Side by Side

A Practical Mental Health Guide for Veterans and the People Who Love Them

WRITTEN TOGETHER BY

Veterans of Foreign Wars Auxiliary, Department of Colorado
Status Code 4, Inc. (SC4i)
Suicide Prevention Partnership (SPP)

If you are in crisis, or worried about someone

Dial 988, then press 1

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Asking for help is a sign of strength.

About This Booklet

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This booklet is for general information and education. It is not a substitute for professional mental health care. If you or someone you know is in crisis, dial 988, then press 1, or text 838255. Call 911 if there is immediate danger.

The check-ins in this booklet are not tests and do not diagnose anything. Instead, they are a way to notice what is going on and decide on a next step.

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Welcome



Thank you for picking this up. If you served, or you love someone who did, this booklet was written with you in mind.

Serving your country changes a person. Some of that change is good: the discipline, the loyalty, the bond with the people beside you. Some of it is heavy: the danger, the time away, the things you saw or could not stop, and the strange quiet that can follow when the uniform comes off. Families carry that weight too.

Status Code 4, Inc., the Suicide Prevention Partnership (SPP), and the Veterans of Foreign Wars Auxiliary, Department of Colorado wrote this together. Each of us has sat across the table from veterans and families in hard moments, so we know that asking for help can feel harder than the mission was. We also know it works.

Read it front to back or jump to what you need, and use the marker on each section to see who it is for. Take what helps. If you are in crisis right now, do not wait: **dial 988, then press 1.**

How to use this booklet

Look for this marker	What it means
● **EVERYONE**	Read it if you served, or if you love someone who did.
● **FOR VETERANS**	Written to the person who served, whether you are still in or newly out.
● **FOR FAMILIES AND FRIENDS**	Written to the people standing beside a veteran: spouses, partners, parents, kids, siblings, friends.

Terms you will see

Term	What it means
CBT	Cognitive behavioral therapy. Talk therapy that helps you change thoughts that drag you down.
CPT	Cognitive Processing Therapy. A talk therapy, usually about 12 weeks, for PTSI.
DBT	Dialectical behavior therapy. Skills for handling strong emotions and stress.
EMDR	Eye Movement Desensitization and Reprocessing. A therapy that uses back-and-forth movement while you think about a hard memory.
IPT	Interpersonal therapy. Talk therapy that looks at your relationships and big life changes.
LCSW	Licensed clinical social worker. A counselor who can also connect you to services.
MST	Military sexual trauma. Sexual assault or harassment during service.
PE	Prolonged Exposure. A therapy where you face avoided memories and places, step by step.
PTSD	Posttraumatic Stress Disorder. The medical name for what this booklet calls PTSI.
PTSI	Posttraumatic Stress Injury. The same condition, called an injury because it can heal.
VA	U.S. Department of Veterans Affairs.
VSO	Veteran Service Officer. A trained person who helps with benefits, claims, and services.

Each of these is explained later in this booklet.

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PART 1

Life in Uniform and After

- EVERYONE

Service changes people

Serving in the military is unlike most jobs, because it asks you to put the mission first, live by orders, spend long stretches away from home, and stay ready for danger. It also gives you a team that would do anything for you.

For most people, that mix of hard and good is worth it, though it comes with a cost that often shows up later. Some problems begin during service and stay quiet for years, while others creep in a little at a time during stressful stretches, until one day they are not small anymore.

In 2023, the VA counted 6,398 veterans who died by suicide, about 17 every day, and suicide was the second-leading cause of death for veterans under 45. In Colorado, 178 veterans died by suicide that year, and the state's veteran suicide rate was the eighth-highest in the nation.

Many people who work in veteran suicide prevention believe the real number is higher. Some deaths, such as certain overdoses, firearm injuries, and car crashes, cannot always be proven to be suicides, so they are not counted that way. One death by suicide is too many, and the true number may never be known. Everyone who learns the signs and steps up to help makes a difference. Preventing suicide is everyone's business.

> ### A number that gives hope
> **61%** of the veterans who died by suicide in 2023 had not been getting VA health care, which means most were on their own. When people are connected to care, to family, and to each other, things can turn around.

If you are still serving

Pressure, time away, and loneliness wear on people, and so do worries from home: money, a spouse or kids you cannot be there for, and missed birthdays and holidays. Add danger and long hours, and the load gets heavy fast.

Many service members keep quiet about it because they worry that asking for help will hurt their career, cost them a promotion, or make others trust them less. They bottle it up and keep going, which works until it does not.

Here is what is worth knowing: asking for help early is often what keeps a career on track, since problems left alone tend to grow. You also do not have to do it alone. **Dial 988, then press 1** to reach the Military and Veterans Crisis Line, which is free, confidential, and open to active-duty members, including the Guard and Reserve.

If you are leaving the service

For some people, leaving is a relief: time with family, a fresh start, a new job. For others, it feels like the floor dropped out, and many say they lost everything at once: the daily routine, the people who had their back, their rank and role, and their sense of purpose.

The first year after leaving is an important time to stay connected, especially because veterans who struggled with alcohol or drugs, or had thoughts of suicide, before they left are at higher risk afterward.

Help for the move to civilian life is better than it has ever been, and many organizations now treat it as a top priority and put real energy and resources into it. The VA offers regular transition assistance to people leaving the service. Groups such as the VFW, the American Legion, DAV, and Wounded Warrior Project help with job placement, financial counseling, benefits and claims, and relocation. They also provide state and federal Veteran Service Officers (VSOs), trained people who can help with a wide range of issues and situations.

Some things that help:

- **Start early.** Some of this help can begin as early as 6 to 9 months before your discharge, so ask while you are still in.
- **Find a Veteran Service Officer (VSO).** A VSO knows the system and can walk you through benefits and claims. Your VFW Post, or your state or county veterans office, is a good place to start.
- **Look for a Vet Center or VA clinic near you.** You can get counseling without being in the VA health system.
- **Keep your people close.** Stay in touch with the folks you served with, and find new ones, because isolation is a risk and connection is protection.

The good side of having served

There is a lot that service gives you. Many veterans qualify for scholarship help, medical and mental health care, housing and financial assistance, and hiring preference, and respect and honor tend to follow people who served. The training and discipline you built keep paying off long after the uniform comes off. Counselors who work with veterans also understand how military life shapes people, and they can use the VA network to refer you to care inside and outside of it.

It is okay if the work does not fit at first

The skills you built in the service are real, but they do not always match civilian job titles, so many veterans end up in work that pays less or asks less than what they did before. That can sting and even shake how you see yourself. Give it time, and if you can, find people who understand the jump.

If you love a veteran

You may have lived through deployments, moves, and long nights waiting to hear from them, and you may have watched the person who came home seem different from the one who left. That can be scary and lonely.

You are part of this story, too, because their stress becomes your stress, and money, sleep, arguments, and worry can spill into the whole house. This booklet is for you as much as it is for them.

Here is what to know from the start:

- **You know them best.** If you sense something is changing, trust your gut.
- **You do not have to be an expert.** You just have to care, stay close, and know where to point them.
- **You cannot do it for them.** You can walk beside them, and you can get support for yourself.
- **If they say they want to die, act! Believe them!** Turn to Part 3.

> **Not sure you want to get involved?** That is okay, and it is more common than you might think. Suicide is a hard subject, and some people say things like "Who would do that?" or "It is the coward's way out," or they simply do not want to be part of it. It is not cowardice. It is often pain that has grown too heavy to carry. Remember, when you are talking with someone, this is not about you, and that person is in a real crisis even though you may not be able to relate.
> You do not have to take this on alone, but please tell someone who can help: another family member, a chaplain, a Post leader, or the crisis line at 988 (press 1). Do not assume it is not your problem and walk away. If you think they may be in trouble, you are probably right.

PART 2

What Stress and Trauma Do

- EVERYONE

Your alarm system

Every person has a built-in alarm. When it senses danger, your heart pounds, your breathing speeds up, and your body gets ready to act. That alarm saved lives in the field, and it saves lives on the road at home, too.

The trouble starts when the alarm will not shut off. Years of danger, long deployments, loud nights, and never fully powering down can leave it stuck in the "on" position. You might feel it in your chest at the grocery store or in your jaw at night, and if you love someone who served, you might see it in how they scan a room or sit facing the door.

This is not weakness, and it is not "in your head." It is simply a body doing what it was trained to do, long after the danger has passed.

The next pages cover the most common ways that stuck alarm shows up: burnout, anxiety, PTSI, moral injury, and depression. Each one has a short check-in that you can use for yourself or for someone you love.

Burnout: The One That Sneaks Up

Burnout is what happens when the demands on you stay bigger than what you have left to give, for too long. It is one of the most common things that military service can build up, and it rarely announces itself. Instead, it shows up as being tired in a way sleep does not fix.

It is also the easiest of these problems to treat, and the easiest to ignore. Left alone, it can wear down your defenses and make PTSI, compassion fatigue, depression, and anxiety more likely, so catching it early is one of the best things you can do.

It builds in three steps

1. **Alarm.** Your body's "fight or flight" kicks in, your heart pounds, and you get ready to act, which is exactly what training is for.

2. **Resistance.** You push through and tell yourself you are handling it, and often you are, for a while. Pushing feelings down does not make them go away! They leak out as a short temper, pulling away from people, or a low hum of worry you cannot explain, and many people live here for years.
3. **Exhaustion.** Eventually you run out of runway, and you feel constant fatigue and numbness or bitterness and get sick more often, while the risk of anxiety, depression, and PTSI goes up.

Some people picture it as burning a candle at both ends. With burnout, the flame starts burning in the middle too, because sleep stops restoring you when tomorrow brings more of the same.

What it looks like

- Dreading the day, or the "Sunday night blues" before the week even starts
- Feeling drained no matter how much you rest
- Snapping at people over small things
- Feeling like nothing you do matters, or that you are not good at it anymore
- Drinking more, skipping exercise, eating worse
- Pulling away from the people who care about you

> **Burnout is not only for people in uniform.** Spouses, parents, and caregivers burn out too, especially when the whole household runs on someone else's schedule and stress. If you are the one holding everything together, this section is for you.

Check In: Could It Be Burnout?

This is not a diagnosis. Answer for yourself, or for someone you love.

- ☐ Dreading going to work, or the day ahead
- ☐ "Sunday night blues"
- ☐ Headaches, trouble sleeping, or tight, tense muscles
- ☐ Tired all the time, no matter how much you rest
- ☐ Long hours, and the work never feels finished
- ☐ Not caring anymore
- ☐ Feeling resentful
- ☐ More irritable than usual
- ☐ Trouble concentrating
- ☐ Making more mistakes than usual
- ☐ Putting things off
- ☐ Missing or giving up on deadlines
- ☐ Bored by things that used to interest you
- ☐ No longer setting personal or work goals
- ☐ More conflict with coworkers, friends, or family
- ☐ Leaning on alcohol, drugs, or food to cope

Add it up: Six or more? That is not a verdict on your character but useful information, so try the steps below and talk with someone who can help.

What helps with burnout

- **Take ten minutes a day for you.** Skip the chores and the work, and instead step outside without your phone, text someone who has nothing to do with the job, or stretch, walk, or sit with a coffee and no screens. Small and steady beats big and rare.
- **Take real time away.** Rest that works means stepping away from work in your head, too, with no checking in and no talking shop. If you can, take a few days in a row (for many people, a full two weeks is enough to reset), and if not, take one day fully off.
- **Turn down what feeds the worry.** Social media and the news can keep your alarm running, so turn them down for a while.
- **Say it out loud.** Tell one person, "I have been running on empty," because burnout thrives when you keep it to yourself.
- **Watch what happens if it does not lift.** If rest does not help after a few weeks, or you see signs from the other check-ins contained in this guide, talk to a counselor who understands military life.

Anxiety and Panic: The Alarm With No Fire

Anxiety gets a bad name, but it is not as bad as most people think, and it is part of what keeps you alive. Long ago, fear and worry got people moving fast, either to run for safety or to fight back, and your training builds on that same wiring.

What happens inside



When your brain senses danger, a part called the amygdala sounds the alarm, and glands on top of your kidneys flood your body with adrenaline. Your heart and breathing speed up to feed your muscles, your pupils widen to spot danger, and you break into a sweat. All of it happens before you have time to think. Even the thinking part of your brain steps aside for a moment, which is a good thing, because a person who stops to plan a response to a sudden threat is already too late.

Picture a soldier on patrol who hears a sudden crack. Before a single thought forms, he or she is already down, scanning, and ready to move and take action. That is the alarm doing exactly what it was built to do.

When the alarm takes over

Anxiety becomes a problem when it grows too big for you to handle. It takes over and your usual ways of coping cannot keep up, which some people call limbic hijacking, because the emotional alarm center of the brain grabs the wheel. Often something sets it off without your noticing, since during a frightening event your brain can tie the moment to a smell, a sound, a feeling, or a sight and store it away. Later, something similar can set it off, even when you are perfectly safe.

Here is one example. A Marine spends a year on roads where diesel and burning trash smoke hung in the air, and one morning a roadside blast hits his convoy. Years later, he is grilling in his backyard when a neighbor burns leaves. The smell hits, his heart pounds, his hands shake, and his mind says he is back on that road. Nothing dangerous is happening, yet his brain cannot tell the difference between then and now.

Anxiety attacks and panic attacks

An anxiety attack builds from a heightened state of worry. A panic attack is bigger and more sudden, with an overwhelming sense that something terrible is about to happen. The two are hard to tell apart, and the same steps help with both. Signs can include a pounding heart, chest pain, shortness of breath, dizziness, tingling or numbness, hot flashes or chills, nausea, or a feeling of suffocating. Panic can strike with no warning, and caffeine, alcohol, and some medicines can set it off.

The worst of it usually peaks within about 10 minutes, and most attacks fade within 15 to 20, especially once the trigger is gone. If the trigger stays, the attack can start up again, and afterward you may feel wiped out. Repeated surges also drain your body, which can leave you more open to getting sick or hurt.

> **A safety note:** An anxiety attack can feel just like a heart attack. If chest pain is new or severe, or you are not sure what is happening, call 911. Do not guess.

A counting trick that works

When the thinking part of the brain switches back on, the attack often eases, and one of the quickest ways to do that is with simple math. Stay calm and ask, "What is one plus one? What is one plus two? What is one plus three?" Keep going, then have the person having the attack take over the counting. Many people feel relief before they reach the fifth row of numbers. If you are the one having the attack, do the counting in your head.

How anxiety shows up

- **In the body:** a racing heart, tight chest, shallow breathing, upset stomach, tense muscles, a clenched jaw.
- **In the mind:** racing thoughts, trouble focusing, and jumping to the worst case as if it were likely.
- **In what you do:** avoiding places or situations, checking things again and again, needing a lot of reassurance.

What helps

- **Breathe on purpose.** Breathe in for 4, hold for 5, out for 5, hold for 5. Do it four or five times, and practice when you are calm so it is ready when you need it.
- **Question the worst-case thought.** Write it down, then write what is most likely to happen instead.
- **Stay in the moment.** Notice what you see, hear, and feel right now, which pulls you out of "what if."

- **Do not let avoidance win.** Avoiding feels like relief, but it makes the fear bigger, so face small things, a little at a time, ideally with support.
- **Watch the caffeine.** Energy drinks and lots of coffee can feel just like anxiety.

If anxiety is hurting your sleep, your relationships, or your work, or you have panic attacks that feel like an emergency, talk with a counselor. Anxiety responds well to treatment.

PTSI: When a Memory Will Not Stay in the Past

PTSI stands for Posttraumatic Stress Injury. You may also hear it called PTSD. We say "injury" because that is what it is: something happened that hurt you, and it can heal.

After a frightening or terrible event, most people have a hard stretch. For some, it does not fade, and the memory can feel like it is still happening. Signs tend to show up in four ways:

- **Reliving it.** Unwanted memories, flashbacks, or nightmares.
- **Avoiding it.** Steering clear of places, news, crowds, or conversations that bring it back.
- **Going numb or dark.** Feeling cut off from people, or stuck on guilt, blame, or a bleak view of the world.
- **Staying wired.** Jumpy, on guard, quick to anger, and unable to relax or sleep.

You do not need every sign to be dealing with PTSI. You also do not need to have been in combat, since being hurt, watching someone else get hurt, or losing someone can all leave a mark.



Trauma can come from two directions

Some trauma is direct, because your own life was in danger. A great deal of it is not, since it comes from seeing what happens to other people, and it can hurt just as much. Think of a corpsman who works to save a wounded teammate and cannot. Think of a casualty notification officer who has to tell a mother that her son is not coming home, and then watches her fall to her knees. Neither one was in danger, and both can carry that moment for years.

Doctors now recognize that seeing or hearing the details of someone else's terrible experience, especially again and again, can cause PTSI. That change opened the door for many more people to get the help they need.

Why the memory gets stuck

Normally, your brain sorts an event and files it away once it makes sense of it. After that, thinking about it may bring up feelings, but they do not take over. During a trauma, the thinking part of your brain is turned down, so the memory can be stored without being fully sorted. It stays fresh, like a file that never got put away, and when something reminds you of it, the feelings can rush back as if it were happening right now.

That is why healing does not mean forgetting but helping your brain file the memory away, so it can still be sad or hard without running your day. Symptoms that last more than a month are a signal to get help, since the longer a memory stays stuck, the harder it can be to loosen.

Freezing plays a part for many people. Picture a young medic who froze for a few seconds after a blast, and a teammate did not survive. He replays it over and over: "If I had not frozen, he would still be alive." Freezing is not a choice but the body's automatic response to danger, and it happens to trained people every day. Still, guilt like that can dig in deep, which is one reason moral injury, covered a little later, matters so much.

Check In: Could It Be PTSI?

This is not a test or a diagnosis. Think about a single terrible event, or a stretch of hard events, that really shook you. Then read each line. Answer for yourself, or for someone you love.

- ☐ Memories of the event pop up when you do not want them to
- ☐ Dreams or nightmares about it
- ☐ Feeling numb during or after upsetting events, in a way that is not like you
- ☐ Avoiding thoughts or feelings about what happened
- ☐ No longer doing things you used to enjoy
- ☐ Harder to concentrate than it used to be
- ☐ Hard to relax
- ☐ Trouble falling asleep or staying asleep
- ☐ Quicker to anger or lash out than before
- ☐ Harder to control your emotions
- ☐ Using alcohol or drugs to escape

Add it up: Four or more? Talk with a counselor who understands military life. That is not a sign something is wrong with you but a sign you have carried something heavy and deserve support. **Reaching out for help is a sign of strength!**

One more thing: If any part of you is thinking about ending your life, do not wait. Turn to Part 3 and **dial 988, then press 1.**

Compassion Fatigue: When Caring Costs Too Much

There is another kind of hurt that gets far less attention, and it comes from caring itself. Medics, chaplains, leaders, and the one everybody leans on give a lot of themselves, often without thanks and often without a chance to refill. Over time, the caring can start to wound. Families who look after a veteran can feel it too.

Compassion fatigue is not an official diagnosis, but it is real. Its signs look a lot like PTSI: numbness, trouble concentrating, irritability, poor sleep, and pulling away from things you used to enjoy. The pulling away tends to center on anything that asks you to show compassion, including the job, or even family and friends. Because it builds so slowly, it may not be noticed until it is deeply set, which delays help and can strain families. Coworkers and loved ones often notice first.

Left alone, compassion fatigue and PTSI can strain marriages, lead to drinking or drug use, and raise the risk of suicide. Early help makes a big difference. It can include peer support, resilience training, narrative training (putting your story into words), EMDR, neurofeedback (a way of training how your brain responds), life coaching, and talk therapy. Longer-lasting cases may need more focused work, such as EMDR, neurofeedback, and cognitive behavioral therapy. Life coaching can also help you move on from the trauma and get your sense of purpose back. Recovery is possible, and many people return to doing their work well.

PTSI, compassion fatigue, and burnout: how they differ

	PTSI	Compassion fatigue	Burnout
Comes from	A terrifying or life-threatening event, yours or someone else's	Caring for people who are suffering, again and again, without time to recover	Daily stress that never lets up, rather than one traumatic event
Feels like	Unwanted memories, avoiding reminders, feeling on guard	Numbness, irritability, pulling away from caring	Worn out, bitter, "what is the use"
What helps	Talk therapy with a trained professional	Refilling, peer support, counseling	Rest, real time off, small daily changes

> *"The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet."*
>
> **Rachel Naomi Remen, M.D.**

Moral Injury: When What Happened Does Not Sit Right

Moral injury is a deep wound that can happen when something goes against what you believe is right. Maybe you did something, or did not do something, or maybe you watched something you could not stop. Maybe someone you trusted let you down. Maybe you feel like you let someone else down. It does not matter if you followed every order and every rule, because the wound can still be there.

Where it can come from

- Not being able to save someone, even though you did everything you could
- Making a split-second choice with no good options
- Seeing harm you could not stop
- Following orders or rules that clashed with your own values
- Feeling betrayed by leaders or by a system you trusted

How it is different from PTSI

PTSI	Both	Moral injury
Fear, feeling on guard, flashbacks, trouble remembering	Anger, feeling cut off, anxiety, sleep trouble, nightmares, using alcohol or drugs to cope	Sorrow, grief, regret, guilt, shame

Many people have both, and they can need different kinds of help, so it helps to know the difference.

Moral Injury Check-In: For You

- ☐ I feel guilty about something I did, did not do, or could not stop.
- ☐ I feel shame that is hard to talk about, even with people close to me.
- ☐ I am angry at myself, other people, or a system that let me down.
- ☐ I cannot forgive myself.
- ☐ I do not trust people, leaders, or institutions like I used to.
- ☐ I feel like my sense of right and wrong was broken.
- ☐ I have pulled away from my faith, my purpose, or things that used to matter.
- ☐ I keep thinking I am a bad person because of what happened.

Three or more? Tell someone you trust. Shame grows in secret, and it shrinks when it is shared.

Moral Injury Check-In: If You Are Worried About Someone Else

Moral injury is often quiet. From the outside, you might notice that they:

- ☐ Get angry at leaders, "the system," or themselves
- ☐ Say things like "you would not understand" or "I do not deserve good things"
- ☐ Stop going to church, ceremonies, reunions, or the Post
- ☐ Change the subject whenever the service comes up
- ☐ Seem weighed down by one particular event, even if everyone says they did nothing wrong

You do not have to fix it. You can say, "I have noticed you have seemed weighed down. I am here if you ever want to talk," and then listen without hurrying to say it was not their fault, because what helps most is being heard. The steps for healing are in Part 4.

Depression

Depression is more than a bad week or ordinary sadness. Sadness is a short-term feeling that usually clears with time, while depression builds slowly and can take over your energy, your motivation, and your outlook. It can look like a low or empty mood, or losing interest in things you used to enjoy, lasting most of the day, nearly every day, for two weeks or more. It can also show up as anger, sleeping too much or too little, low energy, trouble focusing, or feeling worthless. It does not mean you are weak. It is a medical condition, and it responds to treatment.

Picture a veteran, a few months out of the service, who stops returning calls from friends, skips the gym, and sleeps until noon. When his wife asks, he says he is just tired. No single event caused it. It crept in without his seeing it coming, which is one reason depression can be a silent killer: it is so easy to write off as tiredness, a rough patch, or the weather.



In its deeper form, called major depression, there may be no drive to do anything, no wish to get out of bed, and no interest in seeing people or carrying on with daily life. Left alone, depression can add to alcohol and drug use and abuse, relationship and career problems, and suicide. Many kinds of treatment exist, and with the right help, recovery is possible.

Short-term and long-lasting depression

Depression is not one size fits all. A depressive episode that follows a stressful or traumatic stretch, such as a loss, a move, or leaving the service, may feel a lot like clinical depression but tends to be milder and to pass with time and support. Clinical depression runs deeper. It cannot be willed or wished away, it gets in the way of work and home life, and it lasts two weeks or longer. It can come once or return again, it can arrive slowly or suddenly, and it can last a few months or become a long-term condition.

Common signs include sadness that will not lift, changes in appetite and sleep, worry or anxiety, irritability or anger, a negative outlook, low energy, aches and pains, trouble focusing, pulling away from people, feelings of guilt or hopelessness, and leaning on alcohol or drugs.

Check In: Could It Be Depression?

This is not a diagnosis. Answer for yourself, or for someone you love.

- ☐ Trouble making decisions, even small ones
- ☐ Harder to concentrate than usual
- ☐ Avoiding coworkers, friends, or family
- ☐ Feeling sad or hopeless for more than a few days
- ☐ Sleeping much more or much less than usual
- ☐ No longer doing things you used to enjoy
- ☐ Low energy, low motivation, or little enthusiasm
- ☐ A new or growing pull toward risky activities, like extreme sports, high-speed driving, or reckless motorcycle riding
- ☐ Quicker to anger or lash out than normal
- ☐ Harder to handle challenges in your personal life
- ☐ Using drugs or alcohol to escape
- ☐ Several negative things happening all at once in your life
- ☐ Talking openly about suicide

Add it up: Four or more? Talk with a mental health professional who understands military life. Depression is treatable, even when it does not feel that way from the inside.

If you checked the last one, or you are thinking about suicide, treat it as urgent. Reach out today. **Dial 988, then press 1.**

Other Conditions You May Hear About

These come up often enough that it helps to know the names. Only a trained professional can tell them apart, so if one sounds like you or someone you love, ask for an evaluation.

Condition	In plain words
Bipolar disorder	Big swings in mood, thinking, and energy. High, wired stretches (called mania) and very low stretches (depression) that can last days, weeks, or months.
Generalized anxiety disorder	Feeling very worried or on edge almost every day for six months or more.
Social anxiety disorder	Strong tension, nervousness, and fear in social situations or when others may be watching.
Panic disorder	Sudden waves of intense fear, with a pounding heart, chest pain, shortness of breath, dizziness, tingling, or nausea. Symptoms usually peak within about 10 minutes.
Obsessive-compulsive disorder (OCD)	Thoughts that repeat and will not quit, and actions repeated to calm the worry, such as washing, counting, arranging, or checking.
Borderline personality disorder	Long-lasting struggles with unstable moods, relationships, and self-image, with very intense emotions. It is treatable, and the right therapy helps.

What Many Veterans Carry

Some struggles are more common after military service. Knowing them can help you spot what is really going on.

- **Pain and poor sleep.** In a VA review of veterans in VA care who died by suicide, about half had pain problems and about half had sleep problems in the year before. Both make everything harder, and both can be treated.
- **Head injuries.** Veterans diagnosed with a brain injury have suicide rates almost twice as high as those without. Headaches, memory trouble, a short temper, and mood swings can come from an injury, not from your character. Ask a doctor.
- **Military sexual trauma (MST).** This means sexual assault or harassment during service. It happens to men and women, raises the risk of depression, PTSI, and suicide, and is often carried in silence. You do not have to tell your whole story to ask for help, and Vet Centers and VA clinics offer confidential MST counseling.

- **Alcohol and drugs.** Many people use them to sleep or to shut off memories, which works for a night and costs more later.
- **Losing your team.** After leaving the service, many veterans miss the mission, the structure, and the people who had their back. That loss is real.

> **These conditions are treatable, and recovery is possible.** Spot the signs early and reach out sooner rather than later. For a long time, asking for help was seen as weakness, but that time has passed: **asking for help is a sign of strength, not weakness.**

PART 3

When It Gets Dark

- EVERYONE

You are not alone.

Asking for help is a sign of strength.

If you are in crisis, or worried about someone

Dial 988, then press 1

Text 838255 | Chat at VeteransCrisisLine.net | Free, confidential, 24/7 | Call 911 if danger is immediate



What happens when you call 988

Three digits, nationwide, 24/7. You reach a trained crisis counselor, not a police dispatcher, and the line is for anyone in emotional distress, not only someone thinking about suicide. It works just as well when you are calling about someone else, and veterans and service members can press 1 to reach the Military and Veterans Crisis Line.

You talk, and the counselor listens, helps you plan for right now, and connects you with help close to home. Most calls are resolved by phone, and if someone is in immediate danger, responders may be sent. You can call 988 to figure out your next step for someone in your unit, your Post, or your family, and you do not need the answer before you pick up the phone.

Call or text 988 for…	Call 911 when…
An emotional crisis, thoughts of suicide, or when you do not know where to start	Life is in immediate danger: a weapon, an injury, or an attempt in progress

> **If you lead or support others:** Leaders help healing begin just by making it safe to say the hard thing out loud. If someone on your team is struggling, call 988 to talk through your next step, and follow your command, Post, or organization's guidelines.

Why it happens

Suicide is not about being weak. It can happen when pain gets bigger than a person's ability to cope, as stress, anxiety, depression, memories that will not let go, and feeling helpless or hopeless pile on top of divorce, job trouble, money trouble, or a broken relationship. When the pain feels endless, the mind can start looking for a way to make it stop.

Pain like this is real, and it can be treated. Most people who think about suicide do not want to die; they want the pain to end.

> **Not the right person? That is okay.** You do not have to handle this alone, but please tell someone who can. If you have noticed a friend or family member struggling, mention it to another family member, a chaplain, a Post leader, or the crisis line (988, press 1). When you talk with someone in crisis, remember it is not about you, and their pain is real even if you cannot relate. If you think they may be in trouble, you are probably right.

Know the warning signs

Most people who think about suicide show some sign, even if it is small. The signs tend to fall into four groups: what a person says, what they feel, what they do, and what the body shows.

Words: what you may hear

- Talking, writing, or posting about death, dying, or suicide
- Threats to hurt or kill themselves
- "All of my problems will end soon."
- "No one can do anything to help me now."
- "I just cannot take it anymore."
- "I am a burden to everyone."
- "I cannot do anything right."
- "Now I know what they were going through."

Feelings: what you may see

- Desperate, hopeless, or helpless
- Worthless, guilty, or like a burden
- Trapped, with no way out
- Angry, agitated, or full of rage
- Lonely or very sad
- Big, sudden swings in mood

Actions: what you may notice

- Pulling away from family, friends, the unit, or Post activities and events
- More drinking or drug use
- Reckless or risky behavior, like speeding or risky stunts
- Looking for a way to do it: asking for access to a weapon or pills, or buying rope or a weapon
- Giving things away or making final plans, like a will or goodbyes
- A past suicide attempt
- A sudden calm after a long stretch of pain
- Trouble at work or in school

Physical: what the body shows

- Changes in sleep
- Changes in appetite or weight
- New or worsening health complaints
- Loss of interest in appearance

These signs often show up after stressful events that carry a sense of loss, such as losing a job, a relationship, a home, or a place in the unit. Take every sign seriously, and if you are not sure, ask.

If you served, you may know ACE. This Army suicide intervention tool works for families and friends too:

Ask your buddy. Have the courage to ask the question, and stay calm. Ask directly: "Are you thinking of killing yourself?"

Care for your buddy. Calmly take control of the situation, and do not use force. Be safe. Listen to understand, which brings relief. Remove anything that could be used for self-injury.

Escort your buddy. Never leave them alone. Walk them to help: a chaplain, a behavioral health or primary care provider, or, if they are still serving, their chain of command. Call 988, then press 1.

Adapted from the U.S. Army ACE suicide intervention card.

Ask the question

Asking about suicide does not plant the idea, and it often brings relief because someone finally said it out loud. Say what you have noticed, say you are worried, and then ask plainly:

> **"Are you having thoughts of suicide?"**
>
> **"Are you thinking about killing yourself?"**

Stay calm, speak slowly, and do not argue, judge, or offer quick fixes like "you have so much to live for." Just listen, and you might say:

- "That sounds like a really tough place to be. Tell me what is going on."
- "I do not know what to say, but I am here for you."

What not to do

- **Do not keep it a secret.**
- **Do not treat it lightly** or brush it off.
- **Do not offer or suggest alcohol or drugs.**
- **Do not try to be their counselor.** Your job is to connect them with one.
- **Do not leave them alone.**
- **Do not offer simple fixes** or tell them to get over it.
- **Do not judge.**

When someone is in crisis: how to talk

- Stay calm. Talk slowly and use a steady, reassuring tone.

- A person in crisis may have trouble taking things in. Ask simple questions, and repeat them in the same words if you need to.
- Crisis can make people say hurtful things. Try not to take it personally.
- Say, "I am here. I care. I want to help. How can I help you?" and skip "Get over it."
- Call family, friends, neighbors, people from your faith community, or a support group. This is too big to handle alone.
- Call 911 if you or anyone else is in immediate danger.

Find out how close it is

If the answer is yes, ask:

- "Have you decided how you would do it?"
- "Have you decided when?"
- "Have you gathered what you would need?"

Also check for three added risks: a firearm nearby, alcohol or drugs, and any past attempt.

Keep them safe for now

- **Do not leave them alone.**
- **Put distance between them and the method.** Firearms are involved in about three out of four veteran suicides, so ask about locking up firearms, or having a trusted friend or family member store them away from home for a while, and do the same with extra medications. Do this only if it is safe for you, and if there is a weapon or someone is acting aggressively, call 911.
- **Help them name three people** they can turn to.
- **Get help. Dial 988, then press 1** (or text 838255, or chat at VeteransCrisisLine.net). It is free and confidential, you do not need to be enrolled in VA benefits or health care, and family and friends can call too, to ask what to do next.
- **Follow up.** Do not check in once and assume all is well. Keep checking in until they are on solid ground.



Locks and safe storage put time and distance between a person in crisis and a firearm.

Self-Injury

Self-injury means hurting yourself on purpose, such as cutting, burning, scratching, or hitting. People do it for many reasons: to cope with painful feelings, to feel in control, or to feel something when they are numb. It is not always an attempt to end a life, but it is a sign of real pain, and it can raise the risk of suicidal thoughts later.

If you love someone who is hurting themselves, stay calm, because anger and shame make things worse. Tell them you care, ask what is going on, and help them find a counselor. Talk therapy such as cognitive behavioral therapy (CBT) and dialectical behavior therapy (DBT), both explained in Part 4, and sometimes family therapy, can teach safer ways to handle strong feelings, and having a say in their own care matters. If you see signs of suicide, or an injury that needs medical care, call 988 or 911.

If you are the one doing it, you deserve help, not judgment. Tell one person you trust, and ask a counselor about other ways to cope. Healing takes time, and a slip along the way does not mean you have failed.

If you are the one having these thoughts

Ask for help, because you are worth it. You do not have to explain everything, and you can simply say, "I am not doing well and I need help." **Dial 988, then press 1.** A trained responder will listen, help you get through the next few minutes, and connect you with support. Remember, many of these responders have served too!

Four things to remember

- Never promise to keep a suicide plan secret. Never use guilt or threats to try to stop someone.
- You are not responsible for saving someone by yourself. Your job is to stay with them and connect them to help.
- If you overreact, that is okay. It is far better than doing nothing because you worried you were making a mountain out of a molehill.
- **Do not put yourself in danger.** If someone has a weapon, is acting aggressively, or you fear for your own safety, step back, get to safety, and call 911.

Check In: Is Suicide a Risk?

Read this one slowly. Answer for yourself, or for someone you love. Being honest here can save a life.

Do you, or does someone you love...

- ☐ **1.** Feel like a burden to family, friends, or the unit or Post?
- ☐ **2.** Feel the world would be better off without them?
- ☐ **3.** Pull away and spend more time alone?
- ☐ **4.** Turn to alcohol or other habits to feel better?
- ☐ **5.** Have changes in sleep?
- ☐ **6.** Think "What is the use?" about work or daily duties?
- ☐ **7.** Take unnecessary risks on the job or in the field?
- ☐ **8.** Have a new or growing interest in risky activities, like skydiving or reckless motorcycle riding?
- ☐ **9.** Show anger that seems to come from nowhere, or get disciplined or in trouble for it?
- ☐ **10.** Hear from friends, family, or people they served with, "You have changed"?
- ☐ **11.** Have a past suicide attempt?
- ☐ **12.** Have a history of depression?
- ☐ **13.** Feel hopeless?

These three matter most:

- ☐ **14. Are you thinking about killing yourself?**
- ☐ **15. Have you made a plan?**
- ☐ **16. Have you recently tried to kill yourself?**

If you answered yes to 14, 15, or 16, get help right now. Dial 988, then press 1, or text 838255. If there is immediate danger, **call 911.** Help is there for you, and it is not too late.

Three or more yes answers in the first 13? Reach out to a mental health professional who works with veterans, and tell someone you trust today. Do not wait for the answers to change.

Checking this for someone else? Do not try to handle it alone. Stay with them, ask the questions in this section, and call 988 (press 1) for guidance.

Your Plan for Life and Safety Plan

Fill this out when you are feeling steady, ideally with someone you trust. Keep a copy where you can find it fast, and give a copy to someone who can help. A plan made before a crisis takes the guessing out of a hard moment.

My Plan for Life

If I start to think about suicide, I will contact these people:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

I also will:

- ☐ Call or text 988 and press 1, or go to the nearest emergency room, if I need to.
- ☐ Remember that thoughts of suicide are a treatable symptom, not a life sentence.
- ☐ Remember that my life is valuable and worthwhile, even if it does not feel that way right now.
- ☐ Stick with my treatment plan and take my medicines as prescribed.
- ☐ Keep my appointments with my counselor, therapist, or doctor.
- ☐ Call my doctor if I do not feel safe or if I am having problems.
- ☐ Reach out to people who support me.
- ☐ Stay away from alcohol and drugs that are not prescribed to me.
- ☐ Ask someone to hold or lock up anything I could use to hurt myself.
- ☐ Know my moods and warning signs, and get help early.
- ☐ Get enough rest, water, and healthy food.
- ☐ Be kind to myself.

My Safety Plan

When I am feeling well, I am…

These signs tell me I may not be able to make safe decisions on my own:

What I want from the people who support me when this happens:

Who to call

Primary care provider or VA doctor

Name: _____ **Phone:** _____

Counselor or therapist

Name: _____ **Phone:** _____

Insurance or VA benefits (keep a copy of your card)

Plan: _____ **Phone:** _____

Policy or ID number: _____

Support group or peer contact

Name: _____ **Phone:** _____

Medicines I take

1. _____ **Dose and time:** _____

2. _____ **Dose and time:** _____

3. _____ **Dose and time:** _____

You are not alone.

Asking for help is a sign of strength.

If you are in crisis, or worried about someone

Dial 988, then press 1

Text 838255 | Chat at VeteransCrisisLine.net | Free, confidential, 24/7 | Call 911 if danger is immediate

Questions People Ask

Is there a biology to depression and suicide?

Depression and suicidal thinking have both been linked to changes in brain chemistry, including a chemical called serotonin. That is one reason medicine can help some people.

Can the risk run in families?

Family history and genes can raise the risk for depression, substance use, and suicide. That does not mean it is inevitable, but it does mean getting help at the first sign of trouble matters even more.

Is suicide more common around the holidays?

Not nationally. Rates tend to be higher in the spring and summer months, so it pays to keep checking in all year.

Who is at highest risk?

Risk climbs with pain, poor sleep, health problems, relationship trouble, hopelessness, heavy drinking or drug use, a past attempt, and easy access to firearms. Among veterans, risk is also higher in the first year after leaving the service and for those with a brain injury or military sexual trauma. Men are less likely to talk about their plans, and women veterans are at risk too, so no one should be ruled out.

What is the most common method?

Firearms are involved in about three out of four veteran suicides. That is why safe storage matters so much. Putting time and distance between a person in crisis and a firearm saves lives.

Are LGBTQ+ service members and veterans at higher risk?

Research shows LGBTQ+ people can face higher risk, often linked to stigma and rejection, and some service members also had to hide who they were. Acceptance and support protect, and any crisis counselor can help, so it is fine to ask for someone who understands.

What if they will not go to counseling?

Going along often helps. If they will not listen to you, ask someone they respect, such as a chaplain, an old unit buddy, or a family member, to talk with them, since saving a life matters more than keeping a secret. You can also call 988 for guidance on your next step.

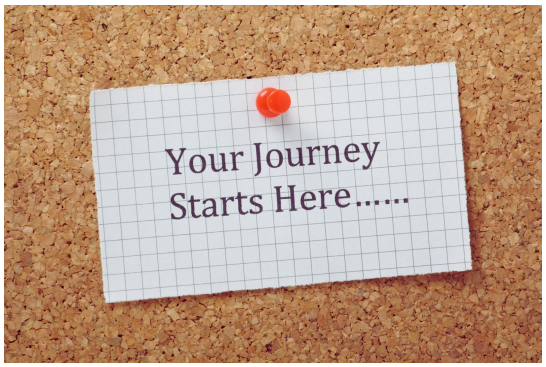
How do we reduce the stigma?

Attitudes change when people see suicidal thoughts as a sign of a health problem, not a weakness or a flaw in character. Talking about it openly, the way this booklet does, is part of the answer.

PART 4

Taking the First Step

- FOR VETERANS



Why asking is hard

If you served, you were trained to handle it yourself. Asking for help can feel like quitting, or like proof you are not tough enough. Many veterans say the same things: *I do not want to look weak. Nobody will understand. Other people had it worse. It will hurt my career.*

Here is another way to see it. On the job, calling for backup is not weakness but how a good team works, and getting help for what you carry is the same thing: a smart move by someone who wants to stay in the fight.

"Will it hurt my career?"

This worry is real, and we will not pretend otherwise, since rules can differ by branch and job. **Before you start, ask any provider: "What stays private, and what does not?"** You can also begin with places set up to keep things confidential, such as a chaplain, Military OneSource counseling, or a Vet Center.

Signs it may be time to get help

Think about talking with a professional if you, or someone you love, has:

- Felt sad or down "all the time"
- Felt anxious, or had distressing thoughts, "all the time"
- Had panic attacks
- Ongoing trouble at work or with daily duties

- Had ongoing credit, food, or housing problems that are not improving
- Been drinking or using drugs more, or using them to cope
- Been misusing prescription medicine
- Thought about hurting themselves or someone else
- Had ongoing negative or abusive relationships
- Had ongoing job issues or several job losses

Write your first call here. Pick a number from the list below, and write it down so it is ready when you need it.

Who: _____ **Number:** _____

Who: _____ **Number:** _____

Where to start

You do not need to know exactly what you need. Pick one and make the call.

- **Crisis or thoughts of suicide: dial 988, then press 1.** You can also text 838255 or chat at VeteransCrisisLine.net. It is free, confidential, and open 24/7.
- **Vet Centers.** Counseling for transition, combat stress, military sexual trauma, and family issues. Vet Centers provide readjustment counseling at no charge, and you do not have to enroll in VA health care to use one. They are separate from VA sites and do not share your information with the VA unless you say so. Not everyone qualifies, so call to find out at 1-877-927-8387, a free and confidential call center that is open around the clock.
- **Military OneSource, 1-800-342-9647.** Free, confidential, non-medical counseling for active-duty, Guard, and Reserve members and their families. Ask if you still qualify after you leave.
- **VA, 1-800-698-2411 (1-800-MyVA411).** Can point you to care and benefits.
- **Veteran Service Officers (VSOs) and posts.** The VFW, VFW Auxiliary, American Legion, and DAV can help with benefits, paperwork, and finding people who get it.
- **A chaplain.** Talking with a chaplain is private. It can be a good first step, whether or not you are religious.
- **In Canada:** The Veterans Affairs Canada Assistance Service, 1-800-268-7708, is free, confidential, and open 24/7.

Your first call can be short

Try: **"I served. I have been having a hard time, and I want to talk to someone who understands."** That is enough.

Finding a counselor who gets it

You deserve someone who understands military life. It is fine to ask:

- Have you worked with veterans before?
- Do you have experience with PTSI, moral injury, and military sexual trauma?
- How do you help people with what I am dealing with?

If it is not a good fit, try someone else, because that is not failure but a step toward finding the right help.

Who is who in professional help

Who	What they do
Primary care or VA doctor	Often the first stop. Can check for health causes, start treatment, and refer you.
Psychiatrist	A medical doctor who diagnoses mental health conditions and can prescribe medicine, often along with therapy.
Psychologist	Trained in therapy and testing. Helps you work through what you are going through. Does not usually prescribe medicine.
Licensed clinical social worker (LCSW)	Provides counseling and helps connect you with services and benefits.
Licensed professional counselor	Provides talk therapy. "Counseling" and "therapy" often mean the same thing.
Vet Center counselor	Counseling for veterans and families, with a focus on military life.
Chaplain	Private support for questions of meaning, guilt, and faith, whether or not you are religious.
Peer supporter	Someone who has walked a similar road and can listen and point the way.

How therapy works

Therapy is more than talking about your problems. It is working toward solutions with a partner you trust, and it can help you change thoughts, actions, and moods for the better. Therapy can help you:

- Overcome fears and insecurities
- Make sense of painful experiences

- Build a steady, dependable routine
- Spot the triggers that make things worse
- Improve relationships with family and friends
- Tell the difference between who you are and what an illness is doing to you
- Plan for stress and crises
- End habits that hurt, like drinking, using drugs, overspending, or risky behavior
- Improve sleep, eating, anger, anxiety, and irritability

To find a therapist, ask your doctor, a family member, or a friend. Veterans can start with a Vet Center or the VA, and Military OneSource can help with referrals. The Psychology Today website (psychologytoday.com) also has a therapist finder you can search by specialty.

Common kinds of talk therapy

- **Cognitive behavioral therapy (CBT)** helps you notice the automatic thoughts and beliefs that feed bad feelings, then test them and change the ones that are not true.
- **Interpersonal therapy (IPT)** looks at what is happening in your relationships and roles right now, such as unresolved grief, conflict, a big life change like leaving the service, or isolation.
- **Dialectical behavior therapy (DBT)** teaches skills for handling strong emotions, staying present, getting along with others, and managing stress, often in a weekly group along with one-on-one sessions.

Here is what CBT looks like in practice. Hard thoughts often sound like facts, and a counselor helps you check them:

A thought that drags you down	A more accurate thought
"I should have saved him."	"I did everything I could with what I had in that moment."
"I am worthless now that I am out."	"My skills and my service still have value."
"Nobody gets what I went through."	"Some people do, and I can find them."
"I am a burden."	"The people who love me want to help."
"I cannot do anything right."	"I do many things right."

What treatment can look like

Most PTSI treatment is talk therapy, done at your pace with a trained therapist. Three kinds have strong track records:

- **Cognitive Processing Therapy (CPT).** About 12 weekly sessions, in which you talk about what happened and how it changed your thinking, and write about it too. Over time, you learn new ways to think about it.
- **Prolonged Exposure (PE).** About 8 to 15 sessions. First you learn breathing skills, and then, step by step, you face the things you have been avoiding so they lose their grip.
- **EMDR.** You think about a hard memory while following a back-and-forth movement, like a therapist's hand, which helps your mind process the memory so it hurts less.

Medicine: what to know

Medicine is not right for everyone, and it often works best along with therapy. It is a choice for you and your doctor. The four main kinds are:

- **Antidepressants** help lift the symptoms of depression.
- **Mood stabilizers** help even out the highs and lows of bipolar disorder.
- **Antipsychotic medicines** are mainly used to treat mania and to slow racing thoughts.
- **Anti-anxiety medicines** have a calming effect on the mind and body.

Good to know

- Some medicines take days or weeks before you notice a change.
- Doses often need adjusting, so stay in close contact with your doctor about how you feel.
- Bodies respond differently, so you may have to try more than one. Some people need more than one at a time.
- Common side effects include nausea, dry mouth, weight changes, sleep problems, dizziness, drowsiness, headaches, and constipation.
- **Do not stop suddenly** because you feel better. Stopping on your own can cause severe mood changes.
- **Tell your doctor right away** if you feel worse, or if thoughts of suicide start or grow after a change in medicine.

When hospital care helps

Sometimes a hospital stay is the safest way to get through a crisis and settle symptoms. It may be the right step if someone:

- Is hearing or seeing things that are not there

- Threatens or tries to end their life or hurt others
- Has serious problems with alcohol or drugs
- Has not eaten or slept for several days
- Cannot take care of themselves or their family
- Has tried therapy and medicine but still has symptoms
- Needs medical supervision for a big change in medicine
- Has depression or mania that makes daily life impossible

A hospital is a place to get well, and needing one does not mean you failed. Mood conditions are medical conditions, like diabetes or heart disease, and there is nothing to be ashamed of. **If you are on active duty, ask a provider what must be shared with your command before you decide.** Your doctor or the Veterans Crisis Line (988, then press 1) can help you find the right place.



Healing moral injury: three steps

Moral injury heals when you act on your values, not when you avoid it. Here is the path:

1. **Acknowledge.** Name the value that was broken, not just what happened. Separate what was truly in your control from what was not. Grieve what happened without making it a verdict on who you are.
2. **Disclose.** Tell one person you trust: a peer, chaplain, counselor, or battle buddy. Pick someone who will not judge and will not rush to say "it was not your fault." Veteran organizations, like a VFW Post, can be good outlets too, because sharing with people who have been through something similar can soften the edge of the pain. Shame lives on secrecy.
3. **Repair.** Make amends where you can. Where you cannot, honor the value in a new way: serve, mentor, give back. Treat forgiving yourself as a skill you practice. Purpose rebuilds meaning.

Resilience: A Skill You Can Build

Resilience means adapting well to hard things: trauma, loss, health problems, money stress, family trouble, or serious threats. It is the ability to bounce back and to build the skills to manage stress. It does not mean you never feel pain, and in fact, the road to resilience usually runs through real distress.

Here is the most important part: the American Psychological Association explains that resilience is not a trait some people have and others do not, but a set of habits, thoughts, and actions that anyone can learn. That means you have more say than you think over how you feel and think in a stressful moment. A saying worth keeping: your failures and misfortunes do not define you, they refine you.

The Other Side of Trauma

Families often say, "I just want them to be like they used to be." A person who goes through hard things does not stay exactly the same, yet many people find that, in time, they come out stronger and wiser. That is called posttraumatic growth, and it tends to come from two things: finding something positive in the experience, and placing the event into your life story, where it becomes part of your history without ruining your present.

You do not have to feel grateful for what happened, and nobody should expect growth from you. If it comes, it comes slowly, and a few questions can open the door:

- What have I learned about myself?
- What matters more to me now?
- Who showed up for me?
- What could I offer someone else because of what I have been through?

After something hard: do and do not

Do	Do not
Talk with others about your thoughts and feelings	Pull away or isolate yourself
Ask for support and help when you need it	Use drugs or alcohol to numb painful feelings
Get involved in positive activities you enjoy	Drink more than 1 or 2 cups of coffee or soft drinks a day
Return to your normal routine as your body allows	Give up interests and hobbies you used to enjoy
Get moderate exercise that fits your fitness level	Focus on everything that is wrong with you or your life
Stay in touch with friends and family	Believe that things will never change
Eat regular, healthy meals	Avoid thinking or talking about your feelings

Also remember that anxiety and low mood are common reactions to traumatic stress, injury, and illness. Take it one day at a time, and notice the good things you have.

If you love someone who is hurting, remember that the "do" column can be very hard for them right now. Tell them you see how hard it is, and that you appreciate them.

Tools you can use today

- **Check your number.** Rate how you feel right now from 0 (great) to 10 (extreme distress). If you are at a 5 or higher often, that is worth talking about.
- **Slow your breathing.** Breathe in for a count of 4, hold for 5, out for 5, hold for 5. Repeat four or five times, then check your number again.
- **Catch the hard thought.** Watch for "I am a failure," "I always mess up," or "it is all my fault." Ask, "*Is that a fact, or a feeling?*" Try talking to yourself the way you would talk to a friend.
- **Guard your sleep.** Keep the bedroom dark and quiet, move the phone and TV out, and save the bed for sleep.
- **Move a little.** A walk counts.
- **Keep your people close.** Isolation makes everything heavier and harder.

PART 5

Standing Beside Them

- FOR FAMILIES AND FRIENDS

You might be a spouse, a partner, a parent, a grown child, a sibling, or a friend. However you fit, you matter here.

You knew them before. You may have counted the days through a deployment and watched them come home a little different, so you may be the first one to notice when something is wrong. That makes you more important than you know.

You do not need training. You need three things: **notice, stay close, and know where to point them.**



Questions that can help you understand where they are

- Can they just "get over" something that causes them pain, or something they cannot forget?
- Are they coping with the loss of status, friends, and the people they served with?
- Are they doing work that does not use the knowledge, discipline, or skill they once had?
- Do they have the strength or the wish to train for a new career?
- Are their pay and benefits lower than they were on active duty?

Listen without trying to fix

When someone you love is hurting, the urge to fix it is strong, so you offer ideas, solutions, and advice, and the conversation goes quiet. Often they did not need answers yet but simply needed to be heard.

- **Be there.** Put the phone down. Face them. Ask a question, then let the answer come.
- **Be real.** People can tell when you are just going through the motions.
- **Do not judge.** Most people who are struggling already feel shame. Judgment adds more.
- **Remember it is not about you.** Let them be the reason for the talk.
- **Walk beside them, not ahead.** Ahead means pushing. Beside means staying.

Try something like: *"That sounds really hard."* Or: *"I am not sure what to say, but I am listening."* Or just: *"Mm-hm."* That counts.

Words that help, and words that hurt

Try saying	Try not to say
"How are you feeling today?"	"It is all in your head."
"You are important to me. Your life matters to me."	"We all go through times like this."
"You are not alone in this. I am here."	"You will be fine. Stop worrying."
"I may not understand exactly how you feel, but I care and want to help."	"Look on the bright side."
"Tell me what I can do to help right now."	"Just snap out of it."
"When are you seeing your counselor next?"	"What is wrong with you?"
"If the dark thoughts come back, will you talk to me? If not, who else could you talk to?"	"Shouldn't you be better by now?"

Ten ways to help

1. **Be patient and accepting.** Believe in their ability to get well.
2. **Help with daily life** after a hospital stay or treatment. Offer rides to appointments, help with housework, or pick up groceries until they can manage on their own.
3. **Help them find and reach health care providers.**
4. **Keep a contact list** with the numbers for their doctor, therapist, hospital, and a few friends or family who could help in a pinch.

5. **Give hope** by pointing to their strengths.
6. **Remind them that symptoms are not who they are.** Help them see the person underneath.
7. **Watch for trouble communicating.** Some days the words will not come, and that is a signal, not a failure.
8. **Support healthy habits:** steady sleep and wake times, regular meals, activity such as a walk together, staying away from alcohol and drugs, a support group, and a change of scenery.
9. **Help them set goals** and name what they want to change.
10. **Bring back what they enjoy,** such as music, fishing, working on a truck, or time outdoors.

When they pull away

After something hard, many people want to be alone for a while. That is a normal way to protect yourself, so try not to take it personally, and expect it to ease with time. If it does not, or if it is getting worse, stay close and check in again, and again. Do not check once and assume all is well.

Underneath, many hard experiences leave feelings of shame, guilt, or disappointment, and those feelings tend to keep a person stuck. Your part is to help normalize what they feel by being there without judging. That is not always easy, and it is okay to ask for help with it yourself.

If they feel betrayed or shut you out

Sometimes you will do the right thing and it will blow up. A veteran who trusted you with something private may feel betrayed when you reach out for help, even if you did it out of love. They may say their problems are nobody else's business, deny they are in bad shape, or decide to stop telling you anything at all. Some will cut off contact. That hurts, especially when you were only trying to help. Here is what can help:

- **Expect the anger,** and try not to take it personally. It often comes from fear and shame.
- **Own what you did without apologizing for caring.** For example: "I am sorry this felt like a betrayal. I was scared for you, and I love you."
- **Do not argue** about who was right. Hurt and worry can both be true.
- **Keep the door open.** Send a text, drop off a meal, or invite them for a walk, with no pressure to talk about it.
- **Share only what is needed,** with one or two trusted people, not the whole circle.
- **Remember where privacy ends.** If you believe their life is in danger, safety comes first, even if they stay angry. Better angry than gone.
- **Get support for yourself,** because being shut out hurts.

Talking About Feelings: For Both of You

If you are the veteran: starting the conversation

Do: tell people what you need or how they can help. Talk about painful thoughts and feelings, even when it is scary. Start with practical things. Thank people for listening.

Do not: assume nobody wants to hear it, stay quiet to avoid upsetting people, or blame others for how you feel.

You might say:

- "I am feeling ____ (sad, angry, scared). Is this an okay time to talk?"
- "I could use some support right now."
- "I know you are busy. When you have a break, can we talk?"

If you are the loved one: responding

Do: just listen and offer support. Tolerate your own worries and fears, and share your own concerns and feelings. **Do not:** try to fix their thoughts or feelings, demand that they talk, or criticize their experience.

You might say:

- "That sounds really hard (scary, awful, painful)."
- "I feel ____ (scared, worried, helpless)."
- "Mm-hm." (That means just listen.)

> **A note for loved ones:** The "do" list for the veteran can be very hard when someone is hurting. Help by saying you see how hard it is, and that you appreciate them for trying. Keep following up with them.

When you are not getting what you need

Do: tell the other person what would help, thank them for listening, and remember they may care a lot but have trouble showing it. **Do not:** attack or criticize, assume they do not care, or let resentment build up by holding it in.

You might say:

- "I would feel better if you could just listen."
- "It is hard to share when I am sad. Please let me talk for a while."
- "I feel so supported when you let me share my worries."

Make a Bad Day Plan

Some days will be harder than others, and a plan made ahead of time takes the guessing out of it. Sit down together when things are calm, answer these questions, and write your answers in. Change them as you learn what works.

1. How will you let me know you are having a bad day?

---

2. What would you like me to do?

---

3. What would you like the kids to do?

---

4. What would you like me *not* to do?

---

5. What would you like the kids *not* to do?

---

6. If you do not know what you need, how will you tell me?

---

7. How will you let me know when you are ready to talk? *(I will not push for the story. I will only ask how you are feeling.)*

Do not beat yourself up if a bad day does not go to plan. It is only a plan, so it can change.

Talking with kids

Kids notice more than we think, and when someone in the house is struggling, children often feel it long before anyone explains. Silence can be scarier than the truth.

- **Use simple, honest words.** "Dad has been having a rough time from his service. He is getting help. It is not your fault."
- **Let them ask.** Answer what you can. It is okay to say, "I do not know."
- **Make time for the small things,** like dinner together, a walk, a game, or a hug hello and goodbye.
- **Plan for missed days.** If a birthday or holiday gets missed, celebrate early, or make a new date and keep it. Tell kids it is okay to say when it hurt.

- **Give older kids a way in.** Try, "The other day you seemed down. Want to go for a bike ride and talk?"

Watch for signs a child is carrying too much: stomachaches or headaches with no clear cause, trouble sleeping, clinging or meltdowns, refusing to go to school, or constant worry. Talk with a school counselor or doctor. Older kids and teens can also call or text **988** for emotional distress, thoughts of suicide, or drug and alcohol trouble, and they should reach out if their problems are becoming serious. For abuse, call the Childhelp National Child Abuse Hotline at 1-800-422-4453. For sexual assault, call RAINN at 1-800-656-4673.

Ten building blocks of a strong relationship

Stress puts a strain on couples and families. These ten building blocks can help you stay connected.

Adapted from the ideas of Jack A. Digliani, PhD, EdD, in the Law Enforcement Peer Support Team Manual (2019), and written here in our own words.

Building block	What it looks like
1. Emotional connection	You feel close, and that closeness shapes how you see and treat each other.
2. Trust	You can count on each other. Dependability and faithfulness grow from here.
3. Honesty	You tell the truth with care. Dodging every hard conversation to keep the peace builds resentment over time.
4. Assuming honesty	Because there is trust, you do not have to guess at hidden meanings or second-guess every word.
5. Respect	It shows in your words, your tone, and your body language, even during conflict. Without it, problems cannot be solved.
6. Tolerance	You accept differences and give each other patience, and you let small quirks go.
7. Responsiveness	When you answer each other, you show the other person that they matter.
8. Flexibility	Strong relationships bend without breaking. Most things are not as serious as they first seem, and a sense of humor helps.

Building block	What it looks like
9. Safe communication	Each of you can bring up anything and expect to be heard. Listen calmly and do not interrupt. Say less to protect yourself and more to connect. Raise hard topics with care, at a good time and place, offer your thoughts gently, and start with facts before opinions.
10. Commitment	You work on problems, take responsibility, try to see the other view, and move past common mistakes. Decide what you can forgive. If you can, leave it in the past.

When caring wears you down

Loving someone who is struggling is hard work, and you may give and give and get little back. Over time, that can leave you numb, tired, or short-tempered, which is called compassion fatigue (see Part 2) and is common in families and caregivers.

- **Take care of your own basics.** Sleep, food, and movement are not extras.
- **Set limits.** You can say no, and you can take time for yourself.
- **Get your own support.** A friend, a counselor, a support group. Vet Centers offer counseling to families, too.
- **Remember what is yours.** You are not responsible for another person's choices. You are responsible for showing up and getting them to help.

After a crisis or an attempt: caring for the whole family

After a suicide attempt, or any crisis, a family's attention often turns to one person. That person needs support, and so does everyone else.

- Change is hard on everyone, and each person will respond differently.
- Solve big problems in small steps, one issue at a time, and keep things calm instead of crisis-centered.
- Encourage counseling for everyone, not just the person in crisis. Younger kids may not understand what happened and need to feel heard.
- Keep family routines as much as you can. You are still the same family, with new challenges.
- Listen to each person, including yourself. Journaling can help. Do not try to make everyone's fears simply go away.
- Keep exercising and eating well, and consider a support group for families.

Know when to step in front

Walking beside is the goal, but if they talk about suicide, or you see the signs in Part 3, do not wait and do not try to handle it alone. **Dial 988, then press 1** to ask what to do next. If there is a weapon or immediate danger, **call 911.** Do not put yourself at risk. You can be their bridge to help without being their only help.

If your loved one is in the hospital

- **Ask about visiting and call hours.** If they are willing, stop by with a book, comfortable clothes, or food they like, after checking with staff. Some items, such as mirrors, belts, drawstrings, and spiral notebooks, may not be allowed.
- **Respect their wishes.** They may not want to see anyone at first.
- **Ask if the hospital has a family support group,** and learn about their condition. It is an illness, not a flaw in character, and it is not anyone's fault.
- **Help them make a list of questions** for the staff, and keep the names of everyone involved in their care. If the care is not good, speak up, politely and firmly.
- **Offer practical help,** such as housework, child or pet care, or calling their employer.
- **Understand the privacy rules.** They protect your loved one, not keep you in the dark. Ask staff how you can get information, since your loved one may be able to give permission.
- **Before they leave,** make sure there are written instructions for medicines, follow-up care, and who to call in an emergency.

If you are trying to encourage someone to check in

- Talk about what you have seen that tells you a hospital may be the best place for now.
- Explain that it is a safe place for severe symptoms to ease and for medicine to be adjusted. It is a place to get well.
- Remind them that needing help does not mean they failed. Mood conditions are medical conditions, and there is nothing to be ashamed of.
- Offer choices, such as going with you or another loved one, and call the hospital ahead to learn about admission and policies.
- **If your loved one is on active duty, ask a provider what must be shared with the command.**

PART 6

Family Conversation Guide

- FOR FAMILIES AND FRIENDS



A family is like a tree: roots that hold you, a trunk that carries the weight, and branches that reach out to each other.

Kids notice more than we think, and so do teens. This guide helps a veteran and the people who love them sit down, talk, and listen to each other. It works best with kids and teens ages 11 to 18, and for younger children, the shorter tips in Part 5 are a better fit.

What this guide is for

- Helping kids and family members understand how they can support the veteran, and each other
- Giving kids a chance to talk about how having a veteran in the family affects them, and where they can find support
- Encouraging healthy talk about the veteran's service and how it touches family life
- Spotting how stress-related changes in mood and behavior can affect everyone at home

Before you start

- Pick a calm time, not right after a hard day or in the middle of an argument.
- Turn off phones and TV, and keep it to 30 or 45 minutes.
- There are no right or wrong answers. Parents listen more than they talk.

- Share what is comfortable. Skip graphic details with kids.
- It is okay to stop and try again another day. If anyone mentions thoughts of suicide, stop and turn to Part 3.

> **A way to open**
> *"I want us to talk about how my service, and what I have been through, can affect our family. I want to hear what it is like for you, what is hard, and what you need. There are no wrong answers, and nobody is in trouble."*

Questions to talk about

Ask	What to listen for
1. "What do you like about me being a veteran?"	Let them answer, and ask "why?" when it fits. Many kids feel proud, and they want to hear that you are proud of them too.
2. "What is the hardest part for you?"	Just listen. Do not defend or fix.
3. "What do we like to do as a family? What do you wish we did differently?"	Listen for simple wishes: dinner together, game night, a ride.
4. "What do you notice about your friends' families that is different from ours?"	Ask why they think that is. Be honest about what service and stress change.
5. "Have we done something fun as a family in the last six months?"	If not, talk about what got in the way and pick one thing to plan.
6. "How have missed events, holidays, deployments, or moves felt for you?"	It is okay for kids to say it hurt. Talk about ways to handle it: celebrate early, call before or after, plan ahead.
7. "What do you wish you knew about my service?"	Share what you are comfortable sharing, in words that fit their age.
8. "Does it ever worry you when I am away, or when I am having a hard day?"	Reassure them. Worry is normal, and it is not their job to fix it.
9. "Can you tell when I have had a rough day, when I seem tired, quiet, sad, or angry? What do you do?"	Let them explain. Then share what helps you, and what they and your partner can do.
10. "Have I ever seemed angry at you for no reason? Can you give an example?"	Stress can make anyone short-tempered. Tell them it is not about them, and that it is okay to ask if you seem upset.

Ask	What to listen for
11. "What could I do to support you better?"	Ideas: reading together at bedtime, help with homework, dinner together, one-on-one time, a call or message when you are away.
12. "Is there anything else you want to talk about?"	End on something positive. Let them know you are open to talking again.

Wrapping up. Ask whether anyone has questions or something else to say. End on a good note: a story, a laugh, a hug, or a plan for something fun. Consider setting up a regular family night to check in and keep the door open.

For Kids and Teens

This part is written to you, if you are a kid or teen with a veteran in your life.

Build your connection

- **Spend time together.** Talk about school or activities. Ask if they would like to do something, like play catch, ride bikes, draw, or bake. If they are not up for it, try again at another time.
- **Tell them when you have questions or worries.**
- **Support your family.** Ask what they need, listen, and help around the house.

How to start a conversation

1. "The other day it seemed like you were not feeling like yourself. Has something been bothering you?"
2. "Want to go for a walk, grab a snack, or ride bikes? It seems like something has been on your mind."
3. "I would like to talk. Is now a good time, or when would be better?"
4. "I am worried about you. How are you doing?"
5. "What is the hardest part for you right now?"
6. "Is there anything at home I could help make better?"
7. "What do you enjoy most about spending time with us?"
8. Ask about something they love, like fishing, a car, or music: "When did you last work on your truck?"
9. Tell them if something is bothering you: "I was sad you missed my game. Do you think you can make the next one?" or "Are you angry with me?"

Tips

- Your parent or loved one may not want to talk right when they get home. Wait for a relaxed moment.
- Try starting with an activity, like a walk or a bike ride, and let the talk come.
- Give a hug and say hello, goodbye, and good night.
- Talk with other kids who have a parent who served. They may have good advice.

Food for thought

Write your answers here, or just think about them.

What do you like about your loved one being a veteran?

What is the hardest part?

What do you like to do as a family?

What do you wish you knew about their service?

What do you wish your friends knew about being a kid in a military family?

What is one thing your parents could do differently to support you?

What are one or two challenges you have faced, and how did you work through them?

Who to talk to, and how

Who	Do	Do not
A parent, another trusted adult in your family, a close friend, a school counselor or teacher, a coach, a faith leader, a doctor or nurse, a counselor, or a support group	Choose carefully who to talk to. Decide ahead what you want to say. Pick a good time and place. Start with practical things. Say, "I need to talk," or "I just want to be with you." Share painful feelings when you are ready. Thank them for listening. Tell them one main thing that would help.	Do not stay quiet because you do not want to upset anyone. Do not stay quiet because you worry about being a burden. Do not assume nobody wants to listen.

Adapted in part from guidance from the National Center for PTSD.

Family activities to try

Plan a family outing, a monthly movie day, a hike, a game night, a scavenger hunt, a family garden, a trip to the park, or a visit to the Post or the VFW.

Where kids and teens can turn

- Call or text **988** any time. Anyone can use it. Press 1 only if you are a veteran or service member.
- A school counselor or social worker
- Military OneSource (1-800-342-9647), which can connect military families with counseling
- A Vet Center, which offers counseling for many veterans and their families (call 1-877-927-8387 to check eligibility)
- kidshealth.org, for feelings and family topics
- The National Center for PTSD (ptsd.va.gov), for family resources

For Parents and Partners

Key takeaways

- Your family is a priority.
- Build a good family support system.
- Listen to your kids' worries, opinions, and questions.
- Make a plan for missed holidays and birthdays: celebrate early, and plan ahead.
- Spend time together and keep talking.

Think it over

In what ways can your family support you?

Do you struggle to spend time with your family or to make long-term plans? Why?

What about your service or your health makes things hard for your family?

What can you do to support your family?

What is your favorite thing to do with your kids? Do they know that?

What could your VFW Post, unit, or community do to support families?

Signs of anxiety in children

Anxiety in kids often shows up as behavior you may have seen in small doses that has become steady and strong:

- Trouble with changes, such as from school to an activity
- Refusing to go to school, or meltdowns before or after school
- Trouble settling down for bed
- Sudden, frequent panic attacks
- Restlessness, irritability, or poor focus
- Clinging, crying, or tantrums when you leave
- Extreme shyness or avoiding social situations
- Constant worry, or avoiding places and situations out of fear

- Frequent stomachaches, headaches, or other unexplained aches

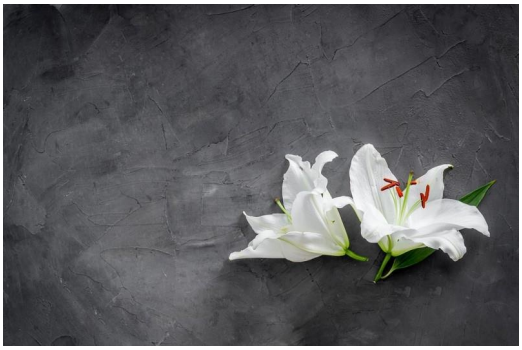
If you see several of these lasting for weeks, talk with your child's doctor or school counselor.

Adapted from the First Responder Kids Film Family Facilitation Guide (SC4i) and from information at Anxiety Canada and Anxiety.org.

PART 7

Loss and Grief

- EVERYONE





When someone you served with, or someone you love, is gone

Veterans know loss. You may have lost a battle buddy in the field, or years later, or a friend or family member to suicide, and families know it too. Grief does not ask for rank or a reason. It just arrives.

Grief is not a straight line

You may have heard of "stages" of grief, but think of them more like weather: numb one day, angry the next, then sad, guilty, or calm, and then, out of nowhere, hit hard again by a song or a smell. That does not mean you are doing it wrong.

Feelings that are common after a loss

- **Disbelief.** Reaching for the phone to call them.
- **Anger.** At them, at yourself, at a system, at God.
- **"What if."** Replaying every moment and looking for the one that would have changed it.
- **Deep sadness.** Getting out of bed feels like a job.
- **Quiet acceptance.** It never means you are "over it." It means you are learning to carry it.

Survivor's guilt

Many veterans ask, *Why them and not me?* and many family members ask, *What did I miss?* That guilt comes from love and does not mean you did something wrong. If it will not let go, bring it to a chaplain, a counselor, or a peer. It is one of the things moral injury care (Part 4) is made for.

When the loss was suicide

Suicide loss has its own weight. You may ask *Why? Why did I not see it? Why did they not tell me?* Here is the honest answer: the pain that leads someone there can be so heavy it narrows their whole world, and many people hide it well. Not knowing does not mean you did not care. You are not to blame.

Support groups for suicide loss can help because the people in them already know. The Suicide Prevention Partnership (SPP) runs free support groups for people affected by suicide, and you can also call 988 for support after a loss.

What helps

- Sleep, eat, and move a little, even when you do not feel like it
- Talk to one person who will not rush you
- Skip the alcohol. It makes grief heavier
- Remember and honor them: a story, a photo, a cause, a moment of silence
- Let yourself laugh. It is not a betrayal

If you are helping someone who is grieving

- **Say:** "I am so sorry. I am here." "I do not know what to say, but I am listening." "Tell me about them."
- **Skip:** "They are in a better place." "At least…" "You should be over it."
- **Do something:** bring a meal, drive the kids, mow the lawn. Then keep checking in, especially after the funeral, when everyone else has gone home.

> **Want to go deeper?** *The Aftermath: Dealing with Loss and Grief as a First Responder*, from SC4i, covers grief and suicide loss in detail.

Resources

- EVERYONE

You are not alone.

Asking for help is a sign of strength.

If you are in crisis, or worried about someone

Dial 988, then press 1

Text 838255 | Chat at VeteransCrisisLine.net | Free, confidential, 24/7 | Call 911 if danger is immediate

Canada: call or text 9-8-8.

Help is also out there for money and credit trouble, employment, medical issues, drug and alcohol dependence, relationship problems, and the move to civilian life. A Veteran Service Officer, or a call to 211, can point you to the right place.

National support for veterans and families (U.S.)

- **Military and Veterans Crisis Line:** Dial 988, then press 1. Text 838255. Chat at VeteransCrisisLine.net.
- **Vet Center Call Center:** 1-877-927-8387. Free, confidential, 24/7. Find a Vet Center at vetcenter.va.gov.
- **Military OneSource:** 1-800-342-9647. Free, confidential, non-medical counseling and coaching.
- **VA general help:** 1-800-698-2411 (1-800-MyVA411). Care, benefits, and services.
- **DoD Safe Helpline (sexual assault support):** 1-877-995-5247.
- **National Domestic Violence Hotline:** 1-800-799-7233, or text START to 88788.
- **Veteran Service Organizations:** VFW, VFW Auxiliary, American Legion, DAV, Wounded Warrior Project.

Colorado statewide

- **Colorado Crisis Services:** 1-844-493-8255 (TALK), or text TALK to 38255. Free, 24/7.
- **Colorado Division of Veterans Affairs:** vets.colorado.gov. Every Colorado county has a free County Veterans Service Officer who can help with VA claims and benefits. Find yours on the site.
- **Suicide Prevention Partnership (SPP):** Support groups for people affected by suicide, including family survivors. 719-573-7447, info@pikespeaksuicideprevention.org, 704 N. Tejon St., Colorado Springs, CO 80903.
- **Veterans of Foreign Wars Auxiliary, Department of Colorado:** Support for veterans and families. Suicide awareness and prevention contact: Phil Reinpold, Past Department President, (719) 252-5667, preinpold@myctl.net.
- **Status Code 4, Inc. (SC4i):** 719-822-3387, contact@sc4i.org, www.sc4i.org. Free mental health support in Colorado.
- **Dial 211** for local help with housing, food, and more.

Canada

- **Veterans Affairs Canada Assistance Service:** 1-800-268-7708. Free, confidential, 24/7. For veterans, former RCMP members, and their families or caregivers.
- **Operational Stress Injury Social Support (OSISS):** 1-800-883-6094. Peer support for Canadian Armed Forces members, veterans, and families.
- **Crisis line:** Call or text 9-8-8.

Suggested Reading

- **EVERYONE**

Suicide prevention and trauma

- *Stopping Military Suicides: Veteran Voices to Help Prevent Deaths*, by Kate Hendricks Thomas and Sarah Plummer Taylor. Veterans share their own stories of suicidal thoughts, along with proven ways to spot warning signs and prevent suicide.
- *Struggle Well: Thriving in the Aftermath of Trauma*, by Ken Falke and Josh Goldberg. A look at posttraumatic growth: using hard experiences to build a path toward lasting healing.
- *The Body Keeps the Score*, by Bessel van der Kolk, M.D. Explains in plain language how trauma affects the brain and body, and what helps people recover. The author's research began with Vietnam veterans at the Boston VA.
- *Bulletproof Spirit: The First Responder's Essential Resource for Protecting and Healing Mind and Heart*, by Dan Willis. Written for first responders, with ideas that fit many veterans too.

Combat and the veteran experience

- *Achilles in Vietnam: Combat Trauma and the Undoing of Character*, by Jonathan Shay, M.D. A VA psychiatrist compares the trauma of Vietnam veterans with the soldiers in Homer's *Iliad*, showing how combat can change a person's character and sense of safety.
- *After War: Healing the Moral Wounds of Our Soldiers*, by Nancy Sherman. Explores moral injury: the guilt, grief, and shame that can follow actions that cross a person's deepest moral lines.
- *On Killing: The Psychological Cost of Learning to Kill in War and Society*, by Dave Grossman. Looks at the emotional cost of training people to take a life, and the stages many go through after combat. It discusses killing in detail, so read it when you are ready.

For families

- *Wounded Warrior, Wounded Home: Hope and Healing for Families Living with PTSD and TBI*, by Marshele Carter Waddell and Kelly K. Orr. A clinical psychologist and the wife of a career Navy SEAL give families a look inside the minds of veterans living with PTSD and brain injury, along with a plan for rebuilding together.
- *Loving Someone with PTSD: A Practical Guide to Understanding and Connecting with Your Partner After Trauma*, by Aphrodite T. Matsakis.
- *The Seven Principles for Making Marriage Work*, by John M. Gottman and Nan Silver. Research-based habits for a strong marriage.
- *I Love a Cop* and *I Love a Fire Fighter*, by Ellen Kirschman. Written for first responder families, though many ideas fit military families too.

Sources

- **EVERYONE**

Sources for the facts and numbers in this booklet.

- U.S. Department of Veterans Affairs, Office of Suicide Prevention. *2025 National Veteran Suicide Prevention Annual Report* (Parts 1 and 2), covering 2023 data.
- Veterans Crisis Line (veteranscrisisline.net), 988 Lifeline (988lifeline.org), VA Vet Centers (vetcenter.va.gov), and Military OneSource (militaryonesource.mil).
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You are not alone.

Asking for help is a sign of strength.

If you are in crisis, or worried about someone

Dial 988, then press 1

Text 838255 | Chat at VeteransCrisisLine.net | Free, confidential, 24/7 | Call 911 if danger is immediate

Veterans of Foreign Wars Auxiliary, Department of Colorado

Status Code 4, Inc. (SC4i)

Suicide Prevention Partnership (SPP)