

MILITARY ONE SOURCE AFFILIATE UPDATE



Keeping up with concerns of service members and their families



Recognizing Suicide Risk in Returning Combat Veterans

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Suicide risk assessment often entails evaluating known factors such as age,

gender, and psychiatric history. However, these factors may provide limited information regarding an individual's future behavior. That is, one Veteran may possess many known risk factors (for example: male, age 20, history of depression) but not consider suicide an option, while another is relatively risk-factor free yet engages in lethal suicidal behavior.

In his book *Why People Die by Suicide*, Thomas Joiner proposes a conceptual framework which can be used to assess individual risk and identify areas for intervention. According to Joiner's interpersonal-psychological theory of attempted and completed suicide, suicidal behavior is contingent upon three factors:

- **Burdensomeness** (the feeling of being a unbearable burden on family, friends, or society)
- **Failed belongingness** (sense of failure regarding maintaining social relationships and connections)
- **Acquired ability** (the acquired ability to engage in painful behavior such as suicide)

More specifically, the ability to engage in suicidal behavior is facilitated when individuals habituate to the negative aspects of self-injury such as fear and pain. Joiner also suggests that when all three factors are present, along with the desire for death, suicidal behavior is likely and imminent.

Research findings

At the VA's Veterans Integrated Service Network (VISN) 19 Mental Illness Research Education and Clinical Center (MIRECC) in Denver, we explored Joiner's concepts among those who served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Qualitative interviews were conducted with OEF/OIF combat Veterans seeking mental health care at the VA. Those interviewed spoke about being a burden on family and friends. This was often associated with difficulty reintegrating into civilian life. In response to questions about burdensomeness, Veterans spoke about a loss of a sense of self, status, and purpose,

relative to the pride and mission focus experienced in combat. Financial issues and distress over not being able to provide adequately for their families also played a role in intensifying their feeling of being a burden.

Returning Veterans emphasized a sense of connection with members of the military community based on common values and shared experiences. At the same time, they expressed feeling disconnected from the civilian world (failed belongingness). For some, this resulted in a tendency towards isolating. Veterans interviewed described combat as a context for exposure to pain (acquired ability), as well as an increased tolerance for pain post deployment. Interestingly, despite the fact that no specific questions regarding suicide were posed, Veterans spoke about suicidal behavior as a means of coping with pain, burdensomeness, and failed belongingness.

Assessment and treatment recommendations

Findings from our study suggest that assessing for feelings of burdensomeness, failed belongingness, and acquired ability may be important when evaluating suicide risk. Asking about a Veteran's finances, relationships, and loss of status or purpose may be fruitful. Evaluation of acquired ability would include asking questions about a Veteran's history of self-inflicted (e.g., past/present suicidal or preparatory behavior) and/or accidental or other-inflicted pain, such as combat injury, accident, or assault.

In addition, suicide prevention strategies could include interventions focused on increasing belongingness

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Provider tip: risk assessment

When you assess Military OneSource clients as at risk for suicide or other high-risk behavior, be sure to complete the Military OneSource risk-assessment section on the intake form and notify the referring consultant as soon as possible after you address immediate safety needs and referral for appropriate emergency care.

Suicide Prevention Resources

These resources include recommended reading for providers and online information for you and your clients on suicide prevention programs and services through the military, the VA, and the private sector.

Why People Die by Suicide by Thomas E. Joiner (Harvard University Press, 2005). The author describes his interpersonal-psychological theory of attempted and completed suicide. The book has been described as a coherent and persuasive explanation of suicidal behavior that offers insight and guidance for anyone whose life has been touched by suicide.

The Veterans Affairs Office of Mental Health Service, www.mentalhealth.va.gov, provides information for veterans on mental health resources including suicide.

Suicide prevention programs of the service branches (use these links to find branch-specific suicide prevention information and resources):

- Army: www.armyg1.army.mil/hr/suicide
- Marine Corps: www.usmc-mccs.org/suicideprevent
- Navy: www.npc.navy.mil/CommandSupport/SuicidePrevention
- Air Force: <http://afsp.afms.mil>

The American Association of Suicidology (AAS), www.suicidology.org, provides research, public awareness programs, public education, and training for professional and volunteers. In addition, AAS serves as a national clearing house for information on suicide.

The American Foundation for Suicide Prevention (AFSP), www.afsp.org, is dedicated to understanding and preventing suicide through research, education, and advocacy; and to reaching out to people with mental disorders and those impacted by suicide.

The National Suicide Prevention Lifeline, www.suicidepreventionlifeline.org, contains information about the national hotline (1-800-273-TALK) and many other resources.

and decreasing feelings of burdensomeness. This may be accomplished by the use of short-term therapies that address transitional challenges and focus on increased function. Treatments designed to facilitate socially appropriate interactions with nonmilitary members of their community (e.g., couples therapy, family therapy, social-skills training) may also be of benefit. Although acquired ability is somewhat more difficult to address, working with Veterans to help them increase their ability to regulate emotions may decrease their tendency to engage in suicidal behavior. For example, mindfulness-based therapies that teach Veterans to attend to their thoughts and feelings in a nonjudgmental way may increase their ability to cope with distressing feelings.

Mental health clinicians working with OEF/OIF Veterans are encouraged to explore the concepts outlined by Joiner (see resources box). Doing so may increase understanding of suicidality in this population and provide guidance regarding intervention strategies.

Dr. Alexander and Dr. Brenner are members of the clinical and research teams of the VA's VISN 19 MIRECC, which studies suicide and suicidality in Veterans. Dr. Brenner is also a member of the faculty of the University of Colorado Denver School of Medicine. The research described in this article was published in 2008 under the title "A Qualitative Study of Potential Suicide Risk Factors in Returning Combat Veterans" in the Journal of Mental Health Counseling (Vol. 30, 211-25).

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