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HOW ACTIVE DUTY MILITARY MEMBERS TALK
TO EACH OTHER ABOUT SUICIDE

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Silvia Verenice Bryant

June 2013

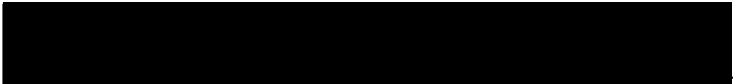
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by
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June 2013

Approved by:


Dr. Teresa Morris, Faculty Supervisor,
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6-6-13
Date


Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

The purpose of the study sought to explored suicide among active duty military members. The research study was conducted using a Post Positivist paradigm. Data was gathered using a qualitative approach. The qualitative study included nine active duty Marines. Data was collected by interviewing Marines and data was analyzed using open, axial and selective coding. The study found various suggestions and ways to implement prevention strategies that can potentially be effective for this population. Implications for social work practice are that this study created a better understanding of suicide among military service members. Further research is recommended to continue learning about suicide in the military and how to help military members.

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I'd like to thank my husband, Leo Tapia who is currently serving in Afghanistan. This project would not have been possible without the support and encouragement of my husband. I'd also like to thank my daughter Aolani Tapia for understanding the long nights spent doing homework. I would also like to thank my parents, brothers, sisters for their constant encouragement love and support.

I would like to express my gratitude and acknowledge my research advisor Teresa Morris, Ph.D., for being supportive, patient, encouraging and always enthusiastic about teaching and advising me.

In addition, I take this opportunity to express the deepest appreciation to all of the United States Marines who participated in the study. I want to say thank you for your contribution to the study and making the study possible. I consider it an honor to have worked with all of the marines in the study.

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CHAPTER ONE

ASSESSMENT

Introduction

Chapter one explains the research focus, literature review, theoretical orientation, and implications of this study for social work practice. The problem focus is suicide among active duty military members. This study adopted the Post Positivist paradigm, which was used to carry out social work practice research for this study. This paradigm is the most appropriate for this research because according to Morris (2006), this perspective, "takes an inductive exploratory approach to understanding an objective reality" (p. 71). Using this paradigm data was gathered from military members through interviews. This paradigm allowed the researcher to gather data in a naturalistic setting. A naturalistic setting was important for this study because it allowed the researcher to directly observe the participants behavior during the interview as they talked about a sensitive topic.

The literature review discusses different risk factors, methods and efforts by the Department of Defense

in addressing the increase in suicide rates. This study has the potential to contribute to social work practice knowledge on suicide among military members, from both a micro and macro levels of human organizations. This information can potentially help social workers; understand the increase in suicide rates among active duty military members. Social workers will also have an increase in awareness on how suicide is viewed among military members. In addition, social workers will be more likely to talk to active duty military members about suicide in an informed way.

Research Focus

The research focus of this study was "How Active Duty Military Members Talk to Each Other About Suicide". Military suicides are rising and continue to be a top cause of death among military members. According to the U.S. Department of Health and Human Services (2012) In 2009, the DoD identified 309 total active duty suicides, for a rate of 18.3 per 100,000. As part of the national strategy on suicide prevention the Obama Administration and the National Action Alliance on Suicide Prevention announced an awareness campaign "Stand by Them: Help a

Veteran" in partnership with The Department of Defense and Veterans Affairs to address this public health concern. Studying military members and how they talk to each other about suicide has the potential to help social workers learn about how to intervene with the issue of suicide among military members.

Paradigm and Rationale for Chosen Paradigm

This study adopted the Post Positivist paradigm. According to Morris (2006), the post positivist paradigm allows the researcher to be flexible during data gathering which allows engagement of natural observation and behavior that occurred in the interview process. With Post Positivism "We state an area of interest, carry out an interview or make an observation, analyze the data, and refine and focus the area of interest" (p. 7). This approach was the most appropriate in finding out how active duty military members talk about suicide. It facilitates development of a grounded theory about the Marines point of view on the topic of suicide. Using this paradigm qualitative data was gathered from interviews of active duty service members.

Literature Review

This literature review addresses different suicide prevention methods that are best practice. Topics that are discussed are how mental health professional can show compassion, empathy, and an understanding for the military culture. It notes that mental health professional can also understand risk factors, warning signs, engage marines in treatment plans, address culturally appropriate strategies, maladaptive cognition, develop coping skills, detailed safety plan and access appropriate contact information to a therapist.

Public Health Concern

According to the U.S. Department of Health and Human Services [HHS], (2012) the first suicide prevention center opened in Los Angeles, California in 1958. Martin Chahramanlou-Holloway, Lou, and Tucciarone (2009), noted that suicide is a serious public health problem.

"Globally, it accounts for half of all violence related deaths and it is the 11th leading cause of death with about 30,000 deaths annually" (p. 101). Among The U.S. active duty military, suicide is more predominant Zamorskie (2011).

According to (Martin et al., 2009) the Marine Corps primarily consists of young adults aged 17-26 years old, and suicide among this age group is the second leading cause of death among military members. "Suicide is a public health problem that is preventable" (Martin et al., 2009, p. 101). Active duty military service members often need to access mental health services. To help cope with pre and post deployment transitions. However, many of the active duty military members do not seek help due to negative stigma associated with seeking help.

According to Anestis, Bryan, Cornette, and Joiner (2009) there remains stigma about being weak, damaged, and often there is a lack of self-esteem and resilience when seeking help. Zamorski (2011) found that most suicidal individuals had a mental health disorder and less than half received mental health services. The reality is that suicide is a growing problem and it needs to be addressed in order to provide the appropriate services to military members.

Suicide Risk for Active Duty Military

Research has found that "The majority of suicides are not impulsive acts. There are usually warning signs that precede the suicide" (Shuttleworth, 2012, p. 2).

Understanding these risk factor and warning signs can be used to help service members who are struggling with suicidal thoughts.

According to Hyman, Ireland, Frost, and Cottrell (2012), the military life is stressful and suicide risk increases when a military member experiences difficult life events such as divorce, dissatisfaction in occupation, alcohol abuse or dependence, access to firearms, mandatory deployment, legal difficulties, depression, exposure to combat, traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). These events are significant risk factors that are unique to the military. They place service members at a higher risk for suicide.

A study by Knox and Bossarte, (2012) also suggested that females who experienced childhood abuse, have limited social support and low self-esteem were at higher risk for suicide. And in males, unique risk factors are aggression and combat related PTSD that goes untreated. This literature review also illustrates that a military member with a mental health diagnosis and prescribed sleep aids are at significant risk for suicide. Identifying risk factors early on is important in order

to provide the appropriate resources. In addition, to counterbalance risk factors, strengthening protective factors would enhance resilience among military members to cope with difficult life events.

Protective Factors

The following are Protective factors specific to military members. A study by Martin et al., (2009) found that involvement in religion reduced the suicide risks. This study also found that restricting firearms can be beneficial and helps protect the military member who is at high risk for suicide. In addition, Marines who have support from a spouse a child and a willingness to seek treatment can reduce suicide risks.

Anestis et al., (2009) note that clinicians can enhance protective factors by actively engaging Marines in their treatment plan. It is important that Marines feel engaged and empowered in developing a plan. This plan would address culturally appropriate strategies, promote coping skills, problem-solving skills and create a support system that will increase positive outcomes.

Suicide Event Demographics and Characteristics

In addition to enhancing protective factors the following demographics are relevant to marines. According

to Shuttleworth (2012) Camp Pendleton California has had 18 suspected suicides from January 2012 through May 2012 and 80 suicide attempts. Caucasian males ages 18-30 were at higher risks for suicide. The suicide incident report by Hilton, Stander, Werbel, and Chavez (2007) found that "The most common method of suicide was the use of a firearm. Self-inflicted gunshots and hanging accounted for over three quarters of all suicides" (Werbel & Chavez, 2007, p. 3). According to Martin et al., (2009) "the use of alcohol contributed to 54% of attempts and 77% of the deaths. Of these 77% were impulsive and 93% were well planned" (p. 107). There are a number of factors correlated to suicide risk that should be addressed in order to properly understand the problem and provide help.

Suicide Prevention Methods

When addressing the issue of suicide among military members. Mental health professionals need to have a clear understanding of the stigma that exists among civilians and military members. This stigma has kept military service members from seeking services. Mental health professionals should also show compassion empathy and an understanding of the military culture. Commanding

officers are also expected to have an understanding of suicide prevention, and how to respond using the PRESS model, which is. Prepare, Recognize, Engage, Send, and Sustain, This model helps commanders have an intervention tool to help address suicidal thoughts and refer military members to the appropriate resources (Martin et al., 2009, p. 110).

Professionals should also address maladaptive cognition and replace it with healthier coping skills (Hilton et al., 2007). It is essential that coping skills be developed through direct and open communication with the client. In addition, a detailed safety plan should be in place that provides the client with emergency psychiatric help information, a reliable crisis hotline and access to appropriate contact information for the therapist. In this safety plan, a support system should also be in place with supportive family and friends. Mental health professional should know how to manage crisis and increase resilience among military members. In addition being cognizant of the barriers that prevent military members from seeking mental health services is crucial. The study allowed professionals a better

understanding about the knowledge and perceptions from military members own point of view.

Theoretical Orientation

Social Network Theory

This study was carried out by using social network theory. This theoretical orientation intervention looked at relationships between individuals, families peer groups and small units. According to Hardina (2002), social network theory assumes that "relationships are used to provide social support, good, services, and other intangible resources that increase individual wellbeing or help organizations survive" (Hardina, 2002, p. 146). This theory can be applied to the military culture because the military works together and provide support for each other. The military culture is very unique in that they are taught to look after each other.

When a military service member struggles with suicide ideation. The service member often feels hopeless and feels that suicide is the only way out. This population often face stigma when seeking mental health services. Professionals need to understand that stigma exist yet, encouraging Marines that seeking help is seen

as a sign of strength can be very empowering. "It is therefore crucial to cultivate a safe, neutral, and yet encouraging therapeutic environment in which the client may feel comfortable enough to share when he or she is ready" (Coll, 2011, p. 497).

Contribution of Study to Micro and Macro Social Work Practice

This study has the potential to contribute to knowledge of social work practice by creating a better understanding of suicide among military service members. At the micro level, clinicians can gain knowledge of different risk factors that are placing this population at risk for suicide. Clinicians can also become aware of various ways to implement treatment that can be effective. At the macro level, the increase in military suicide needs to be addressed. Engagement and commitment of people in policy should create changes that protect the military population from stigma when seeking treatment. According to the report of HHS (2012), "Integrating suicide prevention into the healthcare reform and encouraging the adoption of similar measures in the private sector" (HHS, 2012, p. 26). Social workers can be better able to start where the client is if they

understand how members of the military talk to each other about suicide.

Summary

Chapter one addressed the research focus and the paradigm most appropriate for this study. This chapter also reviewed literature that provided a better understanding of suicide among military service members. This chapter explained social network theory and its potential to benefit the military population. Finally, this chapter addressed how this knowledge can add to the social work profession at the micro and macro levels.

CHAPTER TWO

ENGAGEMENT

Introduction

Chapter two addresses the engagement stage of this study. Gatekeepers and study participants were engaged in a naturalistic setting. It also discusses sensitivity to study participants by addressing diversity issues in the military culture, political issues, and stigma associated with seeking mental health services.

Engagement Strategies for Gatekeepers at Research Site

The research project was carried out by interviewing nine active duty military members from a Marine Corps base in southern California. This study did not require a gatekeeper because the interviewees were voluntary. Engagement was carried out by approaching military members for initial participation of the study. These members were asked to refer other possible participants from other units. Interested members were then contacted through telephone. Data was gathered by using a qualitative approach and interviewing participants. This study took place in an informal setting where food and

drinks were served. This group was acquired through convenience sampling. This study was possible because this researcher is a military spouse and is connected with the military community and was able to engage them in the study.

Self Preparation

In this study in order to gather data it was important that the researcher was knowledgeable about the military culture. Suicide is a difficult issue among this population and it is often attached to stigma. The Post Positivist paradigm required intense engagement. It was important to be sensitive to the military culture and their experiences as members of the military, since they are the main source in building theory for this research study.

Ermold (2011), states that "Having basic knowledge regarding the values, structure, policies, and expectations of the military can promote a stronger client-provider alliance" (Ermold, 2011, p. 1). This was essential so that professionals can effectively provide services to this population. It was important to note that military families have developed unique strengths

despite stressors and challenges they face (Lesser & Pope, 2010).

According to Morris (2006), "Our aim is to put the interviewee at ease so that reliable, valid and comprehensive data is collected during the interview" (Morris, 2006, p. 12). Members of the military were shown respect by referring to them by their military rank and last name. In doing this it showed respect for their time in the service. During the interview process participants were interviewed individually.

Diversity Issues

In this study diversity issues can arise. The military culture has a tendency to be very private and does not let outsiders in. According to Morris (2006), "Difference in appearance" and "Difference in language of vocabulary" (Morris, 2006, p. 19) can make it difficult when gathering data especially in a male dominated profession. Suicide among active duty military members is a difficult issue and often holds stigma. In addition, being a woman can create diversity issues in a male dominated branch of service. Diversity issues were addressed by informing the interviewees my role as a

social worker and the purpose for the project. An emphasis of appreciation was made for those who participated. As well as acknowledge that their contribution in the research is fundamental to raise awareness around suicide among their fellow service members. Since the military culture is often private and does not let outsiders in. It was important that prior to the interview, participants felt comfortable talking during the interview. In order to make military members feel comfortable this researcher introduced herself as a military wife and a social worker. This allowed the military members to feel some commonality. Because as a military wife the researcher has a basic understanding of the unique challenges that face military members.

Ethical Issues

In this study using the Post Positivist paradigm there were several ethical issues that were considered. Since this paradigm engaged the participants in a deeper insight due to the sensitivity of the topic undesired feelings could have arisen. It was important to clearly define the study. Participants were encouraged to express their concerns with participation in the research study.

Participants were given a written informed consent prior to the study. Further ethical issues such as confidentiality were addressed as they arised.

Participants were given an opportunity to ask questions and express concerns regarding the study. Participants were also informed that they can withdraw from the study at any time and their personal information would remain confidential. Information they share in the study would not be reported to their command.

Political Issues

A political issue that could have arisen was "how the data is used" (Morris, 2006, p. 17), the leadership of the military division that military personnel are part of may not want the data revealed outside of the study site. This concern was addressed with the interviewees and the participants decided what would be appropriate to reveal to the public if anything. Prior to the interview participants were informed that their participation was voluntary and their information would remain confidential and protected by strict guidelines.

The Role of Technology in Engagement

During the engagement process technology was used through the use of email and phone calls to contact the interviewer.

Summary

Chapter two addressed the engagement process used to gain the support of the possible interviewees. This chapter also addressed the preparation strategies that were carried out to collect data from participants. Diversity, ethical and political issues were also addressed that are unique when working with this population.

CHAPTER THREE

IMPLEMENTATION

Introduction

Chapter three discusses sampling of study participants, gathering of data and analysis by using the qualitative approach and conducting interviews. Participants were selected using purposive sampling strategies. Data was gathered by interviewing participants, and data was analyzed using open, axial and selective coding.

Findings were communicated to participants and social workers. During termination, findings were presented and study participants were thanked. This study can be viewed in the library at California State University San Bernardino. An attempt was made to contact study participants via e-mail and by phone.

Research Site

The researcher was a military spouse and has a connection to the military community. Due to the sensitivity of the topic interviews were carried out at the researcher's home where it was a relaxed environment for interviewees. This study used the post positivist

paradigm and information was gathered by interviewing nine active duty Marines from a base in southern California. The population from whom the sample was drawn includes 42,000 active duty personnel. According to (Oshiro, 2011), Men outnumber women at this base. For every woman on base there are 2.3 men. The racial breakdown consist of 76 percent White, 21 percent Hispanic, 7.8 percent African American, 2.9 percent Asian, 1.4 percent American Indian, 0.8 Native Hawaiian, 5.1 percent other.

Study Participants

There were a total of nine active duty Marines that participated in the study. The Marines that were interviewed were all males and recruited from a Marine Corp Base in southern California. Participants in the study were from different ethnic backgrounds the racial breakdown consisting of 2 White, 5 Hispanic and 2 African American. Their ages in the sample ranged from 20 to 34 years of age. Marines in the study ranged from junior enlisted, Non-commissioned officers and staff non-commissioned officers.

Selection of Participants

Nine participants were selected using the opportunistic sampling strategies. According to Morris (2006), this method of sampling was "simply deciding to sample a particular person, event or document because something important seems to be happening. It was an on-the-spot decision to gather data that might be important" (Planning, p. 5). This sampling strategy, was applied to military populations specifically Marines, because the focus of the study was to see how active duty military members talk to each other about suicide. The sampling strategy was implemented by approaching members of the military service for initial participation of the study. These members were then asked to refer other possible participants from other units. The first Marine that was approached was a close friend. This friend was then asked to refer other potential participants that would be interested in participating in the study. The researcher was provided with contact information of other Marines.

Data Gathering

Data gathering was carried out by interviewing participants. Prior to the interview, questions were developed in advance (See Appendix A). Participants were asked a series of structured questions during the interview process. These questions were centered around opinions of the Marine, based on their experience regarding the topic of suicide. These questions were descriptive, structural and contrast. An example of a descriptive question that was asked was, "How has suicide in the military affected you?". This question was an overarching question. Structural questions allowed the interviewer to expand their understanding of a specific topic. An example of a structural question that was asked was, "How do you feel when a Marine attempts suicide?". Contrast questions can develop criteria for certain topics. An example of contrast questions that was asked was "Do you feel like you have added stress in your life, because you are a Marine?". This question helped create different incremental changes in the questions asked according to the response of the participant.

Phases of Data Collection

During data collection, there is only one phase of data gathering and this was the interview. Data was gathered using a qualitative approach and interviewing participants. Participants were interviewed for approximately ten to fifteen minutes. Participants were asked the same set of questions. These questions were prepared prior to the interview. The participant was oriented to the study and interview. The participant also signed an informed consent and was given an opportunity to ask any questions prior to the interview. This engagement process put the participant at ease. In this generally private neutral setting Marines felt free to discuss things openly. Three separate interview days were set and participants were asked to pick a number from a hat and this was the order in which they were interviewed. As interviews were analyzed, adjustments were made by developing new questions. During this adjustment process questions were thrown out if they were not useful. Probing was also used to gain valuable data during the interview process. For example when participants were asked if they felt they had added stress being a Marine, several participants replied and

said yes. Participants were then asked can you tell me more about why it is stressful and questions about this were included in following interviews.

Data Recording

Data was recorded using a cell phone to audio record the interview. Note taking also took place during the interview session. The cell phone was not held by the interviewer during the interview. The interviewer placed the audio recorder on the surface of the table between the interviewer and interviewee. This audio recorded continuously during the interview. After each interview, personal observations were also noted and written down immediately following the interview. The use of journals were used to make notes after the audio recorder had stopped recording this allowed the researcher to remember key points during the interview process. The journals were used during transcribing to look for common responses given by the participants of raw data.

Data Analysis Procedures

Data analysis was carried out using the qualitative approach, asking questions, transcribing the data and lastly using open, axial and selective coding.

Transcribing data was conducted to look for redundancy in the interviews and open coding was used to code important themes in the data collected and axial coding looked at the data more in-depth. Coding was performed using a software package called Atlas Ti. "We may scan a narrative of an interview, for example, and pick an interesting segment. Then that segment was analyzed in detail" (Morris, 2006, e-book). Coding was useful in analyzing commonalities and patterns in the narrative of an interview. The first stage was to transcribe the data, open code it and lastly axial coding took place.

Summary

Chapter three explained how the sampling and data collection was carried out in the study. The data collection, explained the process of transcribing and coding to develop common themes in the content of the interview. The phase of data collection explained the process. The final section described how communication of findings, dissemination, termination, and follow up was carried out for the study.

CHAPTER FOUR

EVALUATION

Introduction

Chapter four explains and interprets the study findings. In this chapter the data interpretation discusses how open coding, axial and selective coding was used to analyze the qualitative data. The data revealed a theory of suicide which is also discussed.

Data Interpretation

The open codes are called the, "concepts". The concepts that are identified in the study were: knowledge of resources, resources, commitment to providing resources from the Marine Corps, personal experience of suicide, what do marines do about it, suggestions for improvement, why do they attempt suicide, stress of being a Marine, what emotions do Marines express, consequences of suicide for society and Marine culture around suicide. The concepts are labeled as subheadings within this chapter. The axial codes that emerged into "categories" were: suicide, responses and suggestions for improvement. The categories are labeled as headings within this chapter.

Open Coding and Axial Coding

Suicide

"Suicide", refers to the act of ending one's own life. This category includes the following codes: stress of being a Marine, what emotions do Marines express, Marine culture around suicide and why do they attempt suicide.

Stress of being a Marine

"Stress of being a Marine", refers to the stress that Marines experience as a United States Marine. In an attempt to understand the level of stress that Marines experience. The researcher asked the participants if they felt they had added stress because they are Marines. Six of the nine Marines indicated that it was stressful being a Marine. One participant stated "we are held to a higher standard so whatever mistake we do make could be the end of our career" (Participant #1, personal interview, January 2013). Another participant indicated that deployments add stress to the family and having to expect the worst adds stress.

What Emotions do Marines Express

"What emotions do Marines express", refers to the feelings that Marines experience as a response to a

suicide. Participants were asked how they felt when a Marine attempts or commits suicide. The data revealed similar emotions expressed from Marines. Several participants indicated similar comments to Participant #2, "We are all brothers and sisters you know I would feel pretty bad" (Participant #2, personal interview, January 2013). Participant #3 stated, "It saddens me because obviously I mean suicide as a last resort. I mean it's like going to war you know you only open you're weapons if you need to" (Participant #3, personal interview, January 2013). Participant #9 stated, "I feel really depressed every time I hear about it. Just for the simple fact that Marines are brothers and sisters and that's how I look at every Marine so it kind of destroys me" (Participant #9, personal interview, January 2013). Participant #1, stated "I really get upset when the Marines do that because there is a lot of resources to help" (Participant #1, personal interview, January 2013).

Marine Culture around Suicide

"Marine culture around suicide", refers to how the Marines feel about seeking help. Participants were asked if they felt that Marines who were having suicidal thought were asking for help. Participant #9 stated,

"Some of them do. I've had several Marines come and brought it to my attention that they wanted to do something to themselves" (Participant #9, personal interview, January 2013). Participant #8 stated, "I think it's something Marines do not want to talk about it's something they feel uncomfortable talking about" (Participant #8, personal interview, January 2013). Participant #6 stated, "They feel like it can affect their Marine Corp career if they actually tell someone that they are thinking about suicide" (Participant #6, personal interview, January 2013). Participant #4 stated, "sometimes there too scared to say something" (Participant #4, personal interview, January 2013).

Why do they Attempt Suicide

"Why do they attempt suicide", refers to what Marines believe is contributing to the high number of suicides in the Marine Corp. Participants were asked has anyone ever told you that they were going to commit suicide. Participant #2 stated, "So many guys out there actually guys that I serve with that have bad PTSD" (Participant #2, personal interview, January 2013). Participant #3 stated, "Being their friend that's all that Marine needed. If it wasn't because of me he

probably would have committed suicide" (Participant #3, personal interview, January 2013). Participant #5 stated, "Someone shared with me that they felt their life was worthless and they contemplated on committing suicide" (Participant #5, personal interview, January 2013).

Participant #8 stated, "They were having personal issues" (Participant #8, personal interview, January 2013).

Participant #9 stated, "Problems at home with his spouse" (Participant #9, personal interview, January 2013).

Responses

"Responses", refers to the process that Marines take in order to prevent a suicide. This category includes the following codes: what do Marines do about it, personal experiences of suicide and consequences of suicide for society.

What do Marines do About it

"What do Marines do about it", refers to the actions taken by Marines when a fellow Marine discloses that they are having thoughts of harming themselves. Participant #2 stated, "talk to them and stay with them until I get somebody else to go get help" (Participant #2, personal interview, January 2013). Participant #5 stated, "talking to him and showing him support, I also spoke with some of

the higher ups" (Participant #5, personal interview, January 2013). Participant #9 stated, "I told the command and the command got him the help he needed" (Participant #9, personal interview, January 2013).

Personal Experiences of Suicide

"Personal experiences of suicide", refers to Marines who have known of someone who committed or attempted suicide in the Marine Corp. Participants were asked how has suicide in the military affected you. Participant #1 stated, "It's a really big impact you know not just on the families of the Marine but in the Marine Corp or in the command" (Participant #1, personal interview, January 2013). Participant #5 stated "One questions himself hey am I doing enough to be supportive and am I doing enough to be there for him to be able to lead them in the right direction" (Participant #5, personal interview, January 2013). Participant #7 stated, "You definitely wish you could know why or how he could have prevented it" (Participant #7, personal interview, January 2013).

Consequences of Suicide for Society

"Consequences of suicide for society", refers to the impact that suicide has on families friends and fellow troops. Participant #2 stated, "It's a really big impact

you know not just on the families of the Marine but in the Marine Corp or in the command" (Participant #2, personal interview, January 2013). Participant #3 stated, "who suffers in the long run, you know whomever they left behind or their friends and everybody else" (Participant #3, personal interview, January 2013). Participant #5 stated, "A family man with a child on the way" (Participant #5, personal interview, January 2013). Participant #7 stated, "Made him realize what hes been missing out on and how he's going to affect everyone else if he did commit suicide" (Participant #7, personal interview, January 2013). Participant #9 stated, "That was a person who really needed help and we could have gotten that person the help they needed you know. It takes a toll on you it takes a toll on you" (Participant #9, personal interview, January 2013).

Suggestions for Improvement

"Suggestions for improvement" refers to ideas that Marines shared to help improve the services currently offered to Marines to help prevent suicide. This category includes the following codes: knowledge of resources, resources, commitment to providing resources from the

Marine Corps and suggestion that can improve the resources.

Knowledge of Resources

"Knowledge of resources", refers to acquired information regarding available resources to help prevent suicide. Participants were asked how they felt about the resources available to Marines to help prevent suicide.

Participant #1 stated, "Chaplain, chain of command, the mental health department, hospital and a 24 hour watch" (Participant #1, personal interview, January 2013).

Participant #9 stated, "Military One Source" (Participant #9, personal interview, January 2013).

Commitment to Providing Resource

"Commitment to providing resources from the Marine Corps", refers to support provided to Marines and families to help prevent suicide. Participant #1 stated, "I think the Marine Corp has spent a lot of money in trying to figure out ways to help" Another example was "Prevention classes once a year" (Participant #1, personal interview, January 2013). Participant #2 stated, "Posters and theirs the DSTRESS line" (Participant #2, personal interview, January 2013). Participant #5 stated, "They have revamped some of the programs and some of the

leadership courses" (Participant #5, personal interview, January 2013). Participant #6, "Nco's are given more classes because they have to lead other Marines" (Participant #6, personal interview, January 2013).

Suggestions that can Improve the Resources

"Suggestions that can improve the resources", refers to what the Marine Corp can do to improve the resources available. Participant #6 stated, "I think actually hearing it from someone who has actually attempted it would be more helpful" (Participant #6, personal interview, January 2013). Participant #7 stated, "I think that if the Marine Corp is more open about and welcoming about it then it might help Marines come out"

(Participant #7, personal interview, January 2013).

Participant # 9 stated "They are addressing it pretty good right now but they just need to do it a little bit more" (Participant #9, personal interview, January 2013).

Participant #9 Stated, "I would recommend to have some junior Marines that attempted to commit suicide have them talk to the junior Marines and then some of the older guys who are dealing with marital problems and stuff like that have them talk to the older crowds" (Participant #9, personal interview, January 2013). Participant #1 stated,

"Instead of once a year maybe two to three times per year or once every quarter do a suicide prevention and make it more realistic talk to Marines that have dealt with it one on one and what steps they took and what steps they didn't take" (Participant #1, personal interview, January 2013). Participant #1 stated, "Have actual professionals that know and have dealt with this before" (Participant #1, personal interview, January 2013). Participant #2 stated, "Educating everybody all the Marines, and everybody has to get certified and qualified on this topic" (Participant #2, personal interview, January 2013). Participant #3 stated, "Bring a person who has actually thought about suicide" (Participant #3, personal interview, January 2013).

Suicide			
Stress of being a Marine	What emotions do Marines express	Marine Culture around suicide	Why do they attempt suicide
Responses			
What do Marines do about it	Personal experiences of suicide	Consequences of suicide for society	
Suggestions for improvement			
Knowledge of resources	Commitment to providing resources	Suggestions that can improve the resources	

Figure 1. How do Marines Talk to Each Other About Suicide

Figure 1 demonstrates an axial coding chart; This chart shows three different dimensions of the categories. "Suicide", "responses" and "suggestions for improvement" and how they are connected. This figure demonstrates the connections between the three different categories. Under each category there are contributing factors of how Marines talk to each other about suicide.

A majority of the participants indicated that they have added stress because they are Marines. The responses about the emotions that Marines express when they hear about a Marine attempting suicide or committing suicide are very similar. An overwhelming majority of the Marines expressed the following feelings. Participant #9 stated,

"I feel really depressed every time I hear about it. Just for the simple fact that Marines are brothers and sisters and that's how I look at every Marine so it kind of destroys me" (Participant #9, personal interview, January 2013). There is a strong connection with how Marines feel about another fellow Marine attempting or committing suicide.

In an attempt to understand the Marine culture around suicide participants were asked if they felt that Marines who were having suicidal thoughts were asking for help. The responses were equally as mixed. Some participants stated that Marines do seek help. Others reported that Marines are often afraid to ask for help because it can affect their career and some also reported that it is a difficult thing to talk about therefore they are not seeking help. However, of the Marines that sought help the data revealed that it did not affect their career and they received the help they needed.

In another attempt to understand why Marines attempt suicide. Participants were asked has anyone ever told you that they were going to commit suicide. The data revealed that some of the participants had Marines share with them that they were having suicidal thoughts. Based on the

data some Marines shared that they had feelings of worthlessness, PTSD, personal issues, relationship issues and some just needed someone to talk to and listen without judging them.

The second category showed the three different concepts of the category of resources that are available to active duty military members. These concepts were developed from the participant's responses and looked at how the Marines responded. The data revealed that Marines have several different responses. Participants indicated that they show the Marine support, they stay with them until they can get them the appropriate help and they also informed the command. Participant #5 stated "One questions himself hey am I doing enough to be supportive and am I doing enough to be there for him to be able to lead them in the right direction" (Participant #5, personal interview, January 2013). The data revealed that Marines have taken action to help a fellow Marine. Marines also acknowledged that suicide in the Marine Corp has a significant impact on Marines, the command, friends and family. Participant #2 stated, "It's a really big impact you know not just on the families of the Marine but in the Marine Corp or in the command" (Participant

#2, personal interview, January 2013). The participants identified how they feel about suicide what they think is contributing to the high number of suicide rates and have also identified ways in which they feel the current resources can be improved to help prevent suicide.

Participants recognized that the Marine Corp has a lot of resources to help prevent suicide and that the Marine Corp is committed to providing resources. In the data Marines identified many suggestion and ways in which the Marine Corp can improve. An overwhelming majority of the participants indicated similar responses to Participant #6, "I think actually hearing it from someone who has actually attempted it would be more helpful" (Participant #5, personal interview, January 2013). The data also revealed that Marines would rather have professionals in suicide prevention come speak to them. Participant #1 stated, "Have actual professionals that know and have dealt with this before" (Participant #1, personal interview, January 2013). Participants also indicated that they should have the suicide prevention training at least three times per year rather than one time per year.

This figure demonstrated the dimensions of the categories suicide, responses and suggestions for improvement. Significant findings of the study involving military members were the high levels of stress. This response was also highlighted in Hyman, Ireland, Frost, and Cottrell (2012) the military life is stressful and suicide risk increases when a military member experiences difficult life events. In an attempt to look at the uniqueness of the military culture. Social network theory was applied. According to Hardina (2002) relationships are used to provide social support and help organizations survive. Overall, the participants in the study reported that every Marine is seen as a brother and sister and they look after each other.

Implications of Findings for Micro and Macro Practice

From a micro social work perspective, the findings of the study have contributed to the knowledge of social work practice by creating a better understanding of suicide among military service members. At the micro level, social workers can gain knowledge from the responses that Marines gave of their perspectives on the different risk factors that are placing this population

at risk for suicide. Social workers will have knowledge of various suggestions indicated in the data of ways to implement treatment that can potentially be effective for this population.

From a macro perspective, the increase in military suicide needs to be addressed. Further research is recommended in this area with the focus on having Marines give their input on what is best for them. Social workers can also impact people in policy by encouraging and supporting changes that protect the military population.

Summary

Chapter four explained how the data was analyzed from the interviews. The data was used to develop open and axial codes which helped build theory regarding the topic of suicide. The data revealed significant findings of the study that suggest that although the Marine Corp has resources to help prevent suicide. Marines have several suggestions to help improve the current resources that can potentially reduce the number of suicides in the Marine Corp.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

Chapter five presents the termination process used with the study participants. In addition, this chapter discusses how the study findings are communicated and disseminated.

Termination of Study

Termination was carried out by thanking all of the participants for their contributions in the study. Participants were provided with a gift card for their time. Participants were also given detailed information how to access the findings once they are available in the John M. Pfau library at California State University, San Bernardino.

Communicating Findings to Study Site and Study Participants

Findings of the study were communicated by providing a poster presentation at California State University San Bernardino. Participants in the study were invited as well as social work professionals. The findings were binded and placed in the library at CSUSB where it can

add to the knowledge of the social work profession. Findings were disseminated to mental health practitioners who work with members of the military by making contact in person and informing mental health professionals of the findings and how they can access a copy.

The study used the post positivist paradigm. Participants in the study were from a southern California military base. Findings were communicated by providing a poster presentation at California State University San Bernardino where participants in the study were invited as well as social work professionals. These findings will be binded upon approval and placed in the John M. Pfau library at California State University, San Bernardino. This information can potentially add to the knowledge of the social work profession.

Ongoing Relationship with Study Participants

At this time there are no plans to continue an ongoing relationship with the study participants. However, this researcher will be available for any questions pertaining to the study. In the near future this researcher plans on working with this population and provide micro practice services to active duty military

members and their dependents with an emphasis on suicide prevention.

Dissemination Plan

Finding were disseminated to mental health practitioners who work with members of the military by making contact in person or via telephone and informing mental health professionals of my findings and how they can access a copy.

Summary

Chapter five discussed the termination process with study participants and the perceived ongoing relationship with this population. In addition, this chapter indicated a detailed dissemination process of the study findings.

APPENDIX A
INTERVIEW QUESTIONS

Intro prior to asking questions

Hi my name is Silvia Bryant I am currently a graduate student in the School of Social Work. My area of specialization is micro practice services to active duty military members and their dependents with an emphasis on suicide prevention. The study that you will participate in is designed to investigate how active duty marines talk to each other about suicide. I chose this topic because suicide is a growing problem and it needs to be addressed in order to provide the appropriate services to military members. I feel that as a social worker and as a military spouse it is important to create awareness on how suicide is viewed among military members and provide services appropriately. The information that you will provide is extremely important, and I want to say thank you for taking the time and contributing to this study and how to possibly intervene in preventing more losses among our marines.

Interview Questions

How do you feel about the resources available to Marines to help prevent suicide?

Do you feel like the Marine Corp is doing enough to prevent suicide?

Has anyone ever told you that they were going to commit suicide?

What did you say to them?

Do you feel like you have added stress in your life, because you are a Marine?

How do you feel when a Marine attempts suicide?

How has suicide in the military affected you?

How do you think the Marine Corp should address the topic of suicide?

If you could change one thing about the way the Marine Corps addresses suicide what would that be? and Why ?

Extra Questions

Do you feel that marines who are having suicidal thoughts are asking for help?

Developed by Silvia Bryant

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are being asked to participate is designed to investigate how active duty military members talk to each other about suicide. This study is being conducted by graduate student Silvia Bryant under the supervision of Professor Teresa Morris, Ph. D., at California State University, San Bernardino. This study has been approved by the School of Social Work Sub-Committee Institutional Review Board at California State University, San Bernardino.

PURPOSE: The purpose of this study is to investigate how active duty military members talk to each other about suicide.

DESCRIPTION: Participants in this study will be interviewed and asked questions regarding their views and experiences regarding how military members talk to each other about suicide.

PARTICIPATION: Participation in this study will take approximately 10-15 minutes of your time. Participation in the study is completely voluntary, and refusal to participate will involve no penalty. You may withdraw from the study at any time with no consequences.

CONFIDENTIALITY OR ANONYMITY: Your response will be maintained confidential. Identifiable information will not be used during your participation in this study.

DURATION: The expected duration in completing this interview is approximately 10-15 minutes.

RISKS: There are no foreseeable risks in taking part in this interview.

BENEFITS: Although the benefits of participating in this interview do not directly impact you, the hope is that this study will allow professionals a better understanding how military members talk to each other about suicide and provide services appropriately.

VIDEO/AUDIO/PHOTOGRAPH: I understand that this research will be audio recorded
Initials_____

CONTACT: If you have any questions or concerns regarding this study, please contact professor Teresa Morris, Ph.D., at (909) 537-5561

RESULTS: The results of this study will be available in the Pfau Library at California State University, San Bernardino in September 2013.

Please place a mark below if you have read and understood fully the information provided. Please note that participation in the study is completely voluntary.

Please check here _____ Date _____

APPENDIX C
DEBRIEFING STATEMENT

How Active Duty Military Members Talk To Each Other About Suicide

Debriefing Statement

This study you have just completed was designed to investigate how active duty military members talk to each other about suicide. The information in this study will contribute to knowledge of social work practice by creating a better understanding of suicide among military service members. Social workers will also have an increase in awareness on how suicide is viewed among military members and provide services appropriately.

Thank you for your participation and for not discussing the contents of the decision question with other students. If you have any questions about the study, please feel free to contact Silvia Bryant or Professor Teresa Morris, Ph. D., at (909) 537-5561. If you would like to obtain a copy of the group results of this study, please contact Professor Teresa Morris, Ph. D., at (909) 537-5561 at the end of Fall Quarter of 2013.

If you, or someone you know, is interested in suicide prevention services. Please contact the Suicide Prevention Life Line at 1-800-273-TALK (8255), which provides 24hour free and confidential services. You may also call the DSTRESS line at 1-877-476-7734. Services provided include professional, anonymous counseling for Marines and their families available 24 hours.

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