

Involving Concerned Significant Others in Firearm Suicide Prevention: Development of the Family FireArms Secure Storage Training Intervention

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Background: Firearms account for 71% of veteran deaths by suicide and insecure firearm storage practices are directly associated with increased suicide risk. Most firearm suicide prevention interventions deployed by the US Department of Veterans Affairs (VA) are directed at high-risk populations; however, a significant proportion of suicide attempts and deaths by suicide occur in individuals with undetected risk. Veterans may be open to discussions with a trusted, concerned significant other (CSO) such as a family member, friend, or spouse, including discussions about secure firearm storage. However, no interventions exist within the VA that address mental health crisis preparedness for CSOs and veterans.

Observations: The Family FireArms Secure Storage Training

(FFAST) intervention was developed for veterans who do not securely store firearms. The intervention consists of 4 main components delivered during a virtual meeting between an interventionist, veteran, and CSO. Participants discuss current firearm storage practices and develop a plan to adopt more secure storage behaviors and respond to potential crisis situations. This article provides detailed descriptions of the intervention and the intended benefits of each component.

Conclusions: FFAST is a novel approach to firearm suicide prevention within the VA because it involves CSOs and emphasizes crisis preparedness and secure firearm storage among veterans who have not been identified as high suicide risk. Future applications include pilot studies to evaluate the intervention's feasibility, acceptability, and efficacy.

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Veterans are at higher risk for suicide compared with civilian populations.¹ Firearms are the most frequent cause of death in veteran deaths by suicide, likely because about 51% of veterans own ≥ 1 firearms and firearms are the most lethal and readily available mechanism.¹⁻³ Insecure firearm storage practices (eg, storing firearms unlocked, in an insecure location, or loaded with ammunition) are associated with increased suicide risk.⁴ Conversely, secure firearm storage (ie, storing firearms locked and unloaded) is associated with lower suicide risk.⁵

A 2019 study of veterans who own firearms found that only 22.2% store all their firearms unloaded and locked, while 32.7% store ≥ 1 firearm unlocked and loaded, and 45.2% store firearms both unlocked and loaded or locked and unloaded. Only 6.3% of veterans strongly agreed that having a firearm at home increased suicide risk among household members; however, 77.2% indicated they would ensure a household member could not access firearms if they were concerned about their suicidal ideation.⁶

Another study found that 9.2% of veterans receive lethal means safety counseling from their US Department of Veterans Affairs (VA)-affiliated or non-VA health care professional.⁷ These data highlight a need

to educate veterans about the increased risk for suicide associated with storing an unsecured firearm in the household and to connect this understanding to their values of service and protection of others, while simultaneously preparing them and their family members for a potential mental health crisis.

Consistent with the government's public health approach to suicide prevention, prevention efforts should also enlist the participation of individuals outside health care.⁸ For example, prior research has found that family members are considered highly credible, and engaging them could expand the reach of lethal means safety conversations. A qualitative analysis of 29 veterans found that 17 (57%) said they preferred having a concerned significant other (CSO) (eg, spouse, adult friend, or relative) involved in their suicide prevention care, while 21 (72%) said they would prefer having a CSO assisting in the secure storage of firearms.^{9,10} Some veterans may be more amenable to a conversation about firearm access and suicide risk concerns initiated by a CSO rather than by a clinician, indicating the potential benefits of educating and involving CSOs in suicide prevention.¹¹ Involving CSOs in secure firearm storage planning may also strengthen the veteran's

sense of social support, a key protective factor against suicidal ideation.¹²

CSO involvement in secure firearm storage can provide the following benefits: (1) helping the veteran create a secure storage plan, including developing approaches to secure storage; (2) understanding warning signs of suicide; (3) helping the veteran limit access to firearms during a suicidal crisis; (4) helping the veteran remember the secure storage plan; (5) helping the veteran connect with mental health services; and (6) enhancing social support. In most instances, CSOs are physically close to the veteran (eg, live in the same household) and have a greater practical ability to support and affect change with respect to changes in firearm storage practices.

This article describes the development of an intervention that incorporates CSO involvement in firearms safety efforts for veterans with guidance from VA mental health care practitioners (HCPs). The goal is to provide HCPs and other key stakeholders with a detailed description of the intervention and to suggest potential strategies for how to involve CSOs in suicide prevention.

This article follows the Guideline for Reporting Evidence-based Practice Educational interventions and Teaching checklist, which was developed to facilitate standardized reporting and replication for education interventions.¹³ Applicable portions of the checklist are outlined, with others (ie, incentives, planned/unplanned changes, attendance, and other outcomes) to be addressed in future research.

FFAST INTERVENTION

The Family FireArms Secure Storage Training (FFAST) intervention promotes voluntary secure firearm storage, engages CSOs in veteran mental health care, and provides psychoeducation and skills to support crisis management. The intervention was developed for all veterans who do not securely store firearms.

Theory

The intervention incorporates motivational interviewing techniques, as ambivalence about changing firearm storage behaviors is common, particularly when veterans own

firearms for safety or protection.^{6,14} Motivational interviewing is a collaborative approach that addresses a client's ambivalence to change by eliciting and exploring the client's own arguments related to change.¹⁴ An important aspect of developing this intervention was to ensure it would be culturally relevant to veteran firearm owners and their CSOs.¹⁵ Further, involvement of the CSO is intentional and meant to boost social support, a known buffering factor against suicide risk.¹²

Objectives

This intervention's primary objective was for veteran participants to identify secure firearm storage practices and develop a plan for implementing them, including when a veteran or other household member experiences a mental health crisis. For CSOs, the primary objective is to learn how to help the veteran connect with mental health resources if needed and support secure firearm storage as necessary. The overall goal is to learn how to identify warning signs for suicide and how to respond to a mental health crisis through a collaborative process, including securing firearms in a crisis situation.

Materials, Educational Strategies, and Instructors

Training for delivering the intervention was provided via direct consultation with the developer of the intervention and manual. The manual contains pertinent background information to provide context for the intervention's significance and rationale, including the role of firearms in suicides and current lethal means safety initiatives. It also describes the purpose and objective of each intervention component in detail in addition to providing a script for interventionists to follow to complete each objective.

Training materials for veterans and CSOs include a single Firearms Secure Storage Planning worksheet completed during the intervention, with which the interventionist guides participants through the creation of a secure firearm storage plan (Table). Educational strategies include psychoeducation and Socratic questioning (eg, questioning focused on guiding participants toward the intervention goals) delivered verbally by the interventionist.

TABLE. Intervention Components, Goals, and Methods

Category	Goal	Methods
CSO involvement	Integrate the active cooperation of a CSO into the veteran's secure storage plan and safety plan for a mental health crisis by ensuring the CSO's understanding and willingness to create and enact these plans with the veteran and provide support if a mental health crisis emerges	Discuss the role of the CSO in the secure storage plan Aid CSO in identifying warning signs for mental health symptoms or suicide risk in veteran Discuss how CSO can provide support to veteran if mental health crisis emerges Create collaborative, tailored secure storage plan with veteran and CSO
Psychoeducation	Facilitate rationale and buy-in for participation and to contextualize the discussion of secure firearm storage	Describe the VA rationale Provide statistics regarding high rates of veteran suicide and how firearms are most frequent lethal means Identify common mental health symptoms in veterans (eg, depression, PTSD) List suicide warning signs (eg, depression, talking about dying by suicide, increased use of drugs and alcohol) Describe and aid veteran and CSO to identify when body is in fight-or-flight mode
Secure firearm storage	Explain and facilitate the understanding of the role and importance of secure firearm storage practices in general and in the dyad's own practices	Facilitate and positively reinforce veteran and CSO dialogue on secure firearm storage in the absence and onset of mental health symptoms or crisis Connect lethal means safety to others commonly used in public safety procedures (eg, fire or tornado plan, or a do-not-resuscitate order) Discern the dyad's individual beliefs on lethal means safety to develop a secure storage plan tailored to the dyad Examine the dyad's beliefs about firearm storage through dialogue and Socratic questioning Use motivational interviewing techniques to guide discussion and address ambivalence towards secure storage
Warning signs	Assist veterans and CSOs in understanding common mental health symptoms, mental health crisis-related events, suicide risk, and how to respond and help the veteran	Review information related to common mental health symptoms in addition to other warning signs of a suicide crisis with the veteran and CSO Encourage sharing of personal experiences from veteran and CSO to reduce the impact of stigma and develop the partnership Explain the concept of "suicide mode" to aid in understanding of the emergence of a crisis ^{20,21} Elicit discussion regarding how the suicide mode may be applicable to the veteran and CSO
Dyad communication	Prepare veteran and CSO to engage in productive conversations regarding warning signs if/when they arise	Encourage the dyad to communicate any concerns about addressing warning signs Assist the dyad in problem-solving issues that could arise in the future regarding addressing warning signs Provide guided discussion and assistance in creating appropriate boundaries and expectations for future conversations
Lethal means safety when symptoms emerge or during crisis	Assist veteran and CSO in creating a modified secure storage plan in the event mental health symptoms or a crisis emerge	Use motivational interviewing techniques to facilitate discussion on how secure storage may change in an impending crisis
Coping strategies	Identify and explore the veteran's coping strategies for mental health symptoms and suicidal ideation so they may be used by the veteran and encouraged by the CSO to de-escalate the severity of a crisis	Provide space for veteran and CSO to brainstorm and identify personal coping strategies Offer suggestions for internal coping strategies to empower the dyad to take control over a potential crisis Coach the CSO on how to support the veteran and remind them of their coping strategies
Social support	Encourage the veteran and CSO to have additional external sources of social support when mental health symptoms or crisis emerge to provide healthy distraction from suicidal thoughts or urges	Identify individuals (ie, family members, friends, coworkers, neighbors) familiar with or close to the veteran who could provide support or distraction Identify environments in which socialization naturally occurs to aid in providing distraction or provide alternative perspectives for the veteran during a crisis (eg, coffee shops, parks, places of worship, stores); environments that encourage or involve the use of alcohol or other substances are explicitly excluded Provide examples on how to reach out and engage with a social support network without suicidal thoughts being the focus, unless the veteran is comfortable engaging in these discussions
Professionals/agencies the veteran can contact during a crisis	Allow for veteran and CSO to have direct connections to the VA and/or local veteran-serving agencies to intervene in a crisis	Provide contact information and instructions for contacting national and local emergency/suicide prevention services (eg, clinician's phone number, the Veterans Crisis Line)
Crisis situation	Prepare the CSO and veteran on how to engage in a suicidal crisis and connect the veteran to care	Identify high-risk warning signs that indicate reaching out to the VA or Veterans Crisis Line for mental health treatment Outline the roles of the veteran, CSO, and other support in a crisis Discuss how the veteran and CSO will approach each other if the one senses the emergence of a crisis Facilitate role-play of a crisis scenario between the veteran and CSO

Abbreviations: CSO, concerned significant other; PTSD, posttraumatic stress disorder; VA, US Department of Veterans Affairs.

The intervention is delivered in person or virtually during a single 90-minute session with a veteran and CSO. Veterans and CSOs work with the interventionist to complete collaborative activities during the session and have self-directive learning activities or homework.

The intervention has 4 primary components: (1) CSO involvement; (2) psychoeducation; (3) secure firearm storage; and (4) how to respond to a mental health crisis. Each CSO should have an established relationship with the veteran, be willing and able to be present during the intervention, and remain an encouraging support person for the veteran. The interventionist emphasizes that it is part of the VA mission for staff to care about the veteran, and that initiating such contact with a CSO is meant to prioritize veteran safety and the safety of their family. Psychoeducation on mental health symptoms, suicide warning signs, veteran suicide rates and lethal means, and the benefits of secure firearm storage, is incorporated in the intervention.

The secure firearm storage component consists of 7 subcomponents: (1) general lethal means secure storage; (2) warning signs; (3) dyad communication; (4) lethal means safety when symptoms emerge; (5) coping strategies; (6) social support; and (7) emergency contacts. A lethal means safety worksheet rooted in the Stanley and Brown suicide safety plan model and implemented in VA health care settings is used to facilitate discussions of secure storage (Appendix).¹⁶

CSOs typically have little or no suicidal crisis response training, yet they likely have more interaction with the veteran on a daily basis than HCPs, putting them in a vital position to identify a crisis early and connect the veteran with the proper care. The crisis component prepares the CSO and veteran to navigate a crisis scenario so they can practice their newly developed safety plan and increase their comfort in discussing mental health and suicidal crisis.

FICTIONAL CASE STUDY

Cole, aged 59 years, is a Persian Gulf War veteran and retired police officer. His medical history includes hypothyroidism,

hypertension, type 2 diabetes mellitus, chronic posttraumatic stress disorder, major depressive disorder, and insomnia.

Cole's wife of > 30 years, Sheila, joined him for the FFAST intervention. They report having 4 firearms in the home, 3 of which are loaded but stored in a lockbox and 1 that Cole reports is kept on his person for protection. Cole reports passive suicidal ideation, but no plans or intent. When discussing warning signs that a mental health crisis is building, Cole describes feeling anxious, having a change in his speech patterns, and isolating himself. Sheila agrees, but also mentions that Cole is easily angered and becomes nonverbal. Cole and Sheila express difficulty communicating and appear to have a breakthrough moment when Cole says he does not like when Sheila repeats herself, as he feels like she is "poking" at him. Sheila shares concerns for his safety and that she only repeats herself because he refuses to talk.

Cole agrees to verbalize that he is safe but needs time to process his thoughts. Sheila agrees to give him space with a plan to revisit the conversation within an agreed upon timeline. When discussing an updated secure storage plan for their firearms when a mental health crisis is building, Cole commits to allowing Sheila to store the firearm currently on his person in their gun safe, with the ammunition stored separately, and to giving her the gun safe key. They agree to implement this practice until the mental health crisis has passed.

To mitigate a potential crisis, the interventionist discusses possible internal coping strategies for Cole, including writing, reading, walking the dog, listening to music, and baking. People and social settings that could provide distraction involve going to the gym, talking to his friend Carl or his daughter Kelly, and attending the men's ministry at church. The intervention concludes by discussing professionals or agencies that Cole and Sheila could contact during a crisis. After the intervention, Cole and Sheila are asked to rate their likelihood of using the plan they established during the conversation on a scale of 0 to 10, with 0 being highly unlikely and 10 being extremely likely. Cole responds with 9 and Sheila responds with 10.

DISCUSSION

Lethal means safety remains a critical component of veteran suicide prevention. However, lethal means safety discussions are often implemented after suicide risk has been identified, which may be too late. Thus, having these conversations early and before a crisis may be imperative. Veterans have expressed a desire to have CSOs involved in their suicide prevention treatment, and CSOs can play a key role in recognizing risk factors during everyday life. The FFAST intervention addresses many of these gaps.

Having discussions in advance of a crisis allows veterans to consider an effective secure firearm storage plan outside of the context of a crisis. Including a CSO galvanizes another person to understand a veteran's needs and assist with secure firearm storage, identify warning signs, and support them during a crisis. These discussions occur in a context where there is less pressure than during a crisis. Features that were more appealing to veterans and their CSOs were also incorporated, such as having the dyad build a plan that is conceptually similar to other public safety initiatives (eg, a fire safety plan, tornado plan, or hurricane plan). Previous research demonstrates that veterans appreciated the nonjudgmental approach and some preferred that clinicians approach the discussion of secure firearm storage within the context of general home and family safety.¹⁷ Additionally, this intervention can build on veterans' prior military training in preparedness.

Other potential benefits associated with the FFAST intervention include creating an opportunity to strengthen communication between the veteran and CSO. While FFAST is intended to be used with all types of CSOs, this work is consistent with preliminary data from a couples-based suicide prevention study that indicated veterans and their partners reported increases in relationship functioning and marginal decreases in suicidal ideation.¹⁸ It is possible that communication strategies gained from the current intervention could improve veterans' relationships with their CSOs, which are associated with a greater sense of social support and reduced suicide risk.¹²

The intervention is a brief, single session that may be appealing to veterans and CSOs with full schedules. Evidence suggests that even brief, single-session interventions have a significant impact on beliefs about secure firearm storage, knowledge of lethal means safety, and confidence in having secure firearm storage conversations.¹⁹ However, clinicians should be cautious when extrapolating from the findings of the current case example, which was a one-time intervention with no follow-up.

Future Directions

Pilot testing of the proposed intervention is underway, and future research will include feedback from veterans and CSOs, as well as feasibility and acceptability data collected during the pilot process. The pilot study uses a successive cohort design with an initial 2 sets of 5 veteran and CSO dyads, and subsequent funding has expanded the pilot study to include an additional 30 dyads. Qualitative interviews will be conducted separately with each veteran and CSO, and additional constructs such as feasibility, acceptability, barriers and facilitators to implementation, and changes in secure storage will be examined. This future research may provide a deeper understanding of the broader acceptability, feasibility, and satisfaction associated with a suicide prevention intervention focused on securing firearms and involving veterans and their CSOs. These data could be used to inform future implementation trials and inform the development of an implementation strategy. In the interim, the nature of the manual is summarized in the context of the urgency of suicide prevention in this at-risk population.

CONCLUSIONS

FFAST is a novel approach to veteran firearm suicide prevention. By involving CSOs and emphasizing mental health crisis preparedness between them and veterans, the dyad can work in association with HCPs to establish and exercise secure firearm storage practices as part of an at-home safety plan. Implementation of FFAST may be beneficial for all veterans, not only those who have been identified as being at high suicide risk.

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Disclaimer

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Ethics and consent

The Colorado Multiple Institutional Review Board and the Veterans Affairs Eastern Colorado Health Care Research & Development committee reviewed and provided ethical approval to conduct this nonhuman subjects project.

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APPENDIX. Firearms Secure Storage Planning Worksheet

STEP 1: General safe storage plan for firearms when crisis is not present	
<p>Marco strategies Making sure guns are locked in case after use Keeping guns away and out of reach from children at all times Key to case is kept in another room only my wife and I know</p>	<p>Elise strategies Double-checking that guns are in the case and locked when we aren't doing target practice Telling children they are never allowed to touch the guns unless we are practicing shooting as a family outside Periodically checking that the key is in the right place and asking if I notice it is not</p>
STEP 2: Warning signs of when a mental health crisis is building	
<p>Marco signs Feeling really irritated often Not wanting to do any hobbies Getting in more arguments with Elise</p>	<p>Elise signs Marco becomes quick to anger Marco stops helping me tidy up around the house or never offers to help in general Marco starts sleeping more and doesn't want to get out of bed</p>
STEP 3: Communicating about the mental health warning signs you have noticed	
<p>Marco strategies Ask Elise to talk while she's drinking her morning coffee Be honest about how I am feeling and when I started feeling that way Let her ask questions instead of shutting her down</p>	<p>Elise strategies Tell Marco I'd like to talk to him after the children have gone to bed Don't beat around the bush; tell him specific warning signs I have noticed Don't interrupt him when he speaks, and allow him to share his thoughts freely</p>
STEP 4: Updated safe storage plan for when mental health symptoms are present	
<p>Marco strategies I no longer go shooting by myself I give Elise the key to the case to keep until I'm feeling better I take a couple days off from shooting or even touching the guns</p>	<p>Elise strategies I keep the key in a spot that Marco doesn't know I hold Marco accountable for taking a break from shooting until he's feeling better I will add extra locks on the individual guns on top of them being in the case</p>
STEP 5: Internal coping strategies – things veteran can do to take their mind off their problems	
<p>Marco strategies Listen to upbeat country music Play a game with the kids Call up a buddy and talk</p>	<p>Elise strategies Plan a relaxing date night in Take a day trip somewhere as a family Post photos of us and the kids in places he will see (eg, bathroom mirror, fridge, his car)</p>
STEP 6: People and social settings that provide distraction	
<p>Marco Activities: playing board games or cards, watching funny TV shows or movies, playing with dogs outside Names: children (Amanda and Ryan), friend (Jason) Place: State park/hiking trails, favorite restaurants, shopping at the hardware store</p>	<p>Elise Activities: looking at photos of positive memories, offering to give Marco a neck and shoulder massage, cooking a meal together Names: Marco's parents (Marcella and Jose), former boss (Chris) Place: Marcella and Jose's house</p>
STEP 7: Professionals or agencies the veteran can contact during a crisis	
Clinician Name:	Phone:
Pager/Emergency Contact #:	
Clinician Name:	Phone:
Pager/Emergency Contact #:	
Local Urgent Care Services: Downtown Urgent Care	
Phone:	Address:
Veterans Crisis Line: 988 and press 1 or 1-800-273-TALK (8255) or text 838255	