



Standard Operating Procedure for Leading Airmen in Distress

POLICY AND DIRECTIVE

A Standard Operating Procedure (SOP) for leading Airmen in Distress is included in Air Force Vice Chief of Staff's directed initiatives to provide leadership tools for suicide prevention, intervention, and postvention across the Air Force. SOPs are a leadership tool to execute the Department of Defense Instruction (DoDI) 6490.16, *Defense Suicide Prevention Program*.

PURPOSE

This SOP is intended for leaders at all levels, which includes but is not limited to commanders, senior enlisted leaders, First Sergeants, and supervisors. Leading Airmen in distress can challenge leaders at all levels. This SOP outlines essential steps, key considerations, and resources for leading Airmen in distress.

For the purposes of this SOP, distress is characterized as any significant life event that increases the potential for negative outcomes. This can include being a victim of a crime, experiencing significant financial, legal, or relationship stressors, and experiencing mental or physical health challenges. Factors that contribute to an Airman experiencing distress are very individualized. What might be experienced as a minor setback to some may be perceived as significant events to others. As a result, it is critical to understand how each individual perceives an experience.

DETECTING DISTRESSED AIRMEN

Develop authentic relationships with the Airmen you lead

- Identifying and mitigating risk begins with knowing your Airmen, assessing and understanding the unit culture.
- Fostering relationships involves leaders at all levels getting to know their Airmen and creating an environment where people feel valued and secure.
- When commanders set the example by getting out and doing, seeing, and getting to know their Airman in the field doing the job every day, it sets the expectation that subordinate leaders will actively engage as well.
- Mentor leadership, especially frontline supervisors, on the criticality of prevention, intervention, and postvention with distressed Airmen.

Assess and foster a culture that supports help-seeking

- Identify and address your own biases around help-seeking behaviors, and those of your unit's leadership team, and work to communicate the importance of help seeking
 - Define and reinforce a unit culture conducive to early help-seeking
 - Dispel the myths related to help-seeking (e.g. "my career will be over if I seek help") by understanding the facts; for sensitive positions, consult with local mental health providers for specific data on career impact of help-seeking
- Foster strong partnerships with each helping agency and the agency's subject matter experts
- Ensure you and your Airmen know the mission of helping agencies such as Family Advocacy and ADAPT
- Know the key indicators of distress listed below and ensure frontline supervisors understand the indicators as well



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- Encourage “intrusive leadership” at all levels, which means taking in the whole picture of an Airman and their family, challenging discrepancies between words and behaviors, and normalizing feelings and reactions
- Utilize and develop non-traditional resources such as key spouses/spouses/significant others, social media, parents, friends, and faith communities
- Promote a help-seeking unit culture. Regularly include conversations on help-seeking in staff meetings, commander’s calls, and other appropriate venues.
 - Talk about your own help-seeking behaviors and how you benefitted. Encourage unit leaders/members to talk about the benefits they have received from seeking help in times of distress

Know indicators of Airmen potentially in distress

- Relationship Problems. Perceived or actual dissolution of relationships, including family and romantic relationships. Pay particular attention to Airmen behaviors and language related to the value, intensity, and length of the impacted relationship(s).
- Financial problems. Those of a real and/or perceived “overwhelming” nature. Leaders should note 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. Especially 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 and/or civilian confinement
- Occupational problems. Work-related problems include high stress jobs, career/promotion setbacks (not making rank, demotion, LORs, LOCs, etc.), experiences of intensified stress in the work-place, a real or perceived lack of social support, or situations where the Airman perceives he/she is a burden on others or a “drag” to the military mission
- Psychiatric conditions. These may include a history of suicidal thoughts and/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 perceived or real threat to a military career can contribute to distress.
- Significant stressors. Events or issues that remove the Airman from the work center, such as inpatient psychiatric hospitalization or being a victim of a crime, specifically crime victims (sexual or otherwise) reporting to and returning from trial
- **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

Leading Airmen In Distress

- Act with an appropriate sense of immediacy to Airmen in distress. Reiterate in words and actions there is hope, there is help, and the Airman is valued by unit leadership both personally and professionally
- For Airmen in legal or administrative trouble, ensure guilt is not assumed or communicated to the Airman before the gathering of facts and legal/administrative processes are completed. Throughout the entire process, and no matter what your personal feelings may be regarding the alleged or confirmed behaviors the Airman engaged in, the well-being of the Airman and his/her family members are your responsibility. Communicate respect for their well-being in words and actions.
- Facilitate access to resources and connect the Airman to the correct resources when indicated



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- If you have concerns about the Airman's danger to themselves or to others, consult with your Mental Health Clinic regarding a possible Commander-Directed Mental Health Evaluation (CDE). If you consider danger imminent, engage law enforcement.
- If your Airman is being questioned by an investigative agency (OSI/SF), ensure a "warm handoff" of the Airman occurs between a unit leader and the investigative office. The unit leader can check in with the Airman and connect them to a helping agency if needed.
- Identify and address beliefs and practices that undermine the safe and effective management of distressed Airmen, such as factors that limit communication among leadership and between leadership and helping agencies
- Never settle for less than the appropriate intervention for your Airman
- Trust your professional resources. Share your concerns and experiences with them and ask questions about recommendations. Foster professional collaboration in leading distressed Airmen.
 - When you disagree or do not understand the perspectives and recommendations from helping agencies, actively work to resolve your concerns and establish mutual understanding
- Establish battle rhythm to ensure maximum care for Airmen
- Work diligently with professionals, significant others, and the leadership team to reduce/eliminate access to any identified means of suicide, such as prescription medication, sharp objects and personally owned firearm
 - Putting time and space between an Airman in distress and lethal means is critical for prevention
 - Have a plan to safely store privately owned firearms
 - Limit the Airman's access to lethal doses of medications, particularly painkillers because of their lethality and potential for abuse, which can exacerbate the distress the Airman is experiencing and increase risk
 - Once restricted, do not allow access to lethal means without consulting the entire treatment team (e.g., mental health provider, leadership, the distressed Airmen, and other key stakeholders) and agreeing on an appropriate safety plan
- If higher levels of care are required (e.g., hospital admission), visit the Airmen, inquire into their support needs, facilitate their recovery, and aid in their management of routine life stressors (e.g., bills, pets, family related concerns)
 - Inquire how, if at all, they would like leadership to respond to inquiries into their status (e.g., absence from work, condition/health, or inquiries from family members/friends/co-workers/significant others)
- Ensure distressed Airmen understand their value to the unit. Mitigate the words or actions of coworkers that reinforce negative stereotypes of the Airman, that they are "a burden to others," "a drag to the mission," or no longer a valued team member or part of the unit
 - Work diligently to ensure they are included, supported, and contributing meaningfully to the mission to the extent feasible. Consider speaking to them optimistically and realistically concerning their contributions, significance, and future

Key Considerations

- Ensure all those involved in leading an Airman in distress also take time to care for themselves. Like any stressor, leading distressed Airmen may physically and emotionally impact those providing support
- Recognize and accept negative outcomes happen despite our very best collective efforts. When they do, engage in routine self-care (i.e., diet, exercise, sleep), avoid unhealthy coping mechanisms (e.g., tobacco/nicotine, alcohol, excessive sleep, or avoidance), and seek the support of family, friends, and coworkers, as well as helping professionals

See the Resilience website ([https:// www.resilience.af.mil](https://www.resilience.af.mil)) for resources that supplement this SOP.