

# **Suicide Prevention Programmatic Efforts within Military Basic Training**

**Summary of Prior Research and Current Research Initiative  
Supported by the United States Defense Suicide Prevention Office**

Jessica M. LaCroix, Ph.D., LT A. Graham Sterling IV, Ph.D.,  
Samantha E. Daruwala, M.P.S., Rebecca L. Kauten, Ph.D., and  
Marjan Ghahramanlou-Holloway, Ph.D.



# Disclaimer

The opinions expressed are those of the presenter and do not necessarily reflect the views of the Uniformed Services University of the Health Sciences, the U.S. Government, Department of Defense, or the Defense Suicide Prevention Office.



# Suicide Risk & Basic Training



- Second leading cause of death among 15 to 29 year olds (WHO, 2014)
- Leading cause of death in the U.S. military (AFHSC, 2014)
- Risk is greatest in the second month of service (Ursano et al., 2015)

# Suicide Risk & Basic Training



Identity Formation

Adolescence

Sleep Deprivation

Lack of Privacy

Reduced Social Support

Performance Anxiety

Homesickness



Deindividuation

Masculinity

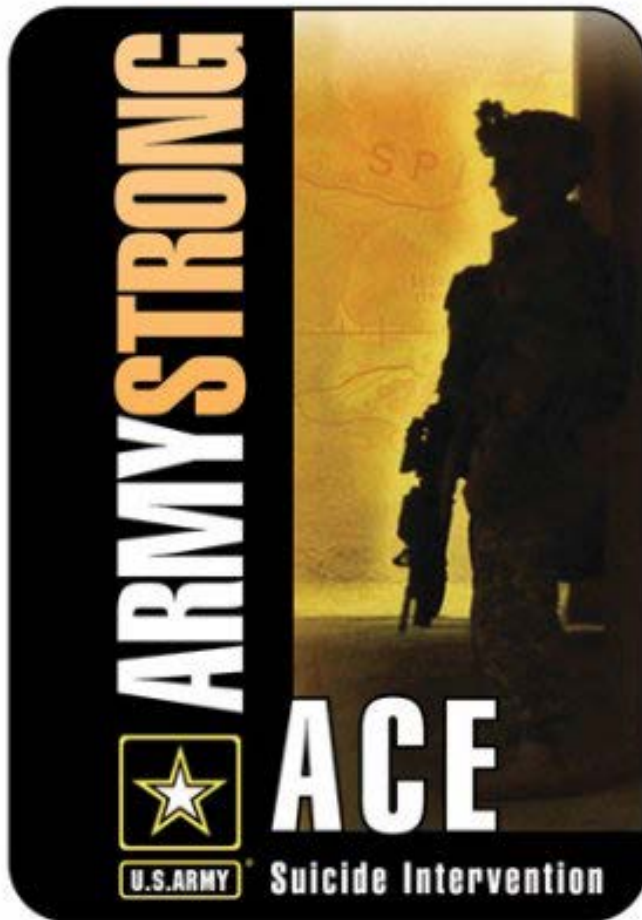
Strict Training Schedule

# Suicide Prevention

1. Screening out at-risk recruits
2. Recognition of warning signs in others



# Suicide Prevention



## **A**sk your buddy

- Have the courage to ask the question, but stay calm
- Ask the question directly, e.g., Are you thinking of killing yourself?

## **C**are for your buddy

- Remove any means that could be used for self-injury
- Calmly control the situation; do not use force
- Actively listen to produce relief

## **E**scort your buddy

- Never leave your buddy alone
- Escort to the chain of command, a Chaplain, a behavioral health professional, or a primary care provider

USACHPPM <http://chppm-www.apgea.army.mil/>

GTA 12-01-003 May 2008



# Mental Fitness Programs

- Decrease mental health problems
- Improve performance under stress
- Improve basic training completion rates





Program	Design, N	Dosage	Outcomes
<b>BOOT STRAP</b> U.S. Navy (Williams et al., 2007; 2009)	CRCT N = 1,199	Weekly 45-min sessions, 9 weeks	+Perceived cohesion +Perceived social support -Anger expression coping -Relationship conflict +Basic training completion
<b>BattleSMART</b> Australian Army (Cohn et al., 2008)	CRCT N = 174	Two 40-min sessions, 6 weeks	-Self-blame +Positive states of mind -Psychological distress
<b>Resilience XL</b> Dutch Navy (Six & Delahaij, 2011)	NR N = 192	1 day-long session, 2 follow-up sessions, 12 weeks	No between group differences
<b>Mental Skills Training</b> U.S. Army (Adler et al., 2015)	CRCT N = 2,432	1 hour-long session, 20 20-min sessions, 9 weeks	-Negative thinking +Automaticity +Self-confidence +Some performance metrics
<b>Road to Mental Readiness</b> Canadian Armed Forces (Fikretoglu et al., 2016 )	Sequential allocation N = 291	One 160-min session, 6 weeks	-Negative subjective norms +Intentions toward mental health treatment use



# Mental Fitness Programs

- Methodology – cluster, randomized controlled trials (e.g., platoon level)
- Assessments pre/post basic training
- Measured a range of psychosocial outcome variables, and generally found positive effects



# Mental Fitness Programs



- Methodology – cluster, randomized controlled trials (e.g., platoon level)
- Assessments pre/post basic training
- Measured a range of psychosocial outcome variables, and generally found positive effects
  
- No long-term follow-up after basic training
- Few studies considered nested nature of the data (e.g., recruits within platoons)
- No suicide-specific outcomes

# REPS



Rational Thinking

Emotion Regulation



Problem Solving

# REPS

## Background

- Funded by the U.S. Defense Suicide Prevention Office (DSPO)
- Cognitive behavioral and rational emotive behavioral theories
- Collaboratively designed and implemented
- Prospective, cluster randomized controlled trial design



# REPS



## Background

- Funded by the U.S. Defense Suicide Prevention Office (DSPO)
- Cognitive behavioral and rational emotive behavioral theories
- Collaboratively designed and implemented
- Prospective, cluster randomized controlled trial design

## Goals

1. Improved military occupational functioning
2. Improved psychosocial functioning
3. Lower suicide ideation, fewer suicide behaviors

# Planned Project Site



# Planned REPS Delivery



Module 1: Rational Thinking  
Module 2: Emotion Regulation  
Module 3: Problem Solving

Minimum of 3 Hours of Instruction

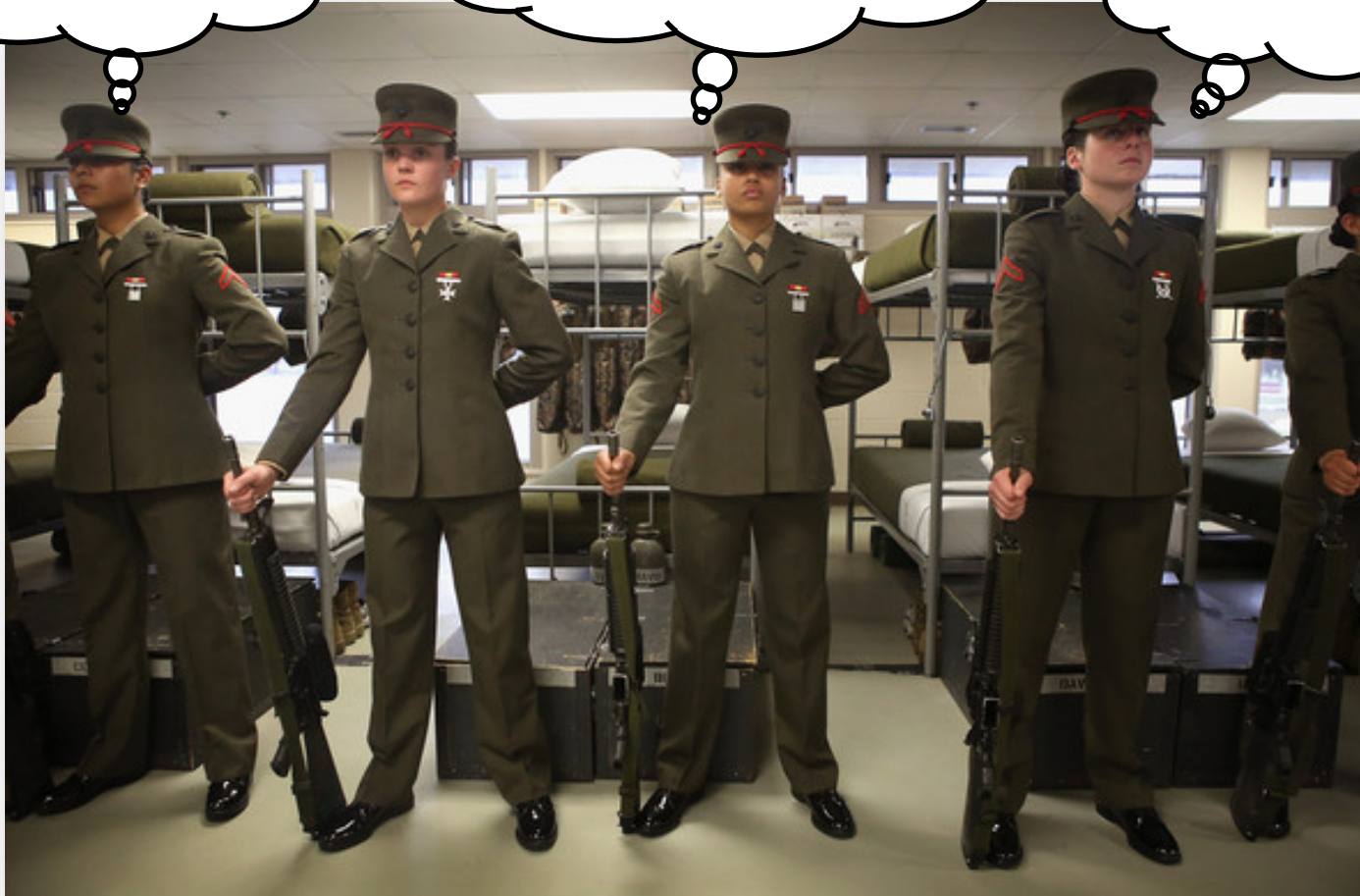
Module 4: Building Mastery

Minimum of 5 Boosters

My DI hates me.

My legs are too fat.

I'm hungry.



*The most important six inches on the battlefield are the ones between your ears.*

- USMC General James Mattis





*Fight with a happy heart and a strong spirit*  
- USMC General James Mattis

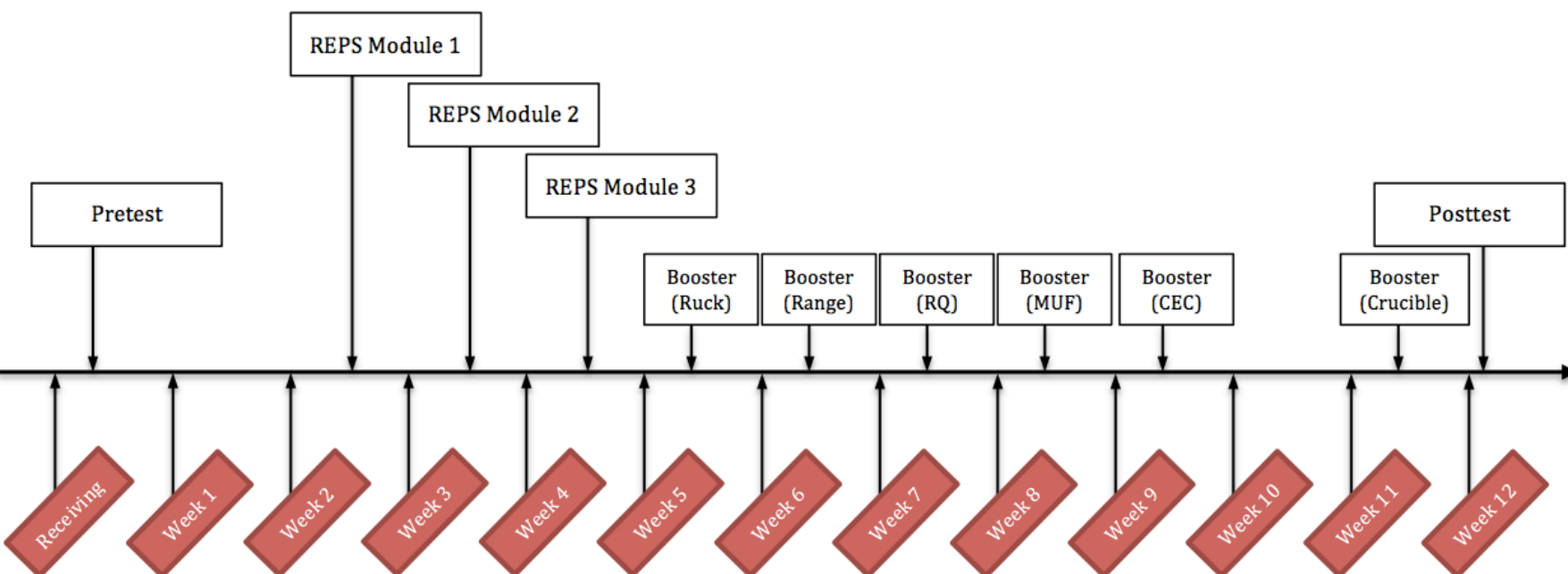


**ADAPT IMPROVISE AND OVERCOME**

*You are part of the world's most feared and trusted force.  
Engage your brain before you engage your weapon.*

- USMC General James Mattis

# Planned REPS Delivery

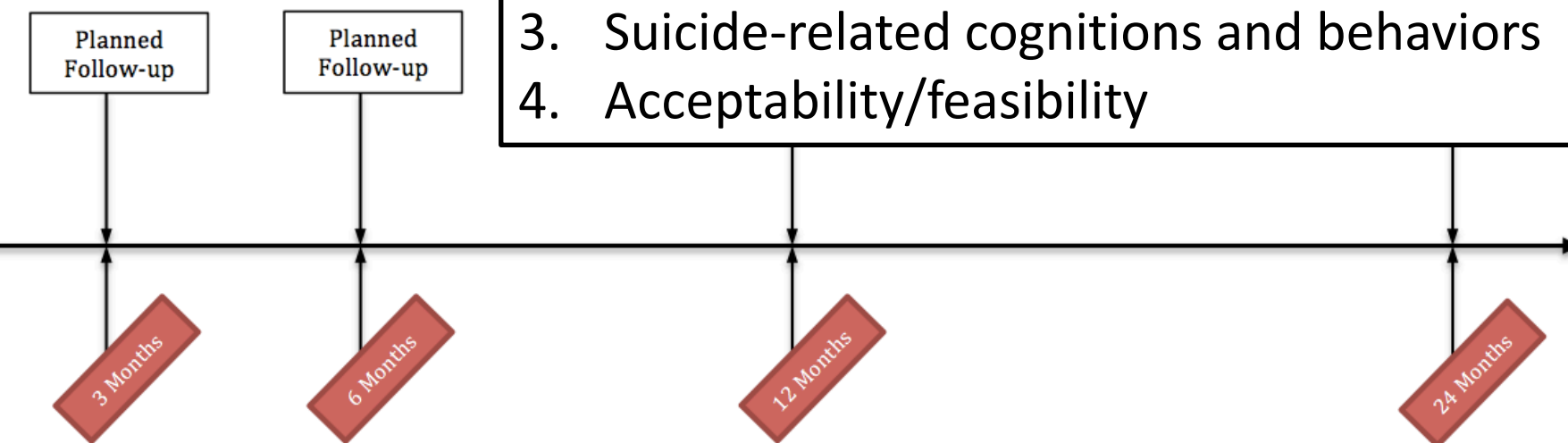


Note. RQ = Range Qualification. MUF = Movement Under Fire. CEC = Combat Endurance Course.

# Planned REPS Follow-Up



1. Performance metrics and retention
2. Risk/protective factors
3. Suicide-related cognitions and behaviors
4. Acceptability/feasibility



# Next Steps

- Meetings
  - USMC TECOM (Training and Education Command)
  - USMC Suicide Prevention Program Manager
  - Members of the Office of the Assistant Commandant of the USMC



# Next Steps

- Meetings
  - USMC TECOM (Training and Education Command)
  - USMC Suicide Prevention Program Manager
  - Members of the Office of the Assistant Commandant of the USMC
- Focus groups with recent USMC basic training graduates
- Parris Island site visits
- Pilot testing REPS content



*Jessica LaCroix, Ph.D.*

Department of Medical & Clinical Psychology  
Uniformed Services University of the Health Sciences  
4301 Jones Bridge Road  
Bethesda, MD 20814-4799  
Phone: +1 (301) 295-0211  
Email: [jessica.lacroix.ctr@usuhs.edu](mailto:jessica.lacroix.ctr@usuhs.edu)

Thank you

