Post-Traumatic Stress Disorder Symptoms Role in Understanding Interrupted and Aborted Suicide Attempts among U.S. Military Service Members

Invited lecture · Peter Gutierrez

Dr. Gutierrez is a psychologist and Executive Vice President of Innovation at LivingWorks. With over 25 years in suicide prevention research, he has led major federally funded projects, including the Military Suicide Research Consortium funded by the U.S. Department of Defense. He is a past president of the American Association of Suicidology.

Abstract. This lecture is based on insights gained from a study of 1,044 active duty U.S. service members being treated for suicide risk. Participants in the larger study from which these data were drawn were recruited from military treatment settings at two large military installations in the southern and southeastern United States. Clinical research in other populations suggests that aborted and interrupted suicide attempts (SA) may convey risk above and beyond other known risk factors such as diagnosis and family history. There may also be differential risk conferred than that from surviving a suicide attempt. The prevalence of interrupted SAs, aborted SAs, and SAs in this clinical sample and the risk associated with each will be explored. Data from baseline and 3-month follow-up will be used to provide recommendations for clinical practice, focused primarily on the potential influence of specific symptoms of post-traumatic stress disorder (PTSD). It seems prudent to routinely assess patients in treatment for PTSD for history of SA, aborted SA, and interrupted SA, particularly if they are experiencing symptoms of anxiety sensitivity and hyperarousal. However, the focus of clinical assessment should be to guide treatment planning and track treatment improvement. No current assessment tools or methods are sufficiently sensitive or specific to predict future behaviors or on which to base disposition decisions.

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