Cohen Veterans Network

From Hesitation to Help:
A Collaborative Approach to Lethal Means Safety Conversations in Clinical Practice

Training Program Evaluation

Cohen Veterans Network
Institute for Quality

With Generous Support from: Face the Fight Foundation, Inc.

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FROM HESITATION TO HELP:
A Collaborative Approach to Lethal Means Safety Conversations in Clinical Practice

Developed by Cohen Veterans Network with Support from Face the Fight

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From Hesitation to Help, a 3-hour lethal means counseling training, addresses critical gaps in suicide prevention training for mental health professionals. This training provides **actionable strategies** to increase safety related to a broad range of lethal means, emphasizes **inclusivity** with tailored considerations for working with military and veteran women, and prioritizes connection through **collaborative strategies** grounded in firearm cultural competency. *From Hesitation to Help* is now available free-of-charge as a self-paced online training that offers 2.75 continuing education credits to support the mental health community.

AT A GLANCE

IMPACT	TRAINEE SATISFACTION
1083 mental health personnel trained nationwide	**97%** agreed all learning objectives met
279 100% of Cohen Veterans Network clinical staff successfully trained	**98%** reported training enhanced their professional expertise
2079 continuing education credits awarded	**99%** would recommend this training

Key Program Strengths

- **Practical Skills & Resources:** Role play videos, structured tools, and case examples provided attendees with confidence and actionable strategies that could be immediately incorporated into their practice.
- **Culturally Relevant:** Addresses military and veteran contexts, including specific considerations for **firearm culture, military women,** and **regional/cultural differences**, helping clinicians tailor safety conversations to client needs.
- **Comprehensive:** Broad coverage of potential lethal means and scaled harm-reduction strategies for firearm storage promote safety while meeting client needs.
- **Evidence-based Best Practices:** Content draws on most current research and statistics to support best-practices in mental health care.
- **Positive Learning Experience:** Knowledgeable trainers, interactive chat, and responsive administrative support make this training accessible and engaging.

Trainee Comments

- "This was **one of the best trainings** I've been to in a very long time-- thank you!!"
- "I love that we tackled how to ask the hard, direct questions. Getting to hear another practitioner walk a client through these questions and interventions was **INVALUABLE**!"
- "I appreciated the section on **veteran women** as they can be overlooked sometimes."
- "I have been trained in suicidality by many experts in the field. This training however was the **most helpful to everyday practice**. The presenters were extremely knowledgeable and responsive to questions, had excellent reframes for challenging situations, great ideas for creatively supporting safety, and provided all of the training information with skill. **I loved this training.**"

Background & Introduction

Cohen Veterans Network (CVN) has launched *From Hesitation to Help;* a lethal means safety counseling (LMSC) training developed in direct response to identified gaps in suicide prevention for military-affiliated women. LMSC is a critical evidence-informed strategy aimed at reducing suicide risk by limiting access to highly lethal means, particularly firearms, yet existing best practices often adopt a gender-neutral approach that overlooks the unique risks shaped by women's military and gendered experiences. A gap analysis conducted by CVN's Institute for Quality highlighted the need for clinician guidance that addresses firearm access beyond ownership and incorporates the experiences of women veterans. Designed to equip mental health clinicians with the tools and knowledge to utilize LMSC as a method of suicide prevention, this training emphasizes actionable strategies, client collaboration, and a deeper understanding of the cultural and societal factors surrounding lethal means. Trainees who attended the full training and, for online participants, scored 75% or higher on the 20-item quiz were eligible to earn 2.75 continuing education (CE) credits approved by both the American Psychological Association (APA) and Association of Social Work Boards (ASWB).

CVN offered four sessions of this 3-hour training in 2025, including three online webinars and one in-person training, with a self-paced online version now publicly available through Relias Learning Management System. A clinical toolkit for LMSC for military-affiliated women supports this training program, highlighting knowledge and tools that address gender-specific needs of military and veteran women. This training was developed by CVN with support from **Face the Fight** and offered free-of-charge to all interested learners. *From Hesitation to Help* joins CVN's portfolio of suicide prevention trainings, including *Suicide Prevention Foundations* and *The Safety Planning Intervention with Youth*. CVN's Training Team brings together internal expertise, collaborative partnerships with subject matter experts, and experience in hosting internal and external-facing webinars to facilitate supportive learning environments. Trainers for this program were selected from CVN's internal pool of suicide prevention trainers, each with significant experience both in providing training to other clinicians about how to respond to suicide risk and applying the skills in clinical practice with clients.

The purpose of this training evaluation is to assess the effectiveness of this training, including the extent to which the training met its objectives, how well participants learned the material, and how it enhanced clinician preparedness—ultimately advancing suicide prevention for military service members, veterans, and their families.

Methods

In alignment with APA and ASWB requirements for training programs offering continuing education credits, this training included a post-training survey designed to evaluate achievement of learning objectives, participant learning, and satisfaction with both the training content and training program.

Measures

Learning objectives and training satisfaction. Attendees rated their ability to complete six skills aligned with the learning objectives, as well as their satisfaction with the training, using a six-item Likert scale (strongly disagree, disagree, slightly disagree, slightly agree, agree, strongly agree).

Participant learning. Learning was assessed through a 20-item multiple-choice and true/false quiz covering key concepts from the training.

Application and utility. Attendees were also asked to reflect on their learning and the usefulness of the information for their practice. Two questions were assessed with a 5-item Likert scale with anchors of "1 - very little" and "5 - a great deal" and two were assessed with yes/no questions.

Open-ended feedback. Finally, participants responded to two open-ended questions, commenting on the training and their interests for future training.

Analysis

Quantitative data were analyzed using descriptive statistics. Qualitative data was analyzed with the assistance of generative and other AI tools to process the large dataset and to generate initial insights into participant perceptions of this training. These insights were validated and cross-checked against human derived themes.

Learning outcomes were summarized at the participant level (total quiz score) and item level (average score for each quiz question). Completion of learning objectives and overall satisfaction was assessed through summary statistics and thematic analysis of open-ended responses. Finally, thematic analysis was used to characterize the overall experience of attendees, including beneficial elements of the training, training outcomes, as well as critiques and suggestions to improve future trainings.

Results

Impact

From Hesitation to Help trained over 1000 professionals in evidence-informed strategies to clinical lethal means safety conversations, including all clinical staff at Cohen Clinics and over 800 mental health professionals across the nation. Clinical staff at all 22 Cohen Clinics attended and gained skills to discuss means safety with their clients, including clinicians, clinic leadership, fellows, interns, intake coordinators, and case managers. Furthering our impact, CVN trained external mental health personnel, including many working at government and non-profit military and veteran serving organizations.

TRAINING REACH

1083 Mental Health Professionals Trained

279 Cohen Clinicians & Non-Clinical Staff + **804** External Mental Health Personnel

Three online trainings and one in-person training were offered during 2025. A self-paced online training is now publicly available on Relias to ensure all new Cohen Clinic hires are equipped to address means safety and to continue preparing professionals serving the military and veteran communities.

Table 1 shows a breakdown of attendance and survey completion by training session. The post-training survey, required for CE credit, was completed by 798 trainees, with over 80% providing qualitative feedback in open-ended questions. Fourteen trainees did not complete the 20-item quiz but provided feedback on all other items.

Training Session	Cohen Clinic Attendees	External Attendees	Total Participation	Completed Surveys
May	67	217	284	184 (65%)
June	101	290	391	307 (79%)
July	105	291	396	297 (75%)
August	6	6	12	10 (83%)
Total	**279**	**804**	**1083**	**798 (74%)**

Learning Objectives

Participants agreed that the learning objectives of the training were met, with over 97% strongly agreeing or agreeing that they would be able to complete tasks outlined following the training.

Comments from open-ended questions highlighted the informative nature of the training, describing it as "clear," "concise," "actionable," and "easy to digest." Attendees appreciated the broad focus on various types of lethal means, as well as the culturally informed clinical approach to firearm safety. Examples from the role-play videos and discussions with training facilitators provided clear examples of clinical conversations, assessment, and safety planning with multiple safe storage solutions that helped attendees feel more clinically prepared.

Safety planning was identified as a particularly challenging step in LMSC by some participants, who requested additional information, links to specific templates, or training specific to safety planning. In particular, attendees wanted more coverage of motivating "oppositional" or "resistant" clients to engage in safety planning, as well as examples to tailor safety planning for children, supportive families, and paraprofessional environments.

Attendees highlighted the value of the breadth of means safety strategies discussed within the training. Attendees found value in safe storage strategies that went beyond removal of firearms from the home, as these strategies balance harm reduction with client priorities. Further, attendees appreciated the broad and thorough focus on lethal means other than firearms, which are not always widely addressed. Some participants requested additional information on non-firearm means "such as sharp objects, carbon monoxide poisoning, alcohol and drug use."

Learning Objectives	Attendee Feedback
1. Describe the rationale for lethal means safety as a method of suicide prevention.	*"I learned more in this webinar than I have in many years – very informative and useful"* *"I found this training to be highly informative and valuable, particularly in emphasizing the importance of a comprehensive and client-centered approach to lethal means safety. The focus on assessing access, building motivation, and creating clear, actionable safety plans aligns well with best practices for suicide prevention."* *"I particularly appreciated research findings supporting the importance and rationale for lethal means safety in clinical practice as well as practical applications/steps to be implemented."*

2. Apply a culturally sensitive framework to understand the function and meaning of means for a specific client.	*"This training was in depth and brought up issues around gun culture that I found useful moving forward and provided a more in depth exploration of the lethal means topic."* *"This is the only training on suicide that I have ever had that has really worked through firearms. I liked that it brought in the cultural aspects and why firearms are a part of many people's lives and important to them."*
3. Use direct questions to understand client's relationships to their firearms.	*"I love that we tackled how to ask the hard, direct questions. Getting to hear another practitioner walk a client through these questions and interventions was INVALUABLE!"* *"I appreciated that the training focused on collaborative interventions and increasing the client's motivation to engage in lethal means safety."* *"Really appreciated the video examples of how to ask direct questions. I'd like to see some with a bit more pushback from clients."*
4. Identify at least 2 safe storage options for storing firearms.	*"The therapeutic aspects were very helpful. Other training focused on getting rid of or locking up firearms this was much deeper into understanding the client's point of view. Thx."*
5. Identify at least 1 safe storage option for storing medication.	*"I appreciated the information about assessing with the client ALL lethal means, not the most publicized or acknowledged."* *"I appreciated the specific types of strategies that could be brainstormed, and the broader focus on lethal means rather than just firearms."*
6. Demonstrate the integration of Lethal Means Safety into clinical approaches to suicide safety planning.	*"This step of the safety plan is often the most challenging so I really appreciated the information presented in this training."* *"The information was presented clearly and thoroughly, there were practical steps to commit to memory as well as effective prompts for me to think more deeply about my approaches to lethal means safety planning that I currently use and the new approaches I will incorporate now after attending this training."* *"I appreciated the examples for questions for each aspect of safety planning from initiating the conversation to the follow up."* *"Ways of motivating clients in session to engage in safety planning conversations when there are high levels of resistance."* *"I would like more on creating safety plans specifically."*

Participant Learning

Participant learning was high across all three trainings. The average score on the 20-item quiz was 98% with the lowest score being 80%. Note, a score of 75% or above was required to receive CE credits for online attendees. Only four questions had an average score below 95%, summarized in the table below.

Question	Correct Answer	Most Common Incorrect Answer
How do means safety interventions help prevent suicide? a. Buying time during a suicidal crisis where the individual's emotional distress can decrease, allowing for more effective coping strategies b. Reducing "cognitive access" to the lethal means **c. Both A and B** d. None of the above	C (91%)	A (7%)
True or False: In a 2021 study, roughly three quarters of suicide attempt survivors attempted suicide less than 3 hours after deciding to die by suicide.	True (93%)	False (6%)
Which statement regarding women veterans and firearm suicide is true? a. Women veterans are less likely to die by firearm suicide compared to civilian women. **b. Women veterans are more likely to die by firearm suicide compared to civilian women.** c. Less than 5% of women veterans live in a home with a firearm they do not own. d. Women veterans generally lack familiarity and experience with firearms	B (94%)	C (4%)
Which is NOT one of the components of the lethal means safety process reviewed in this training? a. Assess **b. Instruct** c. Motivate d. Develop a plan e. Review, document, and follow-up	B (94%)	E (2%)

Training Satisfaction

Attendees of the training expressed high levels of satisfaction with the training content and design, with **98% reporting the training enhanced their professional expertise** and **99% agreeing that they would recommend** this training to others.

This LMSC training filled a critical need in the field of suicide prevention, with attendees describing the training as "one of the most informative trainings that I have ever attended" and including "much-needed information." Attendees identified LMSC as a persistent challenge and valued the focus on the culturally informed approaches to firearm safety and the grounding in "up to date" research. Many participants particularly appreciated the training's focus on the military and veteran population, noting that content specific to **women veterans and gun culture** addressed gaps they rarely see covered in suicide prevention trainings.

Clinicians consistently described the training as highly applicable to their clinical practice. Many highlighted gaining "new ideas" for lethal means safety planning and practical steps they could implement immediately. They emphasized the usefulness of **role-play videos, case examples, and specific language** they could adopt with clients. The role-play videos were a major highlight of the training, with attendees citing their improved ability to understand and implement the concepts and strategies offered. Additionally, the **charts and safety planning resources** provided helped clinicians feel more clinically prepared. Most attendees who commented on the length of the training found it to be appropriate and described a natural "flow" and balance between background information, examples, and discussion.

While the survey and qualitative feedback demonstrate broad support and satisfaction for the training content and organization, a few attendees had recommendations or requests for future training. For clinicians with deeper experience in suicide prevention in military populations, there was a desire for more advanced and specialized training. Similarly, while many attendees appreciated the attention to specific groups, including military, veteran, and first responders, gun culture, and women veterans, some wanted additional diversity addressed, including how these conversations might be received by clients across ethnic and racial identities. Additionally, some attendees recommended adjustments to training length or time allocation, including requests to both shorten and lengthen the training, add additional breaks or split into two days, and inclusion of additional time for discussion or question and answer sessions.

Question	Percent Agreement	Qualitative Feedback
The scope of the material was appropriate to my needs	97%	"I have attended several trainings on LMS, I appreciated the data points shared in this one as well as the cultural competence when working with military/first responders." "much needed information and added more comfort in being able to talk about lethal means" "This is the only training on suicide that I have ever had that has really worked through firearms. I liked that it brought in the cultural aspects and why firearms are a part of many people's lives and important to them."
The training material was current	98%	"The content was delivered with stats and sound research." "I really appreciate the updated statistics and the clear intentional effort to make all information easily available."
This training experience provided practical applications for me	97%	"Great, informative training that provided context and actionable items to use in practice" "I think the training was very well organized and provided a good amount of information that can be immediately used in practice."
The time allotted for the training was sufficient	95%	"topics covered in good time did not feel rushed. Use of chat was helpful to keep on time as well." "I would change the length of this training to maybe 2 sections, or a couple more breaks."
The training addressed issues of diversity	94%	"I think it was well organized, had useful material that I haven't seen before (I.e. information on women veterans and guns)." "The specificity for our demographic and the complexity with this type of risk assessment was great." "Although there was gender diversity in the videos, there was no cultural diversity to assess whether or not the approach/ communications style used in the videos work across cultural groups."

Visual aids, handouts, videos, and other training materials clarified content	97%	"I liked having the visual aides available to save to my laptop. The role-play showed how to have an affective and meaning conversation with client that are having thoughts of taking their lives and have access to lethal means." "The easy to follow visuals like the flow charts and the levels of harm reduction were really helpful for me and I think would be great training tools for newer clinicians as well."
Overall, it was an effective training	97%	"This training helped increase my confidence in this area. I have had a manager with little knowledge in this so it helped solidify how to address concerns. It is a great reminder that I need to be aware of my attitudes on this topic and how much they can impact. I think we all always consider liability and it helped to review how to very well document our actions and doing the best to support." "Wow! What a fantastic training. One of the best that I've experienced recently with great action steps. The instructors really know the information. Would love to see more trainings from them." "The training really exceeded my expectations and I believe that it has significantly improved my understanding of best practices in working with suicidal individuals."

Program Satisfaction

Overall, satisfaction with training program elements was high with 95% agreement across four assessed areas. Open-ended responses strongly supported these ratings, with attendees highlighting administrative support and accessibility accommodations. For example, attendees particularly valued the timely support provided to address access issues, noting appreciation for rapid responses when difficulties arose with Zoom registration or login.

Program Satisfaction Questions
☐ The registration process met my needs ☐ Administrative/training support staff were responsive to questions and concerns ☐ The course technology was user-friendly ☐ Accessibility accommodations were sufficient to my needs

Qualitative feedback identified three areas for potential improvement:

1. Technological issues: While many respondents valued the accessibility of the webinar format, some attendees reported technological issues, including the volume of some of the trainers, video playback issues, and difficulty joining Zoom, particularly due to limitations from their organizations. Participants appreciated being able to join the training via phone or tablet as an alternative.
2. Chat function: The chat feature was widely described as one of the training's strengths, with participants appreciating the rapid trainer responses, peer-to-peer learning, and the opportunity to share clinical perspectives. However, several noted that the high volume of chat activity made it overwhelming or distracting at times. For those joining by phone or tablet, chat limitations restricted participation and reduced access to shared resources. Suggestions for improvement included having facilitators read key questions aloud before responding or exploring alternative ways to moderate the chat so that valuable exchanges remain accessible without detracting from the main content.
3. Resource access: As previously noted, training resources were identified as a primary strength of the training. However, several attendees identified resource access and delivery via the chat at the beginning of the training as a challenge. These participants recommended that slides and resource lists be distributed in advance to facilitate notetaking, support accessibility accommodations, and reduce the need to multitask during the webinar. Alternatively, a post-training follow-up email containing resource links would ensure all attendees who completed the training could access the materials without sacrificing attention during the training. ***Based on feedback from the first two trainings, the CVN training team amended processes so that resources were shared both the day before the training and in a post-training email.***

Lessons Learned: Thematic Analysis of Qualitative Feedback

Based on responses to open-ended questions, this thematic analysis highlights effective training elements and opportunities for improvement.

Effective Training Elements

☑ *High Value and Relevance of Training Content*

- Participants consistently emphasized that the training was informative, thorough, well-organized, and directly applicable to clinical practice.
- Many noted that they learned new strategies, frameworks, or perspectives that could be used immediately with clients, including military and veteran populations.

☑ *Role-Play Videos and Case Examples were Effective Learning Tools*

- Strong appreciation for the use of videos, role plays, and scenarios that demonstrated conversations about lethal means safety.
- Clinicians highlighted that these helped them visualize application, build confidence, and feel better prepared for difficult discussions.

☑ *Engagement and Interactivity Enhanced Learning Atmosphere*

- The use of polls, chat discussions, opportunities to share opinions, and Q&A with trainers enhanced learning.
- Clinicians valued not feeling "talked at" and enjoyed interactive components that maintained attention.

☑ *Trainer Expertise and Delivery Style Facilitated Learning*

- Presenters were described as knowledgeable, professional, clear, compassionate, and engaging.
- The dynamic between presenters and responsiveness to questions stood out as a major strength.

> "I have been trained in suicidality by many experts in the field. This training however was the most helpful to everyday practice. The presenters were extremely knowledgeable and responsive to questions, had excellent reframes for challenging situations, great ideas for creatively supporting safety, and provided all of the training information with skill. I loved this training!"

Opportunities for Improvement

☒ *Technical and Logistical Challenges*

- Some participants reported difficulty hearing presenters, managing the fast-paced chat, or joining the webinar.
- Suggestions included better audio equipment, post-webinar follow-up with shared resources, and smaller chat groups.

☒ *Length, Structure, and Pacing of the Training*

- Opinions were mixed: some found the pacing perfect, while others recommended additional breaks, a shorter two-hour session, or a multi-part structure.
- A few wanted more time for applied practice.

☒ *Suggestions for Enhancement*

- Requests included: more diverse case scenarios (e.g., different client demographics), inclusion of quizzes or knowledge checks, more polls, additional video examples with client pushback, and expanded discussion on safety planning.

KEY TAKEAWAY

Practical Application to Clinical Work Facilitated Personal Growth and Professional Confidence

- Many responses reflected that the training increased clinicians' skills and confidence in discussing lethal means safety.
- Participants reported gaining practical language, safety planning strategies, and concrete tools to use in sessions.
- Several participants reflected on their own increased confidence in initiating conversations about lethal means safety, particularly with veteran and military clients.
- Some expressed that the training helped them rethink or expand their current approaches to safety planning.

Conclusion

This training successfully reached and engaged more than 1,000 mental health clinicians across diverse practice settings, strengthening the field's capacity to address lethal means safety with military and veteran clients at elevated risk for suicide. Trainees reported high levels of satisfaction across all evaluation criteria, with overwhelmingly positive ratings for training content, design, and applicability to practice. The four core review areas—expected learning objectives, participant learning, training satisfaction, and program satisfaction—all received strong endorsement, with clinicians emphasizing the training's clarity, relevance, and immediate clinical utility.

The curriculum filled a critical gap in suicide prevention training by providing culturally responsive approaches to firearm safety planning, rooted in current research and evidence-based practice. Clinicians particularly valued the focus on military and veteran populations, noting that the inclusion of content specific to women veterans and gun culture addressed issues often overlooked in other suicide prevention trainings. Participants described the training as equipping them with new strategies, language, and confidence to approach lethal means safety conversations in sensitive and effective ways.

Feedback highlighted that the training was not only informative but also practical, with role-play videos, case examples, and structured charts helping clinicians apply concepts directly to client interactions. The majority of participants found the training length, pacing, and balance between didactic and interactive components to be appropriate. While some requested advanced modules for more experienced clinicians or expanded attention to broader diversity concerns, these comments reflected a desire for deeper engagement rather than dissatisfaction with the core program.

Overall, the training was regarded as one of the most effective and engaging suicide prevention training courses many attendees had experienced. By combining expert facilitation, evidence-informed strategies, and attention to cultural and clinical complexities—including those unique to women veterans—this program strengthened clinician competence in an area of critical importance for suicide prevention.