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Special Operations Forces' Risk and Protective Factors for Suicide - A Tactical Perspective

LTC Daniel C. Hart, MD
USASOC Command Psychiatrist



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Disclosures/Disclaimers

- I have not financial interest in any Benevolent Organizations, civilian residential treatment facilities or other entities discussed in detail or categorically in this presentation.
- I am presenting DODI instructions and TRICARE Regulations, and also presenting guidance on navigating those systems. The guidance is my opinion alone and does not represent the views of USASOC, the US Army, or the US Government.
- I and the US Government do not endorse or fundraise for any Benevolent Organizations, civilian residential treatment facilities or entities discussed in detail or categorically in this presentation.



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Objectives

- Understand key risk and protective factors
- Discuss firearm risk in suicide
- Consider spirituality as an untapped protective factor
- Determine how to implement protective factors into a variety of interventions



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Agenda

- Lifecycle of a Special Operations Soldier
- Risk factors inherent to active duty and retired/veteran service members
- Strategies for intervention
- Role of Religion / Spirituality
- Levels of Care
- Pathway to Care
- Use of Military vs. Civilian Resources
- Helping Without Hurting – Benevolent Organizations



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Audience Acknowledgement

- **Benevolent Organizations**
- **USASOC Behavioral Health and Substance Use Disorder Clinical Care representative**
- **Perseveration of the Force and Family (POTFF) providers**
- **Military Treatment Facility (MTF) leadership and Care Coordinators**
- **Care Coalition Representatives**
- **Defense Health Agency (DHA) representation**
- **TRICARE representation**



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Terminology

A Warrior...

When specially selected and well-trained

Becomes a more elite Soldier

Civil Affairs, PSYOP, Special Forces Operator,
Ranger, Pilot, SEAL, PJ, CMO/COO

At the core, a **Warrior**



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SOF Unique Soldier

High cost

High tempo

High autonomy

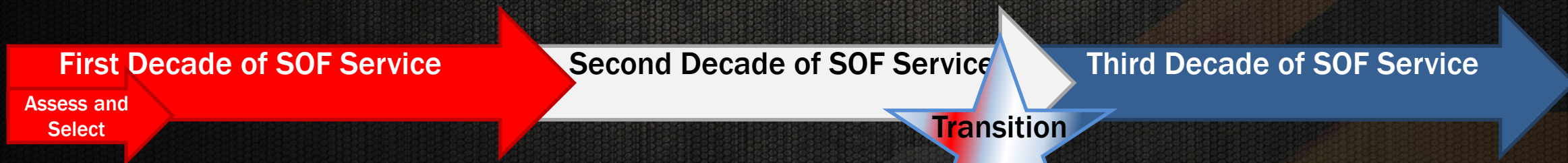
Unpredictable environment

Always a looming mission (25 meter target)



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The Lifecycle of a Special Operations Soldier



Purpose:

- 1) Make the team
- 2) Make the next deployment
- 3) Never let down the team

Purpose:

- 1) Lead the team

OR

- 1) Discover a new purpose
- 2) Shift toward family

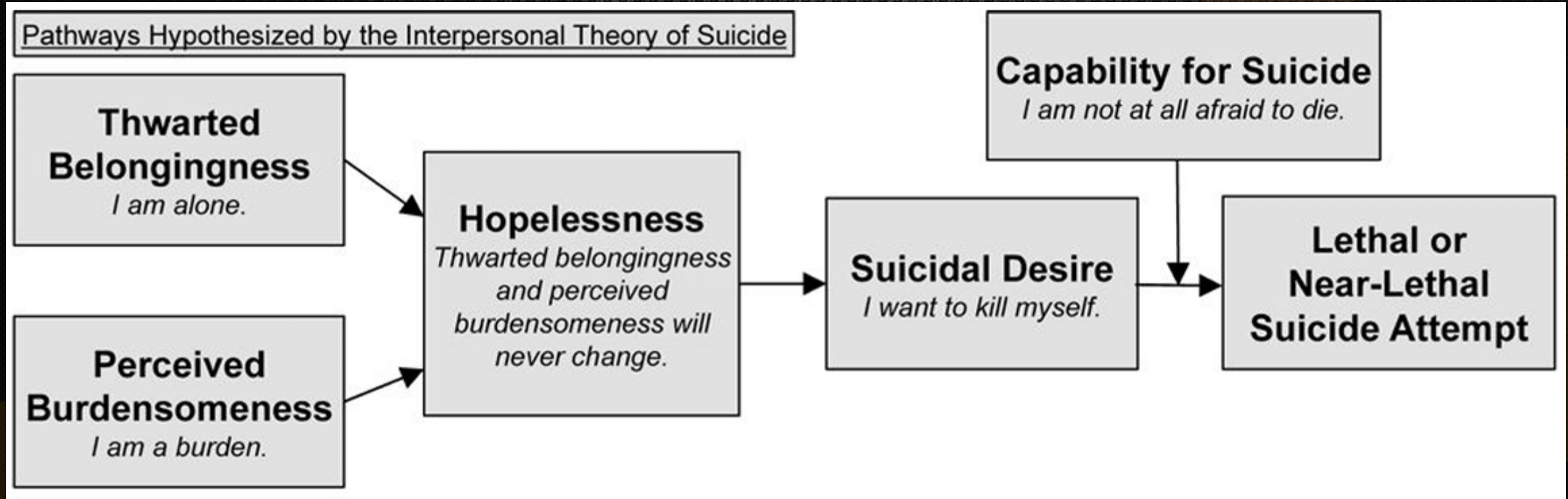
Purpose:

- 1) Discover a new purpose
- 2) Most involves family



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Interpersonal Theory of Suicide





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The Lifecycle of a Special Operations Soldier

First Decade of SOF Service

Second Decade of SOF Service

Third Decade of SOF Service

Biological:

- Developing physically
- Reaching prime physical state
- Accumulating injury

Psychological:

- Reward of team membership vs. fear of losing team membership
- Bearing up under stressors

Social:

- Team above all
- Engaged in the culture



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Social:

- Team above all
- Engaged in the culture

Biological:

- Physical prime (and beyond)
- Chronic injury
- Declining sleep

Psychological:

- Tough as nails
- Haunted
- Break glass in case of war

Social:

- Team and family
- Isolative



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Psychological:

- Tough as nails
- Haunted
- Break glass in case of war 


Social:

- Team and family 
- Isolative


Biological:

- Disrupted sleep
- Chronic pain 
- Engrained strategies

Psychological:

- Strong convictions / values
- Generativity vs. insignificance 
- Less comfortable in social settings

Social:

- Family or just kids
- Isolated 



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Risk of Firearm Ownership

- Address presence of weapons in the home and means of storage
 - We do not ask because we assume and fear “Molon Labe!” or ΜΟΛΩΝ ΛΑΒΕ
 - 79% of veteran gun owners report providers who ask “at least sometimes.”
 - Have the conversation
 - “Have you thought about whether it is best to have your weapons in your home at this time?”
 - “Do you have someone you would trust to hold your weapons for a specified period of time?”



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Protective Factors

- Leadership engagement
- Connection to community ¹
- Religion and Spirituality
 - Reduced suicidal ideation and PTSD from regular service attendance ^{2, 4}
 - Correlation between private spiritual practice and suicidal ideation ³
 - Negative association between intrinsic spirituality and drinking ³

1. Teo AR, Marsh HE, Forsberg CW, Nicolaidis C, Chen JI, Newsom J, Saha S, Dobscha SK. Loneliness is closely associated with depression outcomes and suicidal ideation among military veterans in primary care. *J Affect Disord.* 2018 Apr 1;230:42-49.

2. Brandt MK, Sandahl H, Carlsson J. The Impact of Religion and Spirituality on Suicide Risk in Veterans and Refugees With Posttraumatic Stress Disorder. *J Nerv Ment Dis.* 2023 Jan 1;211(1):65-73.

3. Rubenstein A, Koenig HG, Marin DB, Sharma V, Harpaz-Rotem I, Pietrzak RH. Religion, spirituality, and risk for incident posttraumatic stress disorder, suicidal ideation, and hazardous drinking in U.S. military veterans: A 7-year, nationally representative, prospective cohort study. *J Affect Disord.* 2021 Dec 1;295:1110-1117.

4. Straus E, Norman SB, Tripp JC, Pitts M, Pietrzak RH. Purpose in Life and Conscientiousness Protect Against the Development of Suicidal Ideation in U.S. Military Veterans With PTSD and MDD: Results From the National Health and Resilience in Veterans Study. *Chronic Stress (Thousand Oaks).* 2019;3:2470547019872172.



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Spirituality Across the Lifecycle

First Decade of SOF Service

Baseline Spirituality:

Family of origin
Challenges in culture
Questioning from experience

Second Decade of SOF Service

Reckoning Spirituality:

Existential questions
Rethinking
faith/spirituality

Third Decade of SOF Service

Enduring Spirituality:

Convictions
Disciplines
Legacy



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Mismatched Expectations vs. Delivery

Clients Desire to Speak About Spirituality

- 48% state they desire to talk about spirituality
- 90% state they were never asked about their beliefs

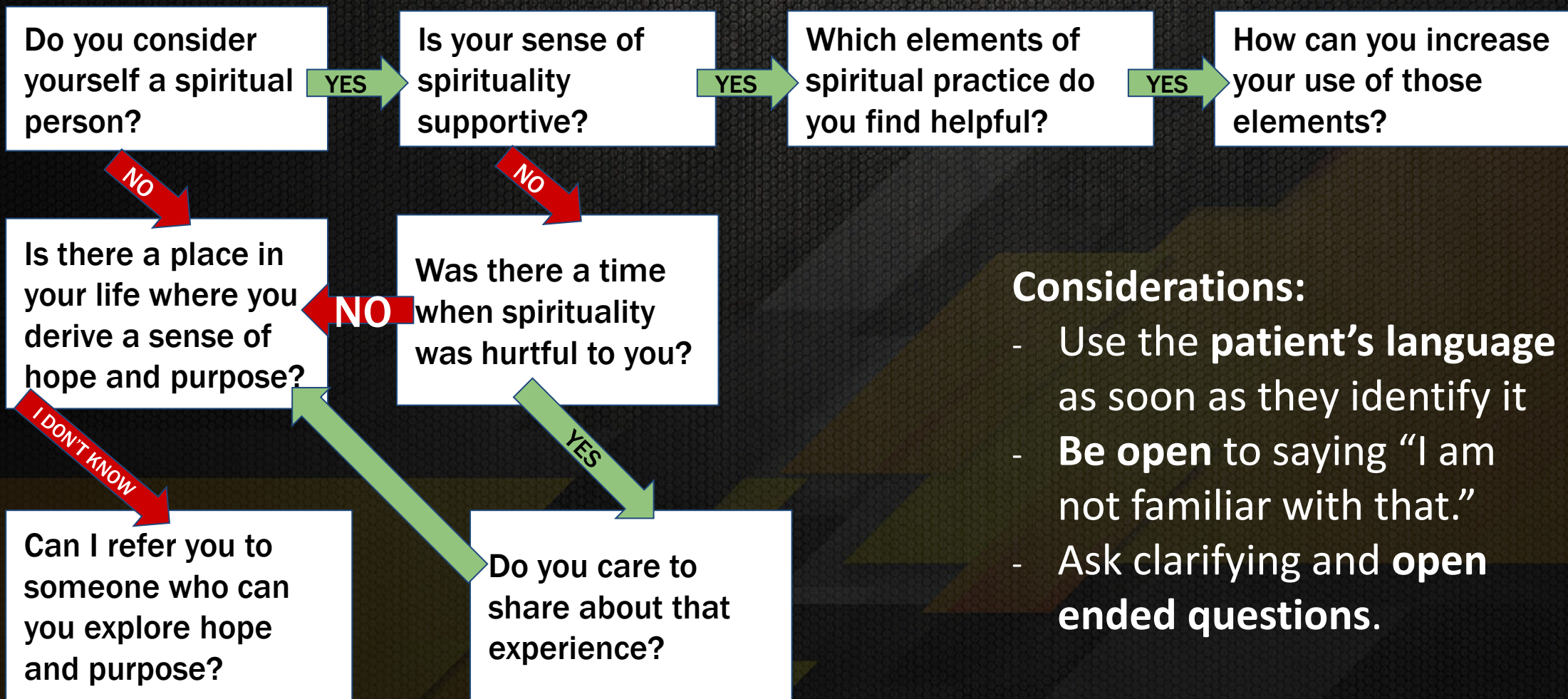
Physicians' Hesitancy to Discuss Spirituality

- 71% - lack of time
- 59% - lack of experience
- 56% - difficulty identifying patients who want to talk about spirituality
- 31% - not part of a physician's role
- Lacking the vocabulary



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The Open Door Method



Considerations:

- Use the **patient's language** as soon as they identify it
- **Be open** to saying "I am not familiar with that."
- Ask clarifying and **open ended questions**.



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Care Across the Lifecycle

First Decade of SOF Service

Second Decade of SOF Service

Third Decade of SOF Service

Threat of Loss

- Leadership engagement
- Reduce access to weapons for high risk
- Better understanding of alternatives to suicide (Pathway out of seemingly unworkable situation)
- Alternative to unmet expectations

Suffering, Threat of Loss, and Loss of Purpose

- Address access to weapons
- Installation of hope
- Treatment of suffering
- Evidence based treatment of pain, PTSD and MDD
- Connection to community & religious/spiritual community

Suffering and Lack of Hope/Purpose

- Reinforce generativity / new identity
- Address access to weapons
- Treatment of suffering
- Evidence based treatment of pain, PTSD and MDD
- Connection to community & religious/spiritual community



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CONCLUSION / QUESTIONS

- Discussed risk trends and risk factors including firearms ownership and access
- Addressed spirituality as a protective factor, hesitancy to engage in spiritual conversations and the “Open Door” to addressing spirituality
- Explored implementation of protective factors / strategies



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