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**Chaplain**

**SUICIDE PREVENTION AND VIOLENCE  
AWARENESS EDUCATION AND TRAINING**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction outlines policy and guidance for preventing suicides and violence in the Air National Guard (ANG), and further defines various Air Force (AF) directives for application to the ANG. This instruction applies to all ANG members. This instruction interfaces with AF 44 (Medical) series publications. Send comments and suggested improvements, through channels to, ANG/HC, 1411 Jefferson Davis Highway, Arlington, VA 22202-3132.

**SUMMARY OF REVISIONS**

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

**1. General Background.**

1.1. The AF established an Integrated Product Team (IPT) in 1996, to evaluate the problem of suicides and recommend prevention-based strategies. The IPT recommended actions to combat AF suicides on two fronts.

1.1.1. First, they worked to mitigate risk factors, including legal, mental health, substance abuse, and relationship problems.

1.1.2. Second, they worked to strengthen protective factors, such as social support, coping skills, and establishing a culture that encourages help-seeking behavior.

1.2. The success of these implemented strategies made the AF aware of the effectiveness of education and support in reducing suicide risk. This laid the groundwork for future actions, increasing AF awareness of the role that education and support have in decreasing suicides.

1.3. This Air National Guard Instruction (ANGI) seeks to build on the history of AF suicide awareness training by restructuring the training process to include violence awareness. It is the intent of this ANGI to provide a common framework and linkage between the ANG suicide and violence prevention education and training initiatives.

1.4. The Foundation of the ANG Suicide Prevention and Violence Awareness Program. The ANG Suicide Prevention and Violence Awareness Education program relies on unit cohesion with emphasis on self-aid and buddy care. Direct unit commander and supervisor involvement is crucial to this program's success. Strategy should include a concerted effort to de-stigmatize self-reporting and help-seeking behavior. The program relies heavily on a team approach to achieve synergy and maximize the utilization of varied organizational resources. The program employs various means of presentation to achieve optimal effect.

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

2.1. Suicide Prevention:

2.1.1. Air Force Instruction (AFI) 44-154, Suicide and Violence Prevention Education and Training, paragraph [2.1.2.](#), states that all AF personnel will receive annual suicide prevention education. The suicide education program will include information to enhance the participants' awareness about suicide and associated factors.

2.1.2. This ANGI states that suicide will be identified as a serious ANG community problem that is often preventable.

2.1.3. The program will provide knowledge about suicide and suicide prevention; educate about how and why to seek help; and how to identify and help others at risk for suicide.

2.1.4. This program will 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.

2.1.5. In addition, the program will emphasize that the goal for suicide prevention is to reduce the prevalence and incidence of risk factors for suicide and suicidal behavior and to increase the protective factors in the ANG community. Information about the importance of building a sense of community within the ANG will be included to emphasize that suicide prevention demands an organizational team approach. (See [Attachment 2](#))

2.2. Violence Awareness:

2.2.1. AFI 44-154, states that the Secretary of the Air Force will ensure that all AF personnel, to include active duty, guard, and reserve, as well as civilian employees will receive annual violence awareness education.

2.2.2. This ANGI specifies that the violence awareness education may be presented at the same time as the annual suicide awareness education program.

2.2.3. This ANGI further stipulates that the goals for violence awareness education will be to improve identification of those at risk for violence, motivation and risk factors for violence, the benefits of a zero-tolerance policy, and referral and response procedures. (See [Attachment 3](#))

**3. Responsibilities At Organizational Levels.**

3.1. Air Force Requirements: AFI 44-154, states that the Air Force Surgeon General will be the AF office of primary responsibility (OPR) for this program and will ensure that this education is con-

ducted as detailed throughout each major command (MAJCOM), as well as in the ANG and Air Force Reserve (AFRC).

### 3.2. National Guard Bureau (NGB) Responsibilities

3.2.1. Director, ANG, promotes command-wide sensitivity to potential suicide and violence risk factors and ensures compliance with the annual training requirement.

3.2.2. ANG Chaplain Service (NGB/HC) oversees and coordinates the ANG Suicide Prevention and Violence Awareness Program.

3.2.3. ANG Air Surgeon (ANG/SG) identifies mental health experts to provide input into briefings and educational templates.

3.2.4. ANG Public Affairs (NGB-PA) periodically publishes suicide prevention –based articles in media disseminated ANG-wide, and helps unit Public Affairs (PA) offices publish same.

3.2.5. ANG Judge Advocate (NGB-JA) provides ANG-level guidance on legal issues of confidentiality.

3.2.6. ANG Training and Education Center and First Sergeant's Academy will incorporate suicide prevention and violence awareness education into all levels of Professional Military Education for ANG officers and enlisted.

### 3.3. Air National Guard Installation/Wing Responsibilities.

3.3.1. Each installation Commander will ensure that suicide prevention and violence awareness educational programs are conducted by establishing an Integrated Delivery System (IDS) Committee which serves as a forum for identifying and resolving individual and family related issues, needs, and resources.

3.3.2. The installation Commander is the IDS Committee chair.

3.3.3. The IDS Committee, once appointed, should meet at least annually.

3.3.4. Core members of the IDS are from the following functional areas: Chaplain Office; Family Support; Military Equal Opportunity; Medical, Public Affairs, and Security Police.

3.3.5. The committee must collectively consider the needs of the installation community, weigh their resources and capabilities, and plan for the most efficient and effective methods to deliver prevention-based programs and services. Implementation is at the discretion of the individual installation to allow maximum flexibility in meeting local needs based on local requirements and resources.

3.3.6. Each installation IDS will coordinate with ANG 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.

3.3.7. The installation Chaplain (HC) provides education and resource information to units for the suicide prevention and violence awareness program.

3.3.8. The installation PA office partners with helping agencies in disseminating suicide prevention and violence awareness information.

3.3.9. The installation Judge Advocate (JA) office ensures safeguards of confidentiality and mental health are implemented.

3.3.10. Family Support provides input to IDS and coordinates supportive community activities.

#### 3.4. ANG Squadron/Unit Responsibilities.

3.4.1. Squadron/Unit Commanders provide a safe, healthful, and caring environment for their ANG community, including geographically separated units. They ensure their personnel are educated in unit-level suicide prevention and violence awareness initiatives and resources.

3.4.2. Squadron/Unit First Sergeants assist commanders in implementing and ensuring compliance with the suicide prevention and violence awareness program.

#### 3.5. ANG Individual Member Responsibilities.

3.5.1. All ANG personnel must embrace responsibilities toward fellow unit members under the buddy care concept.

3.5.2. Individuals have the responsibility to self-identify when experiencing severe stress or depression that could escalate to a suicidal or violent episode.

### 4. Training Requirements.

4.1. ANG emphasis of the Suicide Prevention and Violence Awareness Education program is focused on education, identification, and referral not on counseling or treatment.

4.1.1. The core requirements are specified in [Attachment 2](#) and [Attachment 3](#).

4.1.2. HC will provide training and training materials. IDS will designate trainers if HC personnel are unavailable.

4.1.3. When available, active duty host may provide training to ANG personnel per intra-service support/host tenant support agreements.

4.2. Training will be conducted annually with emphasis on awareness of suicide and violence risk factors and referral procedures for potentially at risk personnel.

4.3. Training should build an understanding that: seeking help is encouraged and not an indication of weakness; and seeking counseling is unlikely to have a negative impact on one's career.

4.4. ANG state headquarters are encouraged to provide leadership training that focuses on decreasing the barriers of self-referral, de-stigmatizing help-seeking behavior, and identifying and referring at-risk personnel.

4.4.1. Leadership training will include the confidentiality and privacy rules in AF mental health-care as described in AFI 44-109, Mental Health, Confidentiality, and Military Law. Forums for such training may include annual meetings (i.e., Commanders Conferences, First Sergeants Conferences, Non-Commissioned Officer (NCO) Conferences, etc.).

4.4.2. Education and training will also include information about response options and post-event response options to include assistance from the Critical Incident Stress Team, and Trained Crisis Responders (TCR), in accordance with AFI 44-153, Critical Incident Stress Management.

4.5. ANG has compiled official comprehensive educational materials to be used in the education of ANG personnel regarding suicide prevention and violence awareness education. These materials are available on the ANG Chaplain's homepage (<https://airguard.ang.af.mil/hc>).

**5. Suicide and Violence Awareness Education Metrics.**

5.1. Unit commanders will ensure all personnel complete annual, on the calendar year, mandatory suicide prevention and violence awareness education program.

5.2. Completion of program will be documented and a tracking mechanism developed to ensure annual training is accomplished.

5.2.1. All unit command-appointed ancillary training managers will coordinate with HC to schedule, and track the training of unit personnel on an annual basis, in approved format (See **Figure 1**). Training managers will forward training data to the installation Chaplains' office in June and December of each year.

5.2.2. The Chaplains office will forward the training data to ANG/HC and the installation IDS, in December of each year, ensuring the data is briefed to the installation commander.

5.2.3. ANG/HC will track the accomplishment of suicide prevention and violence awareness education requirements annually and will report these results to Headquarters, Air Force Medical Operations Agency (HQ AFMOA)/SGZC, not later than 31 January for each calendar year.

5.2.4. ANG/HC will forward a copy of these results to ANG/SG.

**Figure 1. ANG Suicide and Violence Prevention Education Metrics for Calendar Year.**

	January through June			July through December		
	TPR	TPT	% Trained	TPR	TPT	% Trained
Total						

**NOTES:**

1. TPR numbers may increase or decrease during the calendar year due to transfers, separations, and retirements. Each six month TPT entry should be additive, thus the percent trained should increase each half year to correspond with the additive TPT.
2. TPR=Total Personnel Requiring Training.
3. TPT=Total Personnel Trained

**6. Statistics Available to Support Awareness Education.**

6.1. The Air Force Health Protection and Surveillance Branch, Brooks AFB, Texas maintains summary statistics reflecting the epidemiological perspective on suicide rates, attempt rates, and associated risk and protective factors, by ANG personnel.

6.2. The Suicide Event Surveillance System (SESS) is the database that contains information on suicide statistics and rates in the AF. This integrated data is available for use at NGB and wing-levels in support of training and intervention efforts.

DANIEL JAMES, III. Lieutenant General, USAF  
Director, Air National Guard

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

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

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*

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

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 90-500, *Community Action Information Boards*

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

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

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

AFPD 44-1, *Medical Operations*

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

Sprague, Anne N., 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*

***Abbreviations and Acronyms***

**AF**—Air Force

**AFI**—Air Force Instruction

**AFRC**—Air Force Reserve Command

**ANG**—Air National Guard

**ANGI**—Air National Guard Instruction

**HC**—Chaplin

**IDS**—Integrated Delivery System

**IPT**—Integrated Product Team

**JA**—Judge Advocate

**MAJCOM**—Major Command

**NGB**—National Guard Bureau

**OPR**—Office of Primary Responsibility

**PA**—Public Affairs

**SESS**—Suicide Event Surveillance System

**TCR**—Trained Crisis Responder

**TPN**—Total Personnel Trained as a % of Unit Strength

**TPR**—Total Personnel Requirement

**TPT**—Total Personnel Received Training

### *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.

**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.

**Integrated Delivery System (IDS)**—The coordinating body that integrates helping resources for people within the wing 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, and supervisory members in the rank of Staff Sergeant or GS-7 and above.

**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.

## Attachment 2

### SUICIDE AWARENESS EDUCATION PROGRAM CURRICULUM OVERVIEW

**A2.1.** The Suicide Prevention Course Outline provides a content outline for the Suicide Prevention Education Program that replaces the Suicide Awareness Training Components attached to earlier versions of ANGI.

**A2.2.** The content outline includes the basic information that is to be presented. In addition to the content outline, a slide presentation is available on the ANG Chaplain's homepage (<https://airguard.ang.af.mil/hc>).

**A2.3.** Instructors must cover the content noted in the Content Outline as required by ANGI 52-154. The requirement for the method of delivery is an in-person, powerpoint briefing followed by discussion. ANG/HC will review educational activities developed supplemental to the ANGI and will approve variations in program delivery.

**A2.4.** It is anticipated that these guidelines and the content of the ANG Suicide Prevention and Violence Awareness program will be reviewed and revised, as needed, annually.

**A2.5.** A centralized website for Suicide Prevention and Violence 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.

**A2.6.** 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: ANG/HC, 1411 Jefferson Davis Highway, Arlington, VA 22202-3132.

### Attachment 3

## SUICIDE PREVENTION BRIEFING, CONTENT OUTLINE

### A3.1. Introduction and Overview (Slides 1,2)

### A3.2. Personal Experience (Slide 3)

A3.2.1. Welcome to share experiences

A3.2.2. Feel free to discuss feelings with instructor after class

### A3.3. Myths about Suicide (Slide 4)

A3.3.1. People who commit suicide are mentally ill

A3.3.2. Good circumstances prevent suicide

A3.3.3. People who talk about suicide won't commit suicide

A3.3.4. People who threaten suicide or are unsuccessful at attempting suicide will not do it

A3.3.5. Talking about suicide will put the idea in someone's head

A3.3.6. People who are deeply depressed don't have the energy to commit suicide

A3.3.7. People often commit suicide without warning

### A3.4. Suicide is Preventable -- A Case History (Slides 5,6)

A3.4.1. Facts of the story

A3.4.2. Hindsight -- it could have been prevented

### A3.5. Risk Factors (Slide 7)

A3.5.1. Alcohol and drug abuse

A3.5.2. Legal problems

A3.5.3. Family violence

A3.5.4. Poor job performance

A3.5.5. Relationship difficulties

A3.5.6. Financial problems

A3.5.7. Coping problems -- poorly developed coping skills

A3.5.8. Disciplinary actions

A3.5.9. Under investigation

### A3.6. Little Things Mean A Lot -- Balancing Life's Stress (Slides 8-10)

A3.6.1. Sometimes we are barely able to balance our life's stress

A3.6.2. At those times, small stressors can tip the scale toward imbalance

A3.6.3. What coping mechanisms help you deal with stress?

- A3.6.3.1. Exercise
- A3.6.3.2. Eat a balanced diet
- A3.6.3.3. Trust in a higher power
- A3.6.3.4. Develop a support group
- A3.6.3.5. Get sufficient rest
- A3.6.3.6. Other ideas?

**A3.7.** Symptoms of Risk (Slides 11-13)

- A3.7.1. Suicide gestures
- A3.7.2. Giving away items
- A3.7.3. Talking about suicide
- A3.7.4. Talking about death
- A3.7.5. Farewells
- A3.7.6. Pessimistic outlook
- A3.7.7. Increased alcohol/drug use
- A3.7.8. Weeping easily
- A3.7.9. Change in eating habits -- weight loss
- A3.7.10. Drop in job performance
- A3.7.11. Increased irritability
- A3.7.12. Loss of sense of humor
- A3.7.13. Social withdrawal
- A3.7.14. Continual sadness
- A3.7.15. Feelings of hopelessness/helplessness
- A3.7.16. Change in sleeping habits
- A3.7.17. Flags -- Ask, "Are you thinking of committing suicide?"

**A3.8.** What to Do When You Suspect Trouble (Slides 14,15)

- A3.8.1. When Serving On Duty Status
  - A3.8.1.1. Ask, "Are you thinking about committing suicide?"
  - A3.8.1.2. Intervene immediately
  - A3.8.1.3. Don't keep it a secret
  - A3.8.1.4. Locate help
  - A3.8.1.5. Inform Family and individual's support network

A3.8.1.6. Find someone to stay with the person

A3.8.1.7. Expedite -- get help immediately

**A3.8.2. When Not Serving On Duty Status**

A3.8.2.1. Ask, "Are you thinking about committing suicide?"

A3.8.2.2. Intervene immediately

A3.8.2.3. Don't keep it a secret

A3.8.2.4. Locate help

A3.8.2.5. Inform Family and individual's support network

A3.8.2.6. Find someone to stay with the person

A3.8.2.7. Expedite -- get help immediately

**A3.9. What to Avoid Doing When You Suspect Trouble (Slide 16)**

A3.9.1. Ignore warning signs

A3.9.2. Warn against seeking help

A3.9.3. Assume minor troubles are unimportant

A3.9.4. Give advice/false reassurance

A3.9.5. Assume someone is immune from self-harm

A3.9.6. Advise alcohol use

A3.9.7. Challenge the individual to "just do it"

**A3.10. Key Ideas (Slide 17)**

A3.10.1. People are the Air National Guard's greatest asset

A3.10.2. The ANG encourages personnel to seek help when needed

A3.10.3. Seeking help is a sign of strength and insight, not weakness

A3.10.4. Seeking help does not necessarily end a career --not seeking help will

**A3.11. Questions?**

**Attachment 4**

**VIOLENCE AWARENESS BRIEFING, CONTENT OUTLINE**

**A4.1.** Introduction and Overview (Slides 19, 20)

**A4.2.** Personal Experience (Slide 21)

A4.2.1. Welcome to share experiences

A4.2.2. Feel free to discuss feelings with instructor after class

**A4.3.** Violence is Preventable -- A Case History (Slides 22-25)

A4.3.1. Facts of the story

A4.3.2. Hindsight -- it could have been prevented

**A4.4.** Levels of Violence (Slides 26-29)

A4.4.1. Level One

A4.4.2. Level Two

A4.4.3. Level Three (Overt Violence)

**A4.5.** Symptoms of Risk (Slides 30-33)

A4.5.1. Negative and recent change in behavior

A4.5.2. Defensive, overreacts to comments or criticisms

A4.5.3. Frequent disputes with supervisor

A4.5.4. Routine violation of organization's policies

A4.5.5. Verbal threats of violence

A4.5.6. Harassment of co-workers

A4.5.7. History of impulsivity

A4.5.8. Difficulty handling angry feelings

A4.5.9. Current personal difficulties

A4.5.10. Overwhelming feelings of powerlessness

A4.5.11. Disregard for social norms

A4.5.12. Alcohol abuse

A4.5.13. Warning -- Risk Factors are Not Predictors

A4.5.14. Red Flags -- Question change in someone's behavior

**A4.6.** What to do If You Suspect Trouble (Slide 34)

A4.6.1. Remain calm

A4.6.2. Be polite and respectful

A4.6.3. Get help

A4.6.4. Remove access to weapons

A4.6.5. Notify and protect targets of violence

**A4.7. What to do When Faced With Someone Who is Violent**

A4.7.1. Remain calm

A4.7.2. Call security or civilian police

A4.7.3. Direct the adversary/adversaries to leave the scene of the confrontation

A4.7.4. Refrain from physically attempting to force persons to leave

**A4.8. What Supervisors should do to Prevent Violence**

A4.8.1. Be consistent in treatment of personnel

A4.8.2. Immediately intervene when threats occur

A4.8.3. Report threats immediately to chain of command

A4.8.4. Know what support options are available

A4.8.5. Realize that some individuals will “test” the boundaries

**A4.9. What to Avoid Doing if you Suspect Trouble**

A4.9.1. Do not confront or try to reason with an angry person

A4.9.2. Do not dismiss the issue as ‘not my problem’

A4.9.3. Do not assume that someone will not act out violently

**A4.10. Tips for Motorists**

A4.10.1. Avoid eye contact with an aggressive driver

A4.10.2. Stay cool -- don't react to provocation

A4.10.3. Keep away from drivers behaving erratically

A4.10.4. Do not make obscene gestures

A4.10.5. Use your horn sparingly

A4.10.6. Don't take your eyes off the road

A4.10.7. Don't block the passing lane

**A4.11. Key Thought – The life saved may be your own**

**A4.12. Questions?**