

ARMY INSTITUTE OF PUBLIC HEALTH

USAPHC

Identifying Risk Factors for Suicide and Barriers to Behavioral Health Care in Military Populations Using Focus Groups

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Presentation Outline

PURPOSE: To provide information on how to use focus groups in identifying risk factors for suicide and barriers to behavioral health (BH) care in military populations.

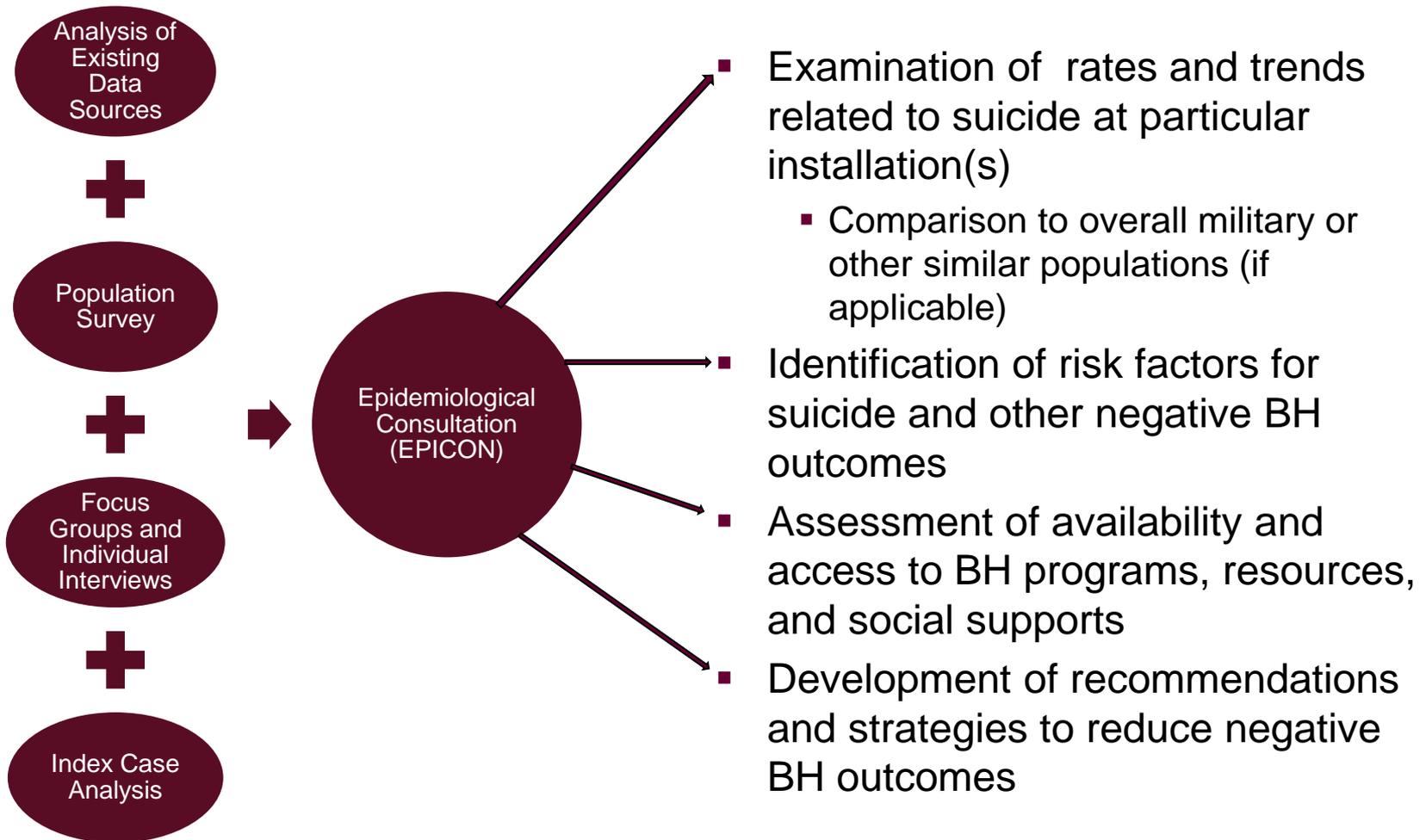
1. Overview of Behavioral Health Epidemiological Consultations (BH-EPICON)
2. Overview of BH-EPICON Focus Groups
3. Use of Focus Groups to Assess BH Risk Factors: Methods
4. Use of Focus Groups to Assess BH Risk Factors: Examples

Overview of Behavioral Health Epidemiological Consultations (BH-EPICON)

Behavioral Health Epidemiological Consultations (BH-EPICON)

- Behavioral and Social Health Outcomes Program (BSHOP) initiated in 2008 (Army Institute of Public Health, USAPHC)
- Field Studies section executes BH-EPICONS to:
 - Evaluate and characterize risk factors for suicide and other negative BH outcomes.
 - Conduct systematic surveillance and in-depth analysis of suicide and other negative BH outcomes in military populations.
 - Disseminate information regarding risk mitigation of suicide and other targeted negative BH outcomes that provide the basis for preventive action.

Possible Components of BH-EPICON



Overview of BH-EPICON Process

- Formal request for BH-EPICON from installation(s), VCSA, or OTSG
- Review of OORDER taskings and domains
- **Phase I: Preparation for EPICON**
 - Preliminary background data review
 - Collection of index case data
 - Preliminary site coordination and logistics
 - Survey and focus group (FG) design
 - Sampling plan development
 - Pilot testing of new materials (if applicable)

Overview of BH-EPICON Process

- **Phase II: Data Collection**

- Deployment of EPICON team(s) to installation(s)
- Implementation of survey and focus groups
- Offer any immediate implementable recommendations (safety related only)

- **Phase III: Data Analysis**

- **Phase IV: Findings and Recommendations**

- In-progress review briefings
- Final report

- **Phase V: Dissemination to Wider Audience**

- Presentations, white papers, info papers, journal articles

Scope of BSHOP Focus Group Activities to Date

- Six full-scale BH-EPICONS from November 2008 – August 2011
 - 13 TDY trips for focus group data collection
- 369 focus groups with 2,566 participants
 - 293 groups with Service members (n=2,138)
 - 76 groups with related populations such as family members, DA civilians, BH providers, and Chaplains (n=428)
- Data included 331 hours of digital recordings
- Team read and coded over 8,500 pages of written transcripts

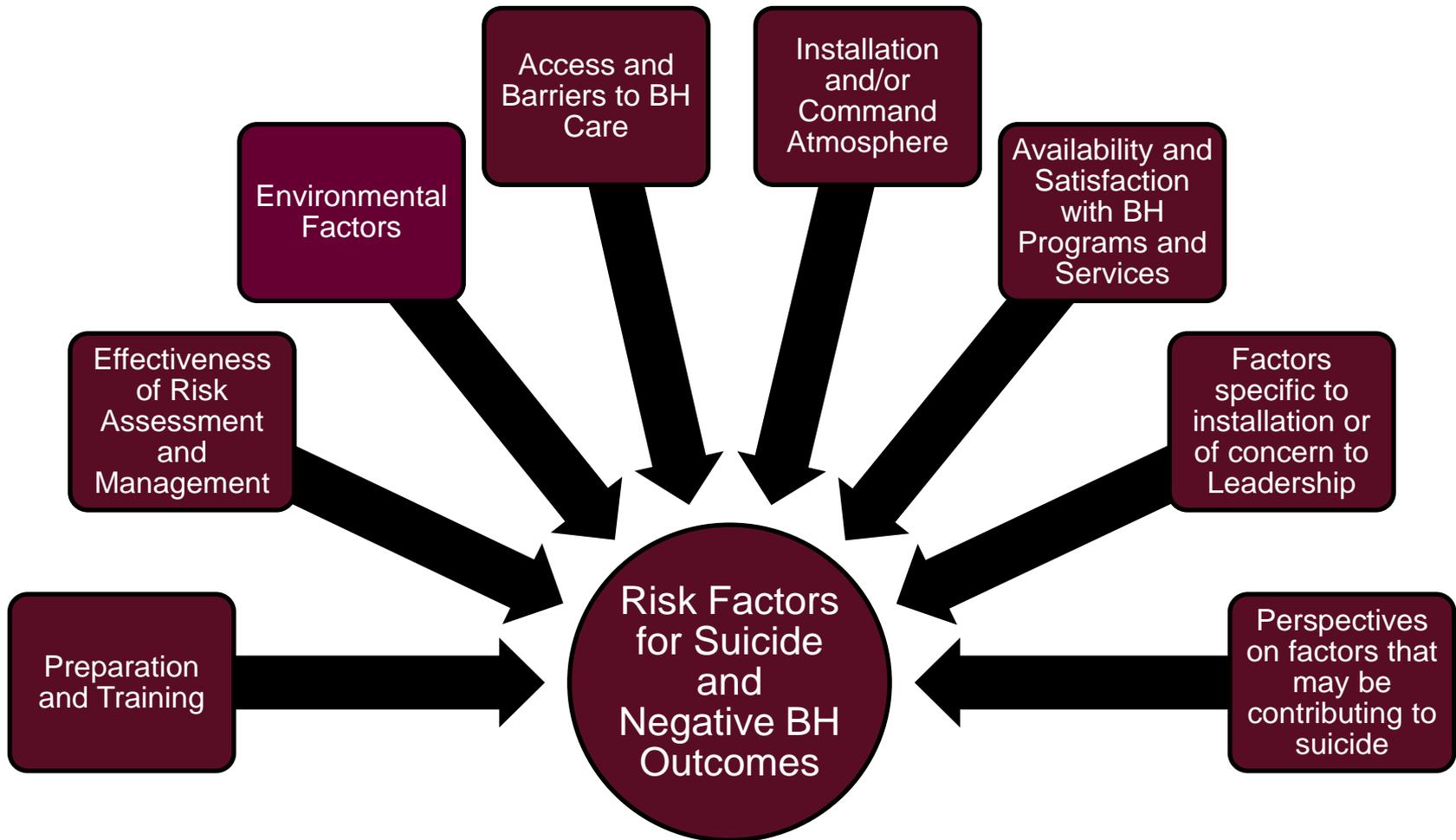
Overview of BH-EPICON Focus Groups

Purpose and Objectives of BH-EPICON Focus Groups

- Offer a safe environment in which Service members feel comfortable discussing sensitive information related to suicide and other BH concerns
- Use open ended questions to elicit a range of attitudes, opinions, and perceptions
- Create a synergy of dialogue between participants
- Provide contextual information to supplement other BH-EPICON findings
- Capture comments and/or language that gives a voice to Service members and related populations
- Identify similarities and differences in experiences and perspectives between groups (e.g., rank, installation, MOS)

Not easily gathered by other methods

Assessing Risk Factors: Typical BH-EPICON Focus Group Domains



How are BH-EPICON Focus Groups Different?

- Military service branches often use face-to-face methods to gain information about Service member perceptions and attitudes.
 - These methods do not typically utilize rigorous, standardized qualitative data collection or analysis methods.
- Focus groups are not:
 - Sensing Sessions
 - Group counseling/therapy
 - Town Hall Forums

Characteristics of BSHOP Focus Groups

- Approximately 6-10 participants per group
- Session length of approximately 60-90 minutes
- Sample stratified by like characteristics to increase comfort
- Trained, experienced facilitators
- Guided by semi-structured interview guide
- Sessions are digitally recorded & professionally transcribed
- Safety protocols in place to protect participants and facilitators
- Facilitator memoing immediately after group session
- Use of fidelity protocols
- Use of systematic, rigorous data analysis methods

Advantages of Focus Group Methods*

- Direct interaction, depth, and observation
- Open response format provides the opportunity to obtain large and rich amounts of data in the respondent's own words
- Group synergism occurs
- Very flexible; can be used by in a variety of settings
- Can uncover common understanding of an issue or problem
- Results easily understood by leadership

*Stewart & Shamdasani, 1990; Morgan & Krueger, 1993

Limitations of Focus Group Methods*

- Generalization of findings to larger population is limited
- Potential for immediate nature of the feedback may lead decision-makers to place greater faith in the findings than is actually warranted
- Rapid summarization and interpretation of results can be difficult
- The facilitator may bias results
 - Presence and direction of the facilitator influences the group process
- Interaction among the participants may have some potentially undesirable effects
- Individual interviews are more in depth and personalized

*Morgan & Krueger, 1993

Use of Focus Groups to Assess BH Risk Factors: Methods

Planning Focus Groups to Assess BH Risk Factors

- **Rapid Response Nature of Projects**
 - Often have very little time to plan and execute study
 - Requires team approach and use of lessons learned from previous EPICONS
- **Public Health Practice vs. IRB Approval**
 - Vast majority of BH-EPICONS considered PHP
 - All reviewed by Public Health Review Board
 - Use safeguards typically required by IRB
- **Large Number of Groups**
 - Required due to short data collection period
 - Ensure “saturation” is reached
 - Not meant to be generalizable, but seek representativeness

Planning Focus Groups to Assess BH Risk Factors

- **Importance of Service member liaisons and command buy-in**
 - Success of FG largely depend on relationships with liaisons at installation during the planning and implementation phases
 - Helps to identify organizational structure, key players, and underlying issues of concern
 - Command buy-in is essential, especially when installation command has not requested BH-EPICON
- **“Voluntold” Atmosphere**
 - Do not need to recruit FG participants; Leadership tasks Service members to report to FG
 - Potential for selection bias controlled with oversampling
 - Requires rapid introduction of BH-EPICON intent and purpose

Planning Focus Groups to Assess BH Risk Factors

- **Facilitator Training**

- Use of BH clinicians both beneficial and challenging; role must be clear
- Training requirements
- Familiarity with common and installation-specific acronyms helpful

- **Stratification of Focus Groups**

- Promotes comfort for participants and honest communication
- Addresses heightened concerns about confidentiality
- Particularly important to stratify by rank

Example Sampling Plan

Rank	MOS	Section 1			Section 2		
E1-E4	4 – E4 (MOS1) 2 – E4 (MOS2) 1 – E4 (MOS3) 3 – E1-E3 (MOS1 or MOS2)	<input type="checkbox"/>					
E5	4 – E5 (MOS1) 2 – E5 (MOS2) 1 – E5 (MOS3)	<input type="checkbox"/>					
E6	4 – E6 (MOS1) 2 – E6 (MOS2) 1 – E6 (MOS3)	<input type="checkbox"/>					
E7-E8	6 – E7 (MOS1) 4 – E7 (MOS2 or MOS3) 2-4 – E8 (Any MOS)	<input type="checkbox"/>					

Implementing Focus Groups to Assess BH Risk Factors

- **Group Arrival & Logistics**
 - Participants often arrive en masse
 - Participants may be confused as to purpose of FG
 - May have some difficulty with numbers
 - Need to be quickly sorted into correctly stratified groups (can be complex)
- **Establishing Rapport Quickly**
 - Warm welcome to secure buy in
 - Highlight command request and external nature
 - Create a safe environment
- **Confidentiality & Digital Recorders**
 - Vitally important to participants
 - Explain importance and obtain verbal permission

Implementing Focus Groups to Assess BH Risk Factors

- **Semi-Structured Interview Guide Questions Should:**
 - Be open-ended, straightforward, and easy to understand
 - Not lead participants, but allow for a range of opinions
 - Focus on particular topics, but not be exclusive
 - Discourage short answers and encourage discussion/stories
 - Focus on self and others to promote comfort
 - Treat participants as experts
 - Be sequenced to encourage honest communication
- **Facilitator Roles**
 - Stimulate conversation without engaging in it
 - Encourage participation by all participants
 - Avoid leading or biasing conversation
 - Use of appropriate probing questions to elicit information

Analyzing Focus Groups to Assess BH Risk Factors

- **Qualitative data analysis techniques**
 - Digital recordings transcribed word-for-word
 - Use of NVivo 8 qualitative software to organize data
 - Team analysis approach with up to three senior social scientists and two qualitative analysts
 - Constant Comparison method (Glaser, 1978; Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1990)
 - Open coding
 - Axial coding
 - Selective coding

Analyzing Focus Groups to Assess BH Risk Factors

- **Analysis Timeline (3-4 month turnaround)**
 - Requires education regarding time required for qualitative analysis
 - Difficult to balance with rigorous analysis practices
- **Transcription**
 - Often problematic with government contracting
 - Mistakes can alter meaning
- **Military Learning Curve**
 - 1-2 years to develop good working knowledge and comfort
 - Lean heavily on BSHOP Service members and other experts

Reporting Results Regarding BH Risk Factors

- **Mixed Methods Integration**
 - Balance short timelines with complex integration and triangulation
 - No “magic bullet” to prevent suicide and negative BH outcomes
- **Presentation of Findings to a Military Audience (BLUF)**
 - Leadership preference for BLUF reporting at odds with typical qualitative reporting styles
 - Must find balance of efficiently reporting results without losing meaning or detail
- **Dissemination to Wider Audience**
 - Negotiated with installation command

Use of Focus Groups to Assess BH Risk Factors: Examples

Recent BH-EPICONS Utilizing Focus Groups

- Wounded Warrior Preventable Death EPICON
 - To identify the factors that contribute to the higher rate of suicides and preventable deaths in the Wounded Warrior population
- Violent Death EPICON and Follow-up
 - To explore an increase in the rate of violent deaths among a Brigade Combat Team (BCT) and compare findings to a comparison BCT not experiencing the same increase
- Community Behavioral Health Surveillance EPICON following a Mass Shooting
 - Longitudinal study to assess community health status, needs, resources, and response effectiveness for 18 months after the shooting

Example Interview Guide Questions

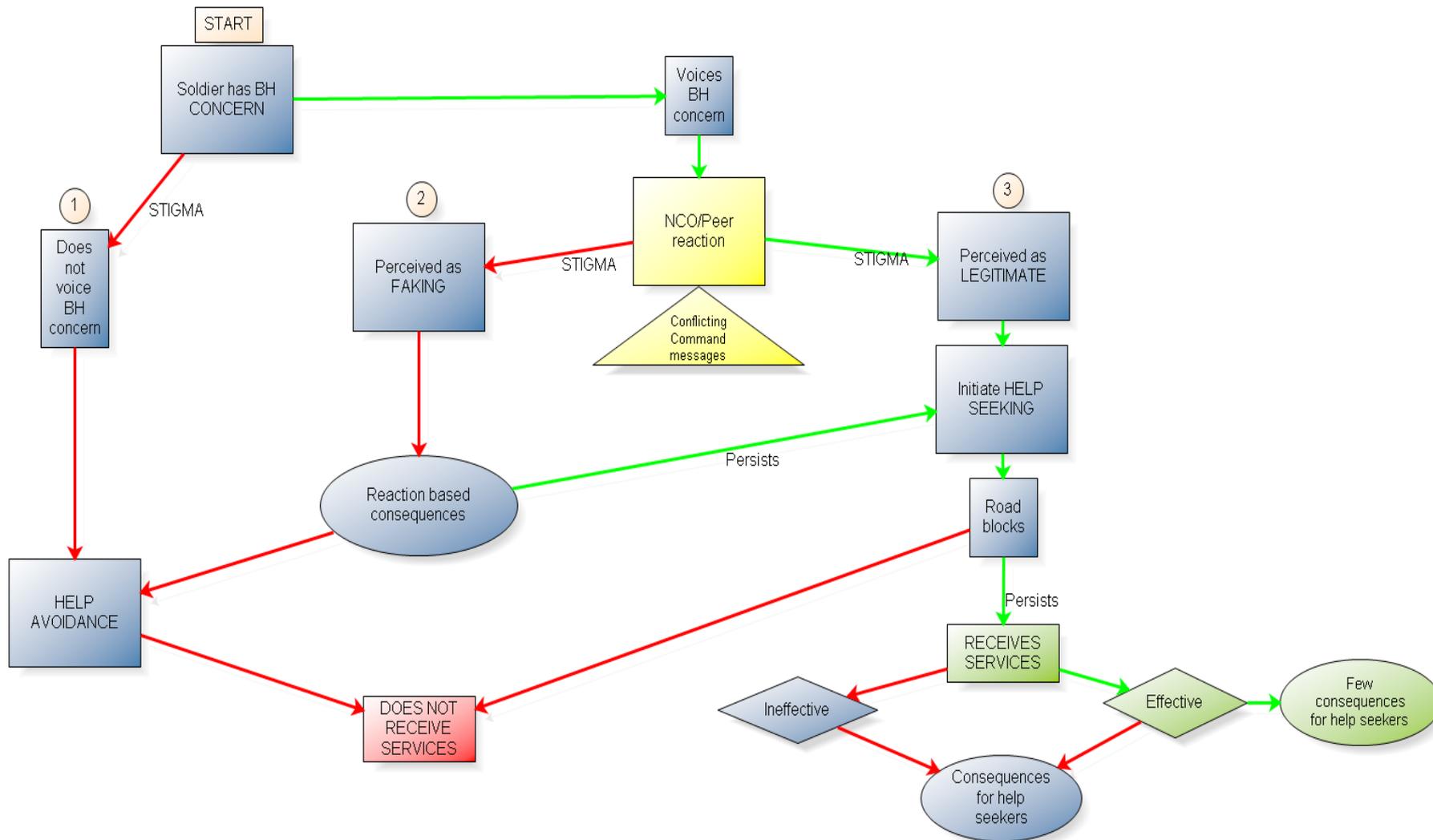
- Describe the living and social environment for Soldiers at XX installation.
- Describe your perceptions of cohesion and morale among Soldiers at XX installation.
- How does Command respond to Soldiers who seek help for behavioral or psychological problems?
- How do your peers or Soldiers at your same rank typically view Soldiers who seek help for behavioral or psychological problems?
- What do you think has been going on in relation to the recent suicides at XX installation?

Example of Focus Group Findings: Barriers to BH Care

Perceived as Malingering	Perceived as Legitimate BH Problem
<ul style="list-style-type: none"> No previous deployments 	<ul style="list-style-type: none"> Multiple past deployments
<ul style="list-style-type: none"> Low combat intensity during past deployment(s) 	<ul style="list-style-type: none"> High combat intensity during past deployment(s)
<ul style="list-style-type: none"> Upcoming deployment or field exercise* 	<ul style="list-style-type: none"> Dwell time
<ul style="list-style-type: none"> Poor work performance (current only or past and current)* 	<ul style="list-style-type: none"> Good work performance (past and current)
<ul style="list-style-type: none"> Many appointments* 	<ul style="list-style-type: none"> Few appointments
<ul style="list-style-type: none"> Many missed days of work* 	<ul style="list-style-type: none"> Few missed days of work
<ul style="list-style-type: none"> Recent change in performance or behavior* 	<ul style="list-style-type: none"> Obvious and severe psychological symptoms or exceptional life circumstance (i.e. death of close family member)
<ul style="list-style-type: none"> Recent or upcoming disciplinary action* 	<ul style="list-style-type: none"> Personally know Soldier well (difficult with high turnover)

* Indicates possible warning signs associated with behavioral health problems

Example of Focus Group Findings: Barriers to BH Care



Questions?

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