

AIRFORCE



***Airman's Guide
for Assisting
Personnel
in Distress***



Commander Version

Introduction

*This pocket guide was designed to be a quick reference resource for Airmen who are faced with or have observed a fellow wingman facing stressors or changing demands that have the potential for escalating into more serious problems. The focus of the guide is to be a proactive intervention tool to be used to prevent minor stressors from progressing to a point to which they negatively impact an individual's physical, emotional, spiritual and social health. This guide is an abbreviated version of the content found on the **Airman's Guide for Assisting Personnel in Distress** website, which is accessible from the home page of the Air Force Portal.*

"I strongly encourage all Airmen to become familiar with this guide and to use it whenever an Airman might need help."

*Larry O. Spencer
General, USAF
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Policy has evolved and new challenges have arisen after years of sustained contingency operations. There is now an increased emphasis on the "Wingman Culture." This guide will reflect all these changes, while maintaining an emphasis on prevention.



A full list of abbreviations used in this guide can be found on the inside rear cover.

Wingmen

Airmen at all levels of command have a role as wingmen. The Air Force culture is centered on the idea that a wingman will always safeguard his or her lead, and it adheres to the belief that a lead never lets his or her wingman stray into danger. All Airmen are encouraged to be good wingmen. Being a good wingman means taking care of fellow Airmen—and taking action when signs of trouble are observed, especially in situations where Airmen appear as if they are about to make a poor decision, are in despair or show signs of hurting themselves or others. (AFI 1-1, Air Force Culture)

Most people are resilient under conditions of significant danger or distress, but when they are not, wingmen must be vigilant for signs of physical, emotional, behavioral and cognitive reactions to distress in themselves and in others. Signs of distress include, but are not limited to:

- Physical (e.g., muscle tension, shortness of breath, body aches)
- Emotional (e.g., irritability, anger, fear, depression)
- Behavioral (e.g., changes in social habits or eating habits, reduced quality of work, increased risk taking, suicidal behavior)
- Cognitive (e.g., self-doubt, rigid thinking, poor concentration, poor decision making, thoughts of harm to self and of harming others)

Overcoming Barriers to Seeking Support

Wingmen may feel a sense of awkwardness or uneasiness when discussing with or suggesting to someone that he/she may need help. Good wingmen know that seeking help is a sign of strength. Wingmen should overcome beliefs that interfere with being a good wingman, because:

- Seeking assistance IS consistent with the warrior image.
- Leaders, coworkers, family and friends will support decisions to seek help.

Recommended Wingman Actions

- Recognize situations that represent risk and wingmen who are showing signs of distress.

- Inform others, including leadership, when distressed wingmen are identified.
- Actively take steps to ease potential stressors and assist distressed wingmen:
 - Talk to them.
 - Understand the situation and their needs.
 - Help them access appropriate helping resources.
- Follow up to ensure that the issue has been resolved.
- Promote the idea that seeking assistance is a strength.
- Know the location and availability of base helping resources and recommend them.
- Promote the use of B.A.S.I.C. Peer Support skills to assist others.

B.A.S.I.C. Peer Support Skills

Base agencies, unit leaders, community members and wingmen all share responsibility for the general welfare of the community and its members. Peers provide a natural and preferred source of support that is important to a healthy community. Know these B.A.S.I.C. Peer Support Skills:

Be a wingman by being there! Take time to listen to your wingman. Offer the person hope. Let your wingman know you are available if they need help. Be cautious about giving advice and making judgments. Be aware that **YOU cannot guarantee confidentiality.**

Awareness of needs! Talk with peers; learn about who they are and what is important in their life. Inquire about current concerns, problems or needs. Know resources or sources of support that are available. Safety is paramount—if the person talks about suicide, **inform leadership!**

Shared planning! Encourage healthy coping skills such as leisure activities. Discourage poor coping strategies such as alcohol use. Help coordinate an action plan. Discuss options for supportive action. Ask the person who else they would like to involve.

Keep supervisors informed!

Initiation of the plan! Help prioritize steps to solve the problem. Help them take the first step. Help locate resources and supportive agencies. Be willing to go with them to the first appointment to **reduce stigma**.

Continuing support! Follow up after the immediate problem is resolved. Inquire if the situation is improving. Inquire if there is anything else you can do. Be a wingman by being there!

Command Considerations

- Ensure adherence to Air Force and DoD policies, which are intended to promote safety, improve health and reduce distress among personnel.
- Adjust unit policies to mitigate potentially distressing situations or assist distressed personnel.
- Consider duty changes/restrictions to ensure safety for individuals and proper custodianship of government material resources.
- Consider restricting access to government and personal weapons as appropriate.
- Consider information you may receive from coworkers and/or family members who express concerns about the emotional state of an individual.
- Facilitate attendance at appointments with helping resources.
- Recruit unit and community support for personnel who are in need.
- Remember that an individual's difficulties can impact their entire family unit. Assess for negative impact on the family and engage support as appropriate.
- Inform distressed personnel about appropriate helping resources, connect them to these resources and encourage voluntary participation with helping agencies.
- Request a Commander Directed Evaluation as appropriate.
- Refer members to the Family Advocacy and Alcohol and Drug Abuse Prevention and Treatment programs as appropriate.

Commander Directed Evaluations (CDE)

Introduction to Topic

CDEs are a tool for Commanders to use in determining if an Airman's behavior that is causing concern in the workplace is the result of a mental health problem that may require duty limitations, separation from service or consideration for a medical evaluation board. Commanders should consider requesting a CDE when there are indications that an Airman's functioning is impaired, and the impairment has not responded as expected to appropriate leadership actions such as training, counseling or administrative action. CDEs should also be considered when a Commander believes that an Airman is at risk of harming him/herself or others.

When considering a CDE, Commanders should consult with a doctoral-level mental health provider (MHP) who will make recommendations regarding the appropriateness of a CDE and help clarify appropriate questions that can be answered during an evaluation. The MHP will also make recommendations regarding whether any CDE should be conducted as a routine or an emergency evaluation. Commanders should be aware that a CDE only ensures that an evaluation will be completed and that their questions posed in the referral will be answered. There is no provision that allows Commanders to mandate members to engage in therapy or treatment following a CDE.



The CDE is intended to answer specific questions for Commanders as opposed to a general evaluation (i.e., “just to see what is going on” or “to cover the bases”). The MHP will assist the Commander in formulating specific questions related to mental health issues. CDEs are considered appropriate when the information provided by such an evaluation will:

- Assist the Commander in making decisions about how to manage the individual, including restricting duties, access to information or weapons
- Determine if unexplained or unacceptable behavior, including poor duty performance, is the consequence of a mental health condition
- Provide recommendations regarding suitability for service
- Provide recommendations regarding treatment or other supports that could assist the individual
- Provide information regarding a member’s potential to act out in a violent manner against themselves or others
- Provide information about a member’s limitations that the Commander needs to consider as part of an operational risk management perspective on the member’s potential impact on the unit and mission accomplishment
- Provide recommendations regarding a member’s ability to successfully cross-train
- Answer other questions related to mental health issues that are developed in consultation with the MHP



Deployment

Military life is filled with unique circumstances that our civilian counterparts may never experience. The strains of deployment can be long in duration, such as with an extended deployment, or frequent deployments. Most will cope well with deployment and develop new skills to apply to future challenges, some may experience distress and may need assistance to maintain health, build resilience and preserve readiness.

Pre-Deployment

Although most individuals will adapt well as they prepare for deployment, they may experience a wide range of symptoms of distress. Increased tension in family members is also common as deployment approaches. Deploying families may find that they begin to emotionally disengage as their energy and thoughts become increasingly focused on the challenges of deployment.

Deployment and Operational Stressors

Deployment can be a very difficult time for deployed members as well as the spouses (or significant others), children, friends and coworkers who remain behind. It is perfectly normal for those involved to feel some anxiety and distress about deployment. It is important to recognize that despite the potential stress of deployment, it can be a highly rewarding and beneficial experience for those involved.

Post-Deployment Reintegration

Reintegration and reunion with family, friends and work can be a very joyful experience as everyone impacted by deployment looks forward to returning to a “normal routine.” However, reintegration represents a significant transition period that can present unique challenges.

Signs Wingmen Should Know/Look For

- Younger Airmen/families and first time deployers
- Recent arrivals to the unit who may not have had time to develop supportive relationships in the unit and community

- Families/personnel that have had difficulties with stress in the past or are known to have additional stressors (e.g., marital problems, financial problems, physical/mental health issues, etc.)
- Families/personnel/units that experience repeated deployment
- Families that move away from a military installation (and all of the services provided by them) during a deployment
- Losing income from any second jobs
- Couples with a history of domestic violence or frequent arguments
- Couples for which there are concerns regarding either partner's fidelity during the deployment
- Persons with a history of alcohol-related incidents or excessive alcohol use
- Those who experienced trauma or combat exposure while deployed
- Persons with a history of poor anger management or difficulty adjusting to change, including previous deployments

Recommended Wingman Action

- Make arrangements for paying bills and other practical issues such as car and home care.
- Complete necessary paperwork (e.g., renew insurance, will, powers of attorney).
- Ensure continuous personal and family readiness for deployment.
- Be particularly aware of the needs of deployed families.
- Make list of emergency contacts, including unit POC.
- Form a reliable support network to assist in the event of unexpected difficulties such as car trouble or a sick child.
- Determine how future events, such as birthdays and anniversaries, will be handled.
- Determine how you will communicate during the deployment.



- Decide plans about how family routines, rules and expectations will change or remain the same.
- Normalize the fact that reintegration may take time.
- Inform leadership of personnel that seem to be having difficulty adjusting.
- Help individuals and families focus on the positive aspects of deployment.

Command Considerations

- Give the deploying member as much information as possible about the deployed location, living conditions, job duties, etc.
- Provide up-to-date information regarding the likely departure date.
- Encourage members to get in touch with a person who is already at the deployed location.
- Be visible and available.
- Sponsor and encourage family support groups.
- Host recreational activities for families.
- Keep the family as informed as possible about important topics (e.g., return date).
- Encourage spouses to utilize available resources such as Airman & Family Readiness Center.
- Ensure Key Spouse representative or other unit POC maintains regular contact with family members.
- Ensure all re-deploying personnel complete redeployment requirements such as briefings and medical screening.
- Communicate the expectation that unit leaders/supervisors will be aware of re-deployed personnel's status until they feel adequately adjusted.
- Sponsor reunion activities and programs and/or organize a homecoming celebration.
- Ask returning members to discuss experiences and "lessons learned."
- Consider recognizing efforts of non-deployed personnel.

Work Related

New Assignments/Permanent Change of Station (PCS)

One of the most challenging aspects of working for the military is a Permanent Change of Station (PCS). Though some members and/or families do become more skilled at moving, the stressors associated with a PCS move remain.

Signs Wingmen Should Know/Look For

- Individuals or families that have trouble fitting in or establishing social relationships
- Personnel who display problems at work or signs of stress, depression or anxiety
- Personnel who had a difficult time at their losing base

Recommended Wingman Action

- Actively work to form relationships with new personnel. Find out about them and their families and help them to locate needed services in the new area.
- Don't assume personnel are "settled in" or "adjusted" after a few weeks or months. Continue to inquire about adjustment and ongoing needs.

Command Considerations

- Communicate history with gaining unit for those personnel who were at risk for the issues noted above during their time in the losing unit.
- Allow them adequate time to in/out-process and for orientation/training at the new assignment.
- Ensure the unit has a proactive sponsor program.
- Inquire if the member or their family members have special needs that require special or immediate attention, or if they are currently coping with additional stressors.
- Schedule a "get to know you" meeting and personally introduce the member to key unit personnel.

Work-Related Stressors

Job stress can be defined as physical, behavioral and emotional responses to work-related factors. It can lead to fatigue, poor health and injury, as well as domestic problems if personnel are unable to leave work-related stress behind when they go home. In a 2005 survey of Air Force members, more than one quarter of participants reported suffering from significant job stress, and nearly one in six believed work stress was causing them significant emotional distress. Job stress has become an increasing problem as personnel are asked to do more with less and meet the demands of increased operational tempo that include more frequent deployment. Performance problems associated with negative administrative action is associated with higher risk of suicide in Air Force personnel.

Signs Wingmen Should Know/Look For

- Reduction in the quality or quantity of work produced and lack of initiative
- Tardiness, absenteeism, poor morale or disciplinary infractions
- Increases in frequency of accidents and mishaps
- Alcohol or drug abuse
- Difficulty with supervisors or coworkers
- Physical health problems and frequent medical appointments
- Signs of depression, anxiety or relationship problems
- Expressed worry about career

Recommended Wingman Action

- Maintain a safe and healthy work environment.
- Put forth effort to recognize each other for good work performance.
- Foster general awareness of the impact of work stress and how to combat it.
- Engage in good self-care and encourage it in others.
- Maintain good communication throughout the organization.
- Ensure everyone participates in activities that foster unit cohesion.

Command Considerations

- Assess organizational climate through use of surveys, attendance records, accident reports and frequent visits to the workplace.
- Provide opportunities for career development.
- Promote an organizational culture that values the individual unit member as well as a team approach.
- Use management actions that are consistent with organizational values.
- Maintain an open door policy.
- Monitor progress and share it with the unit.
- Make expectations clear from the start.
- Consider if problems represent a safety risk and take appropriate action.
- Create a unit environment in which supervisors work with personnel to identify reasons for poor performance, problem-solve solutions and implement a plan for remediation.
- Ensure thorough documentation of problems and remedial efforts, as this may be needed to support future administrative actions such as separation.
- Consult with the MHC about the appropriateness of a CDE if the individual cannot respond to reasonable efforts at correction and remediation.

Support During Administrative Separation

Consistent with good order and discipline, Commanders should make reasonable efforts to assist Airmen who are unable to meet Air Force standards or cannot adapt to the military environment before initiating administrative discharge proceedings. Medical and emotional conditions, which can render individuals unfit for military duty, are handled through the Medical Evaluation Board/Physical Evaluation Board process. Conditions rendering an individual unsuitable for service are managed through administrative processes.

When undergoing an administrative separation, a member may experience significant stress related to numerous issues, including impending unemployment, financial problems, family disappointment or feelings of failure and anger at the unit or particular indi-

viduals. Some personnel may respond to involuntary separation with thoughts of harming themselves or harming anyone blamed for the separation, including the Air Force/Government in general.

Signs Wingmen Should Know/Look For

- Indications that the individual is hopeless or severely distressed about how to cope with separation
- Indications that the individual has no plans for employment or housing following separation
- Indications of thoughts of harming themselves or acting in a violent or destructive manner toward government personnel, material or assets
- History of violence or suicide risk
- Indications of extreme anger, shame or ideas of persecution

Recommended Wingman Action

- Recognize that involuntary separation can be extremely distressing, and be particularly aware of the wingman role.
- Recognize that some persons may have thoughts of harming themselves or others in the context of involuntary separation.
- Inform leadership of any concerns, especially if any threats are made.

Command Considerations

- Consider potential safety issues if the individual is extremely distressed, and ensure safeguards as appropriate.
- Consider the potential for sabotage or acting out in a violent or destructive manner with regard to themselves, others or government material/assets.
- Consult with the MHC if there are concerns about potential for violence directed against themselves, others or government material/assets.
- Be aware that pending separation can be very stressful for families. Assess the needs of the family and mobilize support as appropriate.
- See AFI 36-3208 about Airmen being administratively separated who have deployed to a contingency operation and may have PTSD/TBI.

Death/Separation

Death of Someone Close/Unit Member

When someone close dies, intense emotions are usually experienced. Death of someone close can be associated with other stressors, including change of routine, loss of emotional support, increased responsibility and financial loss. Grief reactions are very personal and vary in the amount of time required for grieving. Many survivors experience stages of denial, anger and depression before finally accepting the loss. Remember that there is no “right” way to grieve and that grief can be manifested in many ways, and last for several months. It may even resurface on the anniversary of the death or other significant dates related to the individual who has passed, such as his/her birthday or wedding anniversary. Grief reactions may also reappear unexpectedly in response to things that remind the individual of the person who has died.

**Death/
Sepa-
ration**

Signs Wingmen Should Know/Look For

- Survivor has few social supports
- Survivor has a history of mental health issues or difficulty coping
- Death precipitates other hardships, such as financial stressors
- Survivor seems unusually devastated by loss or does not resume normal functioning within a reasonable period of time

Recommended Wingman Action

- Be aware that significant loss can be a trigger for thoughts of suicide.
- Be particularly attentive to wingman role.
- Avoid spreading rumors about the death.
- Mobilize social support to assist the individual/family while grieving.
- Be vigilant for unhealthy coping mechanisms such as alcohol or drug abuse.
- Maintain awareness of survivor’s status even after initial adjustment period has passed.

- Communicate any concerns to leadership.
- Ensure personnel are aware of the availability of helping resources such as the chaplain and other mental health resources.

Command Considerations

- Be aware of functioning of surviving family and mobilize unit to meet needs.
- Provide basic information to unit members regarding the death while ensuring protection of the privacy of the deceased individual and their family. Be careful to avoid placing blame, passing judgment or speculating on the causes of accidental death or suicide.
- Consult with Public Affairs regarding any public statements about the death.
- Be aware of potential safety issues among survivors who are very distressed and take steps to ensure safety.
- Consult with the Mental Health Clinic (MHC) if there are any concerns about possible suicidal ideation, or if reaction to death does not resolve in a reasonable amount of time or interferes with duty performance.
- Participate in the funeral service when appropriate.
- When the deceased is a unit member, consider requesting the assistance of the Traumatic Stress Response Team (TSR) as appropriate.
- Assigning a Family Liaison Officer (FLO) to assist the surviving family.
- Inform personnel who are away from the unit at the time.

Separation/Retirement

Transitioning from the military to the civilian environment can impact an individual in many ways. Retirement can represent change in status (e.g., from active duty to veteran), lifestyle, income and living arrangements. Distress may be particularly likely in those whose military skill set does not translate readily into the civilian job market. Personnel who have not planned for retirement or have severe budgetary constraints may likewise be distressed. Because retirement represents such a significant

adjustment across so many aspects of life, it can be associated with significant distress, and possibly thoughts of suicide.

Signs Wingmen Should Know/Look For

- Appearance of being unprepared for retirement or of having no plan for employment or housing
- History of poor coping or suicidal risk

Recommended Wingman Action

- Provide good wingman support to those retiring.
- Recognize that retirement requires adjustment across many areas of life and can be very distressing.

**Death/
Sepa-
ration**

Command Considerations

- Discuss retirement as something that should be planned for years in advance.
- Be aware that retirement can be stressful for the entire family. Understand the family's reaction and mobilize support to assist.



Personal/Family

Financial Pressures

Financial challenges can arise from unanticipated emergencies or fiscal mismanagement. Difficulty meeting financial obligations is more commonly found in junior enlisted members, single parents, newly divorced/separated individuals, families that have members with chronic medical needs or disabilities, newlyweds and those who have recently PCS'd. Financial difficulties can represent a significant and ongoing stressor that is strongly associated with marital problems and divorce. It is also a known factor in 25% of active duty Air Force suicides.

Signs Wingmen Should Know/Look For

- Repeated use of advanced pay, payday loans or loans from friends
- Creditors calling for payments
- Inability to purchase necessities such as food, gasoline, diapers, etc.
- Misuse of government travel card
- Recurrent complaints of inadequate funds, unexpected expenditures or a spouse's spending habits
- Indications of hopelessness regarding financial issues

Recommended Wingman Action

- Recognize that financial problems place personnel at risk for marital problems, divorce and suicide.
- Take seriously any talk or indications of marital/family abuse or thoughts of harming oneself or others.
- Inform leadership of any concerns.
- Encourage Airman to go to approved on-base or partner financial institutions such as the Airman and Family Readiness Centers (A&FRC) and Air Force Aid Society.

Command Considerations

- Publicize the risks of payday loan services and excessive use of credit cards.
- Encourage Airmen to live within their means

Legal Problems/Investigations

It is important to be aware that legal investigations and legal processes, such as trials or hearings, are usually time-consuming and stressful for the individual involved. Legal problems include not only UCJM and criminal investigations, but also proceedings for issues such as divorce, allegations of sexual harassment, custody hearings, home foreclosure or bankruptcy. Sources of stress include:

- Inability to foresee the outcome of the investigation or process
- Fear of consequences (e.g., disgrace, imprisonment, fines, shame, potential impact on career and relationships)
- Perceived lack of control over outcome/process
- Feelings of abandonment by the unit and friends

According to recent statistics, 20% of active duty Air Force suicides are committed by members who are under legal investigation. Individuals who have legal problems may experience a wide range of behavioral and emotional responses to include thoughts of suicide or violence.

Signs Wingmen Should Know/Look For

- Any talk that suggests thoughts of harming themselves or others
- Any comments suggesting inability to handle possible outcomes

Recommended Wingman Action

- Recognize that legal problems place personnel at greater risk for suicide and make an extra effort to be a good wingman to these individuals.
- Take seriously any talk or indications that the individual might be considering thoughts of harming themselves or others.
- Communicate any concerns to leadership.

Command Considerations

- Be aware of the services that the Base Legal Office and Area Defense Counsel have to offer.
- Be familiar with the Limited Privilege Suicide Prevention (LPSP) Program and consult with the MHC as appropriate.
- Be familiar with the Investigative Interview Handoff policy and use it as appropriate.
- Inform personnel of an investigation early in the day/week to allow the unit to provide support and ongoing monitoring as well as referral to supportive base agencies. Providing such information immediately before a weekend could result in an inability to monitor the individual's status for several days.
- If a member is incarcerated, relay any concerns you may have to the confinement facility officials regarding risk for self-harm.
- When members are released from incarceration on bond pending trial, it is important that leaders monitor distress and risk for suicide. Collaboration with MHC is strongly recommended.
- Be aware of any impact legal problems are having on the individual's family and mobilize support as appropriate.

Special Family Needs

The typical stressors of life can be significantly compounded for families having members with special needs. Developmental irregularities and chronic medical conditions can create a significant imbalance between demands on the family and the family's ability to meet those demands. Special needs situations can be particularly stressful because many such needs are not expected to resolve and will influence family functioning for years. Lack of personal time may be a major concern of family members caring for someone with a chronic illness and they may find it difficult to balance work and family responsibilities. Hospitalization of a child is a very stressful event for a family.

Signs Wingmen Should Know/Look For

- Any indication that personnel or family members are not coping well, such as signs of stress, depression or anxiety
- Decreased work performance or changes in social functioning

- Comments suggesting problems at home or difficulty meeting responsibilities

Recommended Wingman Action

- Encourage open communication so personnel feel comfortable discussing the family situation.
- Periodically ask how the family is coping and if medical and support needs are being met.

Command Considerations

- In accordance with AFI 40-701, military members with family members that require special medical (including mental health) services and/or special education services **MUST** be referred to the Special Needs Coordinator (SNC) for evaluation and enrollment into the EFMP. Refer the Active Duty member to the Exceptional Family Member Program – Medical (EFMP-M) office.
- Allow adequate time for medical appointments and other obligations.
- Ensure dependent care plans and Special Needs Assignment Coordination (SNAC) files are updated as the family member's condition changes.

**Personal/
Family**

Relationship/Marital Problems

A wide range of issues, including communication, parenting, sexual intimacy, finances, role conflict and differing goals, can be extremely distressing and enduring. Many people prefer not to interfere in the personal lives of others. However, experience suggests that relationship problems can quickly interfere with duty performance. Also, relationship problems have been identified as one of the most common risk factors associated with suicide—being present in 59% of cases—and domestic abuse among Air Force personnel. It is therefore important to remember that one can be a good wingman by asking how someone is doing, expressing concern and support and reminding them of the wide range of helping resources, without being overly invasive.

Signs Wingmen Should Know/Look For

- Any talk or behavior that suggests thoughts of harming oneself or others
- Frequent complaints about spouse/partner or issues related to the home/relationship

Recommended Wingman Action

- Recognize that relationship problems place personnel at greater risk for suicide and violence, and make an extra effort to be a good wingman to these individuals.
- Take seriously any talk or indications that the individual might be considering thoughts of harming self or others.
- Be vigilant for any indications of abuse or violence within the relationship or home.
- Be vigilant for any indications of unhealthy coping mechanisms such as alcohol or drug abuse.
- Ensure personnel are aware of the availability of marital/relationship counseling provided by chaplains, mental health, Military One Source and Military Family Life Counselors (MFLC).
- Communicate any concerns to leadership.

Command Considerations

- Be alert to the possibility of increased risk of abuse or violence within the relationship or home.
- Be alert that stress can increase potential for reduced situational awareness, impaired problem solving and accidents.
- Refer member to the Family Advocacy Program if there are indications of violence or abuse within the home.
- Consult with the MHC if there are concerns that mental health issues place the member at risk for harming self or others, or cause significant duty impairment.
- Maintain awareness of the situation even after the relationship or situation is resolved, recognizing that long-term stressors may result when relationships end.

Violence/Harassment/Assault

Domestic Violence and Family Maltreatment

The risk of domestic abuse and child maltreatment increases when one or more family members are in distress. Promoting healthy communities is a key to fostering safe non-violent family environments. The Air Force approach to prevention involves encouraging members to focus on positive behaviors and make healthy choices. Prevention also plays an important role after an abusive incident. Maltreatment intervention offers family members safety, support, treatment and hope that the cycle of violence can be broken.

Signs Wingmen Should Know/Look For

- AD member or spouse are known to have difficulties with anger management
- Couples known to be experiencing multiple stressors
- Excessive alcohol use by one or both partners
- Couples experiencing significant marital discord, especially when loaded firearms or other weapons and alcohol are in the home
- Reports of infidelity, severe arguing, extreme jealousy or domestic contacts with law enforcement
- Any indication of stalking behavior or attempts to strangle partner or any verbal threat to injure or kill partner (these are serious warning signs!)
- Partner is threatening to, or actually separates, from spouse who does not want the separation
- Families with fewer connections to the unit or community
- Families in transition (e.g., deploying/redeploying, PCSing, recent birth of a child, etc.)
- Airmen with recurring personal hygiene issues who have small children at home
- Personnel with recurring reports of unsanitary living conditions and small children in the home
- Single parent with inadequate dependent care plan and inadequate finances

- Compulsive on-line gamers and/or social network site users— spending many hours per day on-line with an infant in the home
- AD member or spouse with history of depression or suicide attempts, or other significant mental illness (e.g., schizophrenia, bipolar disorder) with children in the home

Recommended Wingman Action

- Comply with AFI 40-301, which mandates all active duty members and civilian employees of the Air Force to report all suspected domestic abuse or child maltreatment to the Family Advocacy Program (FAP). Refer for prevention and support before an incident of maltreatment occurs.
- Know your wingmen and their families.
- Be vigilant and inquire if things with an individual or family “don’t look right.”
- Create a unit/community environment that encourages communication and help-seeking behavior.
- Communicate concerns to leadership.

Command Considerations

- Ensure personnel are aware of signs of domestic abuse and child maltreatment, reporting requirements and how to report.
- Communicate the expectation that supervisors will know their people.
- Don’t ignore reports of personnel or families that are having problems.
- Maintain awareness of problematic situations beyond initial adjustment or resolution.
- Make referrals to FAP as appropriate.
- Consult frequently with FAP, the MHC, or the Staff Judge Advocate (SJA) regarding clinical and safety issues to include issuing no contact orders, use of unit watch procedures, moving personnel or families into different housing arrangements, restriction from base, changes in duty locations, etc.
- Ensure the basic needs of victims are met if abuse or neglect have been identified.

Work-Related Violence

Workplace violence most often involves aggressive behavior toward a colleague, subordinate or supervisor. This can range from verbal abuse to physical violence. Aggression may occur as a response to many situations. Common examples are when an individual faces the loss of his/her job, is passed over for promotion, or perceives favoritism toward others in the work environment or that they are being singled out for unfair, negative treatment.

Violence often arises from feelings of anger, frustration, fear or hurt. Some violent acts are accompanied by suicidal behavior. Alcohol use can trigger or worsen a tense situation because it lowers impulse control and the ability to think about the consequences of behavior. It is important to be aware that many of the risk factors and warning signs for violence are also common in suicidal behaviors.

Signs Wingmen Should Know/Look For

- Chronic, hypersensitive complaints about persecution or perceptions of injustice
- History of mental health problems that compromise coping or enhance the appeal of violence
- Adverse reactions to authority and having limits set on their behavior
- Criminal history, including history of violence, stalking, threats or assaultive behavior
- Frequent aggressive outbursts or excessive displays of anger
- Ominous fascination with weapons and violent media events; making jokes or offensive comments about violent acts

Recommended Wingman Action

- Make personnel feel they are valued and encourage an environment of mutual support.
- Ensure personnel are aware of the wide range of helping resources available.
- Create an environment that encourages communication throughout the unit.
- Do not ignore indications of potential violence.
- Report concerns to leadership.

Command Considerations

- Communicate a clear policy that intimidation, harassment, bullying and violence are unacceptable.
- Communicate the expectation that inappropriate behavior will be addressed promptly by supervisors.
- Ensure personnel are educated regarding workplace violence prevention policy, risk factors that cause or contribute to assaults, early recognition of escalating behavior, ways to prevent volatile situations, standard response action plan for violent situations and periodic practice of the action plan.
- Consider how changes in policies, procedures and working conditions may affect people.
- Recognize that civilians can pursue assistance through the Employee Assistance Program, their union and Civilian Personnel Office (CPO).
- Contract employees can also seek assistance through resources in the community.
- Ensure AD personnel and civilian employees attend mandatory annual training on workplace violence IAW AFI 44-154, Suicide and Violence Prevention Education and Training.

Sexual Harassment

AFI 36-2706, Equal Opportunity Program, Military and Civilian, defines sexual harassment as a form of sex discrimination that involves unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of a person's job, pay or career, or quid pro quo harassment
- Submission to or rejection of such conduct by a person is used as a basis for career or employment decisions affecting that person, or quid pro quo harassment

- Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance, or creates an intimidating, hostile or offensive working environment

Individuals subject to sexual harassment may display a variety of symptoms of distress. Absenteeism, obvious discomfort at work or changes in work habits may become apparent as the individual tries to cope with a hostile work environment.

Signs Wingmen Should Know/Look For

- Personnel who exhibit unexplained changes in demeanor or performance or who show signs of distress
- Junior personnel may be at greater risk to be subjected to harassment

Recommended Wingman Action

- Be aware of behaviors that might be considered as sexually harassing in nature.
- Create an environment that is free of sexual harassment and in which sexually harassing behaviors are not condoned.
- Inform leadership of concerns.

**Violence/
Harassment/
Assault**

Command Considerations

IAW 10 USC 1561, when Commanders receive a complaint of sexual harassment, they must:

- Consult with the local Equal Opportunity Office and Staff Judge Advocate Office.
- Forward the complaint to the General Court-Martial Convening Authority within 72 hours.
- Advise individual who submitted the complaint that an investigation has been initiated.
- Ensure investigation is completed within 14 duty-days of initiation.
- Communicate the expectation that sexual harassment will not be tolerated.
- Create an environment that allows for communication throughout the unit/community.

- Support alleged victims and alleged perpetrators.
- Ensure Investigative Interview Hand-Offs if there is an investigation.
- Be attentive to the potential risk of violence if the harassment continues or worsens, or if a complaint is made.
- Assist, when possible, with any safety plan/strategy developed (e.g., assignment to a new supervisor or duty section, implementation of no contact orders, etc.).

Sexual Assault/Rape

“Rape” and “sexual assault” are terms commonly used to describe crimes that involve unwanted and illegal sexual acts. Sexual assault and rape can have a devastating impact on the victim’s psychological health. Victims may experience a broad range of reactions, including developing post-traumatic stress disorder (PTSD) at some time in their lives. Major concerns of rape and assault victims include fear that the victim’s family will find out about the rape, people thinking that it was the victim’s fault, contracting HIV/AIDS, becoming pregnant and fear of another attack.

Signs Wingmen Should Know/Look For

- Considering the traumatic nature of sexual assault, all victims should be considered to be potentially at risk
- Indicators of stress, depression, anxiety or PTSD
- Difficulties resuming normal routines within a reasonable time after the incident
- Any indicators of thoughts of harming themselves or others
- Use of unhealthy coping mechanisms such as use of alcohol or drugs

Recommended Wingman Action

- First and foremost, assure the physical safety of the victim.
- Recognize that the victim may need to exercise as much control as possible over his/her circumstances to include the decision to report the incident, obtain a forensic medical exam, tell friends/family about the incident, etc.

- Encouraging victims to report cases to law enforcement is critically important.
- Advise against the destruction of evidence (e.g., bathing or washing clothes) prior to the victim going to the medical facility.
- Assist with or provide transportation to the hospital.
- Reinforce that the sexual assault was not the victim's fault.
- Listen and engage in quiet support. Constant conversation is not necessary.
- Be aware that counseling and therapy can help victims cope with rape and sexual assault.
- Recognize that the impact of rape and sexual assault can be long-term.
- Continue to be aware of the victim's status and needs even after the initial adjustment period has passed.

Command Considerations

- Notify the SARC.
- Be aware of how the incident is impacting the victim's family and mobilize support as appropriate.
- Ensure the victim's safety.
- Consider the victim's concerns about returning to his/her job and possibly working with the alleged assailant. It is highly recommended that the victim and accused work in separate locations.
- If the alleged assailant is another active duty member, work with that individual's Command to address any safety concerns.
- If victim appears to be coping poorly, consider any duty restrictions that might be required to maintain safety and prevent accidents.
- Consult with the MHC about how to best address the victim's mental health needs.
- If the alleged offender is also an active duty member, realize that the legal investigation can be extremely distressing (for both the victim and the alleged assailant). Assess his/her level of distress and provide support as necessary.

Medical/Mental Health

Medical Problems

Prolonged illness can be devastating to individuals and families. One may find that his/her usual ways of coping (e.g., exercise, social activities, etc.) may be unavailable due to limitations caused by the illness. Therefore, the person may experience intense feelings of disorganization as usual routines are disrupted; anxiety and fear over the financial and career implications; grief over the loss of significant roles such as provider, parent, spouse and team member or the realization that future goals may be unattainable; guilt as family members assume responsibilities previously managed by the ill person; and sadness or depression if he/she feels unable to contribute to the mission or family.

Signs Wingmen Should Know/Look For

- Diagnosed with a medical condition that involves significant physical discomfort, disability or disruption of usual behaviors
- Diagnosed with terminal illness
- Absence of social support
- History of mental health issues or difficulty coping with change

Recommended Wingman Action

- Be aware that prolonged medical problems are severely distressing to the entire family.
- Be aware that medical conditions associated with significant pain, severe disability or terminal prognosis can be associated with increased risk for suicide.
- Monitor status of the individual and entire family.
- Mobilize support to assist as appropriate.



Command Considerations

- Facilitate attendance at medical appointments.
- Consider safety issues and appropriate duty restrictions.
- Coordinate among the various helping resources.
- Mobilize unit support and assign someone to monitor the status of the impacted individual/family.
- Be aware of practical/logistical concerns of daily life, such as having meals brought in, transportation to medical appointments, etc.
- Consult with the Mental Health Clinic (MHC) if there is concern that the individual may represent a risk for harming themselves or others.

Anxiety/Nervousness

There are generally two types of anxiety. Common (or “normal”) anxiety is an unpleasant sense of discomfort that is a normal reaction to stressful life events. As long as the individual experiencing common anxiety is not overly distressed by the experience and the symptoms do not impair their functioning in important areas of life such as work, school or social relationships/responsibilities, there may be no need to seek treatment. Clinical anxiety is more disruptive to an individual’s functioning and may have more serious or long-term effects.

Signs Wingmen Should Know/Look For

- Emotional (e.g., feeling stressed, sad, worried or irritable)
- Physical (e.g., muscle tension, upset stomach, increased heart rate)
- Behavioral (e.g., altered eating or sleeping habits, becoming more argumentative; increased use of substances such as tobacco, caffeine or alcohol; social withdrawal)
- Anxiety that requires medical treatment, which may include:
 - Panic
 - Symptoms of post traumatic stress
 - Severe uncontrollable worry
 - Uncontrollable urges to engage in behaviors such as cleaning, checking or hand washing

Recommended Wingman Action

- Be vigilant for unhealthy coping responses such as alcohol or drug abuse.

Command Considerations

- Ensure the person is safe at the workplace if he/she works in a potentially dangerous environment and/or where a high level of constant focus/concentration is required (weapons bearing, aircraft maintenance, PRP duty, working with electricity, etc.).
- If the member does not seek treatment voluntarily and anxiety is believed to be having a significant impact on duty performance or safety, consult with a MHP about the appropriateness of a CDE.

Depression

Depression is a term commonly used to describe everything from temporary sadness to a serious health disorder that includes both emotional and physical symptoms. Everyone experiences feelings of sadness from time to time; however, a depressive disorder may be present when symptoms are present for several weeks and interfere with daily functioning. There are numerous effective treatments for depression, including medications and therapy.

Signs Wingmen Should Know/Look For

- Persistent feelings of sadness
- Loss of interest in activities that were previously considered pleasurable or important
- Difficulty sleeping or sleeping excessively
- Change in appetite or weight (either up or down)
- Poor focus and concentration
- Feeling fatigued (lack of energy)
- Statements that suggest feelings of guilt, self-criticism, hopelessness, worthlessness or that one is a burden to others
- Restlessness, irritability or agitation
- Expressed thoughts of suicide or increased talk about death

- Engaging in unsafe behaviors (reckless driving, driving while intoxicated or decreased safety practices)
- Increase in errors made at work
- Apathy at the workplace/decline in work performance (tardiness, reduced quality/quantity of work, arguments with supervisors/peers)
- Changes in hygiene or grooming standards
- Social withdrawal

Recommended Wingman Action

- Ask if they have been feeling depressed.
- Encourage help-seeking.
- Ask directly about thoughts or feelings of suicide. If thoughts of suicide have been recently present, escort member to helping agency immediately.

Command Considerations

- Ensure the person is safe at the workplace if he/she works in a potentially dangerous environment and/or where a high level of constant focus/concentration is required (weapons bearing, aircraft maintenance, PRP duty, working with electricity, etc.).
- If the member does not seek treatment voluntarily and depression is believed to be having a significant impact on duty performance or safety, consult with a mental health provider about the appropriateness of a Commander Directed Evaluation.

Suicidal Behaviors

The Air Force sees suicide prevention as the responsibility of the entire Air Force community. As leaders and wingmen, each Airman is responsible for creating a culture that encourages responsible help-seeking and healthy coping skills. All personnel must know the risk factors for suicide and be prepared to ask directly about suicide if they notice any of these risk factors.

Signs Wingmen Should Know/Look For

- Current/pending disciplinary or legal action (see Investigative Handoff and Limited Privilege Suicide Prevention program)
- Relationship problems
- Substance abuse
- Financial problems
- Work-related problems
- Transitions (retirement, PCS, separation from service, etc.)
- A serious medical problem, such as chronic pain or terminal illness
- Significant loss, such as through death or divorce
- Setbacks (academic, career or personal)
- Stress that is severe, prolonged and/or that a person thinks they cannot manage
- A sense of powerlessness, helplessness and/or hopelessness
- A sense of being a burden to others
- Presence of a weapon in the home
- History of previous suicide attempts or self-injurious behavior such as cutting or burning

Recognizing Distress in Individuals with Risk Factors

Coworkers, family and friends are in the best position to recognize behavioral changes that indicate distress or difficulty coping, to discuss these changes with the individual and to provide care and support. Changes may be exhibited in one or more of the following:

- Mood
- Concentration
- Sleep
- Energy
- Appetite
- Substance use
- Impulse control



- Reduced capacity for enjoyment
- Helplessness or hopelessness
- Peer relations (withdrawal or arguments)
- Work performance
- Military bearing
- Personal hygiene and grooming
- Ineffective problem solving

In addition, wingmen must be vigilant when someone shows:

- An inability to see a future without pain
- A view of themselves as worthless or burdensome to others
- An absence of control over their life or life circumstances
- Feeling alone
- Excessive guilt or shame
- An inability to stop negative thinking
- Pessimism and a belief that there is no solution to life's problems
- Constant/frequent thoughts about death, dying and/or weapons
- Challenging people in an aggressive manner
- Giving away possessions
- Excessive sorrow for past behaviors

Recommended Wingman Action

You can help your wingman more effectively if you know what is going on. Talk to your wingman like you would any friend to find out what is causing the changes you have noticed. Be willing to ask about possible thoughts of wanting to die by suicide. It will help you know what type of help they may need.

- Use the ACE Model for discussing suicide. (See the page facing the inside back cover for more information.)
- Be especially vigilant if people are facing multiple stressors.
- Be honest and direct.

- Involve unit leaders or Security Forces if necessary to protect the person from harming himself or herself. The person may be so intent on suicide that they become dangerous to those attempting to help them.
- If possible, remove all potential means of self-harm from their area such as firearms, pills, knives, rope and machinery.
- Never leave someone alone who is believed to be at risk for suicide.

Seek immediate assistance from the MHC for any of the following:

- Reported thoughts of suicide
- Discussion of a suicide plan
- Disclosure of a recent suicide attempt
- Self-injurious behavior such as cutting or burning

Command Considerations

- Seek consultation from the MHC as needed if you have concerns about a potentially suicidal unit member.
- Commanders should consider referring members for a CDE (routine or emergency) as appropriate.
- Take steps to ensure the safety of the member and others.
- Maintain awareness (follow up) of the individual's situation until the suicidal crisis is completely resolved.
- Assess needs of the individual's family as applicable.
- Consider safety considerations such as duty limitations and restricting access to weapons (government and personal).

Post Traumatic Stress Disorder (PTSD)

PTSD is an anxiety condition that can result when someone is exposed to an event they experience as traumatic, meaning their response to the event involves intense fear, a sense of helplessness or horror. While combat exposure certainly can meet this definition, a wide range of non-combat events, such as assault, being in a motor vehicle accident, childhood abuse or involve-

ment in a natural disaster can also result in PTSD. The vast majority of individuals who experience high-stress events do not experience intense fear. Most people who do cope well, and experience no significant problems.

Signs Wingmen Should Know/Look For

- Re-experiencing the trauma (e.g., distressing thoughts or images of the trauma that they can't get out of their head)
- Avoidance and emotional numbing (e.g., avoidance of thoughts, feelings or conversations associated with the trauma)
- Increased arousal (e.g., difficulty falling or staying asleep)
- Alcohol and substance abuse
- Depression
- Risk for suicide
- Marital/relationship problems
- Negative impact on work/duty performance

Recommended Wingman Action

- Encourage use of healthy coping mechanisms such as exercise, good nutrition and use of social resources.
- Be vigilant for unhealthy coping mechanisms, such as use of alcohol or drugs.
- Ask how the individual is doing, and if needed, suggest they seek assistance.
- Encourage the individual to talk, and listen to their concerns.
- Ask directly about thoughts of suicide or of harming others.

Command Considerations

- Be aware of any safety issues and take steps to ensure the individual is not at increased risk for accidents at work.
- Encourage the individual to talk with a trusted, mature peer who can relate to their concerns.
- Discuss options for assistance (e.g., chaplain, Mental Health Clinic, primary care manager) if these normal and typically transient reactions persist or impair performance or functioning.

- Consider a Commander Directed Evaluation for those who decline to seek services voluntarily and who begin to have duty impairment or are believed to be at risk for harming themselves or others.
- Be aware of how PTSD is impacting the individual's family and provide support as appropriate.

Potentially Traumatic Incidents/Pre-Exposure Preparation

Potentially traumatic incidents (or, "high stress" incidents) include events in which an individual experienced, witnessed or was confronted with a situation that involved actual or threatened death or serious injury to themselves or others. A person is not considered to have been "traumatized" unless their reaction to the event involved intense fear, horror or a sense of helplessness. Most persons, including those who experienced intense fear or helplessness, will tolerate such incidents without experiencing significant distress. For those few who do experience challenges coping, the stress reactions typically represent normal reactions to these challenging situations (i.e., being upset by the event) and do not necessarily signal something is wrong or unhealthy about the individual's response. A few individuals may experience more significant symptoms of distress, such as post traumatic stress reactions, for which effective treatment is available.

Examples of such high stress incidents include manmade or natural disasters, combat, acts of terrorism, mass casualty incidents, acts of violence (with and without fatalities), being kidnapped or incarcerated as a prisoner of war and accidents.

Signs Wingmen Should Know/Look For

- Prior mental health issues or difficulty coping with stress
- Few connections to the unit or community (e.g., "loners")
- Appear to be in shock, display disorganized behavior (e.g., don't understand their situation or are unresponsive to their surroundings) or are unable to engage in behavior to meet the needs of themselves or their family

Recommended Wingman Action

- Ensure all personnel are safe and accounted for.
- Help others obtain medical care for physical injuries.
- Ensure all personnel have basic needs, such as shelter, clothing, food, water, medications and hygiene.
- Encourage the individual to talk and listen to their concerns.
- Maintain awareness of the status of all affected personnel.
- Direct personnel to helping resources as necessary.
- Communicate with leadership.

Command Considerations

- Minimize exposure to environmental stressors (e.g., heat, cold, noise, potentially disturbing visual scenes).
- Historical/informational group debriefing to provide factual information about the event and prevent the spread of rumors. These briefings should be delivered with the assumption that affected individuals are coping well.
- Be attentive to the needs of family members and the community as a whole.
- Continuously evaluate the environment for additional threats and ensure that needs continue to be met.
- Foster unit cohesion.
- Encourage able survivors to actively engage in practical and familiar tasks rather than passively wait and watch events unfold. Maintaining usual routines, when feasible, can provide a sense of normalcy.
- Assure facilities are available for washing hands, clothing and taking showers after each shift for those involved in disaster recovery.
- Plan team activities to help members relax and to stay socially connected (e.g., regular physical activity).
- Keep chaplains and other TSR team members available and fully informed about what is happening.

- Persons who have difficulty with disaster recovery/body handling tasks often do not want to be dismissed from the mission because it may lead to a sense of personal failure or that they have let the team down. If possible, assign such members to another task to which they can contribute, but do not use the member's desire to continue work as the sole factor determining assignment of duties.

Concussion/Mild-Traumatic Brain Injury (mTBI)

A traumatic brain injury (TBI) is the result of a blow or jolt to the head or a penetrating head injury that disrupts the function of the brain. Not all blows or jolts to the head result in a TBI. The severity of such an injury is defined by the symptoms at the time of injury and may range from “mild”—a brief change in mental status or consciousness, to “severe”—an extended period of unconsciousness or amnesia after the injury. The terms “concussion” and “mild TBI” (mTBI) are interchangeable. A TBI classified as moderate or severe can result in short-term or long-term problems with independent function. Most TBIs are mild, and those who sustain them usually recover completely within one to three months.

Signs Wingmen Should Know/Look For

Symptoms of mTBI/concussion include:

- Headaches
- Dizziness
- Excessive fatigue (tiredness)
- Concentration problems
- Forgetting things (memory problems)
- Irritability
- Balance problems
- Vision change
- Sleep disturbance



Recommended Wingman Action

- Always practice prevention.
- Be alert for signs/symptoms of mTBI in self and others following a potentially concussive event.

Command Considerations

- Emphasize prevention.
- Encourage Airman to always wear a helmet during activities such as riding a motorcycle or bicycle, horseback riding, contact sports or other activities with a risk of falling or causing a blow or jolt to the head.
- Encourage Airman to always use appropriate safety equipment, such as harnesses, when working at heights.

Following Up With Distressed Personnel

For many problems, support needs to occur throughout the course of the stressor or treatment. This is particularly true for stressors that are severe or prolonged. In the case of severe stressors, the individual may become overwhelmed if another stressor is encountered. In the case of prolonged stress, the individual's coping resources may become exhausted due to the cumulative effect of additional stressors, even minor ones. Since the exhaustion of having just coped with one difficult situation may leave an individual unprepared for a recurrence of the previous stressor or the occurrence of new ones, it is important to continue to provide support even after stressful circumstances have initially resolved.

Signs Wingmen Should Know/Look For

- Those involved in involuntary processes (e.g., ADAPT or FAP treatment) or circumstances associated with increased risk for suicide (e.g., marital, legal or financial problems)
- Recent discharge from psychiatric hospitalization
- Experiencing prolonged stressors
- Experiencing multiple stressors
- Few social supports
- Appear overwhelmed
- Sense of shame or guilt that might reduce the tendency to seek assistance

Recommended Wingman Action

- Continue to monitor the status of distressed personnel, even after the worst of the situation seems to have passed.
- Remind the individual that he/she is a valued member of the unit, community and/or family.
- Help them put current difficulties in perspective.
- Communicate any concerns to leadership.

Command Considerations

- Maintain awareness of how the situation is impacting the entire family unit, if applicable.
- Maintain communication with all involved helping resources throughout the entire stressful period from identification to post-resolution. Work with these agencies to create a tailored support plan as the individual's circumstances and related needs change.
- Consult with engaged helping agencies before significant changes that might be disruptive for the individual, such as deployment, PCS or TDY.
- Consult with the MHC regarding the need for a CDE as appropriate.
- Consider safety issues and the potential need for duty limitation or restriction from weapons.

Psychiatric Hospitalization

Treatment on an outpatient basis is generally preferred, as it is less restrictive and helps the individual learn to better cope in the context of daily life. Psychiatric hospitalizations are appropriate when distressed individuals need intensive mental health treatment and cannot be safely treated as an outpatient. Hospitalization may be necessary when a member is found to be a danger to self or others or is unable to meet his/her basic needs such as feeding and hygiene.

Signs Wingmen Should Know/Look For

- All personnel recently released from inpatient psychiatric treatment should be considered to be at elevated risk

- Non-compliance with treatment recommendations or safety precautions during immediate post-discharge period

Recommended Wingman Action

- Recommendations for following up with personnel in distress are applicable.
- Recognize that personnel are at heightened risk for suicide attempts during the immediate post-discharge period.
- Recently hospitalized personnel may be embarrassed. Communicate that they are a valued member of the unit, family and community.

Command Considerations

- When hospitalization occurs, the unit may need to obtain needed items (e.g., clothing, toiletries) and ensure household responsibilities (e.g., caring for family, pets, etc.) are taken care of.
- Coordinate with the MHC to ensure the individual is evaluated immediately following discharge.
- Work with the MHC to develop and implement an appropriate outpatient safety plan, which may include, but is not limited to, things like taking custody of medications, unit watch procedures, securing means of self-harm such as firearms or knives, removing alcohol from the home or arranging for someone to check on the individual over the weekend.
- Ensure there is a plan for follow-up (the next appointment).
- Communicate and coordinate frequently with all persons and agencies involved in the individual's care to ensure sharing of information.
- Consult with the MHC before terminating aspects of the outpatient safety plan or allowing the individual to resume sensitive duties such as weapons bearing or having access to TS/SCI information.
- Consider referring for a CDE if the member disengages from treatment and there are ongoing concerns about safety or duty performance.

Safety/Injury

Safety, Unintentional Injury, and Duty Restrictions

Personnel working for the military perform a wide range of duties. Some of them require ongoing situational awareness, concentration, quick reaction time and decision-making; some require effective problem solving and sound judgment to ensure the safety of oneself and others; some contribute to and ensure proper execution of the mission; and some safeguard valuable government assets and information. Many job responsibilities allow little tolerance for error.

Signs Wingmen Should Know/Look For

- Appearance of being distressed or chronically fatigued
- Indications of impaired situational awareness, concentration, memory, problem solving, judgment, cognitive flexibility or reaction time
- Failure to follow established rules, procedures or protocols
- Demonstrated failure to use safety devices or personal protective equipment
- History of mental or emotional stress leading to unsafe acts, including aggressive behavior
- Involvement in an alcohol- or drug-related incident
- History of suspended base driving privileges
- Involvement in multiple mishaps
- Impulsive behavior

Recommended Wingman Action

- Know appropriate safety, operating and security precautions. Be aware of the behavior/performance of coworkers and ensure they are all within required standards.
- Let personnel know if their behaviors, performance or conduct falls below required standards.
- Inform leadership of concerns.

- Be particularly vigilant regarding personnel who are known to be under stress.

Command Considerations

- Create a unit climate that emphasizes safety, security and performance standards/requirements.
- Create a unit climate that provides for free communication of concerns.
- Ensure all personnel receive proper initial and follow-up training.
- Communicate the expectation that safety violations are to be addressed immediately.
- Create a unit climate in which supervisors are expected to “know their people.”
- Look into any information that suggests personnel are not performing adequately.
- Talk to those for whom inadequate performance is suspected to understand the situation better.
- Consider duty restrictions as needed for personnel who are recognized as not performing adequately. This may include limiting access to firearms, explosives, toxins and other hazardous substances, equipment or situations.
- Consult with helping agencies such as medical and mental health personnel.
- Consult with a mental health provider regarding the appropriateness of a CDE.
- When medical or mental health personnel recommend duty restrictions, do not remove restrictions without consulting with the individual who recommended them.
- Require remedial safety training as appropriate.
- Adjust unit policy to mitigate recognized safety concerns.
- Emphasize ORM at all levels of unit leadership, supervision and mentoring. Make it a frequent topic at Commander’s Call.
- Visit the duty sections within the unit and directly observe working conditions and personnel behavior.

Substance Abuse

Alcohol/Drug Abuse

Alcohol and drug abuse degrade mission effectiveness. People undergoing stressful life events may turn to alcohol or other substances to help alleviate their distress or to cope. Alcohol use can worsen medical conditions and mental health problems such as depression and post traumatic stress. It also places personnel at greater risk for suicide. The Air Force maintains a “zero tolerance” policy for drug use.

Signs Wingman Should Know/Look For:

- “At risk” or “heavy” drinking
 - Men: More than four (4) drinks on any day or 14 drinks per week
 - Women: More than three (3) drinks on any day or seven (7) drinks per week
- Alcohol on person’s breath at the workplace
- Appearing intoxicated during duty hours (slurred speech, unsteady gait, etc.)
- Appearing “hung over” on multiple occasions.
- Indications of alcohol withdrawal such as tremors, sweating, anxiety and irritability
ALCOHOL WITHDRAWAL MAY INDICATE A MEDICAL EMERGENCY
- Reputation as a heavy drinker
- Consumption of caffeinated beverages with alcohol—the caffeine may lead people to underestimate how drunk they are, giving drinkers a false sense of sobriety
- Presence of other stressors such as **relationship, financial** or **work-related stressors**
- History of previous or ongoing treatment for substance abuse, **depression, anxiety** or other mental health or **medical** problems
- History of self-injurious behavior (i.e., cutting), **suicide** attempts or aggression toward others

Recommended Wingman Action:

- Create a unit/community environment that promotes/encourages responsible use of alcohol.
- Create a unit/community environment that encourages self-identification as soon as substance abuse begins to cause minor problems.
- Create an atmosphere within the unit/community in which it is clear that alcohol-related misconduct is not acceptable.
- Encourage open communication regarding substance abuse and the negative impact it has.
- Be aware that persons with substance abuse problems are very good at hiding it. Isolated instances of problems related to substance abuse may be the “tip of the iceberg.”
- Be aware that substance abuse puts people at greater risk for depression, suicide, violence, financial problems, marital problems and negative career impact.
- Be aware that alcohol/substance abuse may represent an individual’s unhealthy attempt to cope with other problems.
- Ensure personnel who appear to be experiencing alcohol withdrawal receive a prompt medical evaluation.



Command Considerations

- Ensure personnel are aware of the negative impact of substance abuse and can identify possible indicators of at-risk personnel.
- Ensure personnel are aware of policies related to substance abuse.
- Ensure personnel are aware of resources for seeking help for substance-related problems and how to refer individuals for assessment and/or treatment.
- Communicate clearly that even isolated instances of substance-related problems should be reported to Command.
- Observe and document the performance and conduct of subordinates when alcohol misuse is suspected to be a factor in declining duty performance or inappropriate off-duty behavior.
- Clearly communicate a desire to help personnel manage potential substance use problems before they have a negative impact on work, relationships and health.
- Recognize that individuals diagnosed with alcohol abuse or dependence need specialized treatment. While in treatment, these individuals have a duty-limiting condition, which will preclude deployment and permanent change of station.
- Direct blood alcohol and drug testing, if appropriate.
- Refer all suspected substance abusers to the ADAPT Program for an evaluation, per AFI 44-121.
- Members should not be allowed to self-refer after being involved in an alcohol-related incident. If there has been an alcohol-related incident, Command should make a referral to ADAPT.
- Assess the member's suitability for continued military service following successful completion of treatment.
- Serve as an active member of the treatment team (TT) when an Airman or employee is diagnosed with a substance use disorder. Recognize that Commander's non-concurrence with a recommendation for inpatient treatment can have significant negative consequences for the member and the unit. Inpatient treatment is necessary for serious substance related disorders due to medical, safety and other risks.

Civilians/Guard/Reserves

Civilian Personnel

Concerns about and assisting civilian personnel in distress may pose unique challenges. Privacy and confidentiality are paramount. Accessibility to medical treatment services depends largely on their individual health insurance plans. Emergency situations are looked at on a case-by-case basis.

Signs Wingmen Should Know/Look For

- Be vigilant for signs of stress
 - Physical: muscle tension, sleeping difficulties, shortness of breath
 - Emotional: irritability, increased anger, emotional outbursts, excessive worrying
 - Behavioral: changes in social habits, increased alcohol use, increased risk taking
 - Cognitive: self doubt, poor decision making, thoughts of injuring self or others

Recommended Wingman Action

- Arrange one-on-one meeting with the person to find out about any life stressors.
- Recommend they contact the Employee Assistance Program (EAP) as a possible resource.
- Tell the member that they are valued and support is available.
- Communicate that you look forward to seeing them return to prior functioning.
- Consider follow-up meeting to review progress.
- Document and inform leadership as appropriate.

Command Considerations

- Talk with the person regarding signs of distress/threats of harm.
- Consult with Civilian Personnel Office (CPO).
- Contact Servicing Employee Relations Specialist (SERS).
- Ask supervisors and coworkers about any other existing problems with member.
- Contact emergency services agencies if required for safety and security reasons.
- Discuss and document a plan for improvement.

Air Force Reserve and Air National Guard

Air Reserve Component (ARC) personnel include both Reserve and National Guard Airmen. When it comes to potential distress, ARC members are not much different than Active Duty (AD) personnel. The principal difference between AD and ARC personnel is in determining which agencies, programs, and services are available to address the unique concerns of “Citizen Airmen”.

The Yellow Ribbon Program (YRP) assists Reserve and Guard forces and their families throughout the phases of deployment. These resources are a great starting point to assist personnel to address problems that are frequently encountered “secondary” to service.



<http://www.yellowribbon.mil/>
<http://wingmanproject.org/en>
<http://afrc.wingmantoolkit.org/>

ARC personnel should use these resources
if additional questions need answering:

Air National Guard Surgeon General
NGB/SG

3500 Fetchet Ave

Andrews AFB, MD 20762

Voice: DSN 278-8542/Commercial 301-836-8542

Headquarters Air Force Reserve Command Surgeon
HQ AFRC/SGP

155 Richard Ray Blvd

Robins AFB, GA 31098-1635

Voice: DSN 497-0603/Commercial (478) 327-0603

Fax: DSN 497-0896/Commercial (478) 327-0896



**Civilians/
Guard/
Reserves**

Helping Resources

A wide range of helping resources are offered by the Air Force (AF) and the Department of Defense to help its members cope with distress and to maintain optimal functioning. Services, agencies and organizations presented in this section of the pocket guide are not all-inclusive. All Airmen should know how to access the variety of community resources available at their base in order to help themselves or to assist a fellow wingman.

- Community Action Information Board (CAIB)
- Integrated Delivery System (IDS)
- Airman and Family Readiness Center (A&FRC)
- Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program
- Chaplain Corps
- Child and Youth Programs
- Family Advocacy Program (FAP)
- Health and Wellness Centers (HAWC)
- Mental Health Flight (MHF)
- Sexual Assault Response Coordinator (SARC)
- Air Force Survivor Assistance Program
- Air Force Wounded Warrior Program (AFW2)
- American Red Cross
- Area Defense Counsel (ADC)
- Base Legal Office
- Behavioral Health Optimization Program (BHOP)
- Civilian Personnel Office (CPO)
- Military Family Life Counselor
- Military One Source
- Air Force Reserve And Air National Guard

Community Action Information Board (CAIB)

The CAIB was established to promote cross-organizational alliances to address individual, family, and community concerns. It looks at quality of life, personal readiness, resiliency and community issues to plan long-term solutions to common and/or unique problems.

Integrated Delivery System (IDS)

The IDS is the “action arm” of the CAIB. It develops a wide-ranging coordinated plan (Community Action Plan) for integrating and implementing community outreach, prevention and resiliency programs. It draws together the expertise and resources of base organizations and helping agencies such as those listed below:

- Air Reserve Component
- Airman and Family Readiness Center (A&FRC)
- Alcohol and Drug Abuse Prevention and Treatment (ADAPT)
- Base Housing
- Child and Youth Services-Family Member Programs
- Family Advocacy (FAP)
- Financial Management
- Health Promotion (HAWC)
- Mental Health (MHF)
- Public Affairs
- Safety Office
- Security Forces
- Sexual Assault Prevention and Response (SAPR)
- Staff Judge Advocate
- Wing Chaplain Corps



Airman and Family Readiness Center (A&FRC)

A&FRC services are designed to maintain and support mission readiness by assisting individuals and families to adapt to the challenges and demands of military life and expeditionary operations. Support includes the following:

- Deployment Support for single and married Airmen and their families.
 - Pre-deployment briefings and consultations
 - Deployment/Sustainment services
 - Re-deployment/Reintegration briefings
 - Post-deployment follow-up services focus on the well-being of members and their family
- Air Force Wounded Warrior Program (AFW2)
- Key Spouse and Spouse Employment Programs
- Personal Financial Management
- Air Force Aid Society (AFAS)
 - Short-term emergency assistance (i.e. vehicle repair, funeral expenses)
 - Give Parents a Break Program
 - Nursing moms: Provides breast pump rentals and assistance with breast pump purchases
 - Bundles for Babies
- Transition Assistance Program (TAP)
- Military Family Life Consultants

Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program

The primary objective of the ADAPT program is to promote readiness, health and wellness through the prevention and treatment of substance misuse and abuse. It is designed to identify risk factors and help individuals avoid hazardous substance use before it causes significant damage to their health and career.

The program offers:

- Substance abuse awareness outreach
- Alcohol Brief Counseling (ABC) at the ADAPT clinic

- Substance abuse treatment services (group/individual)
- Civilian employee assistance, training and referrals
- Family programs, including individual and group counseling sessions

Chaplain Corps

Military Chaplains minister wherever forces serve, providing a religious ministry response to the needs of service members, families and other authorized personnel whether at home base or deployed.

- Religious observances and worship services
- Spiritual and religious educational materials
- Confidential counseling
- Grief ministry—grief counseling/support groups and grief management

Child and Youth Programs

Child and Youth Programs include base Child Development Centers (CDC's), Family Child Care (FCC) homes, and various Youth Programs (YP's).

- Air Force Extended Duty Care Program
- Give Parents a Break
- Child and Youth Programs include:
 - Child Development Centers
 - Family Child Care
 - School Age Program



Family Advocacy Program (FAP)

FAP's first goal is prevention! The prevention/outreach program's primary approaches are through information, education, life management strategies, skill development and interactive intervention. An important role of FAP is to conduct assessments when domestic abuse and child maltreatment is suspected and provide treatment interventions as appropriate. The FAP mission also includes support to active duty members and their families in their ability to maintain and sustain behavioral health and

readiness. FAP provides complete support through a range of services designed for the individual, couples and families. Some are listed here:

- Outreach and prevention programs
 - Couples counseling and parenting education
 - Teen dating violence prevention
 - Stress and anger management classes
- New Parent Support Program: Support and education for expectant families and families with birth to three-year-olds
 - Information, support and guidance related to pregnancy, labor and delivery, attachment/bonding, baby/toddler care/ growth/development/safety, adjustment to parenthood within the military environment
 - Referrals to on- and off-base resources for prenatal and young families
 - Home visits available for convenient, personalized services

Health and Wellness Centers (HAWC)

The HAWC provides guidance, education and assistance to support Commanders in cultivating a fit and healthy force. It supports AD members and their families to adopt healthier lifestyle behaviors.

- Tobacco prevention and cessation assistance
- General and performance nutrition education and support
- Weight loss/control assistance

Mental Health Flight (MHF)

The MHF offers comprehensive evaluation and treatment for the full spectrum of behavioral health issues. It also provides a wide range of intervention services, including individual and group therapy. A variety of programs for improving an individual's coping may also be offered on topics such as stress management, anger management, assertiveness, communication skills, relationship enhancement and parenting.

- Comprehensive evaluation, treatment and referral
- POC for ADAPT, FAP and the Drug Demand Reduction Programs

- Suicide prevention program briefings
- Individual counseling and therapy
- Support groups (not offered at all Mental Health Clinics)
- Commander Directed Evaluations
- Traumatic Stress Response Team
- Prevention/outreach programs

Sexual Assault Response Coordinator (SARC)

The SARC executes the Air Force's Sexual Assault Prevention and Response Program at the installation level. The SARC is the single point of contact for integrating and coordinating sexual assault victim care, referral and support services.

Air Force Survivor Assistance Program

The Air Force Survivor Program provides support to families who have lost a loved one. Grieving families have special needs, thus each case is considered on an individual's needs.

Air Force Wounded Warrior Program (AFW2)

AFW2 will expedite the medical evaluation process if a Wounded Warrior chooses to separate from active duty. They will ensure extraordinary care, service and assistance before and after Wounded Warriors separate or retire.

- Provide professional services such as transition assistance, employment assistance, moving assistance, financial counseling, information and referral, and emergency financial assistance

American Red Cross (ARC)

The ARC supports/supplements Air Force activities concerned with the health and welfare of Air Force personnel, including Reserve and National Guard. ARC services include:

- Military emergency communications
- Disaster—prevent, prepare, and respond to emergencies
- Financial assistance for emergency travel, burial of a loved one and assistance to avoid hardship

Area Defense Counsel (ADC)

The ADC provides independent legal representation to Air Force members. Airmen suspected of an offense or facing adverse administrative actions receive confidential legal advice from ADC at no expense to the member. ADC offices provide advice in the following areas:

- Article 15 non-judicial punishment
- Investigations
- Administrative separations/demotions
- Mental health evaluations
- Denial/revocation of security clearance

Base Legal Office

Legal centers offer advice to Commanders and their organizations, as well as to individuals eligible for legal assistance. The legal office provides legal advice and guidance to active duty personnel, retirees, their dependent family members and others qualified under 10 USC Sect 1044a. Common services include:

- Powers of attorney, living wills, wills, and notary services
- Victim/Witness Assistance Program
- Dependent care issues
- Tax assistance

Behavioral Health Optimization Program (BHOP)

At many bases, one of the resources available through primary care clinics is the Behavioral Health Optimization Program. BHOP embeds behavioral health providers (typically psychologists or social workers) within the primary care clinic to deliver brief, behaviorally based interventions that emphasize education, skill-building, self-management and home-based strategies.

- Assessment and treatment of mental health issues that are appropriate for management in Primary Care (i.e., can be resolved in 1-4 appointments, do not include risk of harming self or others, etc.)
- Stress from work, family, school, etc.
- Medical conditions such as chronic pain, insomnia, etc.

- Behavior changes such as weight loss and tobacco cessation
- Difficulty adhering to medical regimens
- High utilization of medical services
- Any concern that the Primary Care Manager feels may have a behavioral component can be screened in BHOP

Advantages of BHOP

- Not “traditional mental health” (i.e., no mental health record)
- Located within the Primary Care clinic, enabling quicker access
- Early identification and intervention
- Close collaborations between PCM, BHC and patient allows for comprehensive intervention
- Stepped care approach offers brief, focused intervention for problems that may be easily addressed in a few visits
- Can refer to the Mental Health Clinic as needed

Equal Opportunity

Unlawful discrimination against Air Force personnel and their family members, on- or off-base, will not be tolerated. The program seeks to eliminate unlawful discrimination based on race, color, religion, sex or national origin, including sexual harassment.

- Assist Commanders with programs on equal opportunity and human relations
- Provides for human relations education and training
- Handles cases of alleged sexual harassment and unlawful discrimination

Military One Source

Military One Source supplements all existing installation services by providing free help and information. Staffed by professionally trained consultants, services are available 24 hours a day, 365 days a year. Consultants may be contacted by phone, online, through e-mail or for face-to-face services.



U.S. AIR FORCE

ASK YOUR WINGMAN

• Have the courage to ask the question, but stay calm • Ask the question directly • Are you thinking of killing yourself?

CARE FOR YOUR WINGMAN

• Calmly control the situation, do not use force, be safe • Actively listen to show understanding and provide help • Remove any means that could be used for self-harm

ESCORT YOUR WINGMAN

• Never leave your buddy alone • Escort to a unit of command, Chaplain, behavioral health professional, or primary care provider • Call the National Suicide Prevention Lifeline

National Suicide Prevention Lifeline: 1-800-273-8255 (TALK)

<http://afpsm-www.afpsa.afmrl.af.mil>

Abbreviations

A&FRC	Airman and Family Readiness Center
ADAPT	Alcohol and Drug Abuse Prevention and Treatment
ARC	Air Reserve Component
ARC	American Red Cross
CDE	Commander Directed Evaluation
CPO	Civilian Personnel Office
EAP	Employee Assistance Program
EO	Equal Opportunity
FAP	Family Advocacy Program
FLO	Family Liaison Officer
HRFVRT	High Risk For Violent Response Team
IDS	Integrated Delivery System
MHC	Mental Health Clinic
MLC	Military Life Consultant
SAPR	Sexual Assault Prevention and Response
SARC	Sexual Assault Response Coordinator
SJA	Staff Judge Advocate

AIRFORCE



*Airman's Guide
for Assisting
Personnel
in Distress*

Commander Version