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IN REPLY REFER TO

3000

CDC

21 Mar 17

**CDC POLICY MEMORANDUM 2.4A**

From: Chief Defense Counsel of the Marine Corps  
To: Distribution List

Subj: **SUICIDE AWARENESS AND RESPONSE FOR CLIENTS IN CRISIS**

Ref: (a) JAGINST 5803.1D  
(b) MCO 1720.2  
(c) CDC Policy Memo 1.3 (series) (DSO Workspaces, Correspondence, Reports, and Case File Retention Policies)

Encl: (1) Suicide Assessment Mnemonic  
(2) Tools to Cope with Stress Memorandum  
(3) Columbia Suicide Severity Rating Scale  
(4) CDC Quarterly Suicide Prevention Report

1. Purpose. To integrate policies and procedures into the daily practice of Judge Advocates and Legal Services Specialists assigned to the Defense Services Organization (DSO) in order to prevent future suicides, preserve and protect those members of the Marine Corps with whom we have daily contact, and ensure our clients receive the help and assistance they need when they need it.

2. Discussion

a. A common indictment of our client base is the old adage that 10% of the Marines take up 80% of the Commands attention. But never forget that the Commander's 10% is our 100%, and that disciplinary matters are a significant risk factor for suicide. Statistics from 1998 - 2007 show that over 40% of Marines who died at their own hand were pending, or had recently resolved, legal issues.

b. As Defense Counsel we are uniquely positioned to identify persons at risk of doing harm to themselves. The nature of the attorney-client relationship provides us with a unique window into very personal and intimate details about the

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lives, families, and relationships of our clients. We, as their counsel, are frequently one of the few persons left in their world they trust. We will use this trust as the foundation upon which we sustain our ongoing efforts to combat suicide.

c. Suicide is a very complex problem. While we are not trained mental health professionals, there are some common early warning signs which we, as Defense Counsel, may be able to identify. These early warning signs may not be easy to detect, but the unique nature of our relationships with our clients means that if anyone can recognize early warning signs it is us. Because the risk for our clients is significant we will continue to integrate suicide prevention tactics, techniques, and procedures into our practice in order to ensure our clients receive the care and help they need when they need it.

d. The DSO has a historical commitment to reducing suicides. For at least the past five years we have worked hand-in-hand with the Headquarters Marine Corps (HQMC) Suicide Prevention Office to increase the DSO's awareness of the heightened risk of our client base. In the spring of 2010 we convened our first all-hands DSO Training in part to discuss and train on this issue; a tradition which continues today. Since then the HQMC Suicide Prevention Office has provided classes in a variety of locations to broad spectrum of the DSO on suicide prevention. In order to enable us to better protect our clients, the Judge Advocate General of the Department of the Navy revised Rule 1.14 of our Rules of Professional Conduct to give a defense counsel authority to make limited disclosures so that mentally troubled clients can get the help they need when they need it most. In the intervening years, the DSO has continued to aggressively train on this topic and raise awareness throughout the legal community. The results have been awe-inspiring, with defense counsel across the globe taking action to get help for their clients by talking openly about suicide, being vigilant for warning signs, and where necessary making limited disclosures to get their clients help. Yet despite these efforts we continue to lose Marines to suicide.

3. Policy. Suicide prevention within the DSO is founded on trust, training and periodic reassessment.

a. *Pillar One—Trust*. The first pillar of the DSO suicide awareness and prevention program is trust. DSO attorneys must establish trust with their clients so that they may speak frankly, openly and honestly about suicide. Our functional independence as an organization cloaks each member of the DSO

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with some degree of trust, but it is up to each individual attorney to earn the trust of each of their clients through aggressive, zealous representation. Establishing trust permits members of the DSO to more effectively assess suicide risk factors. Use enclosure (1) as an easy mnemonic tool. DSO attorneys shall use enclosure (2) to discuss the risk factors with their clients during their initial intake interview and advise their clients where help is available. Additionally, DSO attorneys shall periodically assess the following non-exclusive list of risk factors with their clients throughout their representational relationship:

(1) Does the client have a family history of suicide, or has the client previously been exposed to suicidal behavior by family members and/or friends?

(2) Does the client have a family or personal history of psychiatric hospitalization or other psychiatric treatment or illness?

(3) Does the client have a history of suicidal thoughts, ideations, or behavior (even if untreated)?

(4) Has the client experienced any chronic personal losses, paying particular attention to multiple personal losses?

(5) Does the client have a history of developmental trauma (e.g., abuse, neglect, family violence, early bullying, victimization)?

(6) Does the client have a history of impulsivity, aggression, and/or violence against persons or animals, including thoughts, dreams and ideations?

(7) Does the client suffer from low self-esteem and/or high self-hate?

(8) Does the client have a history of substance abuse?

(9) Has the client or a close family member suffered from a recent serious physical illness?

(10) Does the client claim to be a perfectionist, or does the client exhibit behavior consistent with perfectionism?

b. Understanding that any person who is the subject of disciplinary proceedings may suffer from some degree of

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frustration, disappointment, stress, and/or agitation, members of the DSO will pay particular attention for warning signs of suicide. Use enclosure (1) and Behavioral Health Information Network resources, available at [http://bh.in.usmc-mccs.org/index.cfm?fuseaction=c\\_user.dsp\\_browse](http://bh.in.usmc-mccs.org/index.cfm?fuseaction=c_user.dsp_browse), for more detailed information, but some warning signs include:

- (1) Feelings of hopelessness, rage, and anger.
- (2) Feeling trapped.
- (3) A desire to seeking revenge on a person, place or thing.
- (4) Reckless and/or risk-taking behavior.
- (5) Withdrawing from friends and family.
- (6) Anxiety, agitation, hyper vigilance and/or an inability to sleep.
- (7) Excessive sleepiness or sleeping all of the time.
- (8) Dramatic changes in mood or mood shifts.
- (9) Feeling like there is no reason to live.
- (10) Feeling no sense of purpose in life.

c. When a client exhibits risk factors or warning signs of suicide, use enclosure (3) as an assessment tool and take action accordingly.

d. *Pillar Two—Training*. Training is the second pillar of the DSO suicide prevention platform. Training forms the foundation upon which defense counsel build suicide awareness and the ability to recognize situations in which they need to intervene. Suicide awareness and prevention training will be conducted at every level. It is a training focus of effort in the DSO. In addition to annual suicide prevention training and Never Leave a Marine Behind Suicide Prevention Training, the DSO will conduct the following additional training:

- (1) Regional Defense Counsel (RDCs) shall train all defense counsel and legal services specialists in their region on suicide awareness and prevention at least once per quarter.

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(2) RDCs shall report monthly on suicide awareness training and or incidents within their respective regions.

(3) The Chief Defense Counsel of the Marine Corps (CDC) will make a quarterly report to Staff Judge Advocate to the Commandant of the Marine Corps on suicide awareness training and incidents within the DSO. Enclosure (4) pertains.

(4) CDC will meet at least twice a year with HQMC Suicide Prevention Office to discuss the DSO's efforts to prevent suicide.

(5) Each member of the DSO will become familiar with the Behavioral Health Information Network at [http://bhin.usmc-mccs.org/index.cfm?fuseaction=c\\_user.dsp\\_browse](http://bhin.usmc-mccs.org/index.cfm?fuseaction=c_user.dsp_browse).

(6) All New Defense Counsel Orientation Courses will include a period of instruction on dealing with at-risk clients and this policy memo.

(7) Each new DSO attorney will review this policy memo personally with their Senior Defense Counsel.

(8) The Defense Counsel Assistance Program (DCAP) will record suicide prevention training on the at-risk client database maintained on the DSO SharePoint.

(9) Each year the DSO-wide training program shall include at least one block of instruction on suicide awareness and prevention.

e. *Pillar Three—Reassessment.* The third pillar of the DSO suicide awareness and prevention program is regular reassessment. Client assessment is not a "one and done" matter. It requires engaged leadership and regular reassessment by all DSO personnel. As such, DSO attorneys and legal services specialists must be aware of suicide risks and warning signs and integrate them into their daily interactions with all clients. DSO personnel shall incorporate the following into their practice and daily interactions with our clients:

(1) Continually assess clients for suicide risk. Ask the client at each meeting how they are doing and record the response in the case file.

(2) Make a note of your assessment of the client's mental health after each meeting.

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(3) Regularly reassess and inquire about the risk factors and warning signs of suicide behavior.

(4) Regularly and candidly discuss the extent to which a client uses or abuses alcohol and note this in the file.

(5) Regularly ask clients about previous mental health problems and current mental health treatment.

(6) At each client meeting be attentive to the client's current words, actions, and demeanor for risk factors and warning signs of suicide, using enclosure (1) as a mnemonic tool.

(7) Use enclosure (3) as required to ask your client about risk factors and warning signs in a safe, evidence based manner.

(8) Identify potential sentencing witnesses early, particularly family members, clergy, and other persons who may form a support network for the client. Contact these witnesses early. Ask about their observations and assessment of the client in order to help identify any potential suicidal issues.

(9) Each Senior Defense Counsel shall have a duty cell phone for their office which shall be manned and maintained in a ready, charged status during all off duty hours. Ensure each client has access to this number. Make sure each client also has ready access to resources and telephone numbers where other help is available.

(10) All defense counsel shall have contact numbers for the local mental health providers next to their telephones. These numbers will also be posted in all branch office waiting rooms.

f. *Actions in Response to a Suicidal Client.* If a client talks of suicide, death, or a desire to die, listen intently to your client and get as much information as you can. Ask questions, take notes, pay attention to the details, never assume that the client is joking or malingering, and do not leave the client alone until these issues are resolved. If you determine that your client is at risk of suicide, you need to do everything in your power to prevent the client from taking his or her own life. Follow these steps and remain with the client until the client is properly handed over to an informed,

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responsible member of your client's command or a qualified mental health professional:

(1) Do not leave your client alone until the client has been handed over to responsible member of his or her command, or to a qualified mental health professional.

(2) Without leaving your client unattended, but as soon as practicable, contact your supervisory attorney for assistance. Remember that reference (c) establishes this as a CDC Critical Information Requirement (CCIR).

(3) Ask your client to contact a responsible member the client's command, in the defense counsel's presence, in order to request help from a mental health provider.

(4) If he or she will not or cannot do so, ask your client for his or her permission for you to contact a responsible member of the client's command, in the client's presence, in order to request help from a mental health provider.

(5) If the client does not wish to speak with his or her command, ask your client to contact a mental health provider, in the defense counsel's presence, for assistance.

(6) If he or she will not or cannot do so, ask your client for his or her permission for you to contact a mental health provider, in the client's presence, for assistance.

(7) Ask your client to tell the command representative and/or mental health provider the things that raised your concern about suicide or ask the client for permission for you to reveal those communications to the command representative and/or mental health provider.

(8) If your client does not consent to the above, in accordance with Rules 1.6 and 1.14 of reference (a), make a determination of whether you reasonably believe "that the client has diminished capacity, is at risk of substantial physical, financial, or other harm unless action is taken and cannot adequately act in the client's own interest" and whether you are permitted to reveal information about the client to the extent necessary to protect the client's interests. If necessary, consult a mental health provider about the case without revealing the identity of your client.

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(a) If you determine that reference (a) permits you to do so, contact an appropriate command representative and/or mental health provider. Inform this person that you are concerned for your client's safety. To the extent necessary explain that your client is suicidal, as well as the reasons why you believe your client to be suicidal.

(b) If you determine that reference (a) does not permit you to reveal attorney-client communications in order to seek mental health assistance for your client, ensure that your client has the required mental health assistance points of contact, encourage your client to seek assistance voluntarily, ask your client to contract for his own safety, and then follow up with your client within 12 hours.

(9) Document your discussions with the client and any actions that you took in a memorandum for the file. In addition, summarize your actions (mindful of attorney-client confidential information) in the "Suicidal Clients" link of the DSO Sharepoint site. This should normally be done after you have successfully handed your client over to a mental health provider or an informed, responsible member of your client's command.

g. *Actions in Response to a Client Suicide.* There will be occasions where, despite our best efforts, a Marine takes his or her own life. The following applies under such circumstances.

(1) The immediate supervisory defense counsel of the attorney whose client took his or her own life will meet with the defense counsel in person as soon as practically possible in order to ensure that the defense counsel has the necessary support to deal with such a traumatic event.

(2) The supervisory attorney shall report the incident as a CDC CIR as soon as possible. Include a report on the status of the defense counsel concerned.

(3) The CDC and RDC will provide support as needed.

(4) CDC will notify SJA to CMC.

(5) CDC and RDC will consult with the SDC and defense counsel within one week of the incident to assess lessons learned.



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4. Conclusion

a. 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 your clients' innermost thoughts. Treat each situation with the gravity it deserves, and always be mindful that your client may be considering suicide. In many cases just knowing that someone cares, even one person, is sufficient to deter a suicide. The DSO will make sure that each client knows that no matter what they are presently going through someone cares about them. Together, we will continue to work to prevent the tragic loss of Marines through suicide.

b. CDC Policy Memo 2.4 is cancelled. This CDC Policy Memo is effective immediately.



J.W. HITESMAN

Distribution:

SJA to CMC

Legal Chief of the Marine Corps

All Marine Corps SJAs

LSSS OICs

LSST OICs

All members of the DSO

This mnemonic has been created to help assess individuals for immediate suicide risk (American Association of Suicidology, 2006; Berman, 2006). The mnemonic is an easily memorized question, "**IS PATH WARM?**" Each letter corresponds with a risk factor noted as frequently experienced or reported within the last few months before suicide. The specific risk factors are:

**Suicide Ideation:** Does the client report active suicidal ideation or has she written about her suicide or death? Does the client report the desire to kill herself? Does she voice a desire to purchase a gun with the intention of using the gun to kill herself? Does she voice the intention to kill herself with a gun, weapon, or car that she currently has in possession or can gain access to?

**Substance Abuse:** Does the client excessively use alcohol or other drugs, or has she begun using alcohol or other drugs?

**Purposelessness:** Does the client voice a lack or loss of purpose in life? Does she see little or no sense or reason for continued living?

**Anger:** Does the client express feelings of rage or uncontrolled anger? Does she seek revenge against others whom she perceives have wronged her or are at fault for her current concerns or problems?

**Trapped:** Does the client feel trapped? Does she believe there is no way out of her current situation? Does the client believe death is preferable to a pained life? Does the client believe that no other choices exist except living the pained life or death?

**Hopelessness:** Does the client have a negative sense of self, others, and her future? Does the future appear hopeless with little chance for positive change?

**Withdrawing:** Does the client indicate a desire to withdraw from significant others, family, friends, and society? Has she already begun withdrawing?

**Anxiety:** Does the client feel anxious, agitated, or unable to sleep? Does the client report an inability to relax? Just as important, does the client report sleeping all the time? Either can suggest increased risk of suicide or self-harm.

**Recklessness:** Does the client act recklessly or engage in risky activities, seemingly without thinking or considering potential consequences?

**Mood Change:** Does the client report experiencing dramatic mood shifts or states?

DATE

MEMORANDUM

From: Detailed Defense Counsel, (insert local DSO office)  
To: Defense Client (insert name)

Subj: TOOLS TO COPE WITH STRESS

1. Legal troubles are often very stressful, but there are a number of healthy ways to cope with this stress. Several resources are readily available to help you overcome the stress and uncertainty that you may be experiencing. I have listed some of the options below. We will discuss these options today and you should know that not all of the services that are available from the various sources provide you with confidentiality; however, if you are having difficulties dealing with stress or having thoughts of suicide, you need to seek help from a qualified individual right away.

a. **National Suicide Prevention Lifeline (NSPL)** is a nationwide network of crisis centers. If you are ever feeling desperate, alone, or hopeless, you can call the NSPL at **1-800-273-TALK (8255)**. NSPL is a free, confidential, 24-hour hotline available to anyone in suicidal crisis or emotional distress.  
<http://www.suicidepreventionlifeline.org/>

b. **Base Mental Health** (insert local contact info) provides licensed psychologists, psychiatrists, and social workers. In addition to you seeking services on your own initiative, if certain individuals, including members of your chain of command or me, believe that you are a danger to yourself, we can recommend to your commander that you be referred for a mental health evaluation.

c. **DStress Line** is available to active duty, Reserve, families, loved ones, and former Marines who are located in certain areas. The line provides counseling for any stress related issues including work, personal, relationship, financial, and family. It is available 24 hours a day, seven days a week and is staffed with former Marines. The service is free and confidential. **1-877-476-7734**.

d. **Military One Source (MOS)** provides telephonic, online and face to face counseling. MOS is provided by DoD at no cost to active duty, Reserve, and their families. The service is private and confidential; however, your identity must be verified for their internal records only. **1-800-342-9647**  
<http://www.militaryonesource.com/MOS/About/CounselingServices.aspx>

e. **Chaplains/Clergy** (insert local contact info) have confidentiality and are trained to help you with the 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.

2. **REMEMBER: You are a valuable person and a member of the Marine Corps Family and we are committed to providing you services and support during this stressful time. If you are having issues, please do not hesitate to ask for help.** I can help you get in contact with a qualified counselor or you can seek help directly. If you have any questions concerning this information, please call me at (insert contact info).

X. X. XXXXXXXXXXXX

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen Version*

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Last Visit	
Ask questions that are bold and <u>underlined</u>	YES	NO
<b>Ask Questions 1 and 2</b>		
<b>1) Wish to be Dead:</b> Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u><b>Have you wished you were dead or wished you could go to sleep and not wake up?</b></u>		
<b>2) Suicidal Thoughts:</b> General non-specific thoughts of wanting to end one's life/die by suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u><b>Have you actually had any thoughts of killing yourself?</b></u>		
<b>If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6</b>		
<b>3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):</b> Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.</i> " <u><b>Have you been thinking about how you might kill yourself?</b></u>		
<b>4) Suicidal Intent (without Specific Plan):</b> Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to " <i>I have the thoughts but I definitely will not do anything about them.</i> " <u><b>Have you had these thoughts and had some intention of acting on them?</b></u>		
<b>5) Suicide Intent with Specific Plan:</b> Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u><b>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</b></u>		
<b>6) Suicide Behavior</b> <u><b>Have you done anything, started to do anything, or prepared to do anything to end your life?</b></u>  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

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In Reply Refer To:  
5800  
[Code/int]  
[Date]

From: Chief Defense Counsel of the Marine Corps  
To: Staff Judge Advocate to the Commandant of the Marine Corps

Subj: QUARTERLY REPORT ON SUICIDE AWARENESS TRAINING AND INCIDENTS WITHIN THE DSO FOR **xx QTR FYxx**

Ref: (a) CDC Policy Memo 11-14

1. Summarize suicide awareness training events conducted by DSO during this quarter.

2. Suicidal Incidents:

<u>Region</u>	<u>Ideations</u>	<u>Attempts</u>	<u>Suicides</u>	<u>DSO Interventions</u>
East	#	#	#	#
West	#	#	#	#
Pacific	#	#	#	#
NCR	#	#	#	#
Total	#	#	#	#

3. Summarize any discernible trends and outline ways to incorporate the lessons learned into future suicide awareness training.

[CLOSE AS REQUIRED]

[ALL CAPS NAME]  
[RANK/TITLE AS REQUIRED]