

# Simple intervention proves effective in reducing suicide among active-duty soldiers

January 31 2017

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Suicidal behavior among active-duty service members can be reduced for up to six months with a relatively simple intervention that gives them concrete steps to follow during an emotional crisis, according to a new study from the University of Utah's National Center for Veterans Studies.

The study's findings show there was a 75 percent reduction in [suicide attempts](#) among participants who engaged in crisis response planning versus a contract for safety. Crisis response planning also was associated with a significantly faster decline in suicidal thoughts and fewer inpatient hospitalization days.

Craig J. Bryan, an associate professor of psychology and director of the U's National Center for Veterans Studies, led the research team. The study titled "Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers" was published online on Jan. 24 in the *Journal of Affective Disorders*.

Co-authors include researchers at the University of Texas Health Science Center at San Antonio, the University of Utah, the University of Memphis and the U.S. Army.

The Pentagon said last April that 265 active-duty service members killed themselves in 2015, continuing a steady increase in suicides noted since 2001. In response to this tragic trend, the Department of Defense and Veterans Health Administration have made suicide prevention a priority,

supporting interventions and studies of how to help the nation's warriors.

"Our results mark a critical next step in preventing military suicides," said Bryan.

The study compared the effectiveness of two risk management strategies:

- \* Contract for safety, which entails getting a commitment from a suicidal patient to avoid self harm—what not to do.
- \* Crisis response planning, which involves writing on an index card the steps for identifying one's personal warning signs along with coping strategies, social support and professional services to use in a crisis—what to do.

The researchers also conducted an analysis to see if an enhanced crisis response plan that added an explicit discussion of the participant's reasons for living would provide even better results, but this enhancement did no better or worse than a standard crisis response plan without this enhancement.

Each participant had active suicide ideation and/or a lifetime history of attempted suicide and had actively sought help at a military medical clinic in Fort Carson, Colorado, in 2013 and between January 2015 and February 2016. The soldiers were offered one of the three interventions, which varied in the combination of supportive counseling, strategies to manage emotional distress, education about crisis services and referrals to treatment services. The researchers followed the 97 participants over a six-month follow-up period.

The crisis response plan was a central ingredient of another successful treatment developed by many of the same researchers at the National

Center for Veterans Studies—brief cognitive behavioral therapy—which contributed to a 60 percent reduction in suicide attempts among active duty soldiers. The results of that study were published in 2015.

"Our previous results showing a significant reduction in suicide attempts were based on a treatment that heavily emphasized crisis response planning," Bryan said. "This time around, we tested crisis response planning by itself and found that it reduced suicide attempts as well. This bolsters our confidence in the technique's effectiveness."

Overall, the findings show that giving active-duty service members who are at risk of suicide a crisis response plan may be a more effective way to keep them safe than a contract for safety. And because of its brevity and simplicity, the crisis response plan strategy could feasibly be implemented in a wide range of medical settings by diverse health care professionals.

"Suicidal individuals don't always visit mental health clinics when in crisis," Bryan said. "They also visit emergency departments and primary care clinics or talk to friends and family members. Crisis response planning could be a practical and effective way to connect those in greatest need of potentially life-saving treatment."

The National Center for Veterans Studies at the University of Utah leads the nation in [suicide prevention](#) and PTSD research and treatment. The center has developed and tested the only scientifically supported methods to prevent [suicidal behavior](#) among military personnel. Many veterans die by [suicide](#), often as a result of untreated PTSD, at a rate of 20 deaths each day on average.

**More information:** Craig J. Bryan et al, Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial, *Journal of Affective Disorders* (2017). [DOI:](#)

[10.1016/j.jad.2017.01.028](https://doi.org/10.1016/j.jad.2017.01.028)

Provided by University of Utah

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