

**National Veterans' Technical Assistance Center (NVTAC)
Homeless Veterans' Reintegration Program (HVRP) Virtual Learning Courses (VLC)
Session 2 of 2: Suicide Awareness and Secondary Trauma
November 7, 2024, 2 p.m. ET**

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Key Points

- **Introduction**

- NVTAC reminded attendees that HVRP best practices would be shared during this session. NVTAC encouraged all grant recipients to utilize best practices that may improve their service delivery. Before implementing a practice discussed during this session, grant recipients must review their award statement of work and contact their Grant Officer Technical Representative (GOTR) to discuss if it is an allowable cost or activity or if it requires an amendment to their approved plan.
- **NVTAC Overview:** NVTAC provides individualized technical assistance (TA), training, peer-to-peer learning opportunities, and additional support to HVRP grant recipients. To contact NVTAC or request TA, reach out to contact@nvtac.org.
- Contact the 988 Suicide and Crisis Lifeline if you are experiencing mental health-related distress or are worried about a loved one who may need crisis support.
 - Call or text 988
 - Chat at 988lifeline.org
 - Connect with a trained crisis counselor. 988 is confidential, free, and available 24/7/365.

- **Contributing Factors for Veteran Suicide**

- NVTAC Coach Chris Taylor shared that those connected with the military, personally or through loved ones, are likely to know someone who has attempted or been successful in committing suicide.
- Suicide often has more than one contributing factor and is often the result of a complex interaction of risks. Risk factors are associated with an increased likelihood of suicidal ideations, attempts, and completions.
- Risk factors include prior suicide attempts, mental health issues, addictions, access to lethal means, recent loss or stress, unemployment, homelessness, etc.
 - Understanding risk factors can inform your organization's approach to care, community connections, and prevention.
- According to the 2023 National Veterans Suicide Prevention Report, the groups most heavily impacted by suicide in 2021 were: women veterans, American Indian/Alaska Native veterans, recent users of the Veterans Health Administration

(VHA) benefits who were experiencing homelessness, and recent veteran VHA users involved with justice program services.

- **Suicide Prevention for Veterans**

- Protective factors minimize the impact of risk factors and can help offset the effects of risk factors on veterans with suicidal ideations
 - Examples of protective factors include easy access to mental health care, a sense of connectedness, problem-solving skills, spirituality/faith-based beliefs, having an external purpose, health, employment, and social and emotional well-being.
 - NVTAC Coach Chris Taylor shared that, as a veteran, having an external purpose or mission can be especially important. Leaving military service can lead to a sense of loss of purpose or identity that can be devastating.
- Collaboration with veterans in advance of suicide attempts can help them through times of crisis and prevent future suicide attempts. NOTHING is more important than helping the veteran through a crisis.

- **Lethal Means Safety**

- Lethal means is the unrestricted and unmonitored access to items or substances that can be used to immediately inflict lethal harm on oneself or others. Examples include weapons and narcotics.
- Lethal means safety entails safe storage to build space and time between a person having thoughts of suicide and the method of suicide. Examples include having a gun lock or storing firearms in a different residence/with family. This can profoundly impact the likelihood that the person will still carry out the attempt.

- **Practical Applications for Suicide Prevention**

- Take all comments about suicide seriously.
 - Suicidal comments or threats should never be ignored. The person may be hinting at underlying thoughts and feelings or attempting to reach out for help before finally accepting suicide.
- Anyone can help someone who is in a period of crisis.
 - Simply helping a person feel seen, included, and welcomed can go a long way to reduce suicidal ideations.
- Be comfortable asking uncomfortable questions.
 - Asking someone if they are thinking about committing suicide will not put the idea in their mind. Your discomfort today could prevent a successful suicide attempt tomorrow.
- Put the veteran first.
 - Focus on the life in front of you.

- **Additional Training**

- Organizations can take advantage of additional training to increase their knowledge of suicide awareness and prevention. One example is the **U.S. Department of Veterans Affairs (VA) S.A.V.E. Program**. This free online or

in-person training assists individuals in increasing their awareness of the risks and protective actions necessary to reduce veteran suicide.

- S – Signs – Learn to recognize warning signs.
 - Examples of signs include hopelessness, anxiety, agitation, sleeplessness, mood swings, feeling there is no reason to live, anger, engaging in risky activities, increased alcohol/drug use, and withdrawal from family.
 - Signs that are a cause for immediate concern include thinking of hurting/killing themselves, looking for ways to die, talking about death, dying, or suicide, and self-destructive or risk-taking behaviors.
- A – Ask the question.
 - Examples of ways to ask the important question include:
 - Are you thinking about killing yourself?
 - Are you having thoughts of suicide?
 - Ask in a way that is natural in the flow of a conversation, not in a way that seems scripted or sounds like you are seeking a “no” response, such as: “You're not thinking of killing yourself, are you?”
- V – Validate the veteran's experience.
 - Talk openly about suicide in a way that allows the veteran to express their feelings, acknowledge that their situation can be difficult, validate their feelings about the situation, and reassure the veteran that help is available.
- E – Encourage treatment and Expedite getting help.
 - Rapid response and effective recommendations for assistance are vital to helping a veteran in crisis. The provider can encourage the veteran to:
 - Call the Suicide and Crisis Lifeline (988, then press 1 for the Veterans Crisis Line);
 - Seek immediate help from their health provider or the nearest hospital emergency room; or
 - Call 911.
 - Be candid and make your concerns known.
 - If they do not seek assistance on their own, do not keep their suicidal behavior a secret - notify the appropriate resources. Do NOT leave the veteran alone during this time.
- **Bridging Access Barriers with Telehealth Services for Veterans**
 - Telehealth options are beneficial for veterans, increasing access to mental health care (a protective factor), reducing travel barriers, and supporting the continuity of care, especially for veterans in rural areas/experiencing homelessness/experiencing housing instability.

- Telehealth can aid suicide prevention efforts by offering early detection of mental health issues, virtual counseling/crisis intervention, and integration with VA resources.
- Challenges with telehealth include lack of technology access or literacy, limited privacy in temporary housing/shelters, and difficulty building trust with providers through a virtual medium.
- NVTAC Coach Chris Taylor shared his experience being diagnosed with post-traumatic stress disorder (PTSD) via telehealth. The accessibility encouraged him to engage and find help.
- **What is Secondary Trauma?**
 - Compassion fatigue, or secondary traumatic stress disorder, is a natural but disruptive by-product of working with traumatized clients.
 - Clients with whom you have rapport may feel safe enough to share their traumas with service providers, who may, in turn, carry these feelings with them.
 - Mirrors the symptoms of PTSD.
 - Common in many professions, including medicine, mental health, and human services.
 - NVTAC Coach Sarah Chung shared her personal experience as a direct service provider experiencing stress and anxiety due to her job. She stated that seeking help through counseling was critical to her ability to continue to work in a healthy way.
- **Self-Care for Service Providers**
 - Maintaining personal well-being is critical to being effective providers for vulnerable populations such as veterans with complex histories.
 - Factors that can help avoid burnout include exercise, setting professional boundaries, processing difficult experiences with others, and working within an organizational culture that prioritizes staff well-being and help-seeking.
- **Recognizing the Symptoms of Burnout**
 - Taking on the client's trauma (empathy turns to sympathy);
 - Becoming cynical or critical at work;
 - Becoming irritable or impatient with colleagues, clients, or family;
 - Having trouble concentrating;
 - Fatigue;
 - Stress; and
 - Bringing the work home.
- **Secondary Trauma Prevention and Treatment Strategies**
 - Secondary traumatic stress (STS) can result from being exposed to traumatic and troubling events and decreases staff functioning. For example, STS can result in increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction.

- Strategies to avoid STS include being aware of personal triggers, avoiding back-to-back case meetings to allow time to process, and building in time to decompress.
 - Compassion fatigue should be addressed at the individual and organizational level and falls under two categories: prevention and treatment.
 - **Secondary Trauma Prevention Strategies**
 - Strategies to prevent secondary trauma include life balance, relaxation techniques, contact with nature, creative expression, assertiveness training, interpersonal communication skills, cognitive restructuring, time management, and creating a plan for coping.
 - NVTAC Coach Sarah Chung shared that some strategies for assertiveness include setting limits with clients such as not accommodating last-minute requests or meetings at the end of the day. She said that expressing boundaries in a respectful and consistent manner can be helpful for both staff and clients by providing a positive example of saying “no.”
 - **Secondary Trauma Treatment Strategies**
 - Strategies to treat secondary trauma include focusing on self-care, journaling, seeking professional help, joining a support group, learning new self-care/stress management strategies, asking for help from social supports, and recognizing successes.
 - For providers experiencing an immediate crisis, consider calling 988 or seeking counseling. [Psychology Today](#) is a great resource to identify mental health providers near you.
 - **Organizational Secondary Trauma Prevention Strategies**
 - Organizations can seek to prevent secondary trauma by:
 - Creating a culture that normalizes the difficulty of working with trauma survivors;
 - Adopting policies that promote staff self-care;
 - Allowing for diversified workloads and encouraging professional development;
 - Creating opportunities for staff to get out into the community;
 - Ensuring a safe working environment;
 - Providing education and opportunities for discussion of STS; and
 - Making counseling resources/employee assistance available.
 - **Compassion Fatigue and Trauma-Informed Leadership for HVRP Providers**
 - Understanding Compassion Fatigue
 - Compassion fatigue is an emotional exhaustion that can result from caring for trauma survivors and lead to reduced empathy and increased cynicism. Symptoms include fatigue, headaches, and difficulty concentrating.
 - Trauma-Informed Leadership
 - Trauma-informed leaders model self-care, create supportive environments for their staff, and encourage the use of trauma-informed practices.

managing someone in crisis and getting them the care they need. To provide the best quality of care and support, providers also need to understand their vulnerability to secondary trauma and the importance of self-care. Organizational leadership and front-line staff can take steps to prevent and treat STS by encouraging open dialogue about mental health and seeking help.

HVRP grant recipients can request individualized TA for their program at any time by emailing contact@nvtac.org.

For more information, please visit www.nvtac.org.