



National Veterans' Technical Assistance Center Homeless Veterans' Reintegration Program (HVRP): Suicide Awareness and Secondary Trauma

Virtual Learning Course Series 6, Session 2 of 2 November 7, 2024

Reminder



HVRP best practices will be shared during this session. The National Veterans' Technical Assistance Center (NVTAC) encourages all grant recipients to utilize best practices that may improve their service delivery. Before implementing a practice discussed during this session, please review your award statement of work and contact your Grant Officer's Technical Representative (GOTR) to discuss if it is an allowable cost or activity or if it requires an amendment to your approved plan.



Contributing Factors for Veteran Suicide

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Contributing Factors for Veteran Suicide (1 of 2)

Contributing Factors

- > Suicide often has more than one causal factor and can often be the result of a complex interaction of risks
- > Risk factors are associated with an increased likelihood of suicidal ideations, attempts, and completions

Some risk factors include:

- Prior suicide attempts
- Mental health issues
- Addictions
- Access to lethal means
- Recent loss
 - Job loss
 - Friend or loved one (even the loss of a pet or service animal can be catastrophic for someone that has other contributing risk factors)
- Legal or financial stress
- Relationship issues
- Unemployment
- Homelessness

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Contributing Factors for Veteran Suicide (2 of 2)

Suicide Statistics

- According to the 2023 National Veterans Suicide Prevention Report, these are the groups most heavily impacted by suicide in 2021:
 - Women Veterans 24.1 increase in age-adjusted suicide rate between 2020 and 2021.
 - American Indian/Alaska Native Veterans Unadjusted suicide rate was 46.3 per 100,000, a 51.8 percent increase from 2020 to 2021.
 - Recent users of the Veterans Health Administration (VHA) benefits who were experiencing homelessness
 - Recent Veteran VHA users involved with justice program services
 - Suicide rate of 151.0 per 100,000 was the highest over the period of study
 - Suicide rate increased 10.2 percent between 2020 and 2021

(Source: 2023 National Veteran Suicide Prevention Annual Report)

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Veterans Experiencing Homelessness



- 2023 National Veteran Suicide Prevention Report statistics on VHA users experiencing homelessness:
 - > 112.9 per 100,000 suicide rate in 2021
 - \succ This is the highest rate observed between 2001 and 2021.
 - Suicide rate increase of 38.2 percent between 2020 and 2021
 - Suicide rate was 186.5 percent higher than for VHA users who were not experiencing homelessness.

(Source: 2023 National Veteran Suicide Prevention Annual Report)



Suicide Prevention for Veterans

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Suicide Prevention for Veterans



Protective factors

- Maximizing protective factors and minimizing the impact of risk factors is essential for everyone who knows, works with, or encounters veterans who are struggling
- > Protective factors can help offset the effects of risk factors on veterans who may have suicidal ideations

Some protective factors include:

- Access to adequate, easy-to-reach mental health care
- Having a sense of connectedness to community, friends, peers, and family
- Strong problem-solving skills
- Sense of spirituality and/or faith-based beliefs
- Having an external mission or purpose
- Physical health
- Employment
- Social and emotional well-being
- Collaboration with veterans in advance of suicide attempts can help them through times of crisis and can possibly prevent future suicide attempts. NOTHING is more important in a veteran's employment plan than helping them through a time of crisis

Lethal Means Safety



What is lethal means?

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. These can be weapons, narcotics, or other items that can be utilized by a person to inflict lethal, intentional harm, such as suicide

Lethal means safety

- Safe storage of any lethal means to build space and time between a person having thoughts of suicide and the method of suicide
- Effective lethal means safety education and counseling should be collaborative, veteran-centered, and consistent
- Increasing the amount of time from the decision to act on a suicidal ideation and the actual action can have a profound impact on the likelihood that the person will still carry out the attempt



Practical Applications for Suicide Prevention



Practical Applications for Suicide Prevention

Take all comments about suicide seriously

Regardless of how jokingly or casually a comment is made, suicidal comments or threats should never be ignored. The person may be hinting at underlying thoughts and feelings. This could be that person's last attempt to reach out for help before finally accepting suicide as the way forward

Anyone can help someone who is in a period of crisis

Licensed professionals are not the only people who can assist someone in crisis. No special training is required, although, as providers, it can help. Simply helping a person feel seen, included, and welcomed can go a long way to reduce suicidal ideations. Show genuine compassion and heartfelt support

Be comfortable asking uncomfortable questions

Asking someone if they are thinking about committing suicide will not put the idea in their mind. Your discomfort in asking a question today will be far less catastrophic than their successful suicide tomorrow

Put the veteran first

Nothing is more important than stopping everything and focusing on the life in front of you. Utilize the applications that will be discussed in the next few slides

VA S.A.V.E. Training (1 of 3)



- The U.S. Department of Veterans Affairs (VA) S.A.V.E. Program offers free online or in-person training to individuals to assist in increasing their awareness of the risks and protective actions necessary to reduce veteran suicide. The program has four components: Signs, Asking, Validation, and Encouraging/Expediting treatment and help
 - S Signs. Learn to recognize these warning signs:
 - Hopelessness, feeling there is no way out
 - > Anxiety, agitation, sleeplessness, or mood swings
 - > Feeling like there is no reason to live or like the world is better off without them
 - Rage or anger
 - > Engaging in risky activities
 - Increase in alcohol or drug use
 - Withdrawal from family and friends
 - Immediate concern: Thinking of hurting/killing themselves, looking for ways to die, talking about death, dying, or suicide, self-destructive or risk-taking behaviors

VA S.A.V.E. Training (2 of 3)



S.A.V.E. Continued:

- A Asking the question. Know how to ask the most important question of all
 - Are you thinking about killing yourself?
 - Are you having thoughts of suicide?
 - Are you having thoughts of taking your own life?
 - Ask in a way that seems 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?
 - > Do not wait until someone is already walking out the door
- ➢ V Validate the veteran's experience
 - Talk openly about suicide in a way that allows the veteran to express his or her own feelings without concern for judgment or consequence
 - Recognize that the situation is critical. Do not downplay the severity of whatever is troubling the veteran rather, acknowledge that their situation can be difficult and validate their feelings about the situation
 - Reassure the veteran that help is available

VA S.A.V.E. Training (3 of 3)



S.A.V.E. Continued:

- E Encourage treatment and Expedite getting help.
 - > Rapid response and effective recommendations for assistance are vital to helping a veteran in crisis
 - Call the Suicide & Crisis Lifeline through the Substance Abuse and Mental Health Services Administration (SAMHSA) at 988, the press 1 for the Veterans Crisis Line
 - Try to get the individual to seek immediate help from his or her health provider or the nearest hospital emergency room
 - If they do not seek assistance on their own, do not keep their suicidal behavior a secret notify the appropriate resources
 - Call 9-1-1
 - ALWAYS reassure the veteran that help is available and continue to be present. Do NOT leave the veteran alone during this time

(Sources: <u>VA S.A.V.E. Training</u>, <u>988 Suicide & Crisis Lifeline | SAMHSA</u>, <u>Veterans Crisis Line</u>)



Bridging Access Barriers with Telehealth Services for Veterans



Bridging Access Barriers with Telehealth Services for Veterans

- Key Benefits of Telehealth for Veterans:
 - Increases access to mental health services, especially in rural areas
 - Reduces travel barriers for veterans experiencing homelessness
 - Supports continuity of care for veterans experiencing housing instability
- Telehealth in Suicide Prevention:
 - Remote screenings for early detection of mental health issues
 - > Virtual counseling and crisis intervention
 - Integration with existing VA resources
- Challenges and Considerations:
 - > Technology access and digital literacy
 - Privacy and confidentiality in temporary housing or shelters
 - Building trust and engagement through a virtual medium

(Source: VA Telehealth Services)



What is Secondary Trauma?

What is Secondary Trauma?



- Compassion fatigue, or secondary traumatic stress disorder, is a natural but disruptive by-product of working with traumatized clients
 - It is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of post-traumatic stress disorder (PTSD)
 - Many types of professionals, such as physicians, psychotherapists, human service workers, and emergency workers, are vulnerable to developing this type of stress, though only a subset of such workers experience it



Self-Care for Service Providers

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Self-Care for Service Providers



- As service providers working with vulnerable populations, maintaining personal well-being is critical
- Self-care isn't just a personal responsibility; it's essential for maintaining effectiveness when serving veterans with complex mental health and trauma histories
- Physical exercise, setting professional boundaries, and processing difficult experiences with colleagues can help avoid burnout
- HVRP programs can benefit from creating an organizational culture that prioritizes staff well-being through open discussions and access to mental health resources



Recognizing the Symptoms of Burnout

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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
- Bringing the work home



Secondary Trauma Prevention and Treatment Strategies



Secondary Trauma Prevention and Treatment Strategies (1 of 2)

- Being exposed to traumatic and troubling events, sometimes on a daily basis, influences one's personal and professional lives
- Staff acquire different ways to cope some are adaptive, others are not
- Secondary traumatic stress (STS) can decrease staff functioning and create challenges in the working environment.



Secondary Trauma Prevention and Treatment Strategies (2 of 2)

- Some of the documented negative organizational effects that can result from STS are increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction.
- Addressing compassion fatigue needs to occur at both the individual and organizational levels and falls into two categories:
 Prevention and Treatment.



Secondary Trauma Prevention Strategies



Secondary Trauma Prevention Strategies (1 of 3)

Life balance

- > Work to establish and maintain a diversity of interests, activities, and relationships
- Relaxation techniques
 - Ensure downtime by practicing meditation or guided imagery
- Contact with nature
 - Garden or hike to remain connected to the earth and help maintain perspective about the world
- Creative expression
 - Things like drawing, cooking, or photography expand emotional experiences



Secondary Trauma Prevention Strategies (2 of 3)

- Assertiveness training
 - > Learn to be able to say "no" and to set limits when necessary
- > Interpersonal communication skills
 - Improve written and verbal communication to enhance social and professional support
- Cognitive restructuring
 - Regularly evaluate experiences and apply problem-solving techniques to challenges



Secondary Trauma Prevention Strategies (3 of 3)

Time management

- > Set priorities and remain productive and effective
- Plan for coping
 - Determine skills and strategies to adopt or enhance when signs of compassion fatigue begin to surface



Secondary Trauma Treatment Strategies



Secondary Trauma Treatment Strategies (1 of 3)

- Focusing on self-care
 - Making a healthy diet, exercise, and regular sleep priorities reduces adverse stress effects
- Journaling
 - Writing about feelings related to helping or caregiving and about anything that has helped or been comforting can help make meaning out of negative experiences
- Seeking professional support
- Working with a counselor who specializes in trauma to process distressing symptoms and experiences provides additional perspectives and ideas (Source: U.S. Administration for Children & Families)



Secondary Trauma Treatment Strategies (2 of 3)

- Joining a support group
 - Talking through experiences and coping strategies with others who have similar circumstances can enhance optimism and hope
- Learning new self-care strategies
 - Adopting a new stress management technique such as yoga or progressive muscle relaxation can reduce adverse physical stress symptoms
- Asking for help
 - Asking social supports or co-workers to assist with tasks or responsibilities can hasten healing



Secondary Trauma Treatment Strategies (3 of 3)

- Recognizing success and creating meaning
 - Identifying aspects of helping that have been positive and important to others assists with resolving trauma and distress



Organizational Secondary Trauma Prevention Strategies



Organizational Secondary Trauma Prevention Strategies (1 of 2)

- Create an organizational culture that normalizes the effects of working with trauma survivors
- Adopt policies that promote and support staff self-care
- Allow for diversified workloads and encourage professional development
- Create opportunities for staff to participate in social change and community outreach
- Ensure a safe work environment



Organizational Secondary Trauma Prevention Strategies (2 of 2)

- Provide STS education to and encourage open discussion of STS among staff and administrators
- Make counseling resources and employee assistance programs available to all staff



Compassion Fatigue and Trauma-Informed Leadership for HVRP Providers



Compassion Fatigue and Trauma-Informed Leadership for HVRP Providers

Understanding Compassion Fatigue:

- Emotional exhaustion from caring for trauma survivors
- Reduced empathy and increased cynicism toward clients
- Physical symptoms: fatigue, headaches, difficulty concentrating

Trauma-Informed Leadership:

- Leaders modeling self-care and resilience
- Creating supportive environments where staff can share experiences
- Encouraging the use of trauma-informed practices within the team
- Strategies for Preventing Compassion Fatigue:
 - Regular debriefing sessions to process difficult cases
 - Providing mental health support for staff
 - Encouraging a work-life balance to prevent emotional overload

(Source: Osmosis-Compassion Fatigue)

Resources



- National Veterans' Training Institute (NVTI) Suicide Prevention, Mental Health, and Burnout
- 988 Suicide & Crisis Lifeline | SAMHSA
- Veteran Crisis Line
- Veteran Suicide Prevention
- ➢ <u>VA S.A.V.E. Training</u>
- The Action Alliance: Veteran Suicide Prevention
- Self-Care and Secondary Trauma for Providers
- U.S. Administration for Children & Families
- Working with Trauma Survivors
- 2023 National Veteran Suicide Prevention Annual Report (VA)
- Osmosis-Compassion Fatigue





Questions?



Thank you!

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