

Military Suicide Research Consortium

Peter M. Gutierrez, Ph.D.

VA VISN 19 MIRECC

University of Colorado Denver, School of Medicine

Thomas Joiner, Ph.D.

Florida State University



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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**

[more...](#)

Internet 100%

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.

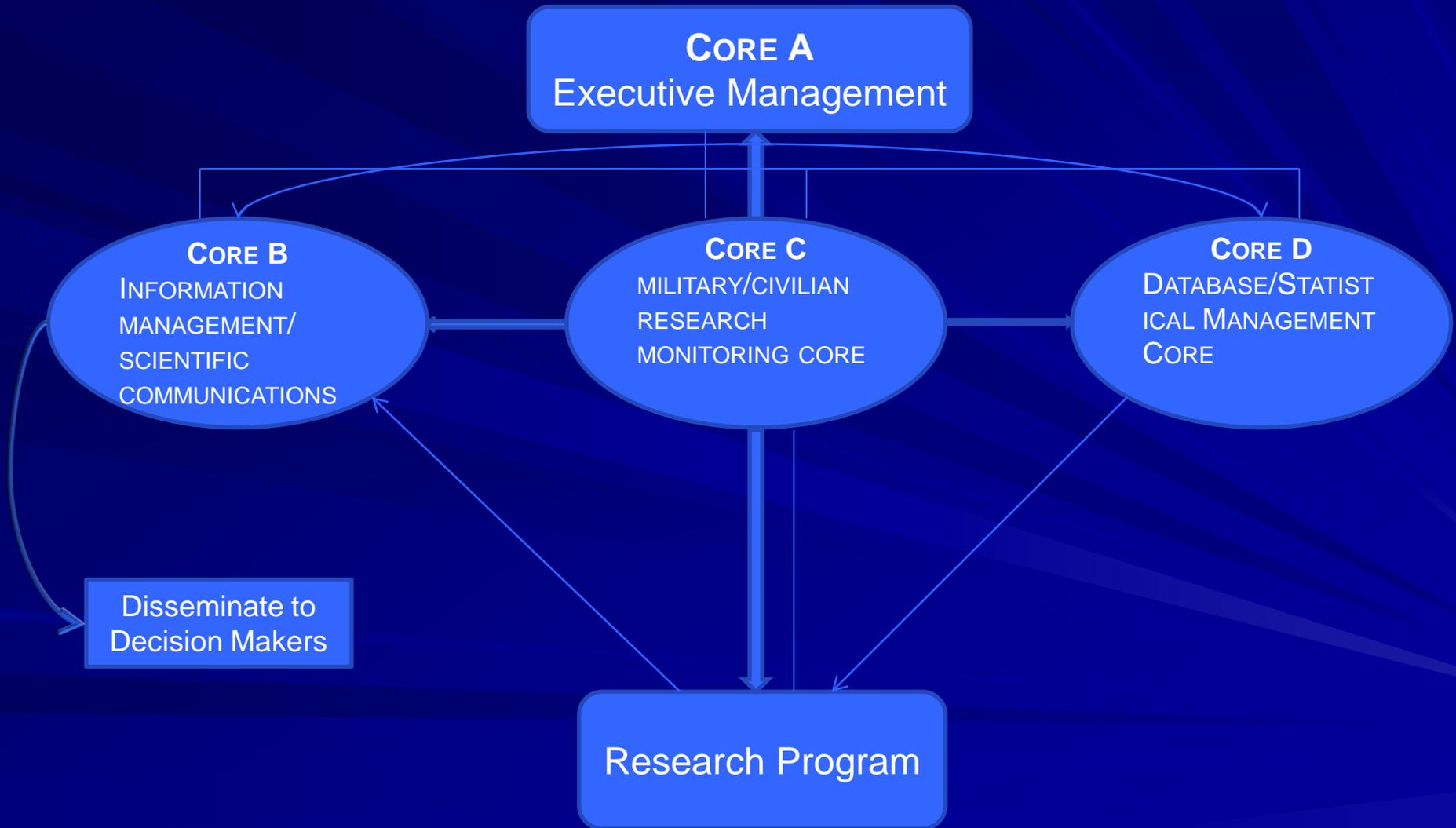
Award Date: September 28, 2010

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

- 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

Ribeiro, J. D., Pease, J. L., Gutierrez, P. M., Silva, C., Bernert, R. A., Rudd, M. D., & Joiner, T. E. (in press). Sleep problems outperform depression and hopelessness as cross-sectional and longitudinal predictors of suicidal ideation and behavior in young adults in the military. *Journal of Affective Disorders*.

- Renewal of consortium after first period

Contact Information

Peter M. Gutierrez, Ph.D.

VISN 19 MIRECC

Denver VAMC

peter.gutierrez@va.gov

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