



# Warrior Resiliency Program Southern Regional Medical Command (SRMC)



## Suicide Reduction Initiatives

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# Briefing Order



- WRP History and Overview
- Suicide Reduction Initiatives



# WRP Objectives

- To **build** and **restore** resiliency among Warriors and their families.
- To **identify** and **overcome** gaps in military behavioral health for **building** and **restoring** resiliency
- To **transform** a legacy pathology-based behavioral health system into a resilience oriented behavioral health care system



# Why a WRP?

- Tradition bound clinical services, infrastructure, and business processes have fallen short of delivering a behavioral health system that is fully responsive to a Nation at war
- Urgent transformation has been congressionally directed to ensure Warriors and families are prepared to sustain an expeditionary military throughout the deployment cycle
- Legacy stove-piped programs and clinical services do not meet the need for integrated solutions for comprehensive behavioral health support



# History



- Growing awareness of psychological problems associated with combat deployments, emphasis on PTSD and TBI
  - Professional publications
  - Mental Health Advisory Team findings
  - Media reports
- Commissions, Task Forces, Reports: 2007
  - Feb 07: American Psychological Association Task Force report on military psychological services
  - Apr 07: Independent Review Group: “Rebuilding the Trust” (West / Marsh Commission)
  - Apr 07: Task Force on Returning GWOT Heroes
  - Jun 07: DoD Mental Health Task Force: “An Achievable Vision”
  - Jul 07: President’s Commission on Care for America’s Returning Wounded Warriors - “Service, Support & Simplify” (Dole / Shalala)
  - Internal DoD/VA reviews
- Gaps, criticisms, recommendations for military Behavioral Health



# History



- DoD(HA) – “Red Cell” - PH & TBI (Summer 2007)
- 397 total recommendations across multiple “Lines of Action”
  - Disability System
  - Psychological Health (84) /TBI**
  - Case Management
  - IM and IT
  - Personnel
  - Pay and Financial Support
  - Facilities
  - DoD/DVA Data Sharing
- Congress (FY07 and FY08): \$900M supplemental funding for psychological health and TBI



# History

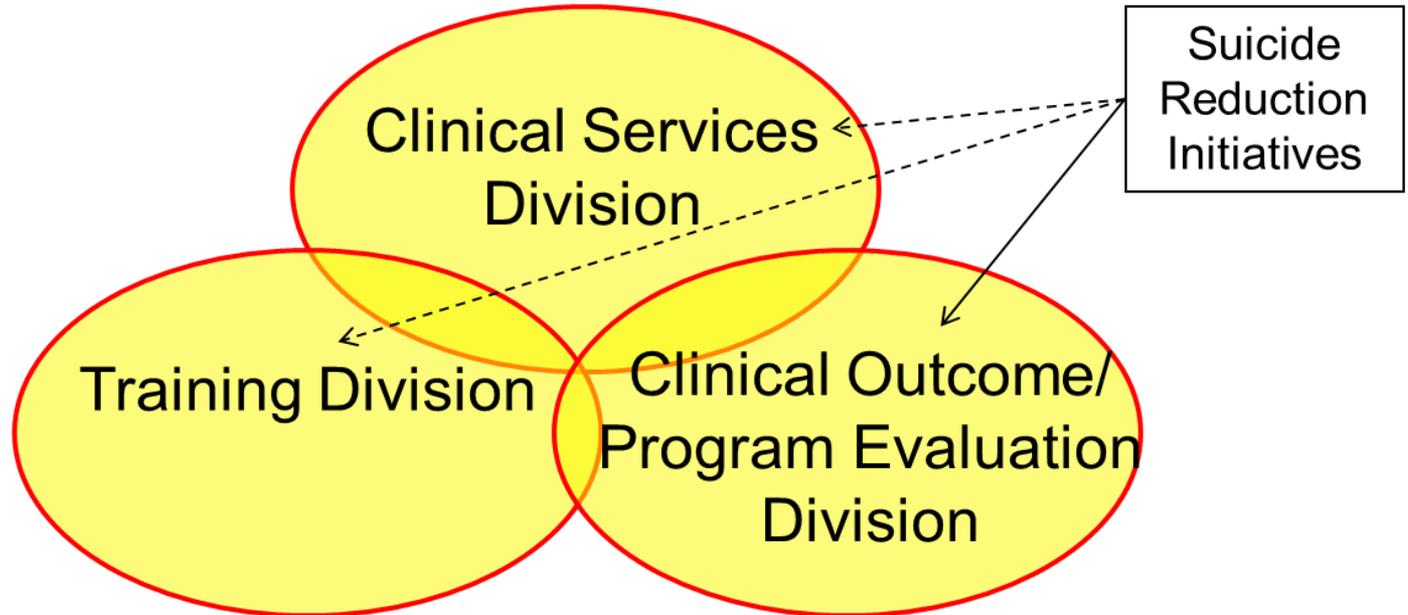


## Line of Action: Psychological Health & TBI

- Improve access to care for TBI and psychological health at all locations
- Enhance quality of care
- **Increase psychological resilience and decrease stigma**
- Improve TBI and psychological health programs through robust screening and surveillance
- Enhance transition care and support
- **Enhance collaboration in care and research**



# WRP Organization



BAMC Prototype: Aug 07 – Jan 08  
Funding Awarded: Feb 08 (\$7M annual)  
WRP Operational: Feb 08

Total Staffing: 56 by end of FY11  
40 Clinical / 16 Administrative  
Current Staff: 31 of 56 (55%)



# Suicide Reduction Initiatives (SRI)



- An initiative to partner with suicide research experts to improve suicide risk mitigation within the U.S. Army
- Review prospective collaborator proposals for military relevance and feasibility within Army operational requirements
- Pre-proposal study design consultation and pre-proposal liaison with Army stakeholders and decision makers at site(s) of proposed study
- Consultation and assistance with proposal preparation and submission
- Facilitate execution of study design upon funding. Serve as consultants, associate investigators, and collaborators during the study.



# Suicide Reduction Initiatives (SRI)



1. Funded: Clinical risk mitigation study at Ft .Carson
2. Funded: Recruiter risk assessment study with U.S. Army Recruiting Command (USAREC)
3. Funded: Risk management process improvement at Ft. Sam Houston
4. Funded: Early identification of adolescent suicide risk at Ft. Sam Houston



# Suicide Reduction Initiatives (SRI)



5. Proposal submitted: Military suicide research consortium
6. Proposal submitted: Suicide prevention efforts in primary care study
7. Proposal submitted: Assessment of risk behaviors study
8. Proposal in process: Post-Deployment Health Reassessment (PDHRA) timed suicide risk assessment



# 1. Clinical Risk Mitigation Study



Title: Brief Cognitive Behavioral Therapy for Military Populations

- Collaborators: Dr. David Rudd - PI (University of Utah), Dr. Alan Peterson (UT Health Science Center), and WRP
- Purpose: To compare brief-cognitive behavioral therapy (B-CBT) to usual care in the treatment of active duty Service Members who report suicidal ideation with intent to die or those who make a suicide attempt
- Location: Fort Carson, CO
- Funding agency: TATRC/ Federal Grant with University of Utah
- Level of funding: \$1,158,000 total grant
- Timeline: 3 years (2009-12)



# 1. Clinical Risk Mitigation Study



- Design
  - Prospective, randomized clinical trial
  - Comparing brief-cognitive behavioral therapy (B-CBT) to treatment as usual (TAU)
  - Random assignment to experimental condition (B-CBT) or control condition (TAU)
- Method
  - Estimated sample size 150 (75 B-CBT, 75 TAU)
  - Twelve treatment sessions
  - Follow up using six assessments over two years
- Outcomes
  - Efficacy of B-CBT as it impacts suicidal behaviors
  - Identification of suicide risk factors and warning signs
  - Level of health care utilization among groups



## 2. Recruiter Risk Assessment Study



### Title: Optimizing Screening and Risk Assessment for Suicide Risk in the U.S. Army

- Collaborators: Dr. Thomas Joiner – PI (Florida State University), USAREC and WRP
- Purpose: Identify suicide risk factors among Army recruiters through self-report psychological instruments sensitive to suicide attempts and stressors associated with Army recruiting
- Location: Fort Jackson, SC
- Funding Agency: Military Operations Medical Research Program (MOMRP)
- Level of funding: \$719,553 total grant
- Timeline: 2 years (2009-11)



## 2. Recruiter Risk Assessment Study



- Design: Comparative study
- Method
  - 5000-7000 soldiers who attend the Army Recruiter Course
  - Data collection during orientation (~20 participants a day)
- Outcomes
  - Determining which tool, or combination of tools, optimally predicts future suicide indices among U.S. Army Recruiters
  - Provide more efficient, economical, and effective suicide screening measures and risk assessment procedures



# 3. Risk Management Process Improvement



## Title: Process Improvement for the Management of Suicide Risk

- Collaborators: Dr. David Jobes (Catholic University) and WRP
- Purpose: To improve procedures for clinically assessing mitigating suicidal risk among patients referred for outpatient behavioral health and among soldiers assigned to the Warrior in Transition Battalion
- Location: Ft. Sam Houston, TX
- Funding agency: Warrior Resiliency Program
- Level of funding: \$1,250,000 total project
- Timeline: 3 years (2010-13)



# 3. Risk Management Process Improvement



- Design: implement new clinical practices based on published evidence for efficacy in mitigating suicide risk
- Method
  - Systematically survey staff and consenting patients from Dept of Behavioral Medicine and the Warrior Transition Battalion to determine targets for clinical improvement
  - Implement adapted version of Collaborative Assessment and Management of Suicidality (CAMS) approach
  - Evaluate effectiveness of CAMS
- Outcomes
  - Detailed gap analysis for existing suicide mitigation processes
  - Staff training and enhanced clinical skills in suicide assessment and risk management
  - Evidence basis for application of CAMS to the military
  - Template for process improvement across U.S. Army Medical Army Command (MEDCOM)



# 4. Early Identification of Adolescent Suicide Risk



## Title: Texas Youth Suicide Prevention Project

- Collaborators: San Antonio Center for HealthCare Services - lead (CHCS), Brooke Army Medical Center Pediatrics (BAMC), and WRP
- Purpose: Early identification of military youth (grades 5 -12) at risk for depression or suicide and referral for behavioral health services
- Location: BAMC & Ft. Sam Houston schools
- Funding agency: Substance Abuse and Mental Health Services Administration (SAMHSA)
- Level of funding: \$840,000 total grant
- Timeline: 3 years (2009-12)



## 4. Early Identification of Adolescent Suicide Risk



- Design: Clinical outcome monitoring
- Method
  - Voluntary participation of youth with parental permission
  - Standardized questionnaires
  - Screening with referrals for positive screens
  - Follow-up at 1, 3, 9 wks & 3 mos re: services utilized and patient satisfaction
- Outcomes
  - Prevalence estimates of depressive symptoms and suicide risk factors among military youth
  - Efficacy evaluation for school based screening of military youth for depressive symptoms and suicide risk
  - Impact of military unique stressors (e.g., parental deployments) on behavioral health of military youth



# 5. Military Suicide Research Consortium



- Collaborators: Dr. Peter Gutierrez – PI (Denver VA Medical Center), Dr. Thomas Joiner - PI (Florida State University) and WRP
- Purpose: Develop a consortium of top tier suicide researchers to address military specific suicide issues
- Location: Multi-site, multi-agency
- Funding agency: Proposal submitted to Military Operational Medicine Research Program (MOMRP)
- Level of funding: \$30 million total grant
- Timeline: 5 years



# 5. Military Suicide Research Consortium



- Outcomes
  - Produce new scientific suicide knowledge
  - State of the art methods and analyses to inform suicide related policy and practice for military personnel
  - Rapid response technical assistance
  - Provide multi-disciplinary setting for intensive research training for doctoral students and post-doctoral scholars



## 6. Suicide Prevention Efforts in Primary Care Study



Title: Pilot study to identify primary care patient satisfaction and ensuing help seeking behavior following suicide communication with their primary care provider

- Collaborators: Dr. Steven Vannoy - PI (University of Washington) and WRP
- Purpose: Improved suicide risk screening processes in Primary Care settings
- Funding agency: Proposal submitted to Congressionally Directed Medical Research Program (CDMRP)
- Level of funding: Proposed \$1 million
- Timeline: 3 years



## 6. Suicide Prevention Efforts in Primary Care Study



- Outcomes
  - Level of patient interest in discussing suicide with PCM and feasibility of changing satisfaction levels with suicide related care
  - Impact of discussing suicide with PCM on preferences for future suicide related discussions
  - Impact of discussing suicide with PCM on help-seeking behaviors



# 7. Assessment of Risk Behaviors Study



Title: Identifying Suicide Warning Signs in Military Populations

- Collaborators: Dr. Craig Bryan - PI (Univ. Texas Health Science Center San Antonio), Dr. David Rudd - PI (University of Utah) and WRP
- Purpose: To determine warning signs of imminent suicide threat (days/weeks) by self-report and supervisor observation
- Location: Single U.S Army power projection platform
- Funding agency: Proposal submitted to MOMRP
- Level of funding: \$900,000 total grant
- Proposed Timeline: 3 years



## 7. Assessment of Risk Behaviors Study



- Outcomes
  - Determine observable Soldier behaviors that are most predictive of suicide behaviors and may serve as behavioral warning signs
  - Determine if supervisors can identify “warning signs” better than Soldiers themselves



## 8. Post-Deployment Health Reassessment (PDHRA) Timed Suicide Risk Assessment



Title: Development and validation of a theory based process for suicide risk

- Collaborators: Dr. Steven Vannoy - PI (University of Washington) and WRP
- Proposal intent: Increase ability to identify persons at risk for suicide at point of redeployment
- Funding agency: Projected proposal to MOMRP
- Level of funding: Proposed \$2 million total grant
- Timeline: 2 years



## 8. Post-Deployment Health Reassessment (PDHRA) Timed Suicide Risk Assessment



- Outcomes
  - Validation of suicide screening items following redeployment
  - Validation of clinical decision making algorithm
  - Identify preferred methods of behavioral health and healthcare utilization following deployment



# Questions?