



**DEPARTMENT OF THE AIR FORCE
SUICIDE PREVENTION:**

Family Suicide Prevention

DISCUSSION MANUAL



Table of Contents

Program Details and Requirements	1
Program Outline	2
Suicide Prevention: Equipping Family Members to Help Airmen in Distress	3
• Welcome and Introduction	4
• Segment One: Sources of Distress and Warning Signs	5
• Segment Two: Intervention	6
• Segment Three: Time-Based Prevention	7
• Segment Four: Resources and Follow-Up	8
• Segment Five: Being Proactive	9
• Conclusion	10
Appendix A: Instructions for individuals leading group discussion	11
Appendix B: Protective Factors, Risk Factors, and Warning Signs	14
Appendix C: Resources	16
Appendix D: Group Discussion Notes Form	18



PROGRAM DETAILS AND REQUIREMENTS

Program Overview: This program is intended to empower and equip family members to intervene when their Airman or another family member is in distress. It focuses on recognizing sources of distress and warning signs, acknowledging barriers and choosing appropriate options for intervention, understanding available helping resources and the importance of follow-up. The program also emphasizes proactive behaviors that can build, strengthen and maintain protective factors.

The video presentation and small group discussions allow participants to explore these key concepts in detail. The video is broken into five segments. Discussion sections following each video segment allow participants to share their thoughts and understand how the content applies to their own lives. Small group discussion also provides the opportunity to de-stigmatize or clear up misperceptions about getting help.

Important Notes: The group discussion can be led by any person willing to review the materials and spend time preparing to create a safe environment for those interested in participating in this crucial dialogue. The delivery of the small group discussion should be coordinated with the local Violence Prevention Integrator (VPI) as the installation subject matter experts on suicide prevention. The discussion is not required to be led by the VPI, but the VPI will be able to provide local helping agency resources such as a Helping Agency matrix and ACE cards for the individual leading the discussion to distribute. Additionally, coordination with the VPI will allow them to offer support and attend discussions for fidelity and oversight of suicide prevention programs occurring on the installation. If you do not have contact information for your local VPI, please reach out to your Airman & Family Readiness Center representative for a warm hand off.

Participants: This program is designed for the family members of Airmen of all ranks and grades, including spouses, parents, and siblings.

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

Preparation Time for Leading the Discussion: Before leading a small group discussion, the individual should plan on spending two hours becoming familiar with the key concepts and structure of the program, and to prepare for potential questions and discussion topics. Additionally, the person leading the discussion should customize the Resources list (Appendix C) and have copies available to distribute during small group discussion. Individuals leading the discussion should be familiar with available helping resources in the event that an Airman or family member vocalizes significant distress or thoughts of suicide during the discussion. Any person leading this discussion should be prepared to contact appropriate helping resources as needed. Such resources may include a First Sergeant, Chaplain, or Mental Health Clinic.



PROGRAM OUTLINE

1. Welcome and Introduction – *5 minutes*
2. Video Segment #1 – *7 minutes*
3. Small Group Discussion about Sources of Distress and Warning Signs – *5-10 minutes*
4. Video Segment #2 – *4 minutes*
5. Small Group Discussion about Intervention – *5-10 minutes*
6. Video Segment #3 – *2½ minutes*
7. Small Group Discussion about Time-Based Prevention – *5-10 minutes*
8. Video Segment #4 – *6 minutes*
9. Small Group Discussion about Resources and Follow-Up – *5-10 minutes*
10. Video Segment #5 – *4½ minutes*
11. Small Group Discussion about Being Proactive – *5-10 minutes*
12. Conclusion – *2-5 minutes*

Total Time: *Approximately 55-80 minutes*



SUICIDE PREVENTION: EQUIPPING FAMILY MEMBERS TO HELP AIRMEN IN DISTRESS

Welcome and Introduction

1. Give a Brief Overview...

“Throughout our discussion today, we will use a dramatic scenario to demonstrate and discuss a range of topics including Sources of Distress, Warning Signs, Intervention, Time-Based Prevention, Helping Resources, Follow- Up, and Being Proactive. The video you are about to watch is broken into five segments. After each segment, we will pause the video to have a discussion about the scenario and how we might apply what we viewed to our own lives. We encourage everyone to speak openly and share today, and remember that we must make this a safe place for all to talk openly about suicide.”

... and a Personal Statement (Optional)

A personal introduction sets the tone for the program. Introduce yourself and why Suicide Prevention is important to you. Here are some suggested approaches:

“I have witnessed the devastating effects of suicide on family, friends, and coworkers, 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 each of us. We all have a responsibility to take care of ourselves, and to help our Airmen.”

“We have lost more Airmen to suicide than any other cause over the past few years. I want to do my part to ensure Airmen and their families are empowered and equipped to intervene when they recognize distress.”

2. Read the Disclaimer

“This program 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 if you are having difficulty. We can help connect you to helping resources as needed.



Though we want open dialogue today, we also want to remain respectful of those around us. Since we do not know what experiences others in the group have had with suicide, 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 program. Make sure you receive one.”

3. Go Over Housekeeping and Rules

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

- The location of the restrooms and exits
- A reminder that cell phones should be silenced

Remind participants that the goal is to discuss the video segment and that the following rules apply:

- ✓ Each participant speaks for themselves.
- ✓ All comments should be directed at the idea being communicated, not the person talking.
- ✓ Be respectful of others.
- ✓ Do not interrupt. Allow others to finish before you respond.
- ✓ No personal attacks.
- ✓ Notify the facilitator if you need to leave the group.



Segment One: Sources of Distress and Warning Signs

VIDEO: The host provides an overview, and viewers are introduced to the Snyder Family. The host discusses Sources of Distress. Matt's family celebrates his birthday. Matt announces that he has orders to PCS. The host discusses Warning Signs. *PAUSE VIDEO when indicated.*

Discussion Questions

1. What seems to be the major source of distress for the Snyder Family in the video? Can you relate?
2. How well equipped do you think you are to recognize sources of distress in your Airman's life or in the lives of your loved ones? What would help you to be better equipped?

Key information: Sources of distress can become risk factors for suicide. Some risk factors may be reduced by intervention while others can be difficult to change or manage. Common risk factors for suicide include:

- ✓ 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

The common theme for warning signs is *change*, and should be responded to as soon as detected. Common warning signs for suicide include:

- ✓ Significant mood changes, such as depression or anxiety
- ✓ Irritability, agitation, or anger
- ✓ Expressed feelings of hopelessness or helplessness
- ✓ Feeling like a burden to others
- ✓ Isolating from friends, family, or coworkers
- ✓ 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 sleep patterns (too little or too much)
- ✓ Changes in alcohol use or the abuse of drugs



Segment Two: Intervention

VIDEO: Matt opens up to his Dad. The host discusses barriers to and options for Intervention.

PAUSE VIDEO when indicated.

Discussion Questions

1. In the Snyder Family's story, what warning sign(s) has Matt's Dad noticed, and how is he choosing to intervene?
2. Which option for intervention seems most doable for you? Which option would be the most difficult?

Key information: The Ask, Care, and Escort, or ACE Model, is a framework to engage someone in a supportive manner, particularly if a person is having difficulty. This model may be used at any time (non-emergency and emergency) across multiple situations and settings.

There are three components to ACE:

- ✓ The first component is **Ask**. Asking direct questions helps you find out what is going on. When beginning a conversation, take your time and do not rush the conversation unless the situation is an emergency. Rushing through conversations can cause individuals to shut down. To get started, it may be helpful to discuss the changes you have seen. **Make sure to Ask directly about thoughts of suicide in your conversation. Take all reports of suicidal thoughts very seriously. Never ignore remarks about suicide or promise secrecy.**
- ✓ The second component is **Care**. Calmly express concern and listen carefully to what you are being told. Make sure you understand the full picture of what's going on by summarizing what you have heard and asking for clarification. Don't be judgmental or promise secrecy. Use the information you have gathered to determine the appropriate resources to help this person.
- ✓ The third component is to **Escort** the person to the right resource. While many people simply need help problem solving, some may need immediate intervention and should not be left alone for any reason. Always ensure the person in distress gets connected to the appropriate helping resource. In the case of those expressing suicidal thoughts, this must occur immediately. Services may include a Chaplain, mental health provider, First Sergeant, or local emergency room.



Segment Three: Time-Based Prevention

VIDEO: Matt's Dad asks Matt directly whether he's had suicidal thoughts. The host discusses Time-Based Prevention. *PAUSE VIDEO when indicated.*

Discussion Questions

1. How might time-based prevention strategies be helpful for the Snyder Family?
2. What are some things you could do in your home to put time and space between persons in distress and access to lethal means, known in the Air Force as "time-based prevention"?

Key information: The decision to act on a suicidal thought can be impulsive. Most people who do not have immediate access to their preferred means of a suicide WILL NOT try another method. Delaying a person's ability to attempt suicide by even five minutes can save their life. For this reason, properly storing firearms and other lethal means is extremely important in preventing suicides. Remember to GO **SLO**:

- ✓ Safes
- ✓ Locks
- ✓ Outside the home

Going SLO with lethal means is good safety practice regardless of suicide risk. Properly stored firearms, sharp objects, medications, and toxic chemicals can prevent accidents and/or theft. The installation Violence Prevention Integrator has free gun-locks if you would like to ensure that all weapons in your home are safely stored. You can also get with your Airman's first sergeant to learn about other options for safe storage.



Segment Four: Resources and Follow-Up

VIDEO: Alexis expresses optimism about the PCS. The host discusses Resources. Rebecca suggests resources to Matt. The Host discusses Follow-Up. ***PAUSE VIDEO when indicated.***

Discussion Questions

1. In the Snyder Family's story, what resources does Rebecca suggest to Matt?
2. What resources have you used before? How helpful were they?

Key Information: Knowing what helping agencies and resources are available allows Airmen and their family members to get help when they need it. A full list of resources at your location can be found in Appendix C. *Hand out Appendix C: Resources.*

Following up regularly with a distressed family member until the problem is adequately resolved is critical. It supports the individual and helps resolve any additional problems or complications that may occur.



Segment Five: Being Proactive

VIDEO: Matt's family follows up with him. The host discusses Being Proactive. **VIDEO ENDS.**

Discussion Questions

1. What examples of protective factors did you notice in the Snyder Family?
2. How can you be proactive to help strengthen protective factors in your family?

Key Information: Protective factors are a critical element of suicide prevention. Two of the most important protective factors are **connectedness** and **a sense of purpose**. Other protective factors include:

- ✓ Optimism about the future
- ✓ Strong social support from family, friends, and coworkers
- ✓ Help seeking
- ✓ Talking about problems
- ✓ Effective coping and problem-solving skills
- ✓ A culture that encourages seeking help early and often



Conclusion

Suggested closing comments: “Remember: one person, one conversation, one text message can help a person in need, and might even save a life. Taking the time to notice what’s going on in your family member’s life and intervening early when something is not right can make all the difference. Thank you for all that you do for your Airman and Families. The Air Force sees Families as critical collaborators in suicide prevention. Together, we can keep our Airmen and Families healthy, ready, and resilient.”

Facilitator Note: Please share the following link or QR code with participants and ask that they provide feedback about their experience with the information that was discussed today. You can do this by displaying the QR code on a computer monitor or printing off the QR code to provide to participants. Additionally, you could send an email to all members in attendance that provides them with the link below.

http://usaf.az1.qualtrics.com/jfe/form/SV_9t9q5MNUKbiY4aG





APPENDIX A: INSTRUCTIONS FOR INDIVIDUALS LEADING A DISCUSSION

Thank you for agreeing to facilitate this vitally important program. The Air Force continues to work to reduce the incidence of suicide and suicidal behaviors among our Total Force Airmen. Empowering and equipping family members in suicide prevention is an Air Force priority. In leading this discussion, you are essential to the success of this effort.

This program uses video to teach key concepts, and the information presented will be processed in small group discussion. The program is broken into five video segments. After each segment, you will have approximately five to ten minutes for discussion. At least half to two thirds of the total program 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 program will be largely driven by the quality of the discussion.

Tips for Facilitating Small Group Discussion:

- 1. Familiarize yourself with the material.** Spend ample time becoming familiar with the manual and video and considering difficult questions and/or issues that might come up in discussion.
- 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 lead a discussion. 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 discussion.
- 3. Dialogue vs. briefing.** One of the goals of this program is to promote interaction and discussion on the topics presented. The individual leading the dialogue should not lecture or brief during small group discussion.
- 4. Getting a small group started.** Introduce yourself and your role in the program. Remind participants of group discussion rules and the need to keep the discussion respectful. Group members may begin discussion without being prompted. If they don't, begin with the suggested discussion questions or other open-ended questions that elicit more than a "yes" or "no" response.
- 5. Rules of engagement.**
 - ✓ Each participant speaks for themselves.
 - ✓ All comments should be directed at the idea being communicated, not the person talking.
 - ✓ Be respectful of others.
 - ✓ Do not interrupt. Allow others to finish before you respond.
 - ✓ No personal attacks.
 - ✓ Notify the individual leading the discussion if you need to leave the group.



6. **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.
7. **Be patient.** Sometimes it takes group members time to be comfortable with the group discussion format. Use open-ended questions to promote more in-depth conversation. As a last resort, you may have to call on a few people to get the discussion started.
8. **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.
9. **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.
10. **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.
11. **Keep the discussion on track.** If the discussion gets sidetracked, return to the suggested discussion questions to get back on track.
12. **How to deal with group problems.** Re-emphasize the goals of the program and ask focused questions to keep discussion on the right track.
 - **Dominant group members.** Thank them for their participation and ask for their cooperation to allow others to participate.
 - **Shy group members.** Do not pressure them into participating, but try to direct a question at them to include them.
 - **Hostile group members.** Try to resolve hostility quickly. If the problem generating hostility cannot be resolved immediately, then ask for cooperation during the program and address the problem afterwards.
13. **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.
14. **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 anyone that verbalizes stressors to ensure they get connected to the appropriate resource. Anyone vocalizing suicidal thoughts should not be left alone or allowed to leave without engaging appropriate helping resources.
15. **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. It is not. We want all participants to understand that suicide remains a rare event, and the Air Force encourages Airmen and family members



to cope with stressors and problems by reaching out to helping resources. In addition, public discussion often dwells on specific cases or mechanisms of suicide. This is a program on *suicide prevention*, not a course on suicide: steer conversation away from details of how people die by suicide and stories of specific suicides.

16. Be mindful of the time. Each discussion should last about five to ten minutes. Try not to go over the projected time.



APPENDIX B: 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, coworkers, 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

Warning Signs are often accompanied by sudden and unexplained changes in mood or behavior. These signs of distress can vary significantly from person to person. Some of the most common Warning Signs for suicide are:

- ✓ Significant mood changes, such as depression or anxiety
- ✓ Irritability, agitation, or anger
- ✓ Expressed feelings of hopelessness or helplessness
- ✓ Feeling like a burden to others
- ✓ Isolating from friends, family, or coworkers



- ✓ 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 sleep patterns (too little or toomuch)
- ✓ Changes in alcohol use or the abuse of drugs



APPENDIX C: RESOURCES

UNIT AND LOCAL RESOURCES	
RESOURCE	TELEPHONE NUMBER
Commander	
Supervisor	
1 st Sergeant	
Violence Prevention Integrator	
Mental Health Clinic	
Chaplain Service	
Military Family Life Counselor	
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	



NATIONAL RESOURCES	
RESOURCE	TELEPHONE NUMBER
Military Crisis Line	1-800-273-8255, Press 1
American Red Cross	1-877-272-7337
Military OneSource	1-800-342-9647



APPENDIX D: DISCUSSION GROUP NOTES FORM

Small Group Discussion #1 Notes:

Small Group Discussion #2 Notes:

Small Group Discussion #3 Notes:

Small Group Discussion #4 Notes:

Small Group Discussion #5 Notes:
