CLEARINGHOUSE
FOR MILITARY FAMILY READINESS

Relationship Dissolution, Coping Strategies, and Suicide Prevention in Service Members:
Rapid Literature Review

Clearinghouse Technical Assistance Team

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PennState

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Clearinghouse for Military Family Readiness at Penn State

Executive Summary

This rapid literature review was conducted in response to a request for assistance in developing curriculum to promote positive coping strategies with the aim of preventing Service members suicide after experiencing a relationship failure.

Most people experience the end of a romantic relationship (i.e., a break-up) at least once in their lives. This can lead to personal growth and positive emotions for some individuals (Lewandowski, 2009), while being associated with decreased life satisfaction and increased psychological distress for others (Rhoades et al., 2011). In 2018, nearly 35% of Army personnel who made a suicide attempt reported relationship stressors being present within 90-days prior to that attempt. Among those who were successful in their suicide attempt, over 42% reported relationship stressors were present within 90-days prior to that attempt (Defense Health Agency, 2019).

This report provides the following elements:
- a synthesis of the literature, which includes background research, information on coping strategies, and an overview of a coping strategies measurement instrument;
- a list of programs placed on the Clearinghouse Continuum of Evidence;
- a list of programs not yet placed on the Clearinghouse Continuum of Evidence;
- recommendations for training development; and
- additional online resources.

Please note that this rapid literature review provides a <u>preliminary</u> examination of the research. Thus, given the brief timeline, this report is <u>not</u> intended to serve as a comprehensive review of the literature, and the resources provided are not endorsed by the Clearinghouse for Military Family Readiness at Penn State. Rather, the information about the resources is provided for you to make a data-driven decision about next steps.

Introduction

The Technical Assistance (TA) team at the Clearinghouse for Military Family Readiness at Penn State (Clearinghouse) conducted a brief, rapid literature review on the topics of coping strategies, relationship dissolution, and suicide prevention. Research that examines these topics was identified by searching peer-reviewed journal articles and grey literature, and an emphasis was placed on research published between 2011 and 2021. Search queries included various combinations of the following terms: coping, skills, strategies, relationship, failure, dissolution, break-up, suicide, suicidal ideation, resilience, Service members, efficacy, programs, and Brief COPE.

Background

Most people experience a break-up at least once in their lives. This can lead to personal growth and positive emotions for some individuals (Lewandowski, 2009), while being associated with decreased life satisfaction and increased psychological distress for others (Rhoades et al., 2011). In a study of unmarried 18- to 35-year-olds, those who were planning on getting married or were living with their partner at the time of the break-up had greater declines in life satisfaction after the break-up than those who were simply "dating." On the other hand, those who had higher quality relationships prior to the break-up had smaller declines in life-satisfaction after the relationship ended (Rhoades et al., 2011).

The 2018 Department of Defense Suicide Event Report indicates that among Army personnel who made a suicide attempt in 2018, relationship stressors (34.5%), legal or administrative stressors (32.7%), and work stressors (29.7%) were the most reported stressors within 90-days of the attempt. Among those who were successful in their suicide attempt, the same three stressors (i.e., relationship, 42.1%; legal or administrative, 31.8%; and work, 17.8%) were present within 90-days prior to that attempt (Defense Health Agency, 2019).

The Interpersonal Psychological Theory of Suicide (IPTS) posits that suicidal ideation stems from uncontrolled feelings (i.e., hopelessness) of perceived burdensomeness (i.e., an individual's perception that they are a burden and others would benefit more from their death than their life) and thwarted belongingness (e.g., lack of reciprocal relationships, loneliness, isolation), and perceived burdensomeness, thwarted belongingness, and capability for suicide are related to suicide attempts (Chu et al., 2017). In comparison, connectedness, belonging, and mattering are all linked to improved behavioral health conditions, including a reduction in suicidal ideation and behavior (Whitlock et al., 2012). Social support, considered a coping resource, has been shown to decrease the negative effects of a stressful event (e.g. break-up) (Blum et al., 2012). For instance, the Centers for Disease Control and Prevention (2005) recommends building and strengthening social connectedness within and among persons, families, and communities to reduce suicidal behavior.

Coping Strategies

Coping strategies are the behavioral, cognitive, and emotional strategies that a person uses to deal with difficult or stressful situations (e.g., break-up). While the categorization of coping strategies varies, emotion-focused coping and problem-focused coping are generally accepted as two categories of coping strategies. Emotion-focused coping seeks

to reduce negative feelings related to a stressor and reduce the impact of those feelings on oneself; this type of strategy is often selected when the person assesses the stressful situation as something that cannot be changed (Rice & Liu, 2016). Problem-focused coping seeks to change or manage the stressor itself (Blum et al., 2012).

The transactional theory of coping hypothesizes that coping is a continuous process of interpreting and responding to life's demands (Blum et al., 2012). How a person reacts to a situation is dependent on how they perceive it. First, a person determines if a situation is a threat, is positive, or is neutral. If a person perceives the situation as a threat or a stressor, they review the resources they have available (e.g., social support), what courses of action may be beneficial or detrimental, and if they have the self-efficacy to complete the desired actions (Blum et al., 2012). Coping effectiveness is dependent on an individual's set of coping strategies, as well as their ability to choose the right coping strategy for the right circumstance (Riolli & Savicki, 2010). A person's personality coupled with their perception of the stressor will influence the type of coping strategies and resources employed (Blum et al., 2012).

While coping strategies can be considered adaptive or positive and maladaptive or negative; however, labeling a certain coping strategy as adaptive or maladaptive is dependent on the situation (Blum et al., 2012). Thus, a coping strategy that is adaptive in one situation may be maladaptive in another. For example, problem-focused coping (e.g., active coping and planning) may be considered adaptive and beneficial when a person is able to take steps to change the stressor or problem. However, if a situation cannot be changed, continuing to use this strategy may be considered maladaptive (Allen & Leary, 2010).

Measuring Coping Strategies

There are several instruments that assess coping strategies. The instrument most often cited in the literature reviewed for this report is the Brief COPE inventory. The Brief COPE inventory is a shortened version of the original COPE instrument. The original COPE instrument consists of 15 subscales with 4 items per scale for a total of 60 items. The Brief COPE inventory consists of 14 subscales with two questions per scale (28 items). An overview of the measurement's subscales is provided below (Carver, 1997).

1. **Acceptance** is accepting a situation as it is.
2. **Using Emotional Support** is seeking moral support, sympathy, or understanding from friends, family, or others in the person's social support network.
3. **Using Instrumental Support** is seeking advice or assistance from other people.
4. **Humor** is using jokes to deal with the stressor or situation.
5. **Positive Reframing** is looking at a stressful situation in a positive light to turn it into something beneficial.

6. **Religion** is finding comfort in religious or spiritual beliefs, such as praying or meditating.
7. **Active Coping** is taking steps to remove or deal with a stressor. This may include the implementation of an action plan.
8. **Planning** involves thinking about how to best deal with the stressor. This may include the development of an action plan and specific steps to take.
9. **Denial** is refusing to believe a stressor exists.
10. **Self-Distraction** is doing things to take the mind off the stressor.
11. **Substance Use** is using chemicals to reduce feelings associated with a stressor to make oneself feel better.
12. **Behavioral Disengagement** is reducing one's effort to deal with a stressor or giving up on attempting to cope with the stressor.
13. **Self-Blame** is blaming oneself for what has happened.
14. **Venting** is expressing negative feelings or saying things to let the unpleasant feelings escape.

To view the Brief COPE inventory, please visit
https://local.psy.miami.edu/faculty/ccarver/sclBrCOPE.phtml

Coping Strategies and Resilience

As noted earlier, coping strategies can vary greatly and can be considered both positive and negative, depending on the person, stressor, and environmental context. Individuals can also engage in proactive coping where they learn new skills to combat future stressors and build their coping resources (e.g., social supports) (Blum et al., 2012). Resilience, defined as "the potential or manifested capacity of a dynamic [human] system to adapt successfully to disturbances that threaten the function, survival, or development of the system (Masten, 2015, p. 187)," refers to positive adaptation after adverse experiences (National Academies of Sciences, Engineering, and Medicine, 2019). According to Rice & Liu (2016), among active-duty Service members, less use of self-blame and more use of positive reframing predicted higher levels of resilience.

In a cross-sectional study of 200 Service members and military nurses stationed in Taiwan, the use of approach-oriented coping strategies was the most significant factor in predicting resilience and positive well-being among participants. Approach-oriented coping is defined as active coping, planning, positive reframing, acceptance, use of emotional support, and use of instrumental support. Resilience also significantly predicted positive well-being and positive well-being predicted perceived health (Chen et al., 2018).

Coping Strategy Diversity and Adjustment

Heffer & Willoughby (2017) conducted a study with college students to explore if using multiple coping strategies influenced how students adjusted to stressful situations. The results of the study show a bi-directional association between the use of negative coping strategies (i.e., self-blame, self-criticism, alcohol use, and giving up) with depression. In

contrast, using a greater number of positive coping strategies (e.g., religion, seeking support, reframing, and humor) was associated with better adjustment over time than using a smaller number of positive coping strategies. Better adjustment involved less suicidal ideation, using a fewer number of negative coping strategies, higher self-esteem, and better academic achievement. The second finding was that employing a large variety of positive coping techniques a little may have greater benefit than using a few positive coping techniques a lot among college-aged adults (Heffer & Willoughby, 2017).

Using the Positive Reframing Coping Strategy After Relationship Failure

Lewandowski (2009) conducted a study with undergraduate students who recently experienced a break-up (i.e., within 6-months of the study) to examine how positive reframing in the form of a writing exercise can influence emotions. In the study, participants were randomly assigned to one of three groups. The first group was asked to write about their positive feelings towards the relationship that ended, the second group was asked to write about their negative feelings towards the relationship that ended, and the third group was asked to write about their opinions on topics not related to their relationship that ended. The participants who were assigned to write about their positive feelings had greater increases in positive emotions immediately after the writing exercise (i.e., within 2-days) than those who were assigned to write about their negative feelings or the control group. These findings suggest that positive writing following relationship dissolution may increase positive emotions in the short-term (Lewandowski, 2009).

Programs Placed on the Clearinghouse Continuum of Evidence

The TA team conducted a search on the Clearinghouse Continuum of Evidence (Continuum) for prevention programs that may be suitable for implementation by non-clinical staff to build coping skills or address suicide prevention in Army personnel that may be experiencing a relationship failure. Five programs placed as Promising on the Continuum, and two programs placed as Unclear + on the Continuum were identified as meeting some of the criteria above. Please note that this is not intended to serve as an inclusive list. In addition, programs were omitted from this list if they indicated that clinical staff were required to implement them. Programs with an asterisk (*) have been implemented in a military population.

To read more about the Continuum or to conduct a search of programs reviewed by the Clearinghouse, please visit www.continuum.militaryfamilies.psu.edu

Five Programs Placed as Promising on the Continuum

Program Name (click on name for factsheet)	Target Audience	Summary and Components	Program Length
Crisis Response Plan (CRP)*	This program is for individuals who are in crisis and are considering suicide.	This is a community-based program. It is designed to reduce the risk of suicide attempts and the intensity of suicidal ideation by helping participants learn to manage intense feelings during difficult situations. The CRP begins with an assessment where the participant shares their most recent suicidal crisis with a trained facilitator. The CRP is then created by the participant which includes personal warning signs, coping strategies, reasons for living, social support, and contact information for professional crisis support.	The CRP typically takes less than 30 minutes to create.
Mental Health First Aid (MHFA) - Adult*	Adults	This is a community-based program. It is designed to enhance participants' mental health literacy, improve their confidence in helping others who are dealing with mental health issues or who are suicidal, and reduce stigma against mental health conditions. Participants are taught the following action plan: assess risk of suicide or harm; listen non-judgmentally; give reassurance and information; encourage person to get appropriate professional help; and encourage self-help strategies (ALGAE).	The program is delivered as one 8-hour interactive course, two 4-hour sessions, or four 2-hour sessions.

Program Name (click on name for factsheet)	Target Audience	Summary and Components	Program Length
Mindfulness-Based Stress Reduction (MBSR)*	Individuals who are 13+ and who are experiencing emotional or mental stress from an illness, injury, or life circumstance.	This is a community-based, school-based, or work site group intervention. It is designed to help participants manage and reduce stress and improve their ability to cope with challenging circumstances. The program consists of three components: explanation of mindfulness, stretching, yoga, and the mind-body connection; instruction on mindfulness, stretching, and yoga; and group discussion on problem-solving barriers.	Participants attend eight weekly 2.5-hour sessions and a one-day retreat on a weekend, which totals 31 hours. In addition, participants are asked to devote 45 to 60 minutes a day to home practice.
Penn Resilience Training for College Students	This program is for first-year college students who are at risk for depression.	This is a cognitive-behavioral depression prevention program. It is designed to promote positive coping skills for young adults by helping them to change negative and automatic thinking patterns and by teaching adaptive behaviors, such as stress management strategies and positive communication techniques.	This intervention consists of eight weekly, 2-hour meetings and homework assignments.
Pro-Change Stress Management Program (formerly known as the Trans-theoretical Model (TTM)-Based Stress Management Program)	This program is for adults.	This is a community-based, online program. It is designed to help participants learn and practice long-term stress management techniques. This program uses the TTM and its five stages of change: precontemplation, contemplation, preparation, action, and maintenance.	The program lasts for at least 6 months. The beginning stages vary in length depending on individuals' readiness to change.

Two Programs Placed as Unclear + on the Continuum

Program Name (click on name for factsheet)	Target Audience	Summary and Components	Program Length
Moving Forward: A Problem Solving Approach to Achieving Life's Goals (Moving Forward)*	This program is for all adults, but it was originally designed for Service members and veterans.	This is an online or classroom-directed course. It is designed to teach participants problem-solving skills that can help reduce emotional distress and build resilience. Participants learn three sets of skills: problem-solving multitasking; stop, slow down, think, and act (SSTA), and planful problem-solving.	This program consists of eight modules and is self-paced.
United States Air Force Suicide Prevention Program (AFSPP)*	This program is for active-duty Air Force personnel.	This is a military program. It is designed to help prevent and reduce suicide rates for active-duty Air Force members. This program is comprised of 11 components that focus on increasing social support, developing social skills, and creating cultural norms that support help-seeking in the prevention of suicides. These include, but are not limited to leadership involvement, unit-based preventive services, wingman culture, guidelines for commanders on mental health services, and addressing suicide prevention through military education.	This program is integrated into the day-to-day activities of active-duty Air Force members, so implementation time is flexible and will vary. Additional time is necessary and will fluctuate.

Programs Not Placed on the Clearinghouse Continuum of Evidence

The TA team also conducted a rapid review of publicly available online sources to identify additional programs of interest. Four programs were identified and are listed below.

Please note that the programs listed below have not been vetted by the Clearinghouse and, therefore, are not placed on the Continuum. The following information is intended to serve as a summary of each program and is not intended to serve as a comprehensive review of the program's evidence base. The Clearinghouse is available to assist any individual who is interested in gaining more information about these or other programs by

offering a thorough review of the program's evidence and placing the program(s) on the Continuum free of charge to military affiliated partners.

Program Name (click on name for factsheet)	Target Audience	Summary and Components	Program Length
Army ACE Suicide Intervention Program (ACE-SI)	Service members (Army)	This training provides Service members with awareness, knowledge, and skills to intervene with those at risk for suicide. The purpose of ACE-SI is to help soldiers and junior leaders become more aware of steps they can take to prevent suicides and confident in their ability to do so.	3 hours
Penn Resilience Program and PERMA Workshops *Penn Resilience for College Students (listed on the Continuum and above) is one application of this program.	The program has been implemented with individuals from the following fields: Military Services, health care, law enforcement, teachers and professors, first responders, and more.	These programs use a train-the-trainer model and can be implemented in large in-person group formats, as well as breakout sessions. The website suggests completion of the program will increase well-being and optimism; reduce and prevent depression, anxiety, and conduct problems; reduce substance abuse and mental health diagnoses; and improve physical health.	Varies
Tools for Managing Stress and Worry	Service members and their families	This is a self-paced course. It is designed to help participants manage stress and worry through a series of brief and flexible educational modules. Modules include identifying problematic stress and worry, cognitive strategies, behavioral or action strategies, and tools for mindfulness and acceptance.	There are 16 lessons. Most lessons take 5-10 minutes, with the lessons introducing new tools taking about 20 minutes.
My MilLife Guide	Service members and their families	This is a text messaging program. It is designed to act like a portable health and wellness coach. Some of the topics included in the 8-week program include: stress management and overall wellness, relationship stress, sleep issues, personal finance, career goals, health care, education, and Military OneSource's non-medical counseling.	8-weeks

Recommendations for Training Development

- Consider developing a program with multiple components. For example, a universal component could broadly cover the importance of the workshop, explain what coping strategies are, provide an overview of the different types of coping strategies and which strategies may be useful after a break-up, allow participants to identify what types of coping strategies they currently use or have used in the past (e.g., have participants complete the Brief COPE instrument), allow participants to identify if they believe the coping strategies they use or have used are helpful, and provide an overview of how to help a Battle Buddy that may be in need of assistance.

- In addition to the universal component, targeted trainings could also be conducted for those who are interested. The topics to be addressed could be identify through a common-component analysis technique in which individual strategies or parts of a program are identified with the aim of finding components that are shared across programs (Chorpita et al., 2005). For instance, topics may include:
  - how to effectively use coping strategies for different stressors (e.g., a workshop on positive reframing, mindfulness, planning/developing an action plan),
  - building communication skills, or
  - improving confidence in helping others who are dealing with mental health issues or who are suicidal (e.g., Mental Health First Aid).

- Review the Centers for Disease Control and Prevention's "Training Development" website for tools to assist in developing, implementing, and evaluating the program (www.cdc.gov/training/development/index.html). One tool that may be especially useful is "How to Captivate and Motivate Adult Learners." This guide includes four steps to plan an engaging training session, a course outline example template, and job aids to help make your training more engaging and effective for adult learners (www.cdc.gov/training/development/pdfs/design/adult-learning-guide-508.pdf).

Additional Online Resources

- ***A Strategic Approach to Suicide, Suicide Prevention Resource Center***
  This webinar is designed for anyone who has been called on to develop or expand a suicide prevention program in a state or community. According to the website, this webinar can help you identify activities that will be effective in addressing the

problem of suicide and help you prioritize your efforts. The webinar can be completed within 2 or 3 hours.

- o https://training.sprc.org/enrol/index.php?id=31

- ***Manage Stress, U.S. Department of Veterans Affairs, National Center for Health Promotion and Disease Prevention***
This website provides additional resources for clients, including: a manage stress workbook, mindfulness and meditation recordings, tips for overcoming stress, along with other resources.
  - o www.prevention.va.gov/Healthy_Living/Manage_Stress.asp

- ***Real Warriors, Real Battles, Real Strength, Military Health System & Defense Health Agency***
This website provides additional resources for Service members, veterans and military families coping with invisible wounds. Among the topics covered are alcohol and drug use, depression and suicide, grief and loss, sleep, stress and anxiety, and family and relationships. Resources for those working with Service members and veterans are also available for free order or download.
  - o https://realwarriors.net/

Conclusion

Suicide remains a complex issue. According to the National Institute of Mental Health (NIMH; 2019), several varying factors may contribute to someone making a suicide attempt. Similarly, the treatments and therapies for people struggling with suicidal thoughts or actions may vary by the age, gender, physical and mental well-being of an individual, and by an individual's personal experiences and history (NIMH, 2019). Effective intervention and prevention efforts towards eliminating suicide should consider evidence-based tools and strategies that show the most promise in reaching outcomes (i.e., eliminating suicides) across a wide range of risk factors, including relationship dissolution.

The need for a diverse and multi-tiered approach to suicide prevention was the reasoning behind the pilot testing of the Zero Suicide Systems Approach (ZSSA) by the Clearinghouse at five Air Force bases. The ZSSA is a system-wide approach to improving outcomes and closing gaps in services rather than relying solely upon individual practitioners or one training or program response. There is strong evidence that systems-wide approaches to suicide prevention are more effective in reducing suicidal attempts than the use of individual programs or the efforts of individual practitioners. To read more

about the ZSSA, please visit https://militaryfamilies.psu.edu/wp-content/uploads/2018/04/Air-Force_ZSSA-Flyer_2018April16.pdf

Given the complexity of the issue of suicide, the Technical Assistance team acknowledges the limitations in the scope of this rapid review in thoroughly addressing a suicide prevention plan. However, the Clearinghouse is available to further help you think through your suicide prevention efforts by offering such supports as providing evidence-informed strategies around developing a suicide prevention response, considering what programs and strategies may already be in place in your context, and vetting the evidence-base behind programs or interventions which may be of interest to you in the future.

Additional Assistance

The TA specialists at the Clearinghouse provide support to professionals as they examine and make informed decisions about which programs fit specific situations and are worth the investment. Whether connecting one with the resources and tools to conduct a needs assessment in a specific community, suggesting the best evidence-based program or practice for a certain situation, or developing an evaluation plan, the TA team of experts is a call or email away.

Please visit the Clearinghouse's website at www.militaryfamilies.psu.edu or call 1-877-382-9185 to speak with a TA specialist.

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