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Helping Others Hold On

Adam Hoffberg: Hi everybody. I am Adam Hoffberg, and this is the Rocky Mountain MIRECC short-takes on suicide prevention podcast. Today's episode is about an incredible resource for engaging the military community. We're really excited to have two guests with us today, Dr Carie Rogers and Dr Craig Bryan from the PsychArmor Institute. Just a brief introduction and then I'll let them talk about them self a little bit more. Dr. Rogers is the education director at PsychArmor. She's also a clinical professor of psychiatry at UC San Diego. In her past she served many roles inside the VA and the Department of Defense, including working as a consultant trainer, rolling out various evidence-based therapies inside the VA. Dr. Bryan is the executive director of the National Center for Veterans Studies at the University of Utah. We've had him on the podcast before. You may remember, he's also a military suicide prevention researcher and a clinical psychologist, not to mention an Air Force Veteran who previously deployed to Iraq. So welcome to you both.

Dr. Bryan: Hi, thanks for having us.

Dr. Rogers: Thank you so much, Adam.

Adam Hoffberg: Absolutely. It's a pleasure to be here with you and again, thanks for joining us. First, let's just start with our usual sort of introductions a little bit about your backgrounds and how you both got involved with PsychArmor. Carrie, will you go ahead and start for us?

Dr. Rogers: Sure, I'd be happy to. I am a clinical psychologist by training and as you said, I worked with the Department of Veterans Affairs for a really long time. But I spent a lot of my time there working with veterans with post-traumatic stress disorder, and also training other clinicians to do that and to do that using evidence based practices. About a year ago I decided to make a career change and came to work for the PsychArmor Institute as the education director. Part of my goal in doing that was to begin to help disseminate some of the great information that we have about veterans and military members and some of the unique challenges and the strengths that they have to the population in general.

Dr. Bryan: I'm also a clinical psychiatrist and as you mentioned before I served in the military in the past. I am currently at the National Center for Veteran Studies at the University of Utah. Most of our research focuses on suicide prevention and developing treatments and interventions for addressing suicidal thoughts and suicidal behavior among military personnel and veterans. My history with PsychArmor actually goes back a couple of years. The founder of PsychArmor and I were at a meeting together at the Oakley Headquarters, a sunglass maker,

many years ago. And that meeting was focused on different strategies, different programs designed to help service members and veterans with physical as well as psychological injuries. And when we met at dinner that night, at that event, we were talking about our mutual interests and mutual work and that was when Marjorie first told me about PsychArmor and ideas for the organization and asked if we would basically serve as a consultant and an adviser to the organization, especially in the area of suicide prevention. And I said yes, that would be great. And so that's been my role with PsychArmor. Helping them to develop curriculum and information, focusing on suicide prevention and providing advice and providing support whenever I can.

Adam Hoffberg: Excellent. Well, thank you both for taking time out of your busy schedule to join us today. As you mentioned, PsychArmor has a lot of training and curriculum online and we're going to get into that a little bit more today. But first, Carrie, will you tell us a little bit more about PsychArmor's history; and also a bit about the VA partnership, that has been a big collaboration over the past year.

Dr. Rogers: I would be happy to do that, Adam. PsychArmor is about three years old. We're a national non-profit. And really what we do is provide free education and support for any American who is interested in engaging more effectively with the military community. It turns out only about seven percent of the country has ever served in uniform. And what that means is that most Americans aren't really familiar with military life and military culture. What that results in is a real gap in understanding between veterans and military service members and the rest of the American population. Most Americans really want to support military veterans. They want to engage effectively with military veterans, but they don't really know how and they don't know how to learn to do that. Marjorie Morrison, the founder of PsychArmor, decided that that was going to be the mission of this organization, to provide free education to civilian Americans about military culture and some of the unique challenges and strengths that military members bring to the table.

Adam Hoffberg: Great! And I understand there are more than 130 courses at this time?

Dr. Rogers: We have over 130 courses live at this time. We are always working on new courses. We have another twenty that we're building right now and they are all free, so anybody can go to our website, which is psycharmor.org and take a training course for free.

Adam Hoffberg: Excellent, and we'll add that link to the main page as well as of this specific training that we're going to talk about today called "helping others hold on". Before we jump into that, Carrie, can you tell us a little bit about the VA partnership with PsychArmor, and sort of what that means for our veterans and military community?

Dr. Rogers: Sure. The VA partnership has been something that we at PsychArmor are very proud of. We partnered with the VA about a year ago. We have signed a memorandum of agreement with the VA that allows us to work with the VA on

all of our courses, all of the content for our courses in disseminating that information to the public. All of our subject matter experts are in fact that - they are experts. They are people who have worked with military veterans for a long time . The VA works with us to help introduce us to those people. Many of our subject matter experts are working at the Department of Veterans Affairs, so we get a lot of our content from them. What that means for our learners is that they can trust the information we have; they can trust that it has been vetted; that it's high quality. We're really proud of that memorandum of understanding. A big part of that is that we offer all our education for free. Learners never ever have to pay for any of the information we have on our website.

Adam Hoffberg: That's great! So let's now turn to this course on suicide prevention. It's called "helping others hold on". First of all, I was just taken by the title of it, so I love it. Carrie, will you tell us a little bit about what this course is all about?

Dr. Rogers: We've been working on this course for a few months now. One of the reasons we were really interested in building this course is because we are a publishing house for information and so all of our courses are structured in schools. We received an incredibly generous grant from the Bob Woodruff Foundation to fund a set of training courses for people who volunteer with veterans. One of the things we kept hearing about, was people who volunteer with veterans somehow are very worried about what if somebody is in a crisis or what if somebody is suicidal; I don't know what to do, I don't know what to say. That was translated in not volunteering and not engaging with people, and not being of assistance when they really wanted to be. We reached out to Craig and asked him to work with us on the Bob Woodruff Foundation to build a course for volunteers that really addresses how do you talk to someone who might be thinking about suicide or who you're worried about, how do you engage with them, what you say and what do you do and how do you do it. How do you reach out and help others hold on? Craig came up with the title of the course, so I'm going to defer to him about where exactly that title came from. He can tell you the story behind that. We worked really hard with Craig and the Bob Woodruff Foundation to make sure we had this content available so that people who work with veterans in a volunteer capacity or frankly in any other capacity. We have the information they need if they're talking to somebody who might be suicidal.

Dr. Brian: Against the origins of the title. I, to be perfectly honest, I don't know exactly know how we came up with the title, but it really kind of came out of my own personal experiences as a service member, especially during my deployment in Iraq and working with a fellow service members who were not only suicidal but also struggling with trauma reactions and acute stress reactions. In some cases, you know, just a mere hours after the trauma exposure has occurred. And then after returning from Iraq, continuing to work with service members and veterans. What we often think about suicide is people choosing to die or choosing to kill themselves or some sort of a walking towards death. And that just didn't really fit with what I was seeing as a psychologist. And what I was hearing from family members and friends as well as from service members and veterans who had struggled with suicidal thoughts themselves. The experience

that many suicidal individuals we're conveying was that they were really struggling; they were fighting; they were battling against whatever form of pain and suffering that was effecting them. They were doing their hardest to solve the problem to get away from that situation, but just felt like they weren't succeeding. And this is in many ways sort of an image of them kind of like hanging on the edge of a cliff and their knuckles are white and, and they're just trying to hold on and to make it day by day. In many cases, those who had attempted suicide often described the experience in many ways as letting go, where they weren't choosing to die but they had become so exhausted and worn out from life that they were just letting go. So over the course of several years, this idea of helping others hold on kind of came into my head. And when I was asked to do a presentation for some military officers who really kind of felt like we'd go through all the suicide prevention training, we get lots of briefings and we get all this information about suicide, but when someone's sitting face to face with us saying "I'm thinking about killing myself", these officers and senior enlisted were saying, we don't actually know what to do and we don't know what to say. And so we had started to develop some training curriculum for them and that was a title, that initial curriculum "helping others hold on". We received very positive feedback from those military leaders saying it helped them to understand for the first time what was going on in the suicidal persons mind. And most importantly, they walked away feeling like, now I know what suicide prevention actually means. Maybe this whole sort of way of thinking about avoiding death isn't as helpful as it is of helping people to live. Sometimes that's a very challenging, very difficult experience for those who are suicidal. Thinking of "helping others hold on" as something that fit very well within the military culture because that's what we do as service members and veterans - we help each other out, we lift each other up, and that's a big part of suicide prevention.

Adam Hoffberg: Yeah, that's really helpful. I think that's sort of how the whole course feels and plays out. Again, these courses are designed to fill gaps and one of the gaps that I've identified was how do folks volunteer, and help others hold on. So let's jump into a little bit more about the course. Craig, I understand you were the subject matter expert for this course? You sort of narrate the various modules? Just at the start of the course there's this analogy of tipping the seesaw and just as helping others hold on. This paints a really good picture in my mind, this idea of tipping the seesaw around suicidality and overcoming ambivalence seems to really resonate with me. Can you talk us through that analogy?

Dr. Brian: Yeah. So the sort of analogy of this kind of struggle between the desire to live in the desire to die as one that, you know, kind of pervaded in the suicide prevention community for a few decades. The term that we often use as researchers is ambivalence and the assumption being that people who are suicidal, yes, there is a part of them that wants to die. But oftentimes there's this competing desire to live. It's just in my experience, that many suicidal individuals kind of struggle with figuring out how to do that, how to live a life that's worth living. And so as they go through the day they have setbacks, just like all of us, but then we have accomplishments and achievements. All of us

were to have this back and forth, up and down sort of experience. And one of the ideas of this seesaw between life and death was really kind of crystallized with a research study that we did several years ago where we looked in a sample of military personnel who are receiving treatment for suicide risk; this back and forth struggle between the desire to live and the desire to die. What we found was that, as we expected, people kind of go up and they go down and they, in many ways are sort of battling internally with suicidal thoughts. What really struck us in that paper was that it was the desire to live in particular that really fluctuated. The desire to die kind of went up and down, but it was kind of a more stable set than feeling an urge. But this desire to live was much more fluid; it was fluctuating much more rapidly and much more dramatically. That observation and our research really has shaped a lot of our treatment development and intervention development as well. We were able to show in some of our research that you can actually tip the balance. You can have a significant influence on a person's desire to live based on what we talk about, what we say to them. That really kind of came out as we were developing this curriculum and this notion of that seesaw, of having highs and lows. When we work with suicidal individuals, we really helped them to understand that this is a part of life, we will have ups and downs; and how do we sort of brace ourselves for that and how do we prepare ourselves for ups and downs, which is an important part of keeping perspective and maintaining hope and optimism despite adversity.

Adam Hoffberg: Absolutely. I was really struck by the fact that, you know, you took this sort of research-y, psychological concept of ambivalence and turned it into something extremely accessible around the seesaw metaphor. And again, thinking about who the intended audience for this training is, I think that was really well done.

Dr. Brian: Well, I appreciate that, but I can't take all the credit. There was a lot of helping to flesh that idea from the PsychArmor curriculum developers as well. In the original draft of the curriculum the idea of the seesaw was there and the curriculum developers just really connected with that and really extended it and helped to really kind of flesh that out in much more detail, to the point where it really became a cornerstone of the curriculum itself.

Adam Hoffberg: Yeah, that really comes through. And just a quick aside to listeners, as I mentioned, Craig was on one of our previous podcast talking about who had vulnerability. I think some of what he's talking about today with an ebbing and flowing it ups and downs is really relevant. So I encourage you all to go back and give that a listen as well. And Craig, you already touched on this a little bit about how a military culture and the values within the community sort of already have rally around this idea of helping others hold on and helping others in general. Can you say more about that?

Dr. Brian: Yeah. So, when we talk about suicide prevention as a general concept, it's very common that we talk about things like social support as being protective or reducing risk. There's some research that supports that and we've really looked beyond that. So what is it about this sort of vague idea of social support that is

so important. We actually worked on a study several years ago trying to answer that question and what we found was in the military, one of the most important aspects of social support for suicide prevention was sometimes referred to as esteem support. What this gets at is that social support actually kind of functions for all of us in different ways or different reasons why social support is helpful. When we're upset, do we have someone to kind of have a shoulder to cry on, someone who we can tell our secrets to. There's also this notion of do we have tangible or material sources of support? My car's broken down, can someone give me a ride? Or if I'm feeling sick, do I have someone who can drive me to the hospital? This esteem support, this is having access to people who you look up to, who respect you, who value you, who give you a sense of purpose and meaning and pride. And our research was showing that this part of social support was really important in the military. Interestingly, when we had done similar research outside of the military, like with college students, we found that outside the military there are different parts of social support that matter the most. In particular in the non-military groups, it was belonging. It was having people to hang out with and to socialize with. But in the military it was all about feeling respected and valued and feeling like you have other people to look up to and to contribute to a higher purpose. We've been able to kind of leverage that, to really bring that to bear within this curriculum and some of the other suicide prevention work that we do. How do we harness this sort of cultural value in the military of respect, dignity, purpose, meaning, and help volunteers to recognize that it's not just about hanging out with someone and playing games or watching movies, that's important, but it's also conveying to a service member or veteran that you're important, that I care about you and that I respect you and feel that you make important contributions to the world.

Adam Hoffberg: I want to just jump into one of the other modules, which is on the topic of sleep and its relationship with your mental health and suicide. Often this is a big topic. Sleep issues are incredibly common among service members. Could you give us a sense of the scope of this problem and the relationship with suicide?

Dr. Brian: Yeah, that's a good question. So sleep disturbance as a whole is very common in military personnel and veterans. The prevalence estimates vary, but in general, if you look across different studies on average about one in three service members is struggling or reporting some kind of asleep disturbance at any given time. It's actually quite common and the rates of sleep problems have increased steadily over the past decade. There's a growing body of research very clearly indicating that sleep disturbance is related to suicide risk. We don't, to be honest, fully understand why. There are a number of theories out there right now, but there's something about sleep, we don't know. Is sleep causing suicide risk? Or is it that when people are at increased risk for suicide, they tend to have problems with sleep? We're not fully sure what the answer to that is. But we do have some emerging evidence suggesting that if we can help someone sleep better, you can actually reduce their suicide risk. So there's a study, for instance, published a few years ago. It was done in the VA, showing that if you treated insomnia using a treatment called "cognitive behavioral therapy for insomnia" or "Cbt", they were able to show was that veterans who went through this

insomnia treatment showed significant reductions in suicidal thoughts. There have been other studies that are underway right now in the VA, as well as in the Department of Defense, as well as in the civilian sector, looking at that and saying, could we in essence prevent suicide by doing something reasonably simple? The treatments for insomnia are actually pretty simple and straight forward. We actually included a lot of those tips and strategies in the "helping others hold on" module. Or some of the are just so basic and fundamental that I've found that most people say "that makes sense", and almost anyone can do it and it can have a very, very positive effect on a person's health.

Adam Hoffberg: Two follow ups with that: Can you give us some practical tips that you do provide in the module? And the other part is - we know that sleep disturbances are common. Why is this a more acceptable way to approach a suicide prevention?

Dr. Brian: So let me answer that second question first before providing the tips. We think the reason why it's more acceptable is first, it's so common. As I mentioned before, something like one in three service members and veterans are struggling with insomnia and this is certainly not an issue that's limited to military personnel and veterans. We see it's very common within the population as a whole. On the one hand, I think it's easy to talk about sleep because in many ways everyone has it, or everyone has had problems sleeping at some point in their life. So it's very, very common. I think the second aspect of that is because it's so common, it's easy to talk about. We don't have as much stigma about insomnia and sleep disturbance in society as a whole, but particularly in the military. Talking to fellow service members and veteran, we often kind of joke, especially when we were deployed - if you were sleeping well then you were the crazy one, nobody's getting any sleep. It became sort of just this normal part of what many of us were experiencing. When you go to the doctor for sleep problems that was generally seen as being no different from going for a headache or because you were throwing up and feeling sick. It was just a part of every day health and well being. And so we've had a lot of success when we go out and sort of talk about what else do you want some help with; "sleeping?", that is a little easier for service members and veterans to say yes to. That can sometimes get them in the door and once they're in the door we might find out that there are other things going on, whether it's suicide risk or ptsd or depression or something like that. But we've found that if we talk about a lot of our treatments, even the suicide prevention treatments as a way to improve sleep, that seems to be much, much more acceptable to service members and veterans. So when you look at what are these things that people can be doing? There are a couple of core principles that are really sort of founded on basic learning theory. The simple concepts of how we learn to do things, one of which is called conditioning. Let's say a certain event occurs. We hear a noise and then after that noise we hear something or we see something that's very frightening or scary. If that noise keeps occurring at the same time, is that a frightening or scary thing? Eventually we will respond with fear or anxiety when we hear that noise, even if the scary thing doesn't happen anymore, that's just pure conditioning. The same process happens with our sleep. We can

actually train ourselves and condition ourselves to sleep poorly. And likewise, a good news is we can train and condition ourselves to sleep better. So some of the tips that we teach people to improve their sleep is "don't go to bed until you're sleepy", which sounds very obvious, right? But what many of us have done, almost everyone probably is guilty of this is where we've been busy, we haven't gotten much sleep lately and we say, well, I'm going to go to bed early tonight. So it's a 7:00 PM and I'm going to go ahead and go to bed so I can catch up. Then we just lay in bed for several hours, because we're not actually sleepy. By laying there in bed, we actually are training our brain to not sleep in bed and in essence, we communicate to our brain "this is not where we sleep, this is where we lay awake and toss and turn". Another simple rule related to this is get out of bed if you're not asleep within about fifteen minutes. In essence, if I'm laying there, I'm tossing and turning and I'm thinking about the day's activities, maybe I'm worrying about what I have to do tomorrow - if I'm not asleep within about fifteen minutes, time to get out of bed, because if I just stay there in bed awake, again all I'm doing is training my mind to say bed equals worry time or bed equals not sleeping. So these very simple strategies and rules, I guess are very obvious. Very few of us will actually implement them in our daily lives and so we train ourselves to have sleep problems. If we make these very simple changes, which are actually simple, but they're very hard to do. Think about how many times you've laid awake in bed saying, any minute now I'm going to fall asleep and you just say that over and over and over again. After an hour, you're still not asleep. It's very hard to use the rules even though they are super simple to do, but once people actually make these changes and follow these very simple rules, they come to see very dramatic improvements in their sleep, typically within a few weeks.

Adam Hoffberg:

That's very helpful and a thorough explanation. Again, I encourage listeners to go on and take this course. You can even take a sleep module and learn more about these practical tips. Craig, moving on to what we commonly talk about as warning signs or risk factors. Part of this course is how individuals identify someone in their life who may need support, who may be experiencing suicidal feelings. Could you just give us an overview of what risk factors and warning signs are and what are some common ones that individuals can pick up on for someone in their life?

Dr. Brian:

Yeah. So we use these two terms interchangeably of risk factors and warning signs, but they're actually different ideas. Risk factors are like variables or problems or issues or themes that are correlated with suicide. Warning signs, however, are also correlated with suicide, but the idea is that they emerge immediately before suicide occurs. So it's kind of like an alert system. If we think of something like heart attacks. A risk factor for a heart attack might be smoking or obesity or certain types of diets. Whereas a warning sign for a heart attack might be chest pains or sweating and numbness especially and on the left side of the body. Obesity and smoking and diet by themselves don't necessarily give us much information about when a person is going to have a heart attack. But if you start experiencing these warning signs like those chest pains and sweating, then that means you should probably call 911 or you should go to an emergency

department right now. There's a lot of interest in these similar concepts with suicide. Unfortunately, scientifically, we don't yet have a very good finger on what are the most reliable indicators of short term suicide risk or warning signs are a bit limited, but there's now kind of an explosion of research really trying to figure this out. One of the better indicators that seem to have emerged is a person's thought process. Now a thought process you can't observe, so in that sense it's not very helpful, but people will say what they're thinking. People will verbalize a lot of their internal thoughts. We talk about this notion of the coded language of suicide in this course and it's something that I've talked about in other training as well, where people who are high-risk for suicide tend to say things like "everyone would be better off without me", "I mess everything up", "I deserve to die", "I can't take this anymore", "I'm incapable of solving this", "I mess everything up". It's these very harsh negative self deprecating, self-hatred types of thoughts and statements, and critically, when people make statements like this, that is always an indicator that something isn't going well in their life. It might be that someone does not say the word suicide, so maybe they're not going to say, "I'm thinking about killing myself" or "I want to kill myself", but they say these other things that research has shown is very, very specific to suicidal states. So what we talk about here is don't wait for someone to say, "I'm thinking about killing myself". If they're using this other coded language of suicide, that's the time to get involved. That's a time to help. That's a time to see, do they need additional help? Do they need referrals? In that way we don't make the mistake of waiting for the magic word that in some cases might actually not come.

Adam Hoffberg:

Yeah. Hearing you talk about coded language really was a breakthrough for me in terms of I hadn't heard that word. I'd heard some of the examples you just used, but I didn't think of it as coded language. Especially again, thinking about this as a way to help people identify individuals in their life who might need support, these examples are really helpful to make that much more real, much more salient than this abstract idea of someone being suicidal.

Dr. Brian:

Oh yeah, absolutely. I think there's a case that I like to use to kind of exemplify this. So this is an actual person that I worked with, who came to me as a patient who was highly agitated, his leg was bouncing, he could hardly sit still, he looked like he was just on the verge of crying as his voice was very clearly tense. He wasn't making eye contact and these are the statements he was saying, "I can't take this anymore", "I'm worthless", "I'm no good", "I'm just a total waste of space". You know, "my mom would be better off without me", all of the coded language. He wasn't sleeping, he was drinking. All of these things were going on. But when I asked him face to face as well as through my paperwork, he was saying, "no, I'm not going to kill myself, I'm fine". Well he had all of these coded language, all of these indicators, that very clearly stated, things were not going OK in his life. It would've been very easy, because he was explicitly saying, "I'm not suicidal. I'm not going to kill myself" to sort of go, Oh, thank goodness and kind of move on with other things. Instead we paid attention to these warning signs and said, let's do some things to improve your quality of life to help manage suicide risk, even if right now you are not saying that you're suicidal.

We did a lot of suicide prevention activities together. We just didn't call it suicide prevention and for him it was anger management, so we came up with an anger plan, and an anger intervention and an anger response plan, and he responded very well to it and did quite well. And that's what we want people to understand. You don't have to wait for that magic word suicide. If someone's in need and they're clearly not doing well, there are simple things that can be done to save their life.

Adam Hoffberg: Yeah. That reminds me of a common phrase "silence kills" or just people talking about how there's this stigma and silence around feeling suicidal. So part of recognizing these coded languages is overcoming that silence and being OK to then further talk with it personally, is that right?

Dr. Brian: Yeah, I would say that's exactly right.

Adam Hoffberg: OK, well before we turn back to you you Carrie, Craig, could you just sum up the course for us and your overall thoughts? I forgot to ask earlier, how long does this course actually take someone to work through, when they're thinking about taking this now that they've heard you tell a little bit about it?

Dr. Brian: Yeah. I guess the overall summary of the course really is: we spend a little bit of time explaining some basic ideas that answer the question, well, why do people kill themselves? Why do people want to die by suicide? We spent a little bit of time talking about some of these risk factors and warning signs and there's this explicit focus on coded language, on insomnia, agitation and other sort of overt obvious signs that someone might be at increased risk for suicide. And then we provide very simple tips. We kind of conclude with talking about a procedure that we've tested within clinical settings called "crisis response planning". We are now translating this technique for use by non health care professionals. So when you are worried about someone, what do you say, what do you do in helping that person at risk identify strategies that they can use to reduce their stress, to remember why their life is purposeful and meaningful and how they can reach out for help. Overall the course is somewhere between twenty and thirty minutes, so it's pretty brief and it's right to the point. It's really well done. Like I said, I worked with a lot of groups before coming up with the curriculum and I can generate content all day. It was truly amazing to see how the animations, the images that were used to help convey the ideas, that I think are just absolutely phenomenal too. It's really great working on the project.

Adam Hoffberg: Carrie, we're going to turn back to you and sort of scope back out and talk a little bit more about some of the other services PsychArmor offers. Also, a little bit into what you're thinking about in terms of the future of PsychArmor and what other suicide prevention courses do you all have available through your frame?

Dr. Rogers: Thank you. Adam. I would love to talk a little bit more about PsychArmor and what we do. I can let you know that we have a course in our health care providers schools specifically for mental health providers and actually other

providers, so physicians and other folks in the medical field about suicide in the military that Dr Brian also collaborated with us on. We are working with the Department of Veterans Affairs, Suicide Prevention Office on another course for our audience, about suicide prevention, recognizing signs and other ways to intervene as well. It isn't exactly the same course at all as Dr Brian's "helping others hold on", it has a slightly different take and a different complimentary set of tools. I think they're both going to be wonderful, wonderful learning opportunities. We are really interested in PsychArmor about disseminating our courses about military culture, so we have a number of schools that we already have available. We have a school for healthcare providers, school for employers, military caregivers, volunteers and educators. While our "helping others hold on" course is in the volunteer school, it's certainly applicable for anybody. It can be found on our website in the volunteer school. We also have a course for employers that might be very interesting under this topic for folks about helping a veteran in crisis. It specifically talks about if you're an employer or a coworker some specific things you can do to help somebody, who's in crisis. We are constantly developing new courses at PsychArmor. We work closely with our sponsors, with our partners, with the Department of Veterans Affairs to continue to develop and disseminate courses, to help civilian Americans to get more familiar with military culture and learn a lot more about how they could connect with veterans. So again, we got 130 courses online now about various topics and we continue to add courses almost daily.

Adam Hoffberg: Yeah, that's incredible. Just the wealth of information right there. I always like to say we would love to have you back because it sounds like we have so much more to cover. Just to follow up with navigating the website. It sounds like there are different schools that the courses are listed within, but anybody can still take any course from the website. Is that correct?

Dr. Rogers: Yes that's correct. Anybody can take any of courses that sounds interesting or appealing to them on the website. I actually always like to recommend that people take our "15 things veterans want you to know". We always say its 15 things in 15 minutes. The course is 15 minutes long and it really is the beginning of familiarity of veterans and military culture. You don't have to be an expert in any particular field to understand a few simple things that may help you engage with military service members or veterans in a more effective way. Id love to point people to the "15 things veterans want you to know" course. I think it is one of the most useful courses that we have.

Adam Hoffberg: Its great to hear that you can fit these courses in between things. You get one course out of the way. It sounds like there's some great things on the horizon, so again, we'd love to have you all back to talk about specifically some of the other suicide prevention courses in the curriculum. Before we wrap up, I just like to give you both an opportunity to add any closing remarks. Carrie, can we start with you?

Dr. Rogers: Sure. Well first of all, thank you Adam, so much for having us and for taking your time today to let us talk a little bit about some of what we do at PsychArmor

and what we've done with Dr. Brian on the "helping others hold on" course. Again, I really would just encourage people to check out some of the stuff we have at PsychArmor. The learning is all free and our goal is really to be a resource for people who want to know more about military culture and want to engage more effectively with veterans and military service members. Like you said, the courses are easy to take. The courses are typically about ten minutes long. They're really engaging. Our goal is to make them incredibly useful. So ten, fifteen minutes of your day can go towards learning something new and really useful and impact-ful and it can be the entryway on to beginning to support military members and veterans in a more effective way.

Dr. Brian:

And I would say, as maybe just the final thought, what I really like about "helping others hold on" and a lot of the other work that we've done at the National Center for Veterans Studies and working with PsychArmor is really helping people to understand that simple things save lives. And I really think that the heart of this particular suicide prevention course and my hope is that listeners will share this with others, so that, twenty to thirty minutes of your time can help you to learn a handful of very, very simple techniques that could potentially save someone's life.

Adam Hoffberg:

That is great. That will be all for today. You can, as we mentioned, learn more about the huge library of resources at the PsychArmor institute and we will provide some links including to the "helping others hold on" course directly. Please don't hesitate to reach out to us either comments or questions about any of the topics we've discussed today. Please give us a review, subscribe, share with your colleague, and until next time, join us for more interviews on important work in suicide prevention, well being and resilience.

- Break -

Adam Hoffberg:

Hi everyone. I'm your host, Adam Hoffberg, and I want to let you know about a program available through the Rocky Mountain MIRECC that we are really excited to tell you about. Why worry alone? The suicide risk management consultation program provides free one on one consultation for any provider, both in the community and throughout the VA who serves veterans at risk for suicide. For more information on this program and related resources, you can visit the Rocky Mountain MIRECC website at www.mirecc.va.gov/visn19/consult. To initiate a consult or email us with any questions, you can reach us at SRMConsult@va.gov. #neverworryalone.