BY ORDER OF THE
SECRETARY OF THE AIR FORCE

AIR FORCE INSTRUCTION 44-154

1 JULY 1999

Medical

COMMUNITY TRAINING: SUICIDE AND VIOLENCE AWARENESS EDUCATION

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

OPR: AFMOA/SGOC (Lt Col George Nicolas) Certified by: HQ USAF/AFMOA (Col D. Schall)
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This instruction implements AFPD 44-1, *Medical Operations* concerning education and training to prevent acts of harm to self and others. It establishes requirements and procedures to conduct such training in Air Force communities. This instruction applies to all active duty Air Force, Air National Guard, and Air Force Reserve, as well as Air Force civilian employees, except for Title 32 USC National Guard Technicians (IAW Technician Personnel Regulation 100 [172]). **Records Disposition.** Maintain and dispose of records created as a result of processes prescribed in this publication in accordance with AFMAN 37-139, *Records Disposition Schedule*. Send comments and suggested improvements on AF Form 847, Recommendations for Change of Publication, through channels to AFMOA/SGOC, 110 Luke Avenue, Room 405, Bolling AFB DC 20332-7050.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

1. Community Training Requirements.

1.1. The Secretary of the Air Force will ensure that all Air Force personnel, to include active duty, guard and reserve, as well as civilian employees receive training in suicide prevention and violence awareness at least annually, including awareness of basic suicide and violence risk factors, intervention skills, and referral procedures for potentially at-risk personnel. Training programs will be designed to de-stigmatize help-seeking behavior among Air Force personnel and not to de-stigmatize the act or attempt of suicide itself. This training will also include post-event response options for the unit commander, to include assistance from the Critical Incident Stress Team (CIST), IAW AFI 44-153, *Critical Incident Stress Management.*

1.2. The Air Force Surgeon General will be the primary Air Force OPR for this training, and will ensure that this training is conducted as detailed throughout each MAJCOM, as well as in the Air National Guard and Air Force Reserve.

1.3. Each MAJCOM will ensure that all squadron commanders receive training in basic suicide risk factor identification, referral procedures, and requesting commander-directed mental health evaluations for all at-risk personnel as part of the new squadron commanders' course. Additionally, each MAJCOM will ensure that the following training is conducted at each base, with base mental health serving as the OPR for training content, standardization, and coordination of instruction. Each component of the Integrated Delivery System (IDS) is responsible for providing instructors and subject matter experts, as available, to support this training. Instructors should have background education and/or experience in a social services-related field and have specific training and/or education in suicide and violence awareness, but other outstanding candidates may be considered. NOTES: Mental health will ensure training is coordinated with MAJCOM and installation personnel offices to ensure procedures are in compliance with Title 5, Code of Federal Regulations, Section 339.301 and any local or collective bargaining agreements. For Air National Guard and Air Force Reserve personnel, these training requirements will be implemented as appropriate through Air National Guard and Air Force Reserve command channels.

1.4. Each MAJCOM Surgeon will serve as the primary MAJCOM OPR for this training, and will ensure this training complies with the minimum criteria in paragraph **1.5.**

1.5. Organizational Training Requirements.

1.5.1. Non-Supervisory "Buddy Care" Training. Training of all non-supervisory personnel will be conducted at least annually. It will include basic suicide risk factor awareness and referral procedures for potentially at-risk personnel and those suspected of imminently dangerous behavior (see **Attachment 2**). The purpose of this training is to encourage all personnel to support the early identification and referral of potentially at-risk individuals and those suspected of imminently dangerous behavior.

1.5.2. Leadership/Supervisory Training. Training will be conducted at least annually for all personnel in leadership/supervisory positions. The training of leadership/supervisory personnel will include information and skill areas appropriate to the advanced level of responsibility these individuals maintain. This training will include advanced identification, assessment, referral, and personnel management approaches that can benefit at-risk persons and particularly those that may be deemed imminently dangerous (see **Attachment 2**). This training is also intended to provide leaders with annually updated demographic and epidemiological information on Air Force suicides and supports the sharing of resources and information occurring within the IDS.

1.5.3. Violence Awareness Training. This training is conducted in conjunction with annual suicide awareness training. Training in violence awareness will be the same for supervisory and non-supervisory personnel. Violence awareness training will improve identification of those at risk for violence, common targets of violence, motivation and risk factors for violence, and referral and response procedures (see **Attachment 3**).

2. Metrics.

2.1. Suicide and Violence Prevention Education Metrics (RCS HAF-SG (A) 9612). Unit commanders will ensure all personnel complete annual mandatory suicide prevention and violence awareness

training. Completion of training will be documented and a tracking mechanism developed to ensure annual training is accomplished. All unit command-appointed ancillary training managers will coordinate, schedule, and track the training of unit personnel and report quarterly data, in the format below, to the mental health flight POC. The mental health POC will forward the training data to the installation IDS for review and action as necessary. Quarterly, the mental health POC will ensure the base metrics are forwarded to the MAJCOM/SG. Each MAJCOM will track the accomplishment of suicide prevention and violence awareness training requirements and will report these results to HQ AFMOA/SGOC for each calendar year, within 31 days of its close.

2.1.1. Two separate MAJCOM reports are required, one for active duty personnel and one for civilians. Reports will include training data that are collected on a quarterly basis from base-level mental health POCs to address the following metrics: trained personnel requirement (TPR), total personnel trained (TPT), and percentage trained. MAJCOMs will report aggregate data from base-level data for each metric in a spreadsheet format as required by paragraph **2.1.** above. An example is shown in **Attachment 4**.

2.1.2. These reports are designated emergency status code "D" - immediately discontinue reporting data requirements during emergency conditions. NOTE: In the case of Air National Guard who will track military personnel training only and Air Force Reserve personnel, these metrics will be tracked through appropriate Air National Guard and Air Force Reserve Command channels and reported to AFMOA/SGOC annually. Air Force Reserve base training managers will provide data to the Numbered Air Force RSG/SG quarterly by 15 Apr, 15 Jul, 15 Oct, and 15 Jan (for previous year total trained).

3. Statistics Available to Support Awareness Education.

3.1. The Force Health Protection and Surveillance Branch, Brooks AFB, Texas will maintain and forward summary statistics, updated on a quarterly basis, which reflect the epidemiological perspective on suicide rates, attempt rates, and associated risk and protective factors, by MAJCOM, Air National Guard, and Air Force Reserve, to HQ AFMOA/SGOC.

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

CHARLES H. ROADMAN, II, Lt General, USAF, MC
Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

AETC Pamphlet 44-101, *Buddy Care Basics*

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

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

AFCAT 36-2223, *USAF Formal School*

AFMAN 37-139, *Records Disposition Schedule*

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

AFI 36-3009, *Family Support Center Program*

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

AFI 44-153, *Critical Incident Stress Management*

AFPD 44-1, *Medical Operations*

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

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

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

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

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

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

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

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

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

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

Abbreviations and Acronyms

AFI—Air Force Instruction

AFRC—Air Force Reserve Command

ANG—Air National Guard

CPO—Consolidated Personnel Office

FAO—Family Advocacy Office

MAJCOM—Major Command

MH—Mental Health

OPR—Office of Primary Responsibility

SFS—Security Forces Squadron

Terms

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

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

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

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

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

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

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

Leadership/Supervisory Personnel—All personnel in leadership or supervisory positions or who are responsible for services to improve the welfare and/or development of others. This would include, but not be limited to, commanders, first sergeants, supervisory members in the rank of Staff Sergeant or GS-7 and above, chaplains, medical providers, legal professionals, family advocacy counselors and all others who formally provide service to persons whose life situation and personal resources place them potentially at risk for self-harm or harm to others.

Medical Professionals—Includes, but is not limited to, flight surgeons, primary care, family advocacy, mental health, emergency medicine and OB/GYN providers, and nurses.

Non-Supervisory Personnel—Members who do not have official responsibility to provide services for the welfare or development of others.

Priority Backlog—Personnel who have not yet received training.

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

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

Total Personnel Trained (TPT)—Number of personnel who received training.

Attachment 2

SUICIDE AWARENESS TRAINING COMPONENTS

The following lesson components are suggested as a basic framework for training. Each component is considered a minimal training element for supervisory and non-supervisory training. **Components in bold print can be deleted for the non-supervisory training.** These components, in this sequence, have proven successful training elements at many installations. However, each installation should tailor its training by considering research trends, clinical experience, and the individual styles of the presenters/ trainers. There is no requirement that this training be done solely by personal briefings. Training packages, video presentations, and PowerPoint or multimedia formats should be utilized as appropriate for each installation.

Lesson Goal: Provide attendees with information to identify those at risk for suicide, common stressors precipitating suicide, individual vulnerabilities for suicide, and referral procedures when someone is at risk of imminent danger or harm.

A. Mission Statement of AFI 44-154

B. Suicide is Real

AF suicides prior year

Your MAJCOM number

Your Base number

Trends from referrals to Mental Health for crisis walk-ins

C. Teamwork Pays Off

First significant decrease, 24%

AF/SG states prevention efforts paying off

Importance of base level IDS

Metric: increased willingness of first line supervisors to refer

D. Event Risk Factors

Marital/Relationship Loss

Legal Problems

Job/Financial Problems

Depression

E. Individual Risk Factors

Hopelessness

Impulsiveness

High Need for Control

Feeling All Alone

Alcohol Misuse

F. How to Help

Take them seriously

Get involved

Recognize if a member could be imminently dangerous

Help them talk

Help them problem solve, one at a time

Help delay acting on impulse/immediate feelings

Build a support system

G. Suicide Don’ts

Don’t blow them off

Don’t minimize their hurt

Don’t assume they will be OK

Don’t worry about taking action, “blowing things out of proportion”

Don’t hesitate to ask directly about suicide thoughts/feelings

H. How to Refer for Help: Buddy Care

Don’t leave them alone until they get help

Tell someone in your chain of command, never keep secrets, particularly if a member is suspected to be imminently dangerous

Go with them to their appointment with MH or Chaplain

I. How to Refer: Leadership

Contact on-call mental health provider

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

Have individual escorted to their appointment

“Direct” members who refuse voluntary assessment

Understand that hospitalization may be necessary

J. Rights of Individual Service Member

Legal

Reprisal

Restriction from making protected communications

Punishment for violations

K. Summary

Never assume someone, “could never do that”

Despite everyone’s best efforts, some still take their lives

Suicide is always a personal choice, family, friends, units don’t “fail”

If it happens, discuss the situation with the CIST for follow-up support

Attachment 3

VIOLENCE AWARENESS TRAINING COMPONENTS

The following lesson components are suggested as a basic framework for training. Each component is considered a minimal training element. The mental health flight is considered the OPR, while the Family Advocacy Outreach Manager is a key to the effective dissemination of this training. There is no perceived benefit to separating this training into non-supervisory and leadership/supervisory levels though the material may be most useful to those in leadership/supervisory positions. Trainers are encouraged to use role-play, and multimedia resources to accomplish training objectives.

Lesson Goal: Provide attendees with information to identify those at risk for violence to others, common targets of violence, motivation and risk factors for violence, referral procedures and response procedures when others are at risk of imminent danger or harm.

A. Common Scenarios/Case Examples

Civilian experiences

Air Force cases

Lesson Learned: Always, <u>always</u> take threats very seriously and respond

B. Common Targets

Former employers

Former spouses

Marital counselors

Divorce lawyers

C. Individual Risk Factors

Alcohol misuse

History of violence towards others

History of criminal/antisocial behavior

Gun collector/accessibility of weapons

History of impulsiveness

Severe mental illness: paranoia, psychosis

D. Common Precipitants to Violence

Perceived rejection: loss of job, loss of love object

Alcohol misuse

E. Protecting the Target of Violence

Informing, confronting denial if necessary

Changing location, routines

Relocation of target

Mental health evaluation/treatment of potential perpetrator

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

Increased surveillance of potential perpetrator

F. Developing a Violence Prevention/Response Team

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

Alert and response procedures

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

G. Utilizing the Critical Incident Stress Team after an Incident

Support to survivors

Support to witnesses

Attachment 4

SUICIDE AND VIOLENCE PREVENTION EDUCATION METRICS SPREADSHEET EXAMPLE

Table A4.1. Suicide and Violence Prevention Education Metrics Spreadsheet.

(E.g., ACC) SUICIDE AND VIOLENCE PREVENTION EDUCATION METRICS FOR CY _____												
	1ST QUARTER			2ND QUARTER			3RD QUARTER			4TH QUARTER		
ACTIVE DUTY	**TPR**	**TPT**	**% TRN**	**TPR**	**TPT**	**% TRN**	**TPR**	**TPT**	**% TRN**	**TPR**	**TPT**	**% TRN**
SUPERVISORY												
NON-SUPERVISORY												
TOTAL ACTIVE DUTY												
CIVILIANS	**TPR**	**TPT**	**% TRN**	**TPR**	**TPT**	**% TRN**	**TPR**	**TPT**	**% TRN**	**TPR**	**TPT**	**% TRN**
SUPERVISORY												
NON-SUPERVISORY												
TOTAL CIVILIANS												
TOTAL												

NOTE:

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