



Warrior Resiliency Program Southern Regional Medical Command (SRMC)



Suicide Reduction Initiatives

DoD Suicide Task Force Conference
San Antonio, Texas
11 March 2010

COL Bruce E. Crow, Psy.D.
Clinical Psychology Consultant to the U.S. Army Surgeon General
Director, SRMC Warrior Resiliency Program



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

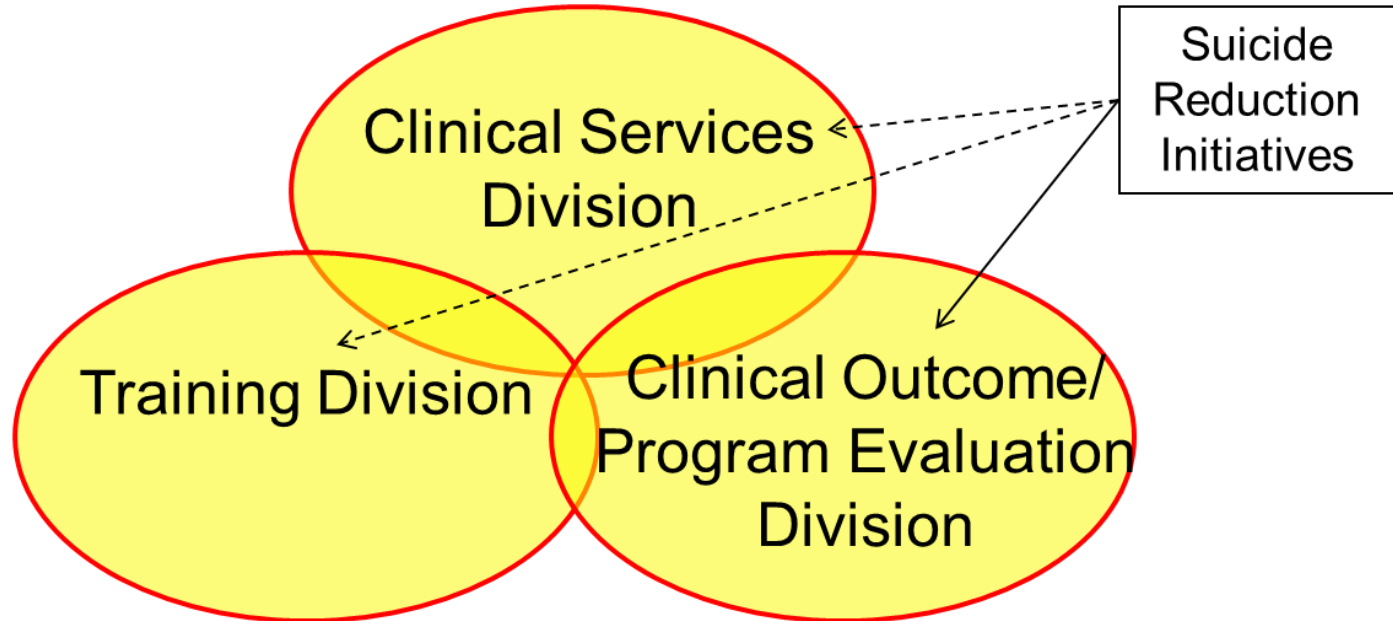


Line of Action: Psychological Health & TBI

- 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?