



Personnel

**ANCILLARY TRAINING – SUICIDE
PREVENTION AND VIOLENCE AWARENESS TRAINING**

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This pamphlet implements Air Force Policy Directive (AFPD) 36-22, *Military Training*. It provides general information about suicidal behavior through LINK, the tools to identify the potential suicide victim, and the resources available to aid in the immediate intervention. It also provides some general information about violence awareness, the individual risk factors, the common targets, and how to deal with potential violence. Many of the rules have been developed over time and come from principals established in the course of Mental Health programs. It applies to all individuals assigned to the 446th Airlift Wing (446 AW).

1. Purpose. To establish a guideline for a proactive approach to learn the warning signs of impending suicidal and/or violence behavior. Hopefully, this will provide personnel with the tools to act as gatekeepers, lowering barriers to self-referral and de-stigmatizing help-seeking behavior through change in corporate culture.

2. Prescribing Directive:

2.1. Air Force Instruction (AFI) 44-154, *Suicide Prevention Education and Community Training*.

3. Philosophy of LINK:

3.1. Most suicidal individuals want to live but are unable to see alternatives to their problems and feel hopeless.

3.2. We must “LINK” personnel to helping resources and alternatives.

3.3. Supervisory personnel are the initial point of referral in most cases - they must serve as a gateway to helping resources.

4. Look for Possible Concerns:

4.1. Most suicidal individuals want to live but view their situation as HOPELESS.

4.1.1. In a crisis, people may feel there is no escape.

- 4.1.2. Experience “tunnel vision.”
- 4.1.3. Experience a loss of control.
- 4.1.4. Lose sight of the “light at the end of the tunnel.”
- 4.1.5. Feelings of hopelessness are more predictive of suicide than depression alone.
- 4.2. Many give definite WARNING of intent.
 - 4.2.1. Talk about committing suicide.
 - 4.2.2. Experience trouble eating and/or sleeping.
 - 4.2.3. Drastic changes in behavior.
 - 4.2.4. Withdrawal from friends or social activities.
 - 4.2.5. Loss of interest in work, school, etc.
 - 4.2.6. Make final arrangements for death.

5. Inquire about Concerns:

- 5.1. Be aware! Know the facts!
- 5.2. Ask about suicide - BE DIRECT - ask about a plan.
- 5.3. Question accessibility to guns, pills, etc..
- 5.4. Take action - remove the means, if possible.
- 5.5. DON'T ENDANGER YOURSELF!

6. Note the Level of Risk:

- 6.1. Risk is increased.
- 6.2. History of previous suicide attempts.
- 6.3. Social isolation.
- 6.4. Relationship problems.
- 6.5. Change in mood and/or hopelessness.

6.6. Work and/or academic problems and/or transitions.

7. Know Referral Resources and Strategies:

7.1. If you have concerns:

7.1.1. Be direct - encourage the person to talk.

7.1.2. Offer support and concern.

7.1.3. Encourage the person to get assistance, if needed.

7.1.4. Notify the first sergeant and/or commander.

7.1.5. Don't moralize and/or judge.

7.1.6. Be a good listener.

8. Take all threats seriously!

9. Listen - allow expression of feelings.

10. *DON'T GUARANTEE SECRECY!*

11. Offer realistic alternatives.

12. Don't leave alone if suicidal!

13. Suggestions for Confronting Someone with Your Concerns:

13.1. Discuss the events that concern you.

13.2. Listen for other potential events.

13.3. Ask something like, "How are you doing with this?"

13.4. No two people interpret events the same way.

13.5. Hopelessness is often indicative of potential risk.

13.6. Find out how they are feeling about the events, themselves, and the future.

13.7. Determine how they plan to handle the situation.

13.8. Don't be afraid to ask about their suicide plan and method.

14. Immediate Intervention:

- 14.1. Don't leave the individual alone.
- 14.2. Contact Behavioral Health or the nearest emergency room (ER).
- 14.3. Notify the first sergeant and/or squadron commander.
- 14.4. Escort to Behavioral Health or the ER.
- 14.6. For a suicide in progress call 911; remain calm and stay with the individual.
- 14.7. Don't be a hero if there is a dangerous weapon involved - call the police!

15. Violence Awareness:**15.1. *Individual Risk Factors:***

- 15.1.1. Alcohol misuse.
- 15.1.2. History of violence toward others.
- 15.1.3. History of criminal and/or anti-social behavior.
- 15.1.4. Gun collector and/or accessibility of weapons.
- 15.1.5. History of impulsiveness.
- 15.1.6. Severe mental illness: paranoia or psychosis.

15.2. *Violence Prevention/Response Team:*

- 15.2.1. Members include SFS, Social Actions, Mental Health Officer and CBPO.
- 15.2.2. Alert and response procedures.
- 15.2.3. Goals: de-escalate threat, protect target, and treat.

15.3. *Utilize Critical Incident Stress Team:*

- 15.3.1. Support to survivors and witnesses

15.4. *Common Targets:*

- 15.4.1. Former employee.

15.4.2. Former spouse.

15.4.3. Marriage counselors.

15.4.4. Divorce lawyers.

15.5. *Common Precipitants:*

15.5.1. Perceived rejection: job loss, loss of love object.

15.5.2. Alcohol misuse.

15.6. *Protection of Target of Violence:*

15.6.1. Informing, confronting denial, if necessary.

15.6.2. Changing location and routines.

15.6.3. Relocation of target.

15.6.4. Mental health evaluation/treatment of potential violent person.

15.6.5. Coordinate any referral or civilians to a mental health facility.

16. Reporting Requirements. Every military member has a responsibility to report and/or inform resource personnel when concerned about a possible risk. Resources include supervisors, first sergeants, commanders, chapel, hospital emergency room, and police.

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