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

Concerned Significant Other Engagement Guide

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

MAY 2021

INSTITUTE FOR MILITARY AND VETERAN FAMILY WELLNESS

The Institute for Military & Veteran Family Wellness is part of The University of Texas at Austin's Steve Hicks School of Social Work and Dell Medical School. The Institute conducts research, evaluation and program development to improve the lives of service members, veterans and their family members.

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ACKNOWLEDGMENTS

We would like to express our deep gratitude to all of the *All Hands on Deck Community Convening* participants for sharing their personal, sometimes painful, stories and experiences with us. We are so honored to have learned so much from you and we hope that this guide adequately reflects your valuable insights and experiences. It is our goal that this guide can influence new research that engages concerned significant others in meaningful ways to improve veteran suicide prevention and research.

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INTRODUCTION

The *All Hands on Deck: Community Convening to Improve Research on Veteran Suicide Prevention (AHOD)* project was designed to create opportunities for concerned significant others (CSOs) to share their voices and lived experiences related to veteran suicide prevention. Far too often, research questions are developed by researchers without sufficient input from those whose health and wellness are the focus of the research. Over the course of two days in October 2020, the PCORI-funded Engagement Award Community Convening met with **CSOs — family members, caregivers, peers and friends of veterans**, in order to improve engagement practices in suicide prevention and research efforts. Based on their input, along with insights from healthcare providers and suicide prevention researchers, this CSO Engagement Guide offers practical recommendations on how researchers can more effectively involve CSOs in veteran suicide prevention research studies and programming.

This guide was developed in collaboration with the AHOD Advisory Board and AHOD Work Groups that met monthly after the AHOD Community Convening. The guide describes the themes that were raised during convening discussion groups, as well as recommendations that stemmed from these conversations. **These recommendations are intended for veteran suicide prevention researchers** looking to engage concerned significant others in their research as study team members. **In addition, this guide can help providers improve clinical engagement** by tailoring their approach to the unique challenges and needs, as stated by veteran and CSO participants.

Three main strategies were used to engage CSOs, researchers and providers throughout the project:

1. **Forming an advisory board** comprised of CSOs, researchers, providers, and veterans

2. **Hosting a virtual two-day convening** in which participants discussed ways to improve CSO engagement in research and practice, and raise key issues impacting veteran suicide prevention efforts

3. **Hosting monthly work groups** with convening participants to further explore major themes identified throughout the convening

ALL HANDS ON DECK

Advisory Board · Community Convening · Monthly Work Groups

Each step of the AHOD process was informed by CSO feedback; including the development of convening topics, work group discussions, and providing guidance on the creation of this guide.

Why CSOs?

CSOs are a consistent presence in veterans' lives who provide ongoing emotional and physical support in daily life and in times of crisis. They are attuned to veterans' needs, including when their veteran is struggling, and in need of additional support. When CSOs are able to engage with veterans' health care, they often bridge a gap across military and civilian or healthcare cultures and can help increase understanding between the veteran and the provider. CSOs are an underutilized resource for veterans who are at risk for suicide. Considering their awareness of veterans' needs, and their ability to provide regular social support, identify high risk behaviors, and offer de-escalation in times of crisis, CSO involvement in prevention and intervention efforts is crucial. This expertise in the lives of veterans at risk for suicide can also enhance the design and conduct of suicide prevention research. In this guide you will hear suggestions from CSOs regarding how to leverage their involvement and insight to design more effective suicide prevention and intervention approaches.

Methods

In line with the definition of *Patient-Centered Outcome Research (PCOR)*, this project used engagement methods that involved stakeholders who have the most to lose and gain from effective research on healthcare practices. By prioritizing the involvement of veteran suicide prevention stakeholders through structured in-depth discussions, the recommendations in this guide uphold PCOR's focus on patient decision-making, and are therefore more likely to result in improved CSO engagement practices by researchers who study veteran suicide prevention..

Upon registering for the convening, all participants were given consent forms, where they could agree to be recorded during the two-day event. During the convening, all consenting breakout groups were recorded, and then later transcribed to ensure that organizers were able to systematically analyze and synthesize the comments made by participants during these conversations. Those who did not consent to being recorded, were placed in separate, non-recorded break out rooms. Following the convening, AHOD project staff coded the small discussion group transcripts. This coding process was done using a qualitative research software (Dedoose) to track how many times participants referenced a given theme throughout the course of the two-day convening (See Appendix B for a complete list of codes used). Based on identification of the themes most frequently discussed, staff developed the first draft of the CSO Engagement Guide. Work group participants reviewed the guide and offered feedback to ensure it was representative of the perspectives and experiences of participants.

Advisory Board Overview

To ensure that this project was informed by stakeholders, AHOD organizers recruited 16 advisory board members that included representatives from the CSO, veteran, provider, and researcher communities. The majority of AHOD board members wear multiple hats; often identifying as both a CSO *and* a provider, or a veteran *and* a researcher. The first advisory board meeting was held in August 2020, where staff and board members discussed the initial conception of the convening. Advisory board meetings were held monthly, to plan and implement the convening, work groups, and the creation and dissemination of this guide.

16 Advisory board members, each representing multiple roles

7 Veterans

11 CSOs

7 Researchers

16 Providers

Advisory Board Members

Executive Planning Committee

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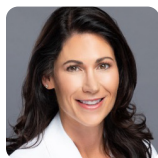
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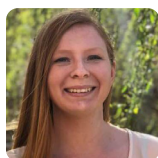
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*Additional board members include **Kathryn Bongiovanni, Bertha Milo, SGT Theo Pinson,** and **Anthony Triola**

CONVENING AND WORK GROUP OVERVIEW

The All Hands on Deck (AHOD) Community Convening was hosted virtually on October 28-29, 2020. The Convening welcomed 78 participants from across the country. Participants included researchers, providers, veterans, and concerned significant others (CSOs) who represented veterans, veteran family members, spouses and caregivers.

To solidify strategies for improving research engagement with CSOs, a series of monthly work groups were facilitated over four months following the Convening. During these work groups, researchers, providers, and CSOs engaged in rich discussions that led to the identification of barriers surrounding engagement of CSOs in veteran suicide prevention and research, as well as the development of creative solutions to address these barriers and review current best practices to engage CSOs in veteran suicide prevention practices and research.
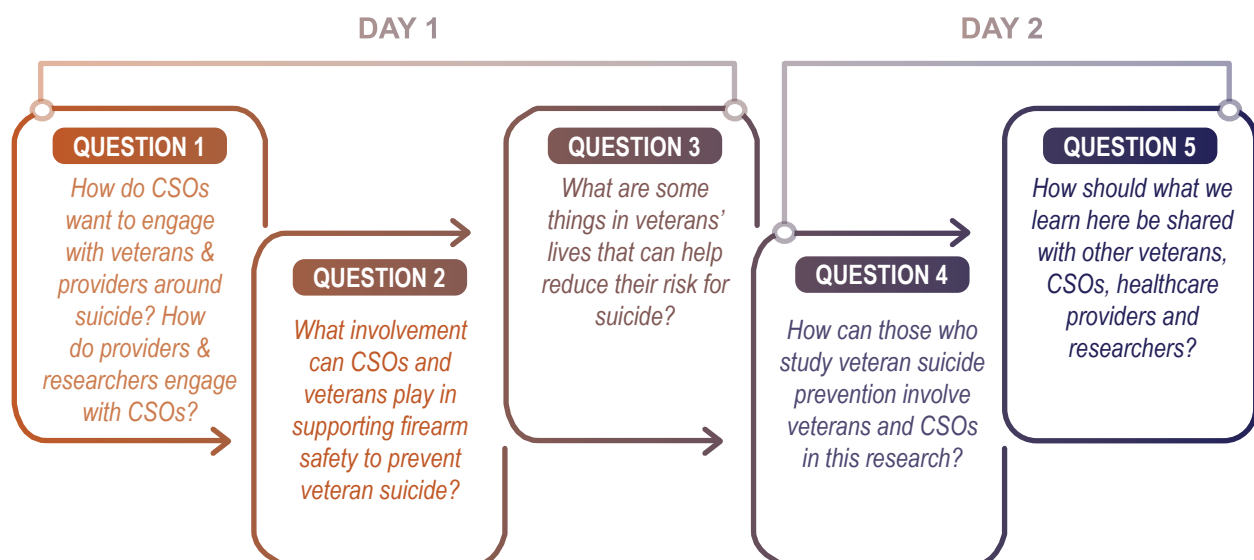
Convening

The AHOD Convening was hosted over two days using Zoom, for four hours each day. The purpose of the convening was to conduct a series of discussions with CSOs, researchers, and providers around suicide prevention, and how to better engage CSOs in future research and programming. To address this topic, with the help of AHOD Advisory Board members, convening organizers developed five questions to guide discussions. Question prompts were given to convening facilitators to help ensure consistent discussions among breakout groups (see Figure 1). Discussions took place in both small breakout rooms and large group discussions. Small group discussions were led by facilitators in Zoom Breakout Rooms. Questions were designed to ensure that all participants could contribute to the discussion, regardless of their role and/or lived experience by ensuring that some questions were specific to CSOs.

Figure 1. AHOD Convening Discussion Questions

DAY 1

QUESTION 1
How do CSOs want to engage with veterans & providers around suicide? How do providers & researchers engage with CSOs?

QUESTION 2
What involvement can CSOs and veterans play in supporting firearm safety to prevent veteran suicide?

QUESTION 3
What are some things in veterans' lives that can help reduce their risk for suicide?

DAY 2

QUESTION 4
How can those who study veteran suicide prevention involve veterans and CSOs in this research?

QUESTION 5
How should what we learn here be shared with other veterans, CSOs, healthcare providers and researchers?

Work Groups

Following the AHOD Convening, participants were invited to attend monthly work groups where further discussions took place based on the most prevalent topics discussed during the convening discussion groups. Three monthly work groups were established that addressed the main themes from the convening discussions (see Figure 2). During each work group, organizers facilitated discussions based on the underlying goal of developing solutions for better engaging CSOs around suicide prevention research.

Figure 2. Work Group Overview

	20-DEC	21-JAN	21-FEB	21-MAR
WORK GROUP 1 Improving engagement of CSOs, researchers, and providers in suicide prevention research	Building Trust	Provider Limitations	Improving Current Programs	CSO Engagement Guide Review: Barriers
WORK GROUP 2 Identifying strategies to involve CSOs in lethal means risk management	CSO / Family Support	Barriers and Solutions to Perception and Stigma	Lethal Means Risk Management	CSO Engagement Guide Review: Prevention & Engagement
WORK GROUP 3 Identifying protective/ prevention factors that can help reduce the risk for veteran suicide	Encouraging a Sense of Purpose and Connection	Reframing the Issue	Sharing the Burden of Care (system and CSO involvement)	CSO Engagement Guide Review: Future Recommendations

Table 1. Work Group Attendance

ROLE	DECEMBER			JANUARY			FEBRUARY			MARCH		
	Topic 1	Topic 2	Topic 3	Topic 1	Topic 2	Topic 3	Topic 1	Topic 2	Topic 3	Topic 1	Topic 2	Topic 3
CSOs	6	5	5	3	6	9	7	6	8	8	7	6
Veterans	3	2	2	2	1	3	2	1	2	3	6	3
Researchers	5	2	1	2	3	4	6	5	7	4	4	4
Providers	6	5	3	1	5	8	9	6	9	8	10	6
TOTAL*	13	10	8	7	9	14	12	11	11	11	13	10

*Many attendees held multiple roles, often identifying as both Provider **and** CSO, Researcher **and** Provider, etc.*

RECOMMENDATIONS AND RESULTS

AHOD organizers documented and synthesized all participant comments during discussions in both the convening and work groups and identified three main themes:

1. **Barriers to Engaging CSOs in Veteran Suicide Prevention and Practice,**
2. **Promising Engagement and Prevention Strategies, and**
3. **Recommendations for Future Engagement of CSOs.**

Data was collected by transcribing Zoom recordings, and analyzed used Dedoose, a qualitative research software. A codebook was developed to guide coding by the project team. The analysis included calculating the frequency of topic themes discussed throughout the convening and subsequent work groups.

While the main purpose of this guide is to provide recommendations for improving CSO engagement in veteran suicide prevention research and programming, it is important to note the existing efforts being made in this area by other initiatives, along with the known, existing barriers. As such, this guide will reiterate barriers that exist, while also describing current initiatives that either serve as a model, or a building block to improving CSO engagement within the context of veteran suicide prevention.

How This Section is Organized

This guide will start by providing an overview of the components of the *All Hands on Deck project* that led to the development of final recommendations. The recommendations will then be explored, broken into three sections, based on the main themes listed above.

Participant quotations will appear before each section to highlight main themes and recommendations as presented by participants throughout the course of the convening and work groups. In addition, the following features are included in the recommendation section of this guide. They are intended to bring attention to recommendations, existing services, and the voices of convening and work group participants.

EXISTING RESOURCES
Existing resources box example

Existing Resources are provided in each section to highlight current services and resources as they align with a given topic. Many other resources also exist, but these examples were mentioned throughout the convening and serve as examples when exploring best practices.

Information spotlight box example

Information Spotlights call attention to terminology that is important to the guide, including definitions, content highlights, and examples of recurring themes.

Research Question Spotlight
Research question box example

Research Question Spotlights are intended to provide examples for how researchers can frame future research questions, based on the information provided in each sub-section.

Recommendations Overview

This page offers a synthesis of the primary recommendations which will be explored in depth throughout this section of the guide..

Honor the Veteran's Sense of Identity

Researchers and providers must recognize the unique challenges faced by active duty service members when transitioning to civilian life; specifically those associated with losing their community, along with the sense of purpose so inherent to the military experience. By honoring the veteran's sense of self, and recognizing those unique challenges and experiences faced by the veteran, providers can more effectively engage CSOs in care, leaning on these relationships as a protective factor to ensure a more holistic approach to wellness is maintained.

Normalize Mental Health and Crisis Management

Providers and researchers must prioritize and normalize conversations surrounding mental health and crisis management, integrating these conversations and psychoeducation into routine check-ups. By normalizing the conversation and developing a plan early on, veterans and CSOs can feel more prepared to identify risk and protective factors; creating a foundation for the communicative, collaborative, supportive relationships needed to prevent veteran suicide.

Empower CSO Involvement

Providers and researchers should routinely assess for veterans' core support systems. By assessing for and encouraging CSO support, providers and researchers can ensure that veterans are armed with protective factors long before they arrive at a place of crisis.

Strategic Recruitment

By leveraging existing partnerships, researchers can ensure more consistent, effective recruitment and engagement efforts that are rooted in trusting, safe relationships. In the military and veteran communities, there are numerous organizations that exist to develop camaraderie and trust among their members. By partnering with these organizations for a shared purpose of creating new ways to improve wellness, potential study participants are more likely to trust researchers and engage in research studies.

Establish Transparent, Communicative Relationships

By effectively communicating the value of their participation and how it can impact policy and/or interventions, veterans and CSOs may be more likely to engage in research, creating a rewarding experience for both researcher and participant. Similarly, by designing studies that prioritize transparency and collaboration, while honoring the unique experiences of CSOs and veterans, researchers can ensure that veterans and CSOs feel a sense of investment and ownership in the research process.

Maintain Cultural Competency

When working with veterans, providers and researchers should have a baseline understanding of the military-informed cultural identity held by veterans, as this greatly impacts the display of disclosure, communication, triggers, and red flags. Similarly, this concept is important in understanding the unique role of a CSO, both as a supportive entity, and an individual dealing with their own unique set of challenges and perspectives. As such, providers and researchers must work with CSOs, honoring their needs for how to best support their veteran, while also prioritizing their own wellbeing.To ensure adequate delivery of military culturally informed care, providers and researchers should attend military cultural competency trainings and professional development opportunities. This should be an ongoing educational pursuit for anyone who works with veterans and their families.

Barriers to Engaging CSOs in Veteran Suicide Prevention Practice

Before identifying best practices for engagement and prevention strategies, it's important to first examine some of the major barriers and limitations surrounding how current suicide prevention and intervention impacts veterans and CSOs, with the idea that this may inspire solutions that can address these barriers.

Misconceptions of Mental Health & Suicide	System Limitations	Provider Limitations
⚙ Stigma Surrounding Mental Health and Suicidality ⚙ Fears or Concerns of Perception and Identity	⚙ Lack of Adequate Information ⚙ CSOs Left Out of the Treatment Process ⚙ Lack of inviation to Join Research Teams ⚙ Distrust of the System	⚙ Inadequate Provider Preparedness ⚙ Medically-Driven Approach to Care ⚙ Lack of Veteran-Specific Care

Misconceptions of Mental Health and Suicide

> " The stigma is something that is just so drilled into you from the beginning that I think that it stays with you. So I think a lot of times that is probably a huge barrier for veterans. You get out and you still have that stigma that you can't seek that help or you don't want to seek that help because if you do, there's something wrong with you or you're weak. "
>
> **CSO**

A major barrier contributing to lack of engagement of veterans and their CSOs in mental health care, is the ***stigma surrounding mental health and suicidality,*** and ***fears or concerns of how the veteran or CSO is perceived within their family and community***. Mental health stigma goes far beyond the military and veteran community; however, respondents in the convening indicated that it is especially pervasive within this community. Many active-duty service members and veterans are rooted in a culture that values strength, resilience, and perseverance. This identity is reflective of the "*warrior ethos*," which emphasizes that the needs of the group and mission outweigh the individual needs of a service member. Due to these ingrained beliefs, both the culture and individuals within it do not give sufficient attention to the impact of trauma and other military stressors on their mental health; furthermore, there is inadequate access to and availability of effective treatment. These barriers influence how service members and veterans feel about accessing mental healthcare. Many veterans and CSOs experience stigma surrounding mental health and suicide, as it is assumed to indicate weakness, which is antithetical to military culture.

The ***Warrior Ethos*** is a set of principles focused on selfless service that veterans have been trained to follow throughout their service. This concept creates a deeply rooted identity in service members, where they must prioritize the needs of the military mission over their own. As such, many veterans believe that seeking support is a sign of weakness, creating a barrier to receiving care upon returning to civilian life.

When mental health needs are considered "weaknesses," it can be difficult for CSOs to broach the subject of mental health and suicide when trying to support their veterans. To address this cultural influence on mental health, a major shift is needed to destigmatize and normalize mental health, that would in turn reduce the risk for suicide. Access to regular mental health care that emphasizes wellness would also serve to strengthen the psychological resiliency of service members.

To best support veterans and CSOs around suicide prevention, providers, researchers, and administrators must address the stigma, shame, and identity perception that veterans and CSOs struggle with, as it relates to mental health concerns.

Additional topics that were discussed surrounding cultural misconceptions of mental health and suicide include CSO fear of bringing up suicidality, CSOs and veterans feeling powerless, and veteran fear of repercussions (in their job, social setting, community, or relationship).

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
"

Limitations in many healthcare systems are perceived as causing barriers. These often include health care policy, regulatory institutions and research entities that operate within restrictive processes and standards. In terms of veteran suicide prevention, these system limitations often result in the *CSO and/or veteran not receiving adequate information* on what's available to them, or how to navigate certain systems to receive care and support. Many who hope to engage in care are left with sparse, or fragmented answers for where to go and how to find effective care. CSOs hoping to improve how they support their veterans often find little information for how to do so. In addition, they often do not feel support and encouragement from their healthcare system for becoming engaged in the process.

In addition to not receiving information and resources, many *CSOs reported that they are not being invited into the treatment process* by providers. This is often experienced even after the CSO receives permission from the veteran to be involved in their healthcare. As CSOs are often the main support system in veterans' lives, this is a primary barrier for improving veteran suicide prevention efforts. This disconnect may result in a veteran receiving siloed, fragmented care if they prefer to have their CSO involved to manage information they receive. It also contributes to the CSO not feeling able to adequately support their veteran.

Systems of care are often short-staffed and providers therefore lack the bandwidth to adequately serve veterans while including CSOs in their care. To bridge this gap, providers require more training and support from their organizations. This includes finding solutions to ensure more one-on-one time with clients and CSOs.

Likewise, CSOs and veterans who have past experience with risk for suicide are *not invited to join research teams*. Their involvement is essential to designing research questions, studying comparative practices, and devising innovative methods for engaging participants, among other activities.

Lastly, many *veterans and CSOs experience a general distrust of their systems of care*. Much of this distrust comes from a history of feeling dismissed or let down when veterans and CSOs do pursue care. Others note a lack of trust and assurance that if they were to disclose struggles with mental illness or suicidality (to a provider, researcher, supervisor, etc.), there would be negative repercussions in their job, social setting, community, or relationship. This shows up in the form of restrictive care guidelines, inaccessible care, fragmented distribution of information, and a lack of transparent communication. This barrier in many ways links back to the negative stigma and perception of seeking mental healthcare. Active-duty service members may have experienced instances where past attempts to access mental health support resulted in negative career repercussions. Others, who felt more motivated to pursue care, often reported that providers did not adequately address their pleas for help. The end result is an overall distrust of "the system," which results in them rejecting support from those who are well intentioned.

Additional topics that were discussed surrounding system limitations include lack of information and resources received by the veteran and CSO, disregard for veteran self-determination, and an oversaturation of information leading up to the transition into civilian life.

Provider Limitations

"

We had a client who we referred somewhere. That client came back and described this experience, where basically she expressed suicidal ideation, and the provider flipped out, just did not handle the situation well at all… Obviously that provider just didn't know the protocols enough, didn't feel comfortable enough to serve their client… I think that we need to be having more of these discussions so that we all know how to handle this, from provider to CSO to Veteran. When you're in a situation, you're having suicidal thoughts, what do we do? How do we all come together and respond to this appropriately?

"

CSO & Provider

Provider limitations were noted as a significant barrier for veterans and CSOs in need of adequate prevention and intervention support. More specifically, the majority of participants noted that *providers are often inadequately prepared* to effectively support veterans experiencing mental health concerns, and/or intervene in suicide prevention efforts either proactively or in times of acute crisis. For many veterans, they are only interfacing with medical providers in their routine check-ups. Providers operating outside the realm of mental health (and many operating within), often do not receive the adequate training needed to effectively respond to clients who exhibit red flags or express struggles with mental health and suicidal ideation. In these instances, providers are not always responding appropriately with support, resources, and interventions.

Providers should routinely assess for veteran support systems; including if a veteran chooses to invite a CSO into their care appointments. In times where a CSO is not able to physically be present for appointments, providers can include them in the session by phone or video call.

In many cases, participants note that providers exhibit an *overreliance on a medication-driven approach to care*. While access to medication is helpful for many, some find this approach problematic, as the focus of treatment is limited to symptom reduction, rather than addressing the client's mental health symptoms holistically. The lack of person-centered care exhibited by some providers can leave both the veteran and CSO feeling helpless, hopeless, and isolated, leaving at-risk veterans without the required support needed to lessen suicide risk. In addition, many providers and researchers note that this lack of training and preparation leaves them feeling powerless to intervene. Existing practices that are not medication-based are available for providers to offer including psychotherapy, animal-assisted therapy, peer support and family or relationship-focused therapies.

Lastly, many veterans and CSOs cite an overall *lack of veteran-specific care*. This directly links to a lack of cultural competency from the provider, where the care being offered does not address the unique and nuanced experiences of veterans and their loved ones. This lack of culturally informed or person-centered care may lead providers to miss the mark in their goal of providing effective, high quality care.

Research Question Spotlight

What provider practices are effective at engaging CSOs in veterans' care?	*At what points in the care process are CSOs' involvement most useful?*	*Which areas of care benefit most from CSO engagement?*

To address these engagement barriers, the next two sections will describe promising solutions suggested by CSOs, providers, and researchers.

Promising Engagement and Prevention Strategies

Ensure Accessible Collaborative Care	**Honor the Veterans' Sense of Identity**	**Crisis Management & Safety Planning**	**Empower CSO Support & Advocacy**
⚙ Transparent, Person-Centered Care ⚙ Building Trust & Safe Relationships ⚙ Streamlined Dissemination of Information ⚙ System Integration & Support	⚙ Transition Support ⚙ Creating a Sense of Purpose & Connection	⚙ Identifying High Risk Behaviors ⚙ Lethal Means Risk Management	⚙ Community, Family, & Peer Support

Ensure Accessible, Collaborative Care

> " I am not a veteran, but I had to work really hard to earn veterans' trust to ensure they would feel comfortable sharing their trauma with me - and that was something sacred to me that I held. But you have to earn that to help them feel comfortable sharing. Because if they don't want to talk and go to the depths of despair of suicide, I mean, how can you make movement? You have to go there with them. "

Provider

In order to overcome the barriers listed above, CSOs and veterans must be met with ***transparent, collaborative, person-centered, accessible care***. Person-centered care is particularly important when working with veterans and CSOs, as their military/veteran status plays a large role in how they perceive and access care for mental illness. This cultural experience may also influence the types of support and healthcare practices that may be most effective. When providers or researchers support veterans and engage CSOs, it's important to offer culturally competent information and care that considers the experiences and perspectives of the military and veteran community. This is especially important when considering how veterans may be experiencing mental illness and isolation in relationship to their sense of identity (often including the warrior ethos). Similarly, the unique cultural implications affecting the veteran, may also be impacting the CSO, which in turn can influence how they view and approach their role supporting their veteran.

In addition, providers and researchers must prioritize ***building safe and trusting relationships*** with veterans and CSOs. Trust is an integral part of engaging in productive conversations surrounding mental health and suicide, especially when working with the military and veteran community. In order to create a more effective, collaborative prevention approach, providers, and researchers must prioritize building trust with veterans and CSOs. As CSOs are often the main support system

Person-centered care empowers people to take charge of their own health rather than being passive recipients of services. This means putting people and their families at the center of decisions and seeing them as experts, working alongside professionals to get the best outcome. For veterans, person-centered care includes honoring their preference to engage their chosen CSO in their care.

for veterans, providers and researchers have an important opportunity (and responsibility) to teach not only veterans, but also CSOs, how to recognize the signs and symptoms of suicidality, identify their veterans' 'triggers', and learn strategies to engage in difficult conversations that ensure support is being offered far in advance of a suicidal crisis.

In order to strengthen engagement of CSOs, it's important for providers and researchers to *streamline the dissemination of information*; ensuring that CSOs and veterans are receiving consistent, clear information related to psychoeducation, prevention strategies, and available resources. CSOs and veterans should be granted access to tools and information available through trainings and workshops, designed for them to ensure they feel informed and prepared to tackle the challenges associated with mental illness, mental health crises, and the risk for suicide. More specifically, by gaining information on ways to access support *prior* to the emergence of a crisis, CSOs and veterans can feel more prepared when faced with concerns surrounding mental illness and suicide prevention. This information must be presented in culturally-informed manner, honoring the experiences, sense of identity, and perspectives common to military culture.

Within healthcare, systems of care and research initiatives should prioritize *system integration and support*. No provider or researcher is able to single-handedly combat veteran suicide. Therefore, an emphasis should be placed on integrating systems, organizations, and approaches to care that collaboratively address and support veteran and CSO wellness, and how best to engage CSOs in evidence-based practices for suicide prevention.

By ensuring that providers are adequately prepared to discuss mental health and suicidality in a person-centered approach, CSOs and veterans can in turn, feel more empowered to engage in collaborative care, and develop the effective communication skills needed to combat mental health challenges and suicide. By reinforcing these efforts from the system-level, we can ensure that CSOs and veterans are receiving the care they require and deserve.

EXISTING RESOURCES

Family Watch Model
(International)
Involve families in suicide prevention and teaches them how to respond in a crisis.

Mental Health First Aid
(National)
Skills-based training course that teaches first responders, teachers, veterans, family members, and the general public how to identify, understand, and respond to signs of mental illnesses and substance use disorders.

Healing Warriors Program
(Colorado)
Suicide prevention through holistic, non-narcotic therapy services that address pain, post traumatic stress, and sleep disturbances. Designed for veterans and active duty service members, and their spouses, partners and parents.

System integration and support can be acheived by providing support networks for providers as they engage in suicide prevention efforts, and offering routine training opportunities to create system-wide best practices on CSO engagement and follow-up practices.

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

When engaging in veteran suicide prevention, crisis management and safety planning play a crucial role. While providers and researchers should be well versed in approaches for crisis management, it is arguably more important for CSOs to be well-versed in how to prevent and prepare for a crisis with their loved one. This includes identifying behaviors and techniques to address risk factors and interventions related to crisis prevention and management. CSOs are the most important immediate resource to a veteran when considering their ability to consistently support protective factors, identify high risk behaviors, and offer de-escalation in times of crisis. As such, providers and researchers who work with CSOs and veterans should discuss crisis management and safety planning, even if there does not appear to be a risk in the immediate future. By planting the seed, and creating a plan, CSOs and veterans can open an important line of communication, and develop strategies to feel more prepared if and when a crisis arises.

Two important elements of effective crisis management, are being able to recognize ***high risk behaviors***, and integrating ***lethal means risk management*** into everyday life. These are both primary protective factors that researchers and providers support to improve veteran suicide prevention efforts. The key for each of these is for CSOs and veterans to be able to discuss crisis management with open communication, ensuring they can develop strategies prior to the emergence of a crisis, to have a mutually agreed-upon plan in place when a crisis emerges

High risk behaviors are often indicative of red flags associated with mental health and suicidality, and could include violence, substance use, motor vehicle accidents, or risky sexual behaviors. Lethal means risk management refers to gaining new skills and engaging in prevention strategies that CSOs and veterans can co-develop to ensure veterans have created time and distance from accessing lethal means (e.g., firearms,

EXISTING RESOURCES

Colorado Firearms Safety *(Colorado)*
Group of gun shop owners, firearm trainers, and public health researchers who educate firearm retailers, range employees, and the general public about suicide prevention and firearm safety.

Counseling Access to Lethal Means (CALM) *(National)*
Workshops designed to help providers implement counseling strategies to help clients at risk for suicide and their families reduce access to lethal means.

Cover Me Veterans *(National)*
An organization that provides resources, tools, and information for ensuring firearm safety.

Hold My Guns *(National)*
Connecting firearm owners with voluntary, private off-site storage options during times of mental health crises or personal need.

Walk the Talk America *(National)*
Works to reduce firearm suicides and other negative incidents associated with firearm ownership through formal education, outreach, and engagement.

Veteran Crisis Line *(National)*
1-800-273-8255 (Press 1)
Reach caring, qualified responders with the Department of Veterans Affairs. Many of them are Veterans themselves.

medication, etc.). It is crucial for providers and researchers to normalize conversations surrounding crisis management, integrating these conversations and psychoeducation into routine check-ups. Consider how routine dental check-ups are an accepted, expected part of oral health care. Dentists remind us to brush and floss and give us the tools to do so at every appointment. Standardizing crisis management into care is a crucial component to destigmatizing mental health and suicide risk in the military and veteran community.

By normalizing the conversation and developing a plan early on, veterans and CSOs can feel more prepared to identify risk and protective factors. In turn, this can create a foundation for more communicative, collaborative, supportive, relationships. Providers can support this process by offering ongoing psychoeducation, ongoing wellness check-ins, and the dissemination of appropriate resources and referrals.

Research Question Spotlight

How can we effectively involve CSOs in safety planning? How do veterans want to involve CSOs in safety planning?	*What effective provider-focused trainings exist to involve CSOs in safety planning?*	*How does involving CSOs in safety planning compare with current safety planning approaches?*

Honor the Veteran's Sense of Identity

" The thing that really helped me out is having another mission – finding a new purpose – something to do that's meaningful. Veterans are very service-oriented, you give us a mission, we want to do it. Finding volunteer opportunities or workplaces that are veteran-centric, is another big tool. Just finding that purpose, that mission, I think that's so important, and letting veterans know what's out there and how they can get involved. That's something that can really help us get in the right mindset during transition. "

Veteran & Provider

An important consideration when discussing veteran suicide prevention is the **need for adequate transition support** for the individual and family as they transition from active-duty service to civilian life. When a service member transitions out of the military, they and their family often experience a number of challenges associated with geographic relocation, career uncertainty, family reintegration, and the re-establishment of community and supports (to name a few). Providers and researchers must recognize the challenges associated with transition for both the veteran and the CSO, which require an equally unique and specific set of services.

For many veterans, a result of this transition process can involve struggling with their identity and sense of purpose after losing connection to the military community that was once such an integral part of their lives. This can lead to mental health challenges if they are not able to find new connections and social support. Researchers and providers should consider these challenges when offering care and studying the impact of transition and the risk for suicide that transition may hold. Furthermore, providers and researchers should recognize that transition issues affecting the veteran are likely impacting the CSO as well. The same culturally competent, military-informed care should be practiced when supporting CSOs. On the most basic level, this includes using

appropriate, person- centered language, while applying a military cultural lens that validates their experiences and challenges. More concrete examples include offering resources, referrals, and opportunities to connect with other veterans who have similar lived experiences related to military to civilian transition. .

Active duty service members are provided a number of basic resources. When transitioning to civilian life, these resources are not ensured, and therefore must be reestablished.

| Healthcare | Career | Housing | Community | Renewed Purpose |

As mentioned above, an important component of engaging veterans in effective suicide prevention research and practice, is relying on a person-centered approach to care. This refers to recognizing and honoring the veteran's sense of self, including how they view and experience their identity, purpose, connection to others, and sense of autonomy and decision making. One challenge veterans face when transitioning from active duty service to civilian life, is losing their community, along with the sense of purpose so inherent to military service. ***Creating a sense of purpose and connection*** after leaving military service, plays an integral role in ensuring the overall wellness of veterans. This awareness is part of military/veteran cultural competency needed by providers and researchers to effectively care for and study veterans. Therefore, all veteran-focused prevention and intervention efforts and research should incorporate conversations around building strategies and programs that enhance veterans' sense of purpose after military service that connects them to community and social supports. CSOs often know how essential this is when supporting their veterans. This sense of purpose and connection is a major building block on the path to wellness—to achieve this, the collaborative support of providers, researchers and CSOs are required.

By honoring the veteran's sense of self and recognizing those unique challenges and experiences faced by the veteran, providers can more effectively engage CSOs in veterans' care. Researchers should similarly prioritize this concept when engaging veterans and CSOs, as this sense of self and purpose will greatly impact research implications, strategies, and the ongoing researcher-stakeholder relationship.

EXISTING RESOURCES

Combined Arms | Texas Veterans Network *(Texas)*
A one-stop online resource navigation platform for veterans in transition. Through a combined effort with 90+ member organizations, Combined Arms offers a veteran/family member-driven approach to , access support across all service types.

The Mission Continues *(National)*
Deploys veteran and family member volunteers to work alongside nonprofit partners and community leaders to support under-resourced communities. These service platoons foster an opportunity to engage and connect with veterans and community members while generating tangible community impact.

Wounded Warriors Project *(National)*
Offers free services for post 9/11 veterans, service members, families, and caregivers that include peer support, mental and physical wellness, career and benefits counseling, and more.

Empower CSO Support and Advocacy

> " Sometimes what the veteran hears [in healthcare settings] isn't always what is actually said. It's helpful to have another person in the room to clarify and ask questions that the veteran might not think about or may not think are important. It just adds a protective barrier. "

CSO & Provider

It goes without saying that veteran suicide prevention efforts cannot be accomplished without involvement from those who are impacted most—veterans, and the CSOs in their lives. Therefore, providers and researchers must prioritize involving veterans and CSOs throughout each stage of the health care and research process. CSOs play an integral role in prevention and treatment, and provide or encourage social support for their veteran. Isolation only amplifies feelings of loneliness, hopelessness, and poor mental health outcomes. With support, veterans have a higher likelihood of improving their mental wellness, and preventing or overcoming thoughts and behaviors related to wanting to hurt themselves.

CSOs play a crucial role in supporting their veteran in both everyday life and in times of crisis. Regardless of if they are formally engaged in care, CSO support during the treatment process is ongoing, and takes form in a number of ways, including the following:

| Translation of military culture to providers & researchers | Navigation support for veteran | Care management *(e.g. scheduling, refilling medication, doing "homework" for therapy)* | De-escalation in times of crisis | Bridging the gap between veterans and providers / researchers |

Providers should routinely assess for the core support systems present in veterans' lives. Providers should leverage those support systems by including them in the care process and encouraging veteran clients and participants to lean on **community, family, and peer support**. If a veteran is receiving care, they are likely only interacting with a provider on a weekly or monthly basis. CSOs, on the other hand, are a constant in the veteran's life, often signifying the most trusted resource for a veteran, and therefore providing front line support. When CSOs are invited into the care process, they often bridge a gap in cultural competency and understanding between the veteran and the provider, helping to explain what the veteran is experiencing. As such, providers must leverage the CSO relationship when addressing prevention, intervention, and protective factors with veterans. It's also important to

In the military, **battle buddies** are fellow service members who work alongside one another, providing mutual support and camaraderie throughout training, battle, and everyday life. Providers and researchers should lean on the concept of battle buddies when working with veterans, framing the importance of CSO engagement in care. This includes helping the veteran identify who their battle buddy is in civilian life, such as a partner, spouse, peer, or family member.

note that CSOs in veterans' lives have their own feelings and experiences that require aid in maintaining their wellness and ensuring their capacity to provide their veterans with ongoing support. As such, providers must also prioritize offering CSOs support and resources to ensure they are prepared and supported to take on and maintain a supportive role.

By assessing for and encouraging CSO support, providers and researchers can ensure that veterans are armed with protective factors long before they arrive at a place of crisis.

Research Question Spotlight

How do CSOs want to be involved in veterans' mental health care journeys?

What supports do CSOs need from providers to feel prepared and confident in their role?

EXISTING RESOURCES

Bring Everyone in the Zone *(Texas)*
Providing peer support to Service Members, Veterans, and their Families (SMVF), especially those suffering from PTSD, TBI, Military Sexual Trauma and other traumatic events in their lives.

Campaign for Inclusive Care *(National)*
Improving outcomes for Veterans, their caregivers, and their healthcare providers by giving providers the tools and training they need to include caregivers as part of the care team.

NAMI Homefront *(National)*
A free, 6-session educational program for families, caregivers and friends of military service members and veterans with mental health conditions.

VA Coaching Into Care *(National)*
National telephone service of the VA which aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran.

Veteran Spouse Network *(National)*
A peer-based network of support where veteran spouses and committed partners can connect and engage with resources and programming for themselves and their families.

Recommendations for Future Engagement of CSOs

The final theme identified recommendations for improving research on veteran suicide prevention by increasing CSO engagement by researchers. These recommendations are based on a core tenet — in veteran suicide prevention, providers and researchers must consider both the barriers and current best practices, while identifying tangible strategies to improve efforts involving CSOs in research activities.

Being Strategic With Outreach	Establish Transparent, Communicative Relationships	Improve Systems of Care
⚙ Build Upon Existing Services and Partnerships	⚙ Communicate the Benefit and Value of Participation ⚙ Establish and Apply a Collaborative Approach	⚙ Gain Proficiency in Culturally Competent, Military-Informed Care

Being Strategic with Outreach

> "
> You could embed it into social organizations that already exist that support veterans. The peer support groups where there is already some form of camaraderie there. So it's not like I'm going to a research place I don't know anybody, and I'm going to open up and be vulnerable where people most likely won't. Because those organizations are already established, they have participants there and most of them are there to help veterans. Just being able to piggyback on what's already existing may be a good starting point.
> "

Veteran & Provider

The early stages of any research study require outreach and recruitment of study participants. CSOs in this project noted that researchers can better reach veterans and CSOs by pursuing creative outlets, opportunities, and platforms that honor the spaces inhabited by veterans and CSOs. This includes (but is not limited to) veteran/family-focused social media pages, organizations, events, and community spaces. More specifically, when engaging in outreach, researchers should ***build upon existing services and partnerships*** in the field. This includes connecting with veteran serving organizations and advocacy groups (including peer groups and social media), that are already seen as trusted entities by veterans and CSOs. Researchers should seek these avenues when recruiting for study participation (for example, by presenting at a local veteran group's organization). Researchers should also work with members of veteran-focused, community-oriented organizations throughout the entire research process to invite them to support research activities, including developing study questions, study designs methods and helping interpreting study data.

In addition, researchers must be familiar with the various cultural implications that come from different military branches of service, ranks, roles, and length of service. For a truly comprehensive research study, researchers would ideally cast a wide net when recruiting participants. If researchers are required to narrowly focus on one branch, it should be distinctly noted that study findings will consequently be limited.

By building and maintaining relationships with veteran community groups, researchers can ensure more consistent, effective recruitment and engagement efforts that are rooted in trusting, safe relationships.

Establish Transparent, Communicative Relationships

"
Being a veteran, I've been invited to several studies. When I have participated, I've never received anything to let me know that my contribution was valuable – that it was thrown out, that it wasn't necessary – anything. When I receive opportunities now to participate, I'm a little worried. Why should I participate at this time and I have no idea where it's going, it's going into ether some place and I'll never hear about it again. Understanding and having ownership, or a stake in the process would make me more likely to participate.

Veteran & Provider
"

It's important for researchers to maintain a person-centered approach throughout each step of the research process. Once researchers have established a connection with veterans and CSOs, they should ensure that ongoing engagement is marked by flexibility and transparency. More specifically, it's important for researchers to ***effectively communicate the benefit and value of participation*** to the CSO and/or veteran. Establishing and maintaining trust is one of the key components of ensuring effective engagement, especially within the veteran community. By effectively communicating the value of their participation and how it can impact policy and/or interventions, veterans and CSOs may be more likely to engage in research, creating a positive experience for both researcher and participant.

Moving past the initial engagement stage, researchers should ***establish and apply a collaborative approach*** throughout each stage of the research process. One of the largest concerns impacting CSO and veteran engagement is a lack of trust, transparency, and collaboration on the part of researchers and providers. As such, researchers must prioritize CSO involvement throughout the research process—a hallmark of the *patient-centered outcome research (PCOR)* process. For example, CSOs and veterans should be included in advisory boards, or stakeholder groups to ensure they have a voice in the process. When thinking about research, prioritizing CSO involvement will ensure that the development of research questions and processes are reflecting veterans' lived experiences, challenges, and preferences.

> Strategies to engage CSOs throughout the research process:
> - ✓ Include CSOs in developing research questions, tools & surveys
> - ✓ Create focus groups to better understand community needs
> - ✓ *Member checking* to ensure credibility of results & implications
> - ✓ Disseminate findings to all CSO participants

By designing research that builds on CSOs' and veterans' experiences, and prioritizes transparency and collaboration, researchers can ensure that veterans and CSOs feel a sense of investment and ownership in the research process. In turn, researchers can expect more active participation and a willingness to participate in the future. Moreover, this approach will contribute to a positive restructuring of the typical hierarchical researcher-participant relationship, adopting a more collaborative researcher-partner relationship.

Improve Systems of Care

> "There are many providers in our communities that are not educated on military and veteran culture, and that's a problem. In my city, if I'm going to take my husband to community care, I know exactly which ones are veteran/military friendly and which are not and have no clue and can make it worse. I think there are some hurdles there just in our providers, even at the VA where you would not think that there would be and there still is. I think it's key that family members need to be within other groups of family members, period."

CSO & Provider

The most pressing recommendation voiced during this project was the need to improve systems of care, specifically related to ensuring that providers and researchers receive training, and ongoing professional development opportunities to *gain and maintain proficiency in culturally competent, military-informed care*. As mentioned, the military and veteran community has a unique set of experiences, perspectives, and challenges based in military culture and service. As trust and person-centered care are such an integral component of building CSO engagement, providers and researchers must have an awareness of not only how to ask the right questions, but how to ask the right questions in the right way.

When working with veterans, providers must be aware of how concepts like the "*warrior ethos*" contribute to stigma and help-seeking behaviors. The unique military-informed cultural identity of individuals plays an important role when assessing for triggers and red flags, shaping the lens for how military-affiliated communities approach disclosure and overall communication. In addition, discussions surrounding thoughts of death and/or homicidal ideation may look different for a veteran, as many previously had to consider the daily risk to their own lives as well as the lives of those around them.

EXISTING RESOURCES

PsychArmour *(National)*
Contains numerous trainings for providers related to Military Culture and Suicide Prevention.

TexVet | Military Informed Care: Working with the Military Culture *(National)*
A training intended to benefit health care professionals providing care for service members, veterans and their families to better identify, understand, and respond to military and veteran culture.

Uniformed Services University | Military Culture: Enhancing Clinical Cultural Competence *(National)*
Virtual training module intended for civilian mental health providers. Provides military cultural competency and terminology, and discusses how aspects of the military culture impact behaviors and perspectives.

VHA TRAIN *(National)*
A learning management system that offers community health care providers with free Veteran-focused, accredited, continuing education.

When working with CSOs, this cultural competence and military-informed care is important in understanding the unique role of a CSO. In addition to CSOs providing ongoing support to their veteran, they, too, are dealing with unique challenges and perspectives associated with their role as a CSO. As such, providers and researchers must work with CSOs in a way that honors their experience and needs for how to best support their veteran, while also prioritizing their own wellbeing.

Thank you for taking the time to review this guide. Please take a moment to fill out the **CSO Engagement Guide feedback form**. Your feedback plays a crucial role in ensuring this guide effectively addresses how to better engage CSOs in veteran suicide prevention efforts. The feedback form should take no longer than two minutes to complete, and can be found here: **https://bit.ly/3witMnk**

APPENDIX A: EXAMPLES OF EXISTING RESOURCES

Bring Everyone in the Zone *(Texas)*
bringeveryoneinthezone.org

Nonprofit providing peer support to Service Members, Veterans, and their Families (SMVF), especially those suffering from Post-Traumatic Stress, Traumatic Brain Injury, Military Sexual Trauma and other traumatic events in their lives.

Campaign for Inclusive Care *(National)*
campaignforinclusivecare.elizabethdolefoundation.org

This initiative emphasizes making inclusive care the standard of care across the VA and healthcare facilities nationwide. The goal is to improve outcomes for Veterans, their caregivers, and their healthcare providers by giving providers the tools and training they need to include caregivers as part of the care team.

Centerstone Military Services *(National)*
centerstone.org/military-services/our-services-mil

Provides a network of providers, peer support services and strong partnerships to support active-duty service members, Reserves, National Guard, veterans and their families nationwide. Their approach focuses on breaking down barriers to care, while specializing in treating conditions commonly faced by service members and veterans such as PTSD and anxiety.

Colorado Firearms Safety *(Colorado)*
coloradofirearmsafetycoalition.org

A group of gun shop owners, firearm trainers, and public health researchers who came together with a shared goal of educating firearm retailers, range employees, and the general public about suicide prevention and firearm safety.

Combined Arms | Texas Veterans Network *(Texas)*
www.combinedarms.us

A one-stop online resource navigation platform for veterans in transition. Through a combined effort with 90+ member organizations, Combined Arms offers a veteran/family member-driven approach to , access support across all service types.

Community Provider Toolkit *(National)*
www.mentalhealth.va.gov/communityproviders

A comprehensive website designed for providers, offering information and resources on screening, assessment, and implementing care based on military culture. Online courses and community resources are also available.

Counseling Access to Lethal Means (CALM) *(National)*
zerosuicidetraining.edc.org/enrol/index.php?id=20

Workshops designed to help providers implement counseling strategies to help clients at risk for suicide and their families reduce access to lethal means, particularly (but not exclusively) firearms.

Cover Me Veterans *(National)*
covermeveterans.org

An organization that provides tools and information for ensuring firearm safety. Through their partnership with GunSkins, they can add a personalized message and/or photo to reduce the risk of suicide by guns.

Elizabeth Dole Foundation *(National)*
www.elizabethdolefoundation.org

Empowering, supporting, and honoring our nation's 5.5 million military caregivers; the spouses, parents, family members, and friends who care for America's wounded, ill, or injured veterans. The Foundation adopts a comprehensive approach in its advocacy, working with leaders in the public, private, nonprofit and faith communities to recognize military caregivers' service and promote their well-being.

Endeavors (The Steven A. Cohen Military Family Clinic) *(National)*
endeavors.org/cohen-clinics

Provides high-quality, accessible, and integrated mental health care to Veterans (regardless of role while in uniform, discharge status, or combat experience), active duty service members (with a TRICARE referral), and military families.

Family Watch Model *(International)*
familywatch.org
Involve families in suicide prevention and teaches them how to respond in a crisis.

Healing Warriors Program *(Colorado)*
www.healingwarriorsprogram.org
Suicide prevention through holistic, non-narcotic therapy services that address pain, post traumatic stress, and sleep disturbances. Designed for Veterans and Active Duty service members, and their spouses, partners and parents.

Hold My Guns *(National)*
www.holdmyguns.org
Connecting responsible firearm owners with voluntary, private off-site storage options, through their national network of partnering gun shops and FFLs, during times of mental health crisis or personal need. In addition, they offer training and workshops.

Mental Health First Aid *(National)*
www.mentalhealthfirstaid.org
Skills-based training course that teaches first responders, teachers, veterans, family members, the the general public how to identify, understand, and respond to signs of mental illnesses and substance use disorders.

Mission Continues *(National)*
www.missioncontinues.org
Deploys veteran and family member volunteers to work alongside nonprofit partners and community leaders to support under-resourced communities. These service platoons foster an opportunity to engage and connect with veterans and community members while generating community impact in a tangible way.

NAMI Homefront *(National)*
www.nami.org/support-education/mental-health-education/NAMI-Homefront
NAMI Homefront is a free, 6-session educational program for families, caregivers and friends of military service members and veterans with mental health conditions. The program is taught by trained family members of service members/veterans with mental health conditions.

Project Healing Waters *(Colorado)*
www.healingwarriorsprogram.org
Offering non-narcotic care clinics to veterans dealing with PTSD and TBI with a focus on holistic care.

PsychArmour *(National)*
psycharmor.org
Contains numerous trainings for providers related to Military Culture and Suicide Prevention.

TexVet | Military Informed Care: Working with the Military Culture *(National)*
texvet.org/resources/military-cultural-competency-ceu
A training intended to benefit health care professionals providing care for service members, veterans and their families to better identify, understand, and respond to military and veteran culture.

Transition Assistance Program (TAP) *(National)*
tapevents.org
Provides information, resources, and tools to service members and their loved ones to help prepare for the move from military to civilian life. Service members begin TAP one year prior to separation, or two years prior to retiring.

Transition and Care Management Vet Centers (National)
www.oefoif.va.gov/vetcenters.asp
Online resource connecting veterans to vet centers, where they will be paired with a fellow veteran to receive support regarding their readjustment from military to civilian life.

Uniformed Services University | Military Culture: Enhancing Clinical Cultural Competence *(National)*
deploymentpsych.org/Military-Culture-Enhancing-Competence-Course-Description
Virtual training module intended for civilian mental health providers. The training provides greater competency in working with Service members by learning military culture and terminology, and by discussing how aspects of the military culture impact behaviors and perspectives.

VA Coaching Into Care *(National)*
www.mirecc.va.gov/coaching
National telephone service of the VA which aims to educate, support, and empower family members and friends who are seeking care or services for a Veteran. Their goal is to help Veterans, their family members, and other loved ones find the appropriate services at their local VA facilities and/or in their community. In addition, they provide coaching to family and friends of Veterans who see that a Veteran in their life may be having difficulty adjusting to civilian life.

VA Mental Health Support *(National)*
www.mentalhealth.va.gov/index.asp
Website offering supportive resources based on a range of mental health challenges and traumatic events. In addition, this site provides resources based on the type of individual seeking support (transitioning, veteran, family member, LGBTQ+, etc.).

Veteran Crisis Line *(National)*
www.veteranscrisisline.net
1-800-273-8255 (Press 1)
Reach caring, qualified responders with the Department of Veterans Affairs. Many of them are Veterans themselves.

Veteran Spouse Network *(National)*
veteranspousenetwork.org
A peer-based network of support where veteran spouses and committed partners can connect and engage with resources and programming for themselves and their families.

VHA TRAIN *(National)*
www.train.org/vha
A learning management system that offers community health care providers with free Veteran-focused, accredited, continuing education. Courses include Suicide Risk Prevention for Clinicians and many courses in Military Culture.

Walk the Talk America *(National)*
walkthetalkamerica.org
Works to reduce firearm suicides and other negative incidents associated with firearm ownership through formal education, outreach, and engagement.

Wounded Warriors Project *(National)*
www.woundedwarriorproject.org
Offers free services for post 9/11 veterans, service members, families, and caregivers. Wounded Warriors Project provides a range of services included peer support, mental and physical wellness, career and benefits counseling, and more.

APPENDIX B: TRANSCRIPT ANALYSIS CODEBOOK

The following codes are based on an analysis of 29 transcripts taken from the AHOD Convening disucssion groups. The high frequency of some codes (e.g. lethal means risk management) reflects the discussion topic of that session. As a result, the discussions that took place in subsequent work groups, aided in the weighting of codes, as reflected in the final Engagement Guide recommendations.

CODE	DEFINITION	FREQUENCY
Barriers to Engaging CSOs in Veteran Suicide Prevention		
Lack of CSO and/or Veteran Engagement	Veterans and CSOs do not engage in care associated with suicide prevention or intervention. A number of factors contribute to this.	*6*
CSO Fear of Bringing up Suicidality	CSOs often experience fear discussing the topic of suicide with veterans because of a sense of powerless, and/or fear of the implications or a general unpreparedness of what to do if/when their loved one expresses suicidality.	*7*
Feeling Powerless	Providers, CSOs, or veterans can experience feeling powerless, which could stem from a lack of information needed to ensure each party feels prepared.	*7*
Stigma and Perception	Many veterans and CSOs experience stigma, shame, and a fractured sense of identity (consider the warrior ethos) surrounding issues of mental health and suicidality.	*26*
Veteran Fear of Repercussions	Veterans often struggle to discuss suicide for fear of repercussions in their job, social setting, community, or relationship.	*4*
System Limitations	Many veteran-focused systems have siloed communication and service delivery. This can result in veterans and CSOs facing barriers (e.g. receiving adequate care, information, and engagement).	*10*
Lack of Information and Resources	CSOs and veterans feel that there is not enough information on what's available to them, or how to navigate certain systems to receive care and support.	*16*
CSO Left Out of the Treatment Process	CSOs are not being invited into the treatment or prevention process by providers or researchers - this is often experienced even after the CSO receives permission from the veteran (or patient/client) to be invovled in the process.	*26*
Distrust of the System	CSOs and Veterans often do not trust researchers and providers to provide person-centered care. This can include restrictive care guidelines, fragmented distribution of information, and a lack of transparent communication.	*23*
Oversaturation of Information	When information is presented, it can often be offered in bulk, resulting in the veteran and CSO having difficulty navigating, engaging, and making use of it.	*7*
Provider Limitations	Providers often face restrictions based on their role, setting, and training. This often includes excluding CSOs from care, not offering person-centered care, and the lack of a multi-sector, whole health approach to care.	*4*
Inadequate Provider Preparedness	Providers that are not given training to adequately respond to clients who exhibit red flags and express poor mental health and suicide ideation.	*20*
Lack of Veteran-Specific Care	Providers are not always offering care that reflects the unique and nuanced experiences of veterans. This lack of cultural/person-centered care results in providers often missing the mark to deliver effective, quality services.	*13*
Medically-Driven Approach to Care	Providers approaching care through a lens of medication management, rather than investigating and treating the whole person and situation (considering protective factors like family, community, sense of self, etc.).	*14*

CODE	DEFINITION	FREQUENCY
Promising Engagement and Prevention Strategies		
Accessibilty to Information, Care, and Support	Inclusive, consistent, accessible care and information for both veterans and CSOs that ensure effective treatment, support, training, and tools needed to feel prepared.	*2*
Person-Centered, Inclusive, Accessible Care	When providers or researchers engage veterans and CSOs in a person-centered approach - ***empowering CSOs and veterans*** people to take charge of their own health rather than being passive recipients of services, seeing them as experts, working alongside professionals to get the best outcome.	*26*
The Importance of Disseminating Information	Providers and researchers should ensure that CSOs and veterans are receiving consistent, clear, information related to psychoeducation, prevention strategies, and available resources. CSOs and veterans should have information surrounding avenues to receive support surrounding mental illness and suicide.	*29*
CSO Provided Support & Advocacy	CSOs can be involved to support their veteran with suicide prevention and share the burden of care with the provider, veteran, and other family members.	*21*
Veteran Community Support	Veteran receiving support and involvement from community members.	*17*
Veteran Family Support	Veteran receiving support and involvement from family members.	*25*
Veteran Peer Support	Veteran receiving support and involvement from peers (friends, colleagues, etc.).	*48*
Veteran Self-Care	CSOs encourage veterans to honor their own wellness by creating space and time to engage in self-care activities (including therapy, engaging in hobbies that bring joy, spending time with loved ones, physical activity, etc.).	*1*
CSO Received Support & Wellness	CSOs receiving support to address their personal experience and challenges. This also includes CSOs making space for their overall personal wellness.	*1*
CSO Family Support	CSOs receiving support and involvement from family members.	*2*
CSO Peer Support	CSOs receiving support and involvement from peers (friends, colleagues, etc.).	*6*
CSO Provider and Community Support	CSOs receiving support and involvement from community members.	*8*
CSO Self-Care	CSOs honoring their own wellness by creating space and time to engage in self-care activities.	*2*
Creating a Foundation for Collaborative, Effective Engagement	Providers and researchers developing practices to better engage CSOs and veterans. This includes leaning on a more relational approach, providing psychoeducation and training opportunities, identifying protective factors, and working across systems to ensure care is accessible and streamlined.	*8*

CODE	DEFINITION	FREQUENCY
Being Informed and Prepared	Providers can help CSOs and veterans feel prepared for warning signs, crisis management, and prevention care by teaching CSOs and veterans how to recognize the signs of suicidality, identify their veteran's triggers, and learn strategies to ask ask and engage in difficult questions and conversations.	*48*
Building Trust and Safe Relationships	Trust is an integral part of engaging in productive conversations surrounding mental health and suicide. Providers, and researchers should prioritize builing trust with veterans and CSOs to create a more effective, collaborative prevention approach.	*35*
System Integration and Support	Integrating systems, organizations, and approaches to care that collaboratively address and support veteran and CSO wellness. This includes providing support networks for providers as they engage in suicide prevention efforts.	*23*
Crisis Management	Identifying behaviors and techniques to address risk factors and interventions related to crises and crisis prevention.	*5*
High Risk Behaviors	Identifying high risk behaviors that may be indicative of suicidality; for example, violence, substance use, motor vehicle accidents, risky sexual behavior, etc.	*14*
Lethal Means Risk Management	CSO involvement to support risk management among at-risk veterans. By gaining new skills and engaging in prevention strategies, CSOs can help create measures to ensure veterans have time and distance from lethal means.	*68*
Honoring the Veteran's Sense of Self	Honoring the unique factors that impact a veteran's sense of self, including how they view and experience their identity, purpose, connection to others, and sense of autonomy and decision making.	*5*
Creating a Sense of Purpose and Connection	Strategies and programs that enhance veterans sense of purpose after military service and give them connection to community supports.	*23*
Right to Self-Determination	Veteran's intrinsic personal autonomy and decision-making.	*6*
Transition Support	Support offered by the military and/or community entities that prepare the service member for the physical, mental, and emotional experiences that will likely result from the transition from active duty service to civilian life.	*21*

CODE	DEFINITION	CODE
Recommendations for Future Engagement of CSOs		
Improving Research and Engagement Practices	Methods to improve suicide prevention research that ensure CSO engagement, while recognizing the unique factors impacting veteran suicide and veteran suicide prevention.	*1*
Being Strategic with Outreach	Researchers and providers can better reach veterans and CSOs by pursuing creative outlets, opportunities, and platforms such as veteran/family-focused social media pages, organizations, events, and community spaces.	*11*
Relying on Existing Services and Partnerships	This includes veteran serving organizations, peer groups, social media pages, etc. that are already seen as trusted entities by veterans and CSOs. It could include presentations and outreach for recruitment, but also working with these entities throughout the whole research process to compliment existing support and resources.	*9*
Establishing Transparent, Collaborative, Communicative Relationships	Researchers should have a person-centered approach when engaging CSOs surrounding veteran suicide prevention. This concept is rooted in a person-centered approach, marked by flexibility and transparency.	*4*
Communicating the Benefit and Value of Participation	Many veterans and CSOs may feel hesitant to participate in research because the goal and benefit are not made clear. By effectively communicating the value of their participation and how it can impact policy and/or interventions, veterans and CSOs may be more likely to engage and participate.	*9*
Creating a Collaborative Approach	Researchers should engage CSOs and veterans in the research approach to ensure the process aligns with their lived experience and goals. Examples of this are to include CSOs in the development of research questions, seek input while developing tools and surveys, and create focus groups to better understand the needs of that community.	*11*
Normalizing the Experience	Researchers and Providers must normalize the experience of mental health and suicidality in order to get veteran/CSO buy-in. By identifying that this topic is often stigmatized, researchers and providers can more effectively craft their language and overall approach to normalize this area.	*9*
Person-Centered Engagement Strategies	Working with CSOs and veterans through a person-centered lens. This includes being transparent and flexible about ways to interact, connect, and collaborate. It could include relying on virtual communication, if in-person gatherings feel too emotionally or logistically burdensome.	*7*
Transparent Dissemination of Purpose and Results	Researchers should involve veterans and CSOs in every step - this includes sharing the purpose and process of the study, along with the results. Researchers should focus on helping them understand how these results will be interpreted, and/or used to create change.	*5*
Improving Systems of Care	Specific strategies to improving treatment practices, delivery and provider approach to ensure effective prevention outcomes. This primarily includes ensuring providers and researchers are leading with a culturally competent, military-informed approach to care.	*9*

APPENDIX C: GLOSSARY OF TERMS

Battle Buddies

In the military, battle buddies are fellow service members who work alongside one another, providing mutual support and camaraderie throughout training, battle, and everyday life. Providers and researchers should lean on the concept of battle buddies when working with veterans; framing the importance of CSO engagement in care. This includes helping the veteran identify who their battle buddy is in civilian life, such as a partner, a spouse, a peer, or a family member.

Concerned Significant Other (CSO)

Veteran-connected individuals who have a stake in their veterans health and wellness, especially as it relates to suicide prevention. This can include veterans (peers), family members, spouses, partners, friends, researches, and other loved ones.

Military-Informed Care (Military Cultural Competency)

A lens for researchers and providers to work with service members, veterans, and CSOs, that honor the implicit ideals and values comprising military culture. This concept is linked to person-centered care, as it ensures researchers and providers are addressing the unique challenges, experiences, and needs of individuals within this community, based on their military cultural identity.

Military to Civilian Transition

The process of active duty service members and their families transitioning to civilian life post-service. When a service member transitions out of the military, they and their family often experience a number of challenges associated with geographic relocation, career uncertainty, family reintegration, and the re-establishment of community and supports.

Patient-Centered Outcome Research (PCOR)

An approach to research that involves patients, clients, and participants as partners in research, while ensuring the focus on outcomes aligns with participant goals. This model prioritizes participant decision-making, experience, and expertise through each stage of the research process.

Person-Centered Care

Person-centered care empowers people to take charge of their own health rather than being passive recipients of services. This means putting people and their families at the center of decisions and seeing them as experts, working alongside professionals to get the best outcome. For veterans, person-centered care includes honoring their preference to engage their chosen CSO in their care.

Warrior Ethos

The Warrior Ethos is a set of principles focused on selfless service that veterans have been trained to follow throughout their service. This concept creates a deeply rooted identity in service members, where they must prioritize the needs of the military mission over their own. As such, many veterans believe that seeking support is a sign of weakness,creating a barrier to receive care upon returning to civilian life.