DEPARTMENT OF THE ARMY
UNITED STATES ARMY TRIAL DEFENSE SERVICE
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FORT BELVOIR, VIRGINIA 22060

JALS-TD

25 February 2013

MEMORANDUM FOR U.S. Army Trial Defense Service Personnel

SUBJECT: TDS Policy Memorandum 2013-02: USATDS Suicide Prevention Policy[1]

1. Soldier suicides continue to occur at unprecedented levels. Defense counsel and paralegals must work aggressively to identify and to aid our clients who are at risk for suicide. We are skilled at securing good results for our clients, but we also need to think of the big picture and the whole Soldier. Many Soldiers who commit suicide are facing military and/or civilian legal problems. We must continue to incorporate suicide prevention into our practice and ensure that members of the Army family receive the care and help they need.

2. During the intake or initial meeting with a client who is pending a special or general court-martial, defense counsel and/or defense paralegals will provide the client with the enclosed memorandum (enclosure 1), modified to incorporate local information, and discuss it with the client. In all other cases, this memorandum may be provided to a client at the discretion of the defense counsel or paralegal. This memorandum provides clients with information on how to get help. The discussion needs to set the tone for an open dialogue on this topic for the duration of the attorney-client relationship. You must be vigilant in identifying clients who might be contemplating suicide and in ensuring they receive the professional help they need. Our clients come to us because something has gone wrong, and they need guidance and advice. In counseling them, I want you to be on the lookout for some of the following risk factors and warning signs:

a. **Soldiers who have a mental health history or have received recent care for a behavioral health problem.** You should be familiar with your client's mental health situation through the course of your regular representation and preparation for trial. If your client has a mental health history, be vigilant in assessing whether suicide is an option that he/she might be considering.

b. **Talk of suicide, death, or desire to die; feeling like there is no reason to live.** Any conversations that touch on these topics should immediately raise a red flag. Listen intently to your client and get as much information you can; ask questions; take notes; pay attention to details; do not assume that the client is joking. Be prepared to act and ensure that this Soldier is taken to mental health.

c. **Drug or alcohol abuse.** Substance abuse is often an attempt to escape reality and cope with problems. Clients who come to your office under the influence of alcohol or drugs are clearly struggling to make good decisions and need help.

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[1] This supersedes the USATDS Suicide Prevention Policy, dated 1 Dec 09.

d. **A pervasive sense of guilt, sadness, or despair.** A common motivation for suicide is a sense of hopelessness or despair. Your client is obviously experiencing some difficulties or he/she would not be seeking legal advice. Pay special attention to clients who behave as if they have nothing left to live for and as if their life is ruined.

3. There are many things that you need to consider in assessing the situation. While I briefly touched on a few above, the U.S. Army Public Health Command Suicide Prevention Training Tip Card (enclosure 2) and the A-C-E card (enclosure 3) provide more detailed information. I want you to review these products closely and be prepared to confront this situation head on should it arise.

4. If you believe your client is considering suicide, I want you to notify immediately your SDC and RDC and be prepared to do anything and everything in your power to prevent that Soldier from taking his/her life. This means that you are not going to let that Soldier out of your sight until he receives help. It might mean that you will have to assist your client contact a mental health provider or a responsible member of the client's command, or it might mean that you will have to take your client to mental health yourself. It might mean that you will have to contact the client's command and inform them that this Soldier should not be left alone. It might mean that you will have to disclose a limited amount of information you received from your client through representation in order to get him/her the help needed. If saving a life means disclosing such information, then I fully expect you to do it; however, you will only disclose the minimum amount of information necessary to get your client the help he needs.

5. Rule 1.6, Army Regulation 27-26, Rules of Professional Conduct for Lawyers, deals with confidentiality of information and it specifically requires disclosure when the lawyer reasonably believes it is necessary "to prevent the client from committing a criminal act that the lawyer believes is likely to result in imminent death or substantial bodily harm . . . ." The American Bar Association has issued an opinion providing that the rule of confidentiality does not attach to a "client's intention to commit suicide." ABA Committee on Ethics and Professional Responsibility, Informal Opinion No. 83-1500 (June 2, 1983). Additionally, in U.S. v. Godshalk, 44 M.J. 487 (1996), appellant told his chaplain and a trial defense counsel that he intended to kill himself. The defense counsel notified the chain of command and worked with the Government to get the client to return to post and get help. The Court of Appeals for the Armed Forces held that the imminent-death exception to the rule of confidentiality applied. *Id.* at 491.

6. It is your duty to ensure that your clients receive the help they need. You are in a very unique position and are privy to some of the innermost thoughts of your clients. Treat each client's situation with the gravity it deserves and always be mindful that your client may be considering suicide. Together, we can work to prevent the tragic loss of American Soldiers through suicide.

Pete M. Cullen

PETER M. CULLEN
COL, JA
Chief, U.S. Army Trial Defense Service

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1. Sample Memorandum
2. Suicide Prevention Training Tip Card
3. A-C-E Card

OFFICE SYMBOL

MEMORANDUM FOR RECORD

SUBJECT: Available Resources to Cope with Stress

1. Legal troubles are often stressful, but there are a number of healthy ways to cope with this stress. There are a variety of agencies that can help you develop the skills you may need to cope effectively. I have listed some of them below. If you have any questions about confidentiality, feel free to discuss them with your attorney.

a. **Chaplains/Clergy** ***(_____ insert local contact info)*** have confidentiality (like my office) and are trained to help you with problems you are facing, including spiritual counseling. There is an absolute privilege for all information confided in a chaplain or clergy as a formal act of conscience or faith.

b. **Military One Source** provides several counseling options such as telephonic, online and/or face-to-face counseling, to include a crisis line. You can call a consultant at 1-800-342-9647 or www.militaryonesource.mil.

c. **National Suicide Prevention Lifeline.** If you are ever feeling desperate, alone or hopeless you can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255). This is a free, confidential, 24-hour hotline available to anyone in suicidal crisis or emotional distress. You can also reach them at www.suicidepreventionlifeline.org.

d. **Veterans Crisis Line** connects Soldier veterans in crisis and their families and friends with qualified, caring responders through a confidential toll-free hotline, online chat, or text. You can call 1-800-273-8255 and press 1, chat online at www.veteranscrisisline.net, or send a text message to 838255 to receive confidential support 24 hours a day, 7 days a week.

e. **Installation Mental Health Clinic or Provider** ***(_____ insert local contact info)*** provides licensed psychologists, psychiatrists and social workers to assist you. In addition to you seeking services on your initiative, your command may also refer you to a mental health evaluation if they believe you to be a danger to yourself.

f. **Military Family Life Consultants** ***(_____ insert local contact info)*** are licensed clinical counselors providing free, confidential support to Soldiers and their families.

2. REMEMBER: You are a valuable person and member of the Army and we are committed to providing you services and support during this stressful time. If you have any questions concerning this information, please call me at ***(_____ TDS office phone numbers)***.

NOBLE DEFENDER
MAJ, JA
Senior Defense Counsel

Suicide Prevention Training Tip Card

This card is to be used as a training aid for the Soldier's and leadership's Suicide Prevention awareness briefs.

Most suicides and suicide attempts are reactions to intense feelings of:

Loneliness - is an emotional state in which a person experiences powerful feelings of emptiness and isolation. Loneliness is more than just the feeling of wanting company or wanting to do something with another person. Loneliness is a feeling of being cut off, disconnected from the world, and alienated from other people.

Worthlessness – is an emotional state in which a person feels low, and they lack any feelings of being valued by others.

Hopelessness - is a spiritual/relational issue. It often stems from feeling disconnected from a higher power or other people. Connection with a higher power and other people is a key to helping individuals to withstand grief and loss. This connection allows individuals to rebound from most severe disappointments of life.

Helplessness – is a condition or event where the Soldier thinks that they have no control over their situation and whatever they do is futile such as repeated failures, receipt of a "Dear John or Dear Joan" letter, etc.

Guilt- is a primary emotion experienced by people who believe that they have done something wrong.

Depression:

Depression is considered when one of the following two elements is present for a period of at least two weeks: depressed mood or inability to experience life pleasures. If one of these elements is identified, depression is diagnosed when five symptoms from the list below are presented over a two-week period.

- Feelings of overwhelming sadness and/or fear, or the seeming inability to feel emotion (emptiness).
- A decrease in the amount of interest or pleasure in all, or almost all, daily activities.
- Changing appetite and marked weight gain or loss.
- Disturbed sleep patterns, such as insomnia, loss of REM sleep, or excessive sleep (Hypersomnia).
- Psychomotor agitation or retardation nearly every day.
- Fatigue, mental or physical, also loss of energy.
- Intense feelings of guilt, helplessness, hopelessness, worthlessness, isolation/loneliness and/ or anxiety.
- Trouble concentrating, keeping focus or making decisions or a generalized slowing and memory difficulties.
- Recurrent thoughts of death (not just fear of dying), desire to just "lay down and die" or "stop breathing," recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide.
- Feeling and/or fear of being abandoned by those close to the individual.

For some individuals, a combination of many factors may cause depression. For others, a single factor may trigger the illness. Depression often is related to the following:

- **Imbalance of brain chemicals called neurotransmitters -** Changes in these brain chemicals may cause or contribute to clinical depression.
- **Negative thinking patterns -** People who are pessimistic, have low self-esteem, worry excessively, or feel they have little control over life events are more likely to develop clinical depression.
- **Family history of depression** – A genetic history of clinical depression can increase one's risk for developing the illness. But depression also occurs in people who have had no family members with depression.

- **Difficult life events –** Events such as the death of a loved one, divorce, financial strains, history of trauma, moving to a new location or significant loss can contribute to the onset of clinical depression.
- **Frequent and excessive alcohol consumption –** Drinking large amounts of alcohol on a regular basis can sometimes lead to clinical depression. Excessive alcohol consumption is also sometimes a symptom of depression.

Warning Signs:

When a Soldier presents with any combination of the following, the buddy or chain of command should be more vigilant. It is advised that help should be secured for the Soldier.

- Talk of suicide or killing someone else
- Giving away property or disregard for what happens to one's property
- Withdrawal from friends and activities
- Problems with girlfriend/boyfriend or spouse
- Acting bizarre or unusual (based on your knowledge of the person)
- Soldiers in trouble for misconduct (Art-15, UCMJ, etc.)
- Soldiers experiencing financial problems
- Soldiers who have lost their job at home (reservists)
- Those soldiers leaving the service (retirements, ETSs, etc.)

When a Soldier presents with any one of these concerns, the Soldier should be seen immediately by a helping provider.

- Talking or hinting about suicide
- Formulating a plan to include acquiring the means to kill oneself
- Having a desire to die
- Obsession with death (music, poetry, artwork)
- Themes of death in letters and notes
- Finalizing personal affairs
- Giving away personal possessions

Risk Factors:

Risk factors are those things that increase the probability that difficulties could result in serious adverse behavioral or physical health. The risk factors only raise the risk of an individual being suicidal, it does not mean they are suicidal.

The risk factors often associated with suicidal behavior include:

- Relationship problems (loss of girlfriend/boyfriend, divorce, etc.)
- History of previous suicide attempts
- Substance abuse
- History of depression or other mental illness
- Family history of suicide or violence.
- Work related problems
- Transitions (retirement, PCS, discharge, etc.)
- A serious medical problem
- Significant loss (death of loved one, loss due to natural disasters, etc.)
- Current/pending disciplinary or legal action
- Setbacks (academic, career, or personal)
- Severe, prolonged, and/or perceived unmanageable stress
- A sense of powerlessness, helplessness, and/or hopelessness

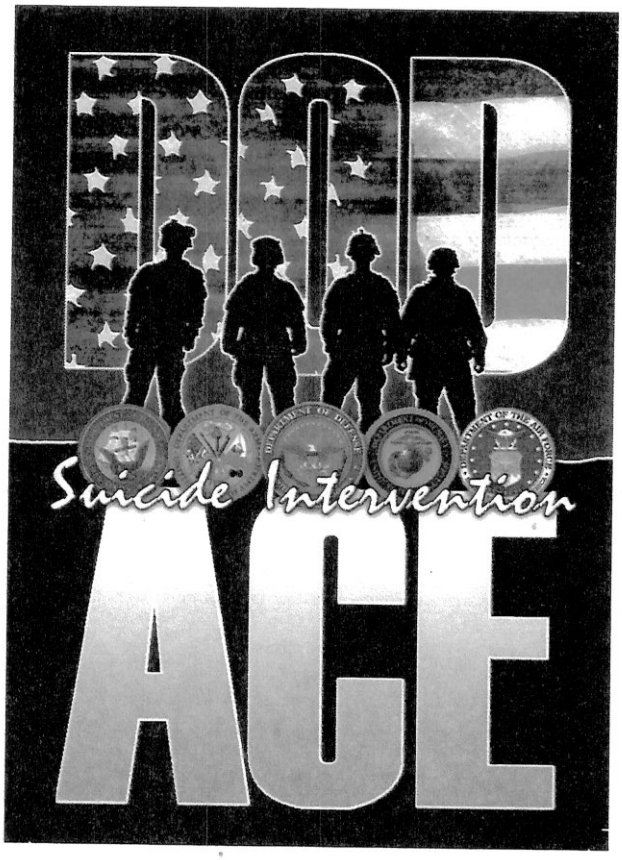
Suicidal Risk Highest When:

- The person sees **no way out** and fears things may get worse.
- The predominant emotions are **hopelessness and helplessness.**
- **Thinking is constricted** with a tendency to perceive his or her situation as all bad.
- Judgment is impaired by use of **alcohol or other substances.**

USAPHC
U.S. ARMY PUBLIC HEALTH COMMAND (Provisional)
http://phc.amedd.army.mil

U.S. ARMY

TA-074-0810



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USAPHC http://phc.amedd.army.mil/

Ask your buddy

- Have the courage to ask the question, but stay calm
- Ask the question directly: Are you thinking of killing yourself?

Care for your buddy

- Stay calm and safe; do not use force
- Remove any means that could be used for self-injury
- Actively listen to show understanding and produce relief

Escort your buddy

- Never leave your buddy alone
- Escort to chain of command, Chaplain, behavioral health professional, or primary care provider
- Call the National Hotline

TA - 120 - 0909

Suicide Hotline - 1-800-273-**TALK**(8255)

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