CLEARINGHOUSE
FOR MILITARY FAMILY READINESS

Strategies, Programs, and Resources to Prevent Suicide in Military Family Members:
Rapid Literature Review

Clearinghouse Technical Assistance Team

As of March 16, 2020

PennState

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Clearinghouse for Military Family Readiness at Penn State

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Introduction

This rapid literature review was conducted by the Technical Assistance (TA) team at the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse) in response to a request from the Defense Suicide Prevention Office. The findings address research, training, education, and programming related to suicide prevention with an emphasis on relevance and accessibility to the military community. Research examining suicide prevention was identified by searching peer-reviewed journal articles with an emphasis placed on research published between 2015 and 2020. Search queries included various combinations of the following terms: *suicide, suicide prevention, suicide prevention programs, adolescents, family members;* and *military, Department of Defense, Army, Marine Corps, Navy,* and *Air Force.*

This report provides the following elements:
- current data related to suicide among military family members,
- an outline of known protective factors in the prevention of suicide,
- a list of evidence-informed practices, interventions, and programs to prevent suicide; and
- a description of practices, programs, and resources that may support identified suicide prevention strategies in the military community.

Please note that this rapid literature review provides a preliminary examination of the research, programs, and trainings identified as of the request date. It is not intended to serve as a comprehensive review of the literature, nor are the resources and programs provided endorsed by the Clearinghouse. Further, due to the lack of research, the Clearinghouse cannot state whether or not some of the programs implemented in military communities have demonstrated evidence of effectiveness.

Suicide Among the Military Family Members

In October 2018, the Department of Defense (DoD) established a requirement for a DoD Annual Suicide Report (ASR) and mandated the reporting of data on suicide deaths among military family members for the first time. The ASR serves as the official source of annual suicide counts and aims to increase transparency and accountability for DoD efforts towards the prevention of suicide.

ASR Reported Military Family Member Suicides in 2018 (Department of Defense, 2019):

- There were 186 reported suicide deaths among military spouses and dependents (Military spouse suicides = 123; military dependent suicides = 63).
- Military spouses who died by suicide were consistent with demographics of the overall military spouse population (female (69%) and under 40 years of age (82%).
- Military dependents who died by suicide were primarily male (70%). Ages ranged from 12 to 23 years old, but almost 50% of dependent deaths were among dependents who were 18 years old or older.
- Of victims younger than 18 years old, most deaths occurred between the ages of 15 and 17 (62%).
- Suicide rates were low for dependents under age 15 (i.e., 1.7 and 3.3 per 100,000 for females and males between the ages of 10 and 14 years).
- The suicide rate among all military family members (services and components combined) was 6.8 per 100,000.
- The family member suicide rates were similar for the Active Component, Reserve, and National Guard, ranging from 6.2 to 7.0 deaths per 100,000 individuals.
- Firearm was the most common method of suicide death among dependents across all service branches (with the exception of dependents of National Guard members).
- Among dependents of National Guard members, hanging/asphyxiation was the most common method of suicide death (50%).
- For most components, hanging/asphyxiation was the second leading method of suicide death (ranging between 18.2% to 20% for spouses and 22.2% to 50% for dependents).

Best Practices in Suicide Prevention

Suicide can be prevented. Research suggests that suicide prevention is best achieved by a focus across the individual, relationship, family, community, and societal-levels and across all sectors, private and public (Stone et al., 2017). Because suicide is a major cause of death and disability instigated by several factors, the implementation of proven, evidence-based programs and practices are recommended.

Identifying Protective Factors

Factors that either counter a specific risk factor or buffer against multiple risks associated with suicide have been identified in suicide prevention literature (Stone et al., 2017). Protective factors occur across the different levels of the social ecological model and include the following (Stone et al., 2017):
- effective coping and problem-solving skills,
- moral objections to suicide,

- strong and supportive relationships with partners, friends, and family;
- connectedness to school, community, and other social institutions;
- availability of quality and ongoing physical and mental health care, and
- reduced access to lethal means.

Adolescent Protective Factors (Gallagher & Miller, 2018):
- **Individual capabilities** such as self-esteem and self-efficacy, coping efficacy, productive coping strategies, personal control, gratitude, religiosity/spirituality, self-discovery, and confidence in one's emotions.
- **Family-related** factors such as parent and family connectedness and communication, parental expectations and presence, shared family activities, family alliance, cohesion, and harmony, and family support.
- **Peer- and friend-related** factors such as a closely interconnected friend group, solid friendship networks, peer acceptance and support, and feelings of social connectedness.
- Factors related to **school and the larger community** such as school safety and connectedness, school counseling services, caring adults at school, and engagement in meaningful activities (e.g., sports teams or volunteering).

Evidence-Informed Practices for Suicide Prevention

Zalsman et al. (2016) conducted a comprehensive review of studies examining suicide prevention efforts and identified effective methods of prevention of suicidal behavior. The following practices, treatments, and interventions have demonstrated effectiveness in preventing suicide (Zalsman et al., 2016):
- restricted access to lethal means,
- antidepressant pharmacotherapy treatment (demonstrated effectiveness in adults; an increased risk of suicidal thoughts in children and adolescents has to be taken into account when starting pharmacotherapy for depression),
- electroconvulsive therapy,
- psychotherapies such as cognitive behavior therapy (CBT) and dialectical behavioral therapy (DBT),
- follow-up of people who attempt suicide,
- mental health service availability,
- community and family-based interventions, and
- school-based mental health and suicide awareness programs.

Zalsman et al. (2016) noted other practices as having the *potential* to reduce suicide attempts and ideation, although more research is needed to rule these strategies as effective. These practices include the following:

- gatekeeper training,
- public education via media channels,
- telephone and internet interventions, and
- screening in primary care populations.

Strategies for Suicide Prevention

In 2017, the Centers for Disease Control and Prevention (CDC) developed a technical package to help communities and states identify prevention activities with the greatest potential to prevent suicide. The strategies represented in the package strive to prevent the underlying risks of suicide and to lessen the immediate and long-term effects of suicidal behavior for individuals, families, communities, and society. It is important to note that the effectiveness of programs, policies and practices are dependent on how well they are implemented, as well as the partners and communities in which they are implemented (Stone et al., 2017).

This section includes the following elements:
- a brief summary of the rationale for each strategy,
- a table demonstrating the CDC recommended approach and the military-community application for each strategy,
- descriptions of CDC identified programs that support each strategy with the associated Clearinghouse Continuum of Evidence fact sheet if available, and
- a description of programs and resources available to the military community for each strategy and approach if otherwise not identified by the CDC.

Clearinghouse Continuum of Evidence
A search was conducted on the Continuum of Evidence (Continuum) for suicide prevention programs identified in the CDC technical package. If a program was not available on the Continuum for a specified strategy approach, a new search for a relevant program was conducted. Programs that have been evaluated and are available on the Continuum will include a description of the program, placement level, and the associated fact sheet under the respective CDC strategy. Programs marked with an asterisk (*) have not been evaluated and placed on the Continuum; however, program information is provided. If there are specific programs that are of interest, please request a vetting of those specific programs.

To read more about the Continuum, placement levels, or to conduct a search of programs reviewed by the Clearinghouse, please visit www.continuum.militaryfamilies.psu.edu.

Strengthen Economic Supports

Economic and financial strain, such as job loss, long periods of unemployment, reduced income, difficulty covering medical, food, and housing expenses, and the anticipation of such financial stress may increase an individual's risk for suicide or may indirectly increase risk by worsening related physical and mental health problems (Stack & Wasserman, 2007). More research is needed to understand how economic factors interact with other factors to increase suicide risk; however, evidence suggests that strengthening economic supports may buffer suicide risk (Stone et al., 2017).

Strategy: Strengthen Economic Supports	
CDC Approach	**Military-Community Application**
Strengthen household financial security	Promote and encourage support seeking from an installation financial readiness program and Military OneSource financial support. Promote and encourage use of DoD-sponsored spouse employment support resources (e.g., Spouse Education and Career Opportunities, installation employment support program). Share financial and food support programs available to eligible military family members (i.e. Women, Infants, and Children (WIC) program, free- or reduced-lunch programming). Promote and support the use of emergency financial support through military aid societies (e.g., Army Emergency Relief, Navy-Marine Corps Relief Society, Air Force Aid Society).
Housing stabilization policies	Ensure adequate and safe housing is available to military families (e.g., evaluate installation housing options and availability, ensure timely repairs, determine if housing allowance is commensurate with housing costs off the installation). Share information about Veterans Affairs (VA) Home Loan benefits and eligibility. Educate military family members about renter protections and avenues for support (e.g., military legal services).

Continuum-Placed Programs:

- **Financial Peace Military Edition**
    - Financial Peace Military Edition, a faith-based, work site program, is designed to teach participants how to manage their finances, eliminate debt, and build savings. The desired outcomes of improved personal finances include enhanced unit cohesion, focus, and military readiness.
    - Placement: **Unclear Ø**
    - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1442

- **High School Financial Planning Program**
    - The High School Financial Planning Program, a school-based program, consists of a curriculum that is designed to introduce students to basic personal finance skills, educate students about financial planning, and help students build their confidence with respect to financial literacy.
    - Placement: **Unclear Ø**
    - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_770

Strengthen Access and Delivery of Suicide Care

Identifying ways to improve access to timely, affordable, and quality mental health and suicide care for people in need is a critical component to prevention (Stone et al., 2017). Research suggests that services provided are maximized when health and behavioral health care systems are set up to effectively and efficiently deliver care (Coffey, 2007). These approaches can also normalize help-seeking behavior and increase the use of services (Stone et al., 2017).

Strategy: Strengthen Access and Delivery of Suicide Care	
CDC Approach	**Military-Community Application**
Coverage of mental health conditions in health insurance policies	Educate family members on the mental health care services available for use (e.g., TRICARE mental health coverage and how to access). Promote and encourage participation in non-medical counseling services available to family members (e.g., Military OneSource non-medical counseling, Military & Family Life Counseling).

| Reduce provider shortages in underserved areas | Ensure timely access to needed care is available.

Identify shortages at military treatment facilities (i.e., hospitals, and clinics); prioritize filling necessary positions.

Explore options to offer financial incentives to attract mental/behavioral health clinicians to underserved areas.

Ensure providers are properly trained (this includes an understanding of military culture and potential military-related stressors).

Expand the reach of health services through telephone, video, and web-based technologies. Share web-based support services. |
|---|---|
| Safer suicide care through systems change | Promote and demand efficient and effective care within all military treatment facilities.

Build and support systems that support suicide prevention and patient safety (e.g., strong leadership, workforce training, systematic identification and assessment of suicide risk, implementation of evidence-based treatments, continuity of care, and continuous quality improvement).

Emphasize equitable, patient-centered care at military treatment facilities. |

CDC Identified Programs:

- **National Health Service Corps***
    - National Health Services Corps offers financial incentives such as student loan repayment, to attract mental health and behavioral health clinicians to underserved areas.
    - https://nhsc.hrsa.gov/

- **Zero Suicide***
    - The Zero Suicide framework is a system-wide, organizational commitment to safer suicide care in health and behavioral health care systems with a commitment to patient safety and to the safety and support of clinical staff.
    - Over the last three years, the Clearinghouse partnered with Air Force Medical Operations Agencies (AFMOA) and with the Suicide Prevention Resource Center (SPRC) to: 1) provide ongoing implementation support,

including practical tools and resources; 2) carryout data collection for continued quality improvement; and 3) offer training to AFMOA staff.
- o http://zerosuicide.edc.org/

Create Protective Environments

Prevention efforts that focus on individual behavior change (e.g., help-seeking, treatment interventions) and environmental changes can increase the likelihood of positive behavioral and health outcomes (Stone et al., 2017). Organizational culture and implementation of support policies that encourage help-seeking, value mental health, and reduce the stigma for help-seeking can create social norms that may prevent suicide (National Action Alliance for Suicide Prevention, n.d.). Additionally, research supports limiting access to lethal means to reduce suicide rates, particularly in times of crisis or transition (Miller et al., 2015; Runyan et al., 2016).

Strategy: Create Protective Environments	
CDC Approach	**Military-Community Application**
Reduce access to lethal means among persons at risk of suicide	Implement strategies for intervention at known suicide hotspots (e.g., enhanced patrols in parks or near bridges). Education and counseling around storing firearms locked in a secure place (e.g., in a gun safe or lock box), unloaded and separate from the ammunition. Education and counseling to encourage keeping medicines in a locked cabinet or other secure location, away from people who may be at risk for suicide or who have made prior attempts. Provide lethal means counseling and safe storage boxes to parents of patients under age 18 receiving care for suicidal behavior.
Organizational policies and culture	Establish and uphold open-door policies to ensure concerns can be shared with appropriate individuals within command or support organizations on the installation. Establish and uphold policies and cultural values that encourage leadership from the top down to promote prosocial behavior (e.g., asking for help), skill building, positive social norms, assessment, referral and access to

	helping services (e.g., mental health, substance abuse treatment, financial counseling). Organization-specific development of crisis response plans, postvention, and other measures to foster a safe physical environment.
Community-based policies to reduce excessive alcohol use	Offer and promote social activities with limited or no-alcohol consumption. Develop and support policies to reduce excessive alcohol use in the military community (e.g., zoning to limit the location and density of alcohol outlets, taxes on alcohol, and bans on the sale of alcohol for individuals under the legal drinking age).

CDC Identified Programs:

- **Together for Life***
  - This suicide prevention program targets police officers and involves an awareness campaign; training for all officers, supervisors, and union reps; and a peer police support phone line.
  - For information on this program, contact Normand Martin at Normand.Martin@spvm.qc.ca.

- **United States Air Force Suicide Prevention Program**
  - The United States Air Force Suicide Prevention Program (AFSPP) is a military program that is designed to help prevent and reduce suicide rates for active duty Air Force members. AFSPP is comprised of 11 components that focus on increasing social support, developing social skills, and creating cultural norms that support help-seeking in the prevention of suicides.
  - Placement: **Unclear +**
  - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1160

Reducing Lethal Means Programs and Resources:

- **Emergency Department Means Restriction Education**
  - Emergency Department Means Restriction Education is a community-based program that is designed to teach parents about the risks of having lethal materials in the household and how to take immediate action to reduce or eliminate easy access to these items.
  - Placement: **Unclear +**

- o https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1119

- **Counseling on Access to Lethal Means, Suicide Prevention Resource Center***
  - o Counseling on Access to Lethal Means (CALM) is an online course designed for mental health professionals and others who work with individuals at risk for suicide. CALM explains how reducing access to lethal means can prevent suicide and shares strategies to best support people at risk for suicide—and their families—to reduce access to lethal means.
  - o https://training.sprc.org/enrol/index.php?id=20

- **Means Matter, Harvard Injury Control Research Center***
  - o Means Matter strives to reduce a suicidal person's access to highly lethal means by providing information, suicide prevention research, and additional resources.
  - o https://www.hsph.harvard.edu/means-matter/

Promote Connectedness

The CDC defines connectedness as the degree to which an individual or group of individuals are socially close, interrelated, or share resources with others (Centers for Disease Control and Prevention, n.d.). Connectedness and social capital together may protect against suicidal behaviors by decreasing isolation, encouraging adaptive coping behaviors, and by increasing belongingness, personal value, and worth (Centers for Disease Control and Prevention, n.d.). Connectedness can also provide individuals with better access to formal supports and resources, mobilize communities to meet the needs of its members, and provide collective primary prevention activities to an entire community (Stone et al., 2017).

Strategy: Promote Connectedness	
CDC Approach	**Military-Community Application**
Peer norm programs	Normalize protective factors for suicide such as help-seeking, talking to trusted adults, and promote peer connectedness (e.g., implement campaigns, discuss these factors openly and often in unit and community forums). Leverage the leadership qualities and social influence of peers and unit leadership (e.g., encouragement from

	unit/organization leadership for family member participation in suicide awareness and prevention training). Promote positive social and behavioral change by targeting youth in school and community settings (e.g., installation-housed schools (e.g. DODEA), schools in the surrounding communities, child and youth services programming, installation sports and activities programming)
Community engagement activities	Create opportunities for military family members to meet and interact with other family members within the unit (e.g., family readiness groups), and on the installation (e.g. Morale, Welfare, and Recreation-sponsored activities, spouses' clubs, religious groups). Promote community events and encourage involvement with local military connected organizations aimed at supporting military families (e.g., United Services Organization; Team Red, White, and Blue; Hiring Our Heroes Military Spouse Professional Network chapters; Blue Star Families chapters) Organize and promote activities that bring large groups and families together such as religious activities, community clean-up and greening activities, and group physical exercise. Promote, encourage, and celebrate volunteerism in the military community.

CDC Identified Programs:

- **Sources of Strength**
  - Sources of Strength is a youth suicide prevention program in which adult mentors guide peer leaders as they promote help-seeking behaviors, encourage communication between youth and caring adults, and advocate healthy coping responses to stress among their peers. This program may be implemented in school, community, or faith-based settings.
  - Placement: **Unclear +**
  - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1451

Teach Coping and Problem-Solving Skills

Life skills prepare individuals to successfully tackle common challenges and adapt to stress and adversity-- important skills in protecting individuals from suicidal behaviors (Wyman, 2014). Life skills include coping and problem-solving skills, emotional regulation, conflict resolution, and critical thinking. Teaching and providing individuals with the skills to tackle common challenges and stressors is an important developmental component to suicide prevention (Stone et al., 2017).

Strategy: Teach Coping and Problem-Solving Skills	
CDC Approach	**Military-Community Application**
Social-emotional learning (SEL) programs	Prioritize and promote programs that develop and strengthen communication and problem-solving skills, emotion regulation, conflict resolution, help-seeking and coping skills. Establish and promote school-wide initiatives and encourage participation is SEL programs. Incorporate SEL learning opportunities at installation child development centers, youth centers, and within other youth programs such as sports and activities. Evaluate the effectiveness of current training available to military family members related to building resiliency and fostering coping skills (e.g., Master Resilience Training, Army Family Team Building). Promote and encourage participation if ruled effective.
Parenting skill and family relationship programs	Promote and enable participation in parenting and family wellness programming (e.g. Family Advocacy Program, New Parent Support Program) and marriage enrichment programs such as Army Strong Bonds). Deliver programming content that educates about child development, builds parent-child communication and relationships, and strengthens youth's interpersonal and problem-solving skills.

CDC Identified Programs:

Social-Emotional Learning (SEL) Programs:

- **Youth Aware of Mental Health***
  - Youth Aware of Mental Health, is a school-based program for 13 to 17-year-olds. The program includes role-play and group discussion of topics ranging from relationships with peers and adults, changes in mood, to feeling sad or facing a stressful situation. Emphasis is placed on peer support and information is given on how and where to find professional help.
  - http://www.y-a-m.org/

- **Good Behavior Game**
  - The Good Behavior Game, a school-based program for children in kindergarten to 6th grade, is designed to reduce disruptive and aggressive behavior and lessen later anti-social behavior and substance use.
  - Placement: **Promising**
  - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1102

Parenting Programs:

- **Incredible Years Parenting Program**
  - The Incredible Years Parenting Program Series, a group of community-based programs, is designed to strengthen parenting skills; enhance parents' involvement in their children's academic and school experiences; improve children's academic, social, and emotional abilities; and reduce behavioral problems.
  - Placement: **Effective RCT**
  - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1091

- **LifeSkills Training + Strengthening Families Program for Parents and Youth 10-14**
  - LifeSkills Training + Strengthening Families Program for Parents and Youth 10-14 is the combination of a school-based program and a family-based program. The goal of this combined universal program is to delay substance use initiation and reduce substance use among adolescents.
  - Placement: **Promising**
  - https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_2007

Clearinghouse Resources:

- **School Resources About Military Families**
  - School Resources About Military Families links military-connected school personnel with evidence-based resources and support. Online learning

modules are available at no cost to provide school personnel with additional understanding related to the unique challenges faced by military-connected students and families and to provide access to relevant strategies and resources. Modules are available that address SEL topics.

- o https://schoolresources.militaryfamilies.psu.edu/

- **Schools Empowering At-Risk Students (SEAS)**
  - o The Clearinghouse created lesson plans for DODEA schools that provide basic Social and Emotional Learning (SEL) skill development including emotion identification, coping skills, and help-seeking. These materials were designed to be delivered to K-12 students (elementary and secondary versions) in classrooms using a modularized approach (i.e., three, 10-minute lessons or one, 30-minute lesson option for teachers to choose from, in addition to extension activities).
  - o The SEAS team also developed six suicide-related online learning modules for DODEA on topics such as recognizing risk and warning signs, prevention, intervention, postvention, legal/ethical issues, and professional self-care. These materials were initially designed for school psychologists, school counselors, however they have been modified and will launch on the School Resources website in the future.
  - o The SEAS team is currently working on two additional phases to provide support to at-risk students: 1) identifying best practices for threat assessment in order to guide policy updates, and 2) conducting research to find evidence-based ways that schools can prevent and respond to problematic sexual behavior in children and youth (PSB-CY). As a result of the research, learning modules are being created for DoDEA administrators, psychologists, counselors, and nurses.
  - o https://seas.militaryfamilies.psu.edu

- **THRIVE Initiative Parenting Programs**
  - o THRIVE is designed to empower parents as they nurture their children from birth until their children reach 18 years of age. The program is delivered in four age-specific program areas. Each THRIVE program guides parents as they learn and use parenting skills that are based on science, so they can encourage positive youth development and resiliency across their child's lifespan. The Initiative focuses on three topic areas: 1) positive parenting practices, 2) parent and child stress management, and 3) child physical health promotion.
  - o https://thrive.psu.edu/

Identify and Support People at Risk

The current evidence suggests that identifying people at risk of suicide and the continued provision of treatment and support for these individuals can positively impact suicide and its associated risk factors (Stone et al., 2017). Supporting people at risk requires proactive case finding and effective response, crisis intervention, and evidence-based treatment (Wilcox & Wyman, 2016). The CDC warns that simply improving or expanding services does not guarantee that those services will be used by people most in need; further, it may not increase the number of people who follow recommended referrals or treatment (Stone et al., 2017).

Strategy: Identify and Support People at Risk	
CDC Approach	**Military-Community Application**
Gatekeeper training	Implement and encourage family member participation in suicide prevention training on the installation. Train teachers, coaches, clergy, emergency responders, primary and urgent care providers, and others in the community to identify people who may be at risk of suicide and to respond effectively, including facilitating treatment seeking and support services.
Crisis intervention	Identify and provide support and referral services, typically by connecting a person in crisis (or a friend or family member of someone at risk) to trained volunteers or professional staff via a telephone hotline, online chat, text messaging, or in-person. Promote and encourage help-seeking and share referral services. Advertise how to get immediate help if needed (e.g., hotline numbers).
Treatment for people at risk of suicide	Ensure accessibility and appropriate treatment for individuals with suicide ideation. Ensure access to various forms of psychotherapy delivered by licensed providers to help individuals with mental health problems and other suicide risk factors with problem-solving and emotional regulation. Ensure access to treatment that employs collaborative (i.e., between patient and therapist or care manager)

	and/or integrated care (e.g., linkage between primary care and behavioral health care).
Treatment to prevent re-attempts	Ensure follow-up contact and use diverse modalities (e.g., home visits, mail, telephone, e-mail) to engage recent suicide attempt survivors in continued treatment to prevent re-attempts. Provide treatment that focuses on improved coping skills, mindfulness, and other emotional regulation skills; include case management home visits to increase adherence to treatment and continuity of care; and offer one-on-one interpersonal therapy and/or group therapy. Connect people who have attempted suicide to peers and providers to ensure aftercare. Ensure individuals receive discharge information addressing suicidal ideation and attempts, distress, risk and protective factors, alternatives to self-harm, and referral options Implement follow-up contacts over 18 months (contacts conducted by phone or through home visits according to a specific timeline for up to 18 months is recommended). Incorporate active follow-up contact approaches such as postcards, letters, and telephone calls intended to increase a patient's sense of connectedness with health care providers and decrease isolation. Ensure providers incorporate Cognitive Behavior Therapy to prevent reattempts.

CDC Identified Programs:

Gatekeeper Training Programs:

- **Applied Suicide Intervention Skills Training**
    - Applied Suicide Intervention Skills Training (ASIST), a community-based gatekeeper training program, is designed to teach participants how to recognize risk factors for suicide and how to identify and use strategies to intervene.
    - Placement: **Unclear Ø**

- o https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_2655

- **Question, Persuade, and Refer Gatekeeper Training for Suicide Prevention**
  - o Question, Persuade, and Refer Gatekeeper Training for Suicide Prevention (QPR Gatekeeper Training) is available online or through live training sessions and hosted by Certified QPR Gatekeeper Instructors (e.g., parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, advisors, caseworkers). The program intends to teach participants how to intervene in order to prevent another's suicide. The target skills to do this can be remembered by the acronym QPR (Question, Persuade, and Refer). Participants also learn the epidemiology, current statistics, myths, and misconceptions surrounding suicide.
  - o *Please note: This program is not identified in the CDC technical package; however, it is shared in the DoD ASR.*
  - o Placement: **Promising**
  - o https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1520

Treatment Programs:

- **Improving Mood—Promoting Access to Collaborative Treatment**
  - o Improving Mood-Promoting Access to Collaborative Treatment is a multi-sector program that is designed to alleviate depression in older adults (60 years of age or older).
  - o Placement: **Promising**
  - o https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1195

- **Collaborative Assessment and Management of Suicidality**
  - o Collaborative Assessment and Management of Suicidality, a community-based program, is designed to modify clinician behaviors, strengthen the clinician-patient relationship, foster self-understanding in patients, and enhance patient motivation to take an active role in creating their treatment plan to reduce suicide risk.
  - o Placement: **Promising**
  - o https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_2669

- **Dialectical Behavior Therapy**
  - o Dialectical Behavior Therapy (DBT), a community-based intervention, is a cognitive behavioral treatment that utilizes acceptance strategies and skills training designed to help individuals eliminate self-harm behaviors (e.g.,

self-cutting, suicide attempts), improve management of emotions and relationships, and live more rewarding and satisfying lives.

- o Placement: **Promising**
- o https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_1435

- **Attachment-Based Family Therapy**
  - o Attachment-Based Family Therapy, a community-based depression and suicide intervention family treatment program based on attachment theory, is designed to strengthen the parent and child relationship, rebuild trust, promote problem-solving and communication skills, and assist in adolescent autonomy.
  - o Placement: **Unclear +**
  - o https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_925

- **Translating Initiatives for Depression into Effective Solutions (TIDES)***
  - o TIDES is a quality improvement program that aims to improve depression outcomes across the VA primary care patient population. The TIDES project provides guidelines for collaboration between mental health and primary care specialists with support for assessment and triage, patient education, and proactive follow-up of patients with symptoms of depression.
  - o *This program is for use in the VA system and may not be available to family members.*
  - o https://www.hsrd.research.va.gov/publications/internal/depression_primer.pdf

Follow-up Programs:

- **Cognitive Therapy for Suicide Prevention**
  - o Cognitive Therapy for Suicide Prevention, a brief community-based intervention, is designed to prevent suicides and treat recent suicidal ideation and suicide attempts through restructuring how patients think about and behave in response to suicidal crises.
  - o Placement: **Promising**
  - o https://www.continuum.militaryfamilies.psu.edu/program/fact_sheet_2677

Lessen Harms and Prevent Future Risk

Risk of suicide and suicide risk factors has been shown to increase among people who have lost a friend/peer, family member, co-worker, or other close contact to suicide (Pitman et al., 2014). Current evidence suggests that postvention and safe reporting and

messaging can positively impact risk and protective factors for suicide (Niederkrotenthaler & Sonneck, 2007).

Strategy: Lessen Harms and Prevent Future Risk	
CDC Approach	**Military-Community Application**
Postvention	Include debriefing sessions, counseling, and/or bereavement support groups for surviving friends, family members, or other close contacts. Expand and encourage involvement in installation support services for bereaved families (i.e., Survivor Outreach Services).
Safe reporting and messaging about suicide	Communicate reports that are inclusive of suicide prevention messages, stories of hope and resilience, risk and protective factors, and links to helping resources (e.g., hotline). Reports that avoid sensationalizing events or reducing suicide to one cause, help reduce the likelihood of suicide contagion.

CDC Identified Programs and Resources:

- **StandBy – Support after Suicide***
    - StandBy – *Support after Suicide* is a postvention program established in 2002 by United Synergies in Australia. StandBy partners with local organizations to tailor community workshops and education programs to increase awareness of suicide and suicide bereavement to help enable communities to support one another.
    - https://standbysupport.com.au/

- **Recommendations for Reporting on Suicide***
    - The Recommendations for Reporting on Suicide were developed by leaders in suicide prevention and in collaboration with several international suicide prevention and public health organizations, schools of journalism, media organizations, journalists, and internet safety experts. The website contains examples to assist with safe and responsible media coverage of suicide and recent deaths.
    - http://www.reportingonsuicide.org

Conclusion

While numerous research studies exist in the area of suicide prevention, suicide prevention in military spouses and dependents is a relatively new area of focus which warrants further study and attention. This report offers only a starting point to what needs to be a greater understanding of the scope of the issue. Further, more research is needed to determine what interventions and strategies are most effective in reducing suicide in military family members. The Clearinghouse can assist with developing an evaluation plan for new programs of interest or can vet existing programs to determine their effectiveness.

Additional Assistance

The TA specialists at the Clearinghouse are happy to assist you. We provide support to professionals as they examine and make informed decisions about which programs fit specific situations and are worth the investment. Whether it is connecting you with the resources and tools to conduct a needs assessment in your community, suggesting the best evidence-based program or practice for your situation, or developing an evaluation plan, our team of experts is a call or email away.

Please visit our website at www.militaryfamilies.psu.edu or call 1-877-382-9185 to speak with a TA specialist.

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