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CONTRACTING ORGANIZATION: Florida State University
Tallahassee, Florida 32306-4301

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- data collection
- Quarterly reports
- Collaboration with Cores
- Research analysis

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2 | MSRC Annual Report YR5
Annual Report to Department of Defense

(Report end date: September 22, 2015)

"Military Suicide Research Consortium"

DoD Award: W81XWH-10-2-0181

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Introduction:

The Military Suicide Research Consortium's (MSRC) continued goal (as stated in prior reports) is suicide prevention in the military, through research, including on primary, secondary, and tertiary interventions, as well as through information management/scientific communications (cataloguing and disseminating knowledge on military suicide). Specifically, suicidal personnel compromise force readiness, place a strain on the healthcare resources of the military, impact unit morale, and take a large emotional toll on the involved friends, family, and commanders. As noted before with continued affirmation, these points still have not changed and continue to direct how MSRC progresses in its mission. The stigma associated with being suicidal, which limits the extent to which at-risk individuals are willing to seek help, continues to be present and can be heightened by media focus. As was stated in prior reports, MSRC continues to progress in the development of its tools, it is now an established go-to resource for decision-makers to obtain accurate and efficient answers regarding suicidal behavior, with the continued emphasis on the military perspective. MSRC continues with and has not changed its design, to facilitate information management/scientific communications for the DoD and to maximize research efforts at understanding and improving suicide risk screening and assessment, interventions, and population-level prevention programs. With overlapping stages (some mid and most in/near completion), the programs and projects conducted by the Consortium continue to provide significant assistance to those involved and continue to ensure that information management/scientific communications occur seamlessly, and that screening and assessment, intervention, and prevention efforts are based on the best possible scientific evidence, specific to military personnel. Again, we will try to convey in the following sections, MSRC and its associates have increased their level of involvement and dissemination of information. (Note the new updates on studies, outcomes, publications, conferences, white papers and other activities. Again, these are different from those presented in the prior report.) Again, MSRC continues to receive acknowledgement for its work and its contributions. This has come from peers, other research entities, respected trade publications and people in senior level positions. MSRC has once again stayed true to its goal: expanding knowledge, understanding, and capacity to prevent, treat, and enhance the quality of life of persons in military communities who are affected by suicide-related problems. As noted before, these statements are somewhat duplicative from previous years but it continues to enforce the adherence to the initial purpose for MSRC.

The Consortium's overall mission has not changed and continues to be summarized as follows; again, with each function developed to have clear military relevance:

1. Produce new scientific knowledge about suicidal behavior in the military that will improve mental health outcomes for our men and women in uniform.

2. Use high quality research methods and analyses to address problems in policy and practice that will have a direct impact on suicide-related and other mental health outcomes for military personnel.
3. Disseminate Consortium knowledge, information, and findings through a variety of methods appropriate for decision makers, practitioners, and others who are accountable for ensuring the mental health of military personnel. This will include a rapid response function so that queries from decision makers and others to the Consortium will be answered with speed and efficiency. Technical assistance and support for decision makers and others is an integral aspect of this Consortium function.

4. Train future leaders in military suicide research through experience within a multidisciplinary setting for Ph.D. students and postdoctoral scholars interested in research questions on military suicide of both a basic and applied nature.

As in prior years, the inter-relations and flow of information between the Cores and the research program continues to be an important component of the Consortium. The Executive Management Core (Core A) continues to be involved with all other Cores and the research program, to exert vision, oversight, leadership and quality control over them including the external advisory board, public relations, training, and the operation of all other Cores and the intramural and extramural research programs. The Information Management/Scientific Communications Core (Core B), under the administration of Core A, receives data and materials from all elements of the Consortium, and continues to generate information to military decision makers and others. We still strive for efficiency, rapid response and the search for improvements to processes. The MIRECC site PI continues to provide additional administrative oversight. The Database Management/Statistical Core (Core C) is providing greater enhancement to the Consortium - it continues to provide world-class data management and analysis infrastructure and consulting – as it increases its data set quantities and sizes. The intramural and extramural research programs are still focusing on doing cutting-edge empirical studies and continue to further the knowledge base on topics such as risk assessment, treatment, and prevention, all as pertain to suicidal behavior in the military.

Body:

Statement of Work

Task 1. Project Start-up (months 1-3)
   1a. Create infrastructure for all Cores (month 1)
       • This task is fully in place and functioning.
   1b. Hire and train staff (month 2)
       • All Cores are fully staffed and progressing.
   1c. Core C conduct first comprehensive literature review (month 3)
       • This task was completed on schedule.

Task 2. Plan research projects (months 4-9)
   2a. Establish intramural research priorities in consultation with External Advisory Board (month 4)
       • The initial priorities were established in conjunction with the Military External Advisory Board (MEAB).
• The MEAB and Core A met with additional potential research teams and selections were made.

2b. Assemble research teams (months 5-6)
• The research teams have been selected.

2c. Continue creation of Core B infrastructure (months 4-9)
• The infrastructure is developed and functioning.
• Continue to maintain the website. This includes updates using relevant information and inclusion with our social media connections.
• The system administration and website maintenance is managed by Core A staff.
• The webmaster continues to do site reviews and provides improvements as needed.
• Continue to provide materials to the military resources via the MSRC website.

2d. Core C review protocols to ensure proper military relevance (month 9)
• Core C is fully operational.

Task 3. Implement intramural research projects (months 10-12)
3a. Preliminary study information submitted to core B (month 12)
• The preliminary study information was submitted to Core B and added to the Consortium's website as appropriate.

Task 4. Initial Consortium review by External Advisory Board (month 12)
• The Military External Advisory Board completed their reviews on a timely manner.
• Core A reviewed the progress of the Consortium with their senior advisors.

Task 5. Preparing year one quarterly reports (months 3, 6, 9, 12)
• These tasks were fully completed on time.

Task 6. Continue intramural research projects (months 13-24)
• MEAB completed their reviews of presented research projects and provided their recommendations for funding.
• Both sites (FSU and MIRECC) have their complete set of approved and funded research projects.
• LOI/proposals continue to be accepted – they are notified that the current funds have been allocated.
• See sub-section “FSU Funded Projects” under “Key Research Accomplishments” for a more detailed update on the MSRC FSU funded studies underway.

Task 7. Establish pre-doctoral and postdoctoral training experiences at FSU and MIRECC (month 24)
• Pre-doctoral and post-doctoral training experiences are in-place and fully operational.
• Graduate students continue to receive awards, stipends and recognitions for their contributions and research results.
• As in previous years, we held a pre-conference training program geared for graduate students in conjunction with the AAS annual conference. Again, it was a full day event and it was very well received.
• See the sub-section “Pre-doctoral and postdoctoral training experiences at FSU and Denver” under the “Reportable Outcomes” section for more details.

Task 8. Consortium review by External Advisory Board (month 24)
Task 9. **Preparing year two quarterly reports** (months 15, 18, 21, 24)
   - These tasks were fully completed on time.

Task 10. **Establish extramural research priorities** (months 25-36)
   - 10a. The requests for proposals were published.
   - 10b. Additional projects were selected and funded by FSU.
   - 10c. The projects received their contracts and have initiated their tasks.

Task 11. **Consortium review by External Advisory Board** (month 36)
   - A meeting was held in May 2013.
   - Core A reviewed the progress of the Consortium with the senior advisors by way of meetings and conference calls.

Task 12. **Preparing year three quarterly reports** (months 27, 30, 33, 36)
   - These tasks were fully completed on time.

Task 13. **Consortium review by External Advisory Board** (month 48)
   - A meeting was held in May 2014.
   - Core A continues to review the progress of the Consortium with their senior advisors by way of meetings and conference calls.

Task 14. **Preparing year four quarterly reports** (months 39, 42, 45, 48)
   - These tasks were fully completed on time.

Task 15. **Preparing year five quarterly reports** (months 51, 54, 57, 60)
   - These tasks were fully completed on time.

Task 16. **Preparing final project report** (months 52-60)

**Overall project timeline:**
Year 1 - Complete Tasks 1, 2, 3, 4, and 5
   - Tasks 1, 2, 3, 4, and 5 were completed. Tasks 6 and 7 were initiated.

Year 2 - Complete Tasks 6, 7, 8, and 9
   - Tasks 7, 8 and 9 were completed. Task 6 is continuing. Task 10 was initiated.

Year 3 - Complete Tasks 6, 10a, 10b, 10c, 11, and 12
   - Tasks 10a, 10b, 10c, 11 and 12 were completed. Task 6 is continuing.

Year 4 – Complete tasks 6, 13 and 14.
   - Tasks 13 and 14 were completed. Task 6 is continuing with good progress.

Year 5 – Complete tasks 6, 15 and 16.
   - Tasks 15 was completed. Tasks 6 and 16 are continuing.

Year 6 – Complete tasks 6 and 16. (No Cost Extension approval.)
Key Research Accomplishments:

**FSU Funded Projects** (material gleaned from other reports)

Currently, FSU has funded nine projects with seven still in progress and two have completed their tasks.

*Brief Interventions for Short Term Suicide Risk Reduction in Military Populations -- PI: Craig J. Bryan, PsyD*

- This study has been fully approved by both the Madigan IRB and HRPO as of 05 March 2015. The research team resumed all recruitment and enrollment activities at Ft. Carson.
- The scheduled staff meetings continue as planned.
- We resumed intake evaluations and follow-up assessments once we received IRB approval.
- The annual investigators meeting took place on 30 April 2015 at Ft. Carson, CO and included research study personnel.
- To date, 145 Soldiers have been screened and invited to participate, of which 88 have agreed to enroll and have been randomized to one of the three interventions.
- We are continuing to enter research data into the study database as the study is still ongoing.
- The preliminary data analysis is continuing.

*Military Continuity Project (MCP) -- PI: Kate Comtois, Ph.D.*

- The Military Continuity Project (MCP) is a brief suicide prevention contact intervention being evaluated at two Marine Corps and one Army installation as an adjunct to standard care. To date, 395 suicidal active duty Marines and Soldiers have been enrolled. Participants complete baseline assessments and will be followed up at 12 months by interview and administrative data. Twelve-month follow ups began being collected in April 2014. An initial examination of participant replies to texts and the study team’s responses to these, as well as preliminary data on participants’ opinions about the texts, indicate that this intervention is both feasible and acceptable to participants.
- Access the participants’ medical records (Marine Intercept Project) - We are approved by MAJ Patricia Rohrbeck at the Armed Forces Health Surveillance Center (AFHSC) to provide these records. AFHSC has unofficially approved the plan but is now held up by budget issues until the new fiscal year. We are to re-start the process with MAJ Rohrbeck Oct 1.
- We have a new site PI at Fort Bragg, CPT Justine Majeres, who comes to the team as the overall DoD study PI, COL Jay Earles, has PCS’d to Fort Gordon. COL Earles will continue to be the PI for continuity with our Marine Corps partners and for obtaining administrative data.
• As of 29 September 2015, 551 participants assessed for eligibility, 395 participants have been enrolled (randomized), i.e., consented, assessed, and assigned to treatment condition. Twelve month follow up data collection continues.
• In addition to recruitment through current sources, ongoing review with site POCs and CCs considers possible new recruitment avenues at each installation.
• Going forward, we have arranged with Dr. Ashby Plant [MSRC Director of Core C] for biennial data submission to MSRC in August and February.
• The overall DoD PI for the study, Jay Earles, PsyD, COL, MS had a permanent change of station from Womack Army Medical Center (WAMC), Fort Bragg, NC to Dwight D. Eisenhower Army Medical Center, Fort Gordon, GA on 7 AUG 2015. Prior to his PCS, COL Earles informed the study team that he had identified an individual to take on the role of WAMC Site-PI. The research team discussed this plan with our WAMC IRB Administrator and requested necessary documents in support of the change to submit an amendment request. However, COL Earles had not informed the research team (or the IRB) of his PCS date—so the research team was working on the amendment in ignorance of the time frame. While the amendment was in preparation (as we were waiting for all necessary paperwork from incoming investigators), we received notice of suspension of research activities (on 8 SEP 2015) due to the lack of a PI on-site. We worked immediately to remedy the protocol deviation and ultimately were able to identify and gain approval for CPT Justine Majeres as WAMC Site-PI. We were re-approved for all study activities by WAMC IRB on 24 SEP 2015.

Development and Evaluation of a Brief, Suicide Prevention Intervention Reducing Anxiety Sensitivity -- PI: Brad Schmidt, Ph.D.

The recruitment and data management for the CAST project was completed in June of 2013. Final analysis was completed in late 2014.
• As indicated in prior report - results for major findings:
  o The aim of this investigation was to design and evaluate the efficacy of an AS treatment more specifically focused on its cognitive component. Non-treatment seeking participants (N = 108) with elevated AS were randomly assigned to a one-session intervention utilizing psychoeducation and interoceptive exposure techniques to target AS or a health information control intervention and assessed posttreatment and at one-month follow-up.
  o The active treatment condition produced significantly greater reductions in AS at posttreatment. Group differences persisted at one-month follow-up that were specific to AS cognitive concerns. Moreover, changes in cognitive AS mediated symptom change at follow-up including suicide outcomes.
  o Despite the brevity of the treatment intervention, findings demonstrate that it resulted in substantial reductions in AS cognitive concerns that were linked with symptom improvement.

Identifying factors associated with future self-directed violence within a sample of Mississippi National Guard personnel -- PI: Michael D. Anestis, Ph.D.
• We have begun work on 18-month follow-up. Early results indicate that our methods may yield high impact predictive power, enabling us to detect risk in soldiers who might not otherwise be categorized as such. We look forward to exploring our ability to predict future risk in addition to differentiating those with from those without a prior history of suicidal behavior.

• We have completed baseline, 6-month, and 12-month follow-up data collection and are in the midst of 18-month follow-up data collection. Collection of 18-month follow-up data will continue until late spring 2016, coinciding with the timing of the No Cost Extension.

• We have completed Year 2 Task 1: collection of 12-month follow-up data. We have begun work on Year 2 Task 2 – collection of 18-month follow-up data. Based upon the timing of the final baseline participant, this will be completed in Spring 2016.

• As anticipated, we have had fairly high levels of attrition between baseline and 6-month follow-up. Due to the nature of our recruitment method – full units reporting simultaneously for assessments – we anticipated that many soldiers were not invested in the project as a longitudinal process but were willing to consent to baseline to receive payment while remaining in a shared experience with their unit. Because follow-ups occur remotely on an individual basis, the incentives for continuing are different. Given recent research indicating that attrition can be extremely high in military samples, this was unsurprising.

• We enrolled 1,000 soldiers and approximately 100 collateral reporters. Consistent with other studies, Qualtrics did not capture data for a small portion of the sample, resulting in 937 full or partial data points in the final baseline dataset for the soldiers. We have begun analyses based upon major hypotheses. Data from our implicit association task is still being cleaned and entered; however, from the self-report measures we have found that the 2-way interaction of perceived burdensomeness and thwarted belongingness predicts both suicidal ideation and resolved plans and preparations for suicidal behavior. Additionally, the three-way interaction of perceived burdensomeness, thwarted belongingness, and the acquired capability for suicide predicts a greater number of lifetime suicide attempts as measured by two separate measures. We have also begun work on utilizing zero-inflated models to differentiate “true zeroes” (individuals with no suicidal ideation) from potential underreporters (individuals who report having no suicidal ideation in an effort to appear healthier than reality). Results from these analyses point towards several less face valid measures as promising targets for identifying soldiers underreporting suicidal ideation.

• In additional papers, we have found that the relationship between hopelessness and both suicidal ideation and resolved plans and preparations for suicide is only significant at low levels of grit. Grit thus appears to be a protective factor against suicidal thoughts amongst at risk soldiers. We have also found that soldiers were significantly more willing to report current suicidal ideation on a measure not included in our safety protocol than in a measure that was, indicating that fears of consequences for endorsing ideation may be preventing military personnel from being able to detect risk amongst soldiers. We have also found that different coping styles (e.g., avoidant) are more strongly associated with suicide risk and that vulnerable but not grandiose narcissism predicts suicidal desire. More recently, we provided data for a
confirmatory factor analysis examining the psychometric properties of the Moral Injury Events Scale.

- The budget numbers included in this report are preliminary and do not include September 2015, as the university does not release monthly numbers until after the month has passed. As indicated in the previous quarterly report, there was also a processing error for the salary for one graduate student during the previous academic year (September 2014-May 2014) that resulted in her erroneously being paid from a separate budget string. The No Cost Extension will enable us to utilize unused salary funds from that error to pay a single graduate student who will assist a research assistant (funded by unused funds from participant attrition between baseline and follow-ups) in managing logistics and participant payment.

- We have also had six papers accepted for publication and submitted several manuscripts based upon major hypotheses for baseline data. Many of these papers are already under review at high level peer reviewed journals, including multiple papers with revise and resubmit outcomes. We have had over 20 presentations accepted for presentation at major conferences (ABCT, APS, AAS).

- A recently accepted paper examined the role of post-deployment social support in mitigating the relationship between time spent away from unit post-deployment and several suicide risk factors (hopelessness, suicidal ideation). Additional ongoing projects are examining the impact of moral injury on suicide risk factors and the role of unit relationships and post-deployment support in mitigating the impact of such experiences.

- Note – Dr. Anestis was the conference chair for the 2015 AAS conference (Atlanta).

Controlled evaluation of a computerized anger-reduction treatment for suicide prevention -- PI: Jesse Cougle Ph.D.

- This study is progressing well. Study recruitment and data collection is moving along at an adequate rate. Several participants have completed their 3-month and 6-month follow-up questionnaires this quarter, with more to be completed this coming quarter.

- At this time, 510 participants have been screened, 355 have been eligible, 298 have completed consent, 151 have completed the diagnostic interview, 133 have been eligible following the interview, 127 have completed baseline questionnaires, 90 have completed treatment as well as post-treatment questionnaires, 44 have completed 3-month follow-up questionnaires, and 38 have completed 6-month follow-up questionnaires.

- This quarter, participant recruitment and data collection have continued to be our primary focus. We have recruited community participants and veterans throughout the country through various online methods. We have also continued to recruit participants in the northern Florida area through community flyering and local online advertisements.

- In the next quarter, will continue to recruit participants for the study, continuing to use extensive advertisements, both in print and online media. Several participants recruited in the last quarter will be asked to submit their 3-month and 6-month follow-up questionnaires in the coming quarter.
New approaches to the measurement of suicide-related cognition -- PI: Matthew K. Nock, Ph.D.

- To date, we have recruited 161 Veterans for the Harvard University site study, and 119 Veterans for the Boston VA site study. Upon completion of data collection we will promptly begin to analyze data and disseminate results in papers, conference presentations, posters, etc.

Harvard University site:
- Continued recruitment efforts:
  - Posting ads on Craigslist, Facebook, the mass.gov Veterans webpage, and posting flyers at/around the Boston VA, Metro newspaper, the Boston Herald, and the City Shopper. Additionally, re-emailed local universities we have established connections with to request that they re-email information out about the study to their student Veterans.
- Continued data collection
  - Continued phone screening, enrolling qualified subjects in the study, and running subjects through the 4-hour lab visit protocol.
  - To date, we have 161 subjects enrolled in the study; who all completed the lab visit.
  - Continued the follow-up portion of the study by conducting 1-month and 3-month follow up calls. To date, 141 subjects have completed the 1-month follow up call (1 still in process of follow-up) and 115 subjects have completed the 3-month follow up call (20 still in process of follow-up).
- Continued data entry
  - Entered all study data, including the MSRC Common Data Elements and relevant demographic data (submitted to MSRC this quarter).
- Data Dissemination
  - Analyzing preliminary data across study sites.

Boston VA site:
- Continued data collection, enrolling qualified subjects in the study, and running subjects through the protocol.
  - To date, we have 119 subjects enrolled in the study; 114 who have completed the first meeting of the study. 2 subjects withdrew (due to personal reasons not related to the study), 3 subjects were discharged before completing the study protocol, and 1 withdrew due to "being afraid she might think bad thoughts" (VA site aired on the side of caution and filed an adverse event with the VA IRB).
  - Continued the follow-up portion of the study by conducting 1-month and 3-month follow up calls. To date, 66 subjects have completed the 1-month follow up call (7 still in process of follow-up) and 49 subjects have completed the 3-month follow up call (12 still in process of follow-up). 2 subjects died during the course of follow-up, which has been reported to MSRC, VA IRB and HRPO. 1 of the aforementioned subjects died by suicide and the VA IRB ruled that the serious adverse event was not related to study participation and appropriate documentation has been passed on to MSRC.
• Electronic medical record data will be gathered on all subjects to supplement low follow-up retention
• Follow-up call compensation was increased in the hopes of improving retention rates
• Established a referral process through the Jamaica Plain Urgent Care Center
  o Research assistant, Jaclyn Kearns met with a VA behavioral emergencies specialist and the lead psychiatrist in the Urgent Care Center to establish a referral process and private space with which a potentially qualified Veteran may be approached.
• Continued data entry and transcription
  o The new volunteer research assistant continues to enter all study data and transcribe one of the computer-based tasks.

• Continue data collection at both study sites by continuing to recruit and enroll subjects.
• Continue the follow-up portion of the studies by administering 1-month and 3-month follow-up phone calls.
• Continuing to expand recruitment efforts and study advertising as opportunities arise.
• At the Boston VA site, recruitment has slowed as there has been an increase in qualified participants declining to take part in the study with the most commonly cited reason being “not feeling like it.” The remaining patients on the unit are not eligible to participate due to active psychosis or cognitive impairment/dementia. No changes have been made to approaching participants and the acute unit staff continues to be supportive of the study. Also, the acute unit staff has not reported any negative discussion of the study on the units and there have been no negative experiences associated with the study. Drs. Marx and Green (VA study staff) are aware and will continue to monitor.

Development and Evaluation of a Brief, Suicide Prevention Intervention Targeting Anxiety and Mood Vulnerabilities -- PI: Norman B. Schmidt, Ph.D.

• We have successfully developed an innovative and portable computerized intervention targeting several risk factors relevant for the development of suicidal ideation and suicide attempts. Currently this protocol is being evaluated in an at-risk sample which includes military veterans (32% of current sample). Should this intervention prove to be successful it could be used as a primary, secondary, or tertiary intervention for a variety of mental health outcomes that are relevant to military populations.
• With regard to our recruitment initiatives, we have received 686 inquiries for the DARTS project. Based on the screening process, 294 of these individuals met the eligibility criteria. To date, 240 individuals have been consented and completed their baseline appointment, 221 individuals have completed session one, 212 individuals have completed session two, 203 individuals have completed session three, 182 individuals have completed their month one follow-up, 154 individuals have completed their month three follow-up, and 120 individuals have completed their month six follow-up.
• In terms of race/ethnicity 56.3% of the sample self-identified as Caucasian, followed by African American (29.4%), Hispanic (10.2%), Other (e.g., biracial; 11.4%), and Asian (2.4%). In addition, 32% of the current sample is veterans.

• Development: With the assistance of software developers we successfully developed a brief, computer-based intervention targeting two suicidal risk factors: perceived burdensomeness and thwarted belongingness. In addition, we successfully developed a brief, computer-based intervention aimed at reducing cognitive bias modification. With the help of our Co-Investigator, Dr. Edward Bernat, we were also able to finalize and test the suicidal biomarker protocol. Thus, all goals and milestones for phase 1 are complete.

• Randomized Controlled Trial: this year we will begin further preliminary data analysis.

• Given that the project is still ongoing, there are no major findings to report at this time. We have begun some preliminary secondary data analysis.

• The below items are still in effect - Leveraged Funds (monetary and/or established infrastructure that supports the grant):
  
  2013-Present  **National Institute of Mental Health** (Individual NRSA: F31MH099860)
  
  *Computerized Intervention for Anxiety Sensitivity Cognitive Concerns*
  
  Direct Costs: PI: Daniel Capron

  2013-Present  **American Foundation for Suicide Prevention**
  
  *Suicide Risk Prevention among Patients with Anxiety Psychopathology*
  
  Direct Costs: PI: Norman B. Schmidt, Ph.D.

*Using Evaluative Conditioning to Improve Marriage -- PI: James K. McNulty, Ph.D.*

• We have also been working with the creator and CEO of Inquisit, a reaction time software company, to implement this procedure over the internet. They have written a program that allows for different stimuli across the 13 sessions. Essentially, there will be 13 different root folders, one for each session, and the only aspect of each folder that will change is the conditioned stimulus—i.e., photos of the partner.

• To address the novelty issue, we decided to use enough unconditioned stimuli (UC) to make them novel even over the 13 sessions. We also needed to decide whether text based UCs or image UCs would be more effective. In the absence of clear evidence in favor or against either, we decided to use both. If the procedure works, we can conduct further testing to see which, if either, is more effective. Each session will involve 13 visual images and 12 words and we will reuse each stimulus only 6 times. Thus, we needed to gain access to ~35 positive images and words, as well as that many neutral images and words. We have spent the past month or so doing just that. We have
selected approximately 50 in each category that we will have pre-rated to determine which are likely to be the most effective.

- It is taking us longer than expected to develop the evaluative conditioning procedure. We have very little prior work to go on, as we are aware of nobody that has used evaluative conditioning to change attitudes over an extended period of time. The challenge is ensuring that the procedure continues to evoke positive affect in participants across all 13 trials. A second challenge is to find a way to implement this procedure over the internet to allow people to do the task from their homes.

- The evaluative conditioning procedure is now fully developed and we are halfway through recruitment at 75 couples. In fact, we have completed the trial on 40 couples. Preliminary numbers indicate that the sample will be a good one with which to evaluate the procedure. With 75 couples (150 participants) enrolled so far, spouses are recently married and relatively, but by no means perfectly, happy. About 30% are racial or ethnic minorities. About 40% have had thoughts of suicide in the past and a smaller but not insignificant portion reported some possibility of suicide in the future.

- We continue to make a lot of progress. We have now enrolled and collected baseline data from 75 couples; 63 of these couples were assessed this quarter. Further, we have now completed the entire trial on 40 couples. At the current rate, we expect to complete data collection in the spring of 2016.

- One issue that arose over this quarter is that my project coordinator left for graduate school. Fortunately, I had plenty of warning that this would occur and was able to hire another coordinator, Laura Acosta, to be trained by the old coordinator. She has been working along for about five weeks now and appears to be fantastic.

- We have successfully pilot tested approximately 600 stimuli (images and words) and settled on 300 unique unconditioned stimuli (150 for the treatment group and 150 for the control group). Additionally, we identified almost 300 “filler” stimuli to disguise the conditioning pairs.

- As of September 30, we have collected baseline data from approximately 75 couples (150 participants). We have completed data collection on 40 of these couples. We have had only a few minor software issues for a very few couples.

- The demographic breakdowns continue to indicate the sample is shaping up as we had hoped. Spouses have been married for about 2.3 years on average and are about 28.5 years old. They are relatively satisfied with their marriage on average (about 38 points on a 45-point scale), but there is substantial variability in these reports (SD = 8 points). Spouses earn just over $34K on average. About 30% are racial or ethnic minorities. About 60% of the participants have known someone that died by suicide. Just over 40% of the participants have ever considered suicide. Ten participants reported a suicide attempt earlier in life. Sixteen percent of the participants reported some possibility of committing suicide in the future, though none reported the most extreme likelihood.

- We seem to be conducting about 20 sessions per month. If this does not slow down, we may be able to finish recruitment by the end of January and thus complete data collection by April.

- The specific goal for this quarter is to recruit and enroll another 60 couples would bring us 15 couples from our goal.
The main objective of this project was to determine whether suicide risk can best be understood as a categorical (i.e., taxonic) or dimensional entity in a predominantly military sample, and to validate the nature of any obtained taxon. Taxonic results indicate that military suicide risk is a categorical phenomenon, such that certain people have a distinctly high risk for serious suicide attempts. To accomplish this objective, we conducted taxometric analyses of cross-sectional, baseline data from 16 independent studies funded by the Military Suicide Research Consortium.

Tasks 1-5 are fully accomplished.

Some notes on the final tasks:
- Task 2c: GRAs have coded suicide lethality items and family history of suicide items: Inter-rater agreement was good; the intra-class correlation for average measures using absolute agreement was .84.
- Task 2d: Have GRAs code taxometric plots: The GRAs were in 100% agreement that our data demonstrated a taxonic structure.
- Task 3c: Conduct validity analyses for any identified taxon: Our validity analyses (see manuscript in appendix) strongly support our proposition that the taxon we identified represents individuals at high risk for suicide. Specifically, we found large effect sizes for differences between the taxon and complement groups on a variety of suicide-relevant variables. These effect sizes were larger than those for variables relevant to general distress (e.g., depression, PTSD symptoms).
- Task 4c: Conduct taxometric analyses and interpret results: As described in the attached manuscript, we found strong, robust evidence that suicide risk is taxonic. Specifically, CCFI values for MAMBAC (.85), MAXEIG (.77), and L-Mode (.62) all strongly supported categorical (i.e., taxonic) structure for suicide risk, as did the mean CCFI value of .75.
- Task 5b: Prepare and submit manuscript: Manuscript has been submitted to Science, JAMA Psychiatry, and American Journal of Psychiatry but was rejected. It is currently under review at Psychological Medicine.
- Participants (N=1773) included in the final analyses were 77% male, 93% non-civilian, and 92% non-Hispanic. Over 70% were from the Army, 68% endorsed active duty status, and roughly half had participated in combat. Indicators from the CDE were considered for inclusion in the taxometric analyses, and preliminary decisions about which indicators to include were based on evidence-based risk factors for suicide that have been discussed in the literature. Although 10 indicators were considered for inclusion, 4 were ultimately excluded due to poor validity or extreme skew. The final 6 indicators were: objective levels of lethality during the most serious suicide attempt to date; lifetime number of suicide attempts; suicidal desire and ideation; purposeful planning for suicide attempts; lifetime worst point for seriousness of wanting to die by suicide; and insomnia.
- Key research accomplishments:
• Determined that the latent structure of suicide risk is taxonic in nature in a sample of predominantly military personnel. That is, people at high risk are qualitatively distinct from those at lower risk.
• Prepared white paper for MSRC website describing our findings
• Conducted oral presentation of our findings at the 2015 annual American Association of Suicidology conference
• Wrote and submitted manuscript detailing our findings (see appendix).

Conclusion: We found very strong evidence that suicide risk has a categorical latent structure in the predominantly military sample we examined. That is, as opposed to suicide risk representing a dimensional phenomenon by which individuals differ in degree of risk, we found that individuals at high risk for suicide are qualitatively distinct from those at low risk. As described in more detail in our manuscript, these findings have the potential to fundamentally change the way that suicide risk is assessed, treated, and researched. Specifically, our results suggest that existing suicide risk assessments could be shortened without sacrificing their validity, that the most potent suicide interventions should be allocated to individuals in the high-risk group, and that research should generally be conducted on individuals in the high-risk group. These implications seem particularly feasible in a military context given the infrastructure and resources available to decrease suicide.
Reportable Outcomes:

Leveraging

The Consortium continues to leverage its existing materials and tasks into projects and resources for other entities. The MSRC collaborates in leveraging funds that include an increase of grant funds, time, and infrastructure support. Below are some of the most noteworthy leveraging funds efforts:

- Drs. Joiner and Gutierrez continue to work (as consultants) with Mantheraphy – which continues to be very successful.
- On February 24th, Dr. Joiner visited McDill Air Force base in Tampa, Florida. It is the headquarters of the Special Operations Command. This meeting included worldwide senior leadership from the various military branches – a very impressive group. Dr. Joiner presented his theories to the group as well as the work of the Consortium.
- Dr. Joiner received a grant from the National Fallen Firefighters Foundation. It will focus on suicide ideation, prevalence and will include surveys on over 1,000 people. Ian and Melody (Dr. Joiner students) are working on collecting the data using a web portal. He will delve into the data and the National Death Index to investigate death rates.
- Drs. Joiner and Gutierrez attended the Military Health Research Symposium in Ft. Lauderdale (8/19/15). It was a good audience for them to connect with. COL Santullo and Dr. Kate Nassaeur invited them. They presented updates on the funded clinical trials. Their abstract focused on the MSRC intervention studies. It was accepted as part of the suicide specific research in the DOD. Other MSRC funded PIs also attended.
- Dr. Joiner indicated that a paper on eye blink-rates done jointly with Gary Wynn and other FSU students (Melanie Hom was one) was accepted for publication in “Crisis: The Journal of Crisis Intervention and Suicide Prevention”. The reference is: CRI-MS-2015R1, Staring Down Death: Is Abnormally Slow Blink Rate a Clinically Useful Indicator of Acute Suicide Risk?
- Dr. Joiner indicated that there are many projects coming up. They have submitted a pre-proposal for a DOD funded autism study – it covers autism spectrum disorders. He was not aware that DOD had this subject in their portfolio. He will be working with Dr. Amy Weatherby from the Autism Institute.
- Dr. Joiner has two students - Jenny Buchman and Carol Chu – who were selected as Fellows for the 2015-2016 academic year to work on Dr. Pam Keel’s T2 miracle neuroscience training grant. It is an NIH NRSA (National Research Service Award) grant: “Integrated Clinical Neuroscience Training for Translational Research” - 5T32MH093311.
- It should be noted that MSRC was a “front page story” on the CDMRP website during May and June. This kind of exposure by other organizations highlights the positive work that MSRC is developing.
- Dr. Tracy Witte was promoted and tenured at Auburn University.
- Dr. Pam Keel received from the National Institutes of Mental Health a National Research Service Award – Fellowship for over $88K for 2.5 years: Longitudinal Follow-up of Purging Syndromes: Outcome and Predictors.
• Dr. Joiner indicated that Ian Stanley and Melanie Hom (two of his graduate students) will take the general topic of Eating Disorders and will do a review that focuses on military personnel. Dr. Gutierrez agrees that the military culture does present some barriers as it has a unique role.

• Dr. Perry Renshaw is facilitating a study with colleagues from South Korea on suicide assessments. (This will use South Korean military members.) This is an extension of the Gold Standard study. This is another IDF collaboration that is leading to another grant.

• Dr. Gutierrez indicated that he was in Seattle for the Implementation Research Consortium Conference. Dr. Kate Comtois organized it. Dr. Gutierrez wants to get a greater awareness about implementation science and how to apply it to MSRC projects that are near completion. This will also provide some basics for the foundation of the MSRC Dissemination and Implementation Core (Core D).

• Dr. Thomas Joiner indicated that he did presentations: conference in South Korea, which covered suicide prevention and was under the Ministry of Health (this is like the Korean ABCT); 3 in the United Kingdom with various brainstorming sessions and reviews of the Gold Standard study; attended the ABCT conference in Philadelphia to support Dr. Michael Anestis at the award ceremony; at the Meninger Clinic in Houston; at the conference for the Mexican Association of Suicidology, which was held in Aguascalientes, Mexico; in Fargo, North Dakota; Pueblo, Colorado; and, an all day presentation to the state of Nevada - Behavioral Health workforce. He presented various research areas covered by the MSRC funded studies.

• Dr. Gutierrez continues to work on the NSF/VSF grant application with the colleagues in Israel on the assessment study. It supports a collaborative research effort between the US and Israel. Drs. Joiner and Gutierrez and Keith Jennings have put together a team that includes: Mia Shalodon (collaborator with the assessment study), Karen Gonut and Lucci (retired COL and visiting professor at USC) - both with IDF as well. He is doing the timeline and assigning duties to various members of the team. It is due on January 15, 2016.

• Dr. Courtney Bagge received a research award from University of Mississippi Medical Center. It was gold level – it seems that she is the only Assistant Professor to receive such an award.

• Dr. Nigel E. Bush was notified by DHA that the VHB (Virtual Hope Box - sponsored MSRC project) has been awarded the 2014 Department of Defense Innovation Award. Dr. Woodson presented him a plaque at AMSUS in December on behalf of the whole team. "... this clearly is a very gratifying recognition of the great collaborative work on VHB by our teams at MSRC, VA Portland, and T2."

• Dr. Nigel Bush did a Military Times health article on Virtual Hope Box and referenced both Drs. Joiner and Gutierrez. He also presented at the Military Health Systems Research Symposium.

• Dr. Gutierrez informed that the team doing the suicide status form in Louisville is considering trying to get a CAMS clinical trials group version funded. Dave Jobes may do an RCT proposal through BAA to get a multi-site military proposal in place. (Dr. Kate Nassauer is strongly encouraging this item.) The implementation material developed by the Louisville team is going to be very helpful on doing group CAMS moving forward. This is good for MSRC as we helped fund the original deliverables.
Dr. Schmidt is working on an Internet application in relation to the Reducing Anxiety study.

A Co-Investigator, Joe Franklin, on Dr. Matt Nock's MSRC grant received an AFSP grant (while funded by the MSRC Award). Here are the details: Pilot Research Grant PRG-0-048-1310/01/2014-9/30/15: Amount: American Foundation for Suicide Prevention. "Therapeutic Evaluative Conditioning for the Prevention of Suicidal Behavior”.

Jetta Hanson is working on a manuscript about healthcare usage discussion with factors leading to suicide. She (with MSRC) is trying to collaborate with Army STARRS (Drs. Matt Nock and Ron Kessler). Dr. Kessler is managing the statistics.

Dr. Thomas Joiner and Bonnie Wright provided updates on changes with FSU students, faculty and MSRC members.

- The following FSU students will enter a year-long VA internship program from either Joiner lab or from Schmidt, Cougle, McNulty (or Chris Patrick, a MSRC Co-Investigator):
  - Amanda Medley at Southeast Louisiana Veterans HCS
  - Tiffany Brown at University of California, San Diego/VA
  - Nik Allan at Charleston Consortium (MUSC)
  - Laura Drislane at Minneapolis VA
  - Caroline Silva at McLean Hospital/Harvard Medical School (program affiliated with Dr. Nock)
  - Lauren Holland at Charleston Consortium (MUSC)
  - Noah at Minneapolis VA.

- Jean Forney received a NIH National Research Service Award from NIH on “Longitudinal Follow-Up on Purging Syndromes: Outcome and Predictors”. This is a 2.5 year award beginning 3/1/15. Jean is a graduate student in Pam Keel’s lab. Pam Keel was named a Fellow of the American Psychological Association.

- The following FSU graduate students received University provided fellowships. These are very competitive fellowships and it is exciting to see the high standards that the students have achieved. It is an important metric that shows the excellent work.
  - Caroline Silva - 1 year University Minority Fellowship $10K/year & Legacy Fellowship 2 years at $10K each and an FSU dissertation grant.
  - Matt Podlogar - Legacy Fellowship 5 years at $10K each.
  - Melanie Hom - Adelaide Wilson Fellowship $30K/yr for 5 years.
  - Megan Rogers - Legacy Fellowship 5 years at $10K each.

- Levi Baker-Russell (major professor: Jim McNulty) accepted a tenure-track position in the Department of Psychology at the University of North Carolina at Greensboro.

- Michelle Baker-Russell (major professor: Jim McNulty) accepted a teaching position in the Department of Psychology at the University of North Carolina at Greensboro.
Dan Capron (major professor: Brad Schmidt) accepted an Assistant Professor position in the Department of Psychology at the University of Southern Mississippi. [Dan was an MSRC dissertation award recipient.]

Jennifer Hames (major professor: Thomas Joiner) accepted a postdoctoral fellowship at the Minneapolis VA Medical Center in Primary Care Mental Health.

Kirsten Hawkins (major professor: Jesse Cougle) accepted a postdoctoral fellowship in the Department of Psychiatry and Behavioral Sciences at Duke University.

Kristina Korte (major professor: Brad Schmidt) accepted a postdoctoral fellowship at The Medical University of South Carolina.

Melissa Mitchell (major professor: Brad Schmidt) accepted a postdoctoral fellowship at the Center for the Treatment and Study of Traumatic Stress at the Summa Health System in Akron, Ohio.

Novell Tani (major professor: Rick Wagner) accepted an Assistant Professor position at Tallahassee Community College. Rick Wagner was selected as a Fellow of the American Educational Research Association (AERA). He was inducted on April 17th at the AERA 2015 annual meeting in Chicago.

Jessica Ribeiro [Joiner student] is going to Vanderbilt, as well as Joe Franklin [under the Matt Nock MSRC funded study at Harvard].

Lindsay Bodell - FSU student associated with MSRC is doing postdoctoral program at Western Psychiatry in Pittsburgh.

Ian Stanley will be attending a conference in November to present MSRC research for the National Network of Depression Centers (NNDC). He will also participate in their regular conference calls.

American Psychological Foundation - Violet and Cyril Franks Scholarship for $5,000 at 1 year (assume a 9/1/15 start date). Title: Modifying Help-Seeking Stigma: Development and Prospective Evaluation of a Novel Cognitive Bias Modification Intervention. Study Co-PIs: Ian H. Stanley, B.A. & Melanie A. Hom, B.A. Faculty Sponsor: Thomas E. Joiner, Ph.D.

The Garrett Lee Smith grant was awarded to FSU.

Dr. Thomas Joiner is a consultant on another CDC grant, it is not specific to the military but his involvement is attributed to MSRC. The Award ID: UU01CE002661. Awarded to Dr. Jodi J. Frey at the University of Maryland. Title: Online Screening and Early Intervention to Prevent Suicide among Middle-Aged Men. 4 year Award amount: $1,277,973. Project Period 9/1/15-8/31/19.

Another NIH suicide prevention grant at FSU is in effect. Agency: DHHS – SAMHSA (Substance Abuse and Mental Health Services Administration). Funded Amount: $102,000 federally funded plus 100% match from FSU. Award Dates: 9/30/2015 to 9/30/2018. Dr. Thomas Joiner is a Co-PI. Title: “Noles CARE in Academics – Enhancing Suicide Prevention in FSU Academic Department”.
• Dr. Thomas Joiner indicated that David Cuming did the Zero Suicide Summit – held in Atlanta. After reviewing their intent he feels that some of the ideas and methods are compatible with those of MSRC. He feels that we should do some joint work with them. Dr. Gutierrez was initially skeptical but has come around on the program and thinks that a direct partnership would be beneficial for MSRC.

Pre-doctoral and postdoctoral training experiences at FSU and Denver

• MSRC offered dissertation awards of $2,000 and there were 7 finalists. It should be noted that MSRC is one of the few resources that provides this type of funding. Dr. Joiner feels that this is very good public relations as these applicants are probably our future leaders in this field.

• The third annual MSRC Pre-Conference Training Day was held in April 2015 in conjunction with the AAS annual conference in Atlanta, GA. The MSRC provided financial support to graduate/medical students, postdoctoral fellows, or residents to attend the American Association of Suicidology’s annual conference and participate in the MSRC pre-conference training day. Again, the aims of the pre-conference training day were to educate advanced students and fellows in state-of-the-art research techniques, including grant writing, research design, and regulatory issues. There were 30 participants. The number of accepted students and invited faculty was increased due to a high level of requests. It was very successful based on the active participation and the very positive comments received from the students and invited faculty, both at the end of the day and during the AAS conference.

• Another successful Training Day has led to placing a request for next year to again host it in conjunction with the AAS conference.

• Dr. Gutierrez introduced Keith Jennings as our new Postdoctoral fellow. Keith indicated that he is working with Dr. Jobes on CAMS within military veteran populations. It is one of the few evidence-based treatments available. Keith will be based in Durham, NC and he will be with us for at least one year.

Other

We are waiting for a contract specialist/officer to be assigned to our approved proposal for additional funds (Years 6-10). MOMRP is working on getting the assignment completed. Our No Cost Extension (NCE) request was formally approved. We have also completed the process for the funded studies to submit their NCE requests. The reviews have been completed and the approved studies have been notified.

Core C had a meeting in mid-October, 2014 to review the data uploads. This basically included the Directors and the PIs. The intent was to familiarize the PIs with the requirements and needs, and to determine where to change or/and improve the process. It was decided to include additional measures in order to enhance the CDE data. A standardized demographic form was requested and later provided. The additional data also helped the Taxometric study.
The In Person Review (IPR) meeting with the MSRC funded studies was held on July 21-22, 2015 in Denver, CO. It went very well. All the teams were represented – most by the study PI. For the most part the studies are in better shape than one year ago. Recruitment issues are being resolved. A limited planning discussion on the SOP for CDE was also covered. On the 2nd day Drs. Joiner, Gutierrez and Plant met with the Senior Advisors and discussed the studies, funding and the Dissemination & Implementation Core. These conversations were very productive. As in the prior year - “The intention of the meeting is for investigators to provide an update on the status of their study, discuss challenges and successes, and benefit from the combined wisdom/experience of the group.” The other quarterly meetings were held via conference calls and usually went for 1.5 hours. The general format is a short presentation by the PI, followed by a question and answer section. The presentations cover the study and their preliminary findings. The Q & A section can cover problem solving or possible results or informative contents. This format seems to permit for beneficial discussion, introduction of process improvement and knowledge sharing. The issues on authorship and requests for data beyond CDE were covered with all participants. For next year, currently, two conference call meetings have been scheduled. Additional meetings can be setup if needed. The agenda will again be created based on current needs and pressing issues.

DOD requested quarterly executive summaries starting last year. New updates (of a significant nature) are provided soon after the quarterly reports are submitted. Each study should present a few sentences in their quarterly report and those of outstanding value will be included in the summary.

Many of us attended the AAS conference in Atlanta (April 2015). Dr. Gutierrez felt that the sessions presented by MSRC PIs were some of the best presentations compared to non-MSRC presenters. Dr. Cerel had a great plenary presentation on Saturday morning (people affected by suicide death). She gave thanks to MSRC for funding her study. Dr. Joiner indicated that the MSRC footprint was very extensive. [Note: There were 81 posters and 31 had MSRC PIs. 15 from Denver and 16 from FSU. A 38% representation is “amazing”.] MSRC also had a large representation by its students: both graduate and post-doctoral.

Drs. Joiner and Gutierrez attended the 2015 VA/DOD conference in Dallas, Texas. Various MSRC studies were presented (Comtois, Matarazzo, Anestis, etc.). Jetta Hanson also attended and covered the ethical focus and research issues. Drs. Gutierrez and Joiner also attended the Military Research Centers conference sponsored by University of Southern California in Los Angeles. Dr. Castro hosted the event and the focus was on military suicide. It was noted that over 120 people were in attendance. They consisted of academia and veteran service organizations. Many attendees mentioned MSRC and that the coverage confirmed our position.

Dr. Gutierrez attended a meeting in Israel in early 2015. This was a joint meeting held between the United States and Israel on military medicine research. Dennis McGurk was co-chair of the psychological health workgroup. Dr. Gutierrez was part of this workgroup. The Gold Standard and other MSRC funded intervention studies were presented. The general from
Israel was very interested in sleep deprivation. Her primary interest was sleep problems and suicide. A short paper was provided afterwards – Dr. Joiner reviewed it.

Dr. Gutierrez indicated that having Jess Ribeiro (a student of Dr. Joiner) as a fellow in the Nock lab has really helped collaboration with STARRS. (When scientists talk directly to each other it seems that things work and progress.) We are now working with Ron Kessler and Matt Nock. Jess is taking the lead on a paper on health. (Publication of STARRS data.) This will require a lot of analysis. She will be working with Peterson who is involved with mental health encounters versus non-mental health encounters in in-patient stays. This will be a straightforward review. They will look at what seems reasonable between prevalence and mean – at 1 year and 4 weeks. They will consider why folks are identified as suicidal and if not why are they missed? (Or are we not identifying them at all?) They will look at general medical settings and recent visits and determine the proportion of most recent visits before death and which type of doctor they visited. They will use socio-demographic related variables (age, race, sex, etc.) and identifiers.

The “References” section contains a listing of the many conference presentations, publications and white papers that are directly or indirectly associated with MSRC.
Conclusion:

The Military Suicide Research Consortium at Florida State University continues to strive to reach its annual goals and research aims. Florida State University has seven active subcontracts with various institutions and two others that have completed. Another review will be done to see if any of the previously submitted requests can be funded – depending on availability of funds. The three Cores continue to collaborate, working toward the same ultimate goals of suicide prevention in the military and information dissemination to affected parties who are accountable and/or involved in ensuring the mental health of military personnel. The enhanced training to future leaders and researchers has been exceptional and having quarterly PI meetings continues to be well received.
References:

Conferences/Presentations/Publications/White Papers

>> Dr. Brad Schmidt had the following:


>> Dr. Craig Bryan had the following:


Brief cognitive behavioral interventions to reduce suicide attempts in military personnel. Paper presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, Philadelphia, PA.


Dr. Kate Comtois had the following:

4 papers are now accepted for a special series of Military Behavioral Health pooling, baseline data from this study with data from 6 other studies. These papers will also be presented in October 2015 at the International Summit on Suicide Research.

Presented initial data on the feasibility and acceptability of the study intervention at the 2015 DoD/VA Suicide Prevention Conference in Dallas, TX.

3 presentations for the American Association of Suicidology convention in April 2015 used MCP data regarding the feasibility of the texting intervention, technology use by suicidal active duty Service Members, and exposure to suicide by suicidal active duty Service Members.

2 presentations were presented at the International Association for Suicide Prevention convention in June 2015 (i.e., feasibility of the texting intervention and technology use by suicidal active duty Service Members).

Dr. Michael Anestis had the following:


Poster to be presented at the 48th annual conference of the American Association of Suicidology. Atlanta, Georgia.


>> Dr. Matthew Nock had the following:

Poster abstract submitted to ABCT (Association of Behavioral and Cognitive Therapies); First Author: Julia A. Harris; Title: Specificity of combat exposure and DSM-5 PTSD symptomatology in a sample of OEF-OIF Veterans.

Poster Abstract submitted to ABCT; First Author: Charlene A. Deming; Title: Stress and Suppression of Attention to Psychological Pain in Suicide.

Poster Abstract submitted to ISTSS; First Author: Julia A. Harris; Title: DSM-5 PTSD Symptom Clusters and Suicide in a Sample of Veterans.

Poster Abstract submitted to ISTSS; First Author: Jaclyn C. Kearns; Title: Examining the Relationship Between Recent Suicidal Ideation, Depression, and PTSD in Veterans in VHA Inpatient Psychiatric Hospital.

Two manuscripts published (Ribeiro et al., 2015, Psychological Medicine; Fox et al, 2015, Clinical Psychology Review) and two under review (Franklin et al., 2015a, 2015b).

>> Drs. Holm-Denoma and Witte had the following:


**Appendices:**

CURRICULUM VITAE

Personal Data

Name: Thomas Ellis Joiner, Jr.  
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Work History

April 2010 - present  
The Robert O. Lawton Distinguished Professor of Psychology  
Department of Psychology, Florida State University

April 2007 - March 2010  
Distinguished Research Professor &  
The Bright-Burton Professor of Psychology  
Department of Psychology, Florida State University

January 2001 - March 2007  
The Bright-Burton Professor of Psychology  
Department of Psychology, Florida State University

August 2000 - December 2000  
Professor  
Department of Psychology, Florida State University

August 1997 - July 2000  
Associate Professor  
Department of Psychology, Florida State University

August 1996 - July 1997  
Associate Professor and Director, Psychological Assessment  
Department of Psychiatry and Behavioral Sciences  
University of Texas Medical Branch at Galveston

1993 - 1996  
Assistant Professor and Director, Psychological Assessment  
Department of Psychiatry and Behavioral Sciences  
University of Texas Medical Branch at Galveston

Education

1987 - 1993  
University of Texas at Austin  
Ph.D.  
Major field: Clinical Psychology  
(Major Professor: Gerald I. Metalsky, Ph.D.)  
Minor field: Experimental Design and Analysis

1992 - 1993  
Clinical Psychology Internship  
V.A. Medical Center and Scott & White Hospital, Temple, Texas

1983 - 1987  
Princeton University  
Major field: Psychology  
B.A., Magna Cum Laude
Honors/Awards

Distinguished Scientist Lecturer, American Psychological Association, 2016.

Recipient of The Charles T. Ruby Award, given annually to one individual who has made substantial contributions to the welfare of those bereaved by suicide, Catholic Charities, Chicago, 2015.


Recipient of the Cottrell Family Endowed Professorship, Florida State University, 2009.


Recipient of the Graduate Faculty Mentor Award, Florida State University, 2006.

Recipient of the Mentoring Award, Section IV of APA’s Division 12 (Clinical Psychology of Women), 2006.


Recipient of the William R. Jones Most Valuable Mentor Award from the Florida Education Fund’s McKnight Doctoral Fellowship Program, 2005.


Recipient of the William R. Jones Most Valuable Mentor Award from the Florida Education Fund’s McKnight Doctoral Fellowship Program, 2002.

Named The Bright-Burton Professor of Psychology, Florida State University, 2001.

Recipient of the American Association for Suicidology’s Edwin S. Shneidman Award for Contributions to Suicide Research, 2001.


Recipient of the Developing Scholars Award, Florida State University, 1999.

Visiting Scholar Award, University of Montana, 1999.


Honors/Awards (continued)

Recipient of the Young Investigator Award, National Alliance for Research on Schizophrenia and Depression, 1994.
Publications List (overall number of books, articles, and chapters = 533; Current and former trainees’ names are italicized)

Authored Books


Edited Books


Journal Articles in Refereed Journals (listed chronologically; N = 463)

IN PRESS (N = 42)


IN PRESS (N = 42, continued)


2011 (N = 19)


2009 (N = 20, continued)


2005 \textit{(N = 34, continued)}


2005 (N = 34, continued)


2002 (N = 23)


2001 (N = 23, continued)


2000 (N = 16)


2000 (N = 16, continued)


1999 (N = 19)


1999 (N = 19, continued)


1998 (N = 15)


1997 (N = 11)


97 \( (N = 11, \text{ continued}) \)


96 \( (N = 14) \)


1995 (N = 11)


1995 (N = 11, continued)


1994 (N = 7)


1993 (N = 2)


1992 (N = 2)


Chapters in Edited Books/Invited Articles/Commentaries (listed chronologically; N = 52)


Chapters in Edited Books/Invited Articles/Commentaries (listed chronologically; N = 52, continued)


Chapters in Edited Books/Invited Articles/Commentaries (listed chronologically; N = 52, continued)


**Workshops Conducted**


4. Joiner, Jr., T. E. (1998). *You don’t have to be afraid of taxometrics.* Advanced Methodology and Statistics Seminar (AMASS) for the Association for the Advancement of Behavior Therapy (AABT), Washington, DC.

**Chaired Symposia, Chaired Poster Sessions, & Chaired Grand Rounds**


2. Joiner, Jr., T. E., Chair (1995, November). *Depression as a social problem: Recent advances in interpersonal approaches to depression.* Symposium for the 29th annual convention of the Association for the Advancement of Behavior Therapy (AABT), Washington, DC.


**Presentations (samples from over 400)**


Presentations (continued)


7. Joiner, Jr., T. E. (1994, March). Depression and bulimia: The affective variant hypothesis vs. the secondary depression hypothesis. Paper presented at Grand Rounds, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch, Galveston, TX.


Presentations (continued)


Presentations (continued)


Grants
Completed or Ongoing Grant Projects

1. Young Investigator Award, National Alliance for Research on Schizophrenia and Depression, $60,000 over 2 years for project entitled, “Cognitive vulnerability to depression in youth.” 1994-1996.

2. Grant, Sealy Small Grant Program, University of Texas Medical Branch at Galveston; $12,500 over 1 year for project entitled, “Testing an integrative interpersonal theory of depression among child and adolescent psychiatric inpatients.” May, 1994 - May, 1995.

3. Grant, American Suicide Foundation Institutional Program, University of Texas Medical Branch at Galveston; $8,199 over 1 year period for project entitled, “Impulsivity, hostility, and anxiety as discriminators between suicide ideators and attempters.” December, 1994 - December, 1995.

Completed or Ongoing Grant Projects (continued)

5. Grant, American Suicide Foundation Institutional Program, University of Texas Medical Branch at Galveston; $5,002 over 1 year period for project entitled, “Impulsivity, hostility, and anxiety: Predicting long-term response and attrition.” January, 1996 - December, 1996.


8. Grant, National Institute of Mental Health (R03MH56912); $25,000 over 1 year, entitled, “Stability and Structure of Bulimotypic Indicators.” January, 1997 - December, 1997.

9. Grant, Committee on Faculty Research Support (COFRS), Florida State University; $8,000 over three months for project entitled, “Taxometrics of mood disorder nosology.” June, 1998 - August 1998.


11. Grant, Developing Scholars Award, Florida State University, $6,000 for general research, 1999.

12. Planning Grant, Florida State University, $6,000 over 1 year for planning a larger grant on the serotonin transporter gene and suicidal symptoms, 2000.


14. Planning Grant, Florida State University, $10,000 over 1 year for planning a larger grant on the possible dopaminergic basis of positive emotion - broad-minded coping inter-relations, 2001.


20. Grant, Rockefeller Foundation Bellagio Fellowship, ~$10,000, 2006.
Grants (continued)

Completed or Ongoing Grant Projects (continued)


Editing, Editorial Boards, Academic Consulting, and Reviewing of Grants

Editor: Suicide & Life-Threatening Behavior, 2009-2011.

Journal of Abnormal Psychology (invited, 2000; declined).
Journal of Adolescence (invited, 2001; declined).

Board of Advisors: Men’s Health

### Editing, Editorial Boards, Academic Consulting, and Reviewing of Grants (continued)

**Editorial Board Member:**
- The Scientific Review of Mental Health Practice, appointed 2002.
- Suicide & Life-Threatening Behavior, appointed 2003.
- Revista de Psicopatología y Psicología Clinica (Review of Psychopathology & Clinical Psychology), Spain, appointed 1995.
- Behavior Therapy, appointed 2005.

**Guest Editor:**

**Editorial Consultant:**
  - Psychological Bulletin, since 1995.
  - Psychological Review, since 2003.
  - Cognitive Therapy and Research, since 1993.
  - Behavior Genetics, 1999.
  - Cognition and Emotion, since 1996.
  - Behaviour Research and Therapy, since 1997.
  - Social Science and Medicine, since 2002.
  - Ambulatory Child Health, since 1998.
  - Psychological Reports, since 1997.
  - Social Behavior & Personality, since 1996.
  - Professional Psychology: Research & Practice, since 1999.
  - The Scientific Review of Mental Health Practice, since 2002.
  - Clinical Psychology Review, since 2000.
  - Journal of Affective Disorders, since 2001.
  - Psychotherapy Research, since 2001.
  - Circulation, since 2003.
Editing, Editorial Boards, Academic Consulting, and Reviewing of Grants (continued)

Book Publishers: Guilford; Academic Press; American Psychological Association; Erlbaum; Oxford; Harvard; Brooks/Cole; W.W. Norton; Wiley.

NASA Standing Review Panel Member, Human Research Program (Behavioral Health and Performance), 2012-


Consultant, National Institute of Mental Health grant #NIMH R18 48097, entitled “Problem-solving factors in suicide,” awarded to David Rudd, Ph.D. 1993 to 1997.

Consultant, National Institute of Mental Health grant #NIMH R15 55870-01, entitled “Predictors of Negative Mood Intensity and Recovery,” awarded to Sam Catanzaro, Ph.D. 1996 to 1999.

NIMH Study Section Member, F12B[20], 2004.

NIMH Study Section Member, ZMH1 ERB-L [03], 2005.

NIMH Study Section Member, Adult Psychopathology (BBBP-5), 2000; 2006-7.

NIMH B/START Reviewer, April, 2001.


Grant Reviewer, The Hospital for Sick Children Foundation, Toronto, Canada, Fall, 1997.

Grant Reviewer, Sealy Endowment for Biomedical Research, UTMB-Galveston, 1996.

Grant Reviewer, Dissertation Award, American Psychological Association, Fall, 1996.

Grant Reviewer, Student Travel Award, American Psychological Association, Spring, 1997.

**Professional Affiliations and Memberships**

Elected Member, Society for Research in Psychopathology.
Elected Member, International Society for Research in Child and Adolescent Psychopathology.
Member, Society for the Science of Clinical Psychology (SSCP).
Member, Association for the Advancement of Behavior Therapy (AABT).

**Leadership, Committees, and Administrative Service**

Chair, Faculty Development Committee, FSU Psychology, 2002, 2004, 2006-present.


Chair, Selection Committee for the Aaron T. Beck Award, given by the Across Species Comparison and Psychopathology (ASCAP) Society, Spring, 1997; Spring, 1998.


Chair, Grants Committee, Society for the Science of Clinical Psychology Dissertation Award, American Psychological Association, Fall, 1997.

Graduate Training Committee, Department of Psychology, Florida State University, 1997 - 1998.

Host for Post-Doctoral Scholars, Drs. Tulin and Faruk Gencoz, Middle East Technical University, Ankara, Turkey, at Florida State University, Summer - Fall, 1999.

Host for Visiting Scholar, Dr. Lourdes Lostao, Universidad Publica de Navarra, Pamplona, Spain, at the University of Texas Medical Branch at Galveston, Summer, 1997.

Director and Founder, Behavioral, Social, and Cognitive Sciences Faculty Interest Group, University of Texas Medical Branch at Galveston, Spring, 1995 - Spring, 1996.

Member, Board of Directors, Interpsych Internet Research Forum, 1994 - 1996.

Member, Internal Review Board, Interpsych Internet Research Forum, 1994 - 1996.

Training Team Member, Psychology Internship Training Program, University of Texas Medical Branch at Galveston, Fall, 1994 - present.


Member, Undergraduate Education Committee, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Fall, 1995 - present.
Leadership, Committees, and Administrative Service (continued)

Member, Committee to Reduce Length of Patient Stay, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Summer, 1994 - Fall, 1995.

Member, Committee to Establish Guidelines for Teaching Effectiveness, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, 1994.

Member, Ad Hoc Committee on Staff - Patient Boundary Issues, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Fall, 1996.

Member, Ad Hoc Committee on Sexual Abuse of Psychiatric Patients, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Spring, 1994.

Community Service

Participant, National Depression Screening Day, developed to educate public about depression and refer depressed people to treatment, October 6, 1994.


Presentation, “Depression in Adults and Youngsters: A Research Update,” Invited address at the annual convention of the Texas Alliance for the Mentally Ill, Corpus Christi, Texas, 1995.


Teaching/Supervisory Experience

Educational Materials Developed


Masters Thesis and Critical Review Paper Committees

1. Ivonne Indrikovs, “Eating attitudes, self-esteem and body image in males,” School of Allied Health Sciences, University of Texas Medical Branch at Galveston, 1996.
2. Lorraine MacLean, “The effects of mood and sex-role beliefs on interpersonal responses to depressed persons,” Lakehead University, Thunder Bay, Ontario, Canada, Fall, 1996.
13. [Chaired], Marisol Perez, “The interpersonal consequences of positive illusory bias in inpatient psychiatric youth,” Florida State University, Tallahassee, FL, Fall, 2000.
15. [Chaired], Foluso Williams, “Mood regulation and depressive subtypes.” Florida State University, Tallahassee, FL, Spring, 2003.
Masters Committees (continued)

22. [Chaired], Daniel Hollar, “Acculturative stress, ethnicity, and bulimic and suicidal symptoms.” Florida State University, Tallahassee, FL, Spring, 2005.
23. [Chaired], Katie Merrill, “Self-esteem stability, interpersonal behaviors, and depression.” Florida State University, Tallahassee, FL, Spring, 2005.
24. [Chaired], Tracy Witte, “Multiple suicide attempt status and mood lability.” Florida State University, Tallahassee, FL, Spring, 2006.
27. [Chaired], Rebecca Bernert, “Circadian rhythms and depressive symptoms,” Florida State University, Tallahassee, FL, Spring, 2006.
33. [Chaired], Mike Anestis, “Urgency and maladaptive behaviors.” Florida State University, Tallahassee, FL, Spring, 2006.
34. [Chaired], Ted Bender, “The acquired capacity for suicide.” Florida State University, Tallahassee, FL, Fall, 2007.
35. [Chaired], Scott Braithwaite, “Models of marital discord.” Florida State University, Tallahassee, FL, Fall, 2007.
36. [Chaired], Eddie Selby, “Emotion regulation and Borderline Personality Disorder.” Florida State University, Tallahassee, FL, Fall, 2007.
37. [Chaired], April Smith, “Achievement strivings and eating disorder symptoms.” Florida State University, Tallahassee, FL, Fall, 2007.
39. Ben Miller, outside member to Department of Philosophy, Florida State University, “Philosophical aspects of suicide.” Spring, 2008.
42. [Chaired], Erin Fink, “Need for cognition and eating disorder symptoms.” Florida State University, Tallahassee, FL, Fall, 2008.
Teaching/Supervisory Experience (continued)

Dissertation Committees
22. Tam Dao, outside member to Department of Counseling Psychology, “Rorschach and MMPI convergence.” Florida State University, Tallahassee, FL, 2005.
Teaching/Supervisory Experience (continued)

Dissertation Committees (continued)

42. Lacey Sischo, outside member to Department of Sociology, “Qualitative study of women’s reactions to breast surgery.” Florida State University, Tallahassee, FL, 2006.
43. Matt Hobson, outside member to Department of Sociology, “Fiction.” Florida State University, Tallahassee, FL, 2007.
48. Marissa Brattole, outside member to Department of Educational Psychology, “Factors influencing eating disorder detection, Florida State University, Tallahassee, FL, 2008.
Dissertation Committees (continued)

55. [chaired] Erin Fink, Florida State University, Tallahassee, FL, 2011.

Teaching Experience

Graduate Seminar on Prepracticum & Ethics, Summer 2003-present.

Graduate Seminar on Differential Diagnosis of Psychopathology in Works of Non-Fiction, Spring, 2010.


Graduate Seminar on Mood Disorders, Spring, 2001.

Graduate Techniques of Behavior Change, 2002-present.

Graduate Psychopathology, Florida State University, 1999-present.


Behavioral Science Research Methods (Undergraduate), Florida State University, Spring, 1999.

The Psychology of Adjustment (Undergraduate), Florida State University, 1997-2000.

Introduction to Patient Evaluation for 1st Year Medical Students, University of Texas Medical Branch at Galveston, Fall, 1994 - Spring, 1995; Fall, 1995 - Spring, 1996.

Community Continuity Experience for 1st Year Medical Students, University of Texas Medical Branch at Galveston, Fall, 1994 - Spring, 1995; Fall, 1995 - Spring, 1996.

Lecturer, Behavioral Sciences Component of Introduction to Patient Evaluation for 2nd Year Medical Students, University of Texas Medical Branch at Galveston, Summer, 1995.
Discussion Group Leader, Behavioral Sciences Component of Introduction to Patient Evaluation for Medical Students, University of Texas Medical Branch at Galveston, Summer, 1994 - 1996.
Teaching/Supervisory Experience (continued)

Teaching Experience (continued)

Seminar on Psychotherapy Termination for 3rd Year General Psychiatry Residents, University of Texas Medical Branch at Galveston, Spring, 1996; Spring, 1997.

Seminar on Boundaries in Psychotherapy for 2nd Year General Psychiatry Residents, University of Texas Medical Branch at Galveston, Fall, 1996.

Seminar on Diagnostic Interviewing with Adolescents, 4th Year General Psychiatry Residents, University of Texas Medical Branch at Galveston, Spring, 1997.

Seminar on School Consultation for 5th Year Child/Adolescent Psychiatry Residents, University of Texas Medical Branch at Galveston, Fall, 1996.

Continuous Case Conference on Child and Adolescent Psychotherapy for Child/Adolescent Psychiatry Residents, University of Texas Medical Branch at Galveston, 1994 - 1997.

Childhood and Adolescent Development for 4th and 5th Year Child/Adolescent Psychiatry Residents, University of Texas Medical Branch at Galveston, Spring, 1994.

Psychological Assessment for 4th and 5th Year Child/Adolescent Psychiatry Residents, University of Texas Medical Branch at Galveston, Spring, 1994; Spring, 1995.

Psychological Theories of Depression for Psychology Interns, School of Allied Health, University of Texas Medical Branch at Galveston, Fall, 1993; Fall, 1994.

Continuous Case Conference on Child and Adolescent Psychiatry for Child/Adolescent Psychiatry Residents, University of Texas Medical Branch at Galveston, 1993 - 1997.

Undergraduate Abnormal Psychology, University of Texas at Austin, and Austin Community College, Fall, 1989 - Spring, 1991.

Clinical Supervisory Experience

Primary Supervisor, Clinical Psychology Graduate Students Psychotherapy Practicum, University Psychology Clinic, Florida State University, Summer, 1998 - present.

Primary Supervisor, Clinical Psychology Graduate Students Assessment Practicum, Easter Seals Placement, Florida State University, Summer, 1998 - Fall, 1999.

Primary Supervisor, 5th Year Child/Adolescent Psychiatry Residents’ School Consultation Rotation, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Fall, 1996.

Primary Research Supervisor, 3rd Year Psychiatry Residents’ Research Paper, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Spring, 1995, 1996.
Teaching/Supervisory Experience (continued)

Clinical Supervisory Experience (continued)

Primary Supervisor for Psychology Interns, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, 1993 - 1997.

Primary Supervisor, Postdoctoral Psychology Fellows’ Psychological Assessment and Psychotherapy for Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, 1994 -1997.

Group Psychotherapy Supervisor for Psychiatry Residents’ and Psychology Interns’ Rotation on Child and Adolescent Psychiatry, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, 1994 - 1996.

Individual Psychotherapy Supervisor for Child Psychiatry Residents, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, 1995 - 1997.

Assistant Supervisor, Child and Family Psychotherapy Practicum, Learning Abilities Center, University of Texas at Austin, Austin, Texas. Spring, 1990.

Clinical and Professional Consulting Experience

Director of the University Psychology Clinic, Florida State University, Tallahassee, Florida.

Direct full-service community mental health center. Activities involve oversight of five psychologist supervisors, twenty clinical psychology graduate student therapists (who see approximately 70 patients per week), and three staff persons. 1998 to present.

Legal Consultant, Tallahassee, Florida

Case review and consultation on cases involving death by suicide. 1997 to present.

Private Practice, Tallahassee, Florida

Diagnostic evaluation and psychotherapy practice, 2003 to present.

Director of Psychological Assessment for Children and Adolescents, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Galveston, Texas.


Staff Psychologist, University Psychiatry Center, Clear Lake, Texas (a satellite clinic of the Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston).

Activities include individual, family, and group psychotherapy, diagnostic interviews, and psychological assessments, with children, adolescents, and adults. 1993 - 1997.
Clinical and Professional Consulting Experience (continued)

Group Psychotherapist, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Galveston, Texas.


Staff Psychologist, ADHD/Depression Outpatient Clinic, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston.

Activities include supervision of psychoeducational testing, and collaboration on clinical research projects. March, 1995 to August, 1997.

Project Psychotherapist, Pfizer Study of Behavior Therapy vs. Pharmacotherapy for Obsessive Compulsive Disorder, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston.


Project Psychotherapist, Bristol-Myers Squibb Study of Combined Efficacy of Cognitive-Behavioral Therapy vs. Pharmacotherapy for Chronic Depressions, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston.


Staff Psychologist, University Nutrition Center, University of Texas Medical Branch at Galveston, Galveston, Texas.

Activities include group psychotherapy with obese adults. June to November, 1994.

Clinical Psychology Intern, Olin E. Teague Veterans’ Administration Medical Center and Scott and White Hospital, Temple, Texas.


Staff Psychotherapist, Waterloo Counseling Center, Austin, Texas.

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<th>References</th>
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<tr>
<td>Lyn Y. Abramson, Ph.D.</td>
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