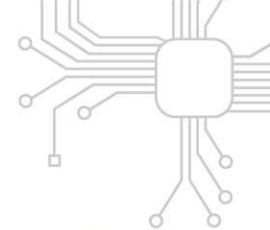




# Caring Letters Project

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Julie T. Kinn, Ph.D.



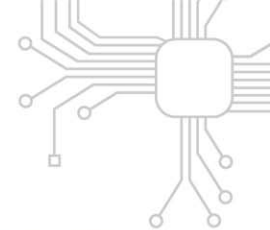


# Who We Are

- The National Center for Telehealth & Technology (T2), a component center of DCoE, develops new technology and tests interventions to promote psychological health of the Nation's Warriors, Veterans, and their Families
- The Caring Letters Project (CLP) is a suicide prevention outreach program that T2 is piloting at Ft. Lewis WA



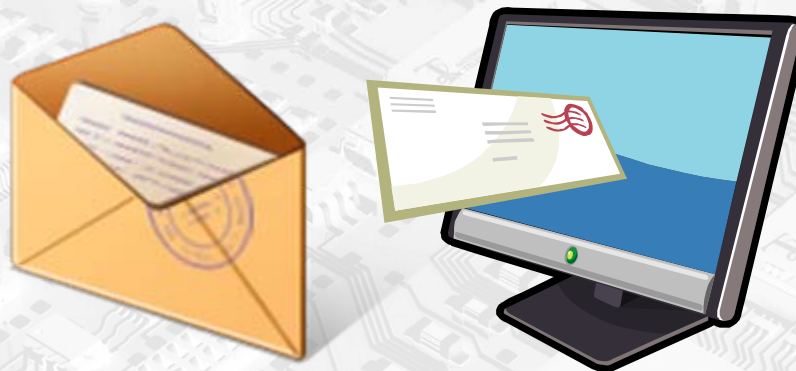
# Agenda



- Background
- Why Caring Letters Might Reduce Suicide
- Strengths of Caring Letters for DoD/VA
- Pilot *Caring Letters Project*
- Preliminary Data
- Next steps

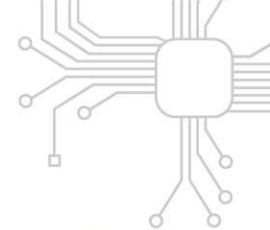


# Background



- *Caring letters* is the mailing of brief caring letters and reminders of available treatment to high risk for suicide patients after leaving an inpatient psychiatry unit



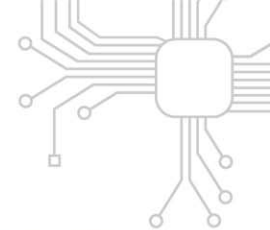


# Background

- The *caring letters* concept was originally developed and evaluated by Motto (1976; Motto & Bostrom, 2001)
- Randomly selected suicide attempters ( $n = 843$ ) who refused treatment received “caring letters” from staff at regular intervals for four years

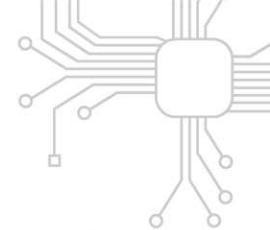


# Background



- Example from Motto study:

“Dear \_\_\_\_: It has been some time since you were here at the hospital, and we hope things are going well for you. If you wish to drop us a note we would be glad to hear from you.”
- Key Points :
  - Brief expression of care
  - Non demanding



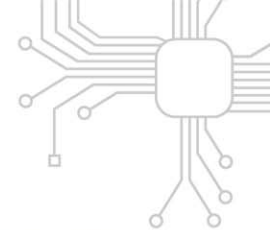
# Background

- During the first two years of the study, participants who received letters were less likely to die by suicide than control group
  - Possibly due to higher frequency of letters in first years
  - Alternatively, first two years may present optimal time for intervention



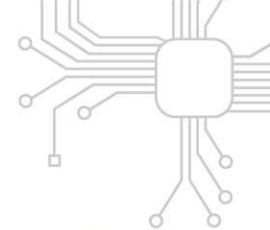


# Background



- Similar outreach RCTs also had success
  - Carter, Clover, Whyte, Dawson, and D'Este (2007) sent non-personalized caring postcards to previous attempters
  - Participants who received postcards ( $n = 394$ ) had fewer self-inflicted injuries and later inpatient hospital days than controls ( $n = 378$ )



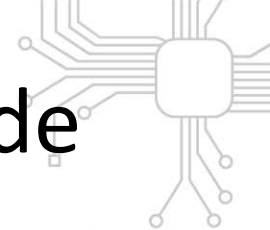


# Background

- World Health Organization study (Fleischmann et al., 2008) took place in five countries
  - Provided psychoeducation and a series of personalized follow-up contacts either by telephone or in person to a randomly selected group of suicide attempters ( $n = 1867$ )
  - Those contacted evidenced significantly fewer deaths by suicide, compared to controls.



# Why Caring Letters May Reduce Suicide

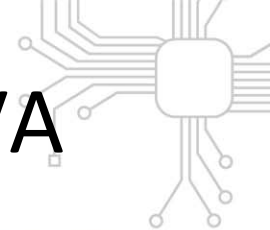


- Caring connection may contribute to a sense of belongingness - consistent with Joiner's (2005) Interpersonal Psychological Theory of Suicide
- Reminders of treatment availability might help patients to seek help when in crisis
- Letters reach patients after discharge when they are at higher risk for suicide (Goldacre et al., 1993; Kan et al., 2007)

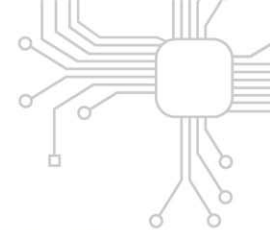




# Strengths of Caring Letters for DoD/VA



- Caring Letters is a psychological intervention that has been shown to reduce suicide mortalities in a randomized clinical trial
- Simple and inexpensive intervention to reduce suicide
- Reaches high-risk individuals that do not continue in care
- Can use existing staff and resources to implement



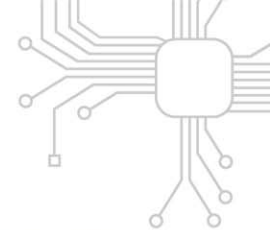
# Pilot Caring Letters Project

- Goals:
  - 1) Test the feasibility of expanding the project to other military treatment facilities
  - 2) Collect preliminary outcome data
  - 3) Evaluate method of letter transmittal: email vs. postal mail





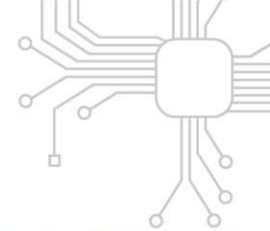
# CLP Protocol Development



- Consulted with subject matter experts Drs. Jerome Motto and Marsha Linehan
- Conducted focus group with Soldiers regarding concept and methodology
- Developed safety contingency plans
- Consulted with MAMC Inpatient Psychiatry
- Consulted with MAMC IRB



# Caring Letters Project Timeline



**OCT 2008**

Began  
planning/writing  
protocol

**9 JUL 2009**

Protocol  
approved by  
MAMC IRB

**FEB 2009**

First protocol  
submitted to IRB

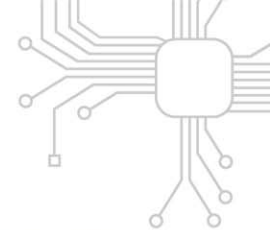
**20 JUL 2009**

Clinical  
operations began





# Current Methodology



## Prior to meeting participants:

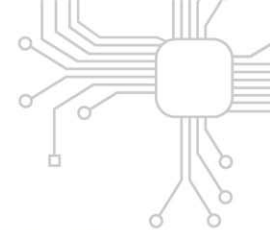
- CLP Research staff attends inpatient unit morning staffing meeting
- Consults with staff regarding suitability of patients for enrollment

## Interviews with patient:

- Consent process
- Research staff conducts first structured interview (The SIS, PHQ-9, RFL)
- Research staff conducts second interview prior to discharge

## Post discharge:

- Letters are mailed or emailed to enrolled patients
- Monitor participants' status (subsequent hospitalization or suicide)



# Current Methodology

Across two years, participants receive 13 letters

1<sup>st</sup> month

- 2 Letters are sent bi-weekly

Months  
2-4

- 3 letters are sent monthly

Months  
6-12

- 4 letters are sent semi-monthly

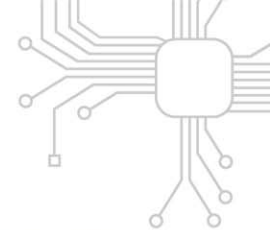
Months  
15-24

- 4 letters are sent every third month





# Current Methodology



- More about the Caring Letters
  - Postal mail is handwritten, but both email and postal mail include the same content
  - Letters are based on template but contain unique content gleaned from interview
  - Signed by researcher and head psychiatric nurse
  - Letters include contact information/links to behavioral health resources (including suicide prevention hotlines and substance abuse treatment)



# Sample Caring Letter

Dear [Participant],

We appreciated the opportunity to get to know you during your stay at Madigan Army Medical Center (MAMC). We hope things are going well for you.

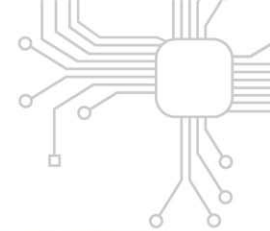
We remember how you said you like hiking around the South Puget Sound. With the return of the summer weather, we hope you're getting a chance to get out there, and maybe explore some new trails. Anyway, we just wanted to send a quick e-mail to let you know we were thinking about you and wishing you well.

If you wish to drop us a note, we would be glad to hear from you.

Sincerely,

*Sara & Laura*





# Sample Caring Letter

Please note that the following resources are always available to you:

[www.militaryonesource.com](http://www.militaryonesource.com) **1-800-833-6622**

Many helpful resources for active duty and families.

[www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org) **1-800-273-TALK (8255)**

A crisis line for anyone (Press 1 for Veterans). Don't hesitate to call if you need help.

Pierce County Crisis Hotline: **1-800-576-7764**

A civilian crisis line for anyone.

TriWest Crisis Hotline: **1-888-874-9378**

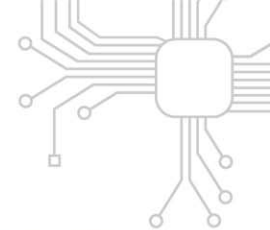
A family member resource.

[www.fortlewismwr.com/asap.htm](http://www.fortlewismwr.com/asap.htm) **(253) 966-5778**

Army Substance Abuse Program (ASAP at Ft Lewis). Help with substance abuse issues.



# Preliminary Data

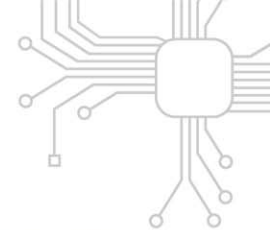


<b>19 Participants</b>	<b><i>n</i> (%)</b>
Male	15 (79%)
Army	15 (79%)
Navy	3 (16%)
Active Duty	15 (79%)
National Guard	2 (11%)
Inactive Reserves	1 (5%)
History deployed	11 (58%)
In combat	10 (53%)
Injured during deployment	1 (5%)
Deployed more than once	2 (11%)
Dependents	1 (5%)





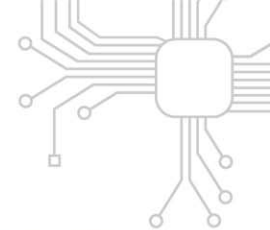
# Preliminary Data



- Of 93 patients admitted during data collection period (20 JUL 09 – 23 OCT 09):
  - 20 (22%) were determined ineligible by inpatient staff, due to psychotic features or behavioral disposition
  - 50 (54%) were eligible, but discharged before CLP nurse could meet to consent
  - 4 (4.3%) declined to participate
  - 19 (20% of all patients admitted) were enrolled to participate



# Preliminary Data

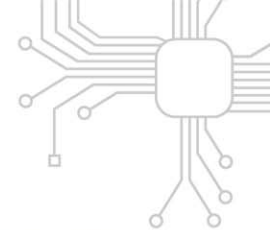


- Of 19 enrolled participants:
  - 7 (37%) chose postal mail over email
  - 4 (21%) of participants have subsequently contacted the CLP staff to thank us for the letters
  - One letter returned to sender
  - 3 (16%) subsequently readmitted to inpatient psychiatry at MAMC vs. 7 (9.5%) of the nonparticipating patients admitted at the same time
- To date, 81 letters sent.

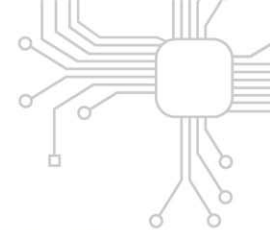




# Preliminary Data



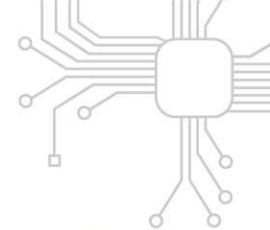
- Evaluation Summary at Six Months:
  - Majority of patients preferred email vs. postal mail
  - No email has bounced back, but an item of postal mail was returned
    - Email is feasible for future caring letters programs
  - No adverse events.
  - Unit staff continues to support Caring Letters
  - Low enrollment rate to date limits other analyses



# Next Steps

- Original Motto study needs replication study
- RCT study design (with a no-letter control group) is needed to fully evaluate
- Low base rate of suicide requires large sample size
- Multi-site RCT (with both Military Treatment Facilities *and* VA hospitals) would be ideal
- Test use of other technologies for caring contacts (texting, smart phone applications)



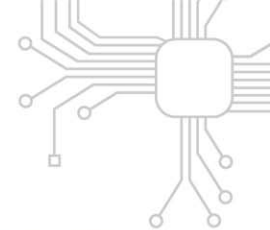


# MAMC Staff

- Thanks to MAMC Inpatient Psychiatry Staff:
  - Nurse Laura Pierre (Assistant Head Nurse)
  - MAJ Spratley (Head Nurse)
  - COL Knorr (Chief of Inpatient Psychiatry)



# Questions and Contact



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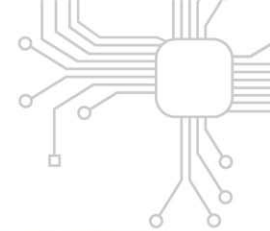
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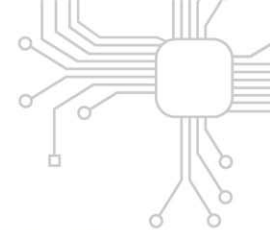
[julie.kinn@us.army.mil](mailto:julie.kinn@us.army.mil)





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