

ABSTRACT

Background: Suicide is the second leading cause of death in active duty military personnel (CDC, 2005), with evidence of increased suicide risk particularly among soldiers serving in Iraq and Afghanistan (Allen et al. 2005; Hill et al. 2006; Kuehn 2009). Despite this pressing problem, there exist very few treatment studies that empirically evaluate efficacy to prevent suicide in military or civilian populations. One psychosocial treatment approach that has been shown empirically to decrease suicidal behavior is Dialectical Behavior Therapy (DBT), although studies of DBT and suicidal behavior have been limited to patients with borderline personality disorder. The current proposal aims to examine the efficacy of DBT in reducing suicidal behavior more broadly in a diagnostically heterogeneous group of veterans with high risk (HR) suicidal behavior.

Objective/Hypothesis: The purpose of this study is to examine the efficacy of a 6 month treatment with standard DBT compared to treatment as usual (TAU) in veterans recently discharged from an acute psychiatric inpatient stay with high risk suicidal behavior. We hypothesize that DBT will be better than TAU in decreasing suicidal events. We will also compare high-risk and low-risk suicidal veterans in interpersonal functioning and resilience, in an effort to identify intermediate symptoms that are closely associated with suicidal behavior.

Specific Aims:

Aim 1: To examine the efficacy of a 6 month treatment with standard DBT compared to TAU in 120 veterans recently discharged from an acute psychiatric inpatient stay with HR suicidal behavior. The primary treatment outcome will be a quantification of suicidal events.

Aim 2: To recruit veterans recently discharged from an acute psychiatric inpatient hospitalization and compare 150 veterans with HR suicidal behavior to 150 veterans without such behavior (LR) in symptom domains focusing on interpersonal functioning and resiliency.

Aim 3: To explore the effect of DBT on the candidate intermediate symptoms of interpersonal functioning and resiliency associated with HR suicidal behavior.

Study Design: We will conduct a randomized control trial comparing 6 month of standard DBT (weekly individual sessions, skills training group and telephone coaching as needed) to TAU in 120 veterans recently discharged from an acute psychiatric inpatient stay with high risk suicidal behavior. Our primary outcome measure will be quantifying suicidal events, as assessed by the Columbia Suicide Severity Rating Scale. Secondary outcomes will include suicidal ideation, parasuicidal events, treatment compliance, depressed mood and hopelessness. We will also compare high-risk and low-risk suicidal veterans in interpersonal functioning and resiliency at baseline in order to identify intermediate symptoms that are closely associated with HR suicidal behavior, and will explore the effect of DBT vs. TAU on these symptom domains. Subjects randomized to TAU vs. DBT will continue to receive standard psychopharmacology and case management services from their clinic providers, and will be followed with a battery of assessments at month 6, 12 and 18.

Relevance: Since 2005, over 35% of recent military suicides occurred in the post-deployment time period, and 50% of these events occurred greater than one year post-deployment (Alvarez 2009). These statistics suggest that recently discharged military personnel remain at risk for completed suicide and justify suicide prevention treatment efforts at this phase of service. Due to the escalating problem of suicidal behavior in soldiers returning from Iraq, the VA has identified suicide prevention as a key part of its mission and is instituting prevention efforts on a system-wide basis. Each VA hospital now employs a Suicide Prevention Coordinator, maintains a HR

suicide list with increased monitoring of identified at-risk individuals and mandates yearly suicide training for employees. However, in spite of increased identification and monitoring of these at-risk veterans, there exist few empirically supported treatments for suicide prevention in post-deployment military personnel. This project aims to test whether DBT, one of the few psychosocial treatments with proven efficacy in diminishing suicidal behavior in individuals with personality disorder, can be applied to veterans irrespective of personality diagnosis. If this intervention is successful, DBT programs could be implemented in outpatient clinics in active military, veteran and civilian settings.