

United States Air Force  
Annual  
Suicide Prevention Training  
with Small Group Discussion  
*Active Duty*

Facilitator Manual

Leaders,

Suicide Prevention Training is a critical element of the Air Force Suicide Prevention Program. It leverages our Wingman Culture of Airmen looking out for each other by encouraging each Airman to seek help early and intervene with fellow Airmen in distress.

Our previous computer-based training was a good way to standardize the information and make it readily available, but it missed an opportunity for leaders and their Airmen to address the problem on a personal level. By direction of the Air Force Community Action Information Board, the computer-based annual suicide prevention training is being eliminated. Effective 31 December 2014 it is replaced with a new small group format. This mandatory hour-long interactive training includes a 24-minute vignette-based video that introduces the training concepts. There are five breaks throughout the video for small group discussion of these concepts. The commander introduces and closes the training. Please select your best mentor-leaders and supervisors to lead the small group discussions. The guide is broken into sections to allow more experienced facilitators to use the sections most helpful to him or her. For example, experienced facilitators may choose to lead the discussions with only the detailed outline and the list of resources.

The skills and resources taught in this training may help save a life on your base. Your support as a senior leader is essential to ensure the success of this program.

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## **Local Training Requirements**

1. Customize the Air Force Resources List and ACE Card (Appendix D) by adding in the phone numbers and contact information for your installation and local resources.
2. Ensure this list is distributed to units for use during the Annual Suicide Prevention Training with Small Group Discussion.
3. Consider if you need to develop any additional training for your unit leaders before serving as facilitators in the small group discussion portion. However, this is not required. The Annual Suicide Prevention Training with Small Group Discussion is designed to be delivered by concerned and caring leaders with minimal preparation.
4. Develop a plan for collecting the training feedback forms from unit commanders and collating the information for elevation to the CAIB/IDS at the appropriate level (Local, MAJCOM, and AF).
5. Track training completion and annually document compliance with item 9 of the MICT AFI 90-505 Self-Assessment Checklist.

## **Brief Summary of Suicide Prevention Training**

### **Course Agenda:**

1. Commander's Welcome and Introduction – 3-5 minutes
2. Video Segment #1 – 4½ minutes
3. Small Group Discussion about CAF and Protective Factors – 8 minutes
4. Video Segment #2 – 7 minutes
5. Small Group Discussion about Risk Factors and Warning Signs, Part 1 – 4 minutes
6. Video Segment #3 – 5½ minutes
7. Small Group Discussion about Risk Factors and Warning Signs, Part 2 – 8 minutes
8. Video Segment #4 – 5 minutes
9. Small Group Discussion about ACE and Helping Resources – 8 minutes
10. Video Segment #5 – 2 minutes
11. Small Group Discussion about Follow-Up – 8 minutes
12. Commander's Conclusion – 5 minutes

## **Detailed Outline of Suicide Prevention Training**

1. Commander's Welcome and Introduction – 3-5 minutes (pages 14-15)
  - A. Housekeeping Items (page 14)
  - B. Disclaimer (page 14)
  - C. Training Introduction (pages 14-15)
  - D. Training Objectives (page 15)
    - 1) To promote the attitude that Suicide Prevention is the responsibility of every Airman.
    - 2) To encourage early, healthy, and responsible help-seeking behavior in all Airmen.
    - 3) To encourage early intervention and the use of the Ask Care Escort (ACE) model by all Airmen.
  - E. Introduce Facilitators (page 15)
2. Video Segment #1 – 4½ minutes (Training overview/introduction, introduction to characters, introduction to CAF and protective factors)
3. Small Group Discussion about CAF and Protective Factors – 8 minutes (pages 16-18)
  - A. Discussion Objectives (page 16):
    - 1) Review CAF and its four domains.
    - 2) Discuss how Suicide Prevention fits with CAF.
    - 3) Discuss Protective Factors (Positive Relationships, Coping Skills, and Positive Beliefs).
  - B. Discussion Questions (pages 16-17):
    - 1) Question 1: What are the four domains of Comprehensive Airmen Fitness (CAF) and how does CAF fit in here?
      - a. Mental, Physical, Social, and Spiritual domains
      - b. Emma and Troy are facing many stressors with their PCS.
    - 2) Question 2: How does suicide prevention fit with CAF?
      - a. Suicide prevention complements CAF. The more resilient we are, the better we respond to stress. The more we use the Wingman concept, the more resilient we are.
    - 3) Question 3: What are some protective factors and how do you strengthen them?
      - a. Positive Relationships
      - b. Coping Skills

- c. Positive thoughts/beliefs
- d. Answers that support a healthy way to strengthen or improve protective factors

C. Key Information (page 18)

4. Video Segment #2 – 7 minutes (Characters PCS, argue over spending, introduction of Risk Factors and Warning Signs)

5. Small Group Discussion Risk Factors and Warning Signs, Part 1 – 8 minutes (pages 19-21)

A. Discussion Objectives (page 19):

- 1) Discuss the difference between risk factors and warning signs.
- 2) Discuss the pros and cons of seeking help.
- 3) Discuss early intervention and how the majority of Airmen seeking help do not suffer any adverse career impacts.

B. Discussion Questions (page 19-20):

- 1) What is the difference between risk factors and warning signs?
  - a. Risk factors are things that are going on in a person's life. They do not "cause" suicides, but are often seen in those who attempt to take their own life.
  - b. Warning signs are usually more obvious and signal a critical change in the person. Warning signs should be responded to as soon as they are detected.
- 2) Do you think getting help for problems actually helps? What are the pros and cons of seeking help?
  - a. Let participants generate a list of pros and cons of seeking help.
  - b. See page 20 for key information for seeking mental health services.
- 3) When is the best time to get help or to have a Wingman provide support?
  - a. Early intervention is preferable because it often helps resolve problems before they become larger and more complex. It also prevents problems from impacting personal and professional life.
  - b. Results from an Air Force mental health study (Rowan & Campise, 2006) confirmed that the overwhelming majority of Airmen voluntarily seeking help at Mental

Health do not have their commands contacted or experience long-term negative career impact.

C. Key Information (page 21)

6. Video Segment #3 – 5½ minutes (Focus on increasing risk factors as couple's problems get worse)

7. Small Group Discussion about Risk Factors and Warning Signs, Part 2 – 8 minutes (pages 22-23)

A. Discussion Objectives (page 22):

- 1) Identify the warning signs and risk factors displayed in this video segment.
- 2) Discuss when a Wingman or supervisor should intervene.
- 3) Discuss why some people choose suicide instead of seeking help.

B. Discussion Questions (page 22-23):

- 1) What warning signs and risk factors are present in the video?
  - a. Risk Factors: increased alcohol use, relationship problems, financial problems, and work problems
  - b. Warning Signs: trouble concentrating, diminished job performance, and increased alcohol use
- 2) When should a supervisor intervene? Should the supervisor in the video intervene earlier? Are there other things he could have done to help?
  - a. Answers may vary, but should promote healthy supervisor/supervisee relationships.
  - b. Promote Wingman Culture.
- 3) Why do people choose to die by suicide instead of seeking help?
  - a. Answers will vary. People choose to die by suicide for a variety of reasons.
  - b. Turn the conversation toward healthy ways of seeking help and support and discourage suicide as a permanent response to a temporary situation.
  - c. Encourage early intervention.

C. Key Information (page 23)

8. Video Segment #4 – 5 minutes (Supervisor intervenes, ACE and Helping Resources)



9. Small Group Discussion about ACE and Helping Resources – 8 minutes (page 24-25)

A. Discussion Objectives (page 24):

- 1) Discuss when to use ACE.
- 2) Discuss what type of resources or intervention would help Troy.
- 3) Discuss the actions of SSgt. Martinez.

B. Discussion Questions (Page 24):

- 1) Question 1: Was ACE needed? Was this an emergency?
  - a. Answers may vary. Early intervention would likely prevent most situations from getting to the point where an Airman is in crisis.
  - b. It's important for all Airmen to recognize when they need help and get support before their problems begin to negatively affect multiple areas of their lives.
  - c. All Airmen also have the responsibility to be good Wingmen to those in need by providing support and, if needed, intervention.
- 2) Question 2: What resources would be helpful for Troy?  
\*Hand out resource sheet (page 36) to assist discussion.
  - a. Airman and Family Readiness
  - b. Friends
  - c. Supervisors
  - d. ADAPT
- 3) Question 3: What would you have done in SSgt Martinez's position?
  - a. Discussion should focus on healthy, appropriate, and supportive decision-making that does not stigmatize or create barriers that prevent Airmen from getting help.

C. Key Information (page 25)

10. Video Segment #5 – 2 minutes (Follow-Up)

11. Small Group Discussion about Follow-Up – 8 minutes (pages 26-27)

A. Discussion Objectives (page 26):

- 1) Highlight the resources available to assist Airmen in resolving a number of life challenges and problems.
- 2) Emphasize that following up is important to ensure problem resolution. Some problems may take several different solutions before they resolve.

3) Recognize that most problems take time to resolve and Wingmen need support throughout the process.

B. Discussion Questions (page 26-27):

1) Why should Airmen know their resources? What resources are you familiar with?

2) What could happen if there is no follow-up? What are different ways to follow-up?

3) What do you think would happen if SSgt Martinez did not follow-up?

a. Feeling abandoned, alone and like they are a burden to others.

b. Generally understanding the concept that problems may get worse and the Airman may lose trust in their supervisor.

4) What do you do if the problems do not get better?

a. Seek additional resources.

b. Depending on the problem, command may need to get involved.

c. Consider using the Airman's Guide to Assisting Personnel in Distress:

<http://www.airforcemedicine.af.mil/airmansguide/>

C. Key Information (page 27)

12. Commander's Conclusion – 2-5 minutes (page 28)

A. Take the time to know your Wingman and notice what is going on in their lives.

B. Early intervention can make the difference.

C. Suicide prevention is a dual responsibility: take care of yourself and those who depend on you, your Wingmen.

## **Training Details and Requirements**

**Training Overview:** This course builds on the Wingman Culture of Airmen helping Airmen. It focuses on the early identification of those Airmen who may be struggling with life challenges, and providing support and resources to help them overcome these challenges. It may surprise some participants that this training emphasizes supporting distressed Airmen, not just those who may be suicidal, and encourages early intervention in addition to suicide prevention. The objective behind this dual focus is to promote early resolution of challenges as the normative intervention for all Airmen. Early identification and resolution can help people live happier and more fulfilled lives, but it also can reduce the risk of suicide by resolving personal and professional issues before they reach the crisis point.

The training is leader-led and uses video and small group discussion to explore key concepts. The video is broken into five segments to help participants understand the importance of maintaining a healthy lifestyle balance and protective factors, recognizing risk factors and signs of distress, knowing how and when to intervene with an Airman in distress, and being aware of helping agencies and resources and the role of command. Discussion sections following each video segment allow Airmen to process the training content and discuss their thoughts. Small group discussion fosters greater understanding of how Airmen view these concepts and provides the opportunity to de-stigmatize or clear up any misperceptions about getting help.

**Participants:** This course is designed for Total Force Airmen of all ranks. It is required for Active Duty AF service members, Air National Guard members, Air Force Reserve members, and AF Civilians, but is also appropriate for adult family members.

**Interactive Learning:** This course depends upon interaction and participation. Speaking up in front of others may be uncomfortable for some participants. However, people are likely to remember the lessons better through active participation and interaction with the scenario presented in the video.

**Small Group Discussion Size:** The availability of appropriate group leader-facilitators may drive group sizes, but ideally groups should be large enough for good discussion and small enough to give each member a chance to talk during the brief periods allowed for discussion. Ideal size, therefore, is between eight and 20, and should never exceed 30 participants.

**Facilitators:** Facilitators will be chosen by the unit commander and drawn from the command elements within each unit. The installation Integrated Delivery System (IDS) will tailor additional facilitator training to leader experience if/when requested. Please check with your installation IDS and/or installation suicide prevention program manager if you have any questions.

*Facilitator Requirements:*

- ✓ Facilitators should be chosen by the commander to ensure that they are mature and that they are recognized leaders within the unit.
- ✓ Commanders should screen facilitators for reasons that they should not facilitate this training. Some individuals have beliefs or personal experiences that make it inappropriate or difficult for them to facilitate discussion of such a sensitive topic. A personal belief in an individual's right to kill him/herself or the recent loss of a family member to suicide are two examples in which an individual should be excused from facilitating.
- ✓ Facilitators must be able to speak openly and directly about suicide and other sensitive topics.
- ✓ Facilitators must be able to deal with group members who have varying degrees of experience with suicide and suicide attempts.
- ✓ Commanders should foster the understanding that suicide prevention and suicide prevention training facilitation are core leadership skills, and facilitators must strive to be comfortable with leading a discussion versus a one-way briefing. (Please see Appendix A: Instructions for Facilitators for more information.)
- ✓ Facilitators must review course materials in order to be confident in their ability to facilitate subject material.

**Preparation Time for Commanders and Facilitators:** Commanders and facilitators should plan on spending two hours the day before the training to familiarize themselves with the key concepts and structure of the training, and to prepare for potential questions and discussion topics. The installation suicide prevention program manager and appointed IDS member will be available for questions.

**Mandatory Course Materials:** The course materials include this manual and the accompanying video.

**Training Set-up:** The training venue will need to be large enough to accommodate the unit size and should be conducive to breaking into small group discussion.

**Equipment Required:** A projection device, DVD player, or laptop capable of displaying the training video is necessary.

**Feedback Forms:** The Commander Feedback Form is provided in Appendix E, and the Facilitator Notes Form can be found in Appendix F. Facilitators will use the Facilitator Notes Form to record feedback gathered during the discussion sections of the training. Commanders will submit the Commander Feedback Form as an After Action Report (AAR) to the installation IDS. After review by installation CAIBs, this information should be collated and submitted to the MAJCOM CAIB/IDS and to HAF IDS on a quarterly basis to improve future Air Force suicide prevention efforts and training.

**Required Handouts:** The installation IDS will customize the list of resources and ACE Card in Appendix D by entering the appropriate contact information for installation-specific helping agencies, and by adding any local resources, such as city and county crisis centers and hotlines, and any applicable community service, religious, or veteran support organizations. The installation IDS should feel free to supply additional program information that may be helpful. This list is to be distributed as a handout during the small group discussion.

## **Instructions for Commanders**

The Air Force has identified suicide as a serious threat that is tragic, unacceptable, and preventable. Your leadership helps to establish the tone for this training and models suicide prevention as a core leadership skill for subordinate officers and enlisted personnel. As the AF leader entrusted with this task, you have several key responsibilities that will help determine the success of this training:

1. Select unit leaders and supervisors to facilitate the small group discussions. Those chosen should be mature, professional senior unit members who can capably manage discussions on the emotionally charged topic of suicide. Some will be anxious about leading these discussions, but encourage them to think of it as part of fostering an overall Wingman culture, an essential skill for AF leaders.
2. Manage pre-training responsibilities, which include: reviewing the training with facilitators, securing an appropriate space to conduct training, securing all needed equipment, and ensuring that facilitators are prepared and able to meet their task demands.
3. Deliver the Commander's Welcome and Introduction at the beginning of the training (see pages 14-15), which will include instructions for participants, housekeeping logistics, course objectives, and a personal introduction to the subject matter.
4. Monitor the training to ensure that it is well delivered and well received.
5. Conclude the training with the Commander's Closing (see page 28), which reinforces the lessons learned: that each Airman can save a Wingman in distress by knowing what to look for and how to respond.
6. Assign a unit member to collect the facilitator notes forms (Appendix F) and collate the information into an AAR prior to submitting to the IDS.

*\*Caveat: Although the training and related discussion are not expected to cause distress, it is possible that some of the training attendees may experience some distress or offer information about the challenges they are facing. Unit leaders and frontline supervisors are encouraged to follow up privately with these Airmen post-training to assist them in reaching the appropriate support resources.*

## **Suicide Prevention: Active Duty Training**

### **Commander's Welcome and Introduction**

#### ***1. Go Over Housekeeping Logistics***

In order for the participants to be able to concentrate fully on the course, it is important to address any logistical issues that exist and put them to rest at the beginning of the course. Before the objectives, address the housekeeping issues very briefly. These should include:

- ✓ The location of the restrooms and exits
- ✓ A reminder that cell phones and pagers should be silenced
- ✓ Sign-in sheets for the roster to ensure the UTM records attendance

#### ***2. Read Disclaimer***

“This training is meant to generate thought and promote discussion. We recognize that this topic may be difficult to discuss and may contain sensitive material. Some of you may have had personal experience with suicide and it may be difficult to participate. At any time, feel free to leave the room briefly if you are having difficulty. Please let your Wingman or supervisor know if you feel you cannot return to the training.

Though we want open dialogue today, we also want to remain respectful of those around us. Since we do not know what experiences with suicide others within the unit have had, all statements should be respectful of other viewpoints, even if there is disagreement.

Resource lists with numbers for local, national, and installation resources will be handed out during the training. Make sure you receive one.”

#### ***3. Give a Brief Overview and Personal Statement (examples below)***

“The Wingman Culture is central to the Air Force's approach to taking care of its number one resource: its people. Being great Wingmen involves both taking care of yourself and taking care of those around you.

In this course we will use a dramatic scenario to demonstrate and discuss a range of topics including Protective Factors, Early Identification and Intervention of Risk Factors and Warning Signs, Ask Care Escort (ACE), Helping Resources and Agencies, and Follow-Up. The video you are about to watch is broken into five segments. After each segment we will pause the video, go to our small groups, and discuss the issues presented in the scenario. Active participation in the small group discussions is imperative.”

***Personal Statement (Optional)***

This is the personal introduction of the annual suicide prevention training by the commander to the unit. It is a critical part of the training that sets the tone for the training. Although the unit knows the commander professionally, this is a good opportunity to make a personal statement in line with official AF messaging about why suicide prevention is important to the presenter and the Air Force. Please choose one of the suggested approaches listed below:

- ✓ “I have witnessed the devastating effects of suicide on family, friends, and co-workers, and I believe there are better, healthier alternatives to cope with life’s problems.”
- ✓ “I want all Airmen and their families to learn to cope effectively with stress and life’s challenges to help weather good times and bad.”
- ✓ “I believe that the responsibility for suicide prevention lies with all Wingmen. Each of you has a responsibility to take care of yourself, and to help a fellow Wingman and lend a hand when they need help.”
- ✓ “It is vital that all members of the Air Force community learn to recognize members who are distressed and intervene appropriately.”

***4. Go Over the Objectives***

Well-defined objectives act as a guide for the course, and allow the participants to understand what they can expect to learn during the course. The objectives are specifically designed to reflect the most salient teaching points. Well-defined objectives also help the facilitator to keep the course on track.

**Objective 1:** To promote the attitude that Suicide Prevention is the responsibility of every Airman.

**Objective 2:** To encourage early, healthy, and responsible help-seeking behavior in all Airmen.

**Objective 3:** To encourage early intervention and the use of the Ask Care Escort (ACE) model by all Airmen.

***6. Introduce the Facilitators***

Introduce the facilitators and provide instruction on how the training will progress, including how the unit will divide into small groups and the location(s) for small group discussion.



## Segment One: CAF and Protective Factors

**VIDEO:** The Host provides an overview/introduction, and viewers are introduced to Senior Airman Troy James and his wife, Emma, who are about to PCS. The Host briefly introduces the four domains of Comprehensive Airman Fitness. ***PAUSE VIDEO when indicated.***

**Commander:** Invite participants to begin small group discussions.

**Facilitator:** Remind your small group participants that the goal is to discuss the video segment and that the following rules of engagement apply:

- ✓ Each participant speaks for his or herself.
- ✓ All comments should be directed at the idea being communicated, not the person talking.
- ✓ Be respectful of others (Golden Rule).
- ✓ Do not interrupt. Allow others to finish before you respond.
- ✓ No personal attacks.
- ✓ Notify facilitator and take a Wingman if you need to leave the group.

### Discussion Objectives:

- ✓ Review CAF and its four domains.
- ✓ Discuss how Suicide Prevention fits with CAF.
- ✓ Discuss Protective Factors (Positive Relationships, Coping Skills, and Positive Beliefs).

**Facilitator:** “We are going to spend some time talking about Comprehensive Airman Fitness and other positive behaviors and supports that can serve as a protection against stress and adverse events.”

### Discussion Question 1: What are the four domains of Comprehensive Airmen Fitness (CAF) and how does CAF fit in here?

- ✓ Mental, Physical, Social, and Spiritual domains.
- ✓ Emma and Troy are facing many stressors with their PCS: new community, new command, financial cost of move, building new social connections, adjusting to a new job for Troy, finding a new job for Emma.

**Discussion Question 2:** How does suicide prevention fit with CAF?

- ✓ Suicide Prevention complements CAF. The more resilient we are, the better we respond to stress. The more we use the Wingman concept, the more resilient we are.

**Discussion Question 3:** What are some protective factors and how do you strengthen them?

- ✓ There are many rights answers, but there are three areas we want to emphasize that are very important to suicide prevention training. These are grouped into relationships, positive coping skills, and positive thoughts.
  - Positive Relationships
    - Family, friends, Wingmen
    - Sense of belonging
  - Coping skills
    - Effective problem solving
    - Seeking help, consultation, mentorship early
  - Positive thoughts/beliefs
    - Focus on the future
    - Feeling that you have control of that future
    - Belief things will get better when they are going wrong
    - Religious/spiritual beliefs
- ✓ Strengthening protective factors
  - Any answers that support a healthy way to strengthen or improve protective factors
  - Taking a class or getting help proactively
  - Strengthening relationships

**\*\*Facilitator:** please document any noteworthy responses on the Notes Form.

**Key information:** By supporting the resilience of each Airman, Comprehensive Airmen Fitness complements Suicide Prevention. It is important to make sure you have a balanced lifestyle if you are experiencing problems in one domain, and work to resolve these problems early and proactively to minimize the impact on you, your loved ones, and your career.

In terms of suicide prevention, Protective Factors are those things that buffer individuals from suicidal thoughts and behaviors, and prevent or reduce an individual's vulnerability to suicide. Protective factors enhance resilience and may serve to counterbalance risk factors.

## Segment Two: Risk Factors and Warning Signs, Part 1

**VIDEO:** Troy and Emma discuss their hopes and hesitations about PCS-ing with their friends, the Prestons. Emma receives a text message from an old boyfriend. Six weeks later, Troy and Emma have an argument about the new couch and Emma's spending habits. The Host introduces Risk Factors and Warning Signs. ***PAUSE VIDEO when indicated.***

### Discussion Objectives:

- ✓ Discuss the difference between risk factors and warning signs.
- ✓ Discuss the pros and cons of seeking help.
- ✓ Discuss early intervention and how the majority of Airmen seeking help do not suffer any adverse career impacts.

**Facilitator:** “In this section, we are going to discuss how individuals cope with stress and what challenges can overwhelm an individual and increase their risk for suicide. Suicide is a complex issue: stress does not directly cause it. We know that all Airmen experience stress and hard times and that the overwhelming majority conquer and resolve these challenges by using healthy coping skills and support systems. But there are some who may get overwhelmed and begin to think about suicide.”

### Discussion Question 1: What is the difference between risk factors and warning signs?

- ✓ Risk factors are things that are going on in a person's life that we as their Wingmen may or may not be able to see. These things don't “cause” suicides, but they are often seen in those who attempt suicide. Some risk factors are easy to change, and others are not.
- ✓ The key to recognizing warning signs is “change.” Warning signs are usually more obvious than risk factors and signal a critical change in the person. Warning signs should be responded to as soon as they are detected.

**Discussion Question 2:** Do you think getting help for problems actually helps? What are the pros and cons of seeking help?

- ✓ Let participants generate a list of pros and cons of seeking help.
- ✓ Some responses may be incorrect. There are a lot of misperceptions about what happens when an Airman seeks help, particularly from mental health.

Mental Health providers can only notify commanders in the following situations IAW DoDI 6490.08, *Command Notification Requirements to Dispel Stigma in Providing Mental Health Care to Service Members*:

- ✓ Harm to self
- ✓ Harm to others
- ✓ Harm to mission
- ✓ Special personnel – i.e. Personnel Reliability Program (PRP)
- ✓ Inpatient care is needed
- ✓ Acute medical conditions that interfere with duty
- ✓ Substance Abuse Treatment
- ✓ Command-Directed Mental Health Evaluations
- ✓ Other special circumstances – See DoDI 6490.08

**Discussion Question 3:** When is the best time to get help or to have a Wingman provide support?

- ✓ Early intervention is preferable because it often helps resolve problems before they become larger and more complex. It also prevents problems from impacting personal and professional life.
- ✓ Results from an Air Force mental health study (Rowan & Campise, 2006) confirmed that the overwhelming majority of Airmen voluntarily seeking help at Mental Health do not have their commands contacted or long-term negative career impact.

**Facilitator:** Prompt participants to look for risk factors and warning signs in the next segment.

**\*\*Facilitator:** please document any noteworthy responses on the Notes Form.

**Key Information:** Risk Factors are things or conditions that may signal an increased chance that a person may take their own life. Risk factors can be related to things occurring in a person's life that are usually visible to someone who knows the individual well. Some risk factors may be reduced by intervention while others cannot be changed. Common risk factors for suicide are:

- ✓ Relationship problems
- ✓ Loss of a loved one
- ✓ Lack of social support
- ✓ Legal problems
- ✓ Financial difficulties or challenges
- ✓ Health concerns or chronic pain
- ✓ Severe, prolonged or unmanageable stress
- ✓ Work difficulties
- ✓ Setbacks or failures
- ✓ Feelings of hopelessness
- ✓ Alcoholism or drug misuse
- ✓ Depression or anxiety
- ✓ A history of prior suicide attempts

Warning Signs are usually more apparent than risk factors and signal a critical change in the person. The common theme for warning signs is change, and they should be responded to as soon as detected. Common warning signs for suicide are:

- ✓ Mood changes, such as depression or anxiety
- ✓ Irritability, agitation or anger
- ✓ Expressed feelings of hopelessness or helplessness
- ✓ Feeling like a burden to others
- ✓ Sense of powerlessness
- ✓ Trouble concentrating
- ✓ Fatigue or headaches
- ✓ Isolating from friends, family, or co-workers
- ✓ Lack of interest in activities previously enjoyed
- ✓ Significantly diminished or changed job performance
- ✓ Acting recklessly or impulsively or a lack of impulse-control
- ✓ Unexpected changes in behavior
- ✓ Changes in appetite or weight
- ✓ Changes in sleep patterns (too little or too much)
- ✓ Changes in alcohol use or the abuse of drugs

### Segment Three: Risk Factors and Warning Signs, Part 2

**VIDEO:** Troy finds a message from Emma’s old boyfriend on the computer and confronts her about it. Their relationship goes from bad to worse until Emma leaves altogether. Troy drinks to cope. Staff Sergeant Martinez notices that Troy isn’t doing well and tries to talk to him about it. Troy receives two notices of overdue payment and drinks until he passes out on the couch. ***PAUSE VIDEO when indicated.***

#### Discussion Objectives:

- ✓ Identify the warning signs and risk factors displayed in this video segment.
- ✓ Discuss when a Wingman or supervisor should intervene.
- ✓ Discuss why some people choose suicide instead of seeking help.

**Facilitator:** “In this section, we are going to discuss the warning signs and risk factors displayed in the video.”

**Discussion Question 1:** What warning signs and risk factors are present in the video?

- ✓ Risk Factors: increased alcohol use, relationship problems, financial problems, and work problems
- ✓ Warning Signs: trouble concentrating, diminished job performance, and increased alcohol use

**Discussion Question 2:** When should a supervisor intervene? Should the supervisor in the video intervene earlier? Are there other things he could have done to help?

- ✓ Answers may vary, but should promote healthy supervisor/supervisee relationships.
- ✓ Promote Wingman Culture.

**Discussion Question 3:** Why do people choose to die by suicide instead of seeking help?

- ✓ Answers will vary. People choose to die by suicide for a variety of reasons. Turn the conversation toward healthy ways of seeking help and support and discourage suicide as a permanent response to a temporary situation.
- ✓ Encourage early intervention.

*\*\*Facilitator: please document any noteworthy responses on the Notes Form.*

**Key Information:** The people most likely to spot a person at risk for suicide are the ones who interact with that person on a daily basis (e.g., friends, family, co-workers, or immediate supervisors). These individuals are best positioned to notice changes in an at-risk Airman's behavior, mood, and performance. Engage with that Airman to determine what caused the observed changes, assist in choosing resources to resolve stressors, and communicate concerns with the chain of command as appropriate. Early intervention and resolution of problems can prevent them from becoming bigger and more complex.



## Segment Four: ACE and Helping Resources

**VIDEO:** SSgt Martinez shows up at Troy's apartment for a hike. The Host talks about the importance of ACE. Troy opens up to SSgt Martinez. The Host introduces Helping Resources. ***PAUSE VIDEO when indicated.***

### Discussion Objectives:

- ✓ Discuss when to use ACE.
- ✓ Discuss what type of resources or intervention would help Troy.
- ✓ Discuss the actions of SSgt. Martinez.

**Facilitator:** "Knowing how to talk to a person about the concerns you have for them is key to being a good Wingman. In this segment we are going to discuss when to use ACE and the different Resources available."

### Discussion Question 1: Was ACE needed? Was this an emergency?

- ✓ Answers may vary. Troy is struggling in many areas of his life. Early intervention would likely prevent most situations from getting to the point where an Airman is in crisis.
- ✓ It's important for all Airmen to recognize when they need help and get support before their problems begin to negatively affect multiple areas of their lives.
- ✓ All Airmen also have the responsibility to be good Wingmen to those in need by providing support and, if needed, intervention.

### Discussion Question 2: What resources would be helpful for Troy?

- ✓ Airman and Family Readiness
- ✓ Friends
- ✓ Supervisors
- ✓ ADAPT
- ✓ Marital counseling

### Discussion Question 3: What would you have done in SSgt Martinez's position?

- ✓ Discussion should focus on healthy, appropriate, and supportive decision-making that does not stigmatize or create barriers that prevent Airmen from getting help.

*\*\*Facilitator: please document any noteworthy responses on the Notes Form.*

**Key Information:** The ACE model is the Air Force framework for engaging with a Wingman when you notice a change in their behavior. This model can be used in non-emergency and emergency situations.

- ✓ **Ask** what is going on. It may be helpful to discuss the changes you have seen. Ask directly about thoughts of suicide. Take all reports of suicidal thoughts very seriously. Never ignore remarks about suicide or promise secrecy.
- ✓ **Care** about your Wingman. Sit down with your Wingman, calmly expressing concern. Make sure you understand the full picture of what's going on. Don't be judgmental or promise secrecy.
- ✓ **Escort** your Wingman to the right resource. Remember, while many Airmen may just need help problem-solving, some may need to be escorted immediately to command, the chaplain, mental health, or a medical facility.

## Segment Five: Follow-Up

**VIDEO:** SSgt Martinez continues to follow up with Troy. The Host talks about the importance of Follow-Up. **VIDEO ENDS.**

### Discussion Objectives:

- ✓ Highlight the resources available to assist Airmen in resolving a number of life challenges and problems.
- ✓ Emphasize that following up is important to ensure problem resolution. Some problems may take several different solutions before they resolve.
- ✓ Recognize that most problems take time to resolve and Wingmen need support throughout the process.

**Facilitator:** “There are many resources and helping agencies available to Airmen. This section highlights the importance of knowing what resources are available and following up to ensure problem resolution.”

**Discussion Question 1:** Why should Airmen know their resources? What resources are you familiar with?

- ✓ Answers should reflect that knowing resources allows Airmen to seek help when needed and support other Airmen.
- ✓ Commonly known Air Force resources: Mental Health, Chaplains, Airman and Family Readiness Center, Sexual Assault Response Coordinator, Family Advocacy, and Military Family Life Consultants
- ✓ DoD and national resources: Military OneSource, Vets4Warriors Peer Support, Military Crisis Line (1-800-273-8255)
- ✓ Local resources: crisis centers, local crisis lines, community, religious, veterans, and other support agencies and groups

**Discussion Question 2:** What could happen if there is no follow-up? What are different ways to follow-up?

- ✓ The problem may not resolve.
- ✓ Additional problems and/or complications may occur.
- ✓ Stressors may continue to build until the Airman feels overwhelmed.

**Discussion Question 3:** What do you think would happen if SSgt Martinez did not follow-up?

- ✓ Especially if matters worsen, Troy may feel abandoned, alone, or a burden to others.
- ✓ Troy could question SSgt Martinez's sincerity and lose trust in him.

**Discussion Question 4:** What do you do if the problems are not getting better?

- ✓ Seek additional resources.
- ✓ Depending on the problem, command may need to be involved.
- ✓ Consider using the Airman's Guide to Assisting Personnel in Distress: <http://www.airforcemedicine.af.mil/airmansguide/>

*\*\*Facilitator: please document any noteworthy responses on the Notes Form.*

**Key Information:** Following up regularly with the distressed Airmen until they are certain the problem is adequately resolved is critical. It supports the Airman and helps resolve any additional problems or complications that may occur.

### **Commander's Conclusion**

**Commander (suggested comments):** “Remember: one person, one conversation, one text message can help a Wingman in need, and might even save a life. Taking the time to notice what’s going on in your Wingman’s life and intervening early when something’s not right can make all the difference. Being great Wingmen is a two-sided coin: you take care of yourself, and you are better able to take care of those around you. Airmen taking care of Airmen and encouraging responsible decisions keep us all safe and healthy.”

## **Appendix A: Instructions for Facilitators**

Thank you for agreeing to facilitate this vitally important annual suicide prevention training for the Air Force. The Air Force continues to work to reduce the incidence of suicide and suicidal behaviors among our Airmen. You were chosen by your command because you are considered a leader within your unit, a person others trust, and someone who embodies the Wingman concept. You are essential to the success of this training. In this training you will be using skills you have learned throughout your Air Force career in professional military education.

This course uses video to teach training concepts, and the information presented will be processed in small group discussion. The training is broken into five video segments. After each segment, you will have approximately five to eight minutes for small group discussion. Each discussion section will have discussion objectives that you as the facilitator are responsible for meeting. At least half to two thirds of the total training time should be devoted to group discussion. When facilitated well, one of the benefits of small group discussion is that it promotes active, social learning. The quality of the training will be largely driven by the quality of the facilitation.

### *Facilitating Small Group Discussion:*

- 1. Familiarize yourself with the material.** Spend ample time becoming familiar with the course manual and training video and considering difficult questions and/or issues that might come up in discussion. Go over the objectives and make sure you understand them.
- 2. Belief systems.** Talking about suicide, even when focusing on prevention, can be a difficult task. Because this topic can be so emotionally charged, consider your own personal beliefs about suicide before agreeing to be a facilitator. If facilitating may not be a good choice due to personal beliefs or experiences, ask your commander to excuse you from the training. It's also important to be aware that members in your small group may not hold the same beliefs you do. Do not let your personal belief system sway small group facilitation.
- 3. Personal information.** Personal disclosure is generally not recommended, but there are exceptions. For example, briefly talking about a time when reaching out for assistance helped you get through a tough time would be a powerful way to model something we want to promote.

- 4. Facilitation vs. Briefing.** One of the goals of this training is to promote interaction and discussion on the topics presented in the video. The facilitator should not lecture or brief during the training.
- 5. Getting a small group started.** Introduce yourself and your role in the training. Remind participants of group discussion rules and the need to keep the discussion respectful. Sometimes group members will begin discussion without being prompted. If they don't, begin with an open-ended question that elicits more than a "yes" or "no" response.
- 6. Rules of engagement.**
  - a. Each participant speaks for his or herself.
  - b. All comments should be directed at the idea being communicated, not the person talking.
  - c. Be respectful of others (Golden Rule).
  - d. Do not interrupt. Allow others to finish before you respond.
  - e. No personal attacks.
  - f. Notify facilitator if you need to leave the group.
- 7. Stick to the rules.** Be sure to stick to the rules and remind the group members if they stray from the rules. This provides a secure structure to have a frank discussion of the information presented.
- 8. Be patient.** Sometimes it takes group members time to be comfortable with the group discussion format. Use open-ended questions related to the discussion objectives to get started. As a last resort, you may have to call on a few people to get the discussion started.
- 9. Be comfortable with silence.** Silence can be used effectively because it tends to be uncomfortable. Start with an open-ended question, relax, and wait for a response. Someone will usually fill in the silence.
- 10. Be judicious with feedback.** We want to encourage active participation and discussion. There are times when constructive feedback is needed to promote good group discussion.
- 11. Responding to direct questions.** Try to turn direct questions from participants back on the group. Encourage them to try to answer their own questions if they can.
- 12. Keep the discussion on track.** If the discussion gets sidetracked, remind the group of the discussion objectives to get back on track.
- 13. How to deal with group problems.** Re-emphasize the goals of the training and ask focused questions to keep discussion moving on the right track.
  - a. **Dominant group members.** Thank them for their participation and ask for their cooperation to allow others to participate.

- b. Shy group members.** Do not pressure them into participating, but try to direct a question at them to include them.
  - c. Hostile group members.** Try to resolve hostility quickly. If the problem generating hostility cannot be resolved immediately, then ask for cooperation during the training and address the problem post-training.
- 14. Be honest.** You may be asked a question you don't know the answer to. If you don't know an answer, commit to finding one and follow up.
- 15. Monitor for distress.** Please ensure that you are monitoring your small group participants for signs of distress or challenges. Also make sure to follow up with any Airman that verbalizes stressors to ensure they are connected to the appropriate resource.
- 16. Avoid unhelpful detail.** Media can make suicide seem dramatic, more common than it is, or like an expectable outcome due to a series of stresses or serious problems. In addition, the public discussion often dwells on specific cases or mechanisms of suicide. This is a course on suicide *prevention*, not a course on suicide: steer conversation away from details of how people commit suicide and stories of specific suicides.
- 17. Ending each discussion section.** Make sure you summarize the discussion and include the Discussion Objectives in the summary. Note any questions or due-outs you may have to the group and topics of interest that come up.

*Additional Tips*

- 1. Be mindful of the time.** Each discussion should last about eight minutes. Try not to go over eight minutes.
- 2. Remember discussion objectives.** Discussions will need to meet the specified objectives for each section.
- 3. Facilitator Notes Form.** The Facilitator Notes Form is provided in Appendix F. Keep it with you during the small group discussion to note key feedback or concepts brought up in each of the discussion sections that may have implications for suicide prevention efforts. This information will be collated into an AAR to the installation IDS.

*\*Caveat: Although the training and small group discussions are not expected to cause distress, it is possible that some of the training attendees may experience some distress or offer information about the challenges they are facing. This is a good time for the Airmen of your unit to see the Wingman concept in action.*



## **Appendix B: Comprehensive Airman Fitness**

Domain	Tenets
<p>Mental Fitness – The ability to effectively cope with unique mental stressors and challenges.</p>	<p>Awareness – Self-awareness is broadly defined as the self-descriptions a person ascribes to oneself that influence one’s actual behavior, motivation to initiate or disrupt activities, and feelings about oneself. Individuals must also have situational awareness, or knowledge of what is going on around them for accurately interpreting and attending to appropriate cues in the environment.</p>
	<p>Adaptability – Ease of adapting to changes associated with military life, including flexible roles within the family.</p>
	<p>Decision Making – Thoughts, attitudes, and behaviors used for evaluating and choosing courses of action to solve a problem or reach a goal. Decision making factors include problem solving, goal setting, adaptive thinking, and intuitive thinking.</p>
	<p>Positive Thinking – Information processing, applying knowledge, and changing preferences through restructuring, positive reframing, making sense out of a situation, flexibility, reappraisal, refocusing, having positive outcome expectations, a positive outlook, and psychological preparation.</p>
<p>Physical Fitness – The ability to adopt and sustain healthy behaviors needed to enhance health and well-being.</p>	<p>Endurance – The body’s ability to continually accomplish the same task in a repetitive fashion.</p>
	<p>Recovery – Practices that restore energy and counterbalance stress that can offset adverse mood and deteriorating performance.</p>
	<p>Nutrition – The provision and consumption of food in quantities, quality, and proportions sufficient to promote optimal physical performance and to protect against disease and/or injury.</p>
	<p>Strength – Ability to generate force and power, thus lowering the relative work required to complete desired objectives.</p>

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<p>Social Fitness – The ability to engage in healthy social networks that promote overall well being and optimal performance.</p>	<p>Communication – The exchange of thoughts, opinions, or information, including problem-solving and relationship management.</p>
	<p>Connectedness – The quality and number of connections with other people in the community; includes connections with a place or people of that place; aspects include commitment, structure, roles, responsibility, and communication.</p>
	<p>Social Support – Perceiving that comfort is available from (and can be provided to) others, including emotional, tangible, instrumental, informational, and spiritual support.</p>
	<p>Teamwork – Work coordination among team members, including flexibility.</p>
<p>Spiritual Fitness – The ability to adhere to beliefs, principles, or values needed to persevere and prevail in accomplishing missions.</p>	<p>Core Values – Principles that guide an organization’s or a person’s internal conduct as well as its relationship with the external world.</p>
	<p>Perseverance – Steady persistence in a course of action, a purpose, a state, etc., especially in spite of difficulties, obstacles, or discouragement.</p>
	<p>Perspective – How one views situations, facts, etc., and judges their relative importance.</p>
	<p>Purpose – The reason for which one exists.</p>

\*\*Taken from AFI 90-506

## **Appendix C: Protective Factors, Risk Factors, and Warning Signs**

Protective Factors are an element of resilience and suicide prevention. These factors can help protect an Airman against distress. They include:

- ✓ Positive relationships
  - Family, friends, and Wingmen
  - Sense of belonging
- ✓ Coping Skills
  - Effective problem solving
  - Seeking help, consultation, or mentorship early
- ✓ Positive thoughts/beliefs
  - Focus on the future
  - Feeling that you have control of that future
  - Belief that things will get better when they are going wrong
  - Religious/spiritual beliefs

Risk factors, or sources of distress, can be internal or external events, situations, and behaviors that may increase the risk for suicide. Sources of distress may or may not be visible to others and are associated with things that are going on with the person. Some of the most common risk factors for suicide are:

- ✓ Relationship problems
- ✓ Loss of a loved one
- ✓ Lack of social support
- ✓ Legal problems
- ✓ Financial difficulties or challenges
- ✓ Health concerns or chronic pain
- ✓ Severe, prolonged or unmanageable stress
- ✓ Work difficulties
- ✓ Setbacks or failures
- ✓ Feelings of hopelessness
- ✓ Alcoholism or drug misuse
- ✓ Depression or anxiety
- ✓ A history of prior suicide attempts

Warning signs are often accompanied by sudden and unexplained changes in mood or behavior. Warning signs for suicide tend to be more apparent and easier to recognize. These signs of distress can vary significantly from person to person, however. Some of the most common warning signs for suicide are:

- ✓ Mood changes, such as depression or anxiety
- ✓ Irritability, agitation or anger
- ✓ Expressed feelings of hopelessness or helplessness
- ✓ Feeling like a burden to others
- ✓ Sense of powerlessness
- ✓ Trouble concentrating
- ✓ Fatigue or headaches
- ✓ Isolating from friends, family, or co-workers
- ✓ Lack of interest in activities that were previously enjoyed
- ✓ Significantly diminished or changed job performance
- ✓ Acting recklessly or impulsively or a lack of impulse-control
- ✓ Unexpected changes in behavior
- ✓ Changes in appetite or weight
- ✓ Changes in sleep patterns (too little or too much)
- ✓ Changes in alcohol use or the abuse of drugs

## **Appendix D: Active Duty Air Force Resources**

Unit and Local Resources	
Resource	Telephone Number
Commander	
Supervisor	
1 <sup>st</sup> Sergeant	
Mental Health Clinic	
Chaplain Service	
Military Family Life Consultant	
Sexual Assault Response Program	
Airman and Family Readiness Centers	
Primary Care Clinics	
Family Advocacy	
Alcohol and Drug Abuse Prevention and Treatment Program	
Health and Wellness Center	
Air Force Survivor Assistance Program	
Air Force Wounded Warrior Program	
Child and Youth Services — Family Member Services	
Area Defense Counsel	
Behavioral Health Optimization Program	
Equal Opportunity	
Exceptional Family Member Program	
Inspector General	
Installation Legal Office	
Installation Safety Office	
Special Victims' Counsel	

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DoD and National Resources	
Resource	Telephone Number
Military Crisis Hotline	1-800-273-8255 Press 1
Military OneSource	1-800-342-9647
Vets4Warriors Peer Support	1-855-838-8255
American Red Cross	1-877-272-7337

## Ask, Care, Escort (ACE) Card

Please follow the link provided below to the “ACE” card. This card can be personalized to your installation and local resources. The ACE card is in PDF and Publisher format. Please choose the one that best fits your needs.

<https://kx2.afms.mil/kj/kx2/AFSuicidePrevention/Documents/Forms/ShowFolders.aspx?RootFolder=%2fkj%2fkx2%2fAFSuicidePrevention%2fDocuments%2fACE%20card&FolderCTID=0x01200046A701E12606B0448A615ED1E6FE3FED>

## Protections for Those Under Investigation

Airmen facing criminal or administrative action are at increased risk for suicide. They can often feel isolated from family, friends, and other social supports when needing them most. The resources listed below are helpful in supporting Airmen who are under investigation. This topic may not come up in your small group discussions, but the information is presented for your general knowledge. Please read carefully to ensure you understand the resource and whom it applies to.

**Investigative Hand-off Policy.** This policy requires any AF investigators (e.g., AFOSI, IG, SF, and EEO) to “*hand-off*” the accused directly to the member’s commander or first sergeant through documented person-to-person hand-off after any subject interview so the interview subject’s well-being can be confirmed. When an investigating agent believes the member may present a risk of suicide, he/she shall communicate that concern to the member’s commander or first sergeant, who will then consider making a referral for a mental health evaluation and possible placement in the Limited Privilege Suicide Prevention program. The commander or first sergeant is responsible for inquiring about the member’s emotional state and contacting a mental health provider for an evaluation if he/she is concerned that the member may be at risk of suicide. For ANG and AFR units, when the commander or first sergeant is a traditional guardsman/reservist, the person-to-person hand-off will be made with the senior ranking unit member (E-7 or higher) on active status.

**Limited Privilege Suicide Prevention Program (LPSP).** This program was developed to support members in active status that are under criminal or administrative investigation for UCMJ offenses and are determined to be at an increased risk for suicide by a mental health provider. To encourage this high-risk group to seek help, the LPSP program grants increased legal protections and confidentiality to those members seeking mental health services during the period they are at risk. This program makes the mental health visits more private for someone under investigation and the information disclosed to the mental health provider cannot be used in prosecution. Please contact your mental health clinic for more information.

Criteria:

IF an AF member is officially notified either verbally or in writing, that he or she is under investigation or is suspected of the commission of an offense under the UCMJ  
AND a mental health provider determines there is a genuine risk for suicide  
THEN the member can be enrolled in the program, which provides greater privacy for the contents of their mental health record.



## **Appendix E: Commander Feedback Form**

Unit: \_\_\_\_\_ Date: \_\_\_\_\_

Installation: \_\_\_\_\_

Instructions: Commander, utilize feedback from the Facilitator Notes Form after you complete the Annual Suicide Prevention Training with Small Group Discussion to answer the following items. This information will be used to improve the suicide prevention program and training.

How was the training received?

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Were there any problems or concerns?

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Did unit leaders feel the instruction provided in the manual was sufficient to prepare them for the small group discussion portion of the training?

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In looking back at the small group discussions, did your unit leaders notice whether there were any topics that elicited more discussion in the small group discussion?

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If so, please indicate which topics and which level this information should be elevated to: Local CAIB/IDS, MAJCOM CAIB/IDS and AF CAIB/IDS  
Level: \_\_\_\_\_

Is there any other information that leadership should be aware of?

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**Appendix F: Facilitator Notes Form**

Small Group Discussion #1 Notes:

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Small Group Discussion #2 Notes:

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Small Group Discussion #3 Notes:

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Small Group Discussion #4 Notes:

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Small Group Discussion #5 Notes:

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## **Appendix G: Additional Commander Information on Suicide Prevention Trends and Postvention**

### **Suicide Trends**

In any given year, roughly 30,000 Americans die by suicide, almost twice as many as are killed by homicide. The military is not exempt from the problem of suicide. Suicide remains a leading cause of concern and preventable form of death among Air Force personnel. Between 2009-2013 the Air Force lost 41-54 Airmen per year to death by suicide. This equates to 14.1 suicides for every 100,000 Airmen. The Air Force Reserve component (ANG/AFR) has lost an average of 25 Airmen per year. Additionally, the Air Force has lost an average of 21 civilian employees to death by suicide over the last five years.

Within the Air Force, the most common stressors experienced by those who die by suicide are relationship problems, legal problems, mental health problems, financial hardship, and work problems. Air Force data show that all age groups are at potential risk for suicide. All ethnic, racial, age, and rank groups were represented among Air Force suicides. However, just as in the U.S. at large, more men die by suicide than women at a rate four times higher. While female Airmen are less likely to die from suicide than male Airmen, they have a rate higher than women who are not in the military.

### **Dynamics of Suicide**

The reasons for considering suicide will vary from person to person. All people experience stressors (i.e., challenges or problems). Research tends to indicate that the following are associated with suicide: increased/new stressors; distress; changes in mood, habits, and behaviors; feelings of hopelessness; belief that the individual is or will become a burden; belief that others do not care or that they do not belong to the group/community anymore; increasing thoughts or beliefs that suicide is a viable solution to the current situation; and access to a means to end one's life. Sometimes these stressors may build up and lead to distress, which is the discomfort or emotional pain associated with difficulty solving or overcoming problems; in other cases the decision is much more impulsive. This is particularly true when risk factors combine (e.g. the individual has news of a new stressor like a break-up, is intoxicated, and has access to a firearm). The desire to escape or avoid distress can lead some to determine that suicide is their best option to get out of their current situation. The Air Force promotes and

supports Airmen resolving their problems and challenges in healthy, safe, and constructive ways. To that end, the Air Force has developed many resources to help Airmen and their families resolve these problems. It is important to recognize that anyone can become suicidal, regardless of how well they have managed military or personal stress previously. If an Airman experiences stressors or problems that overwhelm their ability to cope, it may result in feeling distressed, alone, and a burden to others. This may increase vulnerability and susceptibility to suicide.

### **Postvention**

Taking care of the Airmen, family, and friends of someone who dies by suicide is a part of suicide prevention. These actions are called Postvention or Post-Suicide response. They are designed to support the grieving and prevent future suicides by offering support early after a suicide. Early support is associated with increased help-seeking behavior and resilience.

Post-suicide responses are managed by unit leaders. This can be accomplished by supporting the affected personnel and family members through the grieving process by consulting with chaplains, mental health, and Directors of Psychological Health. These helping professionals can provide information on the resources, grieving process, and signs of complicated grief. Following a suicide, unit leaders should reference and implement AF post-suicide guidance IAW AFI 90-505, Attachment 3.

Care must be taken to avoid sensationalizing, glamorizing, romanticizing, or giving undue prominence to suicide. These practices are associated with suicide clusters, copycat suicides, and increased suicide rates. Additional guidance on postvention can be found in the Air Force Public Affairs Guide to Suicide Prevention, in the Memorial Guidance on the AFMS Knowledge Exchange, and AFI 90-505, Suicide Prevention Program.

<https://kx2.afms.mil/kj/kx2/AFSuicidePrevention/Documents/Forms/ShowFolders.aspx?RootFolder=%2fkj%2fkx2%2fAFSuicidePrevention%2fDocuments%2fPress%2fPublic%20Affairs&FolderCTID=0x01200046A701E12606B0448A615ED1E6FE3FED>

<https://kx.afms.mil/kj/kx2/AFSuicidePrevention/Documents/Forms/ShowFolders.aspx?RootFolder=%2fkj%2fkx2%2fAFSuicidePrevention%2fDocuments%2fGuidelines%20Regarding%20Memorial%20Services%20and%20Suicide%20for%20Commanders&FolderCTID=0x01200046A701E12606B0448A615ED1E6FE3FED>