






# Learning Objectives

1. Learn about research underway to engage military and veteran spouses and caregivers in suicide prevention.
2. Develop awareness of the benefits of peer support for military and veteran spouses and caregivers for their own well-being and that of their service member/veteran.
3. Become familiar with programs designed for military and veteran spouses and caregivers to engage them in suicide prevention among military-connected populations.



RESEARCH | JANUARY 01 2019

## **Quality Improvement Evaluation of the Feasibility and Acceptability of Adding a Concerned Significant Other to Safety Planning for Suicide Prevention With Veterans**

Bryann B. DeBeer ; Monica M. Matthieu; Julie A. Kittel; Linda C. Degutis; Stephanie Clafferty; Natalie Qualls; Sandra B. Morissette

*Journal of Mental Health Counseling* (2019) 41 (1): 4–20.

### Key takeaways:

- Interviews were conducted with 29 veterans and four CSOs to investigate whether veterans wanted a CSO involved in their safety plan
- 79% of veterans reported that having a CSO directly involved in their safety plan would be helpful.
- Veteran safety plans are more commonly utilized when they involve family or loved ones.



JOURNAL ARTICLE

# Veteran Experiences With Suicide Ideation, Suicide Attempt, and Social Support in Safety Planning Within the Department of Veterans Affairs FREE

Monica M Matthieu, PhD, Sandra B Morissette, PhD, [Stephanie Clafferty, LCSW](#),  
Linda Degutis, DrPH, Ciara M Oliver, BS, David A Adkins, MHA, USAF (Ret.),  
Bryann B DeBeer, PhD [Author Notes](#)

*Military Medicine*, usad144, <https://doi.org/10.1093/milmed/usad144>

## Key takeaways:

- Veterans recommended engaging concerned significant others in developing and/or sharing safety plans.
- One veteran recalled, “They did something, though as far as my husband and my gun was locked up in different gun safes, and he had the keys and then my medications were locked up and, oh, I had a bunch of phone numbers.”





**Are you a caregiver  
of a Veteran?  
Are you interested in  
helping to prevent  
Veteran and caregiver  
suicides?**



You may be eligible to participate in a nationwide research study on preventing Veteran and caregiver suicides.

or visit [www.visioncoalition.net/projects/families](http://www.visioncoalition.net/projects/families)

Funding provided by the U.S. Department of Veterans Affairs (VA) Office of Rural Health. Visit [www.ruralhealth.va.gov](http://www.ruralhealth.va.gov) to learn more.

To verify that this is a valid VA study, you may contact the Southeast Louisiana Veterans Health Care System's IRB at (504) 507-2000, x67275.

**VA**



**U.S. Department of Veterans Affairs**

Veterans Health Administration  
Office of Rural Health

## “Preventing Firearm Suicides among Rural Veterans by Engaging Military Caregivers”

South Central Mental Illness, Research, Education and Clinical Center,  
Southeast Louisiana Veterans Health Care System,  
Funded by VA Office of Rural Health

Principal Investigator, Dr. Gala True

Study objectives:

1. Improve the ability of VA and community service providers to promote secure firearm storage messaging and practices among rural caregivers and Veterans
  - Includes focus on caregiver risk
2. Build capacity for rural caregivers to serve as credible messengers regarding secure firearm storage to other caregivers and Veterans

## Selected Preliminary Findings from “Preventing Firearm Suicides among Rural Veterans by Engaging Military Caregivers”

*Many caregivers feel unprepared due to a lack of knowledge and training*

“I do have a fear and I would not feel comfortable discussing gun safety without proper knowledge, proper training.”

“It's a heavy subject. You know, I don't even know where to start. I'm afraid to talk about it to be honest with you.”

*Protecting the veteran's autonomy when firearms are part of their identity/Stigma concerns*

“For him to say, here take this gun, that is. I am just not safe with it this week. That is like taking a major part of who he is and his identity. That is one of the challenges that veterans face. It is because they lived with their guns. To willingly give them up, to them is like losing a part of themselves.”

## Selected Preliminary Findings from “Preventing Firearm Suicides among Rural Veterans by Engaging Military Caregivers” Continued

*Inclusion of caregivers in health care has not extended to conversations about firearms and lethal means safety (LMS)*

*Most caregivers reported challenges to being involved in conversations*

“That was our biggest issue when he sought treatment was his providers did not. I was not included. We filed paperwork. We did everything that there was to do to have them talk to me....Nobody could talk to me and that was one of the absolute hardest parts.”

*Caregivers caught off guard when veteran is in crisis-*

“My husband was the one responsible for telling me about his crisis plan, and looked at me, and said, ‘I need you to take the key to the gun safe.’ It’s 10:30 at night. I’m half asleep and I don’t have a clue what he’s talking about because nobody’s said anything to me.”





# SPRINT FAST

Are you a  
concerned  
significant other of  
a Veteran who owns  
firearms?  
**YOU MAY BE  
ELIGIBLE for a  
research study!**

**Participation in this study  
will be virtual and include:**

- 1) A brief survey
- 2) Creating a Safety Plan: You and your Veteran, together with our study team will work out a plan on how to access crisis services and safely store firearms in the event of a mental health crisis.
- 3) A follow up interview

**Our goal is to promote  
mental health wellness  
and safety among Veteran  
firearm owners.**

**All Veterans with any health  
concerns are invited to  
participate**

**Your participation will help  
us understand and better  
address Veteran needs.**

**Participants will be compensated for their time.**

This study is being conducted by the University of Colorado, Anschutz Medical Campus and the VA Rocky Mountain Mental Illness, Research, Education and Clinical Center (MIRECC)

# Involving Concerned Significant Others in Firearms Safety: Development and Testing of the Family Firearms Safety Training (FFAST) Intervention

Principal Investigator: Dr. Bryann DeBeer

## Objective 1:

Develop a CSO-involved firearm safety intervention to increase secure storage among Veterans far in advance of a suicidal crisis.

## Objective 2:

Refine the intervention and understand optimal conditions for implementation using a successive cohort design based on Veteran, CSO, therapist, and expert feedback ( $n = 10$  Veteran-CSO dyads)

VA Suicide Prevention Research Impact Network (SPRINT), HSR&D/CSR&D Consortium of Research and the VA Office of Mental Health and Suicide Prevention (OMSHP). The VA Rocky Mountain MIRECC provided infrastructure resources.

# Intervention Design and Components

- Single, brief 90-minute virtual session
- Veteran and CSO, and therapist discussion based on 4 components

## CSO INVOLVEMENT

Instruct the CSO on how to:

- identify warning signs for suicide risk
- Support the Veteran's mental health
- Create a collaborative safe storage plan
- Help enact the safe storage plan

## SAFE STORAGE

- Describe safe firearm storage practices  
Troubleshoot barriers to safe storage

## PSYCHOEDUCATION

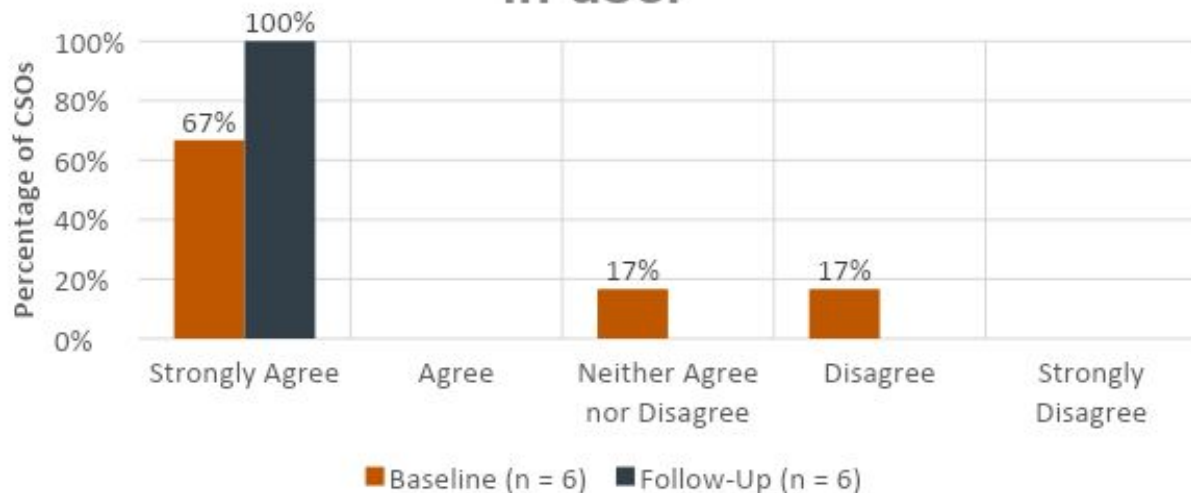
- Describe the VA rationale
- Describe common mental health symptoms in Veterans and suicide warning signs

## CRISIS SITUATION

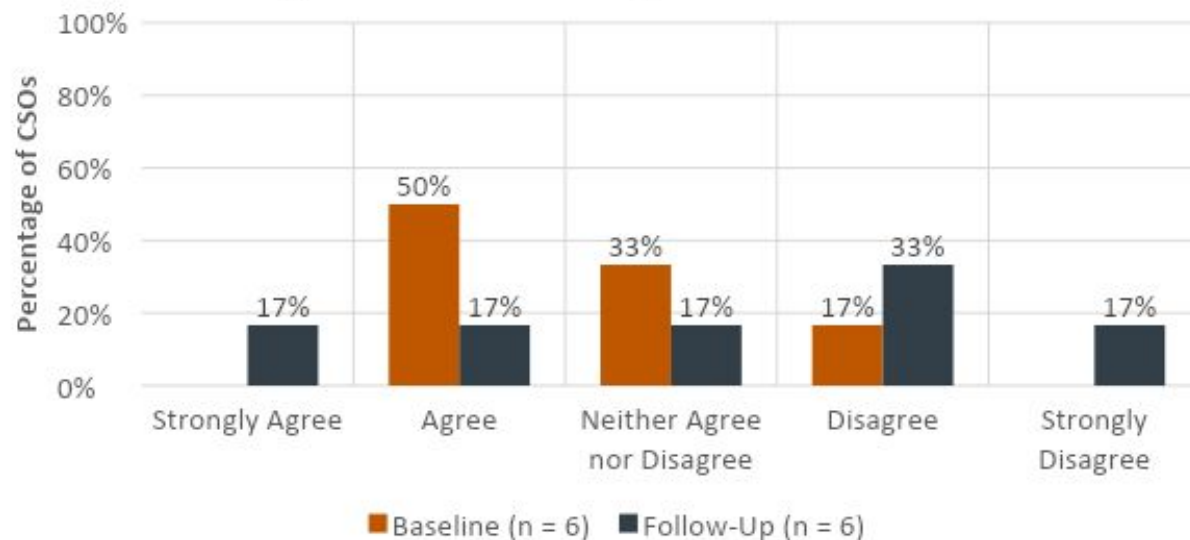
- Provide guidance on when and how to reach out for VA mental health services.
- Perform a role play of a crisis scenario

# CSO Attitudes on Firearm Storage at Pre-Intervention & Follow-Up

**Guns should be stored locked and unloaded with the ammunitions stored separately when they are not in use.**

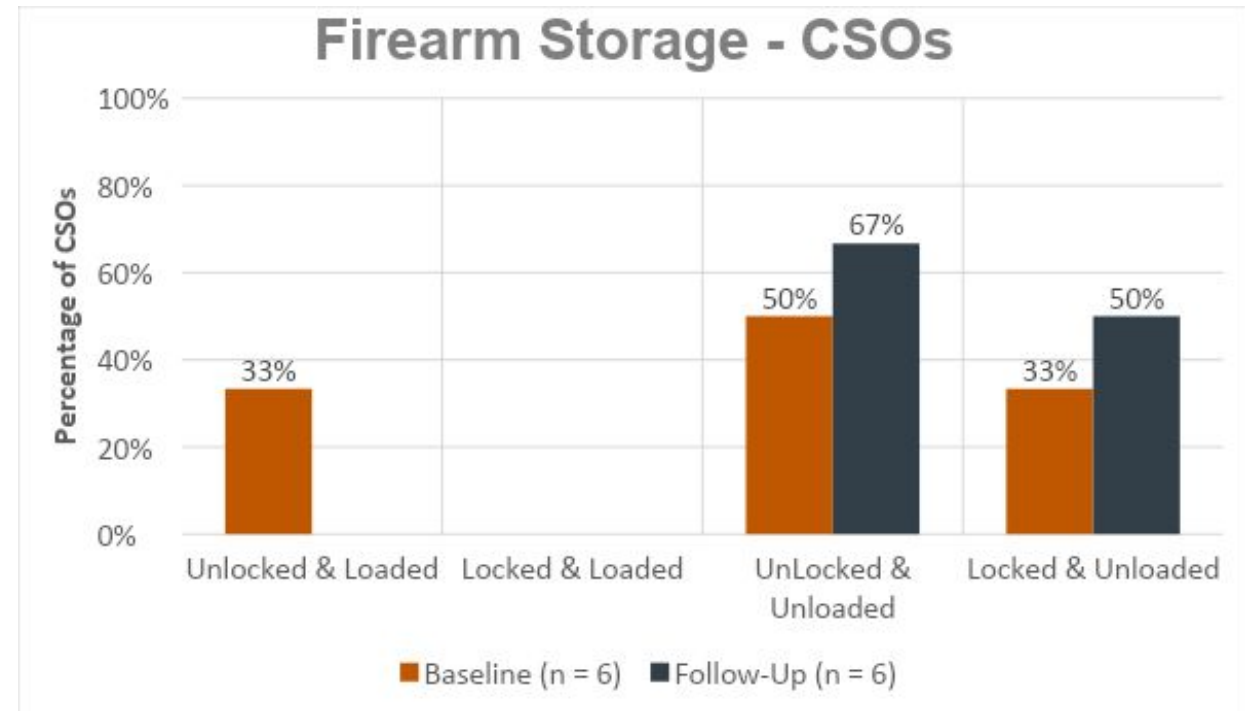
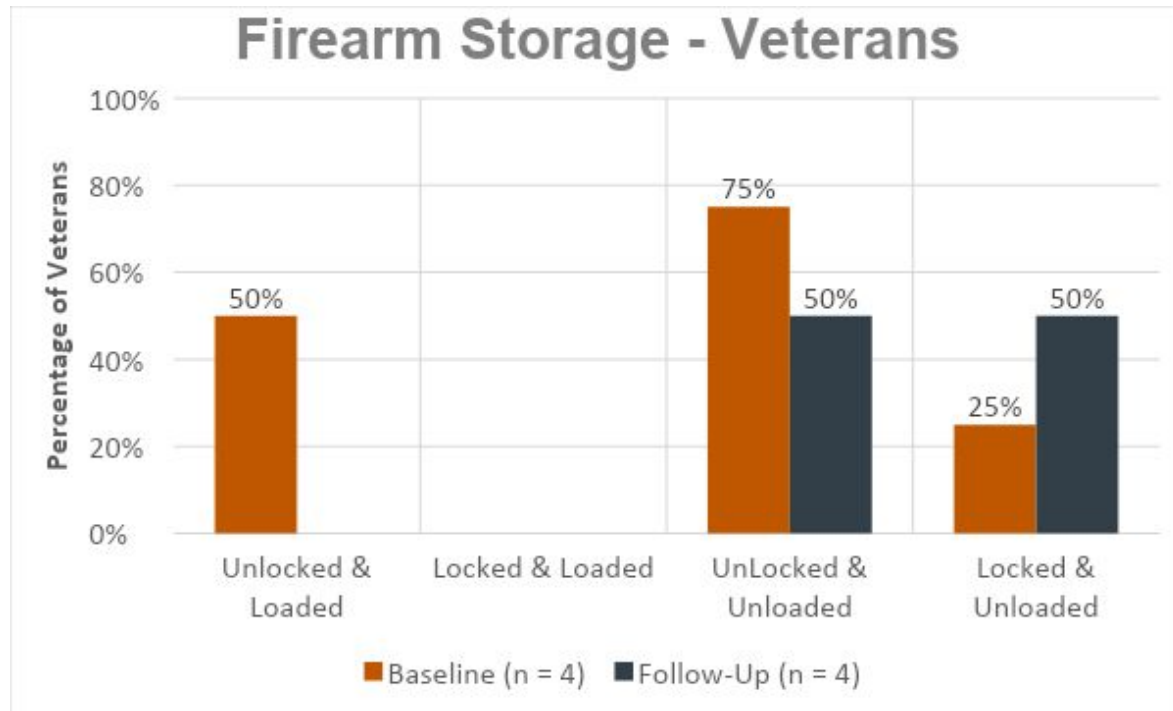


**If a gun owner has to take the time to unlock or load their gun, it's no good for self-protection.**



Preliminary findings from “Involving Concerned Significant Others in Firearms Safety: Development and Testing of the Family Firearms Safety Training (FFAST) Intervention”  
 Principal Investigator: Dr. Bryann DeBeer; VA Rocky Mountain MIRECC

# Firearm Storage at Pre-Intervention & Follow-Up



*Note.* Categories of firearm storage are not mutually exclusive.

Preliminary findings from “Involving Concerned Significant Others in Firearms Safety: Development and Testing of the Family Firearms Safety Training (FFAST) Intervention”  
Principal Investigator: Dr. Bryann DeBeer; VA Rocky Mountain MIRECC





# Concerned Significant Other Engagement Guide

*All Hands on Deck for Improving  
Research on Veteran Suicide Prevention*

Principal  
Investigator:  
Dr. Elisa Borah



PATIENT-CENTERED OUTCOMES  
RESEARCH INSTITUTE

Home



The University of Texas at Austin  
Institute for Military  
and Veteran Family Wellness  
*Dell Medical School & Steve Hicks School of Social Work*

# All Hands On Deck: Findings shared in CSO Engagement Guide

<b>Misconceptions of Mental Health &amp; Suicide</b>	<b>System Limitations</b>	<b>Provider Limitations</b>
<ul style="list-style-type: none"><li>⚙️ Stigma Surrounding Mental Health and Suicidality</li><li>⚙️ Fears or Concerns of Perception and Identity</li></ul>	<ul style="list-style-type: none"><li>⚙️ Lack of Adequate Information</li><li>⚙️ CSOs Left Out of the Treatment Process</li><li>⚙️ Lack of invitation to Join Research Teams</li><li>⚙️ Distrust of the System</li></ul>	<ul style="list-style-type: none"><li>⚙️ Inadequate Provider Preparedness</li><li>⚙️ Medically-Driven Approach to Care</li><li>⚙️ Lack of Veteran-Specific Care</li></ul>

<https://imvfw.utexas.edu/wp-content/uploads/2022/08/May-2021-CSO-Engagement-Guide.pdf>

## Crisis Management and Safety Planning

“

I know one of the things that's really been important for my husband is understanding and recognizing what his triggers are, and then helping me understand those so that I can also be watchful, that I can be cognizant of them, and that we can work on, "Okay, so I'm seeing these triggers, we know what's going on. So how do we mitigate the feelings that you're having because of that? What can we do together?"

**CSO & Provider**

### System Limitations

“

My husband gets most of his care from the VA but we have gone out in the community as well. I am also his "caregiver" through the VA caregiver program, and the providers still do not understand what that means in that how much that they can share with me - even when my husband repeatedly requests, "Call my wife, she's my caregiver. Call my wife, she needs to be involved." And yet, they still don't call me. We need that education - making sure the family members or caregivers know what they can do when it comes to their loved one's health. But we also have to educate providers better in the programs that are in their institutions because many don't know them.

**CSO**

”



# Peer support programming to support development of suicide prevention knowledge, beliefs and skills



**S.A.V.E.**  
Suicide Prevention, Information, and Awareness  
**TRAINING**  
TRAINER: THEO WATSON  
MARCH 1ST | 12PM  
TUESDAY | 1PM

VSN SOCIAL CLUB

The poster for S.A.V.E. Training features a beige background with a dark blue wave on the left. It includes the VSN Social Club logo in the top right corner and a small Department of Defense seal next to the trainer's name.

**FAMILY SAFETY PLANNING**  
Firearm & emergency planning for the family

VSN SOCIAL CLUB

The poster for Family Safety Planning has a beige background with a dark blue wave on the right. It features a photograph of a man and a woman embracing. The VSN Social Club logo is in the top left corner.

VA



U.S. Department  
of Veterans Affairs

# VA Suicide Prevention Toolkit for Caregivers

April 2022

## How Caregivers Can Support Veterans:

1. Create a Safety Plan
2. Practice Safe Firearm Storage
3. Safely Store and Dispose of Medications
4. Encourage Substance Use Disorder Treatment
5. Assist in Pain Management
6. Access Communities of Support
7. Practice Self-care

<https://www.caregiver.va.gov/pdfs/VA-Suicide-Prevention-Toolkit-for-Caregivers.pdf#>





## Start the Conversation: *Safety Planning*

### **A PLAN CAN SUPPORT VETERANS AND THEIR LOVED ONES**

Veterans who are thinking about harming themselves or who have attempted suicide should create and keep a safety plan. It is important for the Veteran's family members and loved ones to have a copy of the safety plan so they know what to do and where to get help in a crisis.

### **MAKE A PLAN TO DEAL WITH CRISIS**

A safety plan is a written list of coping strategies and sources of support that Veterans can use before or during a suicidal crisis. The plan should be brief, easy to read, and in the Veteran's own words. A safety plan should also be easily accessible to the Veteran and selected family members and friends at all times.



U.S. Department  
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### **HOW TO DEVELOP A SAFETY PLAN**

Safety planning is a collaborative process. Veterans who are at risk for suicide should work with a loved one, trusted adviser, clinician, VA suicide prevention coordinator, or other mental health professional to create a plan that is right for them.

#### **Safety plans should include the following elements:**

- ▶ Descriptions of specific experiences, stressors, or other factors that trigger the Veteran's thoughts of suicide
- ▶ Strategies the Veteran uses to deal with stressful situations, for example: "When I get home after a bad day at work, I go for a long walk to cool down."
- ▶ A list of the Veteran's contacts for social support — those who should have a copy of the plan
- ▶ Contact information for emergency professional help and care providers
- ▶ Ways to limit access to lethal means, such as weapons and ammunition or large quantities of medication



### **STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION**

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When my initial coping strategies do not fully resolve the situation, I will reach out to others.

**To create a personalized list, answer the following:**

- Who helps me take my mind off my problems, at least for a little while?
- Who helps me feel better when I socialize with them?
- Are there places I can go (e.g., a coffee shop) that help me take my mind off my problems?

**List several people and social settings, in case the first option is unavailable.**

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
3. Place: \_\_\_\_\_
4. Place: \_\_\_\_\_



**STEP 4: PEOPLE WHOM I CAN ASK FOR HELP IF DISTRACTION ALONE DOESN'T FULLY WORK**

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**When I need to talk about how I'm feeling, I will contact the people in my life who care about me, are supportive, and want to help.**

**Those people are:**

- 1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS**

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**When I need to talk to a mental health professional or other provider, I will call one:**

- 1. Therapist/Clinician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 2. Primary Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- 3. VA Suicide Prevention Resource Coordinator Name: \_\_\_\_\_  
 VA Suicide Prevention Resource Coordinator Phone: \_\_\_\_\_
- 4. Veterans Crisis Line: 1-800-273-8255, press 1
- 5. Local Urgent Care Services: \_\_\_\_\_  
 Urgent Care Services Address: \_\_\_\_\_  
 Urgent Care Services Phone Number: \_\_\_\_\_

**STEP 6: MAKING THE ENVIRONMENT SAFE**

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To help keep myself safe, I will remove or safely store things I could use to hurt myself.

**This is my plan to remove or safely store the following items:** [complete all that apply]

- Firearms: \_\_\_\_\_
- Medications: \_\_\_\_\_
- Household toxins/poisons: \_\_\_\_\_
- Sharp or other dangerous objects: \_\_\_\_\_

Who can help keep these items safe and securely stored? \_\_\_\_\_

\_\_\_\_\_





# ASK FRIENDS & FAMILY CARE FOR FRIENDS & FAMILY EMBRACE FRIENDS & FAMILY



THE COLUMBIA  
**LIGHTHOUSE**  
 PROJECT  
 IDENTIFY RISK. PREVENT SUICIDE.

See Reverse Side for  
 Questions that Can Save a Life

**PSYCH/ARMOR®**

## Columbia Scale for Caregivers and Spouses

To create an open, honest discussion about mental health, and to actively prevent more Veterans, and your loved ones, from dying by suicide, caregivers and spouses should use the Columbia-Suicide Severity Rating Scale, or C-SSRS.

START LEARNING

DONATE

Always ask questions 1 and 2.	Past Month	
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts about killing yourself?		
If YES to 2, ask questions 3, 4, 5 and 6. If NO to 2, skip to question 6.		
3) Have you been thinking about how you might do this?		
4) Have you had these thoughts and had some intention of acting on them?	High Risk	
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk	
Always Ask Question 6	Life-time	Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life?  <i>Examples:</i> Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. <b>If yes, was this within the past 3 months?</b>		High Risk



If YES to 2 or 3, seek behavioral healthcare for further evaluation.  
 If the answer to 4, 5 or 6 is YES, get **immediate help: Call or text 988, call 911 or go to the emergency room.**  
**STAY WITH THEM** until they can be evaluated.



Download Columbia Protocol app