Tips for using Zoom

• You have joined the webinar in **listen-only mode**.
• The audio portion of this call will be **heard through your computer speakers**.
• Please make sure your speakers are on and the **volume is turned up**!
• Click the microphone at the bottom of your screen for instructions **if you prefer to join by phone**.
• Type all questions into the **Q&A box** at the bottom of your screen.
• The **slides and recording** of this webinar will be shared by email within a few days.
Mission:
To provide opportunities for professional, consumer and government organizations to work together towards improving the availability and quality of mental health preventive and treatment strategies to older Americans and their families through education, research and increased public awareness.

Visit: www.ncmha.org
History, Membership and Activities:

• Formed in 1991 by a group of organizations from the aging and mental health fields

• Comprised of 100 national and state associations, state coalitions, and governmental agencies, e.g., SAMHSA and ACL.

• Co-sponsor events to highlight challenges of mental health and aging

• Identify new approaches to addressing problems.
NCOA: Who We Are

We believe every person deserves to age well

OUR VISION
A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

OUR MISSION
Improve the lives of millions of older adults, especially those who are struggling

OUR STRATEGY
- Talk About and Measure Aging Well
- Innovate and Curate Proven Solutions
- Scale Through Policy, Partners, and Social Enterprise
NCOA’s Center for Healthy Aging

• **Goal**: Increase the quality and years of healthy life for older adults and adults with disabilities

• **Two national resource centers funded by the Administration for Community Living**
  - Chronic Disease Self-Management Education (CDSME)
  - Falls Prevention

• **Other key areas**: Behavioral health, physical activity, immunizations, oral health
Webinar Series Roll Out – 2020-2021

• December 16 – *Pathways to Homelessness among Older Adults with Mental Illness*

• January 13, 2021 – *Implementing Local Coalitions*

• February 17 – *New Approaches to Addressing Substance Use and Misuse in Older Adults*

• March 17 – *Approaches and Treatments for Sleep Disorders in Dementia*

• April 21 – *Wrap-Up Webinar on Potential Funding Sources for Services and Programs for Older Adults with Mental Health Conditions Recommended in the Webinar Series*
PTSD and Aging: Perspectives from the Veterans Health Administration

Elissa McCarthy, PhD
PTSD Consultation Program Consultant, National Center for PTSD

Sadie Larsen, PhD
PTSD Consultation Program Consultant, National Center for PTSD
Associate Professor, Medical College of Wisconsin

Michele J. Karel, PhD, ABPP
National Mental Health Director, Geriatric Mental Health Office of Mental Health and Suicide Prevention

November 18, 2020
1. Participants will be able to identify at least 3 symptoms of Posttraumatic Stress Disorder (PTSD)

2. Participants will be able to describe late life considerations for assessing and treating PTSD

3. Participants will be able to identify at least 3 National Center for PTSD resources and educational products
The mission of the National Center for PTSD is to advance the clinical care and social welfare of America’s Veterans and others who have experienced trauma, or who suffer from PTSD, through research, education, and training in the science, diagnosis, and treatment of PTSD and stress-related disorders.

www.ptsd.va.gov
www.ptsd.va.gov/aboutface

Direct link to the video:
https://www.youtube.com/watch?time_continue=8&v=AZS6qWmdOC4&feature=emb_logo
What is PTSD?

PTSD 101: PTSD Overview and Treatment
www ptsd va gov/professional/continuing ed/ptsd overview tx asp
The person was exposed to actual or threatened death, serious injury, or sexual violence:

- Direct personal experience
- Witnessed
- Learned about it happening to close family or friend (violent or accidental)
- Repeated or extreme exposure at work (e.g., first responders, medics)
WHAT IS TRAUMATIC STRESS?

**Daily hassles**
- Car breaking down
- Paying bills

**Major life events**
- Losing a job
- Divorce
- Buying a new home
- Getting married

**Serious traumatic events**
- War zone exposure
- Physical or sexual assault
- Serious accidents
- Child sexual or physical abuse
- Natural disasters
- Torture
PTSD SYMPTOM CLUSTERS

1. Intrusions/re-experiencing
   ✓ 1 of 5 symptoms required

2. Avoidance
   ✓ 1 of 2 symptoms required

3. Neg. alterations in cognitions and mood
   ✓ 2 of 7 symptoms required

4. Alterations in arousal and reactivity
   ✓ 2 of 6 symptoms required
PTSD SYMPTOM CLUSTERS

• **Intrusion** (or re-experiencing, “flashbacks”)
  – Recurrent distressing dreams or memories of the event; acting/feeling as if the event is happening again

• **Avoidance**
  – Avoiding memories, thoughts, feelings, people, places or activities that are reminders of the event
• **Negative alterations in cognitions and mood**
  – Diminished interest in activities, feeling detached, inability to feel positive emotions, negative emotions, distorted blame of self or others

• **Alterations in arousal and reactivity**
  – Irritable behavior, outbursts of anger, reckless or self-destructive behavior, problems concentrating, hypervigilance, exaggerated startle, sleep disturbance
WHY DO SOME PEOPLE GET PTSD WHILE OTHERS DO NOT?

- Personal factors
- The traumatic event
- The recovery environment
• Post-Traumatic Stress has been recognized for over 100 years under different labels
  – PTSD was not an official diagnosis until 1980

• Trauma and PTSD may be “hidden variables” in the lives of older adults:
  – Retrospective accounts may be biased by deficits in recall and avoidance
  – Selective bias: Increased mortality in those with PTSD

(Kaiser, Cook, Glick, & Moye, 2019)
• Lifetime PTSD prevalence in US older adults is somewhat less common than in younger adults
  – Full PTSD from 2.5-6.5%
  – Partial PTSD 5.5%
  – Partial PTSD in clinical or treatment seeking samples 11-18%

Kessler et al., 2005; Pietrzak et al., 2012, Goldstein et al., 2016; Durai et al., 2011; Bramsen & van der Ploeg, 1999
LIFESPAN COURSE OF PTSD SYMPTOMS VARIES

Slide adapted from Moye, Cook, & Pless-Keiser 2018
• People may (re)engage with trauma memories in an effort to find meaning and build coherence

• Normative life review processes can lead to meaning-making, self-acceptance, posttraumatic growth, and wisdom

• This process may be facilitated by coping with late life challenges, social engagement with peers, and psychoeducation or therapy

Davison et al., 2016
• These same processes can also lead to (re-)emergence of PTSD symptoms in late life

• Distress from memories that may have been avoided for years (e.g. through work or family obligations)

• Aging-related changes may trigger feelings related to earlier trauma and/or decreased opportunity for avoidance:
  • Pain, illness, impairment
  • Bereavement
  • Retirement
  • Changes in social and familial roles
  • Loss of control
  • More time for reflection
  • Cognitive changes
• **PTSD associated with poorer physical health** (Pacella et al., 2013; Ryder et al., 2018)
  – Self-reported somatic symptoms
  – Chronic medical conditions
  – Cardiovascular disease
  – Gastrointestinal health
  – Pain

• **Possible mechanisms** (Schnurr & Green, 2004; Ryder et al., 2018)
  – Biological (e.g., allostatic load, HPA dysregulation, inflammation)
  – Behavioral (e.g., substance use, poor self-care, insomnia)
  – Psychological (e.g., depression, panic)
A systematic review of 24 studies among older Veterans found risk for dementia was higher in Veterans with PTSD than those without PTSD
(Kang et al., 2018)

Two large studies in civilian populations:

• Using a dataset from Wang et al. (2016) found that adults with a diagnosis of PTSD had a 4.37-fold higher risk of dementia.

• Using electronic medical data from nearly 500,000 patients, Flatt et al. (2018) found older adults with PTSD had a 73% increase in risk of dementia.

Slide courtesy of Dr. Joan Cook
Management and Treatment of PTSD
• Keeping up with the rapidly expanding evidence base for PTSD treatment represents a difficult challenge for most clinicians.

• The VA/DoD PTSD guideline is designed to support clinical decision making with evidence-based recommendations, not to define VA/DoD standards of care or policy.

www.healthquality.va.gov/guidelines/MH/PTSD
We suggest periodic screening of PTSD using validated measures such as the Primary Care PTSD Screen or the PTSD Checklist.

**PTSD Screening and Measurement-Based Care**

**PC-PTSD-5**
- 5 item
- Self-report
- Screen for PTSD in Primary Care
- Positive if 3 or more YES responses

**PCL-5**
- 20 item
- 5-10 minutes
- Self-report
- Screen and monitor PTSD
- 33 cut-point score

**PC-PTSD-5:** [www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp](http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp)

HOW EFFECTIVE ARE THE BEST TREATMENTS?

Trauma-focused Psychotherapy

53 OUT OF 100 people who receive trauma-focused psychotherapy will no longer have PTSD after about 3 months of treatment.

Medication

42 OUT OF 100 people who take medication will no longer have PTSD after about 3 months of treatment.

No Treatment

BUT ONLY 9 OUT OF 100 people who don’t get treatment will no longer have PTSD after about 3 months.

www ptsd va gov/publications/print/PTSD_Best_Treatment.pdf
TRAUMA-FOCUSED PSYCHOTHERAPY

Prolonged Exposure
Foa, Hembree, Rothbaum, & Rauch, 2019

Cognitive Processing Therapy
Resick, Monson, & Chard, 2017

Eye Movement Desensitization Therapy
Shapiro, 2017

Additional trauma-focused psychotherapies

- Brief Eclectic Psychotherapy
- Specific cognitive behavioral therapies for PTSD
- Narrative Exposure Therapy
- Written Narrative Exposure
Older adults DO BENEFIT from the same therapy treatments as younger adults

- No universal modifications are needed
- Modifications can be considered for cognitive decline
- Cardiovascular problems should not be a barrier
- Caregivers may be incorporated into treatment
- Major NCD may be a significant barrier

[www.ptsd.va.gov/professional/treat/cooccurring/ncd_cooccurring.asp](http://www.ptsd.va.gov/professional/treat/cooccurring/ncd_cooccurring.asp)

Therapy – and especially medication - trials have not included many older adults

TRAUMA INFORMED CARE PRINCIPLES

- Trauma awareness
- Safety
- Trustworthiness
- Choice and collaboration
- Empowerment and strengths-based approach
- Cultural, historical, and gender issues

SAMHSA: TIP 57 PDF 3.7 MB
(Gerber, 2019; Currier et al., 2017)
CONSIDERATIONS FOR PTSD IN LONG-TERM AND HOSPICE SETTINGS

- **Potential triggers of trauma memories**
  - Physical touch
  - Loud or unexpected noises
  - Anything specific to that person’s trauma experience

- **Loss of daily structure**
  - Including previously healthy coping mechanisms

- **Common concerns**
  - Safety
  - Trust
  - Power and control

- **Reflection on life and meaning** (hindered by avoidance)

- **PTSD associated with poorer social support**

- **Anxiety may present as irritability or anger**
Stepwise Psychosocial Palliative Care (Feldman, 2017)

• **Stage 1:** Palliate immediate discomfort and provide social support

• **Stage 2:** Provide psychoeducation and enhance coping skills

• **Stage 3:** Treat specific trauma issues
All resources are free and publicly available.

Unless otherwise noted, you can find them at www.ptsd.va.gov.
• Aging Veterans and Posttraumatic Stress Symptoms

• Understanding PTSD Educational Booklets

All booklets are also available in Spanish.
www.ptsd.va.gov/publications/print/index.asp
PTSD
TREATMENT DECISION AID:
THE CHOICE IS YOURS

LEARN
Learn about PTSD and how this decision aid can help

COMPARE
Compare effective PTSD treatment options

ACT
Take action to start treatment
# PRESCRIPTION FOR BEHAVIORAL HEALTH

**Mobile & Web Resources**

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Description</th>
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<tr>
<td>PTSD Family Coach</td>
<td>PTSD Family Coach (<a href="http://go.usa.gov/xN9Hb">http://go.usa.gov/xN9Hb</a>)</td>
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<td>PTSD Coach Online</td>
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<td>Mood Coach</td>
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<td>STAIR Coach</td>
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<td>AIMS for Anger Management</td>
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<td>Moving Forward</td>
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<td>Parenting2Go</td>
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<tr>
<td>VetChange</td>
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<tr>
<td>Path to Better Sleep</td>
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**More info on mobile apps:**
www.ptsd.va.gov/appvid/mobile

**Question about the Rx pads?**
MobileMentalHealth@va.gov
PTSD COACH APP

- App provides:
  - Education about PTSD and PTSD treatment
  - A self-assessment tool
  - Portable skills to address acute symptoms
  - Direct connection to crisis support

- Used as stand-alone education and symptom management tool, or with face-to-face care.

- Tools are easily accessible when they are needed most.

Welcome to PTSD Coach Online. Tools to help you manage stress.

PTSD Coach Online is for anyone who needs help with upsetting feelings. Trauma survivors, their families, or anyone coping with stress can benefit.

www.ptsd.va.gov/apps/ptsdcoachonline
Continuing Education Courses

Over 50 hours of web-based courses aimed at professionals.

All courses are free and most offer continuing education for multiple disciplines.

Courses can be viewed without intention to seek certification credits.

www ptsd va gov professional continuing ed index asp
• PTSD and Aging
  – www.ptsd.va.gov/professional/continuing_ed/ptsd_aging.asp

• Dementia and PTSD
  – www.ptsd.va.gov/professional/continuing_ed/dementia_ptsd.asp
• National Center for PTSD webpages
  – Clinician's Guide to Medications for PTSD
    Discusses evidence and general neurobiology for use of medications to treat PTSD, including effectiveness, common barriers, and important considerations.
  – Use of Benzodiazepines for PTSD in Veterans Affairs
    Explains recommendation and evidence against use of benzodiazepines for treatment of PTSD and VA efforts to reduce use of these medications.

• PTSD 101 Course: Prescribing for Older Veterans with PTSD
  – www ptsd va gov/professional/continuing ed/prescribe_oldervets_ptsd asp
• Posttraumatic Stress Symptoms among Older Adults: A Review
  – www.ptsd.va.gov/professional/treat/specific/symptoms_older_adults.asp

• PTSD Assessment and Treatment in Older Adults:
  – www.ptsd.va.gov/professional/treat/specific/assess_tx_older_adults.asp

• Assessment and Treatment for PTSD with Co-occurring Neurocognitive Disorder (NCD)
  – www.ptsd.va.gov/professional/treat/cooccurring/ncd_assess_cooccur.asp

• Co-occurring PTSD and Neurocognitive Disorder (NCD)
  – www.ptsd.va.gov/professional/treat/cooccurring/ncd_cooccurring.asp

• The Impact of Disaster on Older Adults
  – www.ptsd.va.gov/professional/treat/type/disaster_older_adult.asp
PTSD Awareness in Health Care Settings

➢ This 15-minute video for medical center staff shows how patients' PTSD symptoms may come into play in health care settings.
➢ Facilitator's guide for PTSD Awareness in Health Care Settings
Older Veteran Behavioral Health Resource Inventory

www.mentalhealth.va.gov/communityproviders/docs/Older_Veteran_Behavioral_Health_Resource_Inventory_050418.pdf
– Military Culture: Core Competencies for Healthcare Professionals
  • www ptsd va gov professional continuing ed military culture competencies hcp asp

– Understanding the Context of Military Culture in Treating Veterans with PTSD
  • www ptsd va gov professional continuing ed military culture asp
VETERANS CRISIS LINE

24 HOURS A DAY, 7 DAYS A WEEK

800-273-8255 (then press 1)
or send a text message to 838255
COPING WITH COVID-19

Resources from the National Center for PTSD

www.ptsd.va.gov/COVID

**INCLUDES A VARIETY OF RESOURCES FOR**
- Everyone (including veterans, their families, and the general public)
- Health Care Workers and Responders
- Employers and Community Leaders
A mobile application for Veterans, Servicemembers, and anyone affected by the COVID-19 pandemic

Features:
• Education to help you improve your well-being during this global pandemic
• Tools for coping and self-care
• Trackers for mental health and personal goals
• Resources for additional support

Developed by the Mobile Mental Health Apps Team at the VA’s National Center for PTSD.

Contact our team with feedback to help us improve this app: MobileMentalHealth@va.gov

Learn more at the National Center for PTSD website: https://www.ptsd.va.gov/appvid/mobile/COVID_coach_app.asp

Download on the App Store    Get it on Google Play
ORDER FREE PRINTABLE MATERIALS

ORDER FREE NATIONAL CENTER FOR PTSD MATERIALS AT:

https://orders.gpo.gov/PTSD
OTHER VHA RESOURCES

Geriatric and Extended Care programs:
www.va.gov/geriatrics/

Mental Health Services:
www.mentalhealth.va.gov/

Social Work Services:
www.socialwork.va.gov/

Caregiver Support Program:
www.caregiver.va.gov/
About the Consultants

- Experienced senior psychologists, psychiatrists, social workers, pharmacists, and other health professionals who treat Veterans with PTSD
- Available to consult on everything from your toughest cases to general PTSD questions

Ask about:

- Evidence-based treatment
- Medications
- Clinical management
- Resources
- Assessment
- Referrals
- Collaborating with VA on Veterans’ care
- Developing a PTSD treatment program

Available Resources - www.ptsd.va.gov/consult

- Free continuing education
- Videos, educational handouts, and manuals
- PTSD-related publications
- PTSD and trauma assessment and screening tools
- Mobile apps, and more

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WWW.PTSD.VA.GOV
PTSD CONSULTATION PROGRAM LECTURE SERIES

- Monthly one-hour webinar for providers
- Free continuing education credits
- Register and sign up for notifications at www.ptsd.va.gov/consult

SAVE THE DATE: Third Wednesday of the Month from 2-3PM (ET)

UPCOMING TOPICS INCLUDE

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>November 18</td>
<td>PTSD and Suicide Risk</td>
<td>Ryan Holliday, PhD</td>
</tr>
<tr>
<td>December 16</td>
<td>The Nuts &amp; Bolts of Providing PTSD Treatment over a Telehealth Modality: Clinical Considerations</td>
<td>Leslie Morland, PsyD</td>
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<tr>
<td>January 20</td>
<td>[To be determined]</td>
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<tr>
<td>February 17</td>
<td>PTSD and Racial Trauma</td>
<td>Monnica Williams, PhD</td>
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</tbody>
</table>
PTSD Consultation Program

We are here to help

Healthcare Providers:
- Are you treating Veterans with PTSD? We can help
- Do you have questions about the mental health effects of the COVID-19 pandemic? We can help
- Are you looking for ways to care for yourself and your colleagues? We can help

PTSDconsult@va.gov
866-948-7880
www.ptsd.va.gov/consult
KEY POINTS

• PTSD may be under-recognized in older adults

• Screen for PTSD and offer treatment

• The National Center for PTSD has LOTS of resources to help support you and the care you provide www.ptsd.va.gov

• Questions? Contact the PTSD Consultation Program: PTSDconsult@va.gov or 866-948-7880
THANK YOU FOR YOUR TIME TODAY

Questions?

We are available any time to answer your questions about Veterans and PTSD

PTSDconsult@va.gov or 866-948-7880

www ptsd va gov consult
REFERENCES


REFERENCES CONT.


Additional Resources
PTSD and Aging

Population aging is a key demographic trend characterizing the United States (U.S.) and many industrialized countries, and an important consideration for researchers aiming to improve public health. Despite significant scientific advances in understanding the etiology and treatment of posttraumatic stress disorder (PTSD), since it became a formal diagnostic entity in the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III, 1980), PTSD and aging remain a largely understudied area. This issue of PTSD Research Quarterly provides a guide to some of the most important and well-conducted studies on this topic.

Population trends provide a context for understanding the lives of the aging population. Between 2010 and 2030, the proportion of the U.S. population aged 65+ is expected to move from 13% (35.2 million) to 22% (65.8 million), and individuals aged 85+ is expected to increase from 3% (9.4 million) to 5% (13.2 million). Illustrating the female advantage in life expectancy, women comprised 59%, 62%, and 66% of the U.S. population under age 65, 60+, and 80+, respectively, in 2010 (United States Census Bureau, 2011). The social ecology of men and women appears to change over age. Men and women have different social norms and concerns. Among those aged 65+, 13% of men were widowed and 15% were married, compared to 30% and 14% of women who were widowed or married, respectively (United States Census Bureau, 2011). The gender gap in obesity is also wider with age; 9% of men and 11% of women aged 65 or older were obese, compared to 8% of men and 11% of women aged 65 or older (United States Census Bureau, 2011). As discussed more fully below, it is important to note that age effects and other differences are confounded in these cross-sectional estimates. While military Veterans only make up 6% of the overall U.S. population in 2010, nearly one-fifth (19%) of those aged 65+ are Veterans. Gulf War (including post-Gulf) and Persian Gulf War Veterans each comprise about one-third of the current U.S. Veteran population (Veteran Center for Disease Control and Statistics, 2010). Veterans as a group are currently in their 50s, and the number of deaths in this cohort is expected to increase linearly and peak between 2030 and 2035 (National Center for Veteran Analysis and Statistics, 2010).

A. Epidemiology of PTSD in Older Populations

Epidemiological studies have generally reported lower prevalence of PTSD in older relative to younger adults. Lifetime prevalence of DSM-IV PTSD was estimated across-culturally in a large sample of those aged 18-75 in 1997-1998 (White House Council on Aging, 2001) and aged 60-70 in the U.S. nationally representative National Comorbidity Survey Replication (Kessler et al., 2005). PTSD was assessed using the PTSD Checklist, a 17 item scale. A randomized controlled trial of music therapy was conducted to assess PTSD treatment in older adults with PTSD, using the PTSD Checklist, and the Structured Clinical Interview for DSM-IV (SCID). This study randomized 268 participants to music therapy or no music therapy, and found that music therapy was associated with reduced PTSD symptoms (Nash et al., 2011). In a recent longitudinal study, PTSD was assessed using the PTSD Checklist for the Civilian Population, and the Structured Clinical Interview for DSM-IV, in Wave 2 of the nationally representative Epidemiologic Catchment Area (ECA) study (Kessler et al., 2005). PTSD was assessed across females and males 18-54 years of age who were employed or unemployed in 2004. The lifetime prevalence of DSM-IV PTSD was estimated to be 3% for males and 1% for females, compared to 2% for males and 1% for females in the nationally representative Epidemiologic Catchment Area study (Kessler et al., 2005).}

Continued on page 2
2017 Clinical Practice Guideline for the Management of PTSD
The updated VA/DoD CPG includes objective, evidence-based information on the management of PTSD and related conditions, including diagnosis, treatment, and follow-up recommendations.

PTSD 101 courses:
• 2017 Revised Clinical Practice Guideline for PTSD: How it Impacts Primary Care
• 2017 Revised Clinical Practice Guideline for PTSD: Recommendations for Medications
  – www.ptsd.va.gov/professional/continuing_ed/2017cpg_medications.asp
• 2017 Revised Clinical Practice Guideline for PTSD: Recommendations for Psychotherapy
Provider Self-Care Toolkit

This toolkit is for providers who work with those exposed to traumatic events, to help reduce the effects of job-related stress, burnout, and secondary traumatic stress. Working with trauma survivors is rewarding, yet such work can create challenges. Hearing trauma survivors’ stories can be difficult and some providers may find they experience burnout or secondary traumatic stress as a result. In this toolkit you will find assessment tools, strategies, and resources to help you care for yourself while working with those who have experienced trauma or have posttraumatic stress disorder (PTSD).

www.ptsd.va.gov/professional/treat/care/toolkits/provider/
I’m a Veteran. I know what it’s like.

MAKE THE CONNECTION

www.MakeTheConnection.net

Hear my story at

MakeTheConnection.net

www.maketheconnection.net
Need support helping a Veteran get into care? Call us.

Coaching into Care

1-888-823-7458

www.va.gov/coachingintocare
The Suicide Risk Management Consultation Program provides free consultation for any provider, community or VA, who serves Veterans at risk for suicide.

**Common consultation topics include:**

- Risk Assessment
- Conceptualization of Suicide Risk
- Lethal Means Safety Counseling
- Strategies for How to Engage Veterans at High Risk
- Best Practices for Documentation
- Provider Support after a Suicide Loss (Postvention)

To arrange a consultation email: **SRMconsult@va.gov**

For more information visit: **www.mirecc.va.gov/visn19/consult**