of the ASPP?

ANSWER: The Army suicide prevention program bases its strategy and supporting elements on the premise that leaders, through command policy and action, accomplish suicide prevention.

Ref: DA PAM 600-24, para 2-5a

QUESTION: What is the key to suicide prevention?

ANSWER: The key to the prevention of suicide is positive leadership and deep concern by supervisors of military personnel and civilian employees who are potential suicide risks.

Ref: DA PAM 600-24, para 2-5a

QUESTION: What should you as a first sergeant do when you identify a soldier as a potential suicide risk?

ANSWER: You must refer the soldier to the appropriate helping agency such as the Community Mental Health Service (CMHS) or emergency room of the medical facility. The unit should track the results to assure problem resolution.

Ref: DA PAM 600-24, para 2-5a(1)

**NOTE:** Emphasize the fact that the Army takes care of the soldiers via the military hospitals. Civilians identified at risk are encouraged to seek assistance from appropriate civilian agencies.

QUESTION: What does the ASPP provide a commander to help lower the suicide risk of soldiers?

ANSWER: The ASPP provides a systematic framework in which commanders may work to lower the risk of suicide for soldiers, family members, and civilian employees.

Ref: DA PAM 600-24, PARA 2-5d

Even though the first sergeant's suicide prevention program deals primarily with his soldiers, he should also know that there is a Family Member Suicide Prevention Program (FMSPP) available.

QUESTION: Whose responsibility is it to implement the Family Member Suicide Prevention Program?

ANSWER: ACS will implement FMSPP in coordination with the suicide prevention task force (SPTF) or the health promotion council (HPC).

Ref: AR 600-63, para 5-6a

**NOTE:** Ask for input from the students about their involvement with the FMSPP, if any.

QUESTION: What is the intention of the FMSPP?

ANSWER: The intention of the FMSPP is to promote an understanding of the potential for suicide in the community.

Ref: AR 600-63, para 5-6a

QUESTION: What and who is the focus of the installation ACS officer's FMSP education awareness program?

ANSWER: See VGT-9.

Ref: AR 600-63, para 5-6a

**SHOW VGT-9, FMSP EDUCATION AWARENESS**

**FMSP EDUCATION  
AWARENESS**

- **Recognize the signs of increased suicide risk.**
- **Learn about referral sources.**
- **Educational programs will focus on:**
  - **Parents.**
  - **Teenagers.**
  - **Spouses.**

L6700CT03/VGT-9

**NOTE:** Allow the students time to discuss each of the bullets and relate experiences.

**REMOVE VGT-9**

Ref: AR 600-63, para 5-6a

Family readiness groups are another great tool that can alleviate the burden of frustration and depression that can lead to suicidal thoughts, feelings, and plans.

Support groups can reduce family isolation and provide the support, nurture, and assistance the family needs. This in turn will allow the soldier to concentrate on his job.

**CHECK ON LEARNING:**

QUESTION: What does the Army Suicide Prevention Program base its strategy on?

ANSWER: The Army Suicide Prevention Program bases its strategy and supporting elements on the premise that leaders, through command policy and action, accomplish suicide prevention.

Ref: DA PAM 600-24, Para 2-5 a

QUESTION: When is the best time to present formal suicide prevention training in the unit?

ANSWER: The best time to present formal suicide prevention training in a unit is during unit level officer and NCO professional development courses.

Ref: AR 600-63, Para 5-5 b

**NOTE:** Group three will discuss how to identify depression and signs of suicide after the break.

**BREAK:** TIME 00:50 to 01:00 (End of first hour)

**B. ENABLING LEARNING OBJECTIVE**

<b>ACTION:</b>	Identify depression and warning signs of suicide.
<b>CONDITIONS:</b>	As a first sergeant, in a classroom, given DA PAMs 600-24 and 600-70.
<b>STANDARDS:</b>	Identified depression and warning signs of suicide IAW DA PAMs 600-24 and 600-70.

1. Learning Step / Activity 1. Depression and Warning Signs of Suicide

Method of Instruction: Conference / Discussion

Technique of Delivery: Small Group Instruction (SGI)

Instructor to Student Ratio: 1:14

Time of Instruction: 15 mins

Media: VGT-10 thru VGT-12

As leaders, it is important to know when a soldier is experiencing difficulty that may lead to suicide. Depression is often associated with suicide. In 75 to 80 percent of all suicides, depression is a contributing factor. Depression, an abnormal emotional state, is a profound sadness which is present nearly everyday for at least two weeks. There are some signs that characterize depression.

**NOTE:** Let the spokesperson for the third group lead the discussion. Use the questions provided and the slides to generate the discussion. Encourage the students to paraphrase the answers rather than read straight from the regulation.

QUESTION: What are some of the signs of depression?

ANSWER: See VGT-10 and VGT-11.

**SHOW VGT-10, DEPRESSION SIGNS**

**DEPRESSION SIGNS**

- Increase/decrease of appetite.
- Insomnia or excessive sleeping.
- Behavioral agitation or slowing of movement.
- Loss of interest/pleasure and decreased sexual drive.
- Loss of energy, fatigue.

L670OCT03/VGT-10

Ref: DA PAM 600-24, para 2-6

**REMOVE VGT-10**

**SHOW VGT-11, DEPRESSION SIGNS (cont)**

**DEPRESSION SIGNS  
(cont)**

- Complaints or diminished ability to think or concentrate.
- Feelings of worthlessness.
- Withdrawal from family/friends.
- Drastic mood changes.
- Sudden change in behavior.

L670OCT03/VGT-11

Ref: DA PAM 600-24, para 2-6

**NOTE:** Ask the students to talk about their experiences.

**REMOVE VGT-11**

QUESTION: What are some historical factors identified, which when present, are cause for concern because they are also signals of suicide?

ANSWER: These factors should cause you to increase your vigilance because these signs show a greater risk of suicide. Those signals are:

- Made a previous suicide attempt.
- A family history of suicide.
- Lost a friend through suicide.
- Involved with drugs or alcohol.
- Alcoholics in the family.

Ref: DA PAM 600-70, p 6

You as a leader must know how to identify the immediate danger signals.

QUESTION: What are the immediate danger signals?

ANSWER: See VGT-12.

Ref: DA PAM 600-70, p 7

### **SHOW VGT-12, IMMEDIATE DANGER SIGNALS**

**IMMEDIATE DANGER SIGNALS**

- **Talking about or hinting at suicide.**
- **Giving away possessions or making a will.**
- **Obsessions with death, sad music/poetry.**
- **Making specific suicide plans and access lethal means .**
- **Buying a gun.**

L679OCT03VGT-12

Ref: DA PAM 600-70, p 7

**NOTE:** Ask the students to talk about their experiences. Emphasize that just because a person buys a gun, he is not suicidal.

### **CHECK ON LEARNING:**

QUESTION: What emotional state, associated with suicide, is a profound sadness which is present nearly everyday for at least two weeks?

ANSWER: The emotional state associated with suicide is depression.

Ref: DA Pam 600-70, p 6

QUESTION: What are the historical factors identified, which when present, should cause us to increase our suicide prevention vigilance?

ANSWER: The historical factors are:

- Made a previous suicide attempt.
- Made a previous suicide attempt.
- A family history of suicide.
- Lost a friend through suicide.
- Involved with drugs or alcohol.
- Alcoholics in the family.

Ref: DA PAM 600-70, p 6

**NOTE:** At this time, break the class down into 3 groups/sites and assign each a discussion area. Group 1, ELO C, Identification and crisis intervention (DA PAM 600-24, para 3-2 and DA PAM 600-70, pages 7, 8, and 9); Group 2, ELO D, Explain the suicide risk management team (SRMT), (DA PAM 600-24, para 3-3, 3-4, and 3-5); Group 3, ELO E, Explain the psychological autopsy (AR 600-63, para 5-8 and DA PAM 600-24, para 5-1 and 5-3). Use the questions and VGT-13 through VGT-20 to generate discussion among the groups. Allow 5 minutes to process the information and 30 minutes to discuss the information (10 minutes per group).

**NOTE:** The group's spokesperson will lead the discussion.

**NOTE:** Ask the students to talk about the program as it relates to their unit or their own experiences.

**C. ENABLING LEARNING OBJECTIVE**

<b>ACTION:</b>	Describe identification and crisis intervention.
<b>CONDITIONS:</b>	As a first sergeant, in a classroom, given DA PAMs 600-24 and 600-70.
<b>STANDARDS:</b>	Described identification and crisis intervention IAW DA PAMs 600-24 and 600-70.

1. Learning Step / Activity 1. Identification and Crisis Intervention.

Method of Instruction: Conference / Discussion

Technique of Delivery: Small Group Instruction (SGI)

Instructor to Student Ratio: 1:14

Time of Instruction: 10 mins

Media: VGT-13 thru VGT-16

First sergeants and other individuals who are aware of suicide risk factors can facilitate the early identification and intervention for soldiers or family members in crisis. This is a crucial step in suicide prevention.

QUESTION: What are the elements of identification and crisis intervention?

ANSWER: See VGT-13 and VGT-14.

Ref: DA PAM 600-24, para 3-2a through f

**SHOW VGT-13, IDENTIFICATION AND CRISIS INTERVENTION**

**IDENTIFICATION AND CRISIS INTERVENTION**

- Early leader involvement.
- Identify persons at risk.
- Listen and refer person to helping agency.
- Take person expressing suicidal thoughts to a mental health professional.
- Summon law and medical personnel if individual declines help.

L670OCT03/VGT-13

Ref: DA PAM 600-24, para 3-2a thru f

**REMOVE VGT-13**

**SHOW VGT-14, IDENTIFICATION AND CRISIS INTERVENTION (cont)**

**IDENTIFICATION AND CRISIS INTERVENTION (cont)**

- Alter crisis creation conditions.
- Primary 24-hour medical treatment facilities.
- Maximum use of civilian "hot-lines".

L670OCT03/VGT-14

Ref: DA PAM 600-24, para 3-2a thru f

**REMOVE VGT-14**

QUESTION: If you are the first sergeant and you feel that someone in your unit is suicidal, what should you do?

ANSWER: See VGT-15.

**SHOW VGT-15, SUICIDE POTENTIAL! WHAT TO DO?**

**SUICIDE POTENTIAL!  
WHAT TO DO ?**

- Take threats seriously
- Answer cries for help
- Confront the problem
- Tell them you care
- Get professional help



L670OCT03/VGT-15

Ref: DA PAM 600-70, pp 7, 8, and 9

**REMOVE VGT-15**

Now that you know what to do when you identify a suicide potential soldier, tell us what you should not to do.

**SHOW VGT-16, SUICIDE POTENTIAL! WHAT NOT TO DO?**

**SUICIDE POTENTIAL!  
WHAT NOT TO DO.**

- Do not leave him alone.
- Do not assume the soldier is not suicidal.
- Do not act shocked.
- Do not debate the morality of self destruction.
- Do not keep a deadly secret.

L670OCT03/VGT-16

Ref: DA PAM 600-70, p 9

**REMOVE VGT-16**

**CHECK ON LEARNING:**

QUESTION: If a soldier expresses suicidal thoughts, what should you, as a first sergeant, do?

ANSWER: Take the individual straight to a mental health professional.

Ref: DA PAM 600-24, para 3-2c.

QUESTION: What are the primary 24-hour crisis intervention facilities on most Army installations?

ANSWER: The primary 24-hour crisis intervention facilities on most Army installations are the medical treatment facility emergency (MTF) and the urgent care rooms.

Ref: DA PAM 600-24, para 3-2d

**NOTE:** Group 2 will now lead the SRMT discussion.

**D. ENABLING LEARNING OBJECTIVE**

<b>ACTION:</b>	Explain the suicide risk management team (SRMT).
<b>CONDITIONS:</b>	As a first sergeant, in a classroom, given DA PAMs 600-24 and 600-70.
<b>STANDARDS:</b>	Explain the suicide risk management team IAW DA PAMs 600-24 and 600-70.

1. Learning Step / Activity 1. Suicide Risk Management Team (SRMT)

Method of Instruction: Conference / Discussion

Technique of Delivery: Small Group Instruction (SGI)

Instructor to Student Ratio: 1:14

Time of Instruction: 10 mins

Media: VGT-17

As a first sergeant, you should know that the suicide risk management team is there to assist you during a suicide crisis. The team will actively monitor the progress of soldiers identified as suicidal high risks.

QUESTION: What is the function of the SRMT?

ANSWER: The SRMT's function is to assist the commander in assessing the situation, determining appropriate courses of action, directing immediate interagency and interstaff actions, and advising the commander. It will also provide for the welfare of member's family.

Ref: DA PAM 600-24, para 3-3b

**NOTE:** Answer any questions the students might have.

QUESTION: Since the SRMT does not get involved in lifesaving activities, what is its role?

ANSWER: Its role is to address those problems and issues that precipitated the suicide attempt and to deal quickly with them.

Ref: DA PAM 600-24, para 3-3c

**NOTE:** Emphasize the fact that the SRMT does not perform rescue or emergency operations with respect to suicide attempts.

QUESTION: What is the goal of the SRMT?

ANSWER: The SRMT intervenes in suicide attempts with a goal of preventing suicides.

Ref: DA PAM 600-24, para 3-4b

The commander has certain functions as a member of the SRMT. The first sergeant has to know what those functions are so he can carry out the function in case of the commander's absence.

### **SHOW VGT-17, COMMANDER'S SRMT FUNCTIONS**

**COMMANDER'S SRMT  
FUNCTIONS**

- Convene SRMT when a soldier is a suicide risk.
- Institute procedures for identification, evaluation and medical evacuation of At risk soldiers.
- Maintain an active liaison with other members of the SRMT.
- Coordinate administrative actions.

L679OCT03/VGT-17

Ref: DA PAM 600-24, para 3-5a(1), (2), (3), and (4)

**NOTE:** Emphasize to the students that all the activities in para 3 are at the disposal of the commander.

### **REMOVE VGT-17**

#### **CHECK ON LEARNING:**

QUESTION: When will the SRMT convene?

ANSWER: The SRMT will convene immediately during a suicide crisis at the request of the battalion or separate company commander.

Ref: DA PAM 600-24, para 3-3b

QUESTION: What is the role of the SRMT during a rescue or emergency lifesaving operation?

ANSWER: The role is to address the problems and issues that precipitated the suicide attempt and deal expeditiously with them.

Ref: DA PAM 600-24, para 3-2d

**NOTE:** Group 3 will now lead the discussion on the psychological autopsy.

**E. ENABLING LEARNING OBJECTIVE**

<b>ACTION:</b>	Explain the Psychological Autopsy.
<b>CONDITIONS:</b>	As a first sergeant, in a classroom, given AR 600-63 and DA PAM 600-24.
<b>STANDARDS:</b>	Explain the psychological autopsy IAW AR 600-63 and DA PAM 600-24.

1. Learning Step / Activity 1. The Psychological Autopsy  
Method of Instruction: Conference / Discussion  
Technique of Delivery: Small Group Instruction (SGI)  
Instructor to Student Ratio: 1:14  
Time of Instruction: 10 mins  
Media: VGT-18 and VGT-19

When a suicide occurs, AR 195-2 and AR 600-63 require a psychological autopsy performed by a mental health officer.

QUESTION: What conditions require a psychological autopsy?

ANSWER: The following conditions warrant a psychological autopsy.

**SHOW VGT-18, PSYCHOLOGICAL AUTOPSY**

<p style="text-align: center;"><b>PSYCHOLOGICAL AUTOPSY</b></p> <ul style="list-style-type: none"><li>• <b>Confirmed or suspected suicides.</b></li><li>• <b>Single car accidents with no survivors.</b></li><li>• <b>Accidents involving unusual circumstances.</b></li><li>• <b>Cases in which manner of death is equivocal.</b></li><li>• <b>Other cases when requested by the commander or CIDC special agents.</b></li></ul> <p style="text-align: left; font-size: small;">LE70/OCT03/VGT-18</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Ref: AR 600-63, para 5-8

**REMOVE VGT-18**

QUESTION: What is the purpose of the psychological autopsy?

ANSWER: The purpose of the psychological autopsy is to:

1. Provide the victim's commander with information about the death, and
2. Enable the unit to develop future prevention programs to serve soldiers and families better.

Ref: DA PAM 600-24, para 5-1a(1) and (2)

QUESTION: Does the psychological autopsy assign blame when a suicide occurs?

ANSWER: The psychological autopsy will not assign the blame when a suicide occurs.

**NOTE:** It is important that senior leaders are supportive towards unit commanders when a suicide occurs. This type of support will speed up the healing process of the unit and send it back to a state of combat readiness. It also brings a mental health officer in direct contact with survivors of a suicide victim, which facilitates bereavement counseling.

Ref: DA PAM 600-24, para 5-1b

QUESTION: Where does the information for a psychological autopsy come from?

ANSWER: The information for the psychological autopsy comes from interviewing individuals who knew the victim's actions, behavior, and character well enough to report on them.

Ref: DA PAM 600-24, para 5-1f

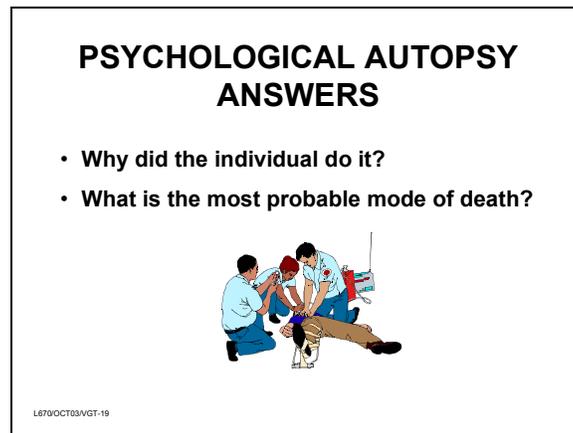
**NOTE:** Ask the students if any of them have ever had to provide information on an alleged suicide.

QUESTION: What two questions does the psychological autopsy answer?

ANSWER: See VGT-19.

Ref: DA PAM 600-24, para 5-1g(1) and (2)

## SHOW VGT-19, PSYCHOLOGICAL AUTOPSY ANSWERS



Ref: DA PAM 600-24, para 5-1g(1) and (2)

### REMOVE VGT-19

The psychological autopsy also addresses the motivation for suicide. The reasons, motives, and psychological intentions are very complex.

QUESTION: What are some of the prominent mental trends of a suicidal person?

ANSWER: The prominent mental trends of a psychological person are:

- A wish to escape from mental or physical pain.
- A fantasy of eternal rest or life with a loved one.
- Anger, rage, and revenge. Guilt, shame, or atonement.
- A wish to be rescued, reborn, start over.
- A wish to make an important statement or communication.

Ref: DA PAM 600-24, para 5-3a(1) thru (6)

**NOTE:** The influence of alcohol, emotional stress, or physical exhaustion can sometimes release destructive ideas or impulses that are ordinarily well controlled or mostly unconscious.

2. Learning Step / Activity 2. Suicide Prevention PE-1
- Method of Instruction: Practical Exercise (Performance)
  - Technique of Delivery: Small Group Instruction (SGI)
  - Instructor to Student Ratio: 1:14
  - Time of Instruction: 5 mins
  - Media: PE-1

**NOTE:** Pass out the practical exercise solution and answer any questions the students may have.

**CHECK ON LEARNING:**

QUESTION: Where does the mental health officer get the information when he performs a psychological autopsy?

ANSWER: The information comes from individuals who knew the individual's actions, behavior, and character.

Ref: DA PAM 600-24, para 5-1f

QUESTION: What is the purpose of the psychological autopsy?

ANSWER: The purpose of the psychological autopsy is to:

1. Provide the victim's commander with information about the death, and
2. Enable the unit to develop future prevention programs to serve soldiers and families better.

Ref: DA PAM 600-24, para 3-2 d

**SECTION IV. SUMMARY**

Method of Instruction: Conference / Discussion  
Technique of Delivery: Small Group Instruction (SGI)  
Instructor to Student Ratio is: 1:14  
Time of Instruction: 5 mins  
Media: VGT-20

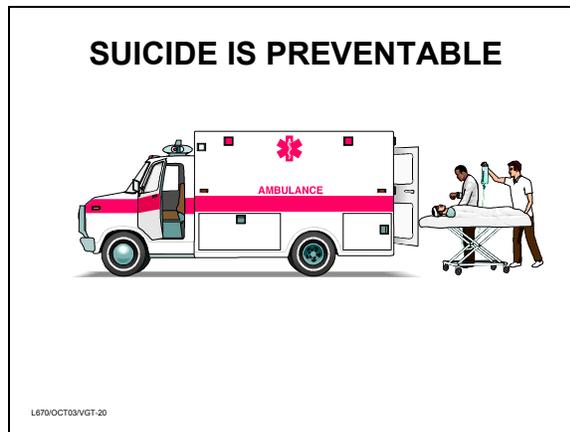
**Check on Learning**

Practical Exercise 1 and the check on learning questions for each Learning Step/Activity throughout the lesson serve as the check on learning for this TSP.

**Review / Summarize Lesson**

**NOTE:** Show this slide but do not show the ambulance until your closing statement.

**SHOW VGT-20, SUICIDE IS PREVENTABLE**



This lesson points out the fact that military personnel, their families, and civilian employees are at risk to commit suicide. There are a lot of reasons for this trend. It is imperative for leaders to recognize suicidal clues and patterns in order to get help for soldiers with suicidal tendencies. Some of the clues that a suicidal person may exhibit include decreased work performance, increased social withdrawal, loss of sleep and appetite, frequent sick calls, and emotional distress. Usually suicide does not occur without some warning signs. If any person working for you displays the above symptoms, offer immediate assistance through the agencies we discussed during the lesson.

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Attention to clues can make the difference between life and death. Remember, if you watch for the danger signs, you can make a difference. **SUICIDE IS**

**PREVENTABLE!**

**REMOVE VGT-20**

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**SECTION V. STUDENT EVALUATION**

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**Testing  
Requirements**

**NOTE:** Describe how the student must demonstrate accomplishment of the TLO. Refer student to the Student Evaluation Plan.

You will receive a written examination at the end of this block of instruction.

You must correctly answer at least 70 percent of the 40 questions to receive a GO.

A GO is a requirement for graduation.

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**Feedback  
Requirements**

**NOTE:** Feedback is essential to effective learning. Schedule and provide feedback on the evaluation and any information to help answer students' questions about the test. Provide remedial training as needed.

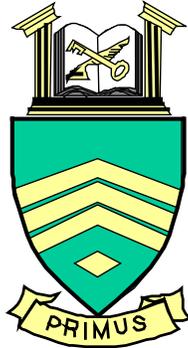
You will participate in an After Action Review (AAR) immediately following the examination for this particular lesson.

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Terminal Learning Objective

VGT-1, Title Slide

# Suicide Prevention

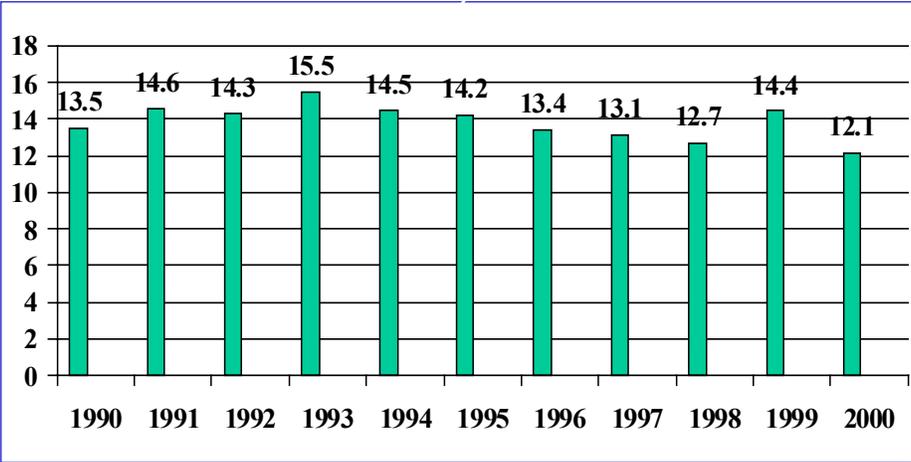


Identify requirements and responsibilities  
for a suicide prevention and awareness  
program

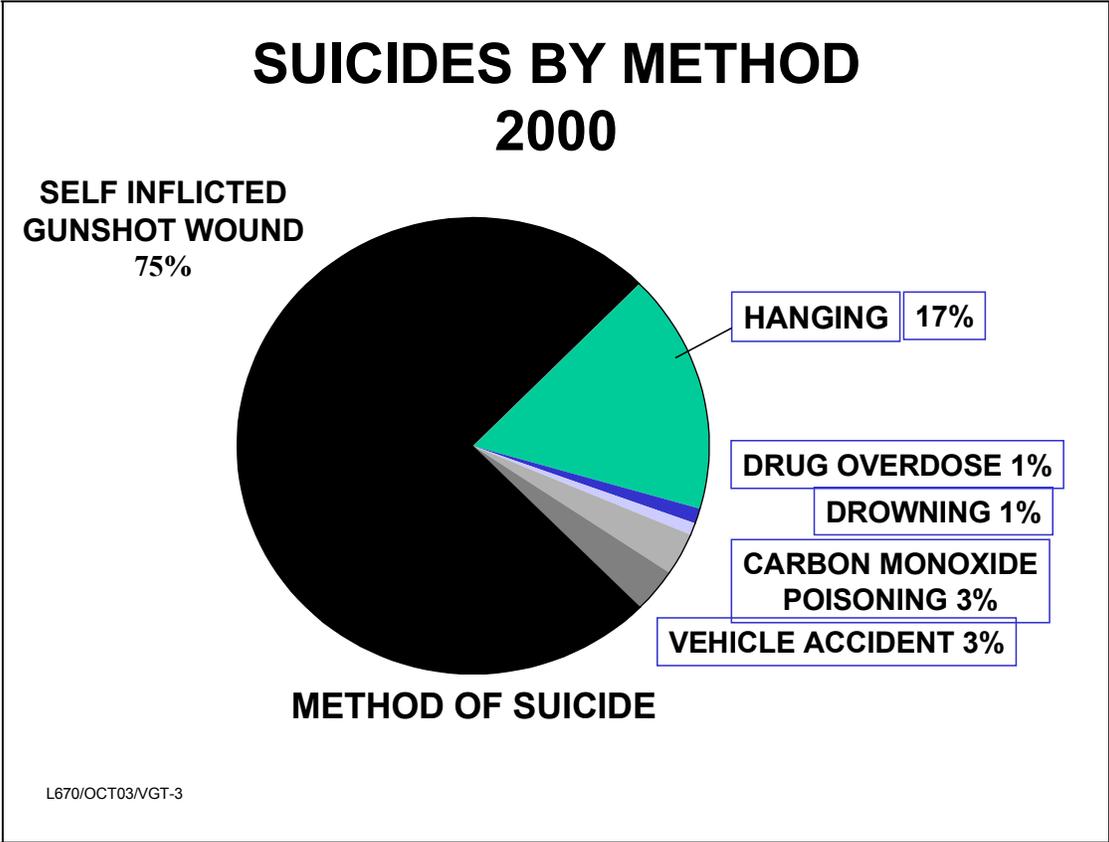
L670/OCT03/VGT-1

# SUICIDE RATE BY YEAR

## 1990-2000



L670/OCT03/VGT-2



# SUMMARY 2000

## Profile of a “Typical” Army Suicide

**Males** **93%**

**White** **71%**

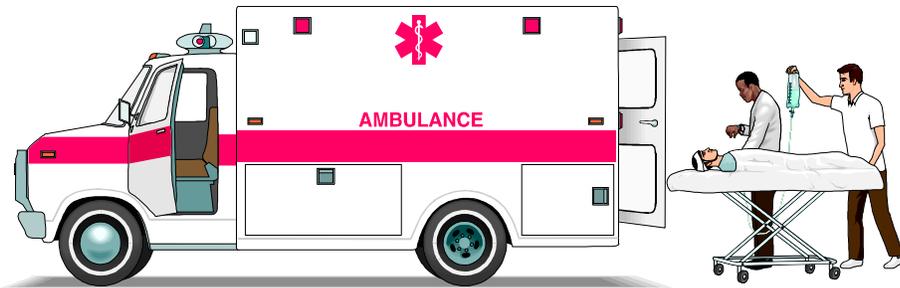
**Age 18-25**

**PVT thru SSG** **Majority**

**Married Soldiers** **58%**



# SUICIDE IS PREVENTABLE



L670/OCT03/VGT-20

Enabling Learning Objective A

Learning Step 1

VGT-5, Army Suicide Prevention Program

# **ARMY SUICIDE PREVENTION PROGRAM**

- **Reduces Army's Suicide Risk.**
- **Establishes suicide risk identification training.**
- **Outlines ASPP responsibilities.**
- **Requires psychological autopsy.**

L670/OCT03/VGT-5

# **ASPP PROVIDES**

- **Suicide prevention education awareness:**
  - **risk identification**
  - **crisis intervention and referral**
- **Mental health and UMT resources.**
- **Assistance to families with suicide loss.**

L670/OCT03/VGT-6

# **ASPP TRAINING REQUIREMENTS**

- **In all Army leadership development courses.**
- **In unit officer/NCO professional development courses.**
- **In post level courses for civilian supervisors and CPO personnel.**
- **As in-service training for professionals and military police.**

L670/OCT03/VGT-7

# **ASPP TRAINING REQUIREMENTS (cont)**

- **Mental health officers “train the trainers”.**
- **Unit ministry teams assist with training.**
- **Army community services conducts education awareness program for family members.**

L670/OCT03/VGT-8

## **FMSPP EDUCATION AWARENESS**

- **Recognize the signs of increased suicide risk.**
- **Learn about referral sources.**
- **Educational programs will focus on:**
  - **Parents.**
  - **Teenagers.**
  - **Spouses.**

L670/OCT03/VGT-9

Enabling Learning Objective B

Learning Step 1

VGT-10, Depression Signs

## **DEPRESSION SIGNS**

- **Increase/decrease of appetite.**
- **Insomnia or excessive sleeping.**
- **Behavioral agitation or slowing of movement.**
- **Loss of interest/pleasure and decreased sexual drive.**
- **Loss of energy, fatigue.**

L670/OCT03/VGT-10

## **DEPRESSION SIGNS (cont)**

- **Complaints or diminished ability to think or concentrate.**
- **Feelings of worthlessness.**
- **Withdrawal from family/friends.**
- **Drastic mood changes.**
- **Sudden change in behavior.**

L670/OCT03/VGT-11

## **IMMEDIATE DANGER SIGNALS**

- **Talking about or hinting at suicide.**
- **Giving away possessions or making a will.**
- **Obsessions with death, sad music/poetry.**
- **Making specific suicide plans and access lethal means .**
- **Buying a gun.**

L670/OCT03/VGT-12

## **IDENTIFICATION AND CRISIS INTERVENTION**

- **Early leader involvement.**
- **Identify persons at risk.**
- **Listen and refer person to helping agency.**
- **Take person expressing suicidal thoughts to a mental health professional.**
- **Summon law and medical personnel if individual declines help.**

L670/OCT03/VGT-13

## **IDENTIFICATION AND CRISIS INTERVENTION (cont)**

- **Alter crisis creation conditions.**
- **Primary 24-hour medical treatment facilities.**
- **Maximum use of civilian “hot-lines”.**

L670/OCT03/VGT-14

## **SUICIDE POTENTIAL! WHAT TO DO ?**

- **Take threats seriously**
- **Answer cries for help**
- **Confront the problem**
- **Tell them you care**
- **Get professional help**



L670/OCT03/VGT-15

## **SUICIDE POTENTIAL! WHAT NOT TO DO.**

- **Do not leave him alone.**
- **Do not assume the soldier is not suicidal.**
- **Do not act shocked.**
- **Do not debate the morality of self destruction.**
- **Do not keep a deadly secret.**

L670/OCT03/VGT-16

Enabling Learning Objective D

Learning Step 1

VGT-17, Commander's SRMT Functions

## **COMMANDER'S SRMT FUNCTIONS**

- **Convene SRMT when a soldier is a suicide risk.**
- **Institute procedures for identification, evaluation and medical evacuation of At risk soldiers.**
- **Maintain an active liaison with other members of the SRMT.**
- **Coordinate administrative actions.**

L670/OCT03/VGT-17

Enabling Learning Objective E

Learning Step 1

VGT-18, Psychological Autopsy

## **PSYCHOLOGICAL AUTOPSY**

- **Confirmed or suspected suicides.**
- **Single car accidents with no survivors.**
- **Accidents involving unusual circumstances.**
- **Cases in which manner of death is equivocal.**
- **Other cases when requested by the commander or CIDC special agents.**

L670/OCT03/VGT-18

# PSYCHOLOGICAL AUTOPSY ANSWERS

- **Why did the individual do it?**
- **What is the most probable mode of death?**



L670/OCT03/VGT-19

**Appendix B Test(s) and Test Solution(s) (N/A)**

## PRACTICAL EXERCISE SHEET PE-1

<b>Title</b>	Suicide Prevention		
<b>Lesson Number/Title</b>	L670 version 1 / Suicide Prevention (FSC RESIDENT)		
<b>Introduction</b>	This practical exercise (PE) will give you an insight on the suicide prevention program.		
<b>Motivator</b>	Although the Army showed a decline in the number of suicides you, as a first sergeant, must continue to take steps to stop this tragic loss of life. While you cannot prevent all suicides, you can successfully prevent some suicides from happening. This lesson will provide the information that you will need to succeed in the area of suicide prevention.		
<b>Learning Step/Activity</b>	<p><b>NOTE:</b> The instructor should inform the students of the following Learning Step/Activity requirements. (ELO E.2)</p> <p>At the completion of this lesson, you [the student] will:</p> <table border="1"><tr><td><b>Action:</b></td><td>Suicide Prevention PE-1</td></tr></table>	<b>Action:</b>	Suicide Prevention PE-1
<b>Action:</b>	Suicide Prevention PE-1		
<b>Safety Requirements</b>	None		
<b>Risk Assessment Level</b>	Low		
<b>Environmental Considerations</b>	None		
<b>Evaluation</b>	This is a self graded PE. You will receive a solution sheet to compare your answers. As a group, you will discuss the solution and resolve any questions or misunderstandings during the latter part of the suicide prevention lesson.		
<b>Instructional Lead-In</b>	None		
<b>Resource Requirements</b>	<p><b>Instructor Materials:</b></p> <ul style="list-style-type: none"><li>• Practical Exercise and solution.</li></ul> <p><b>Student Materials:</b></p> <ul style="list-style-type: none"><li>• Pen or pencil and writing paper.</li><li>• All reference material issued for this lesson.</li></ul>		
<b>Special Instructions</b>	Read the references issued to you and complete the practical exercise. Do not use any reference material or refer to the solution until after you complete the items in this practical exercise. Write your answer in the space provided.		

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**Procedures**

- This is a self-graded exercise.
- It should take you approximately 45 minutes to complete the items. It should take you about 15 minutes to self-grade the Practical Exercise using the SPE-1-1 thru SPE -1-3, AR 600-63, and DA PAMs 600-24 and 600-70.
- You will discuss the PE during the last portion of the lesson.

**Item 1:**

When should units present formal training in suicide prevention and risk identification?

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**Item 2:**

What is the key to suicide prevention?

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**Item 3:**

Name five of the signs of depression that identify a person that could commit suicide.

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**Item 4:**

What are the immediate danger signs of suicide?

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**Item 5:**

As a first priority, which personnel, and at what level, must receive training in suicide prevention and suicide risk identification?

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**Item 6:**

As a leader, if you believe that someone is suicidal, what five things can you do? Name and explain them.

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**Item 7:**

What is the role of the suicide risk management team (SRMT)?

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**Item 8:**

For whom and under what conditions is a psychological autopsy necessary?

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**Item 9:**

Where does the psychological autopsy investigator obtain his information?

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**Item 10:**

What historical factors, which when present, should cause us to increase our suicide prevention vigilance?

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**Feedback Requirements**

You will participate in an After Action Review (AAR) immediately following the examination for this particular lesson.

## **SOLUTION FOR PRACTICAL EXERCISE PE-1**

### **Item 1:**

When should units present formal training in suicide prevention and risk identification?

Units should present formal training in suicide prevention and risk identification as part of the unit level officer and NCO professional development courses.

Ref: AR 600-63, para 5-5 b.

### **Item 2:**

What is the key to suicide prevention?

The key to suicide prevention is positive leadership and deep concern by the supervisors of military personnel and civilian employees who are at increased risk of suicide.

Ref: DA PAM 600-24, para 2-5 a.

### **Item 3:**

Name five of the signs of depression that identify a person that could commit suicide.

The signs of depression include the following:

1. Poor appetite or significant weight loss or vice versa.
2. Change in sleep habits, either excessive sleep or inability to sleep.
3. Behavioral agitations or a slowing of movement.
4. Loss of interest or pleasure in usual activities or decreased sexual drive.
5. Loss of energy or fatigue.
6. Complaints or evidence of diminished ability to think or concentrate.
7. Feelings of worthlessness, self-reproach, or excessive guilt.
8. Withdrawal from family and friends.
9. Drastic mood swings.
10. Sudden change in behavior.

Ref: DA PAM 600-24, para 2-6a(1) thru (10).

### **Item 4:**

What are the immediate danger signs of suicide?

The immediate danger signs of suicide are:

1. Talking about or hinting at suicide.
2. Giving away possessions or making a will.
3. Obsession with death, sad music or sad poetry. Themes of death in letters or artwork.
4. Making specific plans to commit suicide and access to lethal means.
5. Buying a gun.

Ref: DA PAM 600-24, para 2-6b(1) thru (5)

**Item 5:**

As a first priority, which personnel, and at what level, must receive training in suicide prevention and suicide risk identification?

As a first priority, leaders, managers, and supervisors at all levels will receive training in suicide prevention and suicide risk identification.

Ref: DA PAM 600-24, para 3-1a.

**Item 6:**

As a leader, if you believe that someone is suicidal, what five things can you do? Name and explain them.

1. **Take threats seriously.** Trust your suspicions. It is easy to predict suicidal behavior if the person exhibits the immediate danger signals.
2. **Answer cries for help.** Do not ignore the issue. Offer help early. Offer support, understanding and compassion.
3. **Confront the problem.** Begin by asking questions such as, "Are you feeling depressed?" leading to, "Are you thinking of killing yourself?" Get him to talk. Be a good listener and a good friend.
4. **Tell them you care.** Let them know that they are not alone, that you are there for them to talk to. Remember that although a person is suicidal, he has an innate will to live, and is more likely hoping for rescue.
5. **Get professional health.** Community Mental Health Service and social work services are good sources. If the danger is immediate, the family life centers can help. Other sources include the alcohol and drug community counseling center, ACS and the chain of command.

Ref: DA PAM 600-70, pages 7, 8, and 9.

**Item 7:**

What is the role of the suicide risk management team (SRMT)?

It is the role of the SRMT to address those problems and issues that precipitated the suicide attempt and to deal expeditiously with them.

Ref: DA PAM 600-24, para 3-3c.

**Item 8:**

For whom and under what conditions is a psychological autopsy necessary?

Subjects for a psychological autopsy include all AC soldiers and all RC soldiers who are on active duty or active duty for training, and any active member of other armed forces of the United States assigned or attached to an Army unit or installation under the following conditions:

1. Confirmed or suspected suicide.
2. Single car motor vehicle accidents with no survivors, when requested by the commander of the local USACIDC office.
3. Accidents involving unusual or suspicious circumstances: for example, deaths due to substance abuse, or resulting from self-inflicted gunshot wounds.
4. All cases in which the mode (manner) of death is equivocal, that is, death cannot be readily established as natural, accidental, a suicide, or a homicide.
5. Other cases when requested by the commander or special agent in charge of the local USACIDC office.

Ref: AR 600-63, para 5-8 a (1) thru (5).

**Item 9:**

Where does the psychological autopsy investigator obtain his information?

The investigator obtains the information by interviewing individuals who knew the victim's actions, behavior, and character well enough to report on them.

Ref: DA PAM 600-24, para 5-1f.

**Item 10:**

What historical factors, which when present, should cause us to increase our suicide prevention vigilance?

The historical factors are:

1. Made a previous suicide attempt.
2. A family history of suicide.
3. Lost a friend through suicide.
4. Been involved with drugs or alcohol.
5. Alcoholics in the family.

Ref: DA PAM 600-70, p. 6.

## HANDOUTS FOR LESSON 1: L670 version 1

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Terminal Learning Objective

Handout-1, Advance Sheet

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### **This Appendix Contains**

This appendix contains the items listed in this table--

<b>Title/Synopsis</b>	<b>Pages</b>
SH-1, Advance Sheet	SH-1-1
SH-2, Information Paper	SH-2-1
SH-3, Student Notes	SH-3-1 to SH-3-8

# Student Handout 1

## Advance Sheet

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**Lesson Hours** This lesson consists of two hours of small group instruction.

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**Overview** The Army Suicide Prevention Program (ASPP) provides a systematic environment in which commanders may effectively work to lower the risk of suicide for soldiers, family members, and civilian employees. This will lower the Army's suicide rate and impact significantly on the loss of life and productivity that can result from suicidal behavior.

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**Learning Objective** Terminal Learning Objective (TLO).

<b>Action:</b>	Identify requirements and responsibilities for a suicide prevention and awareness program.
<b>Conditions:</b>	As a first sergeant, in a classroom, given AR 600-63 and DA PAMs 600-24 and 600-70 and student handouts.
<b>Standards:</b>	Identified requirements and responsibilities for a suicide prevention and awareness program, pass a 40 question written examination with a score of 70 percent or better, IAW AR 600-63 and DA PAMs 600-24 and 600-70.

- ELO A** Describe resources for a suicide prevention program.
  - ELO B** Identify depression and warning signs of suicide.
  - ELO C** Describe identification and crisis intervention.
  - ELO D** Explain the suicide risk management team (SRMT).
  - ELO E** Explain the psychological autopsy.
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**Assignment** The student assignments for this lesson are:

- Read AR 600-63, Chapter 5, DA PAM 600-24, and DA PAM 600-70, before class.
- Complete Practical Exercise 1 before class.

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**Additional Subject Area Resources** TVT 8-93, "Suicide Prevention."

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**Bring to Class**

- Pen or pencil and writing paper.
- All reference material received for this lesson and Practical Exercise 1.

Handout-2, Information Paper

## **Student Handout 2**

This handout contains an information paper provided by DAPE-HR-PR, dated 19 January 2001. **(UNCLASSIFIED)**

**EXECUTIVE SUMMARY**

(U) CALENDAR YEAR 2000 ARMY ACTIVE DUTY SUICIDE STATISTICS (U) (DAPE-HR-PR)

Regular Army. There were 50 confirmed suicides listed by the U.S. Army Casualty Operations Center in CY 00 for RA active duty soldiers. In addition, there are currently eight "undetermined deaths" still being investigated by CID or awaiting a psychological autopsy before a final determination can be made. Assuming a worst case scenario in which all eight "undetermined deaths" are eventually listed as suicides, a total of 58 suicides would equal a rate of 12.11 per 100k. This compares to CY 99's total of 64 and a rate of 13.34 (assumes one "pending undetermined death" as a suicide). This decrease is the first reduction in the Army's suicide rate since 1997.

**Facts:**

- A. The Army Suicide Prevention Program is governed by two regulations, AR 600-63, Army Health Promotion and DA Pam 600-24, Suicide Prevention and Psychological Autopsy. AR 600-63 includes requirements for formal training in suicide risk identification in all NCOES and officer/NCO professional development classes. DA Pam 600-24 governs the functions of the suicide prevention task force and preparation of the psychological autopsy.
- B. The ASPP is a commander's program. Commanders and leaders at all levels must be sensitive to the potential for suicides and ensure their subordinates take prompt action to refer soldiers for appropriate assistance when early warning signs become evident.
  - C. Historical statistics show that the Army's suicide rate is less than what we find in society for the at-risk age group (18-25 years old).
- D. In general, the typical soldier committing suicide is a young, white male with a rank of staff sergeant or below. If the suicide victim is an officer, he is typically at the rank of lieutenant or captain. Soldiers who commit suicide have poor relationships with significant others. Most often, the suicide occurs immediately following an argument with a wife or girlfriend. It has also been discovered that soldiers committing suicide were often experiencing severe financial difficulties and this was affecting their relationships with their wives or girlfriends. Often, alcohol is consumed just prior to the event.
- E. Self-inflicted gunshot wounds are the most common method of committing suicide, followed by hanging and carbon monoxide poisoning.
  - F. This calendar year (CY 00) there are 58 confirmed suicides, for a rate of 12.11 per 100,000 soldiers. The suicide rate among the civilian at risk group generally averages 20/100,000.

Handout-3, Student Notes

### **Student Handout 3**

This handout contains copies of the slides and space for students to jot down notes during the class.













