Status of Department of Defense Funded Suicide Research

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American Association of Suicidology
April 20, 2012
Brief Cognitive Behavioral Therapy (BCBT)

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(Army Suicide Prevention & Intervention Research at Evans)

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Army Warrior Resiliency Program
COL Bruce Crow, PsyD (Consultant)
MAJ Monty Baker, PhD (Consultant)
Brief Cognitive Behavioral Therapy for Military Populations

W81XWH-08-M0RPR-SPRC, Suicide Prevention and Counseling Research
W81XWH-09-0569

PI: M. David Rudd
Org: The University of Utah
Award Amount: $1,967,035.00

Study/Product Aim(s)
1. To evaluate the effectiveness of brief cognitive-behavioral therapy for suicidality (BCBT-S), including suicidal ideation and attempts, among active duty military personnel.
2. To engage in prospective investigation of suicide risk factors and warning signs, exploring their ability to predict subsequent suicidal behavior.
3. To explore the effectiveness of BCBT-S for increasing appropriate utilization of and compliance with medical, mental health, and substance abuse treatment.
4. To develop a risk management software program for the initial risk assessment, ongoing monitoring, and clinical management of high-risk suicidal patients.

Approach
Randomized controlled trial randomizing 150 Soldiers to either BCBT-S or treatment as usual (TAU), with follow-up for 24 mos.

Timeline and Cost

<table>
<thead>
<tr>
<th>Activities</th>
<th>FY10</th>
<th>FY11</th>
<th>FY12</th>
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</thead>
<tbody>
<tr>
<td>Staff hiring and training</td>
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<tr>
<td>Randomized clinical trial</td>
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<tr>
<td>Data entry/cleaning</td>
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<tr>
<td>Data analysis/dissemination</td>
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Estimated Budget ($K)
- FY10: $687
- FY11: $626
- FY12: $644

Updated: 6 March 2012

Goals/Milestones
- CY10 Goal - Staff hiring and training
  - Obtain IRB approval
  - Interview, hire, train, and supervise therapists and evaluator
- CY11 Goals - Conduct randomized clinical trial
  - Begin recruiting participants and conducting intake evaluations
  - Begin randomizing participants and administering BCBT-S
  - Complete follow-up assessments
- CY12 Goal - Complete randomized clinical trial & disseminate results
  - Complete recruiting participants and intake evaluations
  - Complete randomizing participants and administering BCBT-S
  - Complete follow-up assessments
  - Analyze data, publish papers, present results

Comments/Challenges/Issues/Concerns
- None – study is on schedule and on budget

Budget Expenditure to date
- Projected Expenditure: $1,645,000
- Actual Expenditure: $1,208,523
Phase I:
Crisis management, distress tolerance

Phase II:
Cognitive restructuring of suicidal belief system, problem solving, cognitive flexibility

Phase III:
Relapse prevention
How BCBT differs from TAU

**TAU (n = 75)**
- Suicide as symptom of psychiatric dx
- Focus on psych dx
- Emphasizes external sources of self-mgt, including hospitalization
- Clinician responsibility for preventing suicide

**BCBT (n = 75)**
- Suicide as problem distinct from psych dx
- Focus on suicide risk
- Emphasizes internal sources of self-mgt to minimize hospitalization
- Shared patient-clinician responsibility for preventing suicide
Competency-based progress

- Progress through treatment is determined based on patient skill mastery
- Patient must demonstrate skill mastery for each phase before progressing to next phase
- If patient demonstrates insufficient skills mastery at later phase, clinician returns to earlier phase
- Final competency check is relapse prevention task

(Bryan et al., 2011)
Primary treatment tasks

1. Describe treatment
2. Conduct assessment of index suicidal episode
3. Educate patient about suicidal mode
4. Develop crisis response plan
   • Means restriction counseling
5. Develop treatment plan & obtain commitment
   • Commitment to treatment agreement
6. Emotion regulation skills training
Predispositions
- Prior suicide attempts
- Abuse history
- Impulsivity
- Genetic vulnerabilities

Trigger
- Job loss
- Relationship problem
- Financial stress

Behavior
- Substance abuse
- Social withdrawal
- Nonsuicidal self-injury
- Rehearsal behaviors

Cognition
- “I’m a terrible person.”
- “I’m a burden on others.”
- “I can never be forgiven.”
- “I can’t take this anymore.”
- “Things will never get better.”

Emotion
- Shame
- Guilt
- Anger
- Anxiety
- Depression

Physiology
- Agitation
- Sleep disturbance
- Concentration problems
- Physical pain

Suicidal Mode

9
Emotion regulation strategies

- Relaxation training
- Mindfulness training
- Reasons for living list
- Survival kit
  - Including Reasons for Living
- Sleep hygiene / stimulus control
- Recognize critical role of shame/guilt/grief
Completion Coin
Early observations

- Service members take numerous medications
- Providing patients with treatment log (or “smart book”) is a highly effective method for obtaining buy-in, skills training, and relapse prevention
- Framing treatment as occupational skills training
- Phase I must target emotion regulation
- Guilt/shame common themes & targets of Phase II
- BCBT appears to retain patients at a higher rate
- Combat exposure /trauma are distal contributors
Operation Worth Living Project: A Randomized Clinical Trial of CAMS vs. E-CAU at Ft. Stewart GA

David A. Jobes, Ph.D., ABPP
Principal Investigator
Professor of Psychology
The Catholic University of America
Washington, DC

American Association of Suicidology Annual Conference
DoD Task Force on the Prevention of Suicide
By Members of the Armed Forces

10 November 2009
Bethesda, MD
Evidence-Based Treatments for Suicidality

- With n=49 studies (in the world literature), there are remarkably few evidence-based treatments and interventions for suicidal risk

- We mostly know what does not work (e.g., medication only)

- What does work:
  - Dialectic Behavior Therapy (DBT)
  - Cognitive Therapy
  - Brief interventions with non-demand follow-up
Managing Suicidal Risk
A Collaborative Approach

David A. Jobes
Operation Worth Living (OWL) Research Team
Overview of the OWL Project

- MOMRP awarded the CUA team a grant to conduct a large randomized clinical trial of the Collaborative Assessment and Management of Suicidality (2011-2015).

- In support of the project at Ft. Stewart, the Geneva Foundation will be hiring 3 FTE research staff and “back-fill” clinicians (to off-set study impact).

- Existing project with WRP/BAMC and new project WRNMMC are directly informing research methodology that will be used at FSGA.

- Thus far this research has received unparalleled support from Command.

Members of the research team:
- Dr. David Jobes (PI)—The Catholic University of America
- Dr. Kate Comtois (Co-PI)—The University of Washington
- Dr. Lisa Brenner (Co-PI)—Denver VAMC; University of Colorado
- Dr. Peter Gutierrez (Co-PI)—Denver VAMC; University of Colorado
- COL Bruce Crow, Psy.D. (Co-PI)—Warrior Resiliency Program
- Mr. Brad Singer (Site-PI)—Ft. Stewart
- Ms. Gretchen Ruhe (PC)—Geneva Foundation/Ft. Stewart
- CAPT Philip McRae, Psy.D. (Chief, DBM)—Ft. Stewart
CAMS RCT at Ft. Stewart, GA

Consenting Suicidal Soldiers (n=150)

Control Group
E-CAU
3 months of outpatient care (n=75)

Experimental Group
CAMS
3 months of outpatient care (n=75)

Dependent Variables: Suicidal Ideation/Attempts, Symptom Distress, Resiliency, Primary Care visits, Emergency Department Visits, and Hospitalizations.

Measures: SSI, OQ-45, SHBQ, SASIC, CDRISC, PCL-M, SF-36, NFI, THI (at 1, 3, 6, 12 months)
## Proposed Role Out of the Study

### Timeline of Study Activities Over Four Years

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<th>Activity</th>
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<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
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<tr>
<td>Training of therapists</td>
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<tr>
<td>Recruitment of training cases</td>
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<td>Supervision of therapists adherence</td>
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<td>Recruitment of clinical trial cases</td>
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IRB approval from four different institutions (11 months).

Team wrote new CAMS Treatment Manual and revised existing versions of SSF and CAMS Rating Scale.

Hired the study’s participant coordinator; currently searching for “back-fill” clinicians to off-set impact of the study.

Experimental arm training scheduled for 30 April to 2 May.

Pilot phase of adherence consultation/training to begin in May.

We estimate that study patients will be recruited and enrolled in late summer/early fall.
Recent site visit to FSGA

- Visit re-introduced the study.
- Recruited and consented five research therapists.
- Brigade command briefing.
- Discussed procedural and methodological study details.
- Oriented new our Participant Coordinator.
Bottom line:

We are making progress to conducting the study!