The R-SIS and Military Populations M. David Rudd, Ph.D., ABPP University of Utah

Psychometric Properties

- 10-item scale useful for initial screening, clinical assessment and continuous tracking
 - Likert response: 1-5 (never to always)
 - > Range: 10-50
- Takes only a couple of minutes to administer
- Advantages
 - > Quick
 - Uniform factor structure
 - Helps identify those at risk
 - Changes during clinical care
- Sample: 3,072 Cases
 - Regular Army, activated reserve, National Guard
 - Behavioral health clinic computerized intake screening questionnaire, ABHC
 - Divided the sample for EFA and CFA

Exploratory Factor Analysis

1,272 (221 female, 1051 male)
Mean age 28.6 (range: 18-58)

Race

- > 64.8% White, Non-Hispanic
- > 13.2% African-American
- > 3.8% Pacific Islander
- > 8.8% Latino
- > 8.6% Other

Education

- > High School Graduate (or GED): 33.6%
- > Some college: 43.5%
- > Associate's degree or higher: 22.9%

Military Service

- > Army: 99.2%
 - Time in service
 - Mean=6.7 years
 - Active duty: 86.7%
 - Reserves: 5.6%
 - National Guard: 7.5%

Junior enlisted (E1-E4): 55%
Senior enlisted (E5-E9): 36.3%
Warrant and commissioned officers: 5.6%

Exploratory Factor Analysis

Two Factor Solution
 First Factor: 17.3% of variance

 Suicidal desire

 Second Factor: 15.1% of variance

 Resolved plans and preparation

Consistence with previous factor analyses of suicidal ideation scales

First Factor: Suicidal Desire

I just wish my life would end
I feel life just isn't worth living
Life is so bad I feel like giving up
It would be better for everyone involved if I were to die

Second Factor: Resolved Plans and Preparation

I have come close to taking my own life I have made attempts to kill myself I believe my life will end in suicide I have been thinking of ways to kill myself • I feel there is no solution to my problems other than taking my own life I have told someone I want to kill myself

Internal Consistency

Chronbach's alpha: .91 for full scale
 Suicidal desire: .88
 Resolved plans and preparation: .89

Confirmatory Factor Analysis

Sample: 1,800

- > 375 female, 1,425 male
- Mean age: 28.1, range: 17-61 years.
- Ethnicity:
 - > White, Non-Hispanic: 67%
 - > African-American: 13.2%
 - > Asian, Pacific-Islander: 3.8%
 - > Latino: 8.8%
 - > Other: 7%

Results

Good fit to data

- > First Factor: 18.2% of variance
- Second Factor: 16.3% of variance
- Correlations between two factors: .84

Construct Validity

- Correlations to BASIS-24 (all significant sy P<.001)
 - > Self-Harm Subscale: .83
 - > Depression: .24
 - > Relationships: -.27
 - > Emotional Lability: .30
 - > Psychosis: .30
 - Substance abuse: .24

Relationship to Suicide Attempt History

No history: 2,951

- History of attempts: 121
- History mean SIS score: 23.19
- No-history SIS mean: 11.45

> Significant: p<.001

Relationship to Sleep Problems

- Self-reported sleep problems
- Sample
 - 1,360 active duty, activated reserves and National Guard
 - > 260 female, 1,100 male
 - Completed Automated Behavioral Health Clinic screening questionnaire (ABHC)

Mean age: 27.46 (18-60)
Ethnicity

- > White, Non-Hispanic: 61.5%
- > African-American: 11.4%
- > Asian/Pacific Islander: 4.3%
- > Latino: 10.9%
- > Other: 7%

Education

- > High school diploma or GED: 33%
- > Some college: 45%
- > Associates degree or higher: 22%

Sleep Problems

Emerging as a significant warning sign for suicide

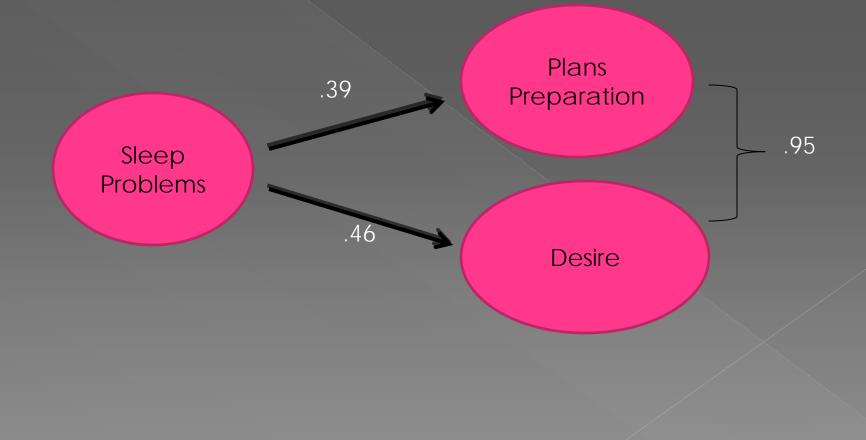
Assessed:

- Over the last two weeks, how often have you been bothered by the following problems:
 - Trouble falling or staying asleep
 - Feeling tired or fatigued
 - Likert scale 1-5 (never to almost always)

• SEM, LISREL 8.71

 Good fit to the data, supported a two factor model of the SIS and the estimation of latent sleep problems

Standardized path coefficients



Relationship to previous attempts

MANOVA

- History of attempts (N=83)
- Attempts, SIS and sleep items
- > Attempt history
 - More trouble sleeping, M=4.16 (3.75)
 - Feeling more tired, M=4.29 (3.75)
 - SIS scores, M=20.90 (10.92)
 - F(3,1355)=123.66, p<.01