

## Appendix B: Pre- Post-Test Items by Objective and Content<sup>1</sup> Suicide Awareness Community Education Program

### Instructional Unit 1 – Introduction and Overview

#### Unit Aims

- To provide a brief overview of program & key premises
- To enhance awareness of the benefit of engaging in quality-of-life promoting activities for overall health functioning
- To increase knowledge of protective factors and community-based resources for health promotion

UNIT OBJECTIVES	CONTENT	ITEM
1.1 Identify goals for AF-wide Suicide Prevention Program  1.2 Identify goals for this Community Suicide Awareness Education Program  1.3 Introduce emphasis on responsibility to self and community  1.4 Recognize what is meant by the continuum of quality-of-life and factors that affect one’s ability to cope  1.5 Identify key introductory points about suicide, risk and protective factors, and predictability	The goal for the Air Force-wide Suicide Prevention Program is to reduce the average rate of suicide in the Air Force. This goal supports the Air Force Doctrine that all personnel should make every effort to promote emotional and physical health, and the Air Force Medical Service Goals to 1) maintain and promote health and fitness, and 2) build healthy communities through intervention and prevention. The goal for the Community Suicide Awareness Education Program is to enhance awareness of suicide prevention and associated factors of suicide.	

<sup>1</sup> Copy formatted for test administration and scoring key are available. Point of contact: [bill.Kenyon@brooks.af.mil](mailto:bill.Kenyon@brooks.af.mil) at the Office for Prevention and Health Services Assessment, Population Health Support Division

UNIT OBJECTIVES	CONTENT	ITEM
	<p>The United States Surgeon General has stated that suicide prevention is everyone's business. The Air Force agrees with this and sees suicide as a problem of the entire Air Force community. The prevention of suicide must be recognized and solved at the community level through the development of awareness about suicide, the associated risk factors of suicide, and how to modify these risk factors. The ultimate goal is to build this awareness and the principles of prevention into the ordinary activities of everyday life and into community structures. Early requests for help for self, and encouraging others to do the same, is the key to increasing the opportunity for intervention to help prevent suicide. The Air Force is committed to building a strong community among its members. Social connections save lives.</p>	<p>1. The Air Force sees suicide foremost as:</p> <ul style="list-style-type: none"> <li>A. The commander's responsibility to prevent.</li> <li>B. An act of desperation that often cannot be prevented.</li> <li>C. Everyone's business and a problem of the entire AF community.</li> <li>D. A personal problem rather than a social or community problem.</li> </ul> <p>2. The key to helping prevent suicide is to:</p> <ul style="list-style-type: none"> <li>A. Increase awareness about self and others.</li> <li>B. Encourage seeking help early, when problems first arise.</li> <li>C. Build social connections between AF community members.</li> <li>D. All of the above</li> </ul>
	<p>Quality-of-life exists on a continuum for each person. This means that, at different times, everyone will experience problems in living and emotional distress, to some degree. A person's ability to cope and solve problems depends on a combination of many things, such as the extent, duration, and intensity of the problem; the nature of the problem; the number and type of co-occurring problems; the presence of a social support network; spiritual beliefs; personal resilience; physical health; and the person's emotional reserves.</p>	<p>3. Which of the following best describes what is meant by the quality-of-life continuum?</p> <ul style="list-style-type: none"> <li>A. Some days life is okay, some days it isn't.</li> <li>B. At different times, everyone will have problems in life or emotionally to some degree.</li> <li>C. A scale that's used in research where you rate how good you think your life is.</li> <li>D. None of the above</li> </ul> <p>4. A person's ability to cope and solve problems depends on all of the following <b><u>EXCEPT</u></b>:</p> <ul style="list-style-type: none"> <li>A. How much vacation time the person has</li> <li>B. The type of problem it is</li> <li>C. How much support they receive from friends or family</li> <li>D. Their physical health and emotional reserves</li> </ul>

UNIT OBJECTIVES	CONTENT	ITEM
	<p>Protective factors are those things that reduce the risk that problems in living will result in serious health consequences, such as physical illness, injury, depression, anxiety, and suicide. Examples of protective factors are the person's coping skills; the person's confidence in their own ability to manage and solve problems; the person's social competencies; self-efficacy; optimistic outlook; sense of personal control; sense of belonging to a group and/or organization; social, community, and family support and interconnectedness; marriage; spirituality; easily accessible helping resources; membership in a community that encourages participation; and a belief that it is okay to ask for help.</p>	<p>5. Protective factors are those things that reduce the risk that problems in living will result in serious health consequences such as illness/injury or suicide.  <input type="checkbox"/> T <input type="checkbox"/> F</p>
	<p>Risk factors are those things that increase the probability that a person will be more vulnerable to developing serious behavioral or physical health problems. Some are modifiable (able to be altered or changed) and some are not.</p> <p>The following set of risk factors are associated with suicide: severe, prolonged, or unmanageable stress; major life transitions; a sense of powerlessness/ helplessness/ hopelessness; a history of past abuse; substance abuse; emotional or psychological problems; family of origin problems; negative social interactions; academic and other life failures; legal problems; recent loss; and a firearm in the home. It is important to note that these conditions <b>are not exclusively associated with suicide</b>, but are also conditions of vulnerability <b>for a variety of other behavioral and physical problems</b>.</p> <p>Protective factors help keep the effect of the risk factors in balance. Every person is at some risk for experiencing a serious behavioral health problem based on their balance of risk and protective factors. The key for suicide prevention is to increase the protective factors and to decrease those risk factors that can be modified.</p>	<p>6. Risk factors are those things that research has shown mean someone is definitely going to try to commit suicide.  <input type="checkbox"/> T <input type="checkbox"/> F</p> <p>7. All risk factors can be changed or modified.  <input type="checkbox"/> T <input type="checkbox"/> F</p> <p>8. The key for suicide prevention is to increase the protective factors and to decrease those risk factors that can be modified.  <input type="checkbox"/> T <input type="checkbox"/> F</p> <p>9. All of the following are protective factors <b><i>EXCEPT</i></b>:</p> <ul style="list-style-type: none"> <li>A. Coping skills</li> <li>B. A sense of belonging in a group or community</li> <li>C. A belief that it is okay to ask for help</li> <li>D. Drinking alcohol to relax</li> </ul>

## Instructional Unit 2 – Basic Information

**Unit Aim:** To enhance understanding of suicide as a serious community problem among Air Force personnel

UNIT OBJECTIVES	CONTENT	ITEM
<p>2.1 To increase knowledge about suicide in the AF</p> <p>2.2 To identify characteristics associated with suicide risk in the AF</p>	<p>(Note: All of the following information is from CY 2000 data from the SESS. It provides a snapshot of the <i>current</i> nature of the problem of suicide in the Air Force. Comparative data with previous years may be added at the instructor's discretion, as time allows. Past data should be obtained directly from AFIERA/RSRH, in consultation with the POC for the SESS.)</p> <p>Suicide is a serious Air Force problem, second only to unintentional injuries as a cause of death. Of the 128 deaths during CY 2000, 30 were due to suicide. With a population of approximately 350, 000 active duty members, the suicide rate was 8.7/100,000.</p> <p>Males had a suicide rate twice that of females. Those ADAF members who were classified as separated, divorced, or widowed were significantly more likely to have died by suicide than those classified as single or married. The length of time since separated, divorced, or widowed for this group is not known.</p> <p>There was no statistically significant difference in suicide rates among rank groups. There was also no statistically significant difference in suicide by age group.</p>	<p>10. Which of the following <b><i>DOES NOT</i></b> describe the problem of suicide in the Air Force?</p> <p>A. Suicide is the number one cause of death.</p> <p>B. The rate for males is twice that for females.</p> <p>C. Married ADAF are less likely to have died by suicide.</p> <p>D. There is no significant difference in suicide rates among rank groups.</p>

UNIT OBJECTIVES	CONTENT	ITEM
	<p>The factors most frequently associated with completed suicides in the Air Force during CY 2000 were:</p> <ul style="list-style-type: none"> <li>▪ White, male, age 25-34, by number</li> <li>▪ No longer married (divorced, widowed, or separated)</li> <li>▪ Multiple indicators of vulnerability (e.g., legal problems, alcohol abuse, relationship problems)</li> <li>▪ Most do not seek mental health services, but might receive treatment at a medical treatment facility for expressed physical concerns (six of the victims did so one month prior to suicide)</li> </ul> <p>Variables associated with acts of non-fatal self-injurious behavior within the ADAF are student status (e.g., AETC); female; lowest ranks and youngest age group (17-24); Hispanic, by rate; the presence of a mood disorder; work or relationship problems; and having sought mental health or medical treatment facility care in the year prior to their event.</p> <p>Certain factors associated with suicide during CY 2000, such as E1s and E2s having a higher rate of completed suicide than other ranks, were not statistically significant. The inability to detect a statistically significant difference is partially due to the small sample size. Significant differences in the demographics may become apparent as more suicide data is collected.</p>	<p>11. During CY 2000, which of the following factors were frequently associated with completed suicides in the Air Force?</p> <ul style="list-style-type: none"> <li>A. White, female, age 18-25, by number</li> <li>B. Those who are no longer married</li> <li>C. Those who have multiple problems and stressors</li> <li>D. B and C</li> </ul> <p>12. A majority of people who committed suicide had been receiving mental health treatment.  <input type="checkbox"/> True <input type="checkbox"/> False</p>

### Instructional Unit 3 – Self Care

**Unit Aim:** To enhance understanding of when to seek help and sources of help for personal problems.

UNIT OBJECTIVES	CONTENT	ITEM
<p>3.1 Increase knowledge about sources and types of help</p> <p>3.2 Increase knowledge of the advantages and consequences of seeking help</p> <p>    3.1.1 Identify misconceptions about seeking help</p> <p>    3.1.2 Understand the limits of confidentiality</p> <p>3.3 Increase knowledge about when “I” might want to seek help</p>	<p>There are many different sources and types of help available for getting assistance with personal or life situational problems. These include the Chaplain; the Family Resource Center; Health and Wellness Centers; Life Skills Support Centers; and talking with family, friends, supervisors and leaders.</p>	<p>13. Which of the following are sources and types of help available for getting assistance with personal or life situational problems?</p> <p>A. The Chaplain</p> <p>B. Health and Wellness Centers</p> <p>C. Life Skills Support Centers</p> <p>D. All of the above</p>
	<p>The benefit of dealing with stress and life’s problems early cannot be emphasized enough. Taking care of concerns and dilemmas when they are just beginning helps prevent the development of more serious problems and consequences. This is sometimes referred to as the snowball effect, when something very small can gather momentum and take on a life of its own, getting bigger and more out of control. Once problems get to this point, people often feel that there is no solution. This is what we want to avoid.</p> <p>When treated early, and especially when an individual requests help on their own, things like depression, marital problems, and even problems with alcohol rarely have permanent negative career impacts. By getting help early, the quality of life, and consistency and productivity of the individual’s work is maintained or increases. By not requesting help early, you may make choices or act in a way that makes the problem worse instead of better. The consequences of these choices and behaviors <b>may</b> hurt your career. The alternative of solving the problem by asking for assistance more than likely will <b>not</b> hurt your career.</p>	<p>14. The benefit of dealing with stress and life problems early on is summarized by which of the following statements?</p> <p>A. It helps prevent the problems from becoming more serious.</p> <p>B. It makes it less likely that the problem will have a negative career impact.</p> <p>C. It makes it more likely that quality of life and productivity will be maintained.</p> <p>D. All of the above</p>

UNIT OBJECTIVES	CONTENT	ITEM
	<p>In seeking help, people are most concerned about confidentiality, especially with how this might affect special duty status or security clearances, and how this might affect eligibility for promotion and career advancement. “Some people are afraid to seek help because they ‘don’t want it in their record.’ They confuse medical record entries with Personnel Information File (PIF) entries. The foot stomp here is that it is misbehavior the unit enters into a PIF, not visits to medical providers (including Behavioral Sciences). Additionally, there are concerns that any potentially disqualifying information, or “PDI,” may somehow interfere in current or future duty performance. However, in one study of over 500 personnel looking at the effect of PDI on the attainment of special security clearances or entrance into the Personnel Reliability Program (PRP), only two percent were non-recommended.”</p>	<p>15. Personnel Information File (PIF) entries include information about medical appointments. ___ T ___ F</p> <p>16. Personnel Information File (PIF) entries include information about visits to behavioral health providers. ___ T ___ F</p> <p>17. Personnel Information File (PIF) entries include information about misbehavior. ___ T ___ F</p>
	<p>The importance of watching out for others in the Air Force community and becoming aware of the signs that a buddy or colleague may need your assistance is one of the primary keys to preventing suicide. Being willing to ask for help or assistance for oneself is just as important, and is considered an act of great personal strength and self-protection.</p>	<p>18. Which of the following is considered important in preventing suicide?</p> <ul style="list-style-type: none"> <li>A. A promise of confidentiality</li> <li>B. Watching out for others in the AF community</li> <li>C. Being willing to ask for help or assistance</li> <li>D. B and C</li> </ul>
	<p>There are many different kinds of stress. One kind of stress keeps us feeling challenged and motivated. Other kinds cause us to feel distress, such as relationship problems, financial problems, and illness in the family. Distress can drain our ability to cope and deplete our sense of physical well-being. If distress continues too long, or when there is too much at one time, the ability to function optimally in our work and everyday life can become difficult.</p> <p>There are many early signs of distress. You might notice feeling preoccupied, or not being able to think or concentrate as clearly as you usually do, or make decisions as easily. This often first shows up at work. It is common for people to feel irritable or angry when stress is beginning to become unmanageable. However, some people become quieter and don’t want to interact with their friends or family as much.</p>	<p>19. Early signs of distress often first show up:</p> <ul style="list-style-type: none"> <li>A. At work.</li> <li>B. At the gym.</li> <li>C. At the time of an annual physical exam.</li> <li>D. On weekends.</li> </ul>

UNIT OBJECTIVES	CONTENT	ITEM
	<p>Other early signs of distress include not enjoying normal day-to-day activities, not feeling as useful or confident as usual, having trouble falling asleep or staying asleep, sleeping too much, feeling restless, becoming easily frustrated, tearfulness, a reduction in energy level or feeling tired, feeling bummed out or sad, drinking or smoking more than usual, eating more or less than usual, and feeling rundown or not well physically.</p> <p>Our jobs and personal commitments can keep us so busy that it can sometimes be difficult to recognize the beginnings of distress. If you notice early signs of distress, ask yourself, "What is the problem?" Other important questions to ask yourself are, "What would I like to have happen?"; "How can I solve or get out of the problem?"; and "Have I ever been in a situation like this before, and if so, what did I do, what happened, and how was it resolved?"</p>	<p>20. Early signs of distress include:</p> <ul style="list-style-type: none"> <li>A. Not being able to think or concentrate as clearly as usual</li> <li>B. Feeling tired, irritable, angry, or easily frustrated</li> <li>C. Eating, drinking, smoking, or sleeping more or less than usual</li> <li>D. All of the above</li> </ul>
	<p>The early indicators of distress vary greatly from person to person. The key is to know what your own personal early distress signs are and to stop and pay attention to them. If your problems and level of distress have become very serious, you want to ask yourself the same question you would ask someone else you are concerned about: "Do I have any plans to do anything harmful to myself, and what might I do?" If you or a buddy or colleague acknowledges having thoughts of self-harm, it is very important to seek help immediately. Another good question to ask if thoughts of self-harm are present is, "What will it take to keep me (or my friend, buddy, colleague, etc.) alive?"</p> <p>Even if you don't have thoughts of self-harm, it is also very important that you seek help as soon as possible if you don't see a future without pain; can't get out of a depression; see yourself as worthless; can't seem to get control of your life; feel intolerably agitated or restless; feel all alone; feel hopeless, that there's no good solution to fix your problem; are experiencing a tremendous amount of guilt; or can't stop thinking about the same bad things.</p>	<p>21. Early indicators of distress are:</p> <ul style="list-style-type: none"> <li>A. The same from person to person.</li> <li>B. Very different from person to person.</li> <li>C. Best ignored.</li> <li>D. All of the above</li> </ul>

### Instructional Unit 4 – Buddy Care

**Unit Aim:** To enhance ability to identify AF colleagues and others at risk for suicide and to enhance knowledge about how to respond and refer them to help.

UNIT OBJECTIVES	CONTENT	ITEM
<p>4.1 Increase knowledge about when to be concerned about a colleague/buddy</p> <p>4.2 Increase knowledge of approaches to communicating with someone at risk</p> <p>4.3 Increase knowledge about how to get urgent help for a colleague/buddy</p> <p>4.4 Increase knowledge about the importance of restricting availability of lethal means (fire-arms, lethal doses of medications or drugs, etc.)</p>	<p>There are many common misconceptions or myths about suicide. First, people sometimes believe that people who talk about suicide won't do it, or that most suicides occur with little or no warning. This is not true. Almost everyone who commits or attempts suicide has given some clue or warning. No matter how casually or jokingly someone makes a comment such as "you'll be sorry when I'm dead," or "I can't see any way out," this may indicate serious suicidal feelings. It is also not true that most suicidal people are "crazy." They may be upset, grief-stricken, depressed, highly anxious or agitated, depressed, or despairing, but extreme distress and emotional pain may be experienced by all people at some time in their lives, and are not necessarily signs of mental illness.</p> <p>Some people believe that if a person is determined to kill himself or herself, nothing will stop them. This is not true. Even the most severely depressed person has mixed feelings about death, and wavers until the last moment between wanting to live and wanting to die. Most suicidal people do not want death; they want the pain to stop. The desire to end it all, however overpowering, does not last forever.</p> <p>It is also not true that people who commit suicide were unwilling to seek help. Studies of suicide victims have shown that more than half had sought medical help within six months before their deaths. It is important to talk about suicide with someone who is demonstrating clues or warnings. It will not give them the idea to kill themselves. The opposite is true. Bringing up the subject of suicide and discussing it openly is one of the most helpful things you can do.</p>	<p>22. People who talk or joke about suicide won't do it. ___ T ___ F</p> <p>23. Most people who are suicidal have serious emotional problems. ___ T ___ F</p> <p>24. Even people who are determined to kill themselves can be stopped. ___ T ___ F</p> <p>25. Talking with a person about their feelings of wanting to kill themselves is helpful. ___ T ___ F</p>

UNIT OBJECTIVES	CONTENT	ITEM
	<p>The factors that have been found to most indicate that a person may be vulnerable to suicide in the Air Force are multiple co-occurring problems, to have relationship or financial problems, to be under investigation and having military legal or work problems, to have problems with alcohol abuse, or to have experienced a recent or severe loss.</p> <p>If these factors are present in a colleague/buddy, take notice. Look for other indicators of distress such as expressing pessimism and belief that there is no solution or way out of their dilemma; stating that they feel hopeless and/or helpless; appearing to be highly anxious or agitated, angry, withdrawn, or irritable; having trouble eating and/or sleeping; or experiencing a sudden change in behavior (e.g., going from being careful about appearance to dressing sloppily, with poor hygiene). Other things you might notice are a loss of interest in work and usual activities; obsessing or talk about death, dying, violence, guns, knives; putting themselves down and expressing feelings of worthlessness; and problems with mood (e.g., feels sad, depressed, restless or “hyper”, crying).</p> <p>Remember that it’s very difficult to predict suicide, and most often many of these factors and indicators do <b>not</b> mean that the person is suicidal. However, this should not lessen your concern for your buddy, or your willingness to listen and inquire about the possibility of suicide. Anyone who has signs of distress needs support or assistance of some kind in solving their problems.</p> <p>The most important thing is to <b>LOOK</b>. This means to be aware of the indicators of potential vulnerability for suicide. If you become concerned about a buddy/colleague, <b>INQUIRE</b>. This means to talk with them about what is going on and to <b>NOTE</b> the seriousness of their concern. Ask them directly, if it seems they might be considering suicide, and <b>KNOW</b> how to get help. By remembering to <b>LINK</b>, and by encouraging early requests for help, we build awareness and prevention into the activities of everyday life and community structures. This is key to increasing the opportunity for intervention to help prevent suicide.</p>	<p>26. Which of the following indicate that a person in the Air Force may be vulnerable to suicide?</p> <ul style="list-style-type: none"> <li>A. They are under investigation and/or have military legal or work problems.</li> <li>B. They have problems with alcohol abuse.</li> <li>C. They have experienced a recent or severe loss.</li> <li>D. All of the above</li> </ul>

UNIT OBJECTIVES	CONTENT	ITEM
	<p>Some people are uncomfortable talking to others about what is going on with another individual. A common fear is that they might make a mistake and “say the wrong thing.” Saying nothing would be a mistake. The approaches to communicating with someone who is suicidal or very upset are the same as those we use with our close family and/or friends. First, share your concerns. Ask about whether they have thoughts or plans for suicide. Be direct and honest. Use open-ended questions like, “How are things going?” Most of all, it is important to listen, and to express caring and hope.</p> <p>Approaches to communicating with someone who is suicidal that are <b>not</b> considered helpful are being judgmental, lecturing or debating with the individual, daring them to do it, acting shocked, leaving them alone, and keeping a promise of secrecy.</p>	<p>27. What is the best approach to communicating with someone who is suicidal?</p> <p>A. Share your concerns.  B. Be direct and honest.  C. Listen.  D. All of the above</p>
	<p>If you are with someone who has thoughts of suicide and a plan to carry out their wish to die, do not leave them alone for any reason. Remove all potential means of self-harm from their proximity, such as firearms, pills, automobiles, knives, and sheets, ropes, belts, or other means of strangulation. Immediate action is required to get help. If there is imminent danger, call 911 or your base emergency number. If you must step aside, assign a capable person to stay with the individual until assistance arrives. Notify their chain of command.</p> <p>For non-emergency situations, remember who, what, and where your community-based resources are for seeking assistance. Encourage you buddy/colleague to get help. Offer to accompany them, if need be.</p>	<p>28. If you are with someone who has thoughts of suicide and a plan to carry out their wish to die, which of the following is the <b>most immediate</b> action to take?</p> <p>A. Remove all potential means of self-harm from their proximity.  B. Encourage them to talk about their feelings.  C. Do not leave them alone for any reason.  D. A and C</p>