# Wingman-Connect A Network Health Suicide and Depression Prevention Program for Air Force Trainees

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### **Overview**

- Context of Military Suicides
- Guiding Network Health Model
- Wingman-Connect Program
- Efficacy Trial Findings
- Phase 2 Effectiveness/Implementation (in planning)



### Wingman-Connect

### Dept of Defense funding (2014): University/USAF partnership

- Build healthy connections, coping with transitions
- Test as universal prevention to reduce suicide risk in young enlisted
- Current strategies focus on high risk (detection, Tx, means safety)

### **Network-Health Approach**

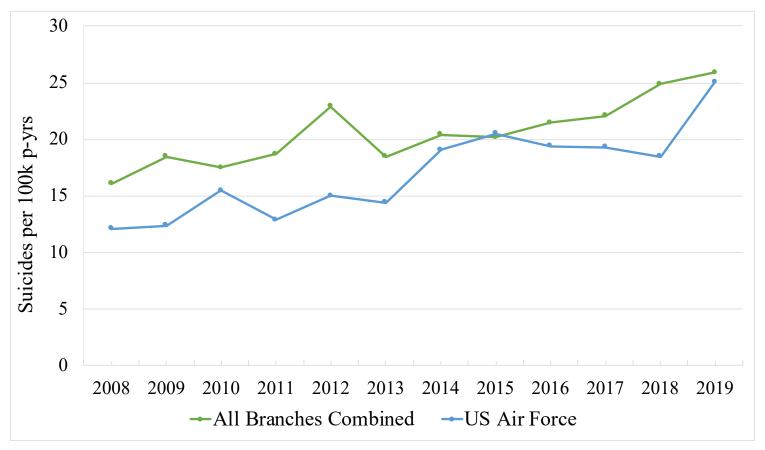
- Adapt network-informed Sources of Strength (LoMurray, 2005)
- Strengthens positive bonds, natural coping resources (Wyman, 2010)
- Active training model: Peer-to-peer teaching; diffusion of norms

### Relationships Disruptions Precipitants for Military Suicides

 Military service poses relationship challenges - separations, relocationsimpact family, job readiness, health (IOM 2013)



### Military Suicide Rates 2008 – 2019



- Younger, enlisted Service Members population of greatest concern
- USAF Suicide Decedents: 83.4% have  $\leq 1$  deployments
- Active duty suicide rates comparable to US population after being lower for decades

DoDSER Reports 2013-2020



Air Force Times (August 1, 2019)

### With deaths by suicide rising, Air Force orders resiliency stand-down

Stephen Losey 

August 1, 2019

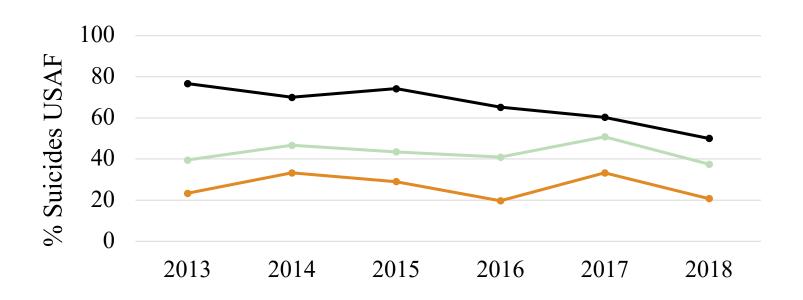
CMSAF Wright resiliency message to airmen



Chief Master Sergeant of the Air Force Kaleth Wright announces a one-day stand down to discuss resiliency and suicide prevention.



### Why Universal Suicide Prevention in USAF?



- -Communicated Suicidal Intent
- —Mental Health Diagnosis (Ever)
- → Any Health/Social Services Contact (90 days prior to event)

Most suicide decedents did not communicate intent Many outside identifiable high-risk groups 41.7% Failed/Failing Relationship in 2018

### **Challenge of Ecological Validity**

### **Data-Informed Adaptation (Mar 2015-Dec 2016)**

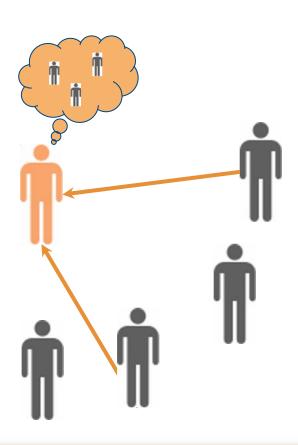
- ■Sheppard AFB Technical Training School; ~40,000 trainees/yr.
- •Input: military training leaders, instructors, MH Wing, airmen-in-training
  - "death by PowerPoint"
  - 'Check the box training'
- ■Pilot and refine modules with 10 cohorts, 352 Airmen-in-training

### What Increased Airmen Engagement & Retention?

- •Trainees' Personal Motivations career success, family traditions/needs
- •Class Unit Focus group activities/skills, identity/pride
- Distributed Learning6 hrs. total over 3 days
- •Technical School (Squadron) Buy-in
  Informal walk-arounds, orientations for instructors



### What is Network Health Model in Suicide Prevention?



### **Individual Social Bonds**

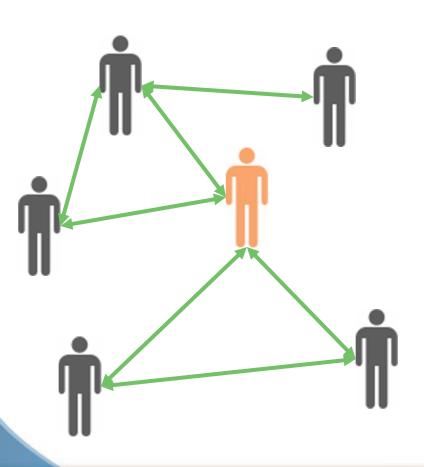
Thwarted Belonging and STB (Van Orden & Joiner, 2011)

**Perceived connectedness** (Whitlock, Moore, Wyman, 2014)

Integration in peer network (Wyman et al 2019)



### **Network-Informed Suicide Prevention**



### **Group Structure**

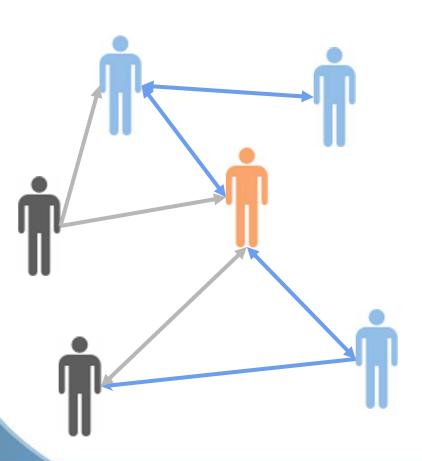
**Cohesion protective in Army Units** (Mitchell et al., 2012)

Lateral/horizontal cohesion (Campbell-Sills et al 2020)

**Intergenerational cohesion** (Wyman et al 2019)



### **Network-Informed Suicide Prevention**



### **Descriptive & Regulatory Norms**

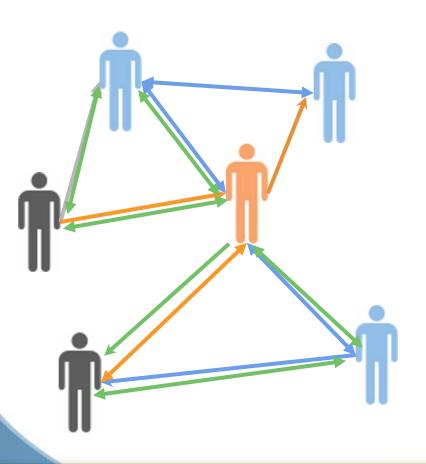
**Army Units w/ attempts** (Ursano et al. 2017)

**Suicide attempt clustering** (Wyman et al. 2019)

**Help-seeking acceptability** (Pisani et al, 2012)



### **Network-Informed Suicide Prevention**



**Descriptive & Regulatory Norms** 

**Group Structure** 

**Individual Social Bonds** 



### Wingman-Connect with Airmen in Technical Training

### **Manualized Training for Tech Class as Unit**

- Organic unit (i.e. instruction, informal norms)
- Struggling & strong AiTs

#### Active Learning

- Each participant's goals-reasons for enlisting
- High-energy activities
- •Draw out 'real-world' strengths

#### Group and Individual Skills



### WINGMAN-CONNECT FOUR CORES

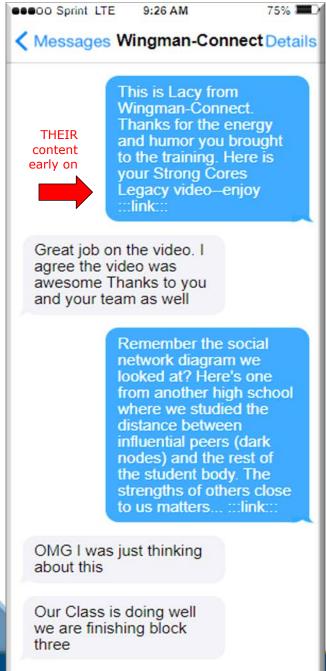


### Wingman-Connect Structure and Emphasis

	Block 1	Block 2	Block 3	Post Training (6m Text/Vid Messaging)
Self-Appraisal of Four-Cores				
Strengthening Four-Cores				
Impact of Cohesive Healthy Network				
Strong Four- Cores in Class				
Application and Transition to Operational AF				

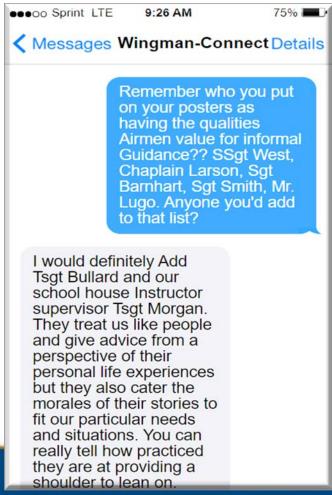
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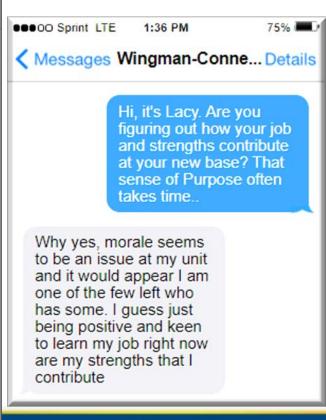
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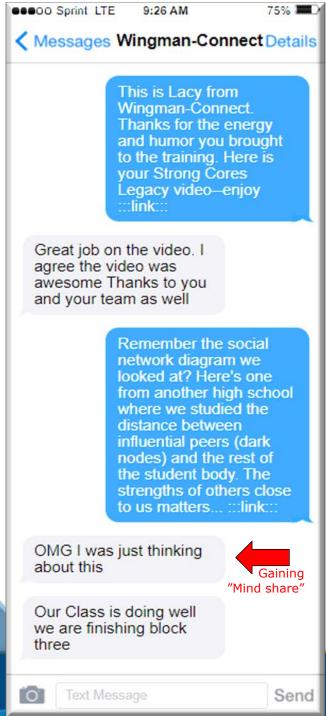
#### Text/Video Messaging - 6m

Reinforce intervention and group norms through personal application (Pisani et al 2019) and peer testimonials (Pisani et al 2018)



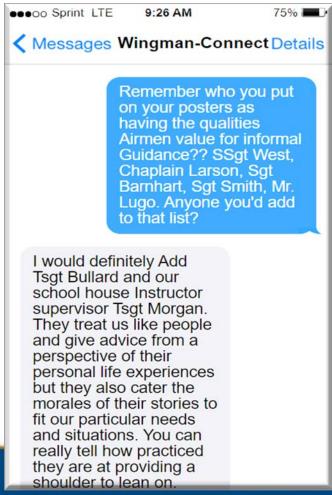


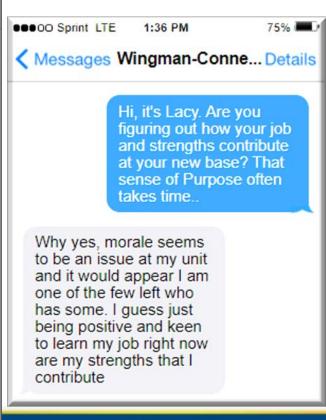




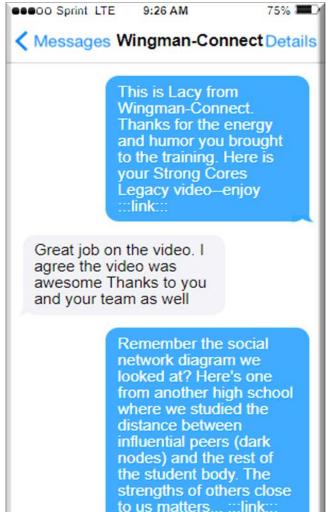
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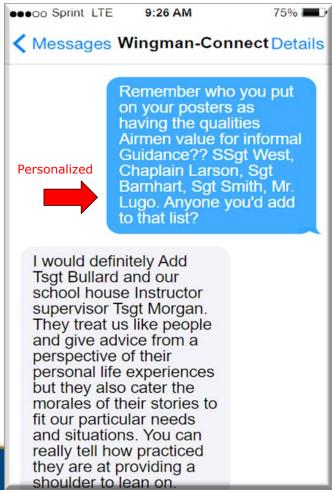


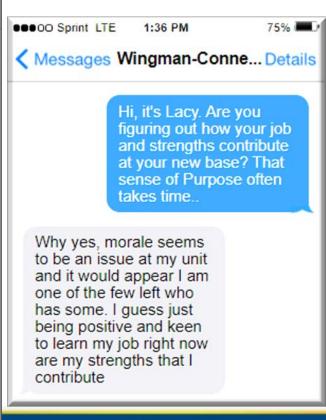




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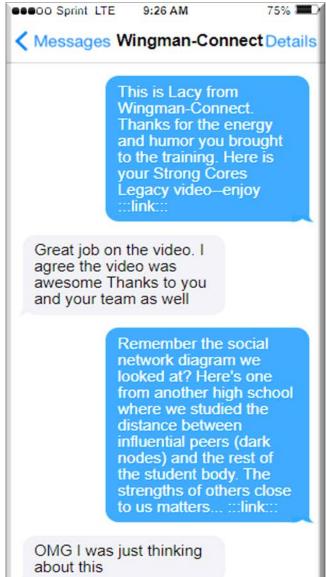
OMG I was just thinking

Our Class is doing well

we are finishing block

about this

three



Our Class is doing well

we are finishing block

Text Message

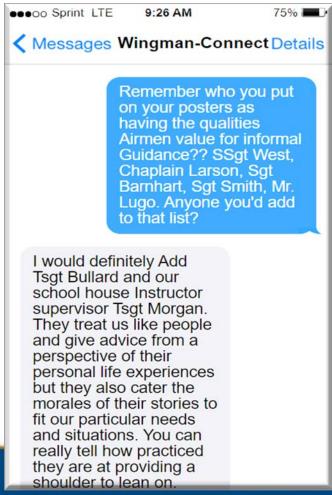
Send

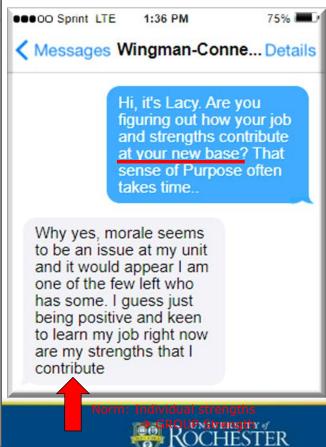
three

0

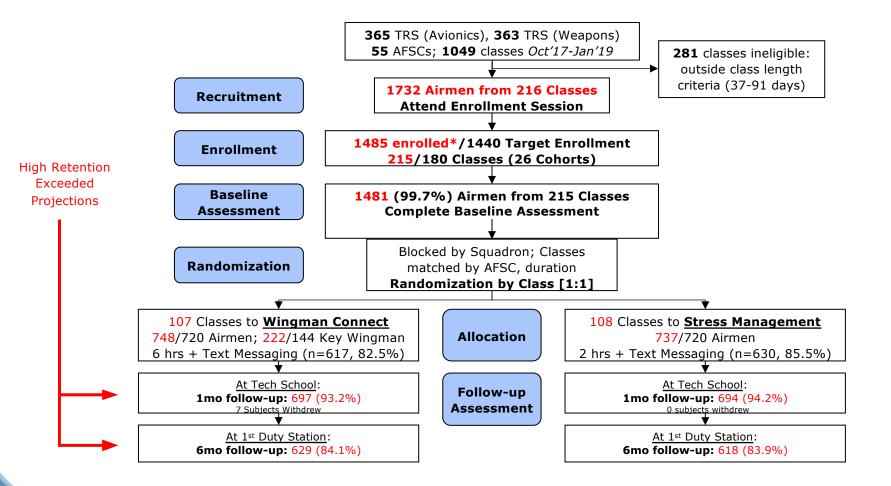
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### **Randomized Trial Testing Wing-Conn Impact**



### Wingman-Connect RCT: Measures/Hypotheses

#### Aim 1. Primary Outcomes:

**Suicide Severity** (*CAT - SS*)

**Depression Symptoms** (*CAT - DI*)

CAT- Computerized Adaptive Test for Mental Health (Gibbons et al. 2012, 2017)

Occupational Impairment: Behavioral indicators (Herrell et al., 2014)

#### Aim 2. Hypothesized Mediators: Class Protective Factors

Cohesion (Podsakoff & MacKenzie, 1994)

Morale (Britt & Dickinson, 2006)

Class Healthy Behaviors & Norms (Wyman et al., 2019)

**Respectful Class Connections** – Class member nominations (*Valente, 2009*)

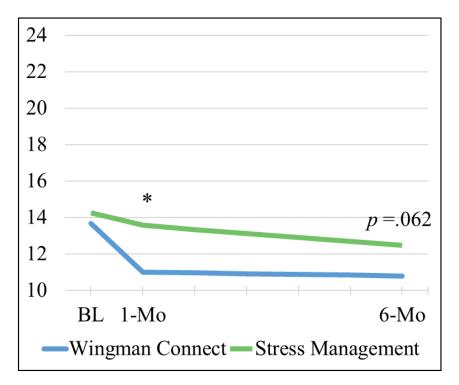
**Analyses:** Multi-level models: Effect of Wing-Conn vs. stress management conditioned on baseline measures (individual Airmen nested in class units). Covariates: gender, race, age, component (active duty vs. reserve, guard)



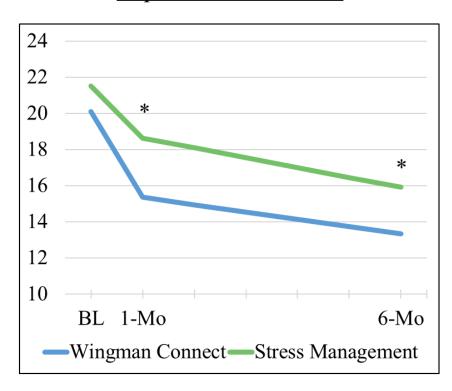
### Wingman-Connect Immediately Reduced Suicide Severity and Depression in Training

Scores shown over 6-month study period, as assessed at Baseline, 1-Month, and 6-Months Computerized Adaptive Test for Mental Health (CAT-MH; Gibbons et al 2017)

#### Suicide Severity Score



#### Depression Scale Score

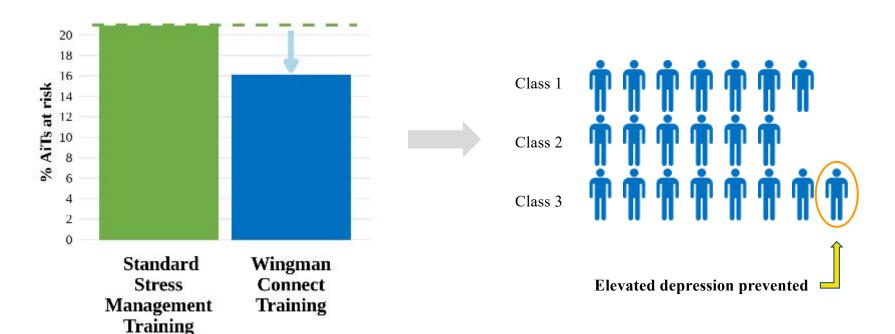


<sup>\*</sup>Wingman-Connect versus stress management training impact p < .05

Wyman, Pisani, Brown, Yates, et al (2020) JAMA Network Open



### Wingman-Connect Reduced Elevated Depression CAT-DI >35 = med-high probability of depression dx



Wing-Conn trained 20% less likely at 1or 6-mo (OR: 0.80, CI:.64, .97, p=.011)

W-C: 16.1%; SM: 20.9%

**NNT**: Training 21 AiTs in Wing-Conn will produce 1 less Airman at elevated depression risk vs expected

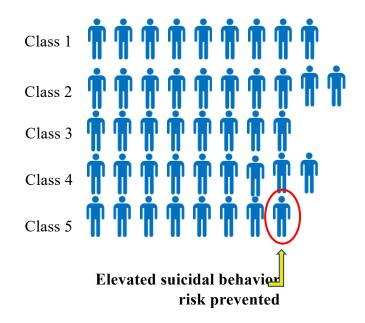


### Wingman-Connect Average Effect on Elevated Risk for SI CAT-SS >34 = high probability of SI



Wing-Conn trained 19% less likely at 1= or 6-mo (OR: 0.81, CI:.64, 1.07, p=.067)

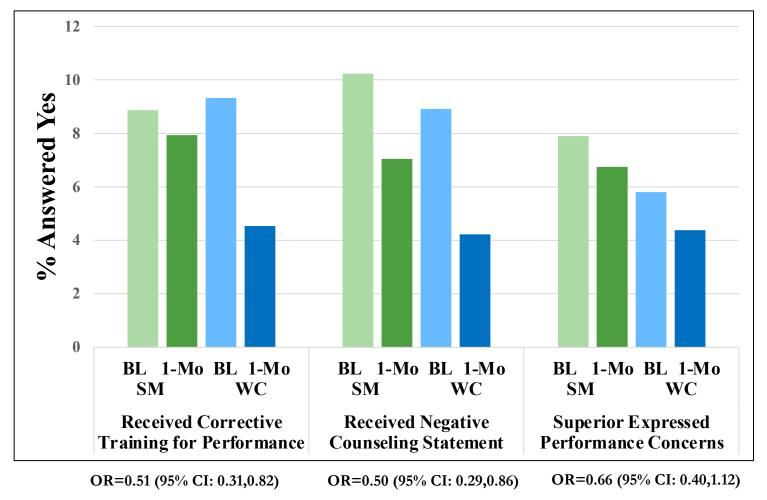
W-C: 10.3%; SM: 12.6%



**NNT**. Training 44 AiTs in Wing-Conn will produce 1 less Airman at elevated suicide risk vs expected



### Wingman-Connect Reduced Occupational Problems in Training



Wingman-Connect trained had <u>49% and 50% decreased odds of reporting Corrective Training or Negative Counseling Statements</u> in past 30 days versus Stress Management Training.

### Wingman-Connect Impact on Cohesive Healthy Class Reduced Suicide Severity at 1-month (mediator)

WingConn vs.
Control

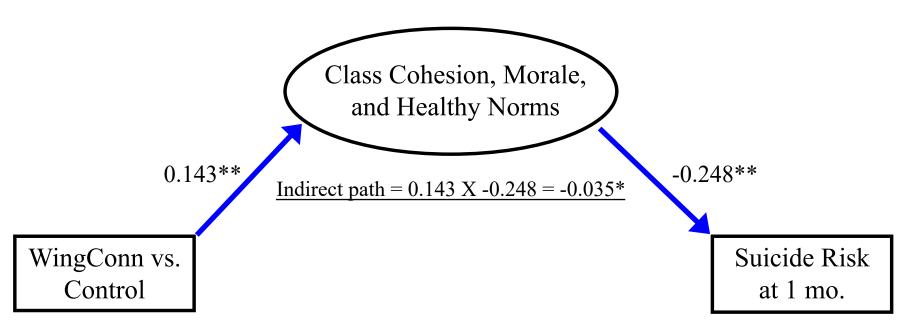
Direct path = -0.141\*\*

Suicide Risk at 1 mo.

Note: Individual-level mediation (2-1-1 model).



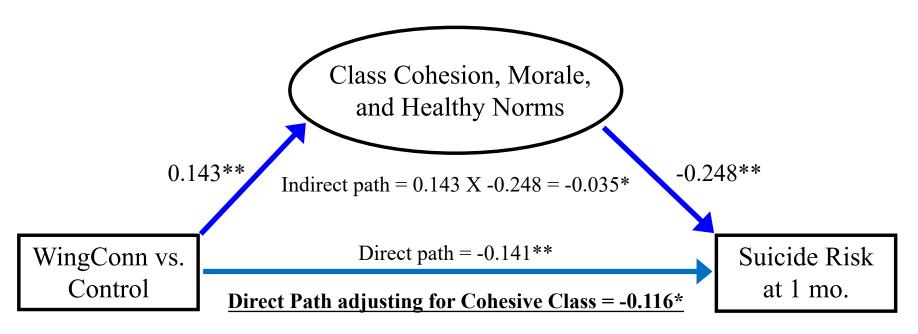
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### Wingman-Connect Impact on Cohesive Healthy Class Reduced Suicide Severity at 1-month (mediator)

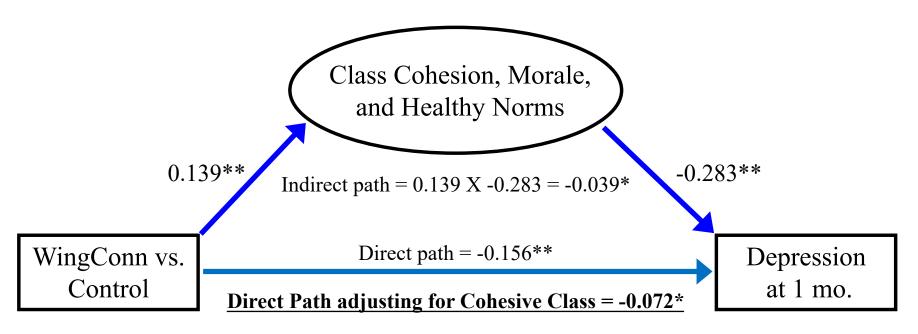


Note: Individual-level mediation (2-1-1 model).

\*\* 
$$p < .01$$
 \* $p < .05$ 



### Wingman-Connect Impact on Cohesive Healthy Class Reduced <u>Depression Symptoms</u> at 1-month (mediator)



Note: Individual-level mediation (2-1-1 model).

\*\* 
$$p < .01$$
 \* $p < .05$ 



First universal program tested w/ RCT to reduce suicidal ideation and depression symptoms in general AF population

### Advantage of universal prevention where many will not seek help

• Benefited Airmen higher and lower risk at baseline

### Programs supporting mission and suicide prevention more sustainable

• 50% reduction in work problems (tech training only)

### Worked through expected mechanism-supports network health model

- Cohesive healthy class reduced SI and depression
- Engaging units as a group may be **essential** for ecological validity

### Expansion to operational USAF bases likely necessary, to promote protective working units for continuity of impact

### USAF approved expansion (horizontal/vertical) for further testing

#### Limitations

- No blinding of training condition
- Self-report (validated against clinical interviews)
- Trainers were research staff



#### **PROJECT TEAM**

Peter A. Wyman, Principal Investigator Bryan Yates, Senior Project Coordinator

Anthony R. Pisani, Co-Investigator Lacy Morgan-DeVelder, Lead Trainer

C. Hendricks Brown, Co-Investigator Karen Schmeelk-Cone, Data Manager

Eric Caine, Co-Investigator Ian Cero, Data Analyst

Kerry Knox, Co-Investigator Timothy McGowan, Trainer

Robert Gibbons, Co-Investigator Chelsea Keller, Prevention Specialist

Mark LoMurray (Consultant) Olivia Lewis, Trainer

Mariya Petrova, Trainer

#### **U.S. Air Force Partners**

Col. Tracy Neal-Walden AFSG

Lt Col. David Linkh AFSG

Col. Steven Pflanz AFSG

Lt Col. Kathleen Crimmins AFSG

Col. Wendy Travis AFMOA Col. Alicia Matteson HAF/A1Z

Col. Chris Robinson, HAF/A1Z Maj. Jordan Simonson HAF/A1Z

363 & 365 Training Squadrons SMSgt Chris Vaughan

Mrs. Jessica Ditson SAFB VPI Mr. Lawrence Brown 363 Training Manager



### Effectiveness-Implementation (in progress)

### Developing methods and process to study:

#### •Effectiveness:

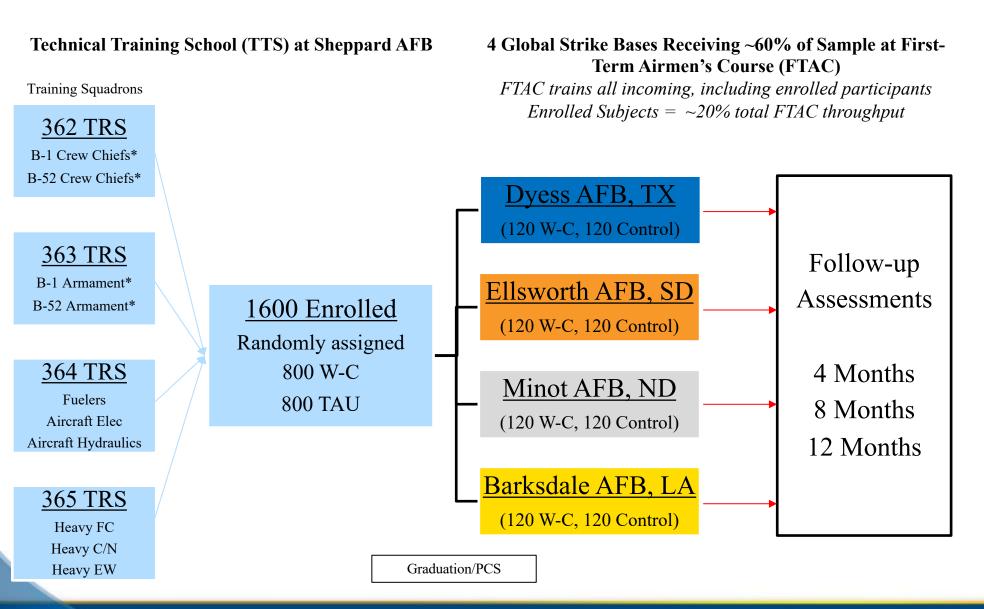
- Does Wing-Connect delivered by USAF reduce suicidal behavior?
- Implemented in training & operational AF bases (First Term Airmen Course)
- Optimize impact (to prioritize limited training resources if scaled up)
  - Impact if exposed in training, operational, or both?
  - Is impact increased as more co-workers trained (saturation, diffusion)?

### •Implementation:

- Leadership support required for effective, sustainable implementation
- Adapt G. Aarons' Leadership and Organization Change for Implementation (LOCI) measures/indicators
- Identify model to training USAF personnel to deliver



### Proposed: Participant flow in Hybrid Effectiveness/Implementation Study



Base #4

Base #3

Base #2

Base #1



Base #4

Base #3

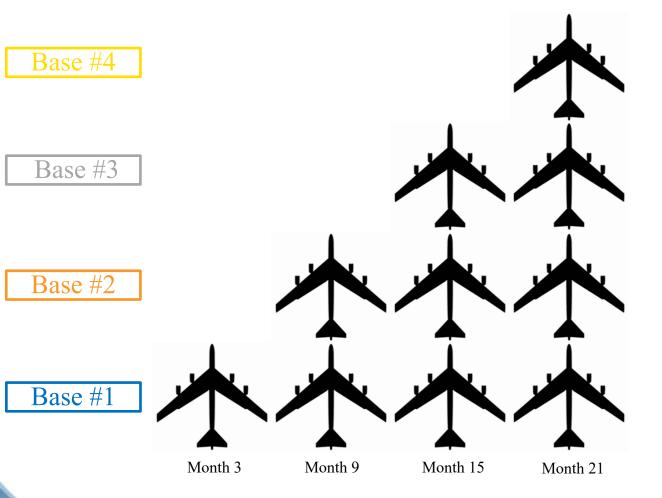
Base #2

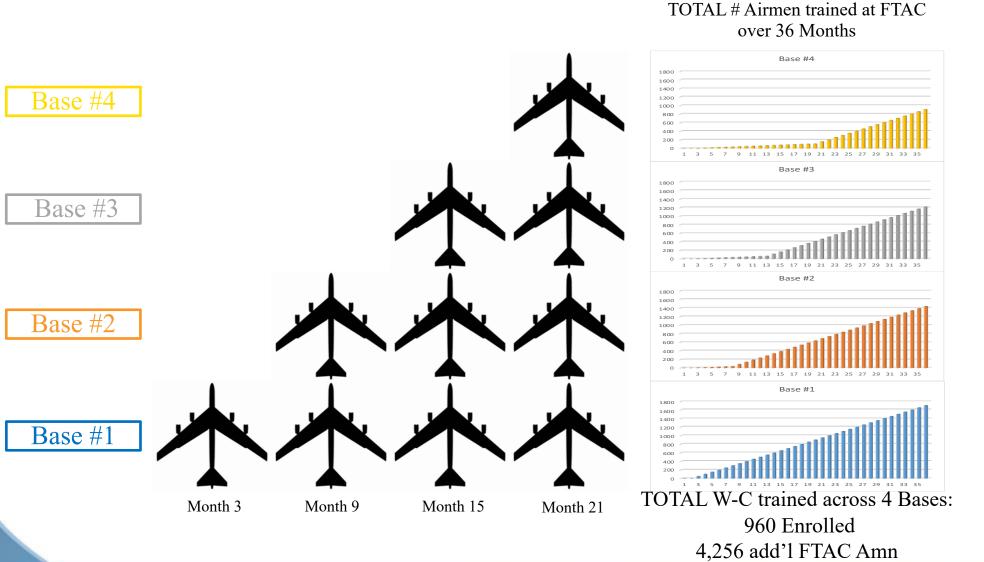
Base #1

Month 3

Month 9

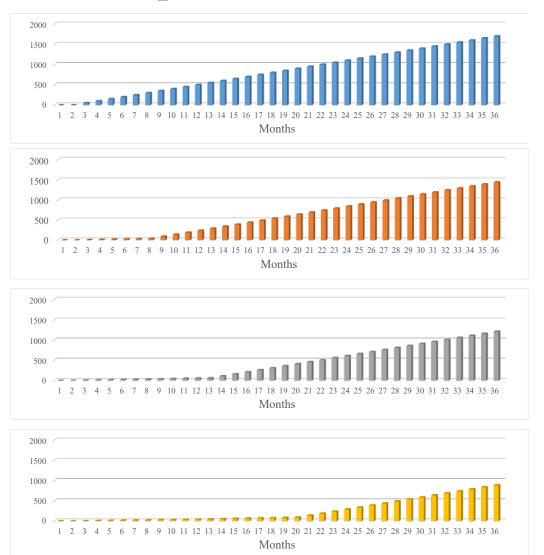
Base #4 Base #3 Base #2 Base #1 Month 3 Month 9 Month 15





### Distribution of Wing-Conn Exposure at 36 months

Base #1	N
No Wing-Conn	0
Wing-Conn in TTS Only	0
Wing-Conn in FTAC Only	120
Wing-Conn in Both	120
Base #2	N
No Wing-Conn	30
Wing-Conn in TTS Only	30
Wing-Conn in FTAC Only	90
Wing-Conn in Both	90
Base #3	N
No Wing-Conn	60
Wing-Conn in TTS Only	60
Wing-Conn in FTAC Only	60
Wing-Conn in Both	60
Base #4	N
No Wing-Conn	90
Wing-Conn in TTS Only	90
Wing-Conn in FTAC Only	30
Wing-Conn in Both	30





# Finding Ways to Fit Program and Delivery Improvement in Different Settings with Federal Research Mechanisms

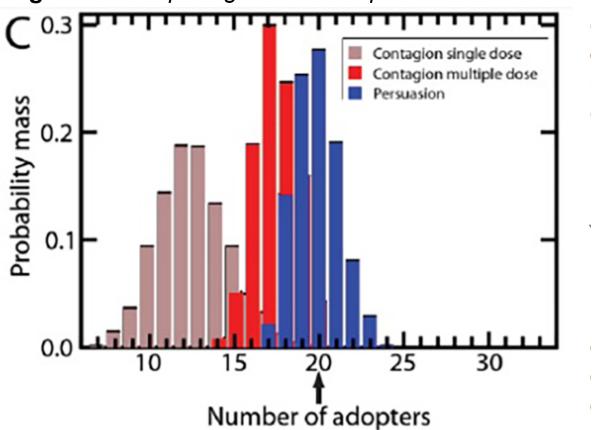
### Challenges

### "Scaling Out"

- Different Population, some of whom have had previous exposure
- Deliver in much different settings
- Mechanism of institutionalization is more expansive
  - Multiple exposures
  - See it in action "try it out and see if it works"
  - Diffusion across a hierarchical network (not peer leader diffusion)

# Multiple Exposure and Persuasion predicting number of adopters using simulation

Figure 3. Comparing Fit of 3 Adoption Mechanisms



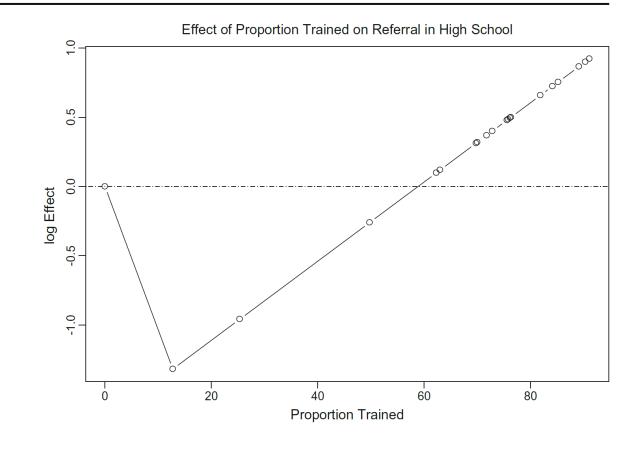
Weiss et al., 2014 Phys Ref X

# Analytic Modeling of Diffusion: How does impact depend on training saturation?

Prev Sci

**Fig. 1** Effect of proportion trained in QPR on referrals in high school

Wyman et al., Prev Sci, 2014



## Scaling Out: How can we borrow strength from existing data on effectiveness?

- Use Cohesive Health Unit Scale: as a hypothesized climate mediator
  - Group Cohesion
  - Perceived Group Morale
  - Healthy Norms and Practices
  - Number of respectful connections