**UNITED STATES MARINE CORPS**
CHIEF DEFENSE COUNSEL OF THE MARINE CORPS
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IN REPLY REFER TO:
3000
CDC
2 Feb 24

CDC POLICY MEMO 2.4B

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

Subj: SUICIDE AWARENESS AND RESPONSE FOR CLIENTS IN CRISIS

Ref: (a) JAGINST 5803.1E
(b) MCO 1720.2
(c) CDC PM 1.2B (CIRs)

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) 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. Statistics from 1998 to 2007 show that over 40 percent of Marines who died at their own hand were pending, or had recently resolved, legal issues. 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 lives, families, and relationships of our clients.

b. 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 relationship 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 to ensure our clients receive the care and help they need when they need it.

c. To enable us to better protect our clients, the Judge Advocate General of the Department of the Navy revised reference (a), Rule 1.14 of our Rules of Professional Conduct, to give a defense counsel authority to make limited disclosures so that mentally distressed clients can get the help they need when they need it most.

3. Policy. Suicide prevention within the DSO is founded on trust, training, and periodic assessment for suicide risk factors.

a. *Pillar One – Trust*. Defense counsel 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 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 identify the presence of suicide risk factors more effectively. As part of the client intake and initial meeting process, defense counsel will provide their clients with enclosure (2) (Tools to Cope with Stress Memorandum) and review it with each client.

b. *Pillar Two – Training*. 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 is a focus of effort within the DSO and will be conducted at every level. In addition to required service-level training, the DSO will conduct the following additional suicide awareness trainings:

(1) Regional Defense Counsel (RDCs) shall train all defense counsel and legal services specialists in their region on suicide awareness and prevention at least twice per year, and report completion as part of each region's annual inspection.

(2) All new defense counsel orientation courses will include a period of instruction covering this policy memorandum and on dealing with at-risk clients.

(3) Each new defense counsel will review this policy memorandum personally with his or her Senior Defense Counsel.

(4) Each year, the DSO worldwide training program shall include at least one block of instruction on suicide awareness and prevention.

(5) RDCs shall immediately report suicidal ideations, gestures, attempts, or actual incidents within their respective regions in accordance with reference (c) (CDC's CIRs).

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

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

c. *Pillar Three - Assessment*. Client assessment for suicide risk is not a "one and done" matter. It requires engaged leadership and regular reassessment by all DSO personnel. As such, defense counsel and legal services specialists must be aware of suicide risks and warning signs and integrate ongoing assessment into their daily interactions with all clients. DSO personnel shall incorporate the following into their practices and interactions with their clients:

(1) As part of the client intake and initial meeting process, defense counsel will informally assess clients for heightened risk of suicide using enclosure (2) (Suicide Assessment Mneumonic). If a client exhibits risk factors or warning signs of suicide, use enclosure (3) as an assessment tool by annotating the client's responses on it, and then take appropriate action in accordance with the guidance provided in this policy memorandum.

(2) Defense counsel will periodically ask the client how they are doing and record the client's response in the case file if any risk factors or warning signs of heightened suicide risk (e.g., abuse of alcohol) are present. Defense counsel will continually assess clients for suicide risk using the documents in enclosures (2) and (3).

(3) Defense counsel will identify potential sentencing witnesses early (particularly family members, clergy, and others who may form a support network for the client), and contact these witnesses to ask about their observations and assessments of the client to help identify potential risks of suicide.

(4) Each defense counsel shall ensure each client has access to a work cell phone number and encourage the client to call them at any time if they are ever in distress. Each defense counsel shall also ensure that each client has the Military and Veteran's Crisis Line (988, press 1) saved in their personal cell phone.

(5) All defense counsel shall have contact numbers for the nearest base hospital/clinic mental health department next to their telephone. These numbers will also be posted in all branch office waiting rooms.

d. *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 ensure your client is promptly evaluated by a qualified mental health professional. Do not leave your client unattended, and follow these steps until the client is properly handed over to an informed, responsible member of your client's command or a qualified mental health professional:

(1) As soon as practicable, contact your supervisory attorney for assistance.

(2) Ask your client to contact a responsible member of the client's command (including a chaplain), in your presence, to receive help from a mental health provider.

(3) If the client will not or cannot do so, ask for permission to allow you to contact a responsible member of the client's command (including a chaplain), in the client's presence, to receive help from a mental health provider.

(4) If the client will not or cannot do so, ask for their permission to allow you to contact a mental health provider (if available), in the client's presence, for assistance. If a mental health provider is not available, ask your client to call the Military and Veterans Crisis Line (988, press 1), in the defense counsel's presence, to receive help from a mental health provider.

(5) Ask the 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.

(6) 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 for guidance about the case without revealing the identity of your client.

(a) If you determine that reference (a) permits you to reveal attorney-client communications in order to seek mental health assistance for your client, 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 reasonably 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 to seek mental health assistance for your client, ensure that your client has the required base mental health assistance points of contact and the Military and Veterans Crisis Line phone number and then follow up with your client within 12 hours to reassess.

(7) 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 accordance with reference (c) (CDC's CIRs). 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.

e. *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 practicable to ensure that the defense counsel has the necessary support to deal with such a traumatic event.

(2) The supervisory defense counsel shall report the incident as a CDC CIR in accordance with reference (c) as soon as possible. Include a report on the status of the defense counsel concerned.

(3) The CDC and RDC will provide support to the defense counsel concerned as needed.

(4) CDC will notify SJA to CMC.

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

4. Conclusion.

a. It is the duty of every defense counsel to evaluate and monitor their clients for heightened risk of suicide and ensure that clients receive the help they need. Treat each situation with the gravity it deserves, and always be mindful that your client may be considering suicide. In many cases a client simply knowing that someone cares about them is sufficient to deter a suicide, and DSO personnel will make sure that each client knows that we care about them, no matter what they are going through. Together, we will continue to work to prevent the tragic loss of Marines and Sailors through suicide.

b. CDC PM 2.4A is hereby cancelled. This CDC Policy Memo is effective immediately.

V. C. DANYLUK

DISTRIBUTION:
SJA to CMC
Legal Chief of the Marine Corps
All members of the DSO
All Marine Corps SJAs
LSST OICs

**SUICIDE RISK ASSESSMENT**
**MNEUMONIC**

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?

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 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 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. **The Military and Veterans Crisis Line** is a free, *confidential* resource that provides 24 hour crisis support for all service members, including members of the National Guard and reserve, and all veterans and their families. The caring, qualified responders at the Veterans/Military Crisis Line are specially trained and experienced in helping service members and veterans of all ages and circumstances in times of crisis, and connecting them to appropriate resources as necessary. In the United States, dial 988 then press 1, text 838255. You can also chat online with a VA responder from anywhere at https://www.veteranscrisisline.net/

b. **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/

c. **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.

d. **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**.

e. **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

f. **Chaplains/Clergy** 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).

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

*Screen Version*

| **SUICIDE IDEATION DEFINITIONS AND PROMPTS** | **Since Last Visit** | |
|---|---|---|
| **Ask questions that are bold and underlined** | **YES** | **NO** |
| **Ask Questions 1 and 2** | | |
| **1) Wish to be Dead:**<br>Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.<br>***Have you wished you were dead or wished you could go to sleep and not wake up?*** | | |
| **2) Suicidal Thoughts:**<br>General non-specific thoughts of wanting to end one's life/die by suicide, "*I've thought about killing myself"* without general thoughts of ways to kill oneself/associated methods, intent, or plan.<br>***Have you actually had any thoughts of killing yourself?*** | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6** | | |
| **3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act):**<br>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 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.*"<br>***Have you been thinking about how you might kill yourself?*** | | |
| **4) Suicidal Intent (without Specific Plan):**<br>Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "*I have the thoughts but I definitely will not do anything about them*."<br>***Have you had these thoughts and had some intention of acting on them?*** | | |
| **5) Suicide Intent with Specific Plan:**<br>Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.<br>***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?*** | | |
| **6) Suicide Behavior**<br>***Have you done anything, started to do anything, or prepared to do anything to end your life?***<br>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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