



CONCERNED LOVED ONE'S ADDITION TO SAFETY PLANNING (CLASP)

Suicide among Veterans continues to be a major concern. A recent presidential order indicated that research targeting suicide prevention for veterans is an integral part of the National Research Action Plan (NRAP). Project CLASP aims to improve suicide prevention programs at the VA by examining the role of a loved one, such as a spouse, family member, or friend, in a Veteran's suicide prevention treatment.

Current suicide prevention programs at the VA use a process called safety planning, in which a plan is developed between the provider and the Veteran for what to do in a potential crisis situation. This plan includes identifying warning signs of suicidal ideation or behavior, internal coping strategies the Veteran can use to handle these feelings, names and/or locations of people or social settings that may provide a distraction, people to whom the Veteran can reach out for help, the names and phone numbers of professionals or agencies that a Veteran can contact in a crisis, and strategies to make the environment safe by reducing access to lethal means (i.e., firearms, medications, etc.) Project CLASP investigates the role of the Concerned Significant Other (CSO), which can be anyone who cares about the Veteran and is able to be involved in the Veteran's care, such as a spouse/partner, parent, sibling, adult child, other relative, or friend.

The potential benefits of adding a CSO to the current safety planning procedure is two-fold. First, the CSO would be involved in the planning and preparation for a potential crisis situation, which can increase communication, helping the Veteran to enact the safety plan. Second, the addition of the CSO to the safety plan may increase perceived social support. This is crucial, as high perceived social support has been repeatedly cited as a protective factor against suicidal ideation and behavior.

The first stage of CLASP was a quality improvement project that conducted interviews with 29 Veterans and 4 CSOs about how they would feel about this intervention. The response to the addition of a CSO was mostly positive among Veterans, and overwhelmingly so among CSOs. Data analysis is still ongoing. Findings from this project will inform future suicide prevention initiatives.

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