

New Perspectives on Suicide Risk Among Military Personnel and Veterans

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rethinking suicide

WHY PREVENTION
FAILS, AND HOW
WE CAN DO BETTER

CRAIG J. BRYAN

Suicide attempt High suicide risk Interrupted suicide attempt Preparatory and rehearsal behavior

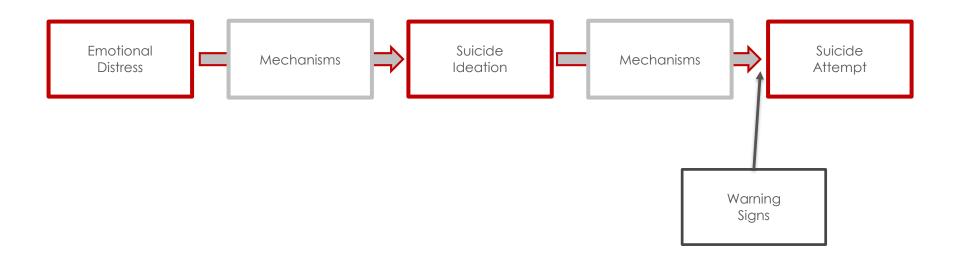
Suicide planning Serious suicide ideation

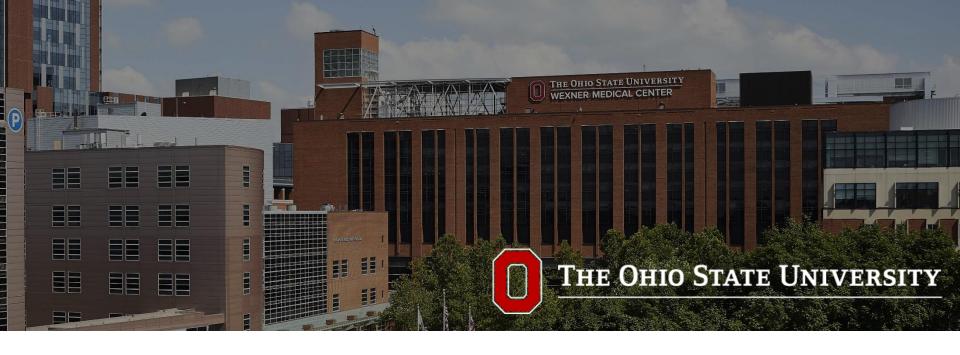
Fleeting suicide ideation

Wish for death

Life is not worth living

Low suicide risk No thoughts about death or suicide

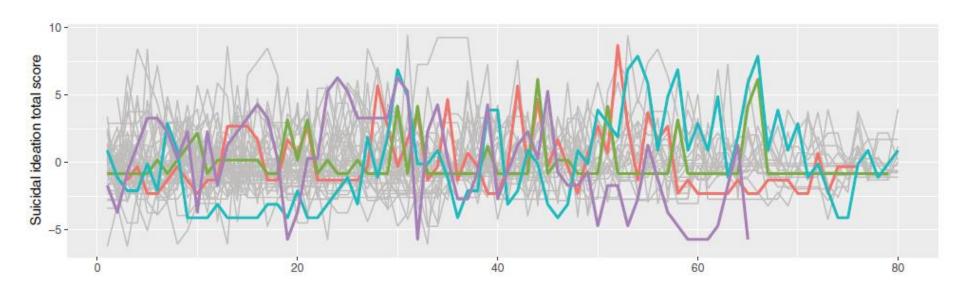




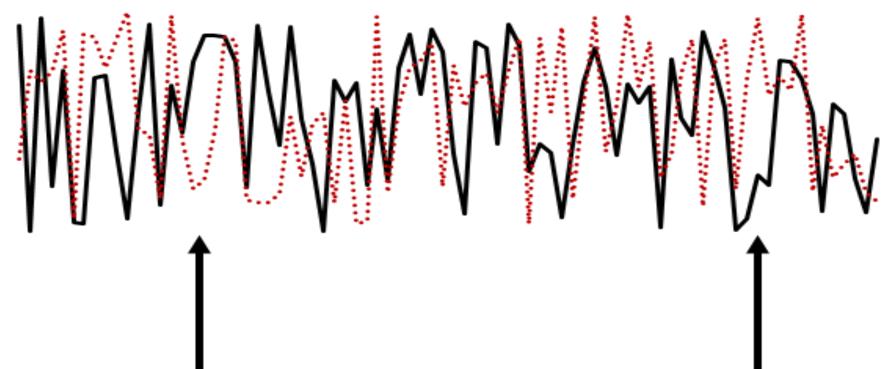
Limitations to Traditional Suicide Risk Screening and Assessment Approaches

- Suicide risk is inherently dynamic
- Changes in suicide risk can be sudden and discontinuous
- 3 Suicidal thinking is heterogeneous

- Suicide risk is inherently dynamic
- Changes in suicide risk can be sudden and
 discontinuous
- 3 Suicidal thinking is heterogeneous



SOURCE: (Kleiman et al., 2017)



Suicide and Life-Threatening Behavior
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Nonlinear Change Processes During Psychotherapy Characterize Patients Who Have Made Multiple Suicide Attempts

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Research paper

The ebb and flow of the wish to live and the wish to die among suicidal military personnel[☆]



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Predictors of Emerging Suicide Death Among Military Personnel on Social Media Networks

Craig J. Bryan, PsyD, ABPP, Jonathan E. Butner, PhD, Sungchoon Sinciair, MS, Anna Belle O. Bryan, MS, Christina M. Hesse, MA, and Andree E. Rose, MPA, MA Suicide and Life-Threatening Behavior 41(6) December 2011 © 2011 The American Association of Suicidology DOI: 10.1111/j.1943-278X.2011.00062.x

Nonlinear Dynamics: Theoretical Perspectives and Application to Suicidology

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Patterns of change in suicide ideation signal the recurrence of suicide attempts among high-risk psychiatric outpatients



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- Suicide risk is inherently dynamic
- Changes in suicide risk can be sudden and discontinuous
- 3: Suicidal thinking is heterogeneous

Over 50%

of suicide decedents deny suicide ideation or do not mention suicidal thoughts in the time leading up to their deaths

Among 52 patients with suicidal behavior after screening in military primary care clinics:

22 (42.3%)

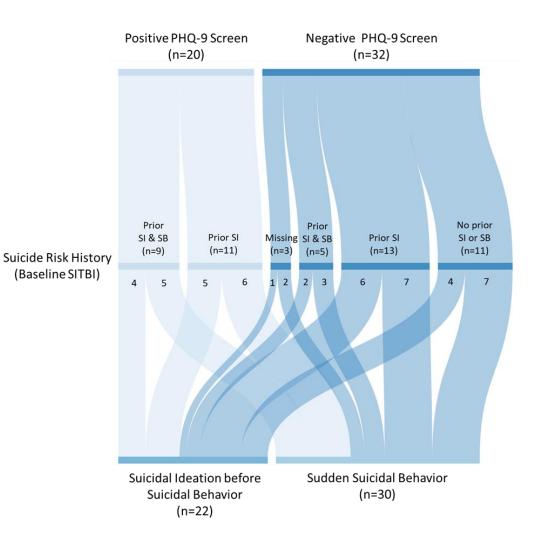
reported onset of suicidal ideation prior to suicidal behavior

22 (42.3%)

reported onset of suicidal ideation on same day as suicidal behavior

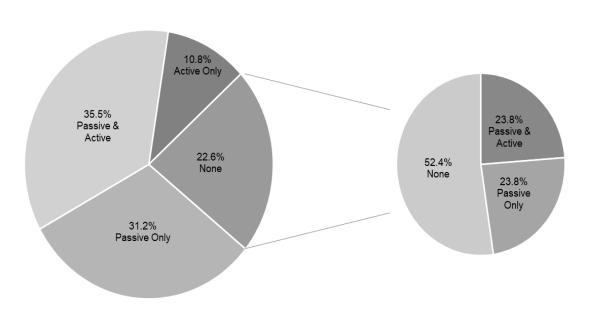
8 (15.3%)

reported no suicidal ideation prior to suicidal behavior



- Suicide risk is inherently dynamic
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 discontinuous
- 3 Suicidal thinking is heterogeneous

- 1. I wish I could disappear or not exist
- 2. I wish I was never born
- 3. My life is not worth living
- 4. I wish I could go to sleep and never wake up
- 5. I wish I were dead
- 6. Maybe I should kill myself
- 7. I should kill myself
- 8. I am going to kill myself



Past Month Suicidal Thoughts

Lifetime Suicidal Thoughts

		30 days	
	Suicide Cognitions Scale-Revised (SCS-R) Item	AUC	(95% CI)
1	The world would be better off without me.	0.730	(0.749, 0.964)
2	I can't stand this pain anymore.	0.674	(0.720, 0.932)
3	I've never been successful at anything	0.604	(0.636, 0.947)
4	I can't tolerate being this upset any longer.	0.741	(0.727, 0.952)
5	I can never be forgiven for the mistakes I have made.	0.644	(0.738, 0.973)
6	No one can help solve my problems.	0.651	(0.715, 0.946)
7	It is unbearable when I get this upset.	0.760	(0.739, 0.956)
8	I am completely unworthy of love.	0.740	(0.754, 0.980)
9	Nothing can help solve my problems.	0.667	(0.735, 0.948)
10	It is impossible to describe how badly I feel.	0.665	(0.721, 0.947)
11	I can't cope with my problems any longer.	0.729	(0.649, 0.970)
12	I can't imagine anyone being able to withstand this kind of pain.	0.773	(0.744, 0.964)
13	There is nothing redeeming about me.	0.707	(0.730, 0.956)
14	I don't deserve to live another moment.	0.771	(0.736, 0.988)
15	I would rather die now than feel this unbearable pain.	0.696	(0.716, 0.977)
16	No one is as loathsome as me.	0.748	(0.743, 0.977)

Suicide Cognitions Scale Research Findings

- Distinguishes outpatients with history of attempts vs. history of ideation and history of NSSI
- Prospectively predicts suicide attempts as well as/better than SI
- Among patients denying SI or thoughts of death, identifies those who will subsequently attempt suicide
- Among patients endorsing SI, distinguishes those who will attempt suicide from those who will not



Implications for Clinical Practice

Suicide risk is inherently dynamic

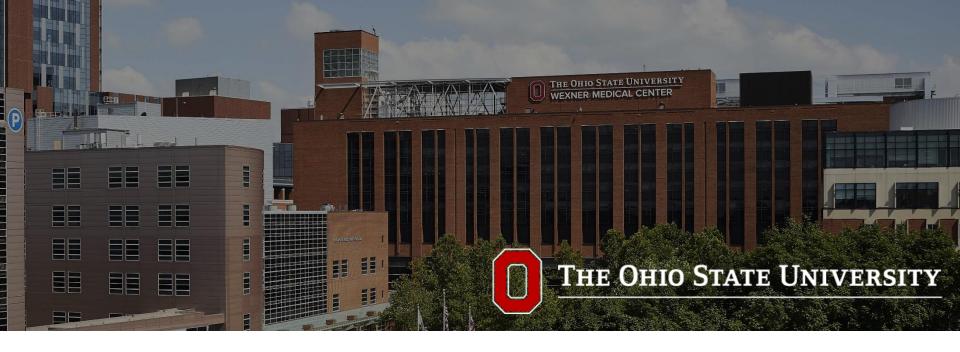
- 1. Repeatedly assess suicide ideation
- 2. Scores at any single time point are less informative than overall pattern of change over time
 - Emerging evidence suggests fluctuating ideation (up and down) over time may indicate increased vulnerability for suicidal behavior

Changes in suicide risk can be sudden and discontinuous

- 3. Traditional risk stratification methods that assume continuum of suicide risk can be limited
- 4. Brief cognitive behavioral therapy for suicide prevention (BCBT) and crisis response planning (CRP) have been shown to significantly reduce the occurrence of suicidal behaviors, even among lower risk patients
- 5. Reducing or limiting access to potentially lethal methods for suicide, especially firearms, should be encouraged

Suicidal thinking is heterogeneous

 Complement screening/assessment methods focused on explicitly suicidal thoughts with assessment of broader spectrum of suicide-related thoughts



Questions?

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