



## Standard Operating Procedure for Reintegration Following a Crisis

### POLICY AND DIRECTIVE

A Standard Operating Procedures (SOP) for reintegration following a crisis is included in Air Force Vice Chief of Staff's directed initiatives to improve suicide prevention, intervention, and postvention policies, procedures, and practices across the Air Force. SOPs are a leadership tool to execute the Department of Defense Instruction (DoDI) 6490.16, *Defense Suicide Prevention Program*.

### PURPOSE

Reintegrating an Airman following a crisis can challenge leaders at all levels. The term "leaders" includes but is not limited to commanders, senior enlisted leaders, First Sergeants, and supervisors. This SOP outlines essential steps, key considerations, and resources for reintegration following a crisis. For this SOP, a crisis may be a suicide attempt, inpatient mental health care, sexual assault, or other loss or crisis in which an Airman is returning to the work center.

### REINTEGRATION AFTER CRISIS

- **In preparation for reintegration**
  - Reach out to mental health, helping agencies, and relevant stakeholders to consult on a holistic reintegration plan for the Airman. Consultation will provide a range of supportive options that leadership can take depending on the specific circumstances.
    - If other unit members were involved in the crisis response inquire how events have impacted them and assist with connecting them to appropriate helping agencies, as necessary.
  - Consult with the distressed Airmen to discuss how they would prefer leadership answer questions or discuss their absence.
  - Provide limited information in a matter of fact way with unit members about an Airman's absence.
  - If the Airman will not be returning to their same work center take additional steps in planning with your leadership team to anticipate any negative perceptions or feelings related to the temporary or long-term change in duties.
    - Communicate appreciation and address concerns from unit members who may be taking on additional duties as a result of the Airman's absence.
- **Once the Airman is ready to return to work** obtain following information from treatment team:
  - **Safety plan (for reintegration following inpatient mental health care):** What are the details of the safety plan, which agencies and individuals are involved? Do individuals in the safety plan know they have been identified as a source of support? How motivated is the Airman to utilize the plan? To what extent did they participate in its development? Are there any holes or gaps in the safety plan? What can be done to improve the plans effectiveness?
  - **Treatment:** What was beneficial about treatment? What coping skills did they learn? How optimistic is the member that they will be able to maintain stability, recover, and grow from the incident?
- **Once the Airman returns to work**, meet with him/her and develop a mutually agreed upon plan for ongoing support and communication. Plan elements may include identification of a safety partner to assist the Airman when he/she is feeling overwhelmed. The plan should encourage the Airman to seek ongoing assistance from mental health and include opportunities for leadership to inquire about the Airman's life and treatment. The plan should also include a reminder that Chaplain Corps personnel provide privileged communication to the Airman.
  - Consider discussing the following:



- **Resources:** Does the Airman feel the help they are receiving provides adequately for their needs? Is there anything else that could be done to support the Airman?
- **Return to Work:** Does the Airman have any specific concerns about resuming normal duties?
- Develop a plan for support with relevant mental health and other helping professionals.
- Develop a plan with other leaders to ensure seamless support for the Airman.
- **Discuss with frontline supervisors the importance of supporting Airmen in attending appointments and obtaining treatment and assistance from professional helping agencies.**

## KEY CONSIDERATIONS

### *Care during Acute Phase of Recovery Following Inpatient Mental Health Treatment*

- **The 90 days following hospitalization for suicidal ideation/attempt is the highest known risk period for suicide. Although individuals are stabilized enough to be discharged from inpatient care they remain in an acute phase of recovery and require further outpatient care and support from unit leadership.**
  - Communication with the Airman, the Airman's support system, the inpatient and outpatient treatment teams, and the leadership team is essential during this high risk phase.
  - Access to lethal means should be closely monitored following hospitalization; discuss access with friends, significant others, and family members in preparation for reintegration. Putting time and space between an Airman recovering from distress and lethal means (firearms/medications/sharp objects) is one of the most proven ways to save lives.
    - Work with on base and off base security forces to secure temporary off-site storage of firearms and/or securely lock firearms and store ammunition in a different location.
    - Limit the Airman's access to lethal doses of medications, particularly painkillers because of their lethality and potential for abuse, which can exacerbate the Airman's distress and increase risk.

### *Provide Ongoing Support to Airman and their Support System*

- Consider working with the Airman to identify someone in the unit that is willing to serve as the member's trusted agent. This allows the Airman to have someone they see every day, that knows enough about the situation to decrease communication barriers and allow for short conversations when needed.
- Check in with and support those close to the Airmen. Individuals in the circle of relationships with the Airman often blame themselves for the event or erroneously feel responsible for failing to have prevented the event.
- Ensure any changes in the Airman's safety plan are understood by everyone involved in the Airman's care.
- Be mindful of signs of stress in the Airman, such as irritability, difficulty concentrating, and withdrawal. These may continue to manifest months after the event.
- Maintain a balance between support and excessive social identification with any particular individual.
- **Transitions are periods of vulnerability, so ensure leadership, helping agencies, and the Airman's support system are engaged to anticipate challenges and facilitate smooth transitions, such as PCSing.**

### *Understand and Address Emotions Associated with Reintegration*

- Airmen may feel pressure against disclosing information about challenges for reintegration, and may have concerns about stigma and reintegration into their units.
- Reactions will vary among people regarding the event. Those affected will benefit from increased support.
- Tragic events often have multifaceted explanations. Avoid assigning responsibility to any single factor.

**These related resources are available on the Resilience website (<https://www.resilience.af.mil>)**

- **Post suicide attempt checklist**