

UNIVERSITY OF NORTH CAROLINA

# CHARLOTTE

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## ACTIVE-DUTY MILITARY SERVICE SUICIDE DEATHS IN 2021

# Joining Forces

Department of Public Health Sciences professor Robert Cramer leads a suicide prevention research project for active military personnel

BY MICHAEL J. SOLENDER

Robert Cramer, a noted public health scholar, is currently focused on a project that could be his most impactful to date after more than a decade of related research — suicide prevention intervention for active duty military personnel.

Cramer is the Belk Endowed Professor in Health Research in the Department of Public Health Sciences at UNC Charlotte. He's leading a collaborative team of researchers at Charlotte and from The Ohio State University and the Naval Medical Center in Portsmouth, Virginia, in a research project addressing effective suicide prevention therapies for military personnel.

It's a critically important mission, and one that has broad implications for the current mental health crisis reaching into all corners of life in America. Military suicide deaths occur at almost twice the rate of those in the civilian population. Cramer and his team see a complex systems and infrastructure problem calling for a public health approach to extend clinical interventions. They've been awarded a grant from the U.S. Department of Defense to fund a research project to assess, treat and prevent military suicide.

"To treat this solely as a clinical problem with therapy and medication is limiting," said Cramer. "Military suicide is a public health problem that needs public health solutions. These high rates are not simply because of trauma or PTSD. Lack of access to effective care, military culture, stigma associated with help-seeking and rigid processes surrounding areas like onboarding clinicians can all contribute to higher incident rates. Our research looks to apply a public health solution to remedy clinician shortage and access to care problems."

While proven suicide prevention therapies such as Dialectical Behavior Therapy, a form of skills training therapy focused on managing emotions and developing interper-

sonal skills, have long existed, they are often administered in burdensome ways over lengthy periods of time. Given inherent resource limitations, both time and access to clinicians, the U.S. military is eager to discover equally effective treatment options for its personnel that require fewer resources, provide better access and return healthy service members to duty more quickly.

### APPLIED RESEARCH: BOOTS-ON-THE-GROUND IMPACT

Cramer's work is illustrative of the strong culture and emphasis upon applied research at UNC Charlotte. As an aspiring top-tier research institution, the University provides fertile ground for a structured approach that brings academic rigor, discovery, analysis and innovation to solving complex societal problems.

It's particularly fitting that this project directly supports the U.S. military as the University's founding extends back to the period immediately following World War II as an evening college center opened to accommodate educational needs of returning veterans.

"That we're helping this high-risk group in direct partnership with the Navy, other branches of the military and Ohio State, one of the best training sites for clinical work for suicide prevention in the country, is tremendously gratifying," said Cramer. "This is an area of need where we can make a dent in the problem. As part of a community-engaged public health team, we are boots on the ground and looking to make a real difference in people's lives."

Earlier this year, Cramer, together with Justin Baker, an assistant professor with OSU's Department of Psychiatry and Behavioral Health, developed a study proposal for the DoD to evaluate the effectiveness of a type of suicide inter-

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## SUICIDE RATE OF ACTIVE-DUTY MILITARY PERSONNEL VERSUS U.S. GENERAL POPULATION

vention therapy being researched at OSU, Brief Cognitive Behavior Therapy. The therapy differs from DBT through focus on teaching coping skills and development of self-administered interventions such as mindfulness and behavioral modification.

With Cramer and Baker as co-principal investigators of the study, therapies are administered to naval personnel in need of therapy at Portsmouth. Independent groups receive either DBT therapy for 24 weeks or BCBT therapy for 12 weeks. Intervention outcomes are compared, analyzed and evaluated at the end of the study.

“We’re implementing a clinical intervention,” Cramer said. “But it’s a clinical intervention that has the potential to solve some of these problems like increasing access to care because it’s a group, it’s not individual therapy. It’s less clinician time, less burden. More people get effective care and are equipped to then use coping skills beyond the therapy room.”

Baker brings a unique perspective to the study from his own career in the Navy. He knows firsthand how academic research is designed to address real-world problems. “I served with the U.S. Navy at Camp Lejeune where I was assigned as a suicide prevention officer,” he recalled. “I started partnering with top-tier universities to advance the research. We had a patient population with tremendous need, and I was able to recruit investigators for studies at our site that allowed us to gain the benefit of their expertise, training and the newest interventions.”

### **COLLABORATION – GOOD SCIENCE AND STRATEGY**

Specialized university research leads to broad-based knowledge sharing and cross institutional collaboration and national thought leadership. Baker and Cramer connected through a mutual colleague, OSU’s Craig Bryan, a nationally recognized clinical psychologist and expert in military suicide prevention.

“We often collaborate with other universities in our research,” said Baker, noting collaboration is simply good science and a key strategy of research institutions. “Rob (Cramer) wanted to do a type of group study following



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Rob Cramer



“Every single person I work with on this study, whether they are at one of the universities or an employee of the Department of Defense, they all feel the same way. We want to be part of the solution, part of changing those numbers.”

Heather Rikli '14, MSW

Dr. Bryan’s work with individual BCBT treatment. We’ve done the legwork in forming a team, building a project, getting funding, setting up something that will hopefully have a clinical end systems impact, and now we get to do the important work.”

Cramer and UNC Charlotte have made a strong impression on Baker and his colleagues at OSU. “Rob’s scholarship and ability to mentor graduate students and teaching assistants is impressive,” said Baker. “He truly cares about the issues we’re exploring. He has a diverse background and experience in forensic psychology as well as within the LGBTQ+ community and even prison settings. He takes all of that and weaves it into the suicide prevention work that he’s doing.”

Being part of a team building upon existing research to give suicide intervention broader access is inspirational for others affiliated with the project. “Many of these folks who are dying by suicide aren’t receiving these interventions,” explained Lauren Khazem, research assistant professor and clinical psychologist in the Department of Psychiatry and Behavioral Health at OSU Wexner Medical Center. Khazem is a colleague of Baker and part of the clinical team on the project. She has prior experience with Cramer when they collaborated on a paper when she was a graduate student.

Khazem sees potential for application of their suicide prevention research beyond the military setting and into the everyday toolkit for civilian providers.

“We need to find ways to make these interventions briefer and expand their reach and accessibility,” Khazem said. “We’re looking into self-administered interventions and ways we can take these interventions and administer them in novel formats. When people don’t want to seek help, or can’t access it for a variety of reasons, whether it be stigma, financial concerns, not having the time or transportation to attend a therapy appointment, we need to help make this easier for people to [perform effective interventions] on their own. That’s the next kind of frontier of BCBT in our work here. It’s exciting to be part of that.”

Heather Rikli ’14, MSW, is a clinician project team member chartered to conduct group therapy sessions with naval personnel in Portsmouth. “We couldn’t do this project without support from the Department of Defense,” Rikli said. “Everyone plays a different role on the team, and we’re all

working on this together. The subject of our research is so incredibly important. Every single person I work with on this study, whether they are at one of the universities or an employee of the Department of Defense, they all feel the same way. We want to be part of the solution, part of changing those numbers.”

There’s no question suicide prevention intervention can save military lives and beyond. For Cramer, the work is all about providing the system and the individuals within it, more and better tools and training.

“Our work is not just treating active suicidality or recent suicidality,” Cramer said. “It’s also equipping active duty service members with the skills to take forward for future prevention and doing so in a format that creates bonds and gets more people in the door seeking help.”

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