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**Medical**

**SUICIDE AND VIOLENCE PREVENTION  
EDUCATION AND TRAINING**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements AFD 44-1, *Medical Operations* concerning education and training to prevent acts of harm to self and others. It establishes requirements and procedures to conduct such education and training in Air Force communities and in Professional Military Education (PME) courses. This instruction applies to all active duty Air Force and Air Force Reserve personnel, as well as the Air Force civilian employees specified herein, except for Title 32 USC National Guard Technicians (IAW Technician Personnel Regulation 100 [172]). Air National Guard personnel should reference ANGI 52-154, *Suicide Prevention and Violence Awareness Education and Training*, when published. **Records Disposition.** Maintain and dispose of records created as a result of processes prescribed in this publication in accordance with AFMAN 37-139, *Records Disposition Schedule*. Send comments and suggested improvements on Air Force Form 847, Recommendation for Change of Publication, through channels to AFMOA/SGZF, 110 Luke Avenue, Room 405, Bolling AFB DC 20032-7050.

**SUMMARY OF REVISIONS**

**This document is substantially revised and must be completely reviewed.**

This revision eliminates the need to provide separate briefings/presentations for non-supervisory and supervisory level personnel. In-person briefings/discussions are now required for suicide prevention (paragraph 2.1.3.) and violence prevention (paragraph 2.2.2.) training and makes the Air Force Suicide Prevention Program Manager the approval authority for variations in program delivery. The installation Integrated Delivery System (IDS) is now responsible for providing instructors for suicide prevention (paragraph 2.1.5.) and violence prevention (paragraph 2.2.4.) training. Also added are new educational and training requirements for persons in leadership positions (paragraph 3.1.). Now included is a requirement for this education and training to occur at Squadron Commander's Courses (paragraph 3.2.) and at the First Sergeant Academy (paragraph 3.3.). This revision also directs the AU/CC to ensure that this education and training is integrated into all levels of Professional Military Education (paragraph 3.3.3.). To comply with the Air Expeditionary Force (AEF) training cycle the requirement to receive this training has been changed from annually to once every 15 months (paragraph 4.1.). Additionally, paragraph 4.1.

also requires the installation IDS to forward training data to the installation Community Action Information Board (CAIB) chair and on to the MAJCOM CAIB.

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**1. General Information.** Two of the 11 Air Force-wide suicide prevention program (AFPAM 44-160, *The Air Force Suicide Prevention Program*) initiatives are suicide and violence education for the general community and Professional Military Education (PME). It is the intent of this AFI to provide a common framework and linkage between these and other suicide and violence prevention education and training initiatives throughout the Air Force. The goal is that all levels of education and training will be complementary. Community education will follow curriculum guidelines presented in this AFI. MAJCOM Squadron Commander Courses and Air University PME courses will complement with the content and conceptual framework for the community education guidelines and will be commensurate with the advanced level of responsibility of the supervisors and leaders.

**2. Community Suicide and Violence Prevention Educational Requirements.** The Community Suicide and Violence Awareness education programs may be presented at the same time.

**2.1. Suicide Awareness:**

2.1.1. The Community Suicide Awareness Education program relies on unit cohesion with emphasis on self-care and the development of a shared sense of responsibility for the general welfare of the community and its members. Direct unit commander and supervisor involvement is crucial to this program’s success. The strategy should include a concerted effort to promote help-seeking behavior. The program relies heavily on a team approach to achieve synergy and maximize the utilization of varied wing resources.

2.1.2. The Secretary of the Air Force will ensure that all Air Force personnel, to include active duty, guard and reserve, as well as civilian employees receive community suicide education. Some collective bargaining agreements may preclude certain civilian employees from involvement. The

community education program will include information to enhance the participants' knowledge about suicide and associated factors. Suicide will be identified as a serious Air Force community problem that is often preventable. Specifically, the program will provide knowledge about suicide and suicide prevention, about how and why to seek help, and about how to identify others at risk for suicide and how to help them. The program will identify and emphasize protective factors, the benefit of seeking help early in the development of life problems and the benefit of engaging in health-promoting activities for optimal behavioral health functioning. The program will emphasize that the goal for suicide prevention is to reduce the prevalence and incidence of modifiable associated risk factors for suicide and suicidal behavior and to increase the modifiable protective factors in the Air Force community. Information about the importance of building a sense of community within the Air Force and mentoring will be included to emphasize that suicide prevention in the Air Force is modeled on a community capacity approach.

2.1.3. The Air Force Surgeon General will be the Air Force OPR for this program in support of the Air Force Community Action Information Board (CAIB) and will ensure that this education is conducted as detailed throughout each MAJCOM, as well as in the Air National Guard and Air Force Reserve. The requirement for the method of delivery is an in-person briefing/discussion. Exceptions to this presentation method can be made for Air Force members and civilian employees who are assigned to units that are geographically separate from the installation Integrated Delivery System (IDS). The Air Force Suicide Prevention Program Manager, as detailed, will review educational activities developed supplemental to the AFI and will approve variations in program delivery.

2.1.4. Each MAJCOM will ensure that the suicide awareness educational program is conducted at each installation, with the Life Skills Support Center representative to the IDS serving as the OPR for implementation of the standardized educational content and coordination of instruction (see [Attachment 2](#), Suicide Awareness Community Education Program: Curriculum Guide Overview and Course Content Outline). For collocated Reserve Component (RC) wings, the reserve and/or ANG liaison to the active duty IDS will be the OPR with the RC wing commander appointing a POC for coordination of education and reporting of metrics.

2.1.5. The installation IDS is responsible for providing instructors to support this program. The installation Life Skills Support Center IDS representative will coordinate with installation personnel offices to ensure procedures are in compliance with Title 5, Code of Federal Regulations, Section 339.301 and any local or collective bargaining agreements. For RC personnel, these educational requirements will be implemented through the appropriate ANG and AFRC (reference AFRCI 44-101) channels.

## 2.2. Violence Awareness:

2.2.1. The Secretary of the Air Force will ensure that all Air Force personnel, to include active duty, guard and reserve, as well as civilian employees will receive violence awareness education. This program may be presented at the same time as the suicide awareness education program. The goals for violence prevention education will be to bring attention to violence associated with the workplace, to improve identification of those at risk for violence, common targets of violence, motivation and risk factors for violence, the benefits of a zero-tolerance policy, and referral and response procedures (see [Attachment 3](#)).

2.2.2. The Air Force Surgeon General will be the primary Air Force OPR for this program in support of the Air Force Community Action Information Board (CAIB) and will ensure that this education is conducted as detailed throughout each MAJCOM, as well as in the Air Force National Guard and Air Force Reserve. The requirement for the method of delivery is an in-person briefing/discussion. Exceptions to this presentation method can be made for Air Force members and civilian employees who are assigned to units that are geographically separate from the installation Integrated Delivery System (IDS). The Air Force Suicide Prevention Program Manager, as detailed, will review educational activities developed supplemental to the AFI and will approve variations in program delivery.

2.2.3. Each MAJCOM will ensure that the violence awareness educational program is conducted at each installation, with the Life Skills Support Center representative to the IDS serving as the OPR for implementation of the standardized educational content and coordination of instruction (see [Attachment 3](#), Violence Awareness Training Content Outline). For collocated Reserve Component (RC) wings, the reserve and/or ANG liaison to the active duty IDS will be the OPR with the RC wing commander appointing a POC for coordination of education and reporting of metrics.

2.2.4. The installation IDS is responsible for providing instructors to support this program. The installation Life Skills Support Center IDS representative will coordinate with installation personnel offices to ensure procedures are in compliance with Title 5, Code of Federal Regulations, Section 339.301 and any local or collective bargaining agreements. For RC personnel, these educational requirements will be implemented through the appropriate ANG and AFRC (reference AFRCI 44-101) channels.

### **3. Leadership Suicide and Violence Awareness Education and Training Requirements:**

#### **3.1. General educational and training requirements for leaders.**

3.1.1. Education and training will be conducted for all personnel in leadership positions. Curriculum should build on itself as an individual progresses in rank and responsibility. The following content elements will be included in the education and training of all personnel in leadership positions through MAJCOM-level community education programs. Requirements specific to the Squadron Commander's Courses, First Sergeant Academy, Airman Leadership School, NCO Academy, Senior NCO Academy, Air and Space Basic Course, Squadron Officer School, Air Command and Staff College and Air War College are addressed in section [3.4](#).

3.1.1.1. Training will include advanced identification, assessment, referral, and personnel management approaches that can benefit all persons and particularly those that may be deemed imminently dangerous. AFI 44-109, *Mental Health, Confidentiality, and Military Law*, DoDD 6490.1, *Mental Health Evaluations of Members of the Armed Forces*, and DoDI 6490.4 *Requirements for Mental Health Evaluations of Members of the Armed Forces*, will guide discussion of both emergency and routine referral procedures to mental health.

3.1.1.2. Emphasis on the leader's responsibility to ensure the airmen understand: (1) that seeking help is encouraged and not a statement that they are somehow incompetent; and (2) that negative career impact for seeking counseling is unlikely when airmen seek help on their own and when it occurs before any misconduct.

3.1.1.3. Leaders will also be educated about the confidentiality and privacy rules in Air Force mental healthcare as described in AFI 44-109, *Mental Health, Confidentiality, and Military*

*Law.*

3.1.1.4. This education and training will provide leaders with demographic and epidemiological information on Air Force suicides and support the sharing of resources and information occurring within the IDS. Demographic and epidemiological data will be updated annually and should be obtained directly from the Air Force Institute for Environment, Safety and Occupational Health (ESOH) Risk Analysis (AFIERA), Suicide Event Surveillance System (SESS) POC.

3.1.1.5. This education and training will also include information about post-event response options to include assistance from the Critical Incident Stress Team (CIST), IAW AFI 44-153, *Critical Incident Stress Management*.

### 3.2. Squadron Commander's Courses

3.2.1. Each MAJCOM will ensure that all squadron commanders receive education and training as outlined in paragraphs 3.1.1.1. through 3.1.1.5.

3.2.2. The MAJCOM/SG is the primary MAJCOM OPR for this education and training.

### 3.3. First Sergeant Academy

3.3.1. AU/CC will ensure that all First Sergeants, that is, attendees at the First Sergeant Academy and Additional Duty First Sergeant Symposiums, receive education and training as outlined in paragraphs 3.1.1.2. through 3.1.1.5. and advanced education and training commensurate with the level of responsibility of the First Sergeant.

3.3.2. The Commandant, First Sergeant Academy should appoint a member of the faculty to serve as a liaison to the AU IDS to oversee integration of material related to stress management and prevention of suicides and violence into the school curriculum to provide greater depth specifically oriented to a First Sergeant's rank and level of responsibility. The IDS liaison will ensure faculty tasked to educate students in stress management and prevention of suicides and violence are prepared to teach the material. The IDS liaison will also ensure all other faculty and staff members receive annual education and training consistent with the minimum requirements of this AFI.

3.3.3. The IDS liaison may utilize the AU/CC-SG as a consultant to assist with the development of curriculum, utilizing subject matter experts as necessary.

### 3.4. Airman Leadership School, NCO Academy, Senior NCO Academy, Air and Space Basic Course, Squadron Officer School, Air Command and Staff College and Air War College.

3.4.1. AU/CC will ensure that all courses incorporate the educational concepts outlined in paragraphs 3.1.1.2. through 3.1.1.5. These concepts will be addressed at each level of enlisted and officer PME commensurate with the progressive level of responsibility of supervisors and leaders.

3.4.2. The AU/CC will ensure integration of material related to stress management and prevention of suicides and violence into the school curriculum to provide greater depth specifically oriented to the appropriate level of responsibility. This will be accomplished during the AU/CC's regular Program Review Board. The IDS liaison will ensure information and material on stress management and prevention of suicides and violence are available to the curriculum developers at each institution. The IDS liaison will also provide any specialized training needed to all other faculty and staff members consistent with the minimum requirements of this AFI.

3.4.3. The IDS liaison at Air University may utilize the AU/CC-SG as a consultant to assist with the development of curriculum, utilizing subject matter experts as necessary.

3.4.4. Personnel in leadership positions who receive training as described above will be given credit for attendance during the training cycle in which it occurred.

#### 4. Metrics:

4.1. Suicide and Violence Awareness Education Metrics (RCS HAF-SG (A) 9612). Unit commanders will ensure all personnel complete, during the 15-month Air Expeditionary Force (AEF) training cycle, a mandatory suicide prevention and violence awareness education program. Completion of program training will be documented and a tracking mechanism developed to ensure training is accomplished. All unit command-appointed ancillary training managers will coordinate, schedule, and track the training of unit personnel and report quarterly data, in the format below, to the Life Skills Support Center IDS representative. The Life Skills Support Center IDS representative will compile the data and forward to the IDS Chairperson. Trainers are not restricted to providing training during the formal training part of the AEF cycle, recognizing that not all units on an installation are necessarily assigned to the same AEF. The IDS Chairperson will forward the training data to the installation IDS and CAIB for review and action as necessary. NLT 15 January, April, July, and October, the CAIB Chairperson or POC designated by the CAIB will ensure the installation metrics are forwarded to the MAJCOM CAIB. The SG representative to the MAJCOM CAIB will forward the data to AFMOA/SGZF as described below. AFRC metrics will be reported on a bi-annual basis NLT 15 January and 15 July to the NAF/SG as applicable. NGB/HC will track the accomplishment of suicide prevention and violence awareness education requirements for the ANG on an annual basis. NGB/HC will also provide a copy of these results to ANG/SG. Each MAJCOM will track the accomplishment of suicide prevention and violence awareness community education requirements and will report currency data to HQ AFMOA/SGZF for each calendar year, within 31 days of its close. As such, there is an annual requirement to report the number of personnel who are current within each AEF cycle (i.e., the data will reflect the percentage of personnel who received training during the AEF cycles that occurred during the calendar year in question). In this way, annual reporting of training currency will continue to provide a snapshot of the total force's status in this area.

4.1.1. Two separate MAJCOM reports are required, one for active duty personnel and one for civilians. The command-appointed ancillary training manager is responsible for ensuring that training occurs for all installation civilian employees; the ancillary training manager is also responsible for tracking civilian participation and reports. Training of civilians should follow the AEF cycle of the military unit to which the employee is assigned. Reports will include training data that are collected on a quarterly basis from IDS Chair or POC designated by IDS to address the following metrics: trained personnel requirement (TPR), total personnel current (TPC), and percentage current. MAJCOMs will report aggregate data from installation-level data for each metric in a spreadsheet format as required by paragraph 2.1. above. An example is shown in [Attachment 4](#).

4.1.2. These reports are designated emergency status code "D" – immediately discontinue reporting data requirements during emergency. NOTE: In the case of the Air National Guard who will track military personnel training only and Air Force Reserve personnel, these metrics will be tracked through appropriate Air National Guard and Air Force Reserve Command channels and reported to AFMOA/SGZF annually. Air Force Reserve base, wing or GSU POC will provide data

to the NAF/SG bi-annually by 15 July and 15 January (for previous year total trained). NAF/SG will forward data to AFRC/SG by 25 July and 25 January. AFRC/SG and NGB/HC will forward data to AFMOA/SGZF by 31 January.

**5. Statistics Available to Support Community Education:**

5.1. The Force Health Protection and Surveillance Branch, Brooks AFB, Texas will maintain and forward summary statistics, updated on a quarterly basis, to AFMOA/SGZF and to MAJCOM CAIBs, which reflect the epidemiological perspective on suicide rates, attempt rates, and associated risk and protective factors, by MAJCOM, Air National Guard, and Air Force Reserve. RC will provide training statistics only; epidemiological data are not available on suicides or nonfatal self-injuries that occur while RC members are on civilian status.

5.2. The database that contains this information is the Suicide Event Surveillance System (SESS-2). This integrated data will be available for use at MAJCOM and wing-levels in support of their training and intervention efforts.

GEORGE PEACH TAYLOR, JR., Lt General, USAF, MC, CFS  
Surgeon General

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

AFPAM 44-160, *The Air Force Suicide Prevention Program*

AETC Pamphlet 44-101, *Buddy Care Basics*

AETC Pamphlet 44-104, *A Suicide Prevention and Intervention Guide for Commanders and First Sergeants*

AETC Pamphlet 44-105, *A Pocket Guide For Commanders, First Sergeants and Supervisors*

AFCAT 36-2223, *USAF Formal School*

AFMAN 37-139, *Records Disposition Schedule*

AFI 36-2201, *Developing, Managing, and Conducting Training*

AFI 36-3009, *Family Support Center Program*

AFI 44-109, *Mental Health, Confidentiality, and Military Law*

AFI 44-153, *Critical Incident Stress Management*

AFI 90-501, *Community Action Information Boards*

AFPD 44-1, *Medical Operations*

AFOSI Report, *AFOSI Suicide Investigations - 1997*, Mar 98

AFOSI Report, *Interpersonal Violence in the Air Force*, Mar 98

DODD 6490.1, *Mental Health Evaluations of Members of the Armed Forces*

MMWR 22 Apr 94, Vol. 43, No. RR-6, *Programs for the Prevention of Suicide Among Adolescents and Young Adults*

MMWR, 21 Apr 95, Vol. 44, No. 15, *Suicide Among Children, Adolescents, and Young Adults-United States*, 1980-

Air Combat Command, Behavioral Sciences, Office of the Command Surgeon, *Violence in the Workplace: A handbook for prevention and response*

Family Advocacy Standards, July 98, M-3, *High Risk For Violence Response Team*

Office of Personnel Management and the Interagency Working Group on Violence in the Workplace, *Dealing With Workplace Violence: A guide for agency planners*

Anne N. Sprague, Chief, Labor and Employee relations and Workforce Performance, U.S. Office of Personnel Management, Atlanta Region, *When Employees Cross The Line: Dealing with threats and violence in the workplace*

John Monahan, School of Law, University of Virginia, *The MacArthur Violence Risk Assessment Study*

*Abbreviations and Acronyms*

**AEF**—Aerospace Expeditionary Force

**AFIERA**—Air Force Institute for Environment, Safety and Occupational Health (ESOH) Risk Analysis

**AFI**—Air Force Instruction

**AFRC**—Air Force Reserve Command

**ANG**—Air National Guard

**AU/CC-SG**—Air Force Surgeon General Chair to the Air University

**CAIB**—Community Action Information Board

**CPF**—Civilian Personnel Flight

**FAO**—Family Advocacy Office

**GSU**—Geographically Separated Unit

**IDS**—Integrated Delivery System

**MAJCOM**—Major Command

**MH**—Mental Health

**NAF**—Numbered Air Force

**NGB**—National Guard Bureau

**OPR**—Office of Primary Responsibility

**POC**—Point of Contact

**RC**—Reserve Components

**SESS**—Suicide Event Surveillance System

**SFS**—Security Forces Squadron

*Terms*

**Air Force Personnel**—Active duty, Air National Guard, Air Force Reserve personnel, and civilian employees of the United States Air Force.

**At-Risk**—Designates individuals displaying risk factors that potentially place them at some risk for self-harm or acting to harm others.

**Awaiting Action Backlog**—Personnel needing refresher training within 90 days.

**Buddy Care**—Individuals taking care of their buddies, friends, or co-workers. Relating to suicide prevention, it means co-workers learning what risk factors to look for, and bringing at-risk individuals to the attention of their supervisor.

**Helping Professionals**—Includes, but is not limited to, mental health, chaplains, family support, family advocacy, law enforcement, legal personnel, health promotions, substance abuse, drug demand reduction, social actions, youth programs, and senior enlisted advisor personnel.

**Imminent Dangerous**—A clinical finding or judgment by a privileged, doctoral-level mental healthcare

provider based on a comprehensive mental health evaluation that an individual is at substantial risk of committing an act or acts in the near future that would result in serious personal injury or death to himself, herself, another person or persons, or of destroying property under circumstances likely to lead to serious personal injury, or death, and that the individual manifests the intent and ability to carry out that action. A violent act of a sexual nature is considered an act that would result in serious personal injury.

**Integrated Delivery System—(IDS)** The coordinating body, usually working as a committee within the Community Action Information Board, that integrates helping resources for people within the base community.

**Leadership Personnel**—All personnel in leadership or supervisory positions or who are responsible for services to improve the welfare and/or development of others. This would include, but not be limited to, commanders, first sergeants, supervisory members in the rank of Staff Sergeant or GS-7 and above.

**Priority Backlog**—Personnel who have not yet received training.

**Reserve Components (RC)**—Reserve Components of the Armed Forces of the United States are: a. the Army National Guard of the United States; b. the Army Reserve; c. the Naval Reserve; d. the Marine Corps Reserve; e. the Air National Guard of the United States; f. the Air Force Reserve; and g. the Coast Guard Reserve.

**Risk Factors**—Includes, but is not exclusively limited to, such factors as relationship difficulties, substance abuse, legal, financial, medical, mental health, and occupational problems, along with depression, social isolation, and previous suicide threats/gestures which may increase the probability of self-harm.

**Trained Personnel Requirement (TPR)**—Total number of installation personnel requiring training.

**Total Personnel Current (TPC)**—Number of personnel whose training is current during the calendar year in question (i.e., the data will reflect the percentage of personnel who received training during the AEF cycles that occurred during the calendar year in question).

## Attachment 2

### **SUICIDE AWARENESS COMMUNITY EDUCATION PROGRAM: CURRICULUM GUIDE OVERVIEW AND COURSE CONTENT OUTLINE**

The Suicide Awareness Community Education Program Curriculum Guide (available from AFMOA/SGZF at the address below) provides a Content Outline for the Suicide Awareness Community Education Program that replaces the *Suicide Awareness Training Components* attached to earlier versions of AFI 44-154. The Content Outline includes: recommendations for the duration and methods of delivery; statements of goals and objectives for the program and for each of the four core units (content areas); a content outline for each of the core units; and a narrative summary of content for each area. In addition to the Content Outline, this Guide includes relevant background information, definitions of terms/constructs, supplemental materials, and resources.

Instructors must cover the content noted in the Content Outline as required by AFI 44-154. The requirement for the method of delivery is an in-person briefing/discussion. Exceptions to this presentation method can be made for Air Force members and civilian employees who are assigned to units that are geographically separate from the installation IDS. The Air Force Suicide Prevention Program Manager, as detailed, will review educational activities developed supplemental to the AFI and will approve variations in program delivery.

It is anticipated that these guidelines and the content of the Suicide Awareness Community Education program will be reviewed and revised, as needed, annually. Currently, the Suicide Awareness Community Education Program Curriculum Guide is available at the address below. A centralized website for the community suicide awareness educators has been proposed to facilitate ease of exchanging information and ideas related to the delivery and ongoing revision of this program and for posting supplemental activities that can be implemented throughout the year to keep the message alive. All instructors and supervisors responsible for the implementation of this program are encouraged to submit their comments and feedback for consideration at the next annual review to: Air Force Suicide Prevention Program Manager, AFMOA/SGZF, 110 Luke Ave, Room 405, Bolling AFB DC 20332-7050.

#### **Content Outline:**

##### **Part I: Introduction and Overview**

##### **A. Goals for AF-wide Suicide Prevention Program**

1. AF Medical Service Goal
2. AF Suicide Prevention Program Goal

##### **B. Goal for Community Suicide Awareness Education Program**

##### **C. Responsibility to self and community**

1. "Suicide prevention is everyone's business." (Satcher, 2001)
2. "Social connections save lives." (Nelson, 2001)
3. Early requests for help for self and others

**D. Quality-of-life exists on a continuum**

1. All persons experience problems
2. Ability to cope and problem-solve:
  - a) Extent, duration, and intensity of problem
  - b) Nature of problem
  - c) Social support network
  - d) Spiritual beliefs
  - e) Personal resilience
  - f) Physical health
  - g) Emotional reserves

**E. Protective factors**

1. Coping skills and problem-solving skills
2. Self-efficacy
3. Optimistic
4. Sense of personal control
5. Sense of belonging to a group and/or organization
6. Social/community/family support and interconnectedness
7. Marriage
8. Spiritual/religious affiliation
9. Easily accessible helping resources
10. Membership in a community that encourages participation
11. Belief that it is okay to ask for help

**F. Risk factors**

1. Severe, prolonged, or unmanageable stress
2. Major life transitions
3. A sense of powerlessness/helplessness/hopelessness
4. A history of past abuse
5. Substance abuse
6. Mental health problems

7. Family of origin problems
8. Negative social interactions
9. Academic and other life failures
10. Legal problems
11. Recent loss

**G. Key points**

1. Indicator of vulnerability vs. being predictive of a probability of suicide
2. Conditions of vulnerability may indicate a variety of other mental/physical Problems
3. The balance between protective factors and modifiable risk factors
  - a) Every person is at some risk
  - b) Key for suicide prevention: increase protective, decrease risk

**Part II: Basic Information**

**A. Suicide in the Air Force**

1. Percentage of ADAF deaths attributed to suicide
2. Number and rate of USAF AD Suicides
3. Suicide events by rank group
4. Suicide events by age group
5. Suicide events by marital status
6. Suicide events by gender

**B. Characteristics associated with suicide risk in the AF**

1. Universal characteristics nonspecific to the AF
2. Top factors associated with suicide events specific to the AF
3. Top factors most frequently associated with completed suicide

**C. Variables found to be associated with non-fatal self-injurious behavior**

**Part III: Self-care**

**A. Sources and types of help available**

1. Chaplain
2. Family resource center
3. Health and wellness centers
4. Life Skills Support Centers

5. Family, friends, supervisors/leaders

**B. Advantages and consequences of seeking help**

1. The benefit of dealing with stress and life's problems early
2. Common concerns
  - a) Security status
  - b) Special duty status (e.g., flying, Personnel Reliability Program (PRP))
  - c) Weapons bearing status
  - d) Confidentiality

**C. Indicators that "I" might want to seek help**

1. High or persistent stress leading to problems in everyday living
  - a) Types of stress
  - b) Symptoms of too much stress
  - c) Difficulty coping
  - d) Difficulty functioning
2. Behavior and/or feelings (problem signs)
3. Self-assessment

**Part IV: Buddy-care**

**A. When to be concerned about a colleague/buddy**

1. Misconceptions/myths
2. Indicators of vulnerability
  - a) Facts and situations
    - i. White, male, age 25-34
    - ii. No longer married
    - iii. Multiple indicators of vulnerability (e.g., legal problems, alcohol abuse, relationship problems)
    - iv. Probably won't seek mental health services, but might go to a medical treatment facility for expressed physical concerns
    - v. Relationship problems
    - vi. Financial problems
    - vii. Criminal acts
    - viii. History of alcohol abuse
    - ix. Under investigation

- x. Military legal problems
- b) Feelings and behavior
  - i. Believes there is no solution, no way out
  - ii. Hopeless/helpless
  - iii. Anxiety/agitation
  - iv. Angry
  - v. Withdrawn/irritable
  - vi. Having trouble eating and/or sleeping
  - vii. Unusual or sudden change in behavior
  - viii. Loss of interest in work and usual activities
  - ix. Talks about death/dying
  - x. Problems with mood (sad, depressed, crying)
- 3. LINK
  - a) L – Look. Be aware of indicators
  - b) I – Inquire. Talk with the colleague/buddy
  - c) N – Note the seriousness of their concern
  - d) K – Know how to get help

## **B. Approaches to communication**

- 1. Do(s)
  - a) Share your concerns
  - b) Ask about thoughts/plans for suicide
  - c) Be direct and honest
  - d) Use open-ended questions
  - e) Listen
  - f) Express caring and hope
- 2. Don't(s)
  - e) Give advice
  - f) Be judgmental
  - g) Lecture or debate
  - h) Dare them to do it
  - i) Act shocked
  - j) Leave them alone

k) Promise secrecy

**C. How to get urgent help**

1. Notify supervisor
2. Escort to emergency department or counseling services
3. For advice after hours call emergency counseling services line or emergency room
4. Involve security, if necessary
4. Do not leave person alone
5. Remove means of self-harm

**D. Community-based resources for seeking assistance**

1. Counseling services are always available for advice and referral resources
2. Chaplains
3. Family advocacy
4. IDS

**E. Restricting lethal means**

1. Firearms
2. Pills
3. Automobiles

### Attachment 3

#### VIOLENCE AWARENESS TRAINING CONTENT OUTLINE

The following lesson content outline is suggested as a basic framework for training. Each component is considered a minimal training element. The Life Skills Support Center is the OPR for the content. There is no perceived benefit to or requirement for separating this training into non-supervisory and leadership/supervisory levels though the material may be most useful to those in leadership/supervisory positions. All IDS member trainers are encouraged to be both active participants and innovative in the delivery and dissemination of training, using role-play, multimedia resources and creative approaches to accomplish training objectives.

Lesson Goal: Provide attendees with information to improve identification of those at risk for violence, common targets of violence, motivation and risk factors for violence, the benefits of a zero-tolerance policy, and referral and response procedures

##### A. Common Scenarios/Case Examples

- Civilian experiences

- Air Force cases

Lesson Learned: Always, always take threats very seriously and respond with a zero-tolerance policy

##### B. Common Targets

- Former employers

- Former spouses

- Marital counselors

- Divorce lawyers

##### C. Individual Risk Factors

- Alcohol misuse

- History of violence towards others

- History of criminal/antisocial behavior

- Gun collector/accessibility of weapons

- History of impulsiveness

- Severe mental illness: paranoia, psychosis

##### D. Common Precipitants to Violence

- Perceived rejection: loss of job, loss of love object

- Alcohol misuse

##### F. Protecting the Target of Violence

- Informing, confronting denial if necessary

Changing location, routines

Relocation of target

Mental health evaluation/treatment of potential perpetrator

Coordinate any referral of civilian personnel to a mental health provider with the servicing civilian personnel flight to ensure compliance with Title 5, Code of Federal Regulations, Section 339.301 an appropriate local procedures

Increased surveillance of potential perpetrator

G. Developing a Violence Prevention/Response Team

Key members: SFS, FAO/MH, CPF, Social Actions

Alert and response procedures

Goals: de-escalate threat, protect target, evaluate/treat potential perpetrator

H. Utilizing the Critical Incident Stress Team after an Incident

Support to survivors

Support to witnesses

Attachment 4

SUICIDE AND VIOLENCE PREVENTION EDUCATION METRICS SPREADSHEET EXAMPLE

<u>(E.g., ACC)</u> SUICIDE AND VIOLENCE PREVENTION EDUCATION METRICS FOR CY _____												
	1 <sup>ST</sup> QUARTER			2 <sup>ND</sup> QUARTER			3 <sup>RD</sup> QUARTER			4 <sup>TH</sup> QUARTER		
	TPR	TPC	% CUR-RENT									
TOTAL MILITARY												
	TPR	TPC	% CUR-RENT									
TOTAL CIVILIANS												
<b><u>TOTAL</u></b>												

**NOTE:** TPR per quarter may increase or decrease during the calendar year due to transfer, PCS, separation, and retirement. Each quarterly TPC entry should be additive, thus the percent current should increase each quarter to correspond with the additive TPC. The goal is 100 percent current by the end of the fourth quarter of each calendar year.