

2024 **IMPLEMENTATION GUIDANCE**



Current as of 13 Dec 2023

AFMC ... Increase unit cohesion and connectedness of our personnel and their families.

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BACKGROUND

As we move into year five of our AFMC Connect initiative, the goal continues to be placing an emphasis on increasing unit cohesion and connectedness by offering opportunities for organizations to have deliberate and meaningful conversations, resulting in an increase of the level of commitment to the Air Force mission, the AFMC mission and ultimately to each other.

Connectedness is a key protective factor that assists with combating the everyday risk factors people may encounter in their lives. AFMC Connect has been developed to meet the needs of the individual units by providing tools and resources to assist leaders in effectively communicating with their personnel.

These concepts should be embedded into our everyday culture, in which individuals are engaging with one another in a way that fosters consistent communication, strengthens relationships, and enhances the wellbeing of individual Airmen while building unity within their teams. When we build connections with others, we build strength in ourselves. As leaders, you can positively influence your workforce by reinforcing the following concepts:

- 1. Stress the importance of early help seeking by removing barriers.
- 2. Build connections with helping agencies by bringing services to your people.
- 3. Discuss risk factors for those in crisis and arm your personnel with resources to assist.
- 4. Build resilience by encouraging personal and professional development.

We do not intend to require a one size fits all, but rather provide a standardized framework with accompanying tools and resources to better assist in successful engagement. This is a holistic approach to strengthen resilience, reinforce protective factors, and reduce unwanted behaviors. We have incorporated the Suicide Prevention annual training requirements into an individual tool to better facilitate completions versus requiring a standalone session separately from AFMC Connect. One of the twelve tools has been dedicated to this topic and will be required to be facilitated between 1 Jan -31 Dec 2024.

Focusing on our mission, building a shared purpose, and strong connections will aid in assisting our most vital resource, our people and create the AFMC We Need!

This implementation guide provides the overall intent and framework for AFMC Connect.

GENERAL FORMAT

- 1. AFMC Connect discussions will occur once per month.
 - a. Recommended time is 15 30 minutes.
 - b. These are intended to be delivered as conversations and not a "check the box" training, facilitated by someone who know the audience best.
- 2. Focus for the discussions include:
 - a. Deliberate and meaningful topics, conducted in small groups each month.
 - b. It is important that facilitators conduct the discussions in their own words in a way that will resonate well with personnel.
 - c. One of the twelve AFMC Connect tools is focused on the AF's required annual Suicide Prevention training content to combine AFMC Connect monthly discussions with annual Suicide Prevention training requirements.
- 3. Monthly tools can be found at either of the below links:
 - a. AFMC Connect Website: https://www.afmc.af.mil/connect.
 - b. SharePoint: https://usaf.dps.mil/teams/22370/afmcwingmanday/sitepages/community home.aspx
 - i. Additional videos and resources are also available here. Click to request access.

ROLES AND RESPONSIBILITIES

- 1. Commanders/Directors/Materiel Leaders at the Center, Wing, Group, Squadron level
 - a. Support AFMC Connect with unit personnel. Include messaging on the importance of conducting discussions during Commander/Director/Materiel Leader calls or unit-wide emails.
 - b. Ensure monthly discussions are conducted by identified facilitator.
 - i. Goal is for 100% of personnel to participate in AFMC Connect discussions.
 - c. Consider establishing a Resilience team within the unit to focus on helping create strong connections and morale, as well as planning continued efforts throughout the year.
 - i. You can utilize already trained Master Resilience Trainers (MRTs), Resilience Training Assistants (RTAs) to foster innovative ideas (Contact your local Integrated Primary Prevention Workforce (IPPW) to assist in identifying MRTs/RTAs.
 - d. Annual Suicide Prevention training is included as one of the twelve AFMC Connect tools, this required topic must be completed between 1 Jan 31 Dec 2024.
 - i. Per AFI, 90-5001, Integrated Resilience, 3.2.1. "Commanders (or equivalent) and supervisors at all levels will ensure all uniformed Airmen and Air Force civilian personnel complete any required resilience and violence prevention training."
- 2. Supervisors at the Division, Branch, Flight, Frontline-level, or Unit Appointed Designee:
 - a. Facilitate monthly AFMC Connect discussions with assigned personnel.
 - i. Utilize the monthly tools provided or formulate discussion on one of the AFMC Connect tool topics.
 - ii. Where possible, integrate these discussions within the existing daily mission and not create an "additional check the box" requirement.
 - b. One of the twelve AFMC Connect tools provided is the "Annual Suicide Prevention" training document and is required to be completed between 1 Jan-31 Dec 2024.
 - i. By-Name completions are to be reported to your Unit Training Personnel.
- 3. <u>Unit Training Personnel Unit Training Managers (UTMs)</u>, <u>Unit Ancillary Training Monitors (UATMs)</u>, or <u>Training Focal Point (TFP):</u>
 - a. One of the twelve AFMC Connect tools has been identified as the annual Suicide Prevention training with all content identified by Air Force.
 - b. Between 1 Jan 31 Dec 2024 all personnel must complete the annual Suicide Prevention training.
 - c. Completions are to be documented in an official system of record (i.e., My Learning, ETMS, etc.)
 - i. Per AFI 90-5001, *Integrated Resilience*, 3.2.1. "Training will be tracked by Unit Training Managers (UTM) or Unit Ancillary Training Monitors (UATM)."

- ii. MAJCOMs (HQ AFMC/A1Z) are required to report training completion status to AFPC/DPFZ on a quarterly basis and will pull completion numbers from the official systems of record.
- d. Make-up sessions are required to be offered for personnel until unit is 100% complete.

4. <u>Integrated Primary Prevention Workforce (IPPW)</u>

- a. Primary POC for implementation of AFMC Connect for installation AFMC units.
- b. Ensure AFMC Connect materials are distributed to AFMC Leaders at all levels.
- c. Ensure UTMs/UATMs/TFPs are provided the necessary information to track training (per AFI 90-5001, *Integrated Resilience*, 3.2.3.)
- d. Answer questions concerning Suicide Prevention annual training or the implementation of monthly AFMC Connect discussions as needed.
- e. Provide units with assistance in identifying Master Resilience Trainers (MRTs) or Resilience Training Assistants (RTAs) who can assist with delivery of content to support monthly AFMC Connect discussions.
- f. Facilitate connection to installation Helping Agencies (i.e., Mental Health, Sexual Assault Prevention & Response, Military & Family Readiness, Employee Assistance Program, etc.) as needed.
- g. Provide a "Facilitator Training" on a recurring basis to ensure unit appointed AFMC Connect designee(s) are best prepared to lead AFMC Connect monthly discussions.

FACILITATOR PREPARATION

- 1. The messenger matters! Discussions will be most effective when the topic identified is relevant for your team, understanding the content within the tool, and how best to deliver the information.
- 2. Attend an AFMC Connect "Facilitator Training" with your installation Integrated Resilience office.
- 3. Review the "Facilitator Notes" each month to help prepare for the discussion with your personnel.
- 4. Ensure the venue allows for open dialogue with the group.
 - a. Be flexible, discussions can occur virtually to meet the needs of your workforce.
 - i. Establish rules of engagement (ex. Cameras on) so participants understand expectations.
 - ii. If you would like to explore opportunities to make the most of your discussion, contact your IPPW.
- 5. Be genuine...use this time as an opportunity to dialogue with your personnel.
- 6. Prepare for potential questions and how you will respond, questions should generate productive discussion.
- 7. Use discussion questions from the tool to ensure engagement of all members. Avoid yes/no questions.
- 8. Utilize your Unit Resiliency Team to foster innovative ideas in delivering the message. Note: Your installation IPPW can assist in building your Unit Resiliency Team.

AFMC CONNECT TOOL OVERVIEW

- 1. <u>Tool Topic</u>: Twelve AFMC Connect tools have been developed for calendar year 2024. You are free to choose which topic works best for your team each month. One of the twelve monthly topics is the required annual Suicide Prevention Training content.
- 2. <u>Goal</u>: Defines the overall objective of that month's discussion.
- 3. <u>Facilitator Notes</u>: Assists facilitators with effectively utilizing the AFMC Connect tool.
- 4. <u>Framing the Conversation</u>: Provides the narrative to the topic identified and includes discussion points which may be used to generate discussion.
- 5. Take Action: Exercises or teambuilding opportunities to develop skills connected to the monthly topic.
- 6. <u>Additional Resources</u>: If included, may be used to enhance the monthly discussion, and will be in the folder with the monthly topic.

APPENDIX A: FEEDBACK

- 1. Feedback is a critical component in the success of this initiative.
- 2. Please use of the following options to provide feedback.
 - a. Feedback link: https://www.surveymonkey.com/r/CY24Connect
 - b. QR Code:



3. In addition, you are welcome to provide comments/questions to the HQ AFMC Integrated Prevention and Resilience Division at: afmc.alz.ipr@us.af.mil

APPENDIX C: ANNUAL SUICIDE PREVENTION TRAINING CONTENT

Learning Objectives	Key Content
Understand the importance of connectedness for the prevention of suicide.	 Connectedness means that people feel a sense of belonging. They feel seen and heard and know that others will be there for them. Listening allows us to learn more about one another, recognize changes in behavior, and work as a team to build up and support one another. When we feel connected to others, we have people we can reach out to and recognize when they are in distress.
Identify the risk factors and warning signs of a person in distress.	 Risk Factors – Characteristics or conditions that increase the chance a person may begin exhibiting signs of distress. Examples: Relationship problems, financial challenges, increased alcohol usage, and workplace/legal issues. Warning Signs – Usually visible behaviors that indicate someone is in distress and needs someone to check in with them. Examples: Withdrawal, showing extreme mood swings, misuse of alcohol, and talking about dying.
Apply behaviors and actions to intervene when necessary and support culture change to normalize help-seeking.	 Barriers exist that may make it difficult to effectively intervene. There are ways to work through these barriers so you can be there for a fellow Airman. By giving someone an opportunity and time to share what they are feeling, we are giving that person something invaluable—a sense of connectedness. 3 D's: Direct: Means that in your intervention you directly acknowledge you notice their behaviors or mood or directly acknowledge you are worried about them harming themselves. Being more direct can make people feel uncomfortable, but it does not have to be. Before jumping into heavy topics, try having a casual chat. Talk to your peers like you would a friend to try and find out what is going on. Delegate: Ask someone else to intervene or to help you. It may be appropriate to walk someone to a mental health provider, supervisor, or chaplain. Distract: Within the context of suicide, much of the experience is internal to the suicidal person and it is their thoughts and feelings that contribute to risk. As such, when we think about distracting in the context of suicide prevention, rather than distracting from an external situation, think about distracting them from an internal experience - a distraction from feeling isolated, hopeless, or worthless. Distraction should only be used in suicide prevention when early warning signs are observed. If your concern is elevated know how to take, clear and quick action to effectively intervene utilizing the Ask Care Escort (ACE) model. Asking about thoughts of self-harm or suicide will not "plant" the idea or make a person suicidal. It is important to be direct and ask if they are thinking of dying by suicide or hurting themselves. Demonstrate authentic concern. Care is showing empathy while expressing concern for someone. <li< td=""></li<>

	 Avoid blaming or minimizing language. "Escort" Resources include Mental Health, Religious Affairs Personnel, Emergency Room, or call 911. Try to separate the person from potential means of harm, but not at the risk of your own safety. It is important to follow-up with the person to see how they are doing; do not avoid them.
Describe the importance of Time-Based Prevention (TBP) and Go SLO approach.	 Limiting access to and encouraging safe storage of lethal means contributes to creating safe environments and can help reduce the risk of serious injury or death. Time-Based Prevention (TBP) is the DAF approach to Lethal Means Safety. "Go SLO" is a DAF TBP campaign representing three recommended options for lethal means storage: in Safes, with Locks, or outside the home: Safes: Store firearms in proper storage safes Locks: Use cable locks when the firearm is not in use Outside the home: use local armories or ranges with storage options
Identify personal coping strategies and problem-solving skills to increase protective factors.	 We can build protective factors through simple actions focused on increasing connectedness, belonging, and promoting positive norms in our work centers where early help-seeking is supported and encouraged. Protective factors also include utilizing coping strategies that increase our own resilience. It is important for us to take care of ourselves in order to also take care of those around us. Examples of protective factors include: Being proactive about seeking mental health care Building a sense of community and belonging Reducing access to lethal means Strengthening personal resilience – mental, physical, social, and spiritual well-being Build your coping and problem-solving skills and support others with building theirs Be there for each other A sense of purpose and belonging