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## Lethal Means Safety with Veterans: Why and How to Have the Conversation

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## Presentation Outline

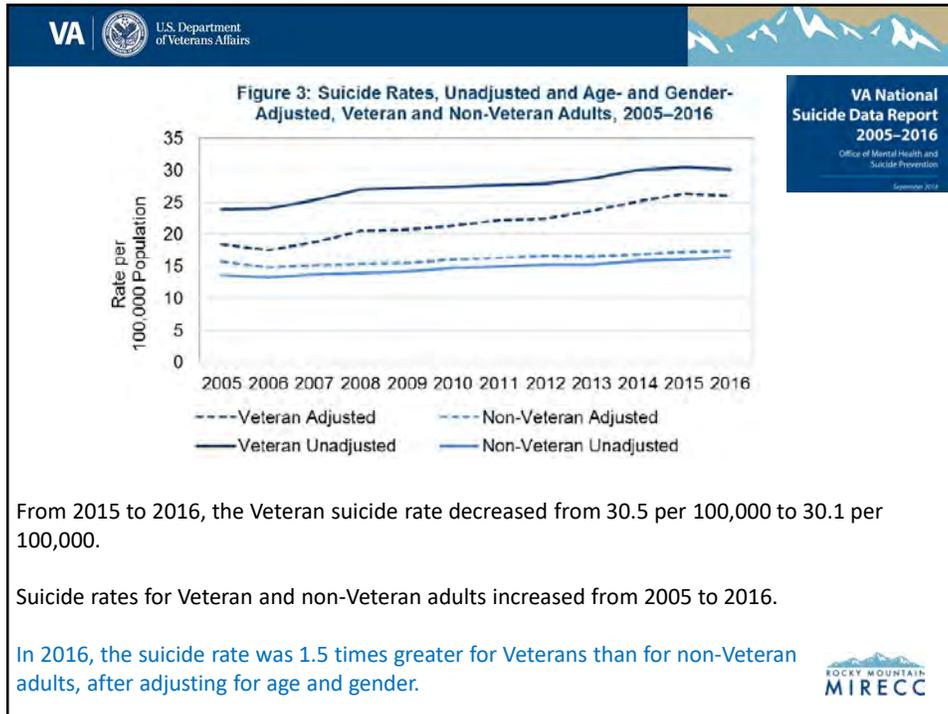
- **Why?** Lethal means safety during a critical period can save a Veteran's life
- **Who?** Strategies to promote Lethal Means Safety (LMS) should be discussed with all Veterans with High or Intermediate Acute or Chronic suicide risk
- **What?** Providing Lethal Means Safety Counseling (LMSC) & information about accessing tangible materials to facilitate lethal means safety (e.g., firearm locking devices, medication disposal kits) will save lives

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## **Why?** Evidence and Reasoning in Support of Lethal Means Safety

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**Table 1: Method of Suicide Among Veteran and Non-Veteran U.S. Adult Suicide Decedents, 2016**

Method	Percentage of Non-Veteran Adult Suicide Deaths	Percentage of Veteran Adult Suicide Deaths	Percentage of Male Non-Veteran Adult Suicide Deaths	Percentage of Male Veteran Adult Suicide Deaths	Percentage of Female Non-Veteran Adult Suicide Deaths	Percentage of Female Veteran Adult Suicide Deaths
Firearm	48.4%	69.4%	53.9%	70.6%	32.4%	41.2%
Poisoning	16.0%	10.6%	9.8%	9.7%	34.2%	30.4%
Suffocation	26.8%	15.0%	27.8%	14.8%	23.7%	19.8%
Other	8.8%	5.1%	8.5%	4.9%	9.8%	8.6%




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## Colorado

### Veteran Suicide Data Sheet, 2016

The U.S. Department of Veterans Affairs (VA) is leading efforts to understand suicide risk factors, develop evidence-based prevention programs, and prevent Veteran suicide through a public health approach. As part of its work, VA analyzes data at the national and state levels to guide the design and execution of the most effective strategies to prevent Veteran suicide.

The 2016 state data sheets present the latest findings from VA's ongoing analysis of suicide rates and include the most up-to-date state-level suicide information for the United States. This data sheet includes information about Colorado Veteran suicides by age, sex, and suicide method and compares this with regional and national data.



**Western Region**

- Alaska
- Arizona
- California
- Colorado
- Hawaii
- Idaho
- Montana
- Nevada
- New Mexico
- Oregon
- Utah
- Washington
- Wyoming

**After accounting for age differences,\* the Veteran suicide rate in Colorado:**

- Was significantly higher than the national Veteran suicide rate
- Was significantly higher than the national suicide rate

**Colorado Veteran Suicide Deaths, 2016**

Sex	Veteran Suicides
Total	175
Male	160 (170)
Female	<10

\*To protect confidentiality, suicide counts are presented in ranges when the number of deaths in any one category was lower than 10.

**Colorado, Western Region, and National Veteran Suicide Deaths by Age Group, 2016\***

Age Group	Colorado Veteran Suicides	Western Region Veteran Suicides	National Veteran Suicides	Colorado Veteran Suicide Rate	Western Region Veteran Suicide Rate	National Veteran Suicide Rate
Total	175	1,276	6,072	43.3	22.0	30.1
18-24	31	228	992	66.0	47.9	45.0
25-34	54	418	1,648	47.4	38.8	33.1
35-44	68	195	2,259	39.8	30.6	25.9
45+	22	337	1,274	35.3	33.4	28.3

**Colorado Veteran and Total Colorado, Western Region, and National Suicide Deaths by Age Group, 2016\***

Age Group	Colorado Veteran Suicides	Colorado Total Suicides	Western Region Total Suicides	National Total Suicides	Colorado Veteran Suicide Rate	Colorado Suicide Rate	Western Region Suicide Rate	National Suicide Rate
Total	175	3,310	11,395	43,427	43.9	36.1	19.0	17.5
18-24	31	344	3,061	11,907	66.0	25.6	16.6	16.1
25-34	54	404	3,854	15,467	47.4	37.7	19.5	18.6
35-44	68	290	3,115	12,162	39.8	25.0	19.9	17.3
45+	22	72	1,035	3,893	29.3	25.5	23.0	18.5

[https://www.mentalhealth.va.gov/suicide\\_prevention/data.asp](https://www.mentalhealth.va.gov/suicide_prevention/data.asp)






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## U.S. Veterans & Firearms

### Veterans...

- Have a high degree of familiarity with firearms
- Are more likely to own firearms than those in the U.S. general population
  - 1 in 2 owns at least one firearm
  - 1 in 3 stores a firearm loaded & unlocked
- Are more likely to die from firearm-related suicide than those in the U.S. general population

OMHSP, 2018; Simonetti et al., 2018



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## Female Veterans

Female Veterans are significantly more likely to use firearms as a means of suicide, relative to civilian women

In 2016, 41.2% of female Veterans used firearms to die by suicide, compared to 32.4% of female non-Veterans

24.4% of female Veterans own firearms, compared to only 11.8% of female non-Veterans

9 OMHSP, 2018; Cleveland, Azrael, Simonetti, & Miller, 2017



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## Veterans with PTSD

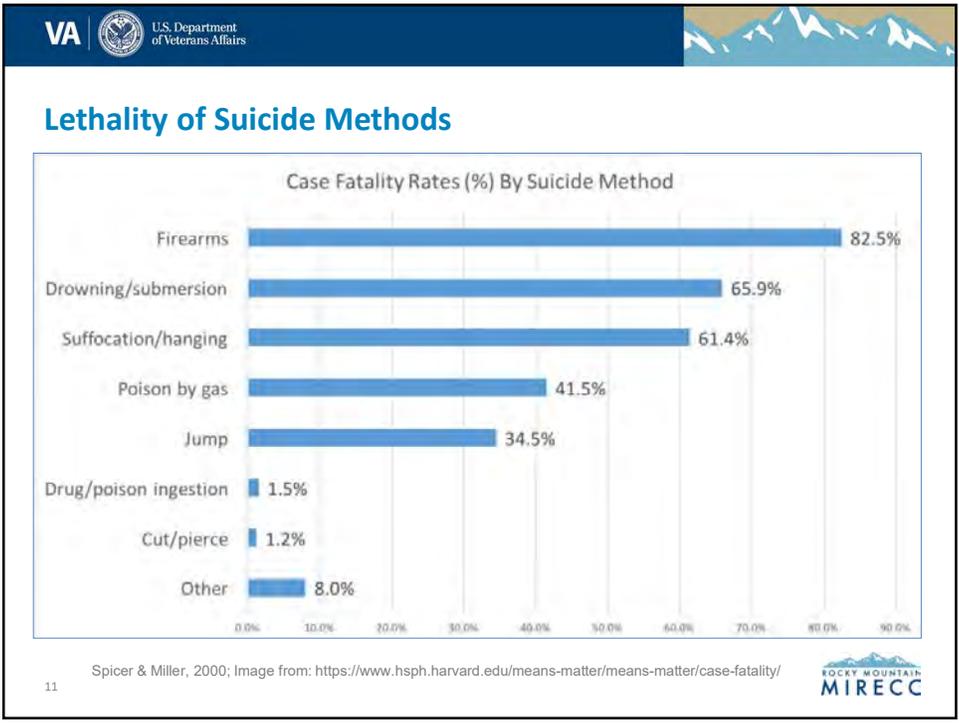
2 studies of Veterans seeking care in PTSD residential programs  
~1/3 of participants endorsed owning a firearm

<p>Firearm ownership <u>was associated</u> with:</p> <ul style="list-style-type: none"> <li>• Combat exposure</li> <li>• Service in a war zone</li> <li>• Number of deployments</li> <li>• Lower rates of suicidal ideation</li> <li>• Aggressive driving</li> </ul>	<p>Firearm ownership <u>was not associated</u> with:</p> <ul style="list-style-type: none"> <li>• PTSD symptom severity</li> <li>• Hyperarousal symptoms</li> <li>• Number of traumatic events</li> <li>• Prior suicide attempt</li> <li>• History of arrest</li> </ul>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Limitation: Unknown generalizability to Veterans with PTSD seeking outpatient care or who do not seek care

10 Heinz et al., 2016; Smith et al., 2015





**Firearm Access & Suicide**

More than 15 U.S. case-control and cross-sectional studies have found that firearm access is an independent risk factor for suicide

Firearm ownership rates, independent of underlying rates of suicidal behavior, largely determine variations in suicide mortality across the 50 states

Miller et al. 2013

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## Are firearm owners just more suicidal than non-owners?

Are people who live in homes with guns more likely to have...

...experienced a mental health problem?	Yes	No
...seriously considered suicide?	Yes	No
...attempted suicide?	Yes	No

13 Sorenson et al. 2008; Ilgen et al. 2008; Miller et al. 2009; Betz et al. 2011. 

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## Are firearm owners just more suicidal than non-owners?

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16 Sorenson et al. 2008; Ilgen et al. 2008; Miller et al. 2009; Betz et al. 2011. 

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Original Investigation | Psychiatry

## Association of Firearm Ownership, Use, Accessibility, and Storage Practices With Suicide Risk Among US Army Soldiers

Catherine L. Dempsey, PhD; David M. Benedek, MD; Kelly L. Zurowski, PhD; Charlotte Riggs-Donovan, MS; Tsz Hin H. Ng, MPH; Matthew K. Nock, PhD; Ronald C. Kessler, PhD; Robert J. Ursano, MD

- Case control; 135 Army suicide victims propensity matched to 137 living controls, 2011-13
- Psychological autopsy
- Suicide victims more likely to:
  - own a handgun (2x)
  - store it loaded (4x),)
  - carry it publicly (3x)

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## U.S. Veterans & Lethal Medications

- 10% of male and 30% of female Veteran suicides were due to intentional poisoning in 2016
- Most attention (appropriately) is now on opiate medications
  - Prescribed and unprescribed
  - Particularly patients receiving opiates + benzos
- Other medications are commonly implicated:
  - Acetaminophen
  - Antipsychotic / antidepressant
  - Anti-seizure

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OMHSP, 2018

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## Other Lethal Means & Environmental Risks

- Strangulation
- Cutting with sharp objects
- Jumping from heights
- Suicides in inpatient VHA units

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## Most Suicidal Crises are Brief

Among 153 survivors of nearly fatal suicide attempts:

- **47% said it took less than 1 hour** between their decision to attempt suicide and their actual attempt
- **24 % said it took less than 5 minutes** for them to act

For a Veteran in crisis, lethal means safety during a critical period can make all the difference

20 Simon et al. 2001



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## Subsequent Suicide Attempts

What proportion of serious attempters eventually die by suicide?

**75%**   **45%**   **25%**   **10%**

21 Owens et al., 2002 

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## Subsequent Suicide Attempts

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22 Owens et al., 2002 

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## Does it work?

- Most 18-21 year-olds in Israel serve in the Israel Defense Force (IDF)
- Early 2000s: 90% of IDF suicides were by firearm and most occurred on weekend leave
- 2006: IDF implemented a policy requiring soldiers to leave their weapons on base during weekend leave
- Suicide rate decreased by 40%
- Weekend suicides dropped significantly
- Weekday suicides did not

23 Lubin et al. 2010



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## What do patients and gun owners think of it?

### *Perspectives: Patients*

677 Veterans who had received VHA healthcare  
Survey about the acceptability of firearm interventions (50% response rate)

- 93.2% of respondents endorsed one or more health system interventions addressing firearm access
- 75.0% endorsed interventions substantially limiting access
- Half of Veterans with household firearms would personally participate in at least one intervention that substantially limited access
- Among respondents with PTSD, 76% endorsed one or more high intensity intervention

24 Valenstein et al., 2018







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## What about Low Acute & Low Chronic Risk?

- Lethal means safety counseling may be indicated based on your judgement
  - Protective factors?
  - Engagement in care & trajectory?
  - Expected life stressors?

29 Available at: <https://www.mirecc.va.gov/visn19/trm/>



## **What?** LMSC & Tangible Materials to Facilitate Lethal Means Safety

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## Simply Put....

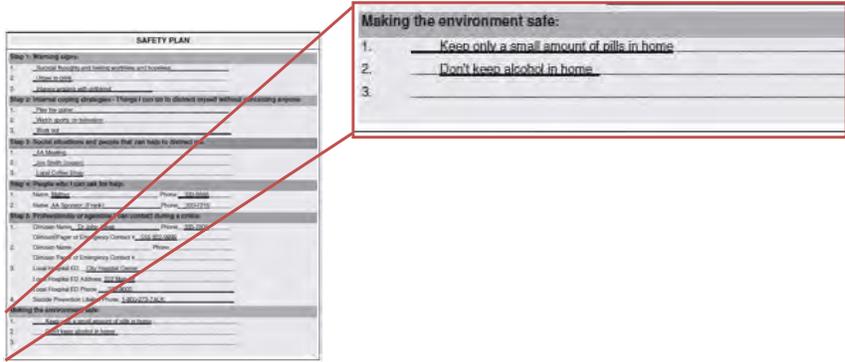
Working with Veterans and their caregivers, friends or family members to facilitate limiting access to lethal means during high-risk periods

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## You're Already Doing This



**SAFETY PLAN**

**Making the environment safe:**

1. Keep only a small amount of pills in home
2. Don't keep alcohol in home
3. \_\_\_\_\_

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## You're Already Doing This

**Step 6: Making the Environment Safe**

- Ask the Veteran which means he or she would consider using during a suicide crisis.
- Ask ***"Do you own a firearm, such as a gun or rifle?"*** and ***"What other means do you have access to and may use to attempt to kill yourself?"***
- Collaboratively identify ways to secure or limit access to lethal means: Ask ***"How can we go about developing a plan to limit your access to these means?"***
- For methods with **low lethality**, clinicians may ask Veterans to remove or restrict their access to these methods themselves.
- Restricting the Veteran's access to a **highly lethal method**, such as firearms, should be done by a designated responsible person—usually a family member, close friend, or the police.

33 [http://www.mentalhealth.va.gov/docs/VA\\_SafetyPlan\\_quickguide.pdf](http://www.mentalhealth.va.gov/docs/VA_SafetyPlan_quickguide.pdf) 



## What? LMSC – The Conversation

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## Approaches to LMSC

- LMSC is patient-centered, rather than a one-size-fits-all intervention
- Effective LMSC involves careful consideration of the language and stance we use with patients
- Whenever possible, LMSC involves ongoing follow up
- We still have a lot to learn about what constitutes effective LMSC for Veterans

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## Factors That May Impact Your Approach

- Your relationship with the Veteran
- Your knowledge about their access to guns or lethal medications
- Your knowledge of and comfort with guns or other means
- Urgency of situation
- Reasons for gun ownership or necessity of prescribed medications
- Patient's willingness to consider recommended changes
- Opportunity for follow up

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## The Message Matters

- 370 undergrads in the Southeast US
- Randomized to hear scripts about firearm safety in a hypothetical clinical encounter
- Asked about:
  - Acceptability
  - Intention to follow clinical recommendations
- Theory of Reasoned Action

37 Stanley et al., 2016



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## Group 1

*“My goal is to keep you alive and to protect you from hurting yourself or others.....Because I am concerned about your well-being, I want to have a conversation about means safety”*

38 Stanley et al., 2016



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## Group 2

*“My goal is to keep you alive and to protect you from hurting yourself or others.....Because I am concerned about your well-being, I want to have a conversation about means restriction”*

39 Stanley et al., 2016 

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## The Message Matters

*“I want to have a conversation about means safety.”*

- More preferable
- Greater intent to follow clinical recommendations to limit firearm access

40 Stanley et al., 2016 

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## Raising the Issue - One Example

*“Lots of Veterans have guns at home. What some Veterans in your situation have done is store their guns away from home until they’re feeling better, or lock them and ask someone they trust to hold onto the keys. If you have guns at home, I’m wondering if you’ve thought about a strategy like that.”*

*“If temporarily storing them elsewhere is not an option, perhaps we can discuss some alternative ways to keep you safe until you’re feeling better.”*

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## Principles of Motivational Interviewing

**Evocation**

Critical elements of change (desires, ability, reasons, needs) are within the person and the provider’s task is to draw them out.

**Collaboration**

The person is the expert, the provider is a resource, and they work together.

**Autonomy**

The person, not the provider, must decide to change and provide the motivation for it.

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## LMS for Firearms: Temporary off-site storage during at-risk periods

**Friend or relative**  
 Provided they aren't prohibited from possessing firearms

**Storage facility**  
 Ammunition must be stored separately

**Police departments**  
 Some police departments will store temporarily at no charge

**Pawn shops**  
 Pawning the guns for a very small loan amount is reliable storage option;  
 interest fees of ~15-20% monthly

**Gun stores or gun clubs**  
 Some may offer free or inexpensive storage options for people they know

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## LMS for Firearms: other options

- Any step(s) that increase the time and distance between a suicidal impulse and a gun will reduce suicide risk.
- A locked gun poses a lower suicide risk than an unlocked gun
- An unloaded gun poses a lower suicide risk than a loaded gun

Store guns unloaded  
 Store ammunition out of the home  
 Store guns and ammunition separately  
 Lock the gun (and give the key/combo to someone else)  
 Store gun in a safe  
 Disassemble the gun

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## Locking Options



- Cable Lock
- Trigger Lock
- Lock Box
- Lifejacket
- Gun Safe / Cabinet

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## Keys to Success of Onsite Storage Options

- Give the lock key to someone else
- Asking someone to change safe combination
- Temporarily disassemble gun and store components (e.g., firing pin) with someone else

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## LMS for Firearms: Barriers

- Important to identify and work with barriers
- Examples include:
  - Concerns about personal and household protection
  - No or minimal involved friends/family
  - What does it mean to give up something you enjoy and value?

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## Pepsi or Coke?

- Survey of 401 participants in a firearm safety event
- Of those with unlocked firearm...
  - 84% would consider lock box
  - 82% would consider the LifeJacket™ device
  - 12% would never use a cable lock
- 89% said it was *very important* or *absolutely essential* to be able to unlocked the device quickly
- 71% said they didn't care about the appearance

Simonetti et al. West J Emerg Med. 2019 Jul

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**LMS for Medications – What should you recommend?**

Is the medication potentially toxic?  
Is the medication non-essential or essential?

Acetaminophen for a rare headache      Mood stabilizer for bipolar disorder

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**LMS for Medications**

**Essential Medications**

- Blister packets for home medications
- Lock them up
- Talk to their prescriber about reducing quantities



\*Don't forget about the medications of others living in the home

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## LMS for Medications

**Non-essential Medications**

- Medication disposal kits
- Medication disposal bins in over 100 VAMCs
- Trash?

**More info on MedSAFE:**  
<https://www.pbm.va.gov/PBM/vacenterformedicationsafety/vacenterformedicationsafetyprescriptionsafety.asp>




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## LMS for Patients on Opioids

**Indicated for patients with:**

- Suicide risk + access to opioids (prescribed or unprescribed)
- Unintentional overdose risk (STORM Tool) + access to opioids

**Naloxone nasal spray and autoinjectors available via the VHA pharmacy**

**Trainings available at PBM.VA.GOV**




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[https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Naloxone\\_Auto\\_Injector\\_Kit\\_Instructions.pdf](https://www.pbm.va.gov/PBM/AcademicDetailingService/Documents/Naloxone_Auto_Injector_Kit_Instructions.pdf)

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## LMSC Documentation

- **Essential for healthcare providers to document their discussion about lethal means and LMSC**
- **For example**

*“Given Veteran’s moderate acute risk for suicide, we discussed lethal means safety. Veteran agreed to have his brother store his firearm until the primary driver of his suicide risk (lack of housing) resolves.”*

*“Veteran remains at high chronic risk for suicide. Veteran shared that he has large amounts of unused and unneeded medications at home. I provided him with instructions regarding how to safely dispose of these medications. Veteran stated that he will call me tomorrow to confirm that he has disposed of these medications.”*

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## LMSC with Veterans with PTSD

*“Given the possible reluctance among many Veterans with PTSD to entrust their firearms to friends or loved ones before an alleviation of their posttraumatic symptomatology via treatment, clinicians might first focus on safe storage practices and not take the risk of damaging their rapport by immediately challenging this possible avoidance strategy.” (Smith et al., 2015)*

- For Veterans with PTSD, firearms may bring a sense of safety. They can feel very vulnerable putting more distance between themselves and their firearms.
- Prolonged Exposure Therapy providers can address this through new learning and habituation to trauma-related beliefs regarding safety.
- Cognitive Processing Therapy providers can utilize the Safety module to explore the relation of firearms and trauma-related beliefs and assign specific thoughts for CDW work (e.g., using facts about number of injuries in homes with and without firearms).

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## Starting the Conversation

*“How do you currently store your firearms/medications?”*

*“Can you think of anything you could do in addition to this to increase your safety during this tough time you are going through?”*

*“What concerns do you have about taking extra steps?”*

*“How can you help keep yourself safe from substances that can make things worse (e.g., removing alcohol/drugs from the home, deleting a dealer’s number from phone)?”*

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## Combating Stuck Points

***“If I get rid of my guns, I will just use another method to kill myself.”***

- Research suggests that people often do not substitute their method.
- Even if the Veteran does use another method, almost every other method is less lethal and offers more time for rescue or for the person to change their mind.

***“I need my guns for self-defense.”***

- Work with the Veteran to weigh the risk of owning a gun (e.g., harming self, harming someone else, danger to children in the home) and benefits of the rare case in which they might need use one to defend themselves

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## Case Example

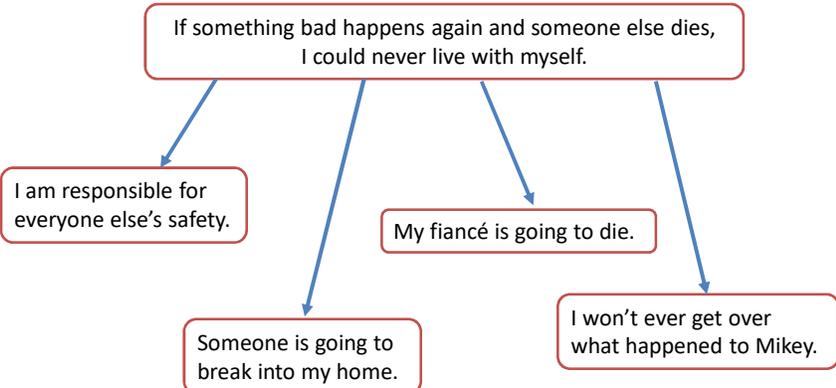
- 29 y/o engaged, Caucasian, combat Veteran
- PTSD due to military combat trauma. He feels responsible for fellow soldier's death that he witnessed and believes he should have prevented.
- Chronic thoughts of suicide with a plan (e.g., hanging) and no intent; no past suicide attempt. Identifies guilt as main driver of suicidal thoughts.
- Access to loaded firearm at all times – either on his person on at his bedside
  - *"This is the only way I feel safe."*
  - At intake, he states he is unwilling to consider any safe storage practices

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## Case Example (continued)

During the course of treatment, the Veteran has been able to identify trauma-related beliefs associated with having a firearm at all times.



```

graph TD
    A["If something bad happens again and someone else dies, I could never live with myself."] --> B["I am responsible for everyone else's safety."]
    A --> C["Someone is going to break into my home."]
    A --> D["My fiancé is going to die."]
    A --> E["I won't ever get over what happened to Mikey."]
  
```

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### Case Example (continued)

- Over the course of an evidence-based treatment, his views on the necessity of having a loaded firearm at all times started to shift.
- He was able to weigh the likelihood of “something bad” happening with the risks posed to himself and his fiancé.
- He realized how much he didn’t want to die and he committed to increased safety during increased periods of distress.
- First, he was willing to disarm his firearm when distressed (leaving the bullets in the drawer next to the firearm).
- Then, he was agreeable to putting the bullets in his gun safe until he felt better.
- Finally, he was comfortable locking up the gun in a safe under his bed and placing a copy of his safety plan on his safe.

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### Summary

- Facilitating LMS among at-risk patients is considered an essential, evidence-based component of effective suicide prevention programs.
- Most Veteran suicides are firearm-related but medications are also an important cause of death; especially among female patients.
- Use risk stratification to identify which patients should receive LMSC.
- Relevant factors: reasons for access; family/friend support; finances; preferences matter
- Remember: home runs are rare with behavior change – incremental changes matter and are possible (MI); time and distance, time and distance, time and distance!

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## Summary

- Patients with PTSD may have heightened concerns related to trust and safety that should be considered.
- LMSC can easily be integrated into EBPs for PTSD.
- The conversation requires practice – role-play with colleagues or consult with the Suicide Risk Management Consultation Program

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## Supporting Providers Who Serve Veterans

[www.mirecc.va.gov/visn19/consult](http://www.mirecc.va.gov/visn19/consult)

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## Additional Resources

[www.mirecc.va.gov/lethalmeanssafety](http://www.mirecc.va.gov/lethalmeanssafety)

Means Matter: [www.meansmatter.org](http://www.meansmatter.org)

Free course on LMSC (CALM-Online): [training.sprc.org](http://training.sprc.org)

Training Videos: <https://www.icpsr.umich.edu/icpsrweb/content/facts/training-videos.html>