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Medical Command

**SUICIDE AND VIOLENCE PREVENTION
EDUCATION AND TRAINING**

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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AFI144-154, 03 January 2003, is supplemented as follows:

1. This supplement establishes guidance for suicide prevention at the United States Air Force Academy (USAFA). The instruction specifies Major Commands (MAJCOM) and unit responsibilities for suicide prevention, outlines procedures for reporting suicides to Headquarters USAFA (HQ USAFA) Superintendent (HQ USAFA/CC) and formalizes responsibilities for suicide and suicide attempt investigation and reporting. Although prevention efforts extend as much as possible to Air Force Reserve Command (AFRC) and Air National Guard (ANG) personnel, AFRC and ANG are not tasked with any of the requirements as specified for the active duty force. This supplement applies to all USAFA military and civilian personnel. This supplement applies primarily to all Department of Defense (DoD) active duty military personnel, but is also intended to include dependents of active duty military personnel, retirees and their family members and DoD civilian personnel to the fullest extent possible.

2.1.2. The purpose is to reduce the number of suicides among USAFA personnel. Suicide is a leading cause of death among United States Air Force (USAF) active duty members. Risk factors for suicide are well documented and include: relationship problems (especially with a spouse or significant other), legal problems, financial difficulties, substance abuse (particularly alcohol) and (or) work-related problems. A heightened awareness to suicide risk and appropriate referral to helping agencies is the first line of defense against suicide.

2.2.1. Violence, particularly in the workplace, is also an issue of growing concern. The recognition of risk factors and the knowledge of intervention skills and referral procedures for potentially at-risk personnel is the primary means of prevention.

6. (Added) Responsibilities of USAFA Organizations:

6.1. (Added) Headquarters USAFA Command Surgeon (HQ USAFA/SG)

6.1.1. (Added) Serves as Office of Primary Responsibility (OPR) for publishing this supplement.

6.1.2. (Added) Monitors non-fatal self-injurious events (suicide attempts). Maintains and reports USAFA and Air Force suicide data.

6.1.3. (Added) Develops or provides standardized information packages on suicide prevention and awareness for use by all USAFA tenant unit commanders and remote site commanders.

6.1.4. (Added) Coordinates suicide fatality briefing for HQ USAFA/CC, HQ USAFA Director of Staff, (HQ USAFA/DS) and wing commanders.

6.1.5. (Added) Ensures medical professional participation in base suicide and violence prevention training programs.

6.1.6. (Added) Ensures suicide attempts are investigated and reported through the Air Force Reportable Event Surveillance System (AFRESS).

6.1.7. (Added) Appoints team leader for Critical Incident Stress Team (CIST) in accordance with AFI 44-153, *Critical Incident Stress Management*.

6.2. (Added) Headquarters USAFA Chaplain (HQ USAFA/HC)

6.2.1. (Added) Provides guidance to installation chaplains on effective suicide prevention principles focusing on the importance of the chaplaincy as an alternative and less threatening route of access to counseling and other potential interventions.

6.2.2. (Added) Encourages USAFA chaplains to participate in base suicide and violence awareness training and assist in establishing and maintaining effective suicide interventions.

6.2.3. (Added) Ensures continuing professional training regarding suicide is provided to assigned chaplains.

6.3. (Added) Air Force Office of Special Investigations (AFOSI) Representative (AFOSI Det 808/CC):

6.3.1. (Added) Distributes any AFOSI published summaries and other relative materials to the Command Surgeon, Command Chaplain, Field Support, installation AFOSI and other appropriate agencies.

6.3.2. (Added) Forwards findings of suicide investigations, preliminary and final, to the Command Surgeon.

6.4. (Added) Director of Public Affairs (HQ USAFA/PA):

6.4.1. (Added) HQ USAFA/PA will provide guidance to all USAFA installation public affairs personnel on the topic of suicide contagion or clustering, aspects of news coverage, which can promote suicide contagion and the appropriate reporting of suicides to the public through various news media.

6.5. (Added) Headquarters USAFA Staff Judge Advocate (HQ USAFA/JA)

6.5.1. (Added) Provides expert legal guidance to USAFA directorates and commanders concerning suicide and violence prevention issues.

6.5.2. (Added) Provides expert opinion, review and coordination on written correspondence regarding suicide and violence prevention activities when consulted by the Life Skills Support Center (LSSC).

6.6. (Added) Headquarters USAFA Inspector General (HQ USAFA/IG)

6.6.1. (Added) HQ USAFA/IG will be prepared to evaluate the effectiveness of installation suicide and violence prevention programs as a HQ USAFA/IG special interest item during USAFA installation inspections, should such a measure be deemed necessary by HQ USAFA/CC.

6.7. (Added) **10th Air Base Wing Commander (10 ABW/CC):**

6.7.1. (Added) 10 ABW/CC appoints Integrated Delivery System (IDS "People Helping People") members representing an appropriate cross-section of installation personnel to oversee, among other programs, suicide and violence prevention and awareness activities.

6.7.2. (Added) Ensures widest dissemination of all appropriate print and broadcast information pertaining to suicide and violence prevention and awareness.

6.7.3. (Added) Provides guidance and support to appropriate helping agencies in the full implementation of this plan.

6.7.4. (Added) Ensures appropriate suicide and violence prevention and awareness briefings are included in formal and informal interactions with installation personnel, such as commander's calls, staff meetings, wing safety meetings, site visits, etc. Inclusion of suicide and violence prevention and awareness training in newcomer's orientation is mandatory.

6.8. (Added) **Unit Commanders:**

6.8.1. (Added) Ensure all military and DoD civilian personnel are briefed on suicide and violence prevention and awareness.

6.8.2. (Added) Refer to Life Skills active duty members who, under the stress of impending Uniform Code of Military Justice disciplinary action, demonstrate indications of suicide risk. These members may be enrolled in the Limited Privilege Suicide Prevention (LPSP) program in accordance with (IAW) AFI 44-109, *Mental Health, Confidentiality, And Military Law*, evaluated and treated, as appropriate, to minimize suicidal potential.

6.8.3. (Added) Recommend commanders check with HQ USAFA/JA prior to referring anyone to life skills with known or suspected risk factors such as financial, legal, relationship, occupational problems to appropriate helping agencies.

6.8.4. (Added) Notify AFOSI of suicide event to begin investigation, unless already initiated through other channels (e.g., Security Forces).

6.9. (Added) **Unit Leadership.**

6.9.1. (Added) All Unit Commanders, first sergeants and supervisors will emphasize suicide and violence prevention at all levels and foster an atmosphere of open communication.

6.10. (Added) **Installation Integrated Delivery System (IDS "People Helping People"):**

6.10.1. (Added) Develops and implement a standardized, comprehensive suicide and violence prevention and awareness program IAW AFI 44-154, *Suicide And Violence Prevention Education And Training*. Mental health personnel will serve as the OPR for training development and execution with input and participation by the chaplains, Family Support and other IDS team members.

6.10.2. (Added) Monitors and reports suicide and violence prevention and awareness training for the required training levels.

6.11. (Added) **Air Force Office of Special Investigations/Detachment 808:**

6.11.1. (Added) Investigates suicides occurring on USAFA installation and reports findings. For suicides occurring off-base or where civilian law enforcement officials maintain jurisdiction, coordinates data collection and reporting.

6.11.2. (Added) Provides HQ USAFA/CC, 10 ABW/CC, and affected unit commanders with findings for preliminary, ongoing and completed suicide investigations.

6.11.3. (Added) Forwards AFOSI published suicide summaries and other relevant materials to installation medical commanders and senior chaplain.

7. (Added) **Reporting Requirements:**

7.1. (Added) **Training.** Suicide and violence prevention and awareness education and training metrics will be tracked through the IDS by calendar year. Metrics will be reported quarterly to HQ USAFA/SG at the Quality of Life Leadership Council (QLLC) Meeting. Metrics will also be reported to Air Force Medical Operations Agency Suicide Prevention Consultant (HQ AFMOA/SGZF) for each calendar year by 31 January.

7.2. (Added) **Active Duty Suicide Fatality:**

7.2.1. (Added) The unit commander of an active duty suicide fatality will contact 10th Medical Operations Squadron Life Skills Support Center (10 MDOS/SGOMH) for guidelines on the format that preliminary data must be submitted in. Available data should be forwarded as soon as possible but no later than seven calendar days after the suicide.

7.2.2. (Added) Within 30 days of the issuance of the final AFOSI report of investigation, the squadron commander of the deceased individual will present a suicide-fatality briefing to HQ USAFA/CC or an appointed representative and the wing commander regarding the circumstances of the suicide and lessons learned. Guidance regarding the preparation of this briefing is provided in **Attachment 5 (Added)**. 10 MDOS/SGOMH will provide the commander with a Suicide Briefing Boiler Plate PowerPoint presentation for their use in creating the briefing. HQ USAFA/SG will coordinate the briefing.

Attachment 5 (Added)**SQUADRON COMMANDER SUICIDE BRIEFING CHECKLIST**

A5.1. Briefing: As a squadron commander, you had the unfortunate occurrence of losing a member of your squadron. You must brief the USAFA/CC (or appointed representative) and the wing commander within 30 days of issuance of the final AFOSI suicide report. This checklist is designed to guide you through the suicide briefing process.

A5.1.1. To standardize the process, use this guide and the attached briefing format when conducting the review and preparing the briefing. As you go about this task, keep in mind prevention of future similar occurrences is the goal--look for lessons learned and highlight these in the briefing. Integrated Delivery System (IDS- "People Helping People") and Life Skills Support Center personnel will assist in reviewing this incident and serve as a consultant in the briefing preparation. The POC is 10 MDG/SGOMH 333-5177

A5.1.2. Treat all information as "For Official Use Only (FOUO)."

A5.2. Review: Start your review of the incident as soon as possible. Use the AFOSI final suicide investigation report as the primary source of information. Review the report with an eye toward any systemic causes within human control that can be changed to prevent future incidents. Do not conduct your own investigation. Be sure all investigations, toxicology tests, etc., are completed before the briefing. At a minimum, you will want to consult with OSI, JA, and SG when trying to construct an accurate picture of what happened in the member's life that led to the suicide.

A5.3. Facts: The briefing must center on pertinent information such as circumstances, known risk factors, timeline of events, actions taken, lessons learned, and recommendations. Remember, information should be developed only from the facts reviewed in the AFOSI report. Do not speculate. If facts are not sufficient to answer a question, then say so.

A5.4. Questions: The following are some of the most frequently asked questions by commanders and others assisting in brief preparations.

A5.4.1. Have all contributing factors to the death been reviewed (e.g., alcohol/drugs, supervision, family matters, etc.)? This is a very important question.

A5.4.2. Was the supervisor aware of any previous problems the deceased may have had (i.e., financial, marital, family, and deceased's job performance) prior to the death? This includes reviewing the individual's personnel records, etc.

A5.4.3. If work/personal problems were known, what action had been taken to assist the individual?

A5.4.4. Is the family (when appropriate) being taken care of?

A5.4.5. If the member worked a second job, know where, type, and hours worked.

A5.4.6. Was the member being seen for any medical conditions?

A5.4.7. Did the member have annual suicide prevention training?

A5.4.8. Did the member have a history of disciplinary actions or investigations, etc.?

A5.4.9. If a weapon was involved, when and where did the individual get it, and was the deceased trained on its proper use?

A5.4.10. On what dates did members of the supervisory chain last receive the mandatory suicide prevention training?

A5.5. Briefing guidelines to be followed:

A5.5.1. Use attached slides for proper slide format.

A5.5.2. Slides should contain the following information:

A5.5.2.1. Title slide: Suicide Fatality briefing and briefer's name, duty title, and organization.

A5.5.2.2. Overview slide: Contains deceased member's data.

A5.5.2.3. Personal background.

A5.5.2.4. Sequence of events slide(s) explaining what happened, what should have happened if things had gone right, if something went wrong, etc. Diagrams, etc., may be helpful.

A5.5.2.5. Actions taken: Prevention of suicide contagion, mitigation of psychological impact on the unit, support for family survivors, etc.

A5.5.2.6. Risk factors: Alcohol/drugs, finances, supervision, marital problems, etc.

A5.5.2.7. Protective factors: Strengths in the individual's situation, social support network, etc.

A5.5.2.8. Lessons learned and initiatives (something that could be shared with other units to prevent a similar event).

A5.5.3. Use proper military titles and last names for applicable personnel. Do not include non-USAF personnel names on the slides. Do not refer to individuals by first name.

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