Military Suicide Research Consortium

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Welcome to the Military Suicide Research Consortium Project

The $17 million Consortium is part of an ongoing strategy to integrate and synchronize U.S. Department of Defense and civilian efforts to implement a multidisciplinary research approach to suicide prevention. Funded through the Military Operational Medicine Research Program (MOMRP), this innovative cutting-edge research aims to enhance the military’s ability to quickly identify those at risk for suicide and provide effective evidence-based prevention and treatment strategies.

Col. Carl Castro, Director
The Military Operational Medicine Research Program

Need Help?
Resources for Soldiers and Families

Announcements & Updates

- New Website
  We’ve launched the new look for the MSRC website.

- MSRC Consortium meeting
  The next MSRC Consortium meeting will be held on November 7, 2011 at the VA in Denver. Additional information forthcoming.

- New Perspectives on Suicide Prevention in Behavioral Healthcare

- PTSD app gives veterans a coping tool in Suicide Prevention Resource Center
Co-PIs

MIRECC
- Lisa Brenner, Ph.D., ABPP
- Pamela Staves, CNS, NP
- Perry Renshaw, M.D.
- Deborah Yurgelun-Todd, Ph.D.
- M. David Rudd, Ph.D., ABPP (University of Utah)

FSU
- Greg Riccardi, Ph.D.
- Jon Maner, Ph.D.
- Chris Schatschneider, Ph.D.
- Richard Wagner, Ph.D.
Award Date: September 28, 2010

Award Amount: $17 million
Background/Rationale

- Produce new scientific knowledge about suicidal behavior in the military
- Use high-quality research methods and analyses to address problems in policy and practice
- Disseminate knowledge, information, and findings
Organization Chart

CORE A
Executive Management

CORE B
INFORMATION MANAGEMENT/SCIENTIFIC COMMUNICATIONS

CORE C
MILITARY/CIVILIAN RESEARCH MONITORING CORE

CORE D
DATABASE/STATISTICAL MANAGEMENT CORE

Research Program

Disseminate to Decision Makers
Core A: Executive Management Core

- Responsible for ensuring that the mission is accomplished successfully
- In conjunction with Core B, coordinates public relations activities
- Develops procedures for publication and data dissemination
- Oversee disclosure of conflict of interest
Additional Elements of Core A

Military External Advisory Board (MEAB)
  - representatives from all branches, VA and civilian experts
  - establish initial gaps in the literature on military suicide to be filled by the research program
  - identifying research program members and outside collaborators

Peer Review Program
Core B: Information Management/Scientific Communications

- Responsible for disseminating consortium knowledge, information and findings
- Rapid response to queries
- Creates and uses controlled vocabularies to ensure accurate searching
- Technical assistance and support for decision makers
- Warehouses knowledge about suicidal behavior
Core C: Military/Civilian Research Monitoring

- Monitors current military and civilian research
- Works with MEAB for input to address gaps in research
- Contacts PIs/authors to request information about ongoing research
- Ensures that all aspects of the Consortium are relevant and sensitive to military-related issues
Core D: Database/Statistical Management

- Coordinates and assures quality of data collection, data management and data analyses across Consortium
- Provides support to research projects in the development of tools
- Monitors the accuracy and confidentiality of all collected data, ensuring data safety is provided
- Facilitates communication and sharing data, using a Progress Monitoring and Reporting Network (PMRN)
- Constructs a uniform database structure (UDS) across projects
Research Program Areas

- Treatment and Case Management
- Screening and Risk Assessment
- Basic Research (includes neurobiology and genetics)
- Prevention
- Postvention
MSRC Funded Research

- Caring Texts:
  - Katherine Comtois, PhD, University of Washington

- Behavioral Sleep Intervention
  - Rebecca Bernert, PhD, Stanford University

- Virtual Hope Box
  - Nigel Bush, PhD, National Center for Telehealth & Technology (T2)

- Reasons for Living
  - Craig Bryan, PsyD, University of Utah

- Anxiety Sensitivity
  - Norman B. Schmidt, PhD, Florida State University
Continuity Contacts Via Text (CCVT)

Texting a brief intervention to prevent suicidal ideation and behavior

Katherine Anne Comtois, PhD MPH
Michael McDonell, PhD
Richard Ries, MD

University of Washington Department of Psychiatry
Aims / Hypotheses

• Aim 1: Determine if the addition of 12 months of CCVT + TAU results in lower rates of suicidal ideation and behavior relative to TAU alone
  • 1a: Reduced suicidal ideation at 12 months
  • 1b: Fewer suicide risk incidents (i.e., those requiring medical evacuation or hospital admission) per participant over 12 months
  • 1c: Fewer total # of suicide risk incidents over 12 months

• Aim 2: Test two proposed mechanisms of action of CCVT outcome: 1) reduced “thwarted belongingness” and 2) increased engagement in behavioral health services
  • 2a: The effect of CCVT compared to TAU will be mediated by reductions in “thwarted belongingness” from pre to post-study
  • 2b: The effect of CCVT compared to TAU will be mediated by increased use of OP behavioral health services in CCTV condition
A Behavioral Sleep Intervention for Suicidal Behaviors in Military Veterans: A Randomized Controlled Study

Rebecca Bernert, Ph.D.
Department of Psychiatry and Behavioral Sciences
A Behavioral Sleep Intervention for Suicidal Behaviors in Military Veterans

Primary Aim 1: To develop and test an integrated, manualized behavioral sleep intervention for suicidality, MSPI (Military sleep-based preventive intervention) for suicidal behaviors

Primary Aim 2: To examine MSPI effects in lowering suicidal ideation and behavior compared to a control treatment

Secondary Aim 3: To examine MSPI effects on improving sleep indices (insomnia, sleep variability, nightmares, poor sleep quality) compared to control

Secondary Aim 4: To explore MSPI effects on improving mood and stress measures

Secondary Aim 5: To explore if mood or stress indices mediate or moderate MSPI suicidality reductions in treatment
Usability and Utility of a Virtual Hope Box (VHB) for Reducing Suicidal Ideation

Nigel Bush, Ph.D.
National Center for Telehealth & Technology
University of Washington
Virtual Hope Box

Phase 1: Prototype development & testing
- Translate design specifications into a working prototype
- Conduct usability testing
  - 20 active duty service members
  - Joint Base Lewis McChord (JBLM)
- Modify and improve the initial prototype based on feedback
Virtual Hope Box

Phase 2: Clinical Proof of Concept Testing

– Pilot with no fewer than 10 high-risk-of-self-harm Veterans
– VAMC Portland Mental Health Clinic
– Data collected
  - semi-structured interviews
  - electronic usage log
  - PHB & VHB Usability Questionnaire
  - Clinical in-person debrief
  - Clinician focus groups
  - Psychological Outcomes
Brief Intervention for Short-Term Suicide Risk Reduction in Military Populations

Craig J. Bryan, PsyD
University of Utah
Brief Intervention for Short- Term Suicide Risk Reduction in Military Populations

Hypotheses:

- The crisis response plan with reasons for living (CRP+RFL) intervention will contribute to significantly decreased risk for suicide attempts and hospitalization during follow-up relative to the crisis response plan alone (CRP) and treatment as usual (TAU).

- The CRP+RFL intervention will contribute to greater ambivalence about suicide and faster recall of reasons for living relative to the CRP and TAU interventions.

- Greater ambivalence about suicide and faster recall of reasons for living will mediate the relationship between intervention and reduced risk for suicide attempt during follow-up.
Development and Evaluation of a Brief, Suicide Prevention Intervention Reducing Anxiety Sensitivity

Norman B. Schmidt, Ph.D.

Florida State University
Development and Evaluation of a Brief, Suicide Prevention Intervention Reducing Anxiety Sensitivity

**Phase I** will include the modification of the existing AS reduction protocol and web-based application development.

**Phase II** will include piloting the application on a relevant sample (N=10-20) to solicit feedback and may result in further modifications to the application.

**Phase III**, if Phases I and II successful, RCT designed to provide evidence of efficacy for the intervention along with platform conversion of the application. Could be funded in period 2.
MSRC Common Data Elements

- Facilitate secondary analyses of aggregate data across all funded studies
- 55 items (approx 5/domain)
  - Anxiety sensitivity, insomnia, wish to live vs. wish to die, burden, belonging, hopefulness, TBI sequelae, PTSD symptoms, substance abuse, suicidal ideation, self-directed violence (suicidal and non-suicidal), suicide intent
MSRC Project Deliverables

- Development of comprehensive approach to preventing suicide among Military Service members and Veterans ensuring scientific basis exists to support suicide risk screening, assessment, prevention efforts, and interventions

- Creation of infrastructure for decision-makers and public for reliable information on questions regarding suicide and suicidal behavior in the military and Veterans

- Expanding knowledge, understanding, and capacity to prevent, treat, and enhance quality of life for those in military communities and the general public affected by suicide and suicidal behavior
Dissemination/Transition Plan

Website www.msrc.fsu.edu

Journal articles and books


Renewal of consortium after first period
Contact Information

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