LESSON PLAN

*for*

**TRANSIENT PERSONNEL UNIT STAFF TRAINING**



PREPARED BY

21ST CENTURY SAILOR OFFICE

SUICIDE PREVENTION BRANCH

(OPNAV N171)

OCTOBER 2017



**21st Century Sailor Office**

**Suicide Prevention Branch**

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**Millington, TN 38055**

**LESSON PLAN**

BARRACKS/TPU STAFF TRAINING Every Sailor, Every Day

**Topic 1 Introduction to N171 and Navy Suicide Prevention**

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| DISCUSSION | DISPLAY |
| 1. Introduce yourself and provide background that might be of interest. 2. Refer to Slide one (1) and begin instructing the lesson 3. This training is designed to give Sailors working in the barracks, like TPU, the tools, resources and confidence to recognize a Sailor at risk, properly assess risk and create a safety plan with that Sailor. 4. It addresses the most popular theory of suicide, risk and protective factors, warning signs, implications for staff and finally, risk assessment and safety planning. 5. Each year Navy Suicide Prevention Program studies the deaths by suicide in the Navy and finds that Sailors working in the barracks often interact with Sailors at risk and are one of our gatekeeper communities. Gatekeepers need enhanced tools, beyond “Ask, Care, Treat,” to recognize risk and intervene. 6. Each suicide is one too many and we need your help to save lives. | 1. **DISPLAY** Slide (1). |

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**Topic 2 Introduction to N171 and Navy Suicide Prevention**

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| DISCUSSION | DISPLAY |
| 1. Go over slide 2 briefly 2. This training can be used in place of standard GMT for all service members serving as staff in a barracks environment. Therefore it includes many of the required competencies found in GMT, such as risk factors, warning signs and protective factors for suicide prevention. 3. Also, it includes additional requirements in accordance with the Defense Suicide Prevention Office training competencies. | 1. **DISPLAY** Slide (2) |

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**Topic 2 Suicide Prevention Goals**

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| DISCUSSION | DISPLAY |
| 1. The goal of Navy Suicide Prevention is to reduce suicides by developing resilient Sailors, supporting help seeking behaviors, and better identify and support those in need. 2. Resilience is the capacity to recover quickly from difficulties. It is NOT zero defects. Stress is inherent in the Navy and life and it’s unrealistic to eliminate it. But we hope to rebound quickly from setbacks. 3. We aim to educate and empower leaders to understand their critical role in enhancing the command climate to achieve these goals. 4. 1 Small Act was the BUMED campaign message, encouraging simple actions that can make a difference in others’ lives while leveraging relationships between peers and communities. 5. Every small act of kindness, connecting with each other, showing we care, can build relationships and protect against suicide. 6. The Navy is uniquely structured to enact community support for suicide prevention. 7. Emphasize “Every Leader’s responsibility…” | 1. **DISPLAY** Slide (3) |

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**Topic 3 Just the Facts**

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| DISCUSSION | DISPLAY |
| 1. This is an overview of suicides in the Navy. Although suicides represent less than 1% of the Navy, we are losing more Sailors to suicide than combat or other manners of death. For every suicide, there are about 40 suicide related behaviors. 2. At some point in your life you will know someone who died by suicide or made a suicide attempt. It is even more likely that you know someone who is thinking about suicide but afraid to tell anyone. 3. Most suicides in the Navy do not involve a suicide note and explicit intent was not communicated beforehand. Many attempts are impulsive decisions made in the final hours in the face of overwhelming stress and access to lethal means. 4. For every suicide and every attempt, countless others may be suffering in silence, afraid to let anyone know how they feel. 5. Most suicides are not with a military issued firearm. Sailors are urged to consider gun locks or safes for firearms in the home, to make it less likely there will be an impulsive act. 6. Deaths in the barracks are often by hanging. 7. Although most are young, Caucasian male, suicide can affect anyone, we lose Sailors of every ethnicity, gender and rank. | 1. **DISPLAY** Slide (4)     1. Sailors are in TPU for various reasons. Some are left behind because the ship is underway. Others because they are facing legal or disciplinary action. Some for physical and mental health problems and they are undergoing treatment. These Sailors are disconnected from their commands and facing multiple stressors. They are at greater risk of suicide. 2. Chaplains are a great source for Sailors to seek help and to begin to ask questions. They have 100% confidentiality for everyone. |

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**Topic 4 Theory of Suicide**

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| DISCUSSION | DISPLAY |
| 1. This is the leading theory of suicide, it explains that those who choose to die have the following three characteristics: 2. Thwarted belongingness- “I am alone.” Watch for increased isolation, no longer feeling a part of the family or unit, little social support 3. Perceived burdensomeness- “I am a burden.” Watch for comments about others being better off if the person were gone, not feeling useful anymore 4. Acquired capacity- “I am not afraid to die.” The person owns or recently purchased a weapon, has experience with weapons, knows someone who died by suicide, is an extreme risk taker and not afraid of death. They may have a history of self-harm 5. These are the most common factors in Navy deaths that can contribute to thwarted belongingness and perceived burdensomeness 6. Transitions: Moves (PCS, Crew Swap); Separation/Retirement from Navy; Limited duty, Medical Hold 7. Relationship issues: Break-ups, Separation, Divorce, Death 8. Fall from glory: Damage to Status, Reputation, Career, etc. legal/disciplinary action, academic setbacks, career setbacks | 1. **DISPLAY** Slide (5)    \*\*Often times we fail to connect the dots. We all see different warning signs but don’t communicate for fear of harming the person’s career. But we end up losing the life.  \*\*Simply owning a weapon doesn’t make a person at risk, but procuring a weapon in the midst of overwhelming stress should send off warning signals  \*\*You wouldn’t let a friend drive drunk. Asking a friend to store personal firearms in the armory during stressful times is lifesaving. |

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**Topic 5 Risk Factors**

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| DISCUSSION | DISPLAY |
| 1. These are the chronic risk factors for suicide. These don’t indicate suicide is imminent, but should help you to connect the dots and seek resources. 2. Many of the civilian factors can be found in the Navy as well. Sailors bring their individual, family and cultural backgrounds with them. 3. Individual factors include problem solving skills, coping skills, frustration tolerance and emotional regulation, or how well you handle life’s ups and downs. 4. Sailors come from various ethnic backgrounds, each with a view of seeking help and using mental health resources. 5. Sexual abuse, physical abuse and even verbal abuse can make some more vulnerable later in life. 6. Most substances lower inhibitions, making impulsive suicide more likely. 7. A person facing legal problems is at much higher risk, fear of losing career, financial stability, reputation, family. High risk time period! 8. Many preexisting issues (before Navy) don’t come to light until there is a documented incident or it is disclosed to a provider. | 1. **DISPLAY** Slide (6)    \*\*Some stress and risk factors are unique to our Navy culture and environment. Do you recognize any of these?  \*\*Many Sailors are angry, but rage after a stressor is a major risk factor and warning sign for suicide. Especially if the person has a history of making impulsive and self –destructive decisions when enraged.  \*\*Lastly, Sailors won’t open up to you about their history if they don’t trust you! |

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**Topic 6 Is Path Warm/Protective Factors**

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| DISCUSSION | DISPLAY |
| 1. A Sailor or family member may have a few or all of these warning signs. Warning signs indicate more acute risk and may signal that suicide may be imminent. 2. Various people may notice different signs. It is important to “connect the dots” and share information to piece it together. 3. Each of them may have their own concerns about reporting or not know to whom to report. Some may not take it seriously. Others may have grown accustomed to the signs and may not notice them as a change. 4. Peers may underplay the significance, families may fear loss of career, and parents may not know who to tell. How often do you notice someone drinking more but think nothing of it? You don’t want to ruin the fun. 5. While most suicides do not involve alcohol, they involve firearms; a pattern of increased substance abuse may decrease inhibitions against suicide. 6. Mood changes could indicate depression or anxiety. | 1. **DISPLAY** Slide (7)    \*\*Impulsivity is not listed but is a major warning sign! It is similar to recklessness.  \*\*Be aware that someone who has been depressed who suddenly appears better is at greater risk as well, as they may have resolved themselves to taking their lives.  . |

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**Topic 6 Is Path Warm/Protective Factors**

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| DISCUSSION | DISPLAY |
| 1. The military provides numerous services that may be a barrier for civilians such as access to free mental health care, family services, steady income, and unit cohesion and support. 2. Self-care is a list of things you can do to protect your own mental health, such as proper nutrition, exercise, adequate sleep and having hobbies and social support. 3. Cognitive flexibility allows you to see various angles and solutions to a problem. Extremes of thinking or rigid thinking can lead you to feel trapped. 4. Being willing to seek help when you recognize a problem is something else YOU can do to protect your health, instead of being swayed by peer pressure or sea doctors and sea lawyers who tell you it will ruin your career. 5. Commands and leaders play an important role in protecting your health, such as supporting work life balance, providing adequate training so you can feel good about your job and work performance, building a positive command climate of respect, and supporting programs that support Sailors, like providing time for PT and having a work place free of harassment, bullying or favoritism. | 1. **DISPLAY** Slide (8)    \*\*One of the best protective factors is SLEEP! You and your command both play a role in protecting sleep for Sailors! |

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**Topic 7 Resilience/Connecting the Dots**

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| DISCUSSION | DISPLAY |
| 1. The emphasis should be on keeping Sailors in the GREEN, building and supporting resilience, and education about risk factors, warning signs, and resources. This is where you want to focus most of your efforts. 2. To support Sailors, use leadership, Fleet and Family Support Center, MWR, Chaplain, and medical. 3. Staying in the green includes self-care, adequate sleep, nutrition, activity, quality time, having sense of control, financial health, communication, spiritual support. These are things we should do all the time. They help us bounce back from stress. 4. Yellow requires knowing your partner and recognizing changes, acting early to return to homeostasis (change in behavior, poor sleep, irritability, withdrawing). 5. Orange requires knowing the resources for help, encouraging seeking help early before things worsen (watch self-medicating, substance use, violent behavior, not sleeping). 6. Red requires being ready to intervene, keep the home and person safe, treat it as an emergency and get help | 1. **DISPLAY** Slide (9)    \*\*Preventing suicide isn’t just about recognizing someone at risk, but also making resilience the focus so that Sailors don’t become suicidal. |

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**Topic 7 Resilience/Connecting the Dots**

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| DISCUSSION | DISPLAY |
| 1. Taken from 2014 “Deep Dive” a case review done by Navy Suicide Prevention to study all the suicides in the Navy. This illustration shows how a person spirals downward towards suicide. 2. History plays a large role, but few will know the person’s history if there isn’t a trust. This history may lower a person’s ability to cope with stress. Most of the past abuse or attempts were not reported to MEPS. 3. Most who died were experiencing multiple stressors that overwhelmed their ability to cope. Loss of relationships, break ups, separations, or even toxic relationships can increase suicide risk. 4. On top of these overwhelming stressors, the person lost their normal social support. Transitions are a high risk period because the person is no longer connected to the command or their support network, less sense of belonging, a major protective factor. 5. Sarcasm alert: Everyone knows that if you’re having problems, lying awake all night or adding alcohol will certainly solve it! Sleep problems affect judgment, decisions, anger, stress, health, and so does alcohol!!!! 6. These overwhelming stressors and losses, on top of a tough background, add to feelings of hopelessness, shame, and guilt. | 1. **DISPLAY** Slide (10)     1. Many of those who died by suicide in the Navy made the decision within the final hours preceding death, and because they had access to a lethal method, such as a firearm, there was little time to intervene once they’d made their decision. This highlights the need to know your people and connect the dots early and reduce access to lethal means during acute stress periods. |

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**Topic 8 Seeking Help**

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| DISCUSSION | DISPLAY |
| 1. Most Sailors believe they’d receive help if they asked and their peers would be supportive…….   ***However…….***   1. Many believe they’d be treated differently. 2. Many fear they would lose the trust of their leaders. 3. Many believe it would negatively impact their career. 4. Some believe they’d lose their security clearance. 5. Most fear loss of privacy. 6. Most fear gossip, being perceived as weak. 7. Discouraging command climate, “get over it.” 8. While fears of losing security clearances and careers factor in, overwhelmingly Sailors fear the gossip and mistreatment by peers. 9. Unfortunately, our Sailors don’t trust us when we tell them that it’s okay to ask for help. | 1. **DISPLAY** Slide Eleven (11)      \*\*Polls taken from bi-annual Behavioral Health Quick polls.  \*\*Despite the truth about seeking help, many listen to their peers and other scuttlebutt (Sea Doctors and Sea Lawyers) and won’t get the help they need. |

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**Topic 8 Seeking Help**

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| DISCUSSION | DISPLAY |
| 1. Facts can be found on Navy Suicide Prevention Webpage 2. Talking about suicide does NOT make someone suicidal! 3. Seeking mental health treatment is a sign of good judgment and trustworthiness. Simply having mental health problems will not lead you to lose your clearance. It is most often due to financial issues and lack of trustworthiness that have little to do with seeking help. 4. We all hear stories or know about the person who went to medical and was separated from the Navy. We don’t know the whole story about those Sailors so it leads us to believe the seeking help results in losing your career. Beware of the Sea Doctors and Sea Lawyers! 5. We don’t hear as many stories about those who go to mental health, get better and remain in the Navy. 6. Sailors fear gossip but Medical can only communicate with your CO and other providers without your permission or awareness. 7. Leaders must guard their words carefully! How you talk about suicide affects how your Sailors feel about seeking help or letting you know when something is wrong. | 1. **DISPLAY** Slide (12)    \*\*Leaders set the tone, guard your words carefully when you talk about suicide and seeking help. Vulnerable Sailors are listening. |

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**Topic 8 Seeking Help**

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| DISCUSSION | DISPLAY |
| 1. Read the examples on the slide. 2. So these are typical examples of what you might see in TPU. How do you think you would handle these cases? What would be the risk factors you’d be aware of and what would be the warning signs? Would you know the resources for these Sailors? 3. What are some of the risk factors? Thwarted belongingness? Facing disciplinary problems? Facing loss? Loss of status and career? Family? 4. What would be the warning signs? Cutting oneself and drinking alcohol? Punching oneself or punching walls? 5. What resources would you think of to provide? How would you maintain contact with these Sailors if they were in your barracks? | 1. **DISPLAY** Slide (13) |

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**Topic 8 Seeking Help**

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| DISCUSSION | DISPLAY |
| 1. Read the examples on the slide. 2. Would these comments make you feel concerned? Why? What is the Sailor trying to tell you with these comments? 3. If the Sailor is leaving the Navy, ask them what’s next? What are their plans? Do they have any? If the Sailor has no plans, that should worry you. | 1. **DISPLAY** Slide (14) |

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**Topic 9 Theoretically Speaking**

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| DISCUSSION | DISPLAY |
| 1. Going back to Thomas Joiner’s Theory of Suicide after discussing a few examples. 2. Thwarted belongingness is the feeling that you are now all alone, with no one to turn to. It can happen when you are separated from your unit, family, friends, or relationship. Some Sailors may feel this way every day, feeling they don’t belong amongst their Shipmates 3. Sometimes the unit, family and friends reject the Sailor because of their crime, such as the case of child sexual abuse or viewing child pornography. 4. Divorce, losing the family, an end to a relationship can lead to these feelings as well. 5. How about no longer belonging to the Navy, or the wardroom, or chief’s mess, or BUDS? What about the Sailor who feels alone when no one comes to their farewell? 6. What about the Sailor who is always quiet, seems to have few friends at work and is never seen eating with anyone, always seen alone at command functions or no one ever asks them how they’re doing? | 1. **DISPLAY** Slide (15) |

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**Topic 9 Theoretically Speaking**

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| DISCUSSION | DISPLAY |
| 1. The Sailor who was placed on LIMDU for chronic pain or a medical injury may feel he’s let down the crew and others have to pick up his workload. 2. How about the Sailor facing separation who is supporting her entire family at home and doesn’t know how to support them now without an income? 3. Sailors facing disciplinary issues may feel like a burden because of the embarrassment they’ve caused their family or the added stress. 4. The Sailor who feels constantly scrutinized, feels he can’t do anything right and is always criticized, may feel like a burden. 5. What is the term submariners use for Sailors who don’t get their qualifications? NUB. What does that stand for? Does that sound like burdensomeness? | 1. **DISPLAY** Slide (16) |

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**Topic 9 Theoretically Speaking**

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| DISCUSSION | DISPLAY |
| 1. Simply owning a weapon does not mean a person will choose to take his/her own life. Remember to think of the sense of thwarted belongingness and burdensomeness as well. 2. Previous exposure to life threatening situations, such as sexual assault or abuse, surviving an accident, exposure to combat, a history of self-harm or previous attempts, or being a high risk taker and impulsive all contribute to a capability to take one’s own life. 3. Essentially the person has lost the fear of death. Suicide is not an easy decision and requires overriding the natural fear of dying. 4. Some people rehearse their suicides and that is also acquired capacity. | 1. **DISPLAY** Slide (17) |

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**Topic 10 Helping a suicidal person / Resources**

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| DISCUSSION | DISPLAY |
| 1. Ask, Care, Treat: Everyone should be familiar with this by now. 2. Don’t be afraid to ask, it’s hard, but just ask them. Facilitator should ask a few people to ask the facilitator if he/she is thinking of suicide. Help Sailors become comfortable with asking the question. Ask participants to read the questions on the slide. 3. Don’t judge! Don’t tell a person their problems aren’t that bad, or they’re going to hell. 4. You can call Security to remove weapons and the command can arrange storage in the base armory. But it’s best to ask the person to voluntarily store their weapons because we care! 5. Don’t keep suicide a secret, ever! 6. Asking a person to sign a contract for safety does not work. You’re asking the person to promise not to kill themselves, but not helping them with the “how.” | 1. **DISPLAY** Slide (18) |

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**INSTRUCTOR TRAINING Every Sailor, Every Day**

**Topic 10 Helping a suicidal person / Resources**

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| DISCUSSION | DISPLAY |
| 1. The Command Directed Evaluation is not as cumbersome as it used to be. Commanders and other leaders are permitted to direct Sailors to mental health if they are genuinely concerned about the Sailor’s health. It still cannot be for inappropriate reasons. 2. NAVADMIN 263/14 encourages leaders to inquire about firearms access when Sailors are going through tough periods. Leaders can ask Sailors to voluntarily store their weapons during high stress periods. 3. Remember that the primary reason Sailors won’t ask for help is for fear of losing their privacy. Guard their personal information the way you’d want someone to guard yours. 4. Good leaders know the resources available to help Sailors. Be familiar with the local resources BEFORE someone needs help. 5. Not every Sailor is a professional Sailor. Sailors who ask for help may face ostracism, belittling and other high school behavior back in their work spaces. Don’t turn a blind eye to this. 6. Your Sailors are always watching a listening. Be careful how you talk about seeking help and be careful when telling sea stories. Some Sailors listening may be at risk for suicide and your words may encourage or discourage them from seeking help. | 1. **DISPLAY** Slide (19)     1. Sometimes our Sailors don’t stay in the Navy; they go to TPU or get separated. Don’t wash your hands of them. They’re yours until they get that DD214. |

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BARRACKS/TPU STAFF TRAINING Every Sailor, Every Day

**Topic 11 Columbia Suicide Severity Rating Scale / Safety Plan**

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| DISCUSSION | DISPLAY |
| 1. The CSSRS is brief, simple, requires no formal training and is valid and reliable. It asks about suicidal thoughts and behaviors. 2. You don’t have to be a mental health provider, BUT you do have to care and be genuine. 3. Ask the questions in bold. Ask the questions just as they’re written. 4. The time frame for these questions 1-5, is the last month. Question 6 is for a lifetime. 5. Two simple decisions. If they answer “NO” to question 1 and 2, you skip to 6. If they answer “YES” to #2, then you ask all the questions. 6. There is a simple guideline to respond to the answers. 7. Sailors won’t care how much you know, but they’ll know how much you care. Take it seriously. | 1. **DISPLAY** Slide (20) |

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**Topic 11 Columbia Suicide Severity Rating Scale / Safety Plan**

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| DISCUSSION | DISPLAY |
| 1. Questions 1 and 2 ask about thoughts of dying, called suicidal ideation. 2. Some people have passive thoughts, “I wish I were dead or wouldn’t wake up,” “I wouldn’t mind if I got hit by a bus.” 3. Others have active thoughts, “I’m going to kill myself,” “I want to die.” 4. Thoughts that occur frequently and were recent are more concerning that a thought a long time ago or occurs rarely. 5. This is a conversation starter. Sometimes if the person doesn’t trust you, they may not answer truthfully. It’s okay to build rapport first. 6. You may start by stating, “I know you don’t know me well but I’m concerned. I want to ask you a few questions about how you’re feeling.” “You’ve been going through a lot lately and some people in your situation might feel like giving up. I want to ask you some questions about how you’re feeling under the circumstances.” | 1. **DISPLAY** Slide (21)    \*\*The past month is most significant for suicidal thoughts |

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**Topic 11 Columbia Suicide Severity Rating Scale / Safety Plan**

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| DISCUSSION | DISPLAY |
| 1. Questions 3-5 pertain to suicide related behaviors. They ask about thoughts about “HOW” the person would do it, if they have intentions to do it, and if they’ve begun working on a plan to carry it out. 2. Obviously having thoughts of suicide with plans worked out means the person is at great risk. 3. The past 3 months is most significant for suicide related behaviors (previous attempts or self-harm) | 1. **DISPLAY** Slide (22) |

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**Topic 11 Columbia Suicide Severity Rating Scale / Safety Plan**

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| DISCUSSION | DISPLAY |
| 1. The last question, #6, deals with previous attempts. A person who has attempted suicide in the past has acquired capacity. They are at greater risk of attempting suicide again. 2. The more recent the attempt, the greater the risk. 3. Those with recent preparations to die are 8x more likely to die by suicide. 4. Always, always, **always** ask about access to lethal means. If the Sailor attempted suicide before by overdose, ask about pills. Ask if the Sailor recently purchased a firearm or rope or tested the strength of the door. Be aware of the Navy policy that allows you to offer storage of the firearm in the base armory. | 1. **DISPLAY** Slide (23) |

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**Topic 11 Columbia Suicide Severity Rating Scale / Safety Plan**

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| DISCUSSION | DISPLAY |
| 1. This helps to make a decision about the Sailor or advise leadership. 2. If the person endorses only thoughts of suicide, answers “YES” to 1 and 2, then they need a referral to mental health or the chaplain. However, they don’t likely need hospitalization at this point. You should check on them regularly and stay engaged. 3. If the person has thoughts and has started working out a plan, they need an urgent evaluation, particularly if they’ve made an attempt in the recent past. 4. At a minimum, after giving the C-SSRS, you should inform someone in your leadership and stay engaged with the Sailor. Even after a mental health or chaplain evaluation, ensure a sense of belongingness. | 1. **DISPLAY** Slide (24) |

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**Topic 11 Columbia Suicide Severity Rating Scale / Safety Plan**

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| DISCUSSION | DISPLAY |
| 1. As stated before, do not ask anyone to simply sign a contract for safety. 2. A study found that 40% of psychiatric patients who died by suicide had recently signed a contract for safety. 3. May Sailors will feel mistrustful of you if you ask them to sign a contract. You’re essentially asking them to promise not to kill themselves but what is the basis of your relationship? Why would they honor that promise with you? Have you offered any other resources to keep them safe? 4. Safety plans are collaborations between you and the Sailor on ways to keep themselves safe. They include means restriction, brief problem solving and coping skills, enhancing social support and identifying emergency contacts, BEFORE the emergency. 5. After you complete it, the Sailor should post it somewhere in their spaces to remind them of their resources. 6. One patient said of his Safety Plan: “I never thought I could do anything about my suicidal feelings, now I know that I am not at their mercy.” | 1. **DISPLAY** Slide (25)    7. Suicide risk fluctuates over time and problem-solving ability can diminish during a crisis. This tool will allow the Sailor to rehearse before the crisis how to cope. |

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**Topic 11 Resources**

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| DISCUSSION | DISPLAY |
| 1. Always have resources available as leaders. 2. Promote seeking help as a sign of strength. Guard your words carefully about resources and those seeking help. 3. Sailors don’t have to be religious to talk to a Chaplain and they offer 100% confidentiality | 1. **DISPLAY** Slide (26) |

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BARRACKS/TPU STAFF TRAINING Every Sailor, Every Day

**Topic 11 Resources**

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| DISCUSSION | DISPLAY |
| 1. Navy Suicide Prevention offers multiple resources on their site for all hands, leaders, peers, families and Sailors. 2. The last bullet is a link to online training on the Columbia Suicide Severity Rating Scale and you can watch it being administered. You can show this before the training or at any point. | 1. **DISPLAY** Slide (26) |

**END OF LESSON**