Status of Department of Defense Funded Suicide Research

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American Association of Suicidology
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Brief Cognitive Behavioral Therapy (BCBT)

M. David Rudd, Ph.D., ABPP

NATIONAL CENTER FOR VETERANS STUDIES
THE UNIVERSITY OF UTAH

ASPIRE-1 Team

(Army Suicide Prevention & Intervention Research at Evans)

University of Utah

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Brief Cognitive Behavioral Therapy for Military Populations

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

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

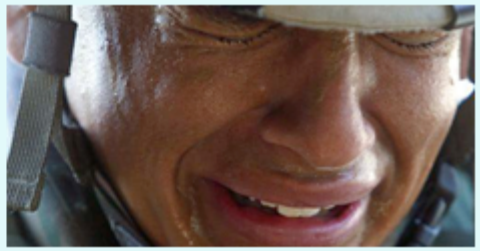
DMRDP

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.



Reducing suicidal behavior among military personnel through targeted treatment.

Number of enrolled/randomized participants has increased to 90 out of 150, the first 12-month follow-up assessments have been initiated, and several data analyses have been initiated and submitted for presentation and/or publication.

Timeline and Cost

Activities FY	10	11	12	
Staff hiring and training				
Randomized clinical trial				
Data entry/cleaning				
Data analysis /dissemination				
Estimated Budget ($K)	**$697**	**$626**	**$644**	

Updated: 6 March 2012

Goals/Milestones

CY10 Goal – Staff hiring and training
- ☑ Obtain IRB approvals
- ☑ 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
- ☑ Begin 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

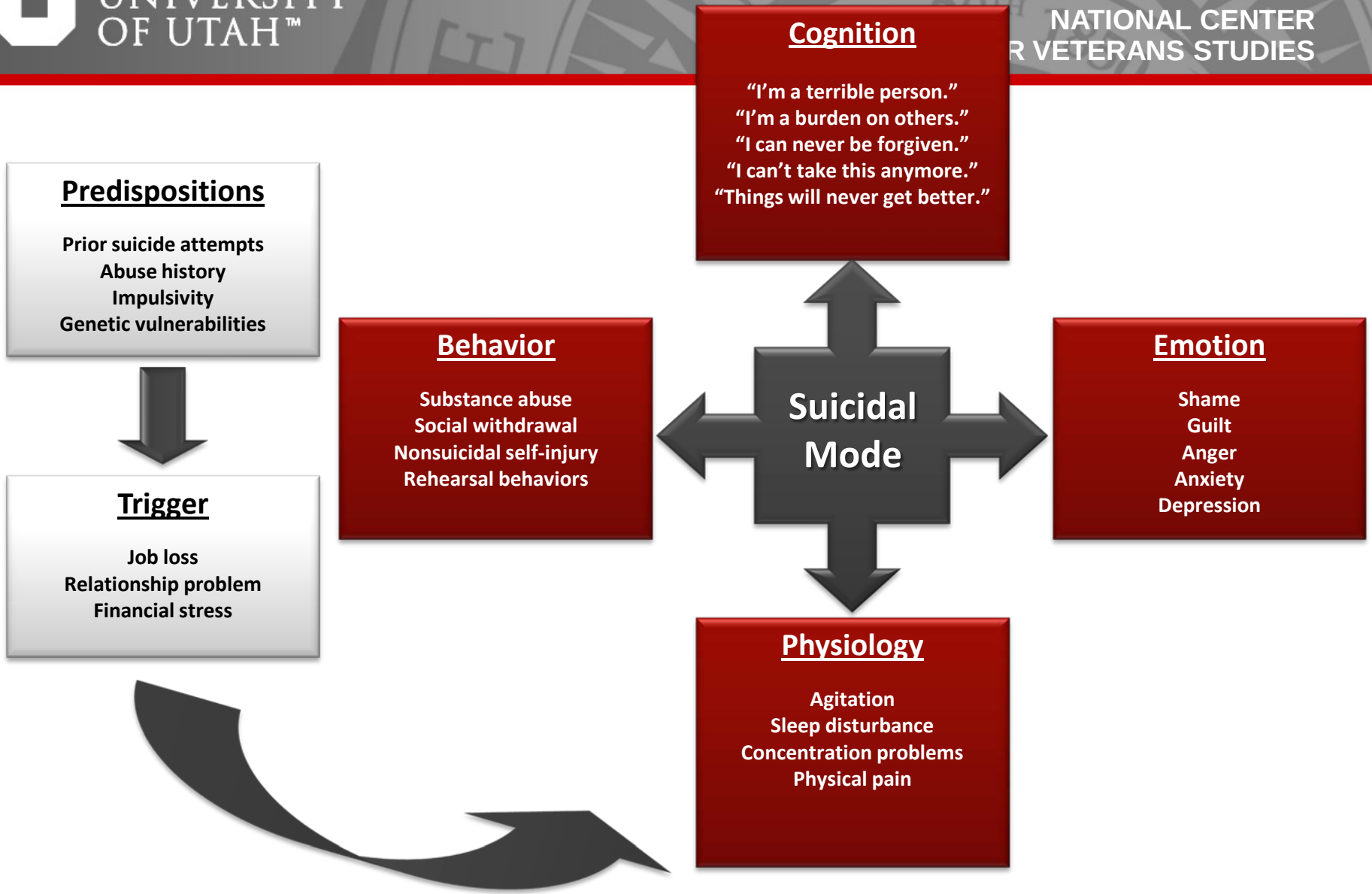
Competency-based progress

- 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


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."
Predispositions
Prior suicide attempts
Abuse history
Impulsivity
Genetic vulnerabilities
Behavior
Substance abuse
Social withdrawal
Nonsuicidal self-injury
Rehearsal behaviors
Suicidal Mode
Emotion
Shame
Guilt
Anger
Anxiety
Depression
Trigger
Job loss
Relationship problem
Financial stress
Physiology
Agitation
Sleep disturbance
Concentration problems
Physical pain

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

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Professor of Psychology
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American Association of Suicidology
Annual Conference

Perspectives from DOD Task Force

DEFENSE HEALTH BOARD

DoD Task Force on the Prevention of Suicide By Members of the Armed Forces

10 November 2009

Bethesda, MD

Evidence-Based Treatments for Suicidality

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

National Institutes of Health
National Institute of Mental Health
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Opportunities to Improve Interventions to Reduce Suicidality: Civilian "Best Practices" for Army Consideration*

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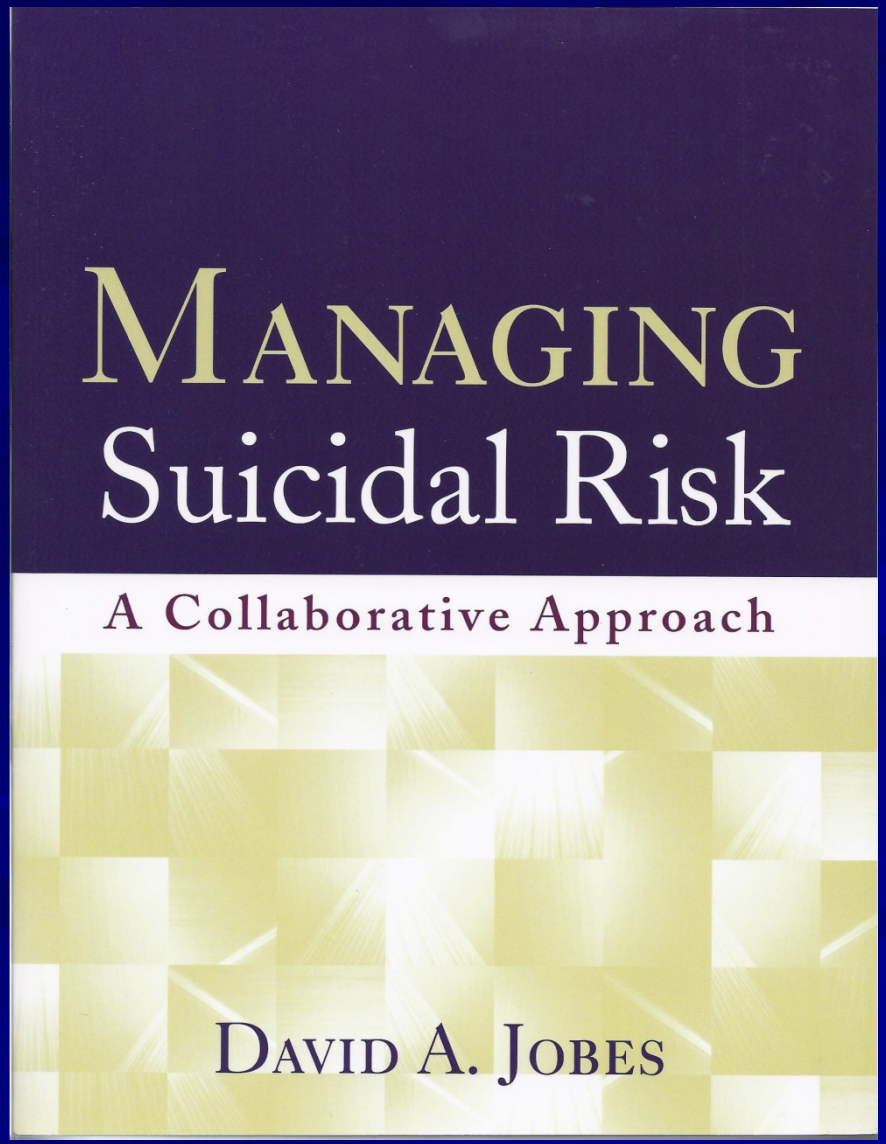
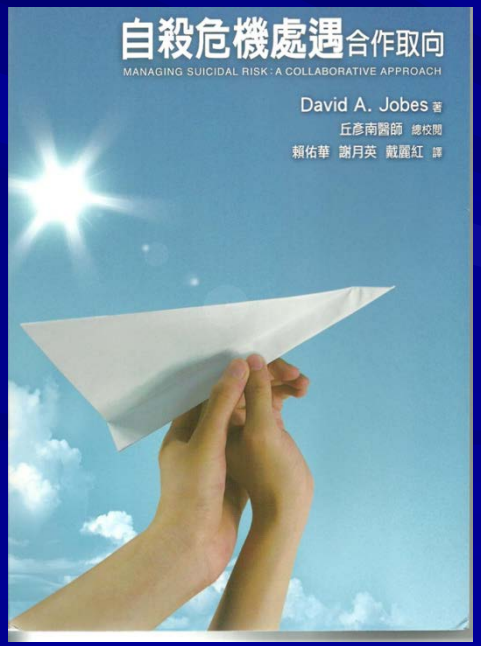
The views expressed in this document do not necessarily represent the views of the National Institute of Mental Health, the National Institutes of Health, the Department of Health and Human Services, or the United States government.

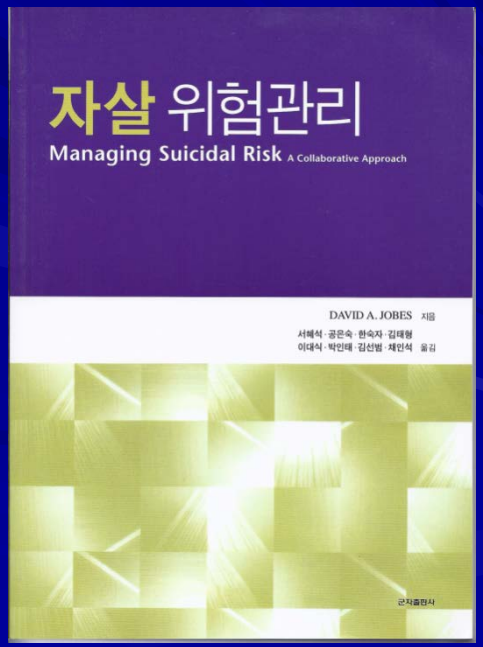
* This document was developed in support of the US Army's ongoing efforts to reduce suicides and suicidality among Army Soldiers, and submitted to General Peter Chiarelli, Vice Chief of Staff of the Army, in December 2009. An earlier version of this document was submitted to Mr. Robert Andrews, Special Assistant to the Secretary of the Army, and General Chiarelli, in May 2009. The current version has been updated and somewhat expanded, in particular by adding a section on quality assurance and performance metrics (Section III).

- 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

The Collaborative Assessment and Management of Suicidality (CAMS)







TEAM STEWART

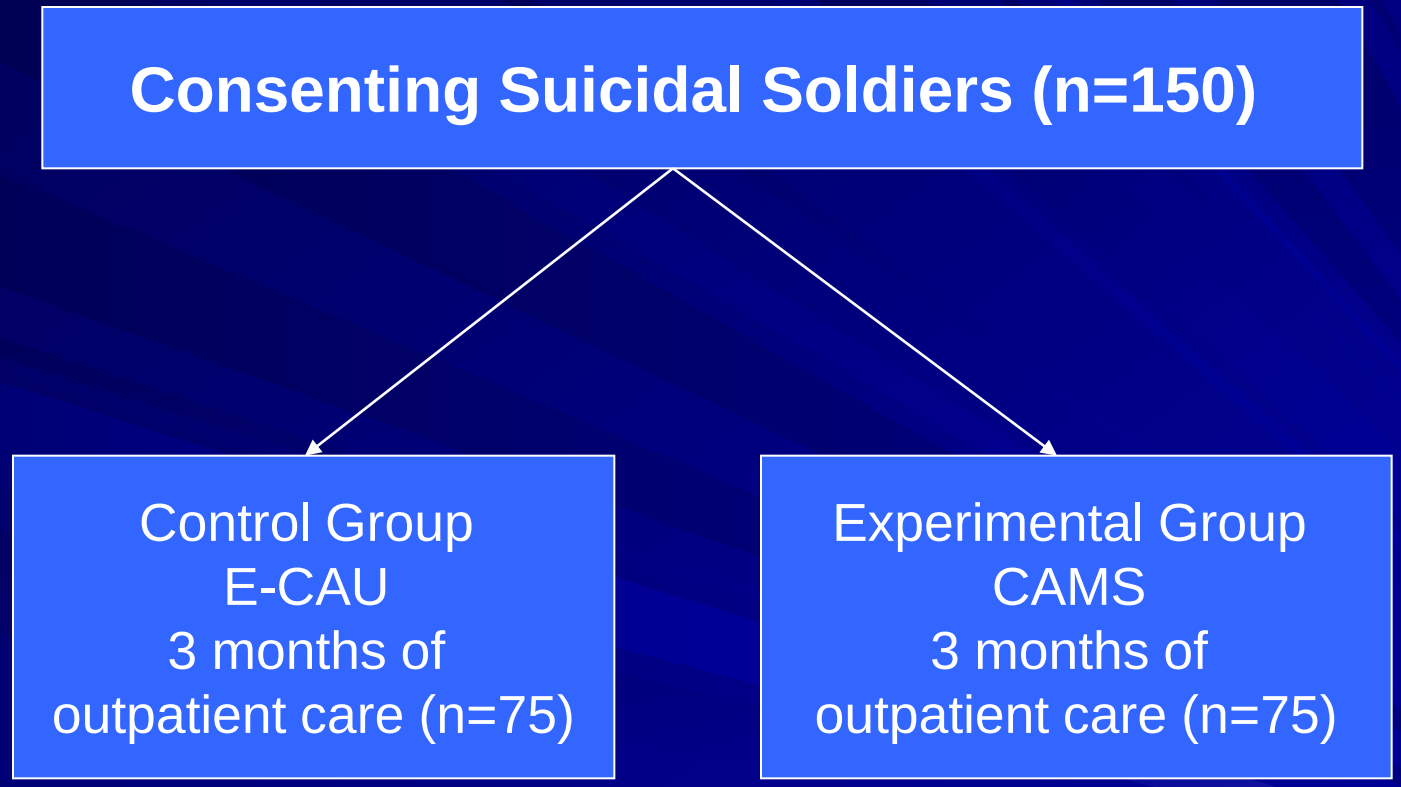
Fort Stewart / Hunter AAF / Kelley Hill

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



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																
	Year 1				Year 2				Year 3				Year 4			
	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Hiring and training of staff and therapists	X				X				X							
Training of therapists		X														
Recruitment of training cases		X	X													
Supervision of therapists adherence		X	X	X	X	X	X	X	X	X	X	X	X			
Recruitment of clinical trial cases			X	X	X	X	X	X	X	X	X	X				
Baseline assessments			X	X	X	X	X	X	X	X	X	X				
Clinical trial treatment conducted			X	X	X	X	X	X	X	X	X	X	X			
Follow-up assessments			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Data entry and cleaning			X	X	X	X	X	X	X	X	X	X	X	X	X	X
Data analysis					X	X	X	X	X	X	X	X	X	X	X	X
Dissemination of results									X	X	X	X	X	X	X	X

Reality of Progress

- 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!