



DEPARTMENT OF THE AIR FORCE  
OFFICE OF THE CHIEF OF STAFF  
UNITED STATES AIR FORCE  
WASHINGTON DC 20330

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MEMORANDUM FOR ALMAJCOM-FOA-DRU/CC

FROM: HQ USAF/CV  
1670 Air Force Pentagon  
Washington, DC 20330-1670

SUBJECT: Air Force Leader's Post-Suicide Checklist and Response Guide

Last year's increased suicide rate demands our leaders adopt a sense of urgency in implementing strategic actions to reverse this trend. Leaders at all levels should continuously reinforce that it is every Airman's responsibility to seek help when necessary and to reach out to fellow Airmen in distress using the ACE—Ask, Care and Escort—model.

One of the most difficult situations a commander will ever face is the tragic death of an Airman. When an Airman commits suicide, family, Wingmen, and the mission suffer. Following a suicide, there is a statistically higher risk of additional suicides in the community. Research indicates that providing a timely and appropriate post-suicide response not only helps restore the unit/family and community, it can reduce the risk of further suicide events.

The guide posted at [https://kx.afms.mil/kxweb/dotmil/file/web/ctb\\_150694.pdf](https://kx.afms.mil/kxweb/dotmil/file/web/ctb_150694.pdf) and the attached checklist provide guidance for commanders and first sergeants to assist in their response to suicides and suicide attempts. The checklist and guide are intended to augment local policies. They incorporate "lessons learned" from leaders who have experienced suicides in their unit, and they are intended to support a leader's judgment and experience. I expect widest dissemination and encouraged use of this helpful tool.

My point of contact on this issue is Major Michael McCarthy, Air Force Suicide Prevention Program Manager, AFMSA/SG3OQ, (703) 588-6200 (DSN 425) or [michael.mccarthy@pentagon.af.mil](mailto:michael.mccarthy@pentagon.af.mil).

A handwritten signature in black ink, appearing to read "Philip M. Breedlove".

PHILIP M. BREEDLOVE  
General, USAF  
Vice Chief of Staff

Attachment:  
Air Force Leader's Post-Suicide Checklist

# AF Leader's Post-Suicide Checklist

Purpose: This checklist is designed to assist leaders in guiding their response to suicides and suicide attempts. Research suggests the response by a unit's leadership can play a role in the prevention of additional suicides/suicide events or, in worst cases, inadvertently contribute to increased suicides/suicide attempts (suicide contagion).

This checklist is intended to augment any local policies. It incorporates "lessons learned" from leaders who have experienced suicide deaths in their unit. It is a guide intended to support a leader's judgment and experience. The checklist does not outline every potential contingency which may come from a suicide or suicide attempt.

A second checklist, Guidance for Actions Following a Suicide Attempt, is attached at the end of this section.

## Guidance for Actions Following a Death by Suicide

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 and Mortuary Affairs.)
3	Notify Mental Health Clinic or Mental Health on-call provider to prepare activation of the Traumatic Stress Response (TSR) Team. Command Post can assist with contacting Mental Health after duty hours.
4	Validate with JA and AFOSI who has jurisdiction of the scene and medical investigation. <b>Normally</b> , local medical examiners/coroners have medical incident authority in these cases but some locations may vary.
5	Contact Casualty Assistance Representative (CAR) to notify Next of Kin (NOK) IAW AFI 36-3002 and receive briefing on managing casualty affairs. Wing Commander or office designee makes notification if NOK is in local area. CAR can assist.
6	Consult with TSR Team Chief or on-call Mental Health provider to prepare announcement to unit and co-workers. <b><i>Review Air Force Leaders's Guide for Post-Suicide Response PowerPoint for just-in-time considerations offered by other leaders and key components of post-suicide programming.</i></b>
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.
8	Consult with Public Affairs regarding public statements about the suicide and refer to the Public Affairs Guidance (PAG) for Suicide Prevention.
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
10	Avoid memorializing/idealizing deceased or conveying the suicide is different from any other death. Consult with Mental Health, the Chaplain, and your mentors/Chain of Command for any actions being considered for memorial response.

11	<p>When engaging in public discussions of the suicide:</p> <ol style="list-style-type: none"> <li>1) Express sadness at the Air Force's loss and acknowledge the grief of the survivors;</li> <li>2) Emphasize the unnecessary nature of suicide as alternatives are readily available;</li> <li>3) Express disappointment that the Airman did not recognize that help was available;</li> <li>4) Ensure the audience knows you and the Air Force want personnel to seek assistance when distressed, including those who are presently affected;</li> <li>5) 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</li> <li>6) Provide brief reminder of warning signs for suicide.</li> </ol>
12	<p>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.</p>
13	<p>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.</p>
14	<p>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 way they died. If not conducted properly, a memorial service may lead to adulation of the suicide event and thus potentially trigger "copy cat" events among unidentified/unstable personnel. Therefore, memorial services should avoid idealizing/eulogizing deceased. Commanders should avoid commenting on personal characteristics of the deceased. Focus instead on personal feelings and feelings of survivors. Express disappointment in deceased's decision and concern for survivors. Promote help-seeking and the Wingman concept. The goals are to:</p> <ol style="list-style-type: none"> <li>1) Comfort the grieving;</li> <li>2) Help survivors deal with guilt;</li> <li>3) Help survivors with anger;</li> <li>4) Encourage Airmen/family members to seek help; and</li> <li>5) Prevent "imitation" suicides.</li> </ol>
15	<p>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.</p>
16	<p>Utilize or refer grieving co-workers to Integrated Delivery System (IDS) resources. For Military beneficiaries, consider Mental Health, Chaplain, Airman &amp; Family Readiness, and Military One Source (1-800-342-9647). For civilians, consider Employee Assistance Program (EAP available 24/7 at 1-800-222-0364) and follow-up services through TSR (consult with TSR team chief on details, if needed). Discuss with Mental Health consultant regarding service options if non-beneficiaries (i.e., extended family members, fiancé or boy/girlfriends) are struggling and asking for help.</p>
17	<p>Participate, as requested, with any appointed independent reviewer process (suicide review for installation/MAJCOM, or Medical Incident Investigation). Avoid defensiveness. Acknowledge the processes are intended to determine if there are any 'lessons learned' in regards to suicide prevention, not to affix blame.</p>
18	<p>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.</p>

## Guidance for Actions Following a Suicide Attempt

Purpose: This checklist is designed to assist leaders in regards to addressing suicide attempts by those in their unit. There can be many factors considered in a person’s decision to attempt suicide, and the proper response to the attempt can diminish the risk factors for another attempt, and greatly aid in restoring the individual to the work center with minimal disruption.

1	<p>As noted in the <i>Air Force Leaders’s Guide for Post-Suicide Response PowerPoint</i>, suicide is an act made by a person seeking relief from real or perceived pain.</p> <p>A person who makes a suicide <u>attempt</u> 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’); (4) been suffering from mental illness and extremely impaired but did not die as a consequence of the suicide plan.</p>
2	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.
3	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.
4	<p>If attempt was by an Active Duty Member: Notify Mental Health Clinic or Mental Health on-call provider to consult on safety planning and coordination of a Commander Directed Evaluation (CDE).</p> <p>If an attempt was by a civilian the Mental Health Clinic or on-call provider can provide guidance on options. Generally, civilian authorities and hospitals will be the lead agents for response to the attempt.</p>
5	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 Mental Health Clinic or Mental Health on-call provider for consultation and potential TSR activation.
6	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.
7	<p>Returning to work: A person who has experienced a crisis may find returning to work to be comforting (a sense of normalcy) or distressing. Work may need to be tailored to accommodate for medical/Mental Health follow-up appointments and assessed abilities of the person upon their return. The goal is to gradually return to full duties as appropriate.</p> <p>If Active Duty: Ensure Active Duty Member is cleared for return to duty by Mental Health and their Primary Care Manager. Consultation between Mental Health/Primary Care Manager and Command can ensure a work schedule that accommodates the active duty member provides additional supervision and support without risk of showing secondary gain for having attempted suicide.</p> <p>Recommendations:</p> <ul style="list-style-type: none"> <li>- “No Drink” order</li> <li>- Non-weapons bearing duties</li> <li>- Secure personal weapons, providing a safe alternative (i.e., base armory)</li> </ul>





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# ***AF Leader's Guide for Post-Suicide Response***

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# *Objectives*

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- **Share 'Lessons Learned' from a SQ/CC who experienced a suicide in her unit**
- **Review why suicides happen**
- **Keys to establishing post-suicide response**
  - **For the family of the deceased**
  - **For your squadron**
  - **Sharing news of the suicide**
  - **Regarding social media**
  - **Memorial services**
- **Post-suicide considerations**
- **Additional resources**



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# *A Commander's 'Lessons Learned'*

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From an AFMC/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 your Service Dress ready**
  - **Connect with Mental Health Flt/CC 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**





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# *Why Suicides Happen*

- **Suicide is a *act* made by a person seeking relief from real or perceived pain**
  - **They likely were struggling with unresolved emotional, mental or physical disorders**
  - **They believed they were a burden due to their concerns**
  - **They believed they did not have *authentic connections* to others (despite appearances)**
  - **They developed fearlessness regarding self-death (those afraid of death/additional pain are less likely to kill themselves)**
  - **The decision may have been made while impaired by drugs or alcohol (often considered ‘impulsive’)**
  - **Or, the death was the result of a suicidal gesture, an attempt to bring attention to their pain, or possibly another goal. Such individuals may be experiencing ambivalence about their desire to die**



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# ***Establishing Post-Suicide Response***

- **Following an announced suicide, there is a statistically higher risk in the community for additional suicides**
- **Providing a timely and appropriate post-suicide response not only helps restore the unit/family and community, it can reduce the risk of further suicide events (“suicide contagion”)**
- **Successful suicide post-suicide response:**
  - **Helps grieving family/friends understand what happened**
  - **Minimizes extreme responses and secondary problems in family/friends/unit managers**
    - **Deaths often reawaken memories of prior losses which feel “real” again**



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# ***Post-Suicide Response for the Family***

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- For the family of deceased:
  - Obtain as much information as readily available about the family and event before notifying next of kin
  - Review installation specific notification protocols
  - Consider assigning two Family Liaison Officers
  - Fast track them to the services they feel will be helpful
  - Establish the relationship you'd like to have with the survivors (i.e., "I'd like to contact you every two weeks and ensure you're supported")
    - Be mindful that families may over rely on you for support, or have unrealistic expectations of your time/attention
    - Respect the wishes of those choosing to keep a purposeful distance from you
    - Engage them directly; ask if you can assist them, or if they prefer you contact them at a later time



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# ***Post-Suicide Response for Your Squadron***

- Informing your unit:
  - Coordinate with Mental Health (MH) and Chaplains to have Traumatic Stress Response (TSR) team member(s) present when you inform your unit of the death
  - Inform your unit, in person, in an area where there's considerable 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 of"
- Remind unit members that if they are contacted by the media, they should refer them to Public Affairs



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# ***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



# *Sharing the News*

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- **Publicly disclose the death was by a “reported (or suspected) suicide”**
    - **Do not mention the method of the suicide or specifics more than ‘on’ or ‘off’ base**
  - ***It is a myth that talking about suicide will encourage more suicides***
    - **However, incorrect communication risks glorifying the event, making suicide seem more common than it is, or providing details which encourage “copycats”**
  - **Inform your unit (*and again later in writing*) their participation in rumors, conjecture, or blaming only complicates recovery for the family, friends, and the unit as a whole**
  - **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**
  - **Encourage all to seek assistance when distressed**
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## *Sharing the News (cont.)*

- Remind everyone of the value of being Wingmen and the need to assist personnel in distress by connecting them with resources
- Provide brief reminder of the warning signs for suicide risk
- Acknowledge that people will have a range of reactions
- Remain flexible, understanding, and kind to each other
- Follow your brief comments with time spent among your personnel and in their work areas
  - Use discernment when requesting senior leadership presence in the work areas along with you. If the leaders are favorably perceived by your personnel, their presence *should be encouraged*



## *Sharing the News (cont.)*

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- **Remind everyone of the value of being Wingmen and the need to assist personnel in distress and connect them with resources**
- **Remain flexible, understanding, and kind to each other**
- **Provide brief reminder of the warning signs for suicide risk**
- **Acknowledge people will have a range of reactions**
  - **These comments are not blaming the deceased or those who knew the deceased. Post-suicide response is a process to ensure the living receive prevention messages throughout a loss.**
- **Follow your brief comments with time spent among your personnel and in their work areas**
- **Consider requesting senior leadership's presence in the work areas along with you. If the leaders are favorably perceived by your personnel, encourage their presence.**

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## ***Regarding social media***

- **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.”**



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# ***Memorial Services***

- **Consult with Chaplain and Mental Health**
  - **Consider adequacy of family sponsored memorial services prior to holding a unit-based memorial service**
    - **This may avoid the unintended adulation of the event**
    - **Provide info on flowers or 'in lieu of' gifts**
- **Never create public memorial (plaques, trees, etc)**
- **If funeral or memorial service is decided to be held:**
  - **Avoid idealizing/eulogizing deceased**
  - **Goals:**
    - **Comfort the grieving**
    - **Help survivors with guilt**
    - **Help survivors with anger**
  - **Address perceived stigma of getting help**
  - **Discuss how most overcome crisis and adversity and we are available to help each other accomplish that**



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# ***Deciding Against a Unit Sponsored Service***

- **If the suicide occurred in the workplace, or if work factors are “blamed” as a cause, there is a risk a formal service will inflame emotions**
- **Holding a service can create logistical/political binds**
  - **Creates expectation a service must be held for every suicide**
  - **Can place people hostile toward each other, and/or the Air Force, together in already heightened emotional time, etc.**
- **If a service is not held, announce “in lieu of” and inform unit of the alternative (examples)**
  - **Memorial book for collecting submissions to provide to the family**
  - **Share information regarding family’s plans for a memorial service (if any)**



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# ***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 Mental Health and 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**



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# ***Post-Suicide Considerations***

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- **As 30 days mark a key chronological milestone in recovery from a crisis, it is important to consider unit members will have mixed reactions regarding the passage of time**
  - **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**



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# *Additional Information*

- **Postvention Manual**
  - <http://www.sprc.org/library/LifelineOnlinePostventionManual.pdf>
- **American Foundation for suicide prevention**
  - [http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page\\_id=1](http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=1)
- **Suicide survivor resource**
  - <http://www.suicidology.org/web/guest/suicide-loss-survivors>
- **Tragedy Assistance Program for survivors (Taps)**
  - <http://www.taps.org/>