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OneOp.org/learn/160017/

Public Health Approaches to Suicide Prevention: Working with Military Spouses and Families

Public Health Approaches to Suicide Prevention: Working with Military Spouses and Families



Event Materials

Visit the **event page** to download a copy of the presentation slides and webinar resources.



Continuing Education

This webinar has been approved to offer continuing education credit. Please stay tuned until the end for CE information!

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This material is based upon work supported by the National Institute of Food and Agriculture, U.S. Department of Agriculture, and the Office of Military Family Readiness Policy, U.S. Department of Defense under Award Numbers 2019-48770-30366 and 2023-48770-41333.

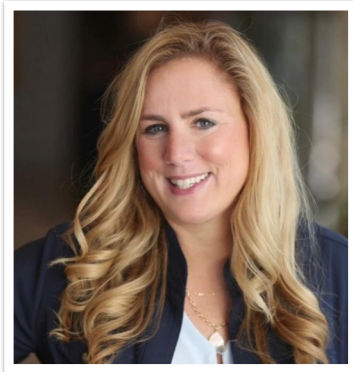
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The presenter has no relationships or conflicts of interest to report.

Today's Presenter



Dr. Keita Franklin

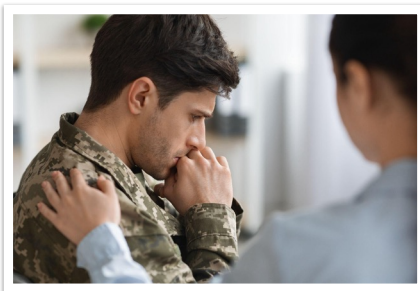
LCSW, Ph.D.

Specialist Executive Deloitte
Government and Public Sector
Co-Director —
The Columbia Lighthouse Project

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Previous Webinar



Public Health Approaches to Suicide Prevention: Working with Military Service Members

This webinar covers how to implement evidence-based public health approaches to suicide prevention. Specific focuses include how service providers can screen for suicide risk and align service delivery for military-connected adults.



Continuing education credits available



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Learning Objectives

1. Understand suicide prevention within the military-connected family and community
2. Identify risk and protective factors for military-connected families and spouses/partners
3. Articulate evidence-based strategies for engaging with families impacted by trauma, including suicide prevention screening

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Pre-Webinar Check-In



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Poll


I understand and can explain how military specific culture and stressors exacerbate mental health issues and increase suicide risk among military families and children.

1. Strongly Disagree
2. Disagree
3. Neither Agree or Disagree
4. Agree
5. Strongly Agree



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Short Answer Response

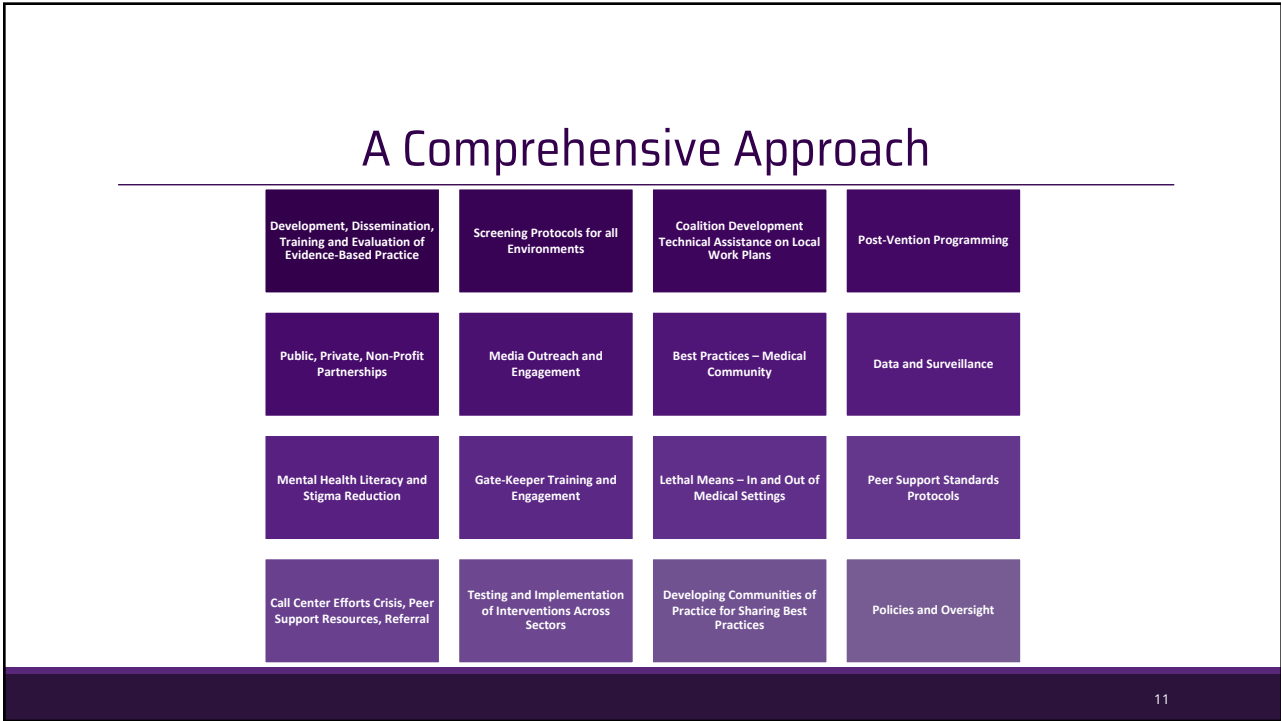
Why did you prioritize attending this webinar?

Share your response in the chat pod.



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Let's Talk About Military Families

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Military Family Demographics



55% of Service Members are married



43% of Service Members have children

- Very diverse population
- Generally, a younger population
- Very resilient in many ways
- Transient at times

Source: Centers for Disease Control and Prevention. (2023, November 29). *Suicide data and statistics*.
Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/suicide-data-statistics.html>.

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Understanding Military Culture and Lifestyle

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Unique Aspects of Military Culture

- Frequent deployments
- Relocations
- Prolonged separation of families
- Isolation
- Key demographics =
 - Young families
 - Highly operational
- Stigma; concerns that others will look down upon you if you have a mental health issue.



Photo by Ketut Subiyanto from Pexels

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Suicide – 2021 Data (Released in 2022)

Review from Public Health Approaches to Suicide Prevention: Working with Military Service Members Webinar



168 total family members died by suicide

- 114 Spouses
- 54 child dependents
 - 61% of spouses used a firearm
 - 56% of dependents used a firearm
- 52% were female spouses
 - 30% of dependents were female
- 84% were under the age of 40
 - 69% of dependents were under the age of 18
- 48% were also veterans themselves

Source: Centers for Disease Control and Prevention. (2023, November 29). *Suicide data and statistics*. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/suicide-data-statistics.html>

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Unique Stressors Faced by Military Families

- Fear of deployment-related injuries or death
- Financial strain, especially during deployments
- Adjustment to frequent moves
- Employment stressors
- Pre-existing exposure to trauma
- Relocation challenges
- Social isolation
- Access to MH services
- Social stigma around seeking MH support
- Relationship conflicts and strain



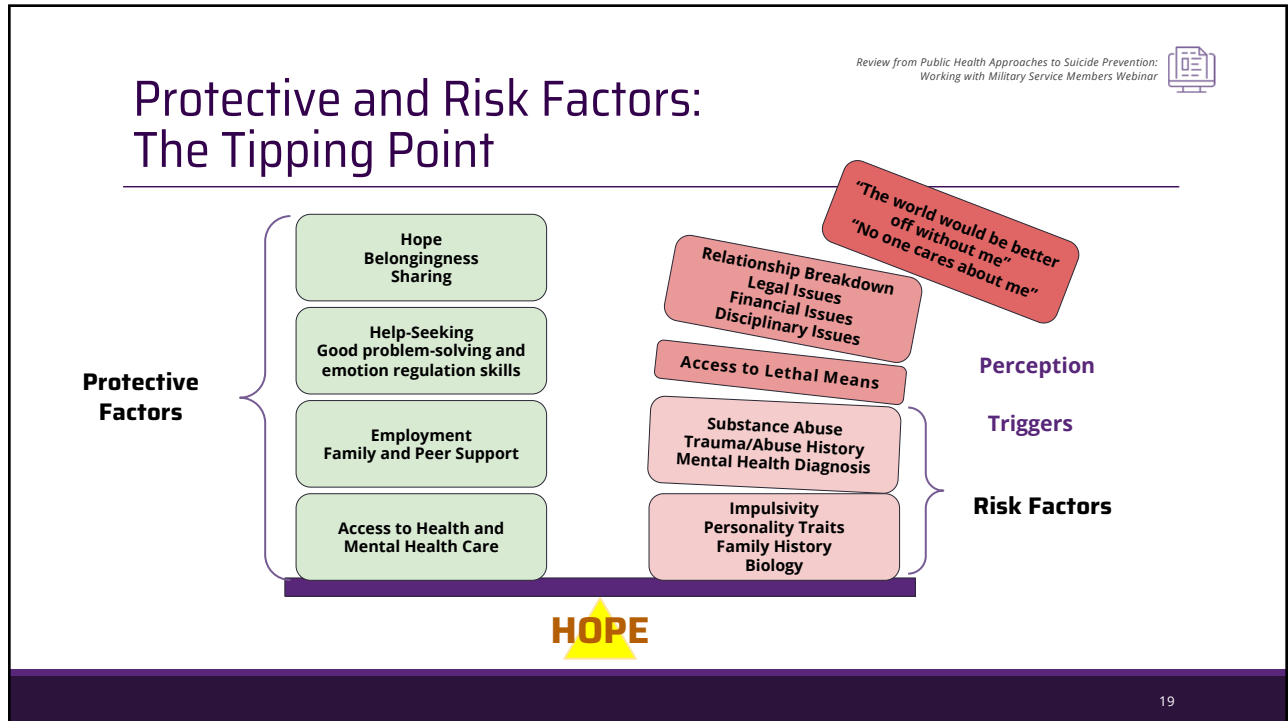
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Recognizing Risk Factors and Warning Signs

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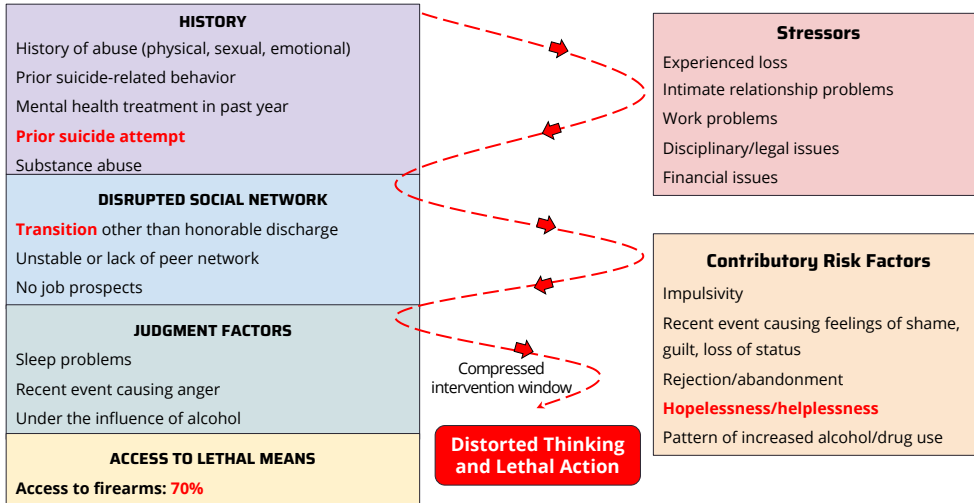
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Supporting Military Family Members

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Suicide: Who is at Risk?



Children and Suicide Risk

- Developmental lens
- Bullying
- Childhood abuse
- Parental history of suicide
- Mental health/emotional struggles
- Feeling a lack of control over their life or situation
- Eating disorders
- Interpersonal peer relationships



OneOp Webinar



Weaving Community Safety Nets for Youth

This webinar explores the who and how of building a safety net for youth who may be at risk for suicide. Discussions will include thinking comprehensively about how communities can work collaboratively with military service providers and mental health services to support military youth and families.

oneop.org/learn/160005/



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Warning Signs of Suicide Ideation

- Small subtle changes in...
 - Appearance
 - Personality
- Changes in sleep patterns
- Mood swings
- Talking about death and dying
- Sad
- Anxious
- Agitated



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Importance of Early Detection and Intervention

- Time it takes to treat
- Level of chronicity of issue
- Protects from future harm
- Improves overall outcomes
- Quality of life



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Strategies

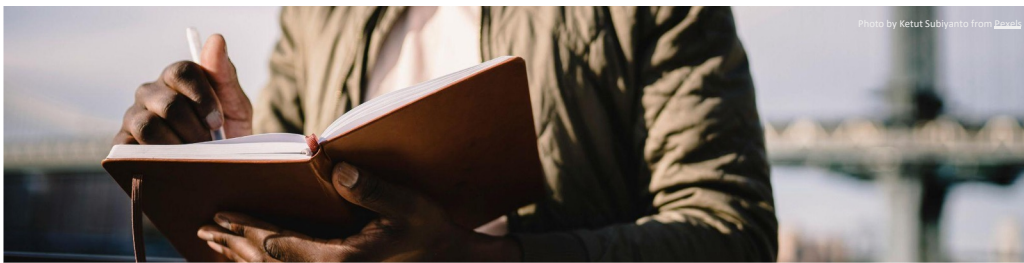
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Approaches for Working with Military Families – Self-Awareness

Self-awareness helps our clients be present through the ups and downs, and it teaches them how to proactively support themselves.

Build self-awareness by asking our clients these questions and encouraging them to journal or talk through the answers with you.



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Self-Awareness – What's My Role in this Family?

- How do I come across? What are my triggers?
- What are my core beliefs?
- What do I value?
- How do I show and receive love?
- What do I need to feel supported?
- How do I typically support others?

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Approaches to Working with Military Families – Practice-Based Skills on Self Care

Ensure that Military Spouses understand that taking care of their own well-being benefits everyone in the family.

- Rest – a good mix of rest and activity
- Do things you truly enjoy
- Share your feelings
- Set boundaries
- Physical movement
- Self-reflect
- Fuel your body
- Use positive self-talk
- Practice gratitude
- Use healthy coping skills during difficult times

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Approaches to Working with Military Families – A Focus on How to Truly “Check-In” with Everyone Regularly

Spouses will not know what everyone in the family is going through until/unless they check in. Even when everything looks fine, checking in regularly lets people know they care.

Focus on the person and move a step beyond the typical: “How’s it going?”

Have them ask about something they know is going on, an important event or relationship, or how they’re reacting to something in the world or within their family.

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Working with Military Families – Allow **All** Feelings

- Family culture where feelings are allowed.
- Feelings have a purpose.
- Spend time figuring out the “why” beneath a feeling.



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Working with Military Families – Hard Conversations

Teachable Moments

Difficult topics like:

- Family relationships
- Mental health challenges
- Mistakes and worries
- Frustrations
- Failure

Builds deeper connections and strengthens our relationships.

When military families show/demonstrate that they are willing to talk about these things – it leaves an opening to talk about suicide.

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Working with Military Families – A Focus on Listening

- Listening is an action – it is “doing” the act of receiving information.
- When someone shares something with us, a human instinct is to want to share back and act.
- But is this always what the person wants?
- A listening ear, to process something out loud, validation or reassurance is sometimes what is needed.

Encourage spouses to ask, “How can I support you in this?”

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Assessment and Screening Protocols

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CSSRS-Screening for Suicide Risks

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 of killing yourself?
If yes to 2, ask 3, 4, 5, and 6.

3-Have you been thinking about how you might do this? *E.g. "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it ... and I would never go through with it."*


4-Have you had these thoughts and had some intention of acting on them? *As opposed to "I have the thoughts but I definitely will not do anything about them."*

5-Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?

6-Have you ever done anything, started to do anything, or prepared to do anything to end your life? *Examples: 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.*

If yes: How many times in your life did this happen?

If yes: Was this within the past three months?




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Your Mission

- Care for the person in front of you
- Keep the person in front of you safe
- Leave a good impression for future help-seeking
- Ensure clients are aware of 988
- Take care of yourself afterwards

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Crisis Intervention and Safety Planning

Stanley-Brown Safety Plan

<https://suicidesafetyplan.com/forms/>
<https://suicidesafetyplan.com/training/>



STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

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

1. Clinician/ Agency Name: _____ Phone: _____
Emergency Contact: _____
2. Clinician/ Agency Name: _____ Phone: _____
Emergency Contact: _____
3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone: _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

The Stanley Brown Safety Plan is copyrighted by Barbara Stanley, PhD or Gregory E. Brown, PhD (2008, 2012). Individual use of the Stanley Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.

Stanley-Brown
Safety Planning Intervention

OneOp Webinar



Afraid to Ask: Talking with Children About Suicide

This webinar discusses how service providers can assist parents in talking with their children about suicide. This session explores developmental considerations in how to ask about suicidal thoughts, how to be prepared for a yes answer, what role 988 can play, and what to do next.

oneop.org/learn/160006/



Implementing Immediate Crisis Intervention Strategies

Case Example

Intervention Techniques

- Collaborative goal-setting
- Identification of coping strategies
- Social supports
- Professional resources

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Interdisciplinary Collaboration

- Military chaplains
- Family support programs
- Community resources
- Others?



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Making Appropriate Referrals

- Mental health care
- School counselors
- Crisis hotlines
- Continuity of care
- Follow-up



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Post-Webinar Check



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Poll

I understand and can explain the risk factors and protective factors associated with military families.

1. Strongly Disagree
2. Disagree
3. Neither Agree or Disagree
4. Agree
5. Strongly Agree



Short Answer Response

What is one thing you can do to help a military child struggling with suicide risk.

Share in the chat pod.



Download a list of webinar resources on the event page!

References and Resources

References

- Centers for Disease Control and Prevention. (2023, November 29). Suicide data and statistics. Centers for Disease Control and Prevention. <https://www.cdc.gov/suicide/suicide-data-statistics.html>.

Resources

- CDC Suicide Prevention – Facts About Suicide <https://www.cdc.gov/suicide/facts/index.html>
- Defense Suicide Prevention Office <https://www.dspo.mil/>
- National Action Alliance for Suicide Prevention <https://theactionalliance.org/>
- Reporting on Suicide, SAVE | Best Practices and Recommendations for Reporting on Suicide <https://reportingonsuicide.org/recommendations/>
- The Columbia Lighthouse Project <https://cssrs.columbia.edu/>
- Stanley-Brown Safety Plan <https://suicidesafetyplan.com/forms/>

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Questions?
Closing Comments?

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Continuing Education



This webinar has been approved for **1.5 continuing education (CE) credit hours** from the following:

- American Association for Family and Consumer Sciences
- DoD Sexual Assault Advocate Certification Program
- University of Texas at Austin, Steve Hicks School of Social Work
- Commission for Case Manager Certification
- National Advocate Credentialing Program
- National Council on Family Relations
- Patient Advocate Certification Board
- Certificate of Attendance

Evaluation Link

Go to the event page for the evaluation and post-test link.



Questions?

Email us at ce@oneop.org



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Upcoming Webinar



Navigating Intersectionality in the Treatment of Youth Problematic Sexual Behavior

May 2, 2024, 11:00 AM – 12:30 PM EST

This webinar delves into sexual behavior in children and youth through the lens of Diversity, Equity, Inclusion, and Belonging. The importance of understanding and addressing the unique challenges faced by children and families of color when youth exhibit PSB will be discussed.

Continuing education credits are available!



RSVP on the webinar event page!




OneOp.org/learn/160035

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Topics of Interest

- Family strengthening
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