

## Suicide Gestures of USAF Basic Trainees

Wallace Bloom, Ph.D.

Wilford Hall USAF Medical Center

Introduction

The purpose of this paper is to share our experiences and observations of USAF basic trainees who made suicide gestures. Lackland Air Force Base is the sole location for basic training of all USAF recruits, and on June 1, 1975, an experimental Air Force Medical Evaluation Test (AFMET) Program (Bloom 1977) was started there to facilitate early identification of unsuitable trainees. In AFMET Phase I, initial screening was by a computer scored test. On the second day of training, all recruits take a 50 item, true-false Historical Orientation Inventory with four additional demographic items. On the basis of twenty-eight (28) items previously correlated with failures to complete enlistments, the 6½% most vulnerable are identified for further evaluations. At Phase II (Interviews and Tests) appraisals are noted on Standard Reports of Interview (SRI) (Bloom 1981) and Bloom Sentence Surveys (BSCS) are taken (Bloom 1979, 1980a). About two of each 6½ per hundred are referred to AFMET Phase III (Clinical Assessment), the others are cleared for return to duty. Usually between the 8th to 12th day of training, officer clinicians conduct diagnostic interviews and use a variety of individually selected psychological tests. About 16% of Phase II selectees have been recommended for administrative separations. During the eight years of the AFMET Program, there has not been any death by suicide of a basic trainee. The statistical expectancy was 20 suicides or two and a half each year. This is based on similar age civilian population, and considered only the minimum 10,000 trainees here at one time rather than the 70,000 to 80,000 trained each year.

Background

For reference purposes, there were 1446 suicides of USAF personnel during the twenty year period ending November 2, 1979, average 72 per year. This was significantly less, about one half of a similar age civilian population. After the experimental one year research project was completed in June 1976 testing was suspended. The Air Staff reviewed the experimental results and decided that the AFMET project would be made operational. During that summer while testing had been temporarily stopped, one lethal suicide occurred. Testing was restarted immediately one week before previously scheduled date. There has not been a suicide since then or during the earlier AFMET year.

During fiscal years 1979 and 1980 there were 55 to 65 trainee suicide gestures or attempts respectively. By 1982 and 1983, these had been reduced to 24 to 30. Last year there were 16 cutters, 11 pill takers, and 3 jumpers and almost all were primarily attention-getters of low lethality. At least three types of suicide gestures have been tentatively identified. First, those in the first five days of training by individuals who prior to reporting, wished to cancel delayed enlistment because in the meanwhile they got a better job, a school admission, a fiancee, or made up with their family. Second, were individuals who felt overwhelmed by training usually between the 6th to 15th day. The third group, after the 24th day, were those who felt unable to face four years of service or had been selected for technical training or locations they did not desire. Actions of the first group

were based on the past, of the second on the present, and of the third, their perception of the future.

### Prevention

Although the AFMET project selects only 6½% of all trainees for Phase II, 18 to 21% of those who made suicide gestures in 1979 and 1980 were Phase II selectees. We therefore have been vigilant for significant clues during Phase II interviews and tests particularly regarding item 16 (serious suicidal ideations or previous attempts) on the Standard Report of Interview (SRI). Approximately 15% of trainees report these. On the Bloom Sentence Completion Surveys, we found that individuals who have been contemplating suicide at some specific future time have difficulties responding to items beyond that time on items 15, 31 and 39. A psychological brick wall barrier seems to have been erected at that date so they may omit answering, for example, No. 15 "Ten years from now" or evade by responding "I just live from day to day," or "I don't know." Responses to item 12 often seemed sensitive to suicidal thoughts and was the fourth indicator. (Bloom 1980b) When two out of four replies were other than positive, the patient was usually referred for further clinical assessment, Phase III.

Studies of actual suicidal incidents and gestures in 1978 and 1979 revealed a higher frequency between the 5th through 15th day of training. The school commander then instituted a four hour recreation break on the 6th day to relieve the pressures. The frequency of gestures were reduced. Other beneficial activities included the yearly psychological retesting of all instructors. This identified some who were starting to burnout or had developed other emotional problems for counseling or assignment changes. The trainees benefited as healthy instructors create less stress for them and are more likely to spot trainees needing mental health referrals. The ready accessibility of satellite mental health clinics in or close to trainee barracks, facilitated communication as the mental health staff worked within the training situation rather than apart from it. From frequent contact with clinic staff, instructors became more adapt at spotting early behavioral clues to recruit's problems and made appropriate and prompt referrals. Squadron escorts were provided for edgy patients and less acting out occurred to, from, and within the clinics.

### Intervention

In one instance when a recruit went out on a third floor window ledge, a staff member of the mental health clinic, talked him back to safety. Another, who perched on a third floor fire escape railing, was brought back after more than 2 hours talking from a chaplain assisted by a psychologist who had rushed over as soon as the clinic was notified. Action has been taken to insure prompt notification of future crisis situation when mental health action is appropriate.

## Postvention

Need for follow-up after suicide attempt or gesture was demonstrated when the previously cited ledge crawler was diagnosed at the hospital as having Agoraphobia and recommended for discharge. He came back to the clinic to take a battery of tests as we were collecting data for suicide research. It was further found he had Ochlophobia (fear of crowds), had panicked in the crowded dorm and initially went out the window for needed space. He might have panicked again during some of the formations and crowded briefing of outprocessing. We contacted the Casual Squadron Commander and arranged for this airman to follow behind formations and sit alone in back of classrooms as he had done since his junior high school. Preliminary arrangements were made for him to go to stress management and other therapies on his return home.

As needed, trainees in the casual squadron being processed for discharge have returned to the clinic for therapy, often on a daily basis. The clinic has phoned parents of suicide attempters to learn if there had been previous attempts, threats or suicides of acquaintances. With the attempter's permission, inquiries have been made concerning past or future therapy.

## Conclusions

Suicides and suicide gestures do occur within the Air Force, though less frequently than in like civilian populations. Many incidents can be averted by preventive programs of mental health clinics and cooperative actions of line organizations. Further organized research and data collection into a central bank of psychological information on each incident, (to include precipitating factors) is recommended. Activities of mental health clinics can change to meet emerging Air Force needs (Bloom 1983). In 1983, only one attempter was an AFMET Phase II selectee, in contrast to the ten to twelve in 1979 and 1980. Intensive training of interviewers for early identification of trainees who are above normal suicide risks have paid off. Individuals so identified, get priority intensive assessments, may be defused by brief therapies, or recommended for immediate removal from training and discharge. It is not that AFMET interviewers are seeing fewer high risk individuals but we are dealing with them more effectively.

### References

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