Introduction to
VISN 19 MIRECC/ MSRC

Pamela Staves, RN, MS, NP

VISN 19 Mental Illness Research
Education and Clinical Center

Military Suicide Research Consortium

Fort Collins/Greely Clinics
July 7, 2011
MIRECC of the VA Rocky Mountain Network (VISN 19)

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.

---

University of Colorado Aurora Announces
Groundbreaking Research Initiative
Military Suicide Research Consortium

$17 million grant awarded to the Military Suicide Research Consortium (MSRC) Led by Peter Gutierrez, Ph.D., VISN 19 MIRECC and Thomas Joiner, Ph.D., Florida State University

Click on any of the images above for more information.

---

Key Personnel

Lisa Brenner, Ph.D., ABPP
Director
Director of Education & Psychology Fellowship Director
302-299-8020 ext. 2571
VISN 19 MIRECC
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.
Welcome to the Military Suicide Research Consortium, a collaboration of the Florida State University and the VISN 19 MIRECC at the Denver Veterans Affairs Medical Center.

New Research Consortium to Study Military Suicide

Ft. Detrick, Md., October 24, 2010

The Military Operational Medicine Research Program announced today that it has established a $17 million Military Suicide Research Consortium. The consortium is part of an ongoing strategy to integrate and synchronize DoD and civilian efforts in implementing a multidisciplinary research approach to suicide prevention.

“The innovative, multidisciplinary approach of the MSRC facilitates rapid translation and dissemination of cutting-edge suicide research findings,” said Col. Carl Castro, HOMRP director. “The capability will enhance the military’s ability to quickly identify those at risk for suicide and will result in more effective...
Military Suicide Research Consortium (MSRC)

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
Suicide in the Military
Service Total Suicides By Year

- Army
- Navy
- Air Force
- Marine Corps

THE WAR WITHIN
PREVENTING SUICIDE IN THE U.S. MILITARY

www.rand.org
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
Education

UNITED STATES
DEPARTMENT OF VETERANS AFFAIRS

MIRECC CENTERS
MIRECC Centers Home
VISN 19 MIRECC
Research
Study Participation
Education
~ Nomenclature
~ Conferences
~ Post-Doc
Presentations
Fellowship Info
Clinical Care
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

More information

The VA Ace Card
Ace Cards

Warning signs of suicide are not always this obvious...

ACT.
ASK - CARE - TREAT

ASK if someone is thinking about suicide.
Let them know you CARE.
Get them assistance (TREATment) as soon as possible.

Life counts.

www.suicide.navy.mil
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.

---

VA ACE

S U I C I D E  P R E V E N T I O N

Front view

Ask the Veteran
- Ask the question:
  - Are you thinking about killing yourself?
  - Do you think you might try to hurt yourself?
- Ask directly

Care for the Veteran
- Remove any means that could be used for self-injury
- Stay calm and safe
- Actively listen to show understanding and produce relief

Escort the Veteran
- Never leave the Veteran alone
- Escort to emergency room or medical clinic
- Call VA Suicide Prevention Hotline

VA Suicide Prevention Hotline - 1-800-273-TALK (8255); press 1 for Veterans

http://www.mentalhealth.va.gov

Back view
# VISN 19 MIRECC Upcoming Presentations

## Downloads for Upcoming and Archived Presentations

[jump to Archived Presentations]

## Upcoming Presentations

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
<th>Presenter(s)</th>
<th>Event</th>
<th>Downloads</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/5/11</td>
<td>Suicide Risk Assessment: A Medicolegal Perspective</td>
<td>Hal S. Wortzel, MD</td>
<td>Boulder Mental Health Center Boulder, CO</td>
<td>PowerPoint PDF</td>
</tr>
<tr>
<td>5/5/11</td>
<td>Traumatic Brain Injury and Suicidality: Assessment &amp; Prevention</td>
<td>Gina M. Signoracci, PhD</td>
<td>Boulder Mental Health Center Boulder, CO</td>
<td>PowerPoint PDF</td>
</tr>
<tr>
<td>5/5/11</td>
<td>Substance Use Disorders and Suicide</td>
<td>Jennifer Olson-Madden, PhD</td>
<td>Boulder Mental Health Center Boulder, CO</td>
<td>PowerPoint PDF</td>
</tr>
</tbody>
</table>
MIRECC of the VA Rocky Mountain Network (VISN 19)

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.

Self-Directed Violence Classification System (SDVCS) and Clinical Toolkit Released

Order Online: Clipboard w/ SDVCS Toolkit and Table

Free Orders and Delivery

Click on any of the images above for more information.
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
Research

United States Department of Veterans Affairs

MIRECC Centers

VISN 19 Current Research

Latest Manuscript:
Implementation of a Suicide Nomenclature within Two VA Healthcare Settings

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 Control’s 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.


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 supplement CREATINE is an effective adjunctive (i.e., add-on) treatment for SSRI-resistant Major Depression.
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
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
### VA Safety Plan: Brief Instructions

<table>
<thead>
<tr>
<th>Step 1: Recognizing Warning Signs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask “How will you know when the safety plan should be used?”</td>
</tr>
<tr>
<td>Ask, “What do you experience when you start to think about suicide or feel extremely distressed?”</td>
</tr>
<tr>
<td>List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the patients’ own words.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2: Using Internal Coping Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ask “What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?”</td>
</tr>
<tr>
<td>Ask “How likely do you think you would be able to do this step during a time of crisis?”</td>
</tr>
<tr>
<td>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?”</td>
</tr>
<tr>
<td>Use a collaborative, problem-solving approach to ensure that potential roadblocks are addressed and/or that alternative coping strategies are identified.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 3: Social Contacts Who May Distract from the Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruct patients to use Step 3 if Step 2 does not resolve the crisis or lower risk.</td>
</tr>
<tr>
<td>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?”</td>
</tr>
<tr>
<td>Ask patients to list several people and social settings, in case the first option is unavailable.</td>
</tr>
<tr>
<td>Ask for safe places they can go to be around people, e.g., coffee shop.</td>
</tr>
<tr>
<td>Remember, in this step, suicidal thoughts and feelings are not revealed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 4: Contacting Family Members or Friends Who May Offer Help to Resolve a Crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruct patients to use Step 4 if Step 3 does not resolve the crisis or lower risk.</td>
</tr>
<tr>
<td>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?”</td>
</tr>
<tr>
<td>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.</td>
</tr>
<tr>
<td>Ask “How likely would you be willing to contact these individuals?”</td>
</tr>
<tr>
<td>If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 5: Contacting Professionals and Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruct patients to use Step 5 if Step 4 does not resolve the crisis or lower risk.</td>
</tr>
<tr>
<td>Ask “Who are the mental health professionals that we should identify to be on your safety plan?” and “Are there other health care providers?”</td>
</tr>
<tr>
<td>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))</td>
</tr>
<tr>
<td>If doubt is expressed about contacting individuals, identify potential obstacles and problem solve ways to overcome them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 6: Reducing the Potential for Use of Lethal Means</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
<tr>
<td>For methods with low lethality, clinicians may ask veterans to remove or restrict their access to these methods themselves.</td>
</tr>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>
Introduction

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 in 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 the suicidal 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.

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. Highlighted from these categorizations are included here:

Psychache

Press

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

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

Discussion

These preliminary results from the clinical trial of CAMS in a veteran population show that suicidal ideation in veterans may differ from that of undergraduates 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.

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 their 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


Copyright David A. Jobes, Ph.D. All Rights Reserved


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, and Rebecca A. Leitner, B.A.1

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

Background
• 10 to 20% of bereaved parents may develop prolonged grief disorder (PGD), a unique diagnostic entity being considered for DSM-V. Those with PGD experience intractable, painful, overwhelming, and edefinite grief symptoms (Prigerson et al., 2009).
• PGD is significantly predictive of worsening mental health symptoms in a general population (e.g., Prigerson et al., 2009).
• There is a significant relationship between self-directed violence (SDV) and PGD. White 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., 2009), and (b) that the treatment of a Veteran’s unresolved grief may be just as crucial as treating one’s PTSD (Pivar & Field, 2008), and (c) that the treatment of a Veteran’s unresolved grief may be just as crucial as treating one’s PTSD (Pivar & Field, 2004).

Measures
• Prolong 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): Assess 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 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%)
  • Multiracial: 15 (10%)
  • Latin: 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%)

Results
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?
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 (p = 0.06; 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 slipping 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 in its own, it appears to be more prevalent among those with co-occuring PTSD and depression (14 out of 28 participants).
• As PG symptomatology increases, SDV risk also increases.
• There may be a relationship between co-morbid diagnosis and PG symptom endorsement.

Representative References
It takes the courage and strength of a warrior to ask for help.

If you’re in an emotional crisis call 1-800-273-TALK “Press 1 for Veterans”

www.suicidepreventionlifeline.org
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
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