

Mark Gredler interviews Lou Koon about suicide prevention

[Mark] - I'm here with Lou Koon, who has been gracious enough and kind enough to collaborate on a campaign for September, which is Suicide Prevention Month, to be prepared to save a life. And Lou Koon is an expert with many years working on suicide prevention. Lou has personally intervened with over 2,000 people who were suicidal, and they're all still with us.

In addition to that, Lou has trained over 29,000 people, including first responders, community groups, churches, in the military. Lou's a retired military chaplain. And he has written a book called Listen, Learn, Lead, Courage to Ask and Power to Save, which is all about his methodology and insights to provide the tools and knowledge for people to have the courage and be able to save a life.

In addition to that, he has an organization he has set up, which is an organization where you can make tax-deductible donations. And that organization is called Stop Suicide USA. We have a web page associated with this campaign, and there are links to many resources, including the book, the organization, as well as opportunities for you to assist us in the campaign and get the word spread wide.

The intention of this campaign, really, rather than give people that know they need to know about suicide prevention, and they've had some experience personally or with a loved one, and they want the tools, the intention of this campaign really is to reach people that don't think they have a need or a reason to learn and wouldn't necessarily look for information on how to prevent a death, a suicide. And we want to reach as many people as possible that fall into that category and make them become aware.

So thank you, Lou, for your collaboration. And personally, I went through 23 years of mental health struggles, diagnosed with depression, atypical bipolar, meds, psychiatrists, visits to mental hospitals. And fortunately, finally got a handle on things late in life, but better late than never.

And I've got six years now where no depression, no struggles with mental health, no meds, no psychiatrists, and no visits to mental hospitals. So thank God for that. But in those 23 years, I did have two times when I was suicidal.

And I know how important it is to have somebody you can share with, that you feel safe sharing with, and that you can trust. And it was a Christian counselor by the name of Tara Samples who actually saved my life that second time. So I know one of the things that you've shared is that you too, personally, even though you're an expert and had intervened with 2,000 other people, you found yourself in a dark place one time.

And I was wondering if you could maybe share with us how you managed to be brought out of that and what was involved in that.

[Lou] - Yeah. Well, the interesting thing is that the 2,000 interventions I've done is post suicidal ideation when my oldest son actually intervened in my life.

Up until that time, I had not been involved in suicide intervention. Back in 2009, I was actually, I'd been a broker for several years in real estate and had a doctoral degree in counseling, but I wasn't using it except maybe for helping people understand why not to buy a house or why to buy a house. And so 2009 was when the market crashed and I had about 25, 30 agents that worked with me and we all were struggling.

And in 2009, I lost a builder friend, a banker friend, a appraiser friend to suicide. My company dried up and I'd sold the farm that we had planned to retire to eventually and we're just doing everything we can to make ends meet. And then in the fall of October of that year, my oldest son, or my second, my third son was actually involved in a fire that burned him over 90% of his arms, half his face.

I had been a volunteer fireman at one time. And so I had been used to trauma in that regard, but there's this thing that I know now called rolling PTSD. It just kind of builds over time.

That was the breaking point for me because I felt responsible for Chad and I had to be life flighted to Grady and the economy being as it was, I had dropped my medical insurance. Life flight alone was \$22,000 of medical bills. The hospital in Atlanta bankrupted us.

And so I literally thought my family would be better off without me because I did have a million dollar life insurance policy and I did have four children that my wife could get a nice social security check for them every month. And so some people say suicide's a selfish act. I was thinking my family would be better off without me.

And so I was trying to help my family survive. That was my thought. So my plan was to go back into the military.

I was in my mid forties at the time and checked into going back in. And the reason being is because I wanted to deploy to the desert and be killed in the desert and no one would ever know that it was suicide. And I could come home in a box and my wife would get a retirement from the military for the rest of her life too.

So she would have been very well off financially. And so in that regard, that's why I was thinking what I was thinking. Yeah, I was depressed.

I was sad. I was heartbroken that Chad had gotten hurt on my watch when I was the one at home. My wife was at the grocery store that day.

That's the hardest conversation that I've had to ever have when I called her and said, you need to get home. I'll be home in a minute. Well, you need to get home now.

Chad's been life flighted. And it's just a hard conversation when you have to tell your wife, hey, we've got to file bankruptcy. Okay.

I don't want anybody to know, but everybody's going to know. It's going to be in the paper. That's the whole point of bankruptcy.

And so it was a tough time. And fortunately the military let me back into the military. They let me back into the army.

I'd been out for several years, but I did not get into a deployed unit. I was trying to and divine intervention being what it is, God had his hand on that, I believe. MEPS, military entrance processing station, they lost my paperwork so that the 48th brigade deployed without me.

And the only unit they had available that was left for a chaplain was a training unit. Training units don't deploy. But I had to interview with the colonel and sat down with Colonel Frank Eubanks.

And he said, the first words out of his mouth, he said, we need you. If you want this job, it's open. And I want you to think about suicide.

And I'm like, excuse me, what did you say? I thought I had it written on my head or something. He said, because we got soldiers killing themselves and I want you to do something about it.

Well, I had a doctorate in counseling, but I had had zero training in suicide intervention as is the case with many clinicians that get their licensed professional counseling certification. They get very little training in suicide intervention. School counselors get very little training.

And so the Army sent me to Fort Jackson to get trained in suicide intervention. And while I was there, my oldest son, who was at Charleston Air Force Base, I had the opportunity to connect with him. And he literally asked me the question that nobody had ever asked.

He said, Daddy, are you thinking of suicide? Because he knew I was wanting to deploy. He knew I felt bad for Chad getting hurt, his younger brother.

He knew we had to file bankruptcy. Why are you going back into the military? And he asked me point blank.

Nobody else saw it, but he saw it. And one of the reasons he saw it was because I wasn't working out. And that's one of the signs if you stop doing something you've always loved.

And we can dive into that a little bit more here later. But that's kind of where it all started for me. And March of 2010, 2011, I can't remember the exact year, but that's when my son asked the question that saved my life.

And that was a turnaround. It was 2011 because a year later, we formed what is now Stop Suicide USA. We called it Armed Forces Mission at the time.

And that's when we began the nonprofit to help other people who were struggling. And I was still struggling. But as I began to help other people, I was able to come out of that funk and that deep, dark hole and find my purpose and my passion.

And so now we've been going strong since 2012. And that's where the 2000 suicide interventions have come from. That's why we've trained over 29,000 people is because of what I went through 2009, 2010, and 11.

So that's kind of the background.

[Mark] - It's an amazing story. Well, you mentioned something that actually clicked something here in my mind that was really intended for a later question.

But in your training, you try to dispel some of the common popular myths around suicide. And you touched on one just now in sharing. Your son was very direct.

And he said, Are you thinking of suicide? And I guess a lot of people are afraid to speak up when they have a concern. And, you know, it's like the subtitle of your book, we need the courage.

And the courage is overcoming the fear. It doesn't mean you don't have fear, it means you act anyway.

[Lou] - That's right.

[Mark] - So say a little bit more about, did that spur thoughts? Oh, maybe I better do it. Or did him asking a direct question encourage you more to plan more or want to act out more?

Or did it help draw you back in?

[Lou] - Oh, yeah, total opposite effect. And that's the fear that a lot of people have.

They think they're going to put the seed into somebody's mind. But that's virtually an impossibility, you know. And the reason that he asked in the first place is because he was pretty confident that I had thoughts of suicide, and they were confirmed with my response.

And so he did have the courage to ask. And that is the key, is you have to have the courage to step into a deep, dark situation that we would rather avoid. But when we have the courage to do that, life will be safe.

You're not going to put the thought in a person's head. And you're going to actually help to mitigate that thought and to decrease the power of that thought. Because when we're, you know, when it was just in my head, and I'm the one thinking about it, and nobody else knows, it's just like anything else, our thoughts have incredible power.

And so when we begin to share those thoughts with others, and we bring it to the light, because the question has been asked, that thought begins to lose its power. And that's one of the things we teach in our class is that it's one of the five core values that we have is that suicide is just a thought. And we don't act on every thought we have.

We never have, we never will. If we did, we wouldn't be sitting here today, we'd both be in jail, right? We don't act on every thought we have.

And so suicide is just a thought, and I don't have to act on it. And so my son knew that. He was 19 years old, but he'd been through two hours of intervention training, compliments of the Air Force, and it was enough for him to know, I need to ask my dad, are you having those thoughts of suicide?

[Mark] - An amazing story, especially that that is what kicked off your efforts to want to help and save other people. Well, that brings to mind the story that we were discussing a little while ago. There was a woman in England in 2018 that wanted to take her own life, and she went to a bridge to jump off.

Two strangers saw she was distraught and could determine in their minds what she was about to do. And they walked up to her, just two strangers, they walked up to her and said, don't do it. You're worth more than that.

And it changed her mind. But what's really neat is she came back to that bridge and put notes of encouragement on that bridge. And in that first month that she was putting the notes on the bridge, there were eight people that she knows of that went to the bridge to jump off and changed their mind after they read her note.

[Lou] - Right. I would call those notes of hope. And that's the key.

One of our sayings that we've used for the past several years is we're building resilience and restoring hope. And by having the courage, one person having the courage to ask someone who feels hopeless is the installation of hope. That's where it begins, is because now I'm not alone.

Somebody knows, somebody cares enough to ask a serious question that 99% of the people will not ask. And so that means at least one person cares for me. And I call that the installation of hope.

[Mark] - Okay. Well, that kind of touches on, let's back up to myths. I don't know if you'd agree with me, but I would say from your training, I would say there's two major myths that need to be dispelled.

And we've already touched on one and it's kind of a chicken egg, which of those two are more important, but share with us what that second myth is.

[Lou] - Well, there's several, so you're going to have to give me some direction.

[Mark] – OK. The one I think is the other in the top two is people believe that when somebody is suicidal, they really want to die.

[Lou] - Oh, very good. Yeah. So that's a, that's part of our core value.

Number one, I've never met anybody that really wanted to die. Suicide is not the result of wanting to die. Suicide is the result of loss that leads to hopelessness and that hopelessness becomes so overwhelming in the moment that we think that suicide is the only option.

And so if we're, if we're courageous, we're going to confront that in a loving, kind, compassionate way to help direct them away from that idea to the reality that there is hope. And suicide is not really an option at all. It's an option ender.

And I'm that frank with people when I'm talking with them who've had those thoughts, because many people, they'll just grab their head and go, I just felt like it was the only option. Well, it's not even really an option. It's an option ender.

It ends all of our other options. I mean, maybe it's because I was in real estate at one time and I used to sell options on houses. But in my mind, an option should lead up to other options.

And suicide does not lead to anything else except further pain. It doesn't take away the pain. It might take it away for that person who's having the thought if they complete suicide, but it doesn't take away the pain.

It just passes it to somebody else. And I don't say that to make someone feel guilty for having that thought. I say that because that is the reality.

It does not take away the pain. It's just like the concept of energy. You never dispel it.

Energy always goes somewhere. And that negative energy from suicide is going to go somewhere else until we overcome it with something positive. And so hope is an essential key.

And a lot of people that feel hopeless, the myth is this. The hopelessness is always going to be there. No, it doesn't have to be.

We can overcome. There is hope.

[Mark] - Well, that reminds me.

One of the times I was having suicidal thoughts, I had a brief conversation with a pastor and I mentioned suicide. And his response to me was, well, you know, suicide is a permanent solution to a temporary problem. And that's true.

But in my case, it wasn't helpful hearing that.

[Lou] - Yeah, that's that's kind of a cliché statement, because there are some problems that are not temporary. You know, for example, for example, I've had friends from the military from my days in school in the military college, went to North Georgia College, which is now the University of North Georgia.

It's the senior military school of Georgia. So we were a lot of us were military guys. I had a friend that lost his leg.

And so he eventually died from suicide. But then I don't know this man, but he was Sergeant Courtney Clemens, who lost his leg in Iraq. And now he's the fastest Paralympian in the world.

He didn't regrow a human leg, but he does have a mechanical leg now. And he's faster than anybody that I know. So to your point, and to the point that the pastor was trying to make, it sounds neat, but it's not true.

There are some problems that are not temporary. For example, I'm working with a couple right now that their son died a year ago. We were just up in Nashville this past Friday for their one year anniversary of their son's death.

And I can't bring their son back. That's permanent. So no amount of positive thinking in that regard is going to help me.

In fact, there's been some studies out there that when we push people to think positive thoughts, we actually create more negative thoughts. Because I am trying to think positive, but I can't. And now I'm upset with myself that I can't even think positive.

So it's not about just having positive thoughts. I'm a believer. I'm a chaplain.

So I got to share this. I actually shared it in the pulpit this past Sunday. I said it's not about the power of positive thinking.

It is about the power of Christ to make my thinking positive. And there is a difference because there's times when I'd rather not think positive. I'd like to dwell on something that's negative.

But you know, the Apostle Paul said, whatever's good, whatever's right, whatever's honorable, dwell on these things. Why? Because the tendency for us as human beings is to look at the negative.

Think about the news. I mean, 90% of all news programs are about something negative. We know for a fact that viewership goes down when you are just telling positive stories.

Nobody's interested. Oh, we like to hear the negative stuff. That's why people come up to me all the time and they say, I've been on several interventions, 2,000 interventions, but I've also been on the scene of completed suicides.

And I carry a badge for four different police departments and the sheriff's office. And I'm called to the scene after the fact. And so it's just like with a police officer, people that are friends say, hey, what's the worst thing you ever saw?

I don't want to talk about that. Let's talk about something positive. People are drawn to negative stuff.

And that's one reason that people say, well, one of the other myths is if they're thinking of suicide, they're going to do it no matter what you do. And that's not true. That's not true.

So we do have to overcome the negative. But again, going back to the first idea, that is done by hope. It's not about just positive thinking.

It's done by having hope in something and a belief that goes beyond yourself. For example, if I'm having thoughts of suicide, that's my belief. But there's something outside of me that's stronger than that.

And that's where we find hope. If I just find hope in myself, yeah, I just shrivel up and be in a fetal position every morning. But generally, our hope comes from something outside of ourselves.

And that's true of somebody at the gym, they need a personal trainer, or they need a gym to work out in. If they're on an island ball by themselves, it's kind of hard to have hope. And you've seen my program where I hold up the beach ball or the volleyball.

You know, it's the old volleyball that's got the face on it from Tom Hanks. Castaway. Yeah, Castaway, that movie.

That volleyball gave him hope. Wilson! Wilson!

And he got angry with the volleyball. He cursed the volleyball, kicked the volleyball out of his cave. And then when the storm came, he went looking for him.

Wilson! He needed hope. And I tell people all the time, if a Wilson volleyball can give somebody hope on an island all by themselves, then what can you do to help other people?

You've got far more power than just the air that a Wilson volleyball has. And so that's where the hope comes from. It's from outside of ourselves.

[Mark] - That brings back a memory during the pandemic where I'd go weeks without even going outside. I knew it was time to go get a haircut when my son would ask me, hey, dad, have you named your volleyball Wilson?

[Lou] - Yeah, there you go.

That's it. Yeah, perfect analogy there. Okay.

[Mark] - So I agree with you completely that hopelessness really is a driving force. Uh, let me, let me run something by and see if you agree with me. I think that, uh, there's a pair of things there.

At least it was in my case, it wasn't just hopelessness, but it was the pain of, uh, and there was panic involved both times in my case, but I had a panic and, and, and felt a pain on, on what I thought maybe would be happening in the future. And, uh, you could term that hopelessness, but I think they're two separate things, but they're interrelated. And, and, and that a lot of people, uh, it's not that they want to die, but they want to escape the pain.

[Lou] - Absolutely. Right. Yeah.

And that pain can be very, it can be psychological. It can be physical. You know, I've got a friend, a dear friend that is constantly in physical pain and she amazes me, you know, that she can endure the physical pain that she goes through every day.

You know, her, the atrophy of her muscles is there. Now she's in a wheelchair in constant pain and we've had to talk about suicide and she says, yeah, I have had that problem, but I can't do it. I don't want to do it.

And, um, you know, that's one of the reasons that we talk about building resilience. Uh, we are a lot, if we allow ourselves as human beings, we're a lot more adaptable than we think we are. I mean, I, I give you an illustration for the days, the end of July, July 31st, I think that a month ago I started doing cold plunges, cold baths with, and now I'm adding two gallons of ice to it.

I've always been a warm water guy, but now cold water actually feels like warm water to me. And, uh, I've tried to convince my wife to try it. She won't do it yet, but it's because the initial pain of doing it, but you, your body acclimates and you adapt and you grow and we learn to overcome.

I think about a, um, uh, an evangelist from Australia. His name is Nick and, uh, he has no arms and no legs, none, but he high dives off a diving board and he swims like a porpoise and he's got a passion for life and he's going around the world sharing the gospel. Uh, well, a lot of people would say that pain to me would be unbearable.

I can't, I can't even comprehend the thought of having no arms and no legs. And to me it would be unbearable, you know, to think that. I've always been a weightlifter, so you got to have arms and legs to be a weightlifter.

But, uh, this young man, he is an incredible influence. He has shared the gospel, for example, with over 750 million people and that's incredible. So he took his pain and he found his passion.

And that's, you know, in a, in a smaller sense, I guess you could say, I, I, I think I've kind of done the same thing. I took that, which was very painful for me. Um, I felt like I couldn't provide for my family.

I'd be better off dead. Uh, and that was the pain. But, um, if we have time to think about it and really find some hope, my son was a source of hope for me.

I took that pain and now I have a passion that I never, 20 years ago, I could never see myself doing what I do today. And now I can't imagine not doing that, uh, because it is my passion. And the neat thing about a real true passion, no matter what happens to you in life, nobody can take that away.

They can't, uh, they can put you in prison, but they can't take away your passion. The apostle Paul was the perfect example. Now he was in prison when he wrote the book of Philippians, which is the book of encouragement.

Uh, he was in prison. And so, um, a job, you can get a pink slip, you know, money in the bank, economy can crash. All those things can be taken away.

But if we have a passion for life that can't be taken away, you have to let it be stolen away. But if we truly believe that it can't be stolen, we will overcome the pain.

[Mark] - I want to return to, uh, your discussion here on, uh, you can't just say, you know, start having positive thoughts or try to generate positive thoughts.

And sometimes that has a negative effect that, that brought to mind a couple of, a couple of things. Um, one that comes to mind, I don't remember the title of the book, uh, but Viktor Frankl, uh, wrote a book about really what was, what was the key for him and others to survive the, uh, the camps in Germany, uh, for the Jews. And, and a lot of it is, uh.

[Lou] - Man's search for meaning.

[Mark] - Man's search for meaning, that's it. But a lot of it is mindset and having a hope, uh, not, not a false hope that gets crushed when it doesn't happen, but, but having a realistic hope and dwelling on that.

And that, that came to mind when you were, you were talking about that. But another thing that came to mind, uh, my wife and I have a running joke. I, did you ever watch the Bob Newhart show?

[Lou] - Oh, I love Bob Newhart. Yeah.

[Mark] - Uh, do you remember the scene where the woman comes in?

[Lou] - Stop it.

[Mark] - Yeah. A five minute, \$5, it will solve the problem.

And he just said, stop it, stop it. And so my wife and I have a joke when, when I start making, uh, negative assumptions or, or being a pessimist, uh, she'll just say, stop it. And, but that doesn't really work.

[Lou] - No, it's tough. It's tough. I think in that regard, um, uh, I think it's Tony, uh, Robbins, uh, you know, the guru.

Yeah. Yeah. And I went to one of his courses several years ago, but, you know, he, he says that nobody will really change until the pain is unbearable.

And so, um, we're dealing with pain and then you get to the point where you can't do it anymore. That's when you're going to either change or die. There's actually a website out there called change or die.

Uh, and it's got some pretty neat stuff on it. We, we've got to be able to adapt. We've got to be able to change.

We've got to be able to, um, recognize when something's not working and make adjustments. And, um, we're off track and we've got to look for the North star and get back on track to where we need to go. And we, and a lot of times we won't do that until the pain has reached a certain threshold.

I mean, I, April of this year, I was in the hospital and had to have a stent put in. And, um, two days later, I'm out and I walked nine miles and I'm not, I'm a, I'm a weightlifter. I don't walk.

I lift. And so two days after my stent was put in, I was walking now, you know, on the weekend, I'll do 13 miles on a Saturday. Uh, but the pain reached the point where, what was the pain?

I didn't feel any physical pain until the night I had to go to the hospital because my chest felt like an elephant was sitting on it. Um, but the pain was the thought that I'm going to check out here and I'm 61 years old. I'm not ready to do that.

Um, and so my mission in life was right there in front of me at that moment. And my, I, I've, one of the arguments that I have with my wife right now, and we've for 38 years that we've been married, we've always had a mission. When we first got married, it was, and we knew that it would be a four quarter mission.

We'd have four quarters of our marriage and our life together. And then the first quarter was just building a foundation. Okay.

We're going to build that. And then we started having kids and it was build a family. And that was our mission for about 20 something years.

And then with our first grandchild was born, our mission moved over to the third quarter and that was building a legacy. So we've had this plotted out for almost 40 years now. This is our mission.

This is what our mission is going to be. And we're going to know. And, and so here I am 61 years old now, and I'm probably in the fourth quarter of my life.

And maybe there'll be some extended overtime at the end and I'll get to play a little bit longer. But the Bible even talks about, I think it's 80 years is a good long life, right? So my mission in my fourth quarter is to finish strong.

And so I'm thinking about, I've got to have a stent put in. I don't want to bleed out on the table here. This to me doesn't seem like finishing strong.

And the doctor, after I got through with the stent, which took 25 minutes, he said, you should be feeling better. I said, I'm already feeling better. And two days later, I'm walking nine miles.

So you have got to have a mission in life, a purpose.

[Mark] - A purpose.

[Lou] - There you go. Because without purpose, we perish.

And so I can't imagine. I mean, I don't, you know, I may get to the point where I can't teach 29,000 people, you know, or 5,000 people a year anymore. But I'm going to always have a purpose and a mission.

And for me, it's finish strong, build a legacy with my children, help them to be strong, help my family, help my friends, build relationships like you and I have today to be a positive influence on other people, because you never know who you can help.

[Mark] - That's true.

Well, what you just shared brought up another thought, you know, that, well, I don't think you know the background.

Let me share how I got involved in a 12-step recovery program. What happened was my daughter had endometriosis, which is very painful. They actually removed one of her ovaries.

But she ended up getting addicted to Oxycontin and ended up losing a fantastic job, house, car, custody of her two daughters, just lost everything. But when she was addicted, and after I found out she was addicted, I wanted to fix her. And I went to Al-Anon a couple times, and for me, that was worthless.

Somebody recommended this recovery program that was in the church I was going to. I started attending that, and I attended it with the idea, I'm going to learn how I can fix and change my daughter. But one of the first things I learned was that we can never change or fix somebody else.

[Lou] Right.

[Mark] - And it was funny because the introductory class that first night, they go over the serenity prayer, which is much longer than the part people usually quote. But the part that people usually quote, somebody in that group said, well, I worded it a little bit different.

Rather than talking about what I can change and can't change in the wisdom, I talk about knowing who I can change and who I can't, and that I am the person that I can change. And so that was the first message I learned. But I ended up realizing that I needed to go to recover from some issues and character defects and stuff that I had.

And I ended up leading a small group of men that were recovering from anger and or codependency for over a decade, and learned a lot and was able to help people and support people. And a lot of the things that are basics in a recovery small group, it's the same as what we're discussing here is you've got to have a true interest, you've got to be a good listener, and you have to provide a safe space so the other person feels free to share, honestly.

And so there's a lot of similarities there too.

[Lou] - Absolutely. Now that's one of the things that I share.

I do a PTSD group once a year about 14 weeks. And even with the classes that I teach in suicide intervention, because you know that there's going to be people there that are dealing with the loss of a loved one, or maybe they've had thoughts themselves of suicide,

which is many times that's the case. But one of the things that I always share is this is a safe place.

And one of my mantras that I share with other people wherever I'm at, that's the safest place you can be. And it's not an arrogant statement like I'm some kind of, you know, special forces bodyguard or anything. It's just this is a safe place.

And you're not going to be chastised for your thoughts. Well, you just need to have positive thoughts. I'm not going to do that to you.

We're going to meet you where you're at and walk with you through the journey. And that's a safe place. When you've got somebody walking with you on the journey of life, there's safety in that.

[Mark] - That highlights another important point that you make in your book and in your training. And that is being a good listener is a major part of providing the safe space. But a big part of that is, and this is key, I think we need to highlight is to not be judgmental.

I have a couple life mottos that I kind of developed going through the recovery process with other people, but we never know what somebody else is going through or what they've been through. But in addition to that, almost everybody is doing as well as they can at that moment. And so we need to remember those things as well.

[Lou] - Yeah, you never want to come in with a judgmental attitude. You know, one of the first judgmental attitudes is, well, he would never have that thought. And you think that's positive.

It's really not a positive. My son would never have thoughts of suicide. And the son may be having thoughts of suicide, but he doesn't feel like he can tell the parent now because the parent has such a high expectation of what the son's thoughts should be.

That he's not willing to share his true thoughts. And therefore, the son is at higher risk of suicide than he would be if the parent was willing to have the discussion in the first place without being judgmental. So our judgmental attitude can sound positive at times, but it's actually negative.

And it can shut the door on us being able to help other people. And again, that goes back to the idea that just having positive thoughts all the time is not necessarily going to help the situation. We need to also be realistic.

Yes, your son is having these thoughts right now. And you need to wake up to that reality. And we've got to take some steps to mitigate the risk and to reduce that risk so we can get him to a safe place.

And so there has to, in some regards, a parent has, there's got to be a little bit of denial going on. You've got to deny the reality that, or you've got to deny the lie, so to speak, that your son would ever be having those thoughts in the first place. He is having those thoughts.

And I share that with first responders all the time. Law enforcement, when they're running toward the bullets. Firefighters, when, you know, my son, who's an Atlanta fireman, was so excited the other day.

You know, most of their calls are medical calls, but he had a four-alarm fire the other day, and he got to fight that. And they're running into the building when everybody else is running out, and there's a certain amount of denial that you have to have there, which is okay, in order to do your job. There's a switch you've got to turn off because it doesn't sound rational to run into a burning building.

Yes. But if you're the hero, that's what you do. And so you're doing what's different from everybody else in order to save somebody's life.

It's the same idea with suicide intervention. Oh, I don't want to have to deal with that. I'm not going to ask my son that.

Well, you need to develop some courage, and you need to ask the question, because he is probably most likely having those thoughts based on what you told me. And if you're not willing to ask it, then we need to find somebody who is. Do I need to drive to your house and ask that question?

I literally had a licensed counselor who she knows. She knows you're not going to put the thought in their head and everything, but she called me. She said, I think my son is at risk of suicide.

And I said, what do you mean you think? Well, I haven't asked him. And I know I'm not going to put the thought in his head.

Well, then why haven't you asked him? Because I don't want him to think that I think that he's suicidal. I'm like, if I come to the house and ask, he's going to know you think that he's suicidal.

Why would I come to the house in the first place? So go ahead and ask him. Do your job as a clinician and as a mother, or get somebody else to do it for you.

But we don't think rationally a lot of times. If I had fallen over and turning blue, and you know CPR, and you have the ability to do CPR, but you don't do it because you want to consult with other people, or hey, I think this guy that he's laying on the floor here, I think he's turning blue. His chest is not moving.

Do you think I need to do CPR? No. Do the CPR.

Do what it takes in the moment and save somebody's life. That's the firefighter running into the building. I'm not going to call mom and ask her if I should run into the building.

She's going to say no. You're the firefighter. Run into the building.

Go save a life. And so that's what I teach people in my class. And we've trained 29,000 people, and a lot of them still call me because they're still afraid to ask the question.

But if we've given you skills, just like with CPR, use the skills. Ask the question. That's where the courage comes in again.

Courage to ask is the power to save.

[Mark] - Okay, when we started off, you know, I talked about the goal of be prepared to save a life in September is to reach many, many people that wouldn't think or seek out information on how to be prepared to intervene with a suicide. And one of the biggest groups for me would be parents.

And I remember in your training, you mentioned one time getting together a group of high school students to discuss it with their parents present after one of their friends had taken his own life. And I remember you said there was one mother, I believe it was, that said, well, no, I'm not coming and my son's not coming because we don't need that. And so we've got to get past that barrier.

And sometimes that brought back another thought. Sometimes it's worse than that. And we need to raise the awareness of parents.

But you know, I mentioned I'd intervened three times. Well, one of those three times, it was a teen in the neighborhood came to my house because not only were they suicidal, they went to their parents and they said, hey, I'm thinking about killing myself. And her mother and father laughed at her.

And she was serious enough that that was one of the two times I ended up calling the police. And she went for 72 hours of observation. But it's hard to believe that parents could be that unaware that a situation is serious and needs to be addressed.

[Lou] - Well, it's because it's painful. I don't want to have to deal with this. It's something I'm sure how to deal with.

And therefore, we laugh it off. Oh, you can't be serious. And they are serious.

And we need to get serious in that moment. So yeah, it's a tough question for parents.

[Mark] - So would you agree carrying that just one step further?

Probably at the foundation of them laughing wasn't so much to discard or have a negative. It was more a matter of their own fear protecting themselves. That's what I was going to say.

Yeah.

[Lou] - A lot of times we laugh out of fear. Yeah. It's a cover up.

Yeah. Because we don't know what to do. And we're afraid.

And so we laugh to balance it out so that we don't fall on the floor and pass out. That's really what's going on. The laughter is covering up the fear.

[Mark] - And we hope that just like the purpose of your book and your organization, the purpose of this campaign is we're going to help people not necessarily not have fear, but know how to act anyway and to have the courage to do that.

[Lou] - Well, that's kind of the definition of courage. It's not the absence of fear.

It's overcoming it in the first place when it's there.

[Mark] - Right.

[Lou] - And you have the will to do it and the courage to do what you need to do.

[Mark] - Okay. Okay. Let me share with you and the rest of the people viewing these videos really what prompted me to want to do something to get this word out.

And I mentioned how I was a small group leader for over a decade and had worked with people with all kinds of recovery. Over two thirds of the people there were seeking recovery for something other than drugs and alcohol. But I spent a lot of time doing that.

But also what had happened was when I came, I worked in Spain for 10 years from 85 to 95. And when it was time to leave, there were a bunch of things that came together in a perfect storm. And I had a nervous breakdown, but that started that 23 years I talked about of mental health struggles with the meds and psychiatrists and mental hospitals.

Thank God I've got six years free of all that now. But part of that was becoming aware more of mental health and everything. But after I came back and I'm in that struggle, I had four co-workers take their own lives.

[Lou] - Right.

[Mark] - And what was the most painful was the fourth one. It was somebody that I've worked with and traveled with domestically and internationally.

And you're traveling and working, you know, you're away from family, you're living in a hotel. So after work, we would get together and just talk. And sometimes, you know, over a couple of adult beverages and stuff.

But we would share with each other personal and private things that I know neither one of us had ever shared with anybody else. So there was a safety and a connection and a sharing there. And here I had gone through all these struggles and I'd stood up in front of over 120 people and shared all the bad things and character defects and poor choices and struggles and everything else and recovering from that and improving and everything.

I'd shared that in front of over 120 people. Yet I never, in all the discussions I had with this one individual, I never brought up mental health or struggles or depression or suicide or anything. And I never recognized he was struggling and he took his own life.

And then what happened, so that was a big marker for me. But then one of the other group leaders in that recovery program that was a friend, she took her life in the parking lot of the church where we met. And that was what prompted me wanting to do something.

And my first thoughts were I wanted to do something that would catch the attention of somebody thinking about it and change their mind, like the notes on the bridge or the notes in the forest in Japan. But then with the coach I've got on messaging and stuff, I expanded my vision and got connected with you. And the whole vision changed to where we want to make people aware that wouldn't normally.

It's not addressing it at people that are thinking about suicide. And it's not addressing the campaign that people that have been exposed to suicide. It's addressing it at the world beyond that, that they don't think they have a need to know, but they do.

And to help them realize they should be prepared to save a life.

[Lou] - Absolutely. You know, before COVID, we used to say one out of 20 people were having thoughts of suicide at any given time.

And in August of 2020, after just six months of lockdown, the CDC came out with another report that said that the thoughts of suicide were actually one out of 10 now. So one out of 10 people are having thoughts of suicide. If you go to a family reunion, you've probably got 10 people there right there.

And I have had instances where I've had people that have called me after they've been at a family reunion who have been in my class. They said, I did a suicide intervention on Uncle Joe, or, you know, Aunt Susie. And they're still alive because I was in the class, I recognized some signs that nobody else saw.

So suicide is a very prevalent thought. One out of 10 people are having that thought. It's a normal thought.

People say that doesn't make sense. It is a normal thought in adverse situations. And when we got hit with COVID in 2020, that was devastating to so many people, their mental health and physical health, you know, obviously, but also their mental health.

I had one young lady who was probably 19 or 20 years old. She became suicidal because she was asymptomatic for COVID. Went to visit her grandmother, her grandmother got COVID.

She blamed herself and wanted to kill herself because she thought she had murdered her grandmother. And so we had to work with her through that. So today is about one out of 10 people are having thoughts of suicide.

That means we need at least one out of 100 people that know how to help the one out of 10 that are having those thoughts because you're going to come up against people on the ball field with little league coaches. I tell them all the time, you know, I've had nine year olds that have taken their lives. And that's a sad day.

You know, when you have to stand there for 200 young people and tell them why their friends not coming back to Boys and Girls Club. And that's a really tough thing. But little

league coaches, school teachers, obviously have they're mandated, they're mandated to be part of a suicide intervention.

[Mark] - Hey, go ahead. We'll take a break. No problem.

[Lou] - I don't know where we're at. You're talking about the students mandated. Yeah, so teachers are mandated to be part of a suicide intervention program every year in public schools, because of the Jason Flatt Act.

And that was started in Tennessee because Jason Flatt was a young 17 year old boy who took his life and the dad took a proactive position and got it introduced in Tennessee. And now probably 25 states across the country have the Jason Flatt Act. What's the reason?

Because we need to make as many people aware as we can that suicide is a problem. There's not enough clinicians to solve the problem. There's not enough mental health beds to solve the problem.

And many times, the 72 hour 1013, as it's called here in Georgia, or involuntary committal in South Carolina, or the Baker Act in Florida, whatever the case may be, sometimes that actually increases the risk. And so it's a bandaid on a problem or gaping wound. 72 hour hold is not going to solve their problem.

And there's got to be something more.

[Mark] - I agree. I would go a little bit further.

I would say one of the biggest problems in fighting mental health issues and counseling issues in general, there's a tendency to want to put band-aids on symptoms rather than getting down to root causes and resolving those.

[Lou] - Right. That's absolutely correct.

[Mark] - We talk about changes from the pandemic and COVID and all. And let me see if you agree. I think not just due to COVID, but that was a market change, an inflection point.

And not only were many more teens then and even now considering suicide, but there was a big uptick in the veterans. And it's hard to know. It's hard to get accurate statistics.

[Lou] - Right.

[Mark] - And I remember Mark Twain talked about the three types of lies and the third one are those damn statistics. Right.

But I've got the impression from what I've read that basically suicides of veterans and military have gone from 22 a day to 44 a day.

[Lou] - It's probably... I haven't heard that particular stat, but I would say it's higher than 22.

I think that's just a very conservative number. We had a situation where a homeless veteran, highly decorated Vietnam veteran, his friends went looking for him and he was buried in a pauper's grave. He had killed himself.

So on his death certificate, it said suicide, but it did not denote the fact that he was a veteran. Well, they exhumed the body and sent it to Arlington because that was the right thing to do because that didn't get counted as a veteran suicide. And so I think it's actually higher.

And we don't keep up with all the veterans that are killing themselves. It's just you're depending on the local coroner to say that they were a veteran, number one. You're depending on the coroner to say that it was a suicide in the first place.

And fortunately here in our community, I know the coroners and they do a good job. I looked at some of the smaller counties here in Georgia and I do not believe it. There's no way that that county has gone for 30 years without a suicide.

And yet their cancer rate is twice as high or their car fatality rates are three times higher than the state average. Well, they're calling it a car wreck. They're not calling it a suicide when in fact it was a suicide.

Small town, coroner knows everybody. He doesn't want to cause problems. Maybe there's some financial reasons why it should be called a car wreck instead of a suicide.

Insurance policies sometimes won't pay off. There's a three-year clause there. If there's a suicide, it's not paying off.

So in a small town, we're going to fudge a little bit and not say what it really was.

[Mark] - I wouldn't even be surprised if some of the suicides end up showing on a death certificate as deaths from COVID.

[Lou] - Absolutely. And we know that's a fact. Okay.

[Mark] - One of the things I noted from personal experience, your book, and also in the training, I would say there's basically three levels of the ask.

Okay. And one would be going and saying to someone, you see there's something going on and you say, hey, is there something wrong? Are you okay?

Is there something bothering you? So I would call that level one. Level two would be, it looks a little bit more intense, a little more demanding of attention.

And you would say, are you thinking of harming yourself or are you thinking of suicide? And then the third level would be, there's something really critical here and we need to get to the bottom of it. It's not just, are you thinking of suicide?

Do you have a plan? Have you developed a plan? So would you agree that those are the basic three levels of questioning?

[Lou] - Yeah, absolutely. You got to take a little bit of time to build rapport with people. We might talk about the sunshine and the weather for a little bit and build rapport.

But if you have some deep sense that they are having those thoughts of suicide, we want to get to the question pretty quickly. And so I'm always very quick to ask, are you having thoughts of suicide? And I'm careful about saying, are you thinking of harming yourself?

Because if you say, are you thinking of harming yourself? They're not thinking of harming themselves. They're thinking of killing themselves.

And there is a difference. So someone could honestly say, no, I'm not thinking of harming myself. And they go home and kill themselves.

And you go, well, they said they weren't going to kill themselves. No, they said they weren't going to harm themselves. And there is a difference.

And so I'm very quick to ask, are you having thoughts of suicide? Some people say, it's just such a harsh question. Well, then is it any easier to say, are you thinking of killing yourself?

It's the same thing. Yeah. Pick one.

I can't do either one. OK, well, then ask, have you ever just wanted to go to bed at night and never wake up again? Yeah, I think that all the time.

So you are having thoughts of suicide. You're still going to have to come back to the question of suicide. And if we're not willing to do that because of fear of bringing up the question and using that word, then maybe we need to call somebody who's willing to ask that question.

So out of the 29,000 people that I've trained, a lot of them are bird dogs. And I had an Irish setter when I was growing up that was a bird dog. And I loved that dog.

But he didn't shoot the birds for me. He just pointed me to the birds, right? That's a bad analogy, probably.

But my point being is a lot of those 29,000 people are not necessarily asking the question, but now they've been trained. And so they call me or they call 988 or they call somebody who is willing to ask that question, which is good. I mean, that's going to serve the same purpose that we are after for our campaign to make people aware so that maybe they're not the ones asking the question, but they see it.

They're the bird dog who's pointing to the person who's suicidal, and they get somebody on the hunt to go after that bird. And that's probably a terrible analogy with the discussion we're after and the subject we're on, but it fits. So that's kind of the way I look at it.

[Mark] - Well, basically, you answered the following question, which was going to be, should we use the term, are you thinking of harming yourself versus are you thinking of suicide? And you've already answered that. But one of the reasons that that was a question in my mind, one of the times I was staying in a mental hospital, there was a young woman there that was there because she had attempted suicide.

But what's worse, there in the mental hospital, she had had a couple of attempts as well. And in group sessions where I'm there and the counselor's there and she's there, the counselor liked to ask her, are you safe? And to me, that just seemed kind of too weak when she's actually attempted a couple of times in that institution.

Wouldn't you agree? Yeah. I mean, maybe you can start there, but again, we're going to have to get to the question.

You can't avoid it. You've got to say the word. Are you thinking of suicide, or are you thinking of killing yourself?

Right. So that they can answer us in the affirmative and say, yes, I am. Okay, well, then we need to do something about it.

I mean, that's sort of like looking at somebody bleeding out because they fell down with the scissors and cut their liver in two and now they're bleeding out. Am I going to sit there and go, are you safe? Well, no, I'm not.

I'm going to do what it takes to solve the problem in that moment to get them to that place of safety. That's one of the reasons I say, when you're with me, that's the safest place you can be, but I've got to ask you a question. Are you having thoughts of suicide?

And this is a safe place for me to ask that. So it's a safe place for you to tell me the truth because we're after the truth, right? The good book says the truth will what?

Set you free. And so we want them to be free from that idea that they're going to end their life. Does that mean they're going always be free?

No, they may have the thoughts next week, but now they've built resilience so that it has less and less power over them to the point where eventually it becomes a non-thought. And if the thought should be there, it's just immediately deflected because you've built up the resilience to overcome it. That's the antibody, I guess you could say.

[Mark] - Well, having this discussion and just going through all these questions and answers that we've gone through, a thought came to my mind that one of the most important foundations to being prepared to save a life, we need to have a connection. We need to be a good listener. We need to ask the question.

But what keeps coming back in my mind in this discussion with you is that one of the major parts of the foundation of achieving that is making the person feel safe and letting them know they're safe, letting them know we're not judging them, we're concerned, we want to help them get to the root. It's a major theme in recovery programs is the safety.

[Lou] - Right.

Well, and that person needs someone who is willing to listen, right? And they need to talk. And we have to be willing to learn where they're at.

That's why I call it listen, learn, lead. You cannot lead a person unless you're willing to listen. And originally when I first developed this model for suicide intervention, it was really a model for toxic leadership that I developed in the army because I had a battalion commander that was very toxic.

And my boss at the brigade level sent me down to the battalion to deal with the situation. And I told the colonel, the lieutenant colonel, I said, ma'am, you got to be willing to listen to people. No, they need to listen to me.

You're missing the point, ma'am. If you don't listen and you're not willing to learn because you think you know it all, then you're never going to be the leader you're supposed to be. We have to be willing to listen and learn.

And so that's very important. People need us to listen. I was listening to a podcast just yesterday.

It was talking about how people go to the doctor and maybe they don't want to go to the doctor, their local MD, but the wife made them, you know, go get your physical. And the doctor's in and out in five minutes, right? There's not a lot of listening going on.

But right before he walks out the door, the guy says, you know, well, yeah, there is one other thing. Well, it may be, you know, I'm having some chest pain or I can't swallow, you know. He wants to get that out.

He wants to be able to tell somebody. And so that's a perfect example. If we've taken more time to build rapport instead of just being in and out five minutes, um, then people are going to share stuff with us.

They want to share it. It's sort of, I use the analogy, the movie, um, a few good men.

[Mark] - Oh yeah.

[Lou] - Colonel Nathan Jessup, you know, he, he, he wants to tell the truth. He needs to tell the truth. And what happened when he asked him finally and firmly, you know, he didn't soft pedal it, but he asked him firmly, uh, did you order the code red?

And you know what he said? He used an expletive and he said, you're, you're, you're exactly right. I did.

He wanted to tell the truth. And when we asked the suicide question, we are led, we're validating the pain. It's real.

We are helping them to understand they're not alone. Somebody cares. I'm not on the Island by myself.

And you are far more powerful than a Wilson volleyball. And now they're willing to tell you the truth because they want to be free from that thought of suicide because suicide is not the result of wanting to die, right? It goes back to core value one.

It's the result of loss that leads to hopelessness. And now, because you've been willing to ask, there is an installation of hope it's been established. And now I want to be set free.

I really want to be set free. When we taste a little bit of freedom, we want all of it. I want to be totally free.

You know, it's just like you said, I'm so glad to hear, you know, six, first of all, you said you had, you had, you were honest to say, yeah, 23 years of struggling with mental health, but now I'm free. Right. I think that's a line....

[Mark] – Free indeed.

[Lou] – Yeah, that's it, I think that's a line in the movie, the gladiator.

Now I'm free, you know, and so we have to have a warrior mentality. I'm going to fight this. I'm going to stand up.

I'm going to be courageous and lives are going to be safe because we have a warrior mentality. That's it.

[Mark] - Well, another thought just came to mind.

Let's see if you can align with this. If I look at the video I'm using, uh, to try to get, uh, exposure to our campaign and to get attention to people that aren't necessarily thinking about suicide and preventing suicide. The video starts off when I share the story, 10 years in Spain, more than 50% travel.

Uh, the one day I'm in Madrid and I come home early, I leave work early and I come home early. And, uh, I walk into the house and I walk down to the formal salon living room that I normally don't do. And I look out the window and all I can see through the trees is that the gate to the fence around the pool is open.

And I go, Ooh, and I run down to the basement and out into the yard and I run over to the pool and I find my three, three year old son floating face down, spread Eagle, not moving. Yeah. And I reach and I grab, I pull him out and turn them over.

And he still spread the Eagle on his back. He opens his eyes and he looks at me like, am I in trouble? He wasn't blue.

He was breathing on his own. I mean, talk about not being a set of coincidences, right? Uh, but that highlights the two characteristics that, that I think are key to the campaign.

And that is we've got to be observant, right? And we've got to be willing to take action like now. Right.

But, but it goes beyond that too, because like I shared the two times I was having suicidal thoughts, um, I had a panic and I think back to my son and the normal thing for somebody that can't swim that's in the water and can't touch bottom is they're thrashing around and panicking so much so that when somebody is a lifesaver and they're going to, they got to go under or around behind or they both get dragged down. And so I thought about that here.

He, he, he didn't panic and all the timing and everything else lined up perfectly. And, and I saved his life. And a year later, I, in the video, I point to a picture.

I've got the happiest times of my four kids in my life, them in a poppy field. He's four years old. Here he is.

He's four years old. He's still with us. And he has no memory of the pool and he has no fear of water and he swims like a tadpole, right?

Just crazy stuff. So the thought I had was, uh, I look at that and, and I would say, uh, taking your three L's and maybe stretch them out a little, I would say, we've got to be observant. We've got to listen.

We've got to learn and we've got to lead, which entails acting, overcoming fear, having courage and acting. And that's, that's how I'd sum that up.

[Lou] - No, that's, that's exactly right.

Exactly right. Um, the, um, the fear that we have eventually diminishes when we see the power of lives being saved and transformed. And the other thing, like your son, when you said your son has no memory of that, um, a lot of people are afraid that they're damaged goods after they've had those thoughts of suicide.

But I will tell you, if that's the way I felt, then I wouldn't be doing what I'm doing today. We have to overcome that. Uh, you're not defective.

You're not damaged. You're, you're stronger than you think you are. And the fact that you and I are sitting here today doing a video, the 23 years that you struggled, you know, and the two times in mental health hospitals, that's just added to your story as being an overcomer.

And again, I've got to go back to my calling as a chaplain and as a preacher of God's word. Uh, we are more than conquerors. We're overcomers.

Yes. And, uh, if we have nothing to overcome, then you can't call yourself an overcomer. You're just, uh, I like the way, um, uh, Jordan Peterson describes it.

You're just a bunny rabbit. Bunny rabbits don't ever overcome anything. They eat carrots and they get eaten up by other predators.

Yeah. And that takes us back to the idea. You have to be a warrior.

You've got to be strong, otherwise we're eaten up by the circumstances of life.

[Mark] - Well, part, part of the 12 step recovery program is that once you've recovered, you need to share to help others. And there's a little cliché in, in, in 12 step, uh, that, uh, we are able to take our mess and turn it into a message.

[Lou] - That's good. So that's exactly right. Take your pain, make it a passion.

Um, when you have a passion, you'll have a purpose that nobody can take away no matter what happens. So that's the way I look at it. You know, 2021, I was laying in the hospital.

Uh, we finally got COVID a year after everybody else. I was in there for 10 days in ICU. They're trying to put the ventilator on me.

I'm like, no, I'm not doing that. My wife was upstairs in another room. She wasn't as bad off as I was, but she was calling down there and taking, saying, don't put them on the ventilator.

We're going to get through this. Uh, and they wanted me to stay in the bed the whole time, you know, hooked up to IVs. And I'm like, can I, uh, move this thing around?

Oh yeah. He's still selling wheels. I'm walking, doing, you know, a hundred steps back and forth from the window to the door.

Uh, could barely breathe. Uh, but I'm not going to sit around and wait to die, you know? So my point being, when we're having these thoughts of suicide, if, and I say this to anybody who might be watching right now, if you were having those thoughts of suicide, don't sit around, get up and pace towards someone who can help you.

That's, that's what I would say. Um, life is worth living. Um, and, um, there is someone who wants to help and you're not alone.

You're not an island all by yourself. You've got friends and family and other people that can help. Do not end your life.

Your life is far more valuable than you think it is. And so I would just share that, um, with anybody who might be listening.