# Introduction to VISN 19 MIRECC/ MSRC

Pamela Staves, RN, MS, NP

VISN 19 Mental Illness Research Education and Clinical Center

Military Suicide Research Consortium

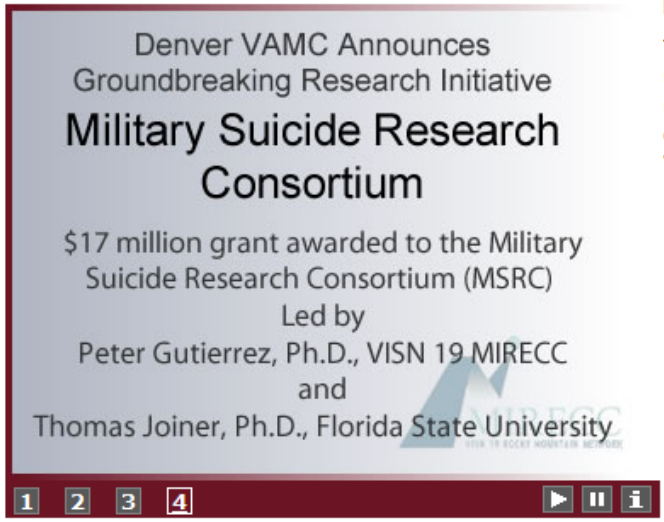
MIRECC
VISN 19 ROCKY MOUNTAIN NETWORK

Fort Collins/Greely Clinics
July 7, 2011

## MIRECC Centers



# MIRECC of the VA Rocky Mountain Network (VISN 19)




Click on any of the images above for more information.

**Mission:**

The mission of the VISN 19 MIRECC is to study suicide with the goal of reducing suicidality in the veteran population. To carry out this mission members of the VISN 19 MIRECC will:

- Focus on cognitive and neurobiological underpinnings that may contribute to suicidality.
- Develop evidence-based educational and clinical materials to identify and optimally treat veterans who are suicidal.
- Provide consultation regarding assessment and treatment planning for highly suicidal veterans.
- Mentor researchers in the area of suicidology.
- Collaborate with others in the study and treatment of veterans who are at risk of suicide.

### Key Personnel

**Lisa Brenner, Ph.D., ABPP**
Director
Director of Education & Psychology Fellowship Director
303 399 8020 ext. 2571

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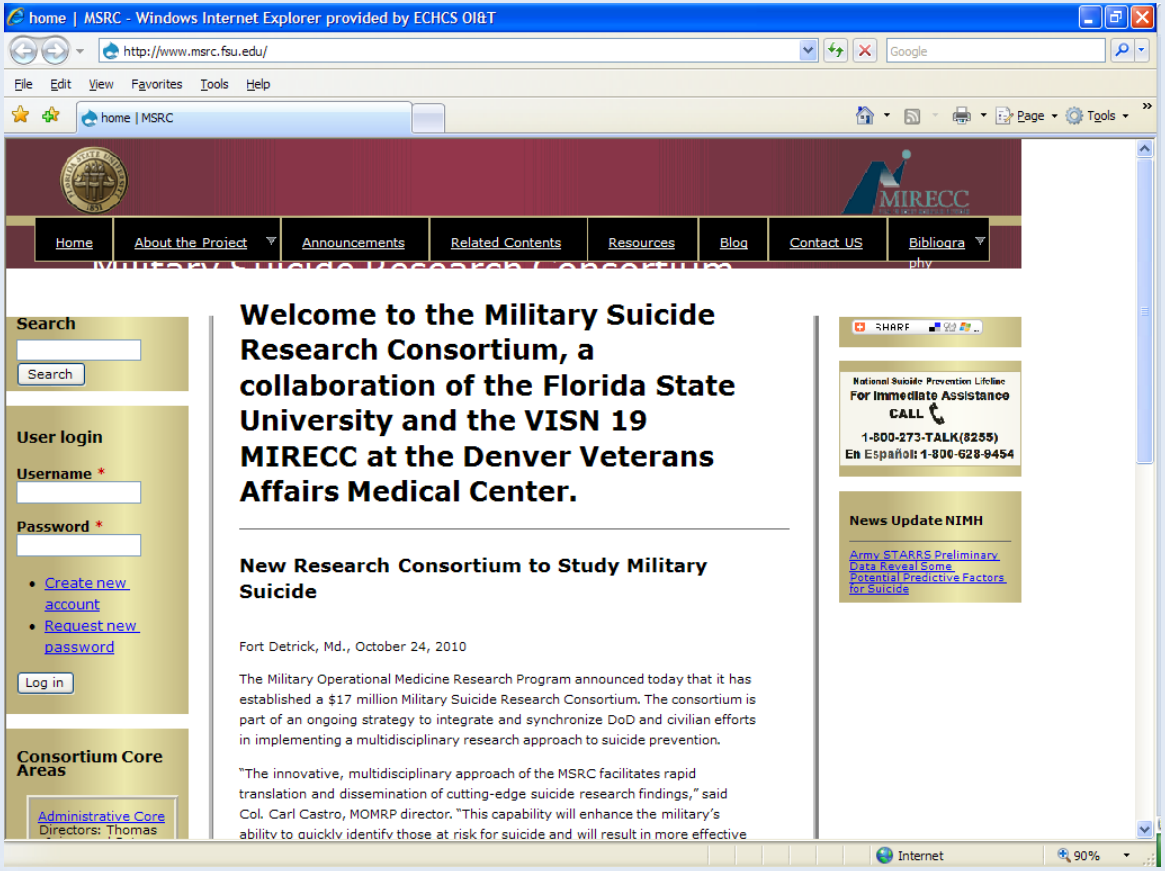
# Military Suicide Research Consortium (MSRC)

## http://www.msrc.fsu.edu/



# Military Suicide Research Consortium (MSRC)

Description Aims Goals Team

## Study Description and Background

Although suicide rates within the civilian population have remained relatively stable between 2001 and 2007, suicide rates for both the Army and the Marine Corps have steadily increased. Navy and Air Force suicide rates have demonstrated a slight increase; however, it is not clear at this junction if it is the beginning of an upward trend.

As part of the Department of Defense's comprehensive suicide prevention strategy, the MSRC will research the causes and prevention of suicide. Findings will provide the scientific basis for suicide prevention policy recommendations and clinical practice guidelines.

Service members from all branches will participate in the research conducted by MSRC members and may be drawn from active duty, reservist, and Veteran populations. Non-military participants will also be recruited as relevant to individual studies.

The MSRC has separate core components that focus on:

- information management and scientific communications,
- monitoring military and civilian research,
- and database and statistical management.

Download the study brochure

Visit the official Military Suicide Research Consortium (MSRC) website.

# Objectives

- Identify resources to learn about VA/DoD projects and research related to suicide
- Identify three products in development for the assessment, evaluation and treatment of suicidal behaviors

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# Suicide in the Military

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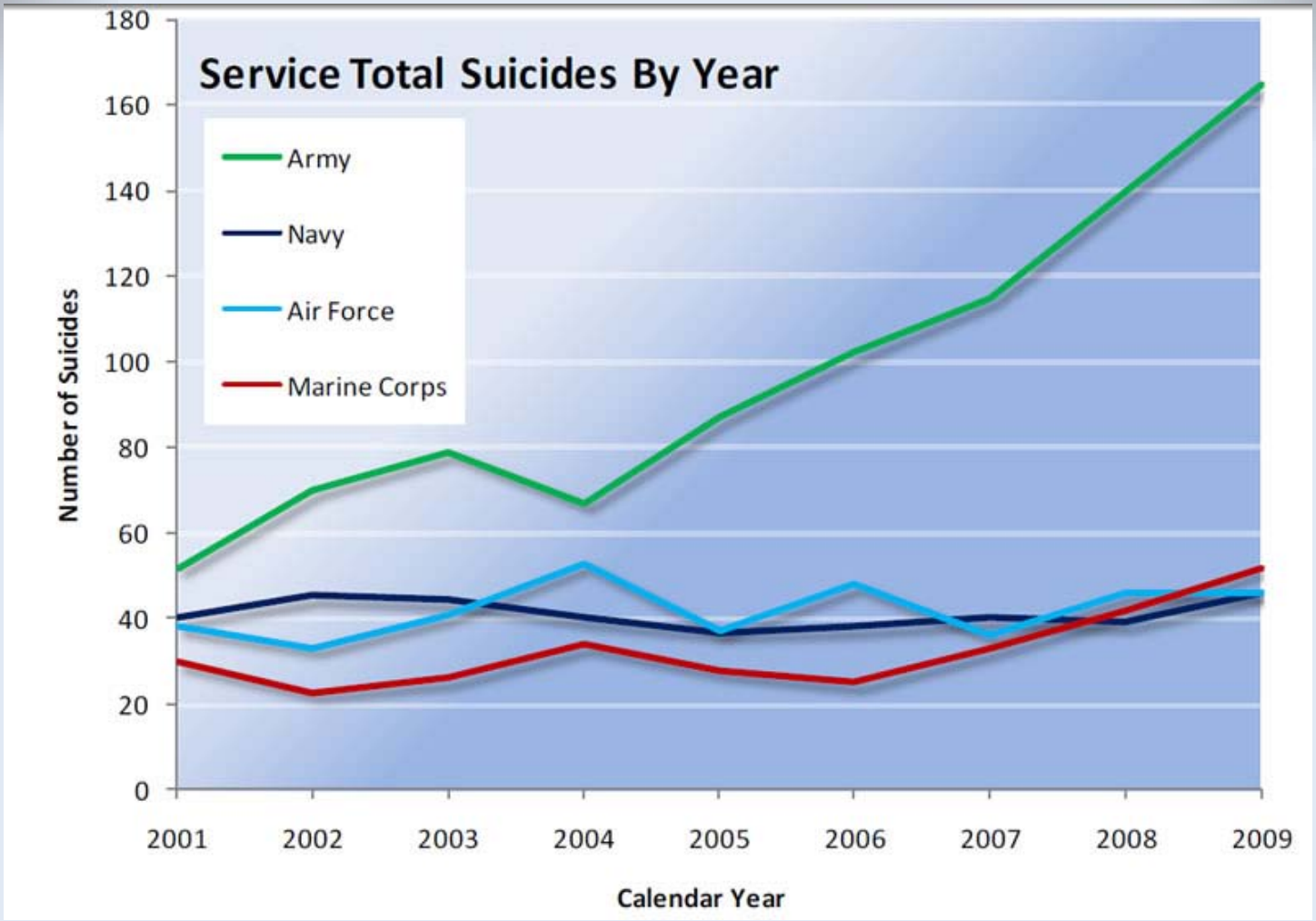


http://www.health.mil/dhb/downloads/Suicide%20Prevention%20Task%20Force%20final%20report%208-23-10.pdf

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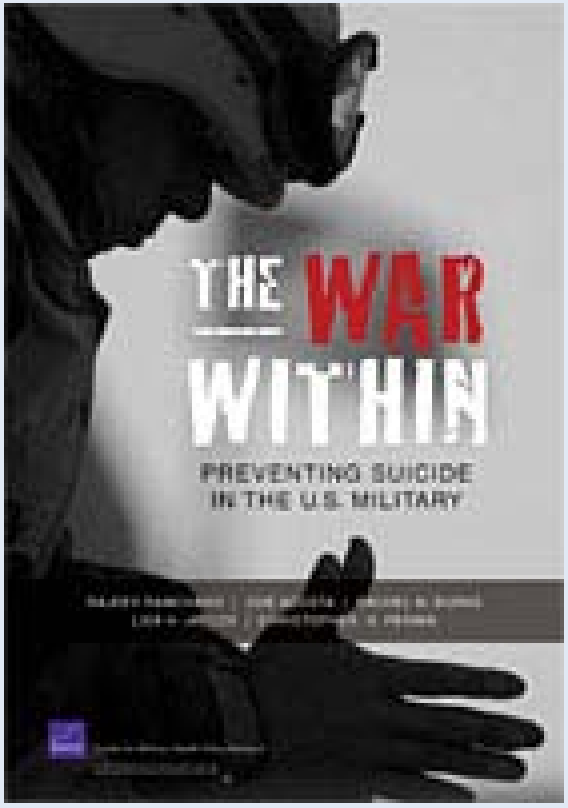


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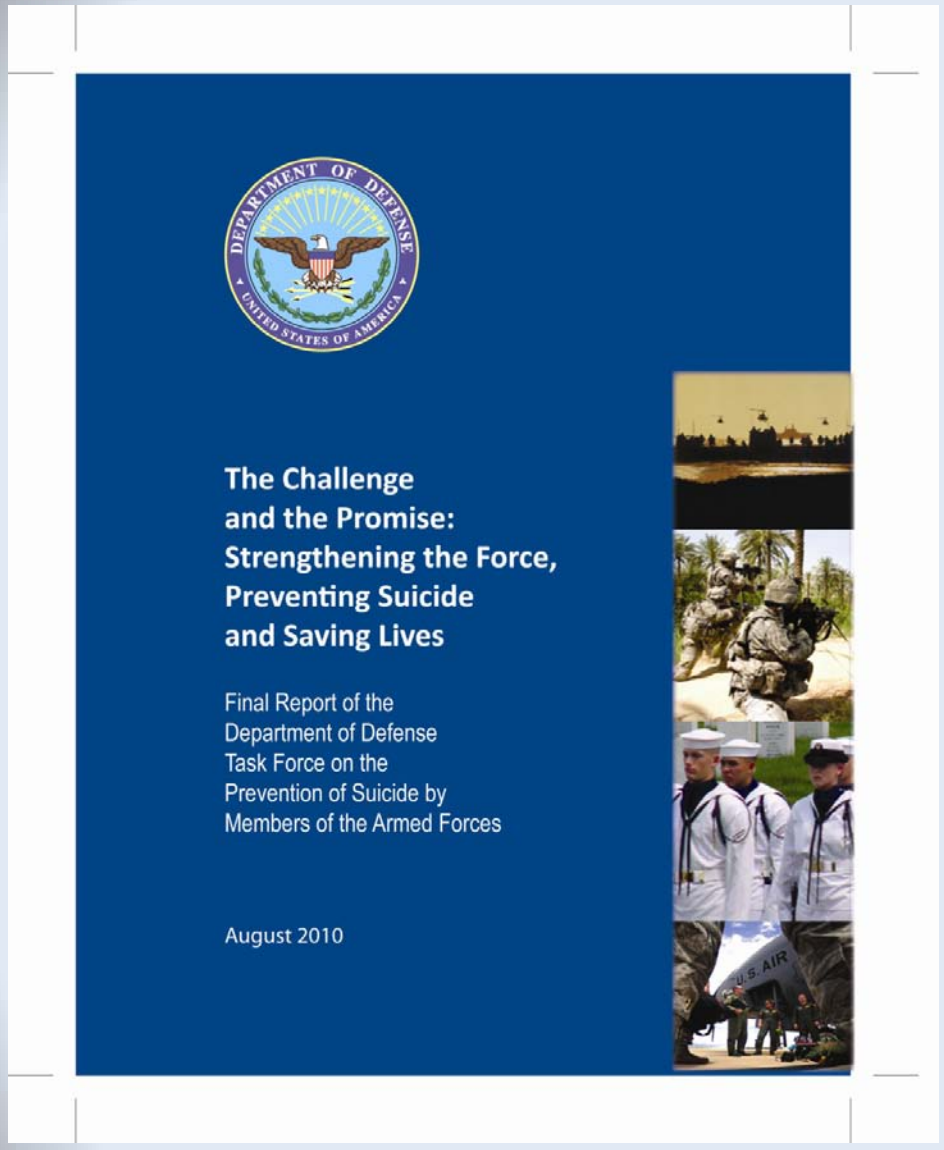
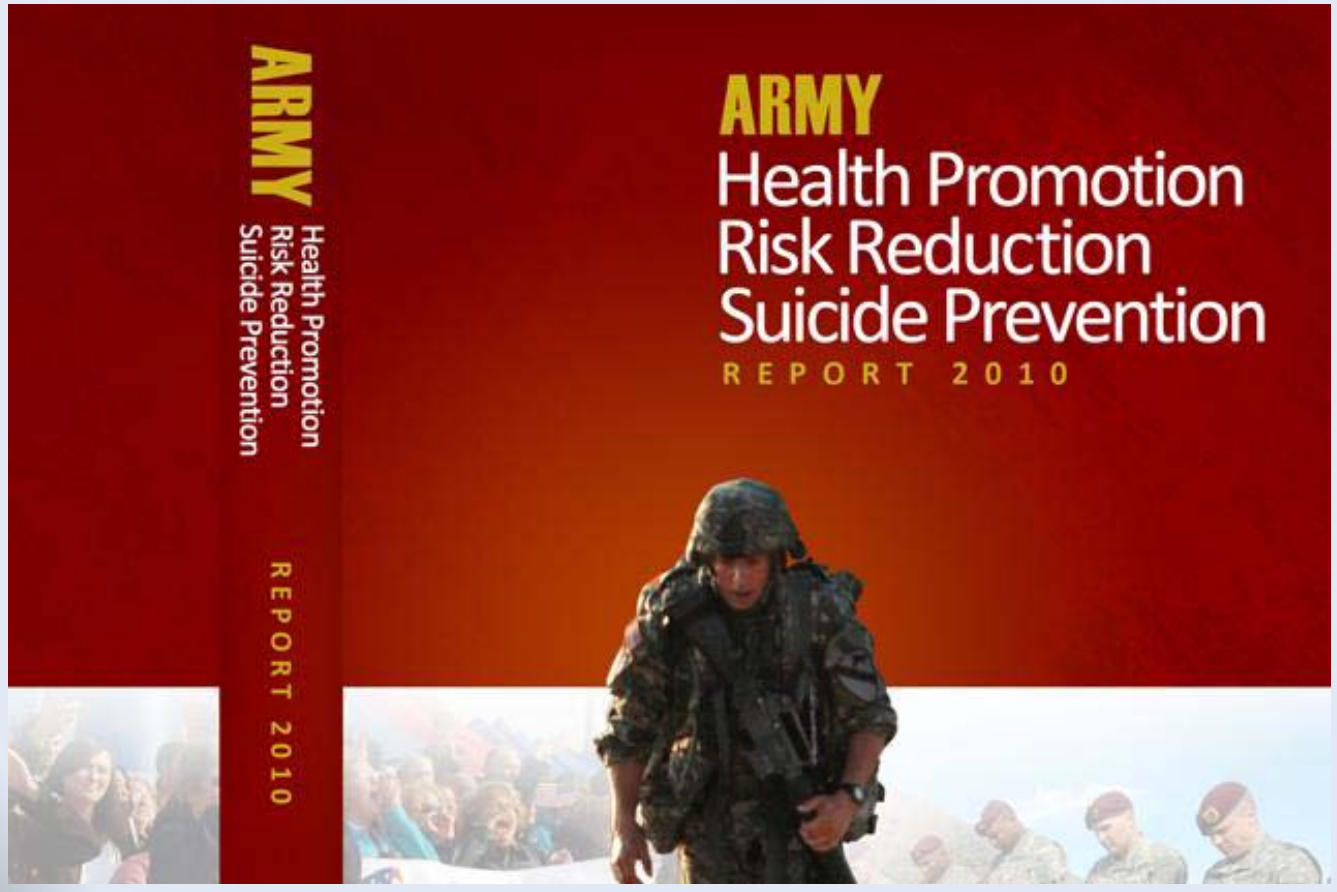
www.rand.org




http://www.health.mil/dhb/downloads/Suicide%20Prevention%20Task%20Force%20final%20report%208-23-10.pdf

http://www.army.mil/-news/2010/07/28/42934-army-health-promotion-risk-reduction-and-suicide-prevention-report/index.html



## How Do We Mitigate the Effects of Combat with the ultimate goal of reducing suicide in the Military?

- Recognize Problems Early
- Education/ Training
- Research
- Effective Interventions
  - Medical
  - Social
  - Mental Health
  - Spiritual
  - Cultural

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# Education


VISN 19 MIRECC Educational Services - MIRECC Centers - Windows Internet Explorer provided by ECHCS OI&T
http://www.mirecc.va.gov/visn19/VISN_19_Education.asp
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Page Tools
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Research
Study Participation
Education
~ Nomenclature
~ Conferences
~ Post-Doc
Presentations
Fellowship Info
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Personnel
Contact Us
Site Search
VISN 19 MIRECC Educational Services
Surviving Suicide TBI & Suicide Risk Assessment & Prevention
PSYCHOLOGY ETHICS IN THE VA: A Starting Point
Developed by the VAPTC - Clinical and Executive Committees
This presentation attempts to answer the question regarding ethics – what is right or what should be done in uncertain situations when values conflict.
View the PowerPoint slide show.
SAVE THE DATE: SEPTEMBER 9, 2011
The VISN 19 MIRECC invites you to The 4th Annual Traumatic Brain Injury & Suicide Prevention Conference: Traumatic Brain Injury, Aggression and Self-Directed Violence.
More information
The VA Ace Card
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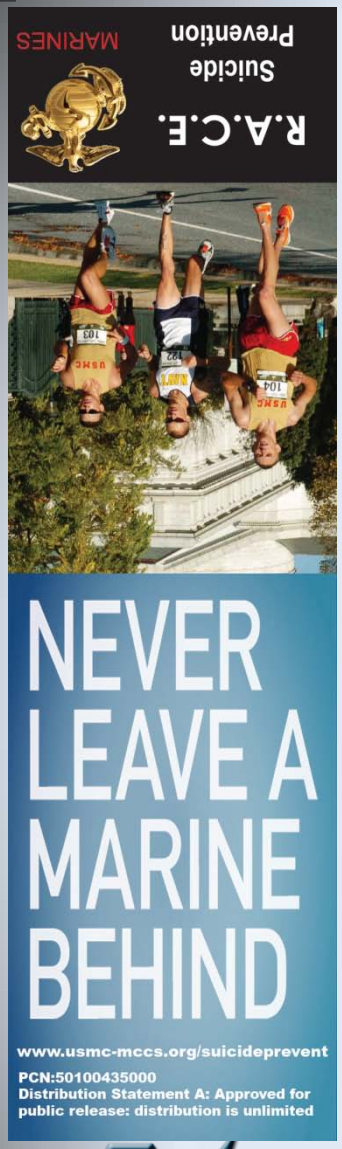
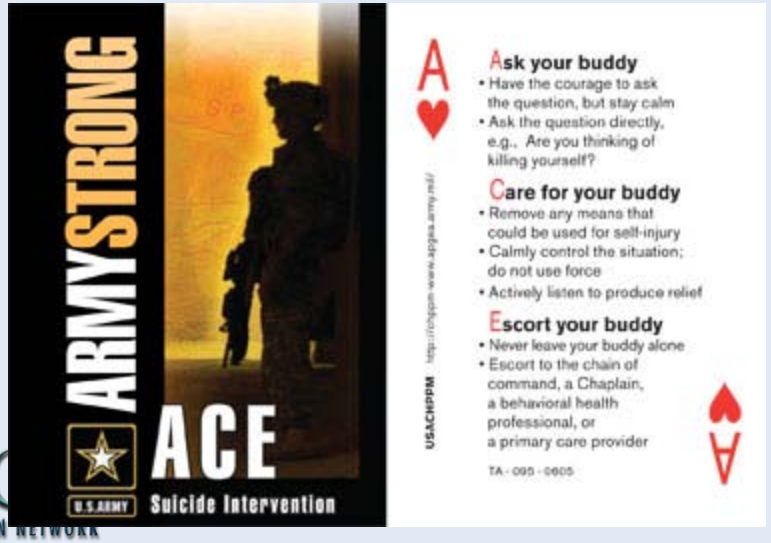
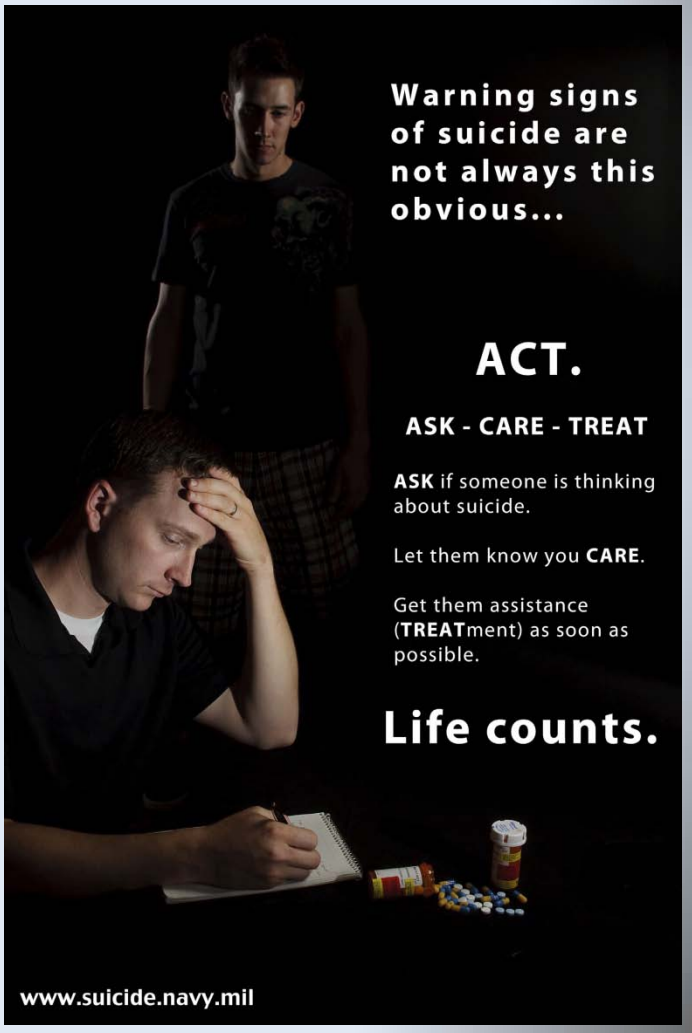
# Ace Cards





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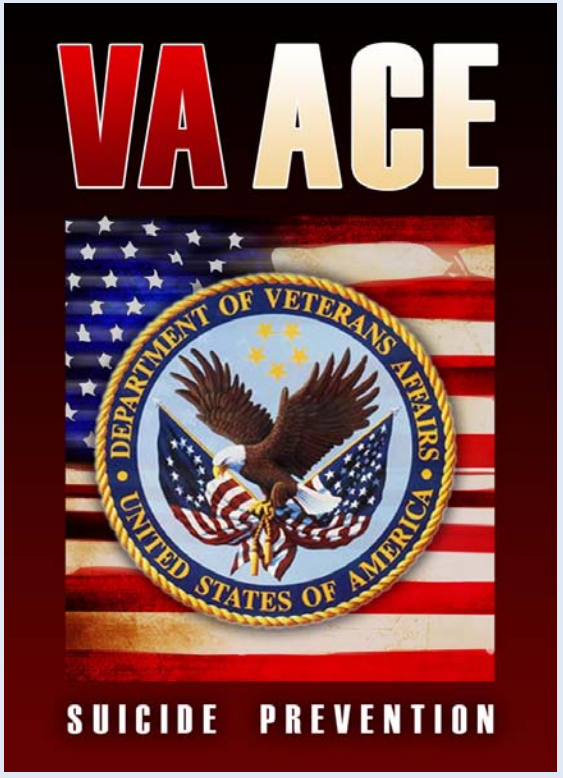
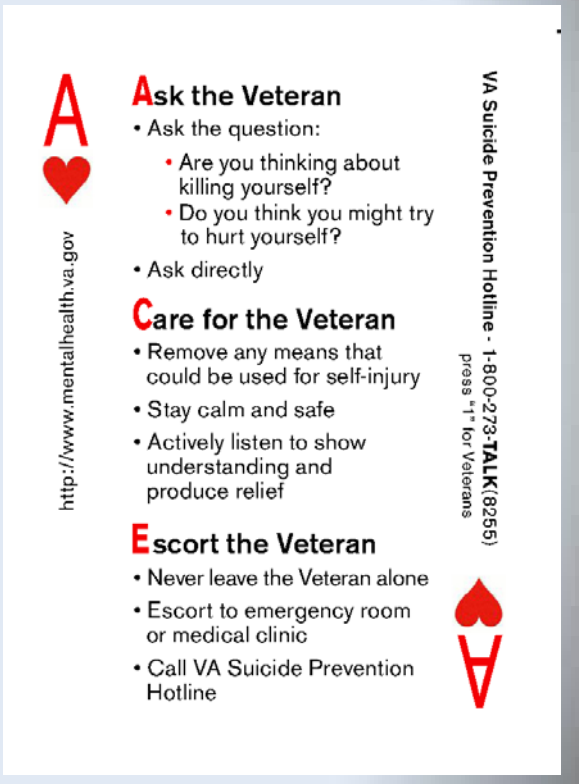
# VA ACE CARDS

- These are wallet-sized, easily-accessible, and portable tools on which the steps for being an active and valuable participant in suicide prevention are summarized
- The accompanying brochure discusses warning signs of suicide, and provides safety guidelines for each step




Front view




Back view

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# VISN 19 MIRECC Upcoming Presentations

## Downloads for Upcoming and Archived Presentations

Jump to Archived Presentations

## Upcoming Presentations

VISN 19 MIRECC Upcoming Presenations

| Date | Title | Presenter(s) | Event | Downloads |
|---|---|---|---|---|
| 5/5/11 | Suicide Risk Assessment: A Medicolegal Perspective | Hal S. Wortzel, MD | Boulder Mental Health Center Boulder, CO | PowerPoint PDF |
| 5/5/11 | Suicide Risk Assessment: Tips & Tools | Bridget Bulman, Psy.D. | Boulder Mental Health Center Boulder, CO | PowerPoint PDF |
| 5/5/11 | Traumatic Brain Injury and Suicidality: Assessment & Prevention | Gina M. Signoracci, PhD | Boulder Mental Health Center Boulder, CO | PowerPoint PDF |
| 5/5/11 | Substance Use Disorders and Suicide | Jennifer Olson-Madden, PhD | Boulder Mental Health Center | PowerPoint |

UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS



## MIRECC Centers



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| Key Personnel |
| --- |
| **Lisa Brenner, Ph.D., ABPP** |
| Director |

# What is the Purpose of a Nomenclature?

- enhance clarity of communication
- have applicability across clinical settings
- be theory neutral
- be culturally neutral
- use mutually exclusive terms that encompass the spectrum of thoughts and actions

Peter Brueghel the Elder, 1563

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# Research


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Page Tools
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Home Veteran Services Business About VA Media Room Locations Contact Us
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MIRECC Centers Home
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Study Participation
Education
Presentations
Fellowship Info
Clinical Care
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Site Search
VISN 19 Current Research
Latest Manuscript:
Implementation of a Suicide Nomenclature within Two VA Healthcare Settings
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Those who work in the field of Veteran's care, as well as educators, researchers, and professionals providing direct mental health services agree that learning more about and preventing suicide represents a highly critical goal. Yet, up to now, researchers and mental health professionals lacked a shared language for defining suicidal behavior. This study discusses implementation of the Center for Disease Controls' Self-Directed Violence Classification System (SDVCS) and an accompanying Clinical Tool (CT) at two VA healthcare facilities (in Denver and Grand Junction, CO). Results of this study show that implementing a more unified language is possible, while at the same time highlights some of the challenges and barriers to adoption of this system. This study provides important information regarding implementation of the SDVCS throughout the VA system.
Brenner, L.A., Breshears, R.E., Betthauser, L.M., Bellon, K.K., Holman, E., Harwood, J.E.F.,...Nagamoto, H.T. (in press). Implementation of a suicide nomenclature within two VA healthcare settings. Journal of Clinical Psychology in Medical Settings.
Blister Packaging Medication to Increase Treatment Adherence and Clinical Response: Impact on Suicide
Medication overdoses account for substantial numbers of suicide-related behaviors. Non-adherence is a significant issue for those with psychiatric illness.
Creatine Augmentation in Veterans with SSRI-Resistant Major Depression
Based on the results of prior clinical trials, the research team is conducting a study to learn if the nutritional
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**Lithium Augmentation for Hyperarousal Symptoms of PTSD: Pilot Study**

The proposed investigation is a pilot study intended to establish the safety and tolerability of lithium augmentation of standard psychopharmacological treatment of PTSD for combat veterans seeking treatment at the Denver VA Medical Center.

**Military Suicide Research Consortium (MSRC)**

Consortium seeks to develop more effective prevention interventions, risk assessment methods, and treatments to decrease suicide in the military.

**Neurobiology of Suicide Risk in Traumatic Brain Injury and Substance Abuse**

Traumatic brain injury is an important medical problem for Veterans. Individuals with traumatic brain injuries are at increased risk for various psychiatric problems, including those associated with suicide. This study seeks to better understand the relationship between these factors.

**Pilot Study to Determine the Forward Rate Constant for Creatine Kinase by Magnetization Transfer Magnetic Resonance Spectroscopy (MRS) in Healthy Human Brain and Bipolar Disorder**

We propose to use a type of brain scan to allow us to measure the concentration of certain brain chemicals in individuals with bipolar disorder.

**Suicide & Self-Directed Violence Classification System**

The purpose of this study is to further develop and adapt the VISN 19 MIRECC SDVCS and Clinical Tool to enhance feasibility for implementation in diverse VA treatment settings, and to assess its impact on healthcare system processes pertaining to the assessment and management of suicide risk.

**TBI-4 Study**

Military personnel are returning from current conflicts with traumatic brain injury (TBI). Brief and sensitive screening measures are needed to assess TBI in this population.

**Traumatic Brain Injury Among Homeless Veterans**

The National Center on Homelessness among Veterans was established, in part, to assist the Department of Veterans Affairs (VA) in programming efforts to provide care for Veterans who are homeless or at-risk for homelessness. An immediate goal of the Center is to enlist research and clinical expertise to increase understanding regarding traumatic brain injury (TBI) among the homeless Veteran population.

# SAFE VET

## Suicide Assessment and Follow-up Engagement: Veteran Emergency Treatment

Suicide Prevention, Evidence-Based Treatments, Community Mental Health, Care Transitions, Rehabilitation and Recovery-Oriented Services, Community Mental Health, SMI

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# SAFE VET

- This project was created in response to a recent report of the Blue Ribbon Work Group on Suicide Prevention in the Veteran Population
- The VA Central Office provided funding for the clinical demonstration project
  - Clinical Project Executive Committee: Knox, K., Brown, G., Currier, G., and Stanley, B.
- The Denver VA, in collaboration with the VISN 19 MIRECC, is one of four SAFE VET clinical demonstration sites
  - Lisa Brenner is the Site Lead

# Brief Intervention for High Suicide Risk Veterans

Safety Planning

- Identify the warning signs
- Use problem-solving techniques to target suicidal ideation and behaviors
  - Internal coping strategies
  - External distracters
  - Asking for help
  - Seeking further treatment
- Troubleshoot
- Make the environment safe

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| VA Safety Plan: Brief Instructions* |
|---|
| **Step 1: Recognizing Warning Signs**<br>__ Ask "*How will you know when the safety plan should be used?*"<br>__ Ask, "*What do you experience when you start to think about suicide or feel extremely distressed?*"<br>__ List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patients' own words. |
| **Step 2: Using Internal Coping Strategies**<br>__ Ask *"What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"*<br>__ Ask *"How likely do you think you would be able to do this step during a time of crisis?"*<br>__ If doubt about using coping strategies is expressed, ask "What might stand in the way of you thinking of these activities or doing them if you think of them?"<br>__ Use a collaborative, problem solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified. |
| **Step 3: Social Contacts Who May Distract from the Crisis**<br>__ Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.<br>__ Ask *"Who or what social settings help you take your mind off your problems at least for a little while? "Who helps you feel better when you socialize with them?"*<br>__ Ask patients to list several people and social settings, in case the first option is unavailable.<br>__ Ask for safe places they can go to do be around people, e.g. coffee shop.<br>__ Remember, in this step, suicidal thoughts and feelings are not revealed. |
| **Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis**<br>__ Instruct patients to use Step 4 if Step 3 does not resolve the crisis or lower risk.<br>__ Ask *"Among your family or friends, who do you think you could contact for help during a crisis?"* or *"Who is supportive of you and who do you feel that you can talk with when you're under stress?"*<br>__ Ask patients to list several people, in case they cannot reach the first person on the list. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis.<br>__ Ask *"How likely would you be willing to contact these individuals?"*<br>__ If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them. |
| **Step 5: Contacting Professionals and Agencies**<br>__ Instruct patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.<br>__ Ask *"Who are the mental health professionals that we should identify to be on your safety plan?"* and *"Are there other health care providers?"*<br>__ List names, numbers and/or locations of clinicians, local urgent care services, VA Suicide Prevention Coordinator, VA Suicide Prevention Hotline (1-800-273-TALK (8255))<br>__ If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them. |
| **Step 6: Reducing the Potential for Use of Lethal Means**<br>__ The clinician should ask patients which means they would consider using during a suicidal crisis and collaboratively identify ways to secure or limit access to these means.<br>__ For methods with low lethality, clinicians may ask veterans to remove or restrict their access to these methods themselves.<br>__ Restricting the veterans' access to a highly lethal method should be done by a designated, responsible person—usually a family member or close friend, or the police. |

# Qualitative Suicide Status Form Responses of Suicidal Veterans

Ballard, E.D.,[1] Jobes, D.A.,[1] Brenner, L.,[2] Gutierrez, P.M.,[2] Nagamoto, H.,[2] Kemp, J.,[2] Fitzgerald, M.E.,[1] Kraft, T.L.,[1] Yeargin M.K.,[1] Adler, L.,[2] Fratto, T.[1]

[1] Department of Psychology, Catholic University of America; [2] Denver VA Medical Center

## Introduction

- The Veterans Health Administration (VHA) estimates that up to 5,000 veterans commit suicide each year (VHA, 2007).
- Veterans may be twice as likely to die from suicide than non-veterans from the general population (Kaplan, 2007)
- With new veterans returning from challenging circumstances in Iraq and Afghanistan, the need for comprehensive clinical care and suicide prevention in veterans will only increase.
- While it is understood that veterans are at increased risk for suicide, it is not known how and why suicidal ideation in veterans may differ from that of civilian populations.
- With an understanding of the factors driving suicidal thoughts and behaviors in this population, specific treatments can be developed targeting this vulnerable population.

## Aims

The present study is a preliminary report from an ongoing randomized clinical trial of Collaborative Assessment and Management of Suicidality (CAMS) at the Mental Health Clinic at the Denver VA Medical Center. The administration of CAMS to suicidal veterans provides a unique opportunity to look at qualitative responses to open-ended questions about suicide in this population through the completion of the Suicide Status Form (SSF). Among its many uses in CAMS, the SSF contains a series of qualitative assessments that allows the clinician to more fully understand suicide risk in the patient (Jobes 2006). These results from the SSF will be used to compare suicidal ideation in veterans with ideation in undergraduate college students.

## Method

- New data consists of responses by veterans enrolled in a clinical trial (n= 9) at the Mental Health Clinic at the Denver VA Medical Center.
- Qualitative responses reported here include three sections of the SSF: the incomplete sentence prompts, Reasons for Living and Reasons for Dying and the One-Thing Response.
- Each of the qualitative SSF variables was coded by two independent raters according to the CAMS coding manual (Jobes, 2006).
- These results were compared to previously obtained data on suicidal ideation in college students from Johns Hopkins University (n = 159).

## Results

- Due to the small sample size, only descriptive results from the qualitative data will be presented. Perhaps in part due to the small sample size, kappas ranged from .45-1.0.
- The majority of the patients rated themselves as extremely low or low risk for suicide (66%).
- Noticeably, the majority of the patients (88%), rated themselves as having high or very high self-hatred.

### Incomplete sentence prompts:

Incomplete sentence prompts consist of five assessment constructs thought to be closely associated with risk of suicide including psychological pain (psychache), stress (press), agitation (agitation), hopelessness and self-hate.

The patient is asked to complete sentences for each variable, with prompts such as "What I find most painful is…" or "I am most hopeless about…" Independent raters then categorize these responses. Highlights from these categorizations are included here:

**Psychache**

| | VA | JHU |
|---|---|---|
| Relational | 33 % | 31% |
| Unpleasant Internal States | 33 % | 13% |
| Role Responsibilities | 11 % | 9% |

**Perturbation**

| | VA | JHU |
|---|---|---|
| Relational | 0% | 9% |
| Helpless | 22 % | 4% |
| Unpleasant Internal States | 11 % | 11% |
| Role Responsibilities | 11 % | 7% |
| Self | 22 % | 3% |

**Self Hate**

| | VA | JHU |
|---|---|---|
| Relational | 11 % | 11% |
| Helpless | 11 % | 22% |
| Global | 44 % | 11% |
| Role Responsibilities | 22 % | 6% |

**Press**

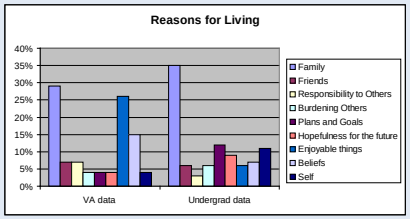
| | VA | JHU |
|---|---|---|
| Relational | 11% | 11% |
| Global | 11% | 4% |
| Unpleasant Internal States | 11% | 4% |
| Role Responsibilities | 66% | 59% |

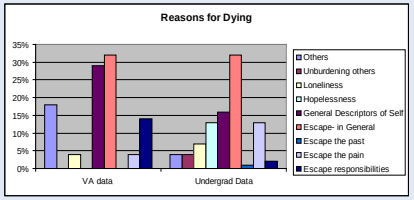
**Hopeless**

| | VA | JHU |
|---|---|---|
| Relational | 22% | 25% |
| Global | 22% | 8% |
| Unpleasant Internal States | 0% | 9% |
| Role Responsibilities | 11% | 19% |
| Future | 33% | 24% |
| Self | 0% | 12% |

### Reasons for Living, Reasons for Dying

Based on Linehan's work, the Reasons For Living and Reasons for Dying assessment asks patients to list and rank reasons to live and reasons to die.




### Sample SSF from suicidal veteran



### One-Thing Response

An open-ended question which asks what one thing would make the patient no longer feel suicidal. Responses are then categorized as self or relationally oriented, realistic or clinically useful.

| | | VA | Undergraduate |
|---|---|---|---|
| Orientation | Self | 33% | 63% |
| | Relational | 56% | 24% |
| Realistic | Realistic | 89% | 77% |
| | Not realistic | 0% | 10% |
| Clinical Utility | Clinically relevant | 89% | 82% |
| | Not clinically relevant | 0% | 4% |

## Discussion

- These preliminary results from the clinical trial of CAMS in a veteran population shows that suicidal ideation in veterans may differ from that of undergraduate students in certain, important ways.
- From both the incomplete sentence prompts and the Reasons for Living and Reasons for Dying, it appears that veterans may have negative views of the future and believe they are a burden to others.
- The intense levels of self-hatred might be another area of exploration during therapy with suicidal veterans, especially as it relates to feelings of responsibility or guilt from events or actions during war.
- Additional results from the ongoing clinical trial will provide further insights into the suicidal cognitions of this vulnerable population.

## Conclusions

The numbers of suicidal veterans may increase with additional soldiers returning from war. Qualitative analyses of suicidal ideation in veterans that explore the actual content of the suicidal ideation will help clinicians comprehend, communicate with and specifically treat this population. Further work with qualitative tools such as the SSF may aid in the construction of suicide typologies in the hopes of advancing the understanding and prevention of suicide.

## References

Kaplan, M.S., Huguet, N., McFarland, B.H., Newsom, J.T. (2007). Suicide among male veterans: a prospective population-based study. *J Epidemiol Community Health, 61*(7), 619-624.

Jobes, D. A. (2006). *Managing Suicidal Risk: A Collaborative Approach.* New York: The Guilford Press.

Jobes, D. A., Nelson, K. N., Peterson, E. M., Pentiuc, D., Downing, V., Francini, K., & Kiernan, (2004). Describing suicidality: An investigation of qualitative SSF responses. *Suicide and Life-Threatening Behavior, 34*, 99-112.

Veteran Administration Office of Inspector General. (May 2007). Healthcare Inspection. Implementing VHA's Mental Health Strategic Plan Initiatives for Suicide Prevention. Report No. 06-03706-126, Accessed on April 11, 2008 at http://www.va.gov/oig/54/reports/VAOIG-06-03706-126.pdf

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# Prolonged Grief Symptomatology and its Relationship to Suicidal Ideation among Veterans

**Jeffrey A. Rings, Ph.D.[1,2], Peter M. Gutierrez, Ph.D.[1,2], Jeri E. F. Harwood, Ph.D.[2,3], & Rebecca A. Leitner, B.A.[1]**

[1]VA VISN 19 Mental Illness Research, Education, and Clinical Center (MIRECC); [2]University of Colorado, Anschutz Medical Campus, School of Medicine; [3]University of Colorado, Anschutz Medical Campus, School of Public Health

## Background

- 10 to 20% of bereaved persons may develop prolonged grief disorder (PGD), a unique diagnostic entity being considered for *DSM-V*. Those with PGD experience incredibly painful, overwhelming, and indefinite grief symptoms (Prigerson et al., 2009).
- PGD is significantly predictive of worsening mental health functioning among bereaved persons- more so than either PTSD or Major Depressive Disorder (Melhem et al., 2004).
- There is a significant relationship between self-directed violence (SDV) and PGD. While grief may increase the risk for suicidal ideation or SDV preparatory behaviors, PGD sufferers are significantly more likely to attempt suicide (Silverman et al., 2000).
- The connection between PGD and SDV among Veterans has yet to be explored, even though (a) losing a comrade to death in combat is a common and painful experience (Papa et al., 2008), and (b) that the treatment of a Veteran's unresolved grief may be just as crucial as treating one's PTSD (Pivar & Field, 2004).

## Study Goals

- For accuracy's sake, we need to gain a better understanding of PGD's prevalence among Veterans.
- By continuing to under-appreciate the effect of PGD on Veterans, we may be overlooking a crucial factor contributing to Veteran suicide.
- Assessing for/treating PGD among all Veterans could aid in reducing resultant long term mental health and medical illnesses.
- This study may help to facilitate an increased understanding of suicide risk factors among Veterans.
- This study may help to highlight the occurrence of PG symptomatology among Veterans and its detrimental effects.

## Procedures

- Recruitment occurred from 11/2010 through 4/2011.
- Participants were recruited among those receiving outpatient mental health services (MHS) at a large, urban VA Medical Center.
- Interested prospective participants contacted the Lead Investigator, who determined study eligibility (above 18, not active duty, active MHS patient).
- Eligible participants presented for one session to provide informed consent and to complete the measures below.
- Ability to provide informed consent was assessed by asking a series of questions provided by Janofsky et al. (1993).

## Measures

- **Prolonged Grief Disorder-13** (PG-13; Prigerson & Maciejewski, 2007): Assesses for PGD diagnosis (as currently proposed.
  - **PG Factor**: Calculated from the PG-13 as a continuous measure of PG symptom severity
- **Adult Suicidal Ideation Questionnaire** (ASIQ; Reynolds, 1991): Assesses the frequency of occurrence of cognitions typically associated with suicidal ideation
- **Beck Depression Inventory-II** (BDI-II: Beck et al., 1996): Assesses for depressive symptoms (29 or above – severe)
- **PTSD Checklist-Civilian Version** (PCL-C; Weathers et al., 1994): Assesses for PTSD diagnosis (50 or above – PTSD).
- **Grief and Loss Demographic Questionnaire:** Collects participant demographics, current bereavement status, and information surrounding the death event.

## Participants (*n* = 156)

- Gender: 140 males, 15 females, 1 transgender
- Age: *M* = 51.4 years (*SD* = 8.1); Range: 26 to 67 years
- Education: *M* = 13.7 years (*SD* = 2.2); Range: 8 to 21 years
- Active Duty: *M* = 4.9 years (*SD* = 4.8); Range: 1 mo to 32 yrs
- Combat Veteran Status: 44 (28%)
- Bereavement Status: 121 (78%)
  - Grieving at least one combat-related death: 9 (11%)
- Ethnicity:

| | | |
|---|---|---|
| Caucasian: | 72 | (46%) |
| African American: | 52 | (33%) |
| Multi-racial: | 15 | (10%) |
| Latino: | 13 | (8%) |
| Other: | 3 | (2%) |
| Declined to Answer: | 1 | (1%) |

- Marital Status:

| | | |
|---|---|---|
| Divorced: | 69 | (44%) |
| Never married: | 42 | (27%) |
| Married/LTR: | 36 | (23%) |
| Widowed: | 9 | (6%) |

## Research Question 1:

### Among the sample, how many meet the diagnostic criteria for PGD?

*It was hypothesized that PGD would be found among the sample.*

**Results: This hypothesis was supported- Eighteen participants reported having met PGD's complete diagnostic criteria**

## Research Question 2:

### How often does PGD co-occur with PTSD and/or severe depressive symptomatology?

**Results: Please see table below…**

**Table 1. Diagnostic Combination Prevalence among Bereaved Participants (*n* = 121)**

| Diagnostic Combination | Prevalence Rate | 95% CI |
|---|---|---|
| PGD Only | 0.008 (1/121) | (0, 0.05) |
| PTSD Only | 0.25 (30/121) | (0.16, 0.34) |
| Severe Depressive Symptoms Only | 0.02 (2/121) | (0.003, 0.06) |
| PGD + PTSD | 0.03 (3/121) | (0.003, 0.07) |
| PGD + Severe Depressive Symptoms | 0 (0/121) | (0, 0.03) |
| PTSD + Severe Depressive Symptoms | 0.12 (14/121) | (0.07, 0.19) |
| PGD + PTSD + Severe Depressive Symptoms | 0.12 (14/121) | (0.05, 0.19) |

## Research Question 3:

### Is PG symptom severity significantly correlated with SDV risk?

*It was hypothesized that as PG symptom severity increases among the sample, so would SDV risk*

**Results: This hypothesis was supported- PG symptom severity is significantly correlated with SDV risk [ρ = 0.66; 95% CI (0.08, 0.42); p = 0.004]**

## Research Question 4:

### Which symptoms of PG were reported most often among the bereaved Veteran sample?

**Results: Among bereaved participants, the PG symptoms that were reported most often were…**

(1) Confusion about one's role in life or a diminished sense of self (i.e., feeling that a part of oneself has died): 41%

(2) Finding it hard to trust others since the loss: 41%

## Preliminary Impressions

- The symptoms associated with PGD seem to be tapping into a unique construct.
- PGD does appear to occur in this sample, and at a rate that is comparable to other bereaved groups in the general population (e.g., Prigerson et al., 2009).
- While PGD did occur on its own, it appears to be more prevalent among those with co-occurring PTSD and depression (14 out of 28 participants).
- As PGD symptomatology increases, SDV risk also increases.
- There may be a relationship between co-morbid diagnosis and PGD symptom endorsement.

## Representative References

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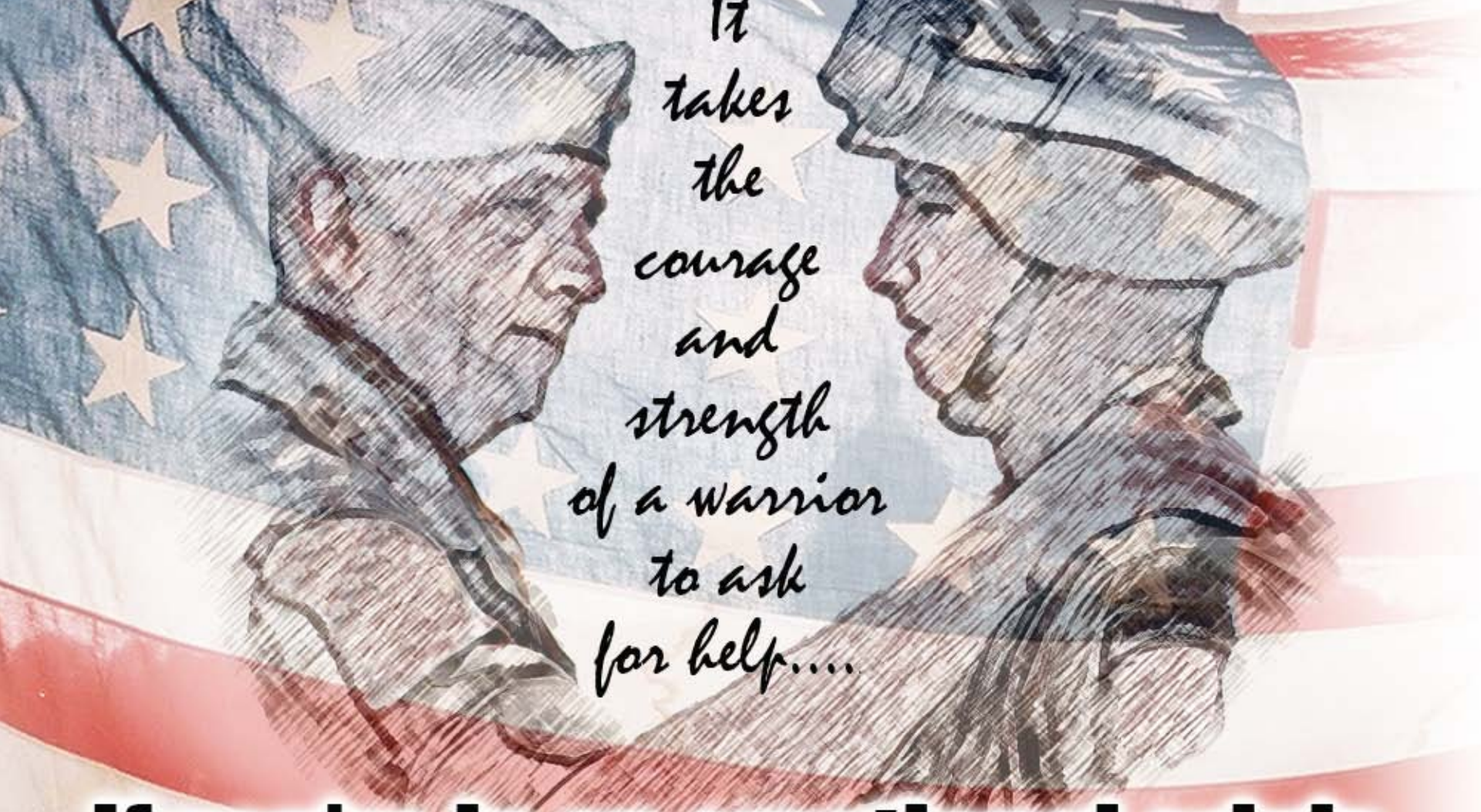



# If you're in an emotional crisis

## call 1-800-273-TALK "Press 1 for Veterans"

www.suicidepreventionlifeline.org

NATIONAL SUICIDE PREVENTION


1-800-273-8255

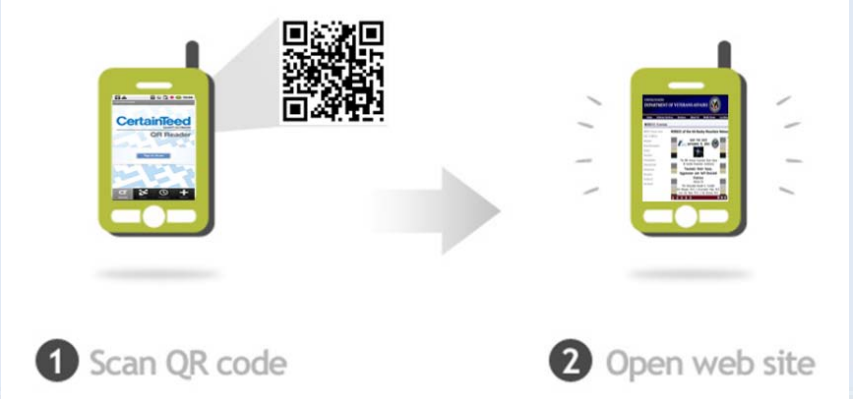
MIRECC
VISN 19 ROCKY MOUNTAIN NETWORK

# Use Your Smartphone to Visit the VISN 19 MIRECC Website

**Requirements:**

1. Smartphone with a camera
2. QR scanning software (available for free download just look at your phones marketplace)

www.mirecc.va.gov/visn19

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# We invite you to contact us and/or visit our websites

- www.mirecc.va.gov/MIRECC/visn19/index.asp
- www.msrc.fsu.edu

Thank you

Pamela.Staves@va.gov

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