Addiction

Each transcript was coded by two doctoral level investigators. Multiple factors, including family and social factors, were identified as playing a crucial role in protecting against suicide mortality. This is particularly important as it was used as a method in past research. The research team conducted a qualitative study to identify gaps in support for family members during the intervention, or of the ‘Safety Plan.’ Towards this end, the research team conducted a qualitative study to identify gaps in support for family members during the intervention, or of the ‘Safety Plan.’ For Veterans at risk for suicide, it is crucial for family members to receive adequate support. This qualitative study led to a novel, ‘Safe Actions for Families to Encourage Recovery (SAFER),’ which is a novel, joining plus 4-session manualized intervention. SAFER is unique as both the Veteran and the family member each create Safety Plans (example from study shown in Figure 2). Further, the dyad receives psychoeducation and communication skills.

Methods and Materials

The research team conducted a qualitative study to examine the extent of family members’ involvement. The team interviewed 25 Veterans at high-risk for suicide, and 16 family members, which revealed a gap in current suicide prevention research. Each transcript was coded by two doctoral level investigators. Multiple codes emerged and were grouped into five major themes for Veterans, and four themes for family members.

Themes – Veterans

While Veterans felt alone, isolated, and apprehensive about reaching out to family members, the most salient themes were:

1) Sadness, “I was in a black hole of sadness;”
2) Isolation, “I have a big family but it’s like I have none;”
3) Shame, “Deep down a part of it is shame;”
4) Perceived burden, “I felt like a burden, I wanted to reach out but didn’t;”
5) Mistrust, “They’ll flip out or won’t understand.”

Themes – Family Members

Family members likewise did not know how to support and/or react to their Veteran’s suicidality. Overall, family members felt they would benefit from psychoeducation regarding ways they could provide support and suicide symptomology.

Implementation

• These qualitative data served as the basis for the Safe Actions for Families to Encourage Recovery (SAFER) which is a novel, joining plus 4-session manualized intervention.

Conclusions

• This qualitative study indicates that (a) Veterans at high-risk for suicide feel uncomfortable disclosing their suicidal thoughts and behavior to family and (b) family members felt unsure of how to help.

• This qualitative study led to a novel, manualized intervention that is currently underway at the JPPVAMC. Recruitment ran until December 2019 with the study ended in March 2020. Data is currently being analyzed.

To supplement the quantitative data of SAFER, a qualitative component was recently added in order to gain feedback from those who completed treatment (both caregivers & Veterans), as well as those Veterans who were never able to identify someone to participate.