AWARD NUMBER:	W81XWH-14-1-0272
TITLE:	"Improving Universal Suicide Prevention Screening in Primary Care by Reducing False Negatives"
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REPORT DATE:	September 2015
TYPE OF REPORT:	Annual
PREPARED FOR:	U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012

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RE	PORT DOC	UMENTATIO	ON PAGE		Form Approved OMB No. 0704-0188
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1. REPORT DATE		2. REPORT TYPE		-	DATES COVERED
Sept 2015		Annual			9/1/2014-8/31/2015
4. TITLE AND SUBT		vention Screening	in Primary Care b	-	a. CONTRACT NUMBER
Reducing False		0	,	5	
-	-			-	b. GRANT NUMBER
					V81XWH-14-1-0272 c. PROGRAM ELEMENT NUMBER
6. AUTHOR(S) Craig Bryan, Psy	D, ABPP			5	d. PROJECT NUMBER
				5	e. TASK NUMBER
E-Mail: craig.bry	an@utah adu			5	f. WORK UNIT NUMBER
• •	RGANIZATION NAM	E(S) AND ADDRESS(ES)	-	PERFORMING ORGANIZATION EPORT NUMBER
Salt Lake City, L	T 84112				
9. SPONSORING / M		CY NAME(S) AND AD	DRESS(ES)	1	D. SPONSOR/MONITOR'S ACRONYM(S)
U.S. Army Medical Research and Materiel Command Fort Detrick, Maryland 21702-5012		1	1. SPONSOR/MONITOR'S REPORT NUMBER(S)		
12. DISTRIBUTION	AVAILABILITY STA	TEMENT			
Approved for Pu	blic Release; Dist	tribution Unlimited			
13. SUPPLEMENTA	RY NOTES				
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15. SUBJECT TERM Suicide prevention		suicide screening			
16. SECURITY CLA		g	17. LIMITATION OF ABSTRACT	18. NUMBER OF PAGES	19a. NAME OF RESPONSIBLE PERSON USAMRMC
a. REPORT	b. ABSTRACT	c. THIS PAGE	Unclassified	7	19b. TELEPHONE NUMBER (include area code)
Unclassified	Unclassified	Unclassified			Standard Form 298 (Rev. 8-98)

Standard Form 298 (Rev. 8-98) Prescribed by ANSI Std. Z39.18

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1. Introduction

The primary aim of the proposed project is to develop a shortened version of the Suicide Cognitions Scale (SCS) and to evaluate its efficacy as a universal suicide prevention screen for use in military primary care clinics. We propose to achieve this aim by accomplishing the following objectives: (a) to develop a brief alert algorithm that can be used by primary care providers to accurately identify high-risk patients; (b) to improve the accuracy of universal suicide prevention screening methods by reducing false negative rates; and (c) to systematically quantify false negative rates across various patient subgroups (e.g., gender, race, age, deployment history, etc.) to identify those patient subgroups for whom the screening algorithm is most useful and accurate.

2. Keywords

Suicide prevention, primary care, suicide screening, military

3. Accomplishments

3.1. What were the major goals of the project?

Task 1: Obtain IRB approvals
1a. Initiate IRB proposals (completed 25 Nov 2014)
1b. Complete quarterly and annual reports to all IRBs (Ongoing, all completed to date
1c. Complete final report to IRB (N/A – month 48)
Task 2: Hire and train staff
2a. Hire and train research manager at University of Utah (Completed 16 Oct 2014)
2b. Hire and train site evaluators (Completed 29 May 2015)
Task 3: Begin and complete baseline data collection
3a. Begin enrollment and baseline data collection (Completed 13 July 2015)
3b. Continue baseline data collection (Ongoing)
3c. Complete baseline data collection (N/A – month 42)
Task 4: Begin and complete longitudinal tracking and follow-up assessments
4a. Begin longitudinal tracking and follow-up assessments (Completed 31 July 2015)
4b. Continue longitudinal tracking and follow-up assessments (Ongoing)
4c. Complete longitudinal tracking and follow-up assessments (N/A - month 48)
Task 5: Data analysis, manuscript writing, report writing
5a. Complete data analyses (N/A - months 25-48)

5b. Manuscript and report writing (N/A - months 25-48)

3.2. What was accomplished under these goals?

IRB approval was received from the Naval Health Research Center, and approvals from the Army, Air Force, and Navy Human Research Protection Officers were received. The University of Utah deferred IRB review to the NHRC. The project manual has undergone final testing & editing. Research staff have been hired, and all staff participated in a 3-day training in May 2015 focused on research study procedures, policies, and risk management. Infrastructure for information transfer to schedule follow-up interviews was developed and has been tested for feasibility and robustness to human and technical error. The online survey system has been developed and tested, and is monitored for quality assurance purposes. All project supplies have been purchased. To date, 16 subjects are enrolled, of which 13 have completed week 1 follow-ups. Due to changes in leadership at multiple sites, the project experienced delays that have required us to identify replacement sites. Several meetings have taken place with candidate sites and approvals are currently being sought out. Despite these challenges, participant enrollment started earlier than planned. There are currently no major findings to report as data is still being collected.

3.3. What opportunities for training and professional development has the project provided?

Nothing to Report.

3.4. How were the results disseminated to communities of interest?

Nothing to Report.

3.5. What do you plan to do during the next reporting period to accomplish the goals?

During the next reporting period we plan to identify additional research sites to replace those sites that were originally identified but have since withdrawn support due to changes in leadership. As new sites are identified, we will hire and train new staff as needed. We will continue to enroll participants and complete follow-up assessments at Hill AFB.

4. Impact

4.1. What was the impact on the development of the principal discipline(s) of the project?

Nothing to Report.

4.2. What was the impact on other disciplines?

Nothing to Report.

4.3. What as the impact on technology transfer?

Nothing to Report.

4.4. What as the impact on society beyond science and technology?

Nothing to Report.

5. Problems/Issues:

5.1. Changes in approach and reasons for change

Nothing to Report.

5.2. Actual or anticipated problems or delays and actions or plans to resolve them

There have been significant challenges with the medical command at all research sites. There were significant delays in the DOD approval process, which included considerable confusion regarding appropriate paperwork for approvals. In short, we had to re-accomplish IIAs and IAIRs several times due to ambiguities in the regulatory process and disagreements among regulatory

bodies regarding appropriate paperwork. During this process, medical leadership and on-site POCs changed at each of the research sites. Incoming commanders have not been supportive of research efforts and have therefore stalled progress. We have attempted to resolve this issue via multiple channels (e.g., coordination with BUMED and AFMOA) with limited success. As a result of this situation, NAS Pensacola has been removed as a research site. We had a two-month stoppage of enrollment at Hill AFB, but enrollment has since resumed. We are continuing to face delays at Pearl Harbor, and with the imminent PCS of our on-site investigator, it seems likely that this research site will been to removed as well. We have initiated conversations with Little Rock AFB and Portsmouth Naval Medical Center as possible replacement sites. Based on the feedback and input of MOMRP, we are also initiating contact with Tripler Army Medical Center and Schoffield Barracks. We have also contacted the Warrior Resiliency Program to assist us with identifying other potential Army sites.

5.3. Changes that had a significant impact on expenditures

Nothing to Report.

5.4. Significant changes in use or care of human subjects, vertebrate animals, biohazards, and/or select agents

Nothing to Report.

6. Products:

6.1. Publications, conference papers, and presentations

Nothing to Report.

6.2. Website(s) or other Internet site(s)

Nothing to Report.

6.3. Technologies or techniques

Nothing to Report.

6.4. Inventions, patent applications, and/or licenses

Nothing to Report.

6.5. Other products

Nothing to Report.

7. Participants & Other Collaborating Organizations

7.1. What individuals have worked on the project?

Personnel	Role	Percent Effort
Bryan, Craig	Principal Investigator	0.17
Allen, Michael	Co-Investigator	0.10
Clemans, Tracy	Co-Investigator	0.05
Harris, Julia	Research Manager	1.00
Bryan, AnnaBelle	Evaluator	1.00
Hinkson, Kent	Evaluator	1.00

Cable, Emily	Evaluator	0.50
Williams, Sean	Evaluator	0.50
Reynolds, Mira	Student research assistant	0.80
White, Kirsi	Student research assistant	1.00
Haddock, Leslie	Research assistant	1.00
Kawaa, Patricia	Research assistant	1.00

7.2. Has there been a change in the active other support of the PD/PI(s) or senior/key personnel since the last reporting period?

Nothing to Report.

7.3. What other organizations were involved as partners?

Organization Name:	Naval Health Research Center
Location of Organization:	San Diego, CA
Contribution to Project:	IRB/regulatory assistance, study design
Organization Name:	University of Colorado School of Medicine
Location of Organization:	Denver, CO
Contribution to Project:	Study design & consultation