Air National Guard
Suicide Prevention
Leadership Guidebook

2019

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Purpose & Overview:

Suicide and interpersonal violence are serious issues that require comprehensive prevention, intervention, and postvention responses from exceptional leaders. Leaders must foster and promote resilience among their Airmen. This guide will assist in familiarizing leaders with available resiliency tools and resources to prevent and respond to crises such as suicide and suicide attempts.

This guide is designed to be a **quick reference resource** for:

- Commanders
- Superintendents
- First Sergeants
- Supervisors
- All leaders

Prevention Overview:

The guide is aimed to assist those in leadership positions with identification of suicide risk; as well as assist in suicide reduction and prevention. Additionally, this guide can serve as a supplement to ANG standards for postventions and support a greater understanding of the resources available to the Air National Guard.

Risks & Warning Signs:

Indicators of Airmen Potentially in Distress:

Remember: Many distressed Airmen will have more than one indicator of distress. Multiple and compounding problems place someone at even higher risk for a negative outcome.

Relationship Problems: Pay particular attention to Airmen's behavior, and language; related to the value, intensity, and length of the impacted relationship(s). Leaders should note perceived or actual dissolution of relationships, including family and romantic relationships.

Financial Problems: Leaders should note financial burdens of a real, or perceived, "overwhelming" nature. Monitor the language or behaviors of Airmen who may consider SGLI, life insurance, or other death-related benefits as a "solution" to their problems.

Legal Problems: Particularly note legal problems related to crimes of sexual nature, divorce, or those where the Airman may be facing a significant amount of time in military or civilian confinement.

Occupational Problems: Work-related problems include high-stress jobs, experiences of intensified stress in the work-place, a real or perceived, lack of social support, or situations where Airmen view themselves as burdens on others or a "drag" to the military mission.

Psychiatric Conditions: These may include a history of suicidal thoughts or behaviors; a history of self-directed violent behavior (e.g., cutting, burning, etc.), extreme anger, and impulsive behavior.

Alcohol and Substance Use-Related Problems: Ensure alcohol-related incidents, even seemingly minor infractions or indicators of problems are addressed.

A culture of "taking care of our own" or "sweeping it under the rug" versus referral to ADAPT places the mission and Airman at risk

Medical Conditions: Chronic health issues, especially those posing a real or perceived threat to a military career, can contribute to distress.

Significant stressors: Note events, or issues, which remove Airmen from the work center; these may include inpatient psychiatric hospitalization or being a victim of a crime, **specifically crime victims** (sexual or otherwise) reporting to and returning from the trial.

Care Team Best Practices:

- **Unit & Team Connectedness**
  - Get to know your members & families.
  - Utilize leaders and direct supervisors as chains for communication for personal success and life changes in addition to mission readiness.
  - The more leaders know about their Airmen increases the ability to interpret changes in circumstances that may increase the risk in self harm.
  - Increase periodic contact and maintain open communication.

- **Newcomers & Sponsorship of New Members**
  - Incorporate family into newcomers/spousal packages.
  - Establish Airman sponsorship or integration procedures for those arriving at a new unit.
  - Attempt to link Airman with similar interests, support, and social circles.

- **Chaplain 100% Confidentiality**
  - Increase visibility throughout the Wing.
  - Increase periodic check-ins with Airman.
  - Do "walk about" for regular visibility.

- **Director of Psychological Health**
  - Follow-up with members.
  - Do "walk about" for regular visibility.
  - Ensure clear, and consistent, communication of services and resources.

- **DEOCS**
  - Take seriously- critical comments and suggestions
  - Be transparent and review all DEOCS with your unit/sq/grp.

Airmen Under Investigation Information:

Airmen under investigation may feel particularly overwhelmed or hopeless.

- **Privileged Communications**: Consult with your DPH for applicable state and local guidance on increased protections and confidentiality concerning information revealed during, or generated within a clinical relationship with a Mental Health Provider.
- **Investigative Interview (Hand-Off Policy):**
  - Airmen facing criminal or administrative action, in combination with other factors, may be at risk for suicide.
  - Following any subject interview, Air Force investigators must hand-off that uniformed Airman directly to their Commander or First Sergeant through person-to-person documented contact and inform them of any perceived risk of suicide in accordance with investigative policies.
  - When the Commander or First Sergeant is a traditional Guardsman or Reservist and unable to be contacted, the senior ranking unit member (E-7, or higher enlisted. 0-3, or higher officer) on active status will receive person-to-person contact and in turn make notifications to the First Sergeant and Commander. The investigator will notify the unit representative that the individual was interviewed and is under investigation.
  - The Commander or First Sergeant will inquire about the uniformed Airman's emotional state and contact the Director of Psychological Health (DPH) to discuss a possible Commander Directed Evaluation and applicable regulations on privileged communication.
  - The Commander or First Sergeant will advise the uniformed Airman facing criminal or administrative action of other available resources (e.g., Chaplain, Military and Family Life Counseling, etc.) that can provide stress management, crisis intervention, and other appropriate services.
  - Checklist is available on page 25

Options for Supplemental Suicide Prevention Training

Links to suggested online trainings can be found on the ANG Website.

- **Applied Suicide Intervention Skills Training (ASIST):**
  - A two-day interactive workshop in suicide first aid. ASIST teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety.
  - Contact your respective state/service branch Suicide Prevention Program Manager for ASIST trainers in your state/region.
- **SafeTALK:**
  - A half-day alertness training that prepares anyone 15 or older, regardless of prior experience or training, to become a suicide-alert helper. SafeTALK-trained helpers can recognize invitations and take action by connecting them with life-saving intervention resources, such as caregivers trained in ASIST.
- **ANG Suicide Prevention Leadership Talking Points:**
  - Designed to supplement Suicide Prevention Annual Training. This toolkit will assist commanders and wing leadership with safe messaging, creating a regular and repeated conversation with Airmen regarding suicide prevention. The intent is to spend a few minutes during a regularly scheduled briefing or meeting to discuss the suggested topics.
  - Located the Commanders Toolkit at: https://www.ang.af.mil/cctoolkit/
- **Suicide Prevention Best Practices**
  - **Suicide Prevention Resource Center (SPRC):**
    - https://www.sprc.org/
  - **American Foundation for Suicide Prevention (AFSP)**
    - https://afsp.org/
    - The nation's largest non-profit dedicated to saving lives and bringing hope to those affected by suicide.
  - **American Association of Suicidology (AAS):**
    - https://www.suicidology.org/
- **Suicide Prevention Awareness month**
  - WG Awareness Campaign

Medical and Leadership Communication Guidance/Reminders

- Regularly remind Airmen that seeking assistance is not a sign of weakness, and asking for help is not a cause for negative career actions.
- Educate members on waiver processes for medical/mental health concerns (if applicable)
- HIPAA/PII Reminders - Remind Airmen that their communication with Medical Professionals remain confidential. However, there are exceptions like harm to self or others. In situations where safety is a concern confidentiality may be waived; if this happens, it is strictly to ensure safety, not to administer punitive actions.
- Ensure Airmen understand that Commanders only have access to information that Airmen voluntarily share, or falls under an exception set by the Privacy Act, HIPPA and the Department of Defense (Ex: safety, mission readiness, medical boards/reviews.).

Overcoming Stigma & Recognizing Warning Signs

Those in leadership positions set the standard for organizational stigma or acceptance of self-care; regularly discuss obtaining professional help, and maintaining self-care, openly, without judgment. These steps are conducive to decreasing the stigma regarding mental health and can assist in reducing attempts or deaths by suicide.

Commanders should:

- Increase unit education and mental health literacy.
- Ensure there are contact-based unit strategies for peer services and communication.
- Assist in decreasing obstacles to care.
- Ensure that discriminatory behaviors towards those seeking help are discouraged and addressed.
- Encourage open communication regarding self-care and mindfulness as tools to best maintain the fighting strength (while also increasing and normalizing resilience).
- Educate Airmen on the security clearance process, legal, and organizational standards for protecting confidential information as well as ensuring Airmen are able to maintain readiness.
- Decrease disruptions to care when appropriate.
- Encourage the use of DPH for relationship issues, discuss challenges with children or aging parents.
- Encourage use of Airmen and Family Readiness for financial planning, key spouse involvement, family care plan development, and planning for retirement/separation.
- Educate unit members on 100% confidentiality of Chaplain Corps services to faith and non-faith service members.

Postvention Overview:

Postvention is:
The period after a death by suicide, which includes efforts to facilitate the healing. The process consists of individuals, families, and units, to aid in grief and distress often experienced by a suicide loss. It is also a time to mitigate the adverse effects of exposure to suicide.

Postvention Includes:
- Opportunities for a healthy individual, and collective grieving may include memorial services.
- Compassion, as well as immediate and long-term support to those directly impacted by a suicide loss, is vital to comprehensive suicide prevention efforts.

Postvention Refers to:
- Supportive actions to maintain resilience for individuals, family members, and the unit following a suicide.

Postvention May Involve:
- Religious support;
- Mental health support;
- Leadership messages; and,
- Any other actions to facilitate healing and decrease contagion

Experts agree that healthy public opportunities for groups of people that have established relationships and interact closely with one another, such as military units, are an important aspect of postvention.

Related resources are available on the Resilience website at: https://www.resilience.af.mil
- ⇒ Post-suicide checklist
- ⇒ Beyond Surviving
- ⇒ Postvention as prevention
- ⇒ Guidelines for Memorials
- ⇒ Communication Templates
- ⇒ Reserve Component
- ⇒ Suicide Postvention Plan: https://dmna.ny.gov/r3sp/suicide/resources/Suicide_Postvention_Toolkit.pdf

Proper Terminology - Safe Language:

When Describing:	Say This:	NOT This:
Individuals who have experienced suicidal thoughts, feelings and actions, to include suicide attempts	Attempt Survivors People with Lived Experience	They were unsuccessful at suicide They had a failed or incomplete suicide attempt Anything that indicates weakness or cowardliness
When referring to the act of suicide during which a person survives the attempt	Attempted suicide Non-fatal suicide attempt	Failed suicide attempt Incomplete suicide Unsuccessful suicide
The individual who died by suicide and/or the suicide event	Use the person's name Died by/from suicide Death by suicide Suicide death Killed him/herself Took his/her life	**Do not:** • Sensationalize or glorify suicide. • Discuss the suicide event in detail. • Discuss the content of a suicide note. • Say the act was inevitable, cowardly or selfish. Do **not** use the terms: Completed suicide Successful suicide Commit or committed suicide
Individuals who lost a friend or loved one to suicide	Survivor of Suicide Suicide Survivor Suicide Loss Survivor	Anything to indicate guilt or culpability

Lessons Learned from Leaders that have experienced a suicide:

From an AFMC SQ/CC:

"When there was a suicide in my unit, I was flooded with help, offers, friends and families asking questions…not to mention AF officials needing information immediately. What I learned was…

- Keep your game face on and search for patience.
- Always have the Service Dress ready.
- Connect with Mental Health Flt/CC, DPH or Chaplain and vent daily.
- Listen to other leaders who had a similar experience of a suicide during their command.
- Get someone to watch you and offer feedback on how you're doing.
- How your 'top cover' supports you is of immeasurable importance on how good, or how challenging, your response will be.
- Any death places demands on a unit, consider assigning two Family Liaison Officers (FLO).
- Implement a post-suicide response plan."

Informing your unit:

- Coordinate with DPH, First Sergeant, and Chaplains to have present when you inform your unit of the death.
- Inform your unit, in person, in an area where there's privacy (if feasible).
- In the rare event someone leaves the area due to their emotions, ensure a Wingman follows up with the person in a timely manner.
- If word of the suicide has already spread, announce the mandatory meeting was called to discuss the "facts and rumors around a death you have likely heard."
- Remind unit members that if they are contacted by the media, they should refer them to Public Affairs.

Post-suicide Response in Smaller Units:

- Consider a separate meeting for the unit in which the suicide occurred.
  - With smaller groups, focus the message on how you recognize the unit knew/worked with the deceased personally.
- Invite 1-2 Chaplains, MH, Employee Assistance Program (EAP) resources during the small group briefing.
  - Total number of attendees should not outnumber the small group itself.
- It is best, when possible, to brief the directly affected small group prior to the larger squadron brief.

Regarding Social Media:

- Involve your Public Affairs office and review the Public Affairs Guidance (PAG) on Suicide Messaging.
- It is possible the death is announced/discussed on social media sites even prior to the notification of the next of kin.
- If social media is being used to report/discuss the death:
  - Discuss with senior leaders and JA the appropriate means to have a posting to the social media.
  - An example posting for Facebook:
    - "We here in (unit) share in your loss. If you're struggling with the news, there are lots of people and resources willing to help. Here is a list of resources in the (unit) area (insert appropriate contact info for your area). If you are outside our area, the 1-800-273-TALK crisis line is available nationally. Your local churches and mental health center can help you find additional nearby resources."

Post Suicide Considerations:

- Maintain high visibility visits to the unit with intent to taper off to your routine pace by 30 days after death.
  - Consider taking DPH and/or a Chaplain with you on walk around.
  - At the 30 day mark, note to unit "I recognize you're moving along and I respect the work it has taken."
- Be prepared for other unit issues to become heightened around 30 days (since you've been busy with the issues related to the death).
  - Delegate to trusted leaders
- 30 days mark a key chronological milestone in recovery from a crisis, it is important to consider unit members will have mixed reactions.
  - Some will view it as "time to move on."
  - Some will count it as an emotional anniversary of the event (but with lesser severity).
  - Some may be irritated over others' lack of progress: "why hasn't everyone moved on already?"
- Tailor your actions following the 30 day mark based on information you discern regarding health of the unit on recovery.
- Anniversaries of the event are periods of increased risk--increase strength-base messaging and encourage wingman concept.

(Abbreviated) Guidance on Memorials for Suicide Deaths

Full Guidance on Memorials available at www.resilience.af.mil.

Below are considerations to help leaders facilitate public grieving for the Airman they lost to suicide in a safe manner:

- Plan memorial services in consultation with the family, supervisor, unit leaders, close colleagues, chaplains, mental health providers, other professionals, and public affairs.

- Seek guidance, support, and "lessons learned" from other leaders who have lost Airmen to suicide. Other leaders may have also experienced the loss of an Airman to suicide and can provide guidance. There is no need to walk alone. Learn from them and lean on them.

- During the memorial, strive to honor the life and service of the Airman and the accomplishments and contributions of the Airman. Comfort the bereaved and share the ways you, as a leader, will help those who are affected. Share information about the helping resources on your base.

- Avoid inadvertently sensationalizing the Airman's death by sharing details of the manner of the Airman's death (e.g. the way the Airman killed him/herself, if they left a suicide note, details of the difficulties the Airman was dealing with that may have contributed to their death).

- Avoid language that assigns fault or guilt. Even though literature suggests that all suicides are preventable, that message during the immediate aftermath of a suicide may communicate fault to family members, supervisors, and friends. Balance sensitivity for the needs of the bereaved with the urgency of suicide prevention efforts/messages.

- Military burials are conducted under the purview of the Department of Defense Instruction 1300.15 (https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130015p.pdf). There is no reference within this instruction which precludes individuals from receiving a military funeral with full honors if the individual died as a result of suicide. No matter how the Airman died, a determination will be made regarding whether the decedent can be buried with full military honors. Full military honors are appropriate in most cases as long as the member has not committed a federal or state capital criminal offense or their behavior has not brought discredit to the Service (DoDI 1300.15).

(Abbreviated) Guidance on Memorials for Suicide Deaths (Cont.)

Full Guidance on Memorials available at www.resilience.af.mil.

- Permanent public memorials such as trees, plaques, buildings, or streets with the decedent's names are not recommended as they may inadvertently glorify the manner of death. If unit or family members wish to memorialize their Airman, encourage thoughtful ways they can contribute to suicide prevention efforts, such as a donation to a non-profit or sponsorship of a suicide prevention activity held after an appropriate amount of time after the Airman's death.

The actions of leaders are important during postvention and can greatly aid their unit's healing after a suicide loss. Please see the AF Leader's Postvention Checklist (https://www.resilience.af.mil) for help leading throughout this critical time period. Most importantly, remember to take care of yourself and your own grief, and to role model help-seeking. Your examples of self-care have widespread impact throughout your unit.

References:

Air Force Post Suicide Checklist on https://www.resilience.af.mil
Air Force Suicide Prevention Public Affairs Guidance (PAG) found on https://www.resilience.af.mil
DoDI 1300.15, Military Funeral Support
US National Guidelines for Response after a Suicide Death: http://www.sprc.org/resourcesprograms/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines

** Abbreviated Standard Operation Procedure for **Postvention** **

Full Guidance on Postvention SOP available at www.resilience.af.mil.

Prepare: A death by suicide is an extraordinarily stressful event and can be chaotic.

Developing authentic relationships with unit Airmen is essential to prepare to effectively lead during crisis:

- This involves leaders at all levels getting to know their Airmen and creating an environment where people feel valued and secure
- Set the example by getting out and getting to know Airmen in the field doing the job every day

Prepare contingency plans with your leadership team and communicate to subordinate leaders the intervention procedures before the occurrence of a death, or crisis, to avoid missteps.

Be familiar with the mortuary process at your base - before something happens

Develop an internal and external communication plan, including the event spokesperson, on suicide in advance o Things will happen quickly through social media - it often can't be stopped - so have social media and email templates ready to use. The most difficult time to create supportive messages for dissemination is in the immediate aftermath of the suicide

Use situational exercises with your leadership team to prepare

Build a close partnership with your unit Religious Support Team for personal advisement and spiritual care for the unit. When your RST is integrated into the unit and has your confidence, it will facilitate rapid and effective care and support when a crisis occurs. Chaplains and Religious Affairs Airmen may have significant postvention experience and insights to share

Seek support from other leaders who have experienced a suicide crisis.

◊ The ANG Suicide Prevention Office has a list of leaders willing to share their experience.

** Abbreviated**

Standard operation Procedure for Postvention ***Continued***

Coordinate: Contain the crisis by ensuring that law enforcement can preserve the scene of death for investigation and avoid inadvertent notification to next-of-kin by informal means.

Key Consideration: Accidental or poorly executed notifications can have a lasting negative impact on the family's healing and confidence in the Air Force.

Get Centered: Meet with a trusted helper to get emotional clarity and shape your message to those affected. Leaders must often process their grief more quickly than others to effectively lead through postvention. Briefly processing the loss, immediately, following the event will initiate this process and help you communicate clearly and compassionately.

Key Consideration: Set a meeting with your unit Religious Support Team (RST). A core capability of the Chaplain Corps is to advise leaders on religion, morale, morals, and ethics. Your unit RST offers everyone privileged communication, including leaders.

Notify: Protect the privacy of the decedent by ensuring appropriate notification to the next of kin.

Address contagion. A suicide death can exacerbate suicidal risk in others. Address this risk by setting a respectful tone when communicating about the decedent without memorializing the decedent in sensational ways.

Key Consideration: It is critical to the healing of a unit to honor the decedent's life and contributions; so, although care should be taken in commemorating the individual, memorials and other common ways of honoring a lost Airman should continue. Consult with other leaders and helping agents for support and guidance.

Dispel Rumors. Manage rumors by accurately, respectfully, and carefully communicating information about death in a timely way. This can be challenging when some unit members witnessed the death by suicide or were involved in finding the decedent. Use communication plans that were developed in advance.

Support: Provide practical assistance to those affected, including unit members and family members.

Link affected individuals to support resources. Consult with base support services – Mental Health, Chaplain, Airman & Family Readiness Center, and others – to identify methods to provide support. Provide a list of local and national resources and crisis hotlines, including the Employee Assistance Program. Foster a culture of help-seeking.

Key Consideration: Airmen experiencing other life stressors may be particularly vulnerable following a death by suicide. Ensure that these individuals are aware of and have access to support services. Check in with them regularly to monitor their service usage and well-being.

Don't Forget…responders, support staff, and frontline service members who may have been involved in photographing the death scene or in the death scene clean up may require additional support. Check in with them and/or their leaders (if in a different unit) regularly to monitor their service usage and well -being.

Comfort: Grief processes are individualized and complex. A wide range of emotions is experienced. Normalize the grief experience, guide healthy coping mechanisms, and check-in with members more often than usual - **Model healthy grieving.**

Key Consideration: Research has shown that unit and family members believe that a suicide death is often handled differently by leadership than other deaths; they are often unsatisfied with the leadership response when compared to other deaths. This means that leadership teams must be mindful of the bias to handle suicide deaths differently and focus on promoting a healthy grief process, communication, and healing within the unit.

Restore: Allow Airmen space to grieve and heal and move the work center back to stability and productivity. To make the transition to restoration, leaders must attune to their self-care and that of their teams. Exercise flexibility where possible to help your team return to optimal functioning.

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LEADERSHIP TOOLS FOR CRISIS PREVENTION, INTERVENTION, & POSTVENTION
** Abbreviated**
Standard operation Procedure for Postvention ***Continued***

Key Consideration (restore): Leaders may choose to conduct a memorial service for the deceased Airman as a means of closure and restoration for the unit. Memorial services following a suicide must be managed with great sensitivity to balance the honoring the life of a fellow Airmen with the dangers of memorializing the suicide event itself. Leaders should consult with their unit Religious Support Team and the installation Senior Religious Support Team before making the decision for a memorial service and throughout the preparatory process.

Lead: Reinforce and build trust in leadership by making unit members feel cared about, supported, and secure. Leading competently and compassionately through a crisis increases unit cohesiveness.

Honor: Prepare for milestones and anniversaries of the death. During these times, those affected may be more likely to experience negative emotions or traumatic memories. Preparation helps prevent adverse reactions. If essential leadership will PCS before a milestone, ensure that incoming leadership is aware.

Key Consideration: Honoring and celebrating the life of an individual who died by suicide can facilitate healing for those affected. Activities should follow safe memorialization practices, such as not glamorizing the death, not erecting a permanent structure, giving unit members a safe space to remember without reliving the death. Unless customary to include the entire unit in an anniversary-related event, those most affected, including family members, should conduct such activities privately.

Foster a Culture of Resilience: Consult with your installation helping agencies about practical steps you can take to foster a culture of resilience, help-seeking, and suicide prevention in the unit.

Key Consideration: Ensure that helping agencies receive feedback about the quality and timeliness of the support that was provided to ensure that postvention responses are improved and optimized over time.

Other related resources are available on the Resilience website at https://www.resilience.af.mil

Additional Services

- **Tragedy Assistance Program for Survivors (TAPS):**

https://www.taps.org/

  - TAPS offers compassionate care to all those grieving the loss of a loved one who died while serving in our Armed Forces or as a result of his or her service. Available 24/7 through a national peer support network and connection to grief resources, all at no cost to surviving families and loved ones.
  - No restrictions on duty status. Anyone that has loved and lost is eligible. Also available to assist Wings/Squadrons.

- **Military One Source**

https://www.militaryonesource.mil/

  - Military OneSource is your 24/7 connection to information, answers and support to help you reach your goals, overcome challenges and thrive.

- **Give-an-Hour**

https://giveanhour.org/

  - National network of volunteers capable of responding to both acute and chronic conditions that arise within our society. By harnessing the skill and expertise of volunteer professionals, we are able to increase the likelihood that those in need receive the support and care they deserve.

- **Veteran's Affairs**
  - Mobile Vet Centers

    https://www.vetcenter.va.gov/
    - Provide readjustment counseling and *information resources* to Veterans across the country. Like community-based Vet Centers, Mobile Vet Centers focus on services that help Veterans make the difficult transition between military and civilian life.
    - MOU in development with the National Guard to provide services over drill weekends.
  - VA clinics/hospitals

    https://www.va.gov/directory/guide/division.asp?dnum=1&isFlash=0

- **Area Defense Council**
  - The ADC provides Air Force members who are suspected of an offense or facing potential adverse administrative actions with independent legal representation.

Resources, Tools, Checklists

Chaplain Corps Resources:

1. **Airman Resiliency – The Spiritual Component**

Spiritual resiliency really does matter. Faith is a relevant protective factor in providing hope. Without exception, the common denominator of suicides was a loss of hope and faith.

- Chaplain led segments as elements of Wingman Day.
- Worship services and Mass; holiday celebrations; special events.
- Chaplain led workshops and briefings on pertinent resiliency topics.
- Pastoral care following a death by suicide.
- Able to provide memorial services that foster resiliency to survivors.

2. **Chaplain Confidentiality**

- Chaplains provide a secure environment to discuss sensitive issues without retribution against the member.
- Chaplains provide members a safe venue to talk when faced with legal or UCMJ actions.

3. **Programs that Enhance Healthy and Secure Relationships**

- Strong Bonds, a validated skills-based program, tailored for 4 hr, 8 hr or full weekend.
- Chaplain led singles, couples and family events support resiliency, readiness and reintegration.
- Chaplain healthy relationship modules enhance resiliency in Student Flight.

4. **Interdisciplinary Team Member**

- Chaplain Corps staffs can serve as part of the Airman Resiliency Team (ART) or the Human Performance Team.
- Able to advise commanders and caregivers on morale and welfare of the unit.

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LEADERSHIP TOOLS FOR CRISIS PREVENTION, INTERVENTION, & POSTVENTION

Airman Under Investigation Checklist

	Use of this checklist is mandatory for Airmen under UCMJ investigation or civilian criminal justice system. It is recommended for others who may benefit due to existing or impending legal problems *VCSAF memo dated 22-MAR-2017*
	Initial Actions (Within 48 Hours of Notification)
1	Inform Commander (CC) and 1st Sgt once member has been notified, verbally or in writing that he or she is under UCMJ investigation.
2	Ensure "Warm Hand Off" after investigative interviews IAW AFI 90-505, *Suicide Prevention Program*
3	Reinforce to the member that he/she remains a **valued member of the unit.**
4	Advise member of his/her right to consult with Area Defense Counsel.
5	Ask member about coping, social support, thoughts of self-harm & access to lethal means; encourage member to meet with Wing Director of Psychological Health (WDPH); if member endorses suicidal thoughts and refuses to meet with WDPH, consult with WDPH on applicability of Command Directed Evaluation (CDE) and local involuntary psych evaluation procedures.
6	Inform member of the applicable privileged communication regulations within the state. Communication with a Mental Health provider for treatment and/or diagnosis may have increased protections (State Specific)
7	If member declines to meet with WDPH encourage engagement with Chaplain, Military One Source or private mental health provider.
8	Direct 1st Sgt or Flt/CC and supervisor to check in with member to determine **coping, social support, thoughts of self-harm & access to lethal means.**

	Follow-up Actions (72-Hours and Beyond)
9	Ask member if he has access to lethal means: If he/she responds affirmatively encourage member to voluntarily secure personal firearms with family member/friend/or Wing armory if available until proceedings complete.
10	Ensure frequent check-ins with member until legal action is resolved.
11	Have member and supervisor/designee develop activity plan for off duty time, i.e., weekends, leaves & holidays.
12	Encourage continued engagement in unit if appropriate.
13	Encourage hope & acknowledge positive changes, behaviors or contributions made by the member regardless of current allegations or pending legal actions.

AFRESILIENCE
LEADERSHIP TOOLS FOR CRISIS PREVENTION, INTERVENTION, & POSTVENTION

Air Force Leader's Post Suicide Checklist

GUIDANCE FOR ACTIONS FOLLOWING A SUICIDE ATTEMPT	
1	Contact local law enforcement/Security Forces, AFOSI, and 911 (situation dependent). AFOSI Duty Agent can be contacted after hours through the Law Enforcement Desk or Command Post.
2	Notify First Sergeant, Command Post and Chain of Command. Command Post will initiate Operational Reporting (OPREP) messages. (Command Post will notify FSS/CL). Ensure notifications are kept to short list of "need to know" and contain minimum amount of information to convey nature of critical event. Being appropriate with "need to know" helps avoid stigmatizing the member's return to a work center where many people are aware of what happened.
3	If attempt was by an Guardsman: Notify the Director of psychological Health to consult on safety planning, coordinating a fitness for duty determination and coordination of a possible Commander Directed Evaluation (CDE).
4	If the attempt has occurred in the workplace: Notify local law enforcement/ Security Forces, AFOSI and Chain of Command. Ensure the area of the attempt has been secured and contact the nearest active duty Mental Health Clinic or Mental Health on-call provider or ARC equivalent for consultation and potential TSR activation.
5	A suicide attempt requires formal Mental Health assessment and often will result in hospitalization to stabilize the individual and ensure safety. If the member is hospitalized, it is recommended you consult with Mental Health and your Chain of Command regarding visiting the person while they are in the hospital.
6	**If Active Duty or ANG:** Ensure the Airman is cleared for return to duty by Mental Health and their Primary Care Manager (PCM). PCM Consultation between Mental Health/PCM and Command can ensure a work schedule that accommodates the DSG responsibilities and additional supervision and support without risk of showing secondary gain for having attempted suicide. **Recommendations:** "No Drinking" order Non-weapons bearing duties, ask service member if they are willing to secure personal weapons, providing a safe alternative (i.e., armory).

GUIDANCE FOR ACTIONS FOLLOWING A SUICIDE ATTEMPT	
7	A returning member must not be treated as fragile or 'damaged.' If they sense they are being 'singled out' or treated differently in the presence of peers, it can damage the recovery process. Freely speak with the employee about being receptive to their thoughts on returning to work and how to avoid either their, or your, perception of 'walking on egg shells.'
8	ANG leaders are encouraged to collaborate with civilian employers after obtaining permission from the member to do so.
9	Ensure all members of the unit are aware that seeking services is a sign of strength and helps protect mission and family by improving personal functioning instead of having personal suffering.
11	Consult with Director of Psychological Health to develop a supportive plan to re-integrate the Airman into the workplace.
12	Engage family and support networks to increase support and surveillance of the Airman. Encourage family and friends to reach out to the unit if they become concerned about the Airman's emotional state.
13	Ensure a DoDSER entry is completed for all suicide attempts which result in hospitalization or evacuation from the AOR.

As noted in the Air Force Leader's Guide for Post-Suicide Response PowerPoint (available at: http://airforcemedicine.afms.mil/idc/groups/public/documents/afms/ctb_151390.pdf) suicide is an act made by a person seeking relief from real or perceived pain.

A person who makes a suicide attempt may have either
(1) Been prevented from making an action they intended to result in death;
(2) Not intended to die, but felt the need to demonstrate an attempt for others to know they are in pain;
(3) Been under the influence of drugs (including alcohol) which caused an impaired decision (often referred to as 'impulsive'); or,
(4) Been suffering from mental illness and extremely impaired but did not die as a consequence of the suicide plan.

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LEADERSHIP TOOLS FOR CRISIS PREVENTION, INTERVENTION, & POSTVENTION

Air Force Leader's Post Suicide Checklist

	Guidance for Actions Following a Death by Suicide	ANG Reminders
1	Contact local law enforcement/Security Forces, AFOSI, and 911 (situation dependent). The AFOSI Duty Agent can be contacted after hours through the Law Enforcement Desk or Command Post.	If the member is: Technician or on Title 10 Orders: Contact OSI closest detachment AGR, DSG: contact local law enforcement
2	Notify First Sergeant, Command Post (CP) and Chain of Command. CP will initiate Operational Reporting (OPREP) messages. (CP will notify FSS/CL and Mortuary Affairs.)	Consider putting First Sergeant on orders.
3	Notify Mental Health Clinic or Mental Health on-call provider, or ANG equivalent, to prepare activation of the Traumatic Stress Response (TSR) Team.	Contact DPH and Chaplain. Consider putting DSG Chaplain/1st Sgt on orders to provide support to wing members.
4	Validate with JA and AFOSI who has jurisdiction of the scene and medical investigation. Normally, local medical examiners/ coroners have medical incident authority in these cases but some locations may vary.	In most ANG cases, the local civilian jurisdiction will have authority. Technicians and Title 10 will be investigated by OSI in conjunction with civilian authorities.
5	Contact Casualty Assistance Representative (CAR) to notify Next of Kin (NOK) IAW AFI 363002, Casualty Services and receive briefing on managing casualty affairs. Wing Commander, or office designee, makes notification if NOK is in local area - CAR can assist.	Contact ANG/NGB CAR for more information or guidance.
6	Consult with Traumatic Stress Response (TSR) Team Chief or on-call Mental Health provider to prepare announcement to unit and co-workers. Review Air Force Leader's Guide for Post-Suicide Response PowerPoint (available at: *https://kx.afms.mil/kxweb/dotmil/file/web/ctb_215563. pdf*) for just-in-time considerations offered by other leaders and key components of post-suicide programming.	Work with DPH and Chaplains to prepare announcement. Utilize the sample notification memos located: https://www.resilience.af.mil/Postvention-Tools/
7	Make initial announcement to work site with a balance of "need to know" and rumor control. Consider having TSR team members present for support to potentially distraught personnel, but avoid using a "psychological debriefing" model. Make initial announcement to work site/unit.	Work with DPH and Chaplains for the work site notification. Ensure they are present and discuss the message prior to notification.
8	Consult with Public Affairs regarding public statements about the suicide and refer to the Public Affairs Guidance (PAG) for Suicide Prevention.	PAG is located:

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Air Force Leader's Post Suicide Checklist

	Guidance for Actions Following a Death by Suicide	ANG Reminders
9	When speaking to the work site/unit, avoid announcing specific details of the suicide, merely state it was a suicide or reported suicide. Do not mention the method used. Location is announced as either on-base or off-base. Do not announce specific location, who found the body, whether or not a note was left, or why the member may have killed himself	Consider if the member was a DSG or FT member. This may determine when/how you notify the worksite/ unit.
10	Avoid glorifying/idealizing deceased or conveying the suicide is different from any other death. Consult with Mental Health, Chaplain, and your mentors/Chain of Command for any actions being considered for memorial response.	Refer to the PAG, DPH or Chaplain for assistance
11	When engaging in public discussions of the suicide: • Express sadness at the Air Force's loss and acknowledge the grief of the survivors; • Emphasize the unnecessary nature of suicide as alternatives are readily available; • Express disappointment that the Airman did not recognize that help was available; • Ensure the audience knows you and the Air Force want personnel to seek assistance when distressed, including those who are presently affected; • Encourage Wingmen to be attuned to those who may be grieving or having a difficult time following the suicide, especially those close to the deceased; and provide brief reminder of warning signs for suicide.	Utilize the PAG for guidance
12	After death announcement is made to the work center, follow-up your comments in an e-mail provided to the community affected. Restate the themes noted above.	This is very important for DSGs as most may not be present for an in-person notification. Consider doing additional "notifications" over drill weekend. Don't forget about members that are deployed! They should also be notified.
13	Unless you discern there is a risk of being perceived as disingenuous, consider increasing senior leadership presence in the work area immediately following announcement of death. Engage informally with personnel and communicate message of support and information. Presence initially should be fairly intensive and then decrease over the next 30 days to a tempo you find appropriate.	Consider putting 1st Sgt on orders for 30 days (or more). Request assistance from MFLAC, Mobile Vet Center, VA or other local resources.

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Air Force Leader's Post Suicide Checklist

	Guidance for Actions Following a Death by Suicide	ANG Reminders
14	Consult with Chaplain regarding Unit Sponsored Memorial Services. Memorial services are important opportunities to foster resilience by helping survivors understand, heal, and move forward in as healthy a manner as possible. However, any public communication after a suicide, including a memorial service, has the potential to either increase or decrease the suicide risk of those receiving the communication. It is important to have an appropriate balance between recognizing the member's military service and expressing disappointment about the manner of death. If not conducted properly, a memorial service may lead to adulation of the suicide event and thus potentially trigger "copy cat" events. Therefore, memorial services should avoid idealizing the deceased or the current state of peace found through death. Avoid normalizing suicide by inferring it is an acceptable reaction/response to distressful situations. Make clear distinctions between positive accomplishments/qualities and the act of suicide. Focus on personal feelings and feelings of survivors. Express disappointment in deceased's decision and concern for survivors.	Consider put DSG Chaplains on orders. Be sure to include the family in decisions about the memorial service Refer to Memorial guidance.
15	Public memorials such as plaques, trees, or flags at half-mast may, in rare situations, encourage other at-risk people to attempt suicide in a desperate bid to obtain respect or adulation for themselves. Therefore, these types of memorials are not recommended.	Refer to "Guidance for Memorials" located at www.resilience.af.mil
16	Utilize or refer grieving Airman to community-based resources. For Military beneficiaries, consider Mental Health, Chaplain, Airman & Family Readiness, and Military One Source (1-800-342-9647). For civilians, consider Employee Assistance Program and follow-up services through TSR (consult with TSR team chief on details, if needed). If non-beneficiaries (i.e., extended family members, fiancé or boy/girlfriends) are struggling and asking for help, refer them to community-based services and/or discuss options with a mental health consultant or competent medical authority.	The DPH, chaplains, MFLACs and other helping professions will be able to provide local resources. Consider Tragedy Assistance Program for Survivors (TAPS) for the family. https://www.taps.org/suicide

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Air Force Leader's Post Suicide Checklist

	Guidance for Actions Following a Death by Suicide	ANG Reminders
17	Ensure DoDSER completion for military personnel and participate, as requested, with any appointed independent reviewer process (suicide review for installation/MAJCOM, or Medical Incident Investigation (MII). Avoid defensiveness. Acknowledge the processes are intended to determine if there are any 'lessons learned' in regards to suicide prevention, not to affix blame.	Also complete the ANG Event Form (received by Suicide Prevention Program) within 3 business days.
15	Anniversaries of suicide (1 month, 6 month, 1 year, etc.) are periods of increased risk. Promote healthy behaviors and the Wingman concept during these periods.	Mark your calendar to remind yourself of these anniversaries. Check in with your members during these times. Reach out to those that were close to the member but may have retired/ separated. Request additional support from the DPH/ Chaplains during these times.

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Guidance on Memorials for Suicide Deaths

Abbreviated Guidance on Memorials for Suicide Deaths** Full Guidance on Memorials available at www.resilience.af.mil **	
1	**Plan** memorial services **in consultation** with the family, supervisor, unit leaders, close colleagues, chaplains, mental health providers, other professionals, and public affairs.
2	**Seek guidance**, support, and "lessons learned" from other leaders who have lost Airmen to suicide. They can provide guidance - learn and lean on them. There is no need to walk alone.
3	During the memorial, strive to **honor the life** and service of the Airman and the accomplishments and contributions of the Airman. Comfort the bereaved and share the ways you, as a leader, will help those who are affected. Share information about the helping resources on your base.
4	**Avoid** inadvertently **sensationalizing** the Airman's **death** by sharing details of the manner of the Airman's death (e.g. the way the Airman killed him/herself, if they left a suicide note, details of the difficulties the Airman was dealing with that may have contributed to their death).
5	**Avoid language that assigns fault or guilt**. Even though literature suggests that all suicides are preventable, that message during the immediate aftermath of a suicide may communicate fault to family, supervisors, and friends. Balance sensitivity with the urgency of suicide prevention efforts/ messages.
6	There is no reference within DoDI 1300.15 which precludes individuals from receiving a military funeral with full honors if the individual died by suicide. Full military honors are appropriate in most cases as long as the member has not committed a federal or state capital criminal offense or their behavior has not brought discredit to the Service. (https://www.esd.whs.mil/Portals/54/Documents/DD/issuances/dodi/130015p.pdf).
7	If an Airman's service warrants recommendation for medals/awards, then the applicable award guidance should be followed without respect to the manner of death. Ask the family how they want the medal presented to them. If incorporated into the memorial service, ensure it is clear that the medal is for how the Airman served and does not glorify a death by suicide.

Abbreviated Guidance on Memorials for Suicide Deaths** Full Guidance on Memorials available at www.resilience.af.mil **	
8	**Permanent public memorials** (trees, plaques, buildings, or streets with the decedent's names) **are NOT recommended** as they may inadvertently glorify the manner of death. If unit/family members wish to memorialize their Airman, encourage thoughtful ways they can contribute to suicide prevention efforts (ex. donation to a non-profit or sponsorship of a suicide prevention activity held an appropriate amount if time after the Airman's death.)
	References: Air Force Post Suicide Checklist, Air Force Suicide Prevention Public Affairs Guidance (PAG), DoDI 1300.15, Military Funeral Support, US National Guidelines for Response after a Suicide Death: http://www.sprc.org/resources- programs/responding-grief-trauma-and-distress-after-suicide-us-national-guidelines

<u>Always refer Airman to a Mental Health Provider if there is any doubt, or immediate risk for self harm.</u>

The chart provided is only to assist command decisions regarding risk **AND** is additional, not in lieu, to previous, or pending, evaluations by the Director of Psychological Health or a civilian Behavior Health Provider.

Risk for Suicide Attempt	Indicators For Suicide Risk	Contributing Factors	Possible Interventions
High Acute Risk	* Persistent suicidal ideation or thought *Strong intention to act or plan, **OR** *Not able to control Impulse	*Acute state of psychiatric disorder or acute psychiatric symptoms *Acute precipitating event(s) *Inadequate protective factors	Admission generally indicated; unless significant change reduces risk
Intermediate Acute Risk	*Current Suicidal ideation or thoughts *No intent to act *Able to control impulse *No recent attempt or preparatory behaviors or rehearsal of act	*Existence of warning signs or risk factors; **AND** *Limited protective factors	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
Low Acute Risk	*Recent suicidal ideation or thoughts *No intention to act on plan, able to control impulse *No planning or rehearsing a suicide act *No previous attempt	*Existence of protective factors *Limited risk factors	Outpatient referral, symptom reduction. Give emergency/crisis numbers.
Undetermined Risk	Due to difficulty in determining the level of risk, Unit has concerns about Airman despite denial of ideation or intent. The Airman should be immediately referred for an evaluation by DPH.		

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

	Past Month		Lifetime (Worst Point)	
Ask questions that are bolded and <u>under-lined</u>.	**YES**	**NO**	**YES**	**NO**
Ask Questions 1 and 2				
1) *<u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>*				
2) *<u>Have you actually had any thoughts of killing yourself?</u>*				
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.				
3) *<u>Have you been thinking about how you might do this?</u>* E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it.*"				
4) *<u>Have you had these thoughts and had some intention of acting on them?</u>* As opposed to "*I have the thoughts but I definitely will not do anything about them.*"				
5) *<u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>*				

- Low Risk
- Moderate Risk
- High Risk

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032;
posnerk@nyspi.columbia.edu

Notes

Local Points of Contact

Role	Name	Contact Information
Director of Psychological Health	Rico Brown	803-738-5847
Chaplain	Christina Pittman	803-522-5091
Airman and Family Readiness Program Manager	Terry Delill	
Suicide Prevention Program Manager	Rico Brown	803-738-5847
SC Behavioral Health Care Line	24/7	800-681-2558
Sexual Assault Response Coordinator	Ms. Rachel Phillips	803-357-5961
Equal Opportunity	CPT Marlene John-son-Moore	575-921-2865
IG Complaints Resolution	MAJ Dewayne Brabham	

Survey for Feedback!
Please let us know what you think about the Leadership Guide.

https://www.surveymonkey.com/r/YNLKHZ2