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14. ABSTRACT Year six involved completion of six projects and the continuation of remaining projects. Remaining projects received NCE approval and continued with their progress. Collaboration with the DRI site and Core Directors was on-going. Quarterly meetings with the PIs continued with one being in-person.					
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Introduction:

The Military Suicide Research Consortium's (MSRC) continued goal (a reiteration of 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 remarked 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. In an affirmation of prior reports, MSRC continues to progress in the development of its tools, having completed various of its funded studies, 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 near and most in 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. As in previous reports, 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 updates on studies, publications, conferences and other activities. These are different from those presented in the prior annual report.) As in the past, MSRC continues to receive acknowledgement for its work and its contributions. 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 said 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 multi-disciplinary 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, student training, and the operation of all other Cores and the intramural and extramural research programs. We continue to strive for efficiency, rapid response and the search for improvements to processes. The DRI site PI continues to provide additional administrative oversight. The Database Management Core (Core C) continues to provide greater enhancement to the Consortium - it does world-class data management and analysis infrastructure and consulting – as it increases its data set quantities and sizes. This year should be an increased data set as many studies have completed their efforts. 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 our Webmaster with review by Core A staff.
 - Continue to provide materials to the military resources.
- 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 DRI) 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.

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 DRI” under the “Reportable Outcomes” section for more details.

Task 8. Consortium review by External Advisory Board (month 24)

- The Military External Advisory Board met with Core A in November 2011, May 2012 and August 2012.

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 reviewed 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)

- Year six quarterly reports were fully completed on time.
- Core A continues to review the progress of the Consortium by way of meetings and conference calls.

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.

- Tasks 6 and 16 are continuing.

Year 7 – Complete tasks 6 and 16. (A No Cost Extension approval was given.)

Key Research Accomplishments:

FSU Funded Projects (material gleaned from other reports)

FSU has funded thirteen projects with four still in progress and nine have completed their tasks (seven this year).

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

- The final IRB progress report was submitted to the Madigan IRB in August 2016 to close the study.
- All conference calls for research staff and project manager have concluded due to study closure.
- All follow-up assessments have concluded.
- The research team continues to input research data into the study database following every participant assessment.
- No enrollment or administration of study interventions were conducted during the past quarter due to discontinuation of enrollment in February 2016.
- All research data has been entered into the database. The database has been cleaned for preliminary data analyses.
- Final data analyses were conducted and the primary results are currently under review for publication.
- The Final Report has been submitted for this study.
- The Introduction and Conclusion of the Final Report are noted in the next bullets.
- The alarming rise in the U.S. military's suicide rate is one of the most vexing issues currently facing military leaders, mental health professionals, and suicide experts. Since 2004, the number of suicides by military service members has steadily increased, eclipsing the suicide rate of the general U.S. population for the first time in history. One of the most commonly-used interventions for the short-term management of suicide risk is the crisis response plan (CRP). Originally designed for outpatient settings and intended to be gradually refined over the course of multiple appointments, the CRP has since been transported to time-limited settings (e.g., primary care clinics, emergency departments, triage systems) as a strategy to manage risk while the patient awaits the start of appropriate outpatient mental health treatment. However, the effectiveness of the CRP in these time-limited settings has yet to be evaluated. The current study entailed a randomized controlled trial of crisis response planning as compared to treatment as usual, which was comprised of supportive counseling and a verbal contract for safety (CFS). Our primary hypothesis was that crisis response planning would lead to significantly larger reductions in suicide attempts and suicide ideation relative to CFS. In addition, we sought to determine if the CRP could be enhanced with the addition of a brief component that focused the patient on discussing their reasons for living. We hypothesized that this enhanced CRP would lead to significantly larger reductions in suicide attempts and suicide ideation than the standard CRP. To achieve these aims, we conducted a randomized clinical trial of

active duty Soldiers presenting to a military treatment facility for a behavioral health emergency. Inclusion criteria include suicidal ideation within the past week and/or a history of suicide attempt. Participants were randomized to one of three conditions; CFS, standard CRP, and enhanced CRP. Follow-up assessments were conducted at 1, 3, and 6 months postbaseline to determine the incidence of suicide attempts and severity of suicide ideation. The proposed study has direct military relevance because it was conducted 1) in military mental health clinics, 2) with active-duty military patients, 3) using expertly trained civilian and military providers, 4) using manualized and evidence-based interventions designed for and pilot tested with military personnel, and 5) using a team of civilian and military collaborators with expertise in managing suicidal behaviors and conducting behavioral health clinical trials in military settings.

- The focus of this randomized clinical trial was to compare the effectiveness of crisis response planning on the risk for follow-up suicide attempt and suicide ideation among active duty Soldiers presenting to military medical clinics for an emergency behavioral health appointment. Although crisis response planning is commonly used across medical settings, to our knowledge this is the first randomized clinical trial testing its effectiveness (Hogan, 2016). Consistent with our expectations, Soldiers who received a crisis response plan were significantly less likely to make a suicide attempt during follow-up than Soldiers who received the contract for safety. Soldiers receiving a crisis response plan also experienced significantly faster reductions in suicide ideation. Contrary to our second prediction, however, there were no differences between the enhanced and the standard crisis response plans, suggesting that asking Soldiers about their reasons for living during a crisis response plan does not improve outcomes relative to a standard crisis response plan. This latter conclusion is made cautiously, however, in light of limited statistical power resulting from the IRB's temporary closure of the study, which hindered our ability to achieve our planned recruitment goal. As a result, there was insufficient power to detect differences between the two crisis response plan conditions. Additional studies with larger samples are needed to further test the effects of the crisis response plan's various components and to determine if enhancements can increase the intervention's magnitude of effect.
- From a clinical perspective, these findings suggest that a Soldier's risk for suicidal behavior can be reduced for up to six months with a relatively simple intervention that emphasizes concrete steps to follow during an emotional crisis. Because of its brevity and simplicity, the enhanced or standard crisis response plan could be feasibly implemented in a wide range of medical settings by a diverse range of health care professionals (e.g., physicians, nurses, mental health professionals). The observed effect in the present study (i.e., 75% decrease in suicide attempts) suggests that crisis response planning may be an especially potent component of treatments such as dialectical behavior therapy and CBT, each of which have been shown to reduce follow-up suicide attempts by 50% or more (Brown et al., 2005; Linehan et al., 2006; Linehan et al., 2015; Rudd et al., 2015). Large reductions in suicide attempts have also been reported subsequent to a three-session outpatient psychotherapy that emphasizes crisis response planning (Gysin-Maillart, Schwab, Soravia, Megert, & Michel, 2016). A recent component analysis of dialectical behavior therapy further suggests that skills training in self-monitoring of warning signs, self-management, and effective use of

social support accounts for a larger portion of the treatment's overall effect than the individual therapy component (Linehan et al., 2015). The reductions in suicide attempts and ideation associated with crisis response planning in the present study were achieved concurrent with a reduction in inpatient hospitalization days, a pattern that also mirrors findings from dialectical behavior therapy and CBT (Brown et al., 2005; Linehan et al., 2006; Rudd et al., 2015).

- In addition to the aforementioned limitations related to statistical power, conclusions may have limited generalizability beyond active duty Army personnel. Due to the present study's small sample size, we were also unable to shed light on how clinical context might influence outcomes. Because the contextual demands of emergency departments differ from those of outpatient behavioral health clinics and primary care clinics, for example, future studies aimed at determining if the effects of crisis response planning are moderated by clinical context would be of benefit. Relatedly, additional research is needed to determine if the crisis response plan can be reliably implemented as a suicide prevention strategy outside of the health care system (e.g., schools, families, military units). Despite these limitations, the present study provides the first empirical evidence supporting the value of crisis response planning as a brief intervention to mitigate short-term risk of suicidal behavior among Soldiers presenting to emergency settings with acute suicidal crises.

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. A total of 658 suicidal active duty Marines and Soldiers have been enrolled. Participants completed baseline assessments and are being followed up at 12 months by interview and administrative data. 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.
- The WAMC IRB has provided unofficial feedback that our request to obtain data from the Armed Forces Health Surveillance Branch (AFHSB) has been approved. Upon official written approval, we will work with AFHSB to provide data both immediately (so we can address any data management issues and prepare for final analysis of this data) and at the end of the follow-up period (9/20/17) for final analysis.
- As of 20 SEP 2016, 1155 participants assessed for eligibility, 658 participants were enrolled (randomized). Twelve month follow up data collection began in April 2014 and continues until all participants complete their follow-up assessments and the half in the Caring Text condition receive all texts.
- Study recruitment is now completed. 658 participants were recruited for this study - exceeding the 600 participants we were targeting with the additional funds provided.
- All regular, schedule meetings with the various associates are still on-going.
- Continue our current strategies to prevent subject attrition for follow-up.
- This study received an extended No Cost Extension.

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.

Identifying factors associated with future self-directed violence within a sample of Mississippi National Guard personnel -- PI: Michael D. Anestis, Ph.D.

- We have completed data collection. 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 all data collection and are now working solely towards cleaning the data and developing impactful publications.
- First, due to confusion in HR, our research assistant received paychecks for July and August 2016 despite her employment date being listed as finishing on July 1. She has since repaid this money and USM is aware of the issue and will address it in the next invoice. Second, due to a policy within USM, we were unable to pay our consultant his fees in a manner that was categorized as "consultant" in the invoice. As such, his payment - which is reflected in this quarter's report - is represented as salary. All consultant fees have thus been paid.
- We have also more than 20 total presentations accepted at major conferences and nine papers accepted for publication (Fisher, Houtsma, Assavedo, Green, & Anestis, in press, Archives of Suicide Research; Pennings, Finn, Houtsma, Green, & Anestis, in press, Suicide & Life Threatening Behavior; Khazem, Houtsma, Gratz, Tull, Green, & Anestis, 2016, Military Psychology; Anestis & Green, 2015, Journal of Clinical Psychology; Bryan, Bryan, Anestis, Anestis, Green, Etienne, Morrow, & Ray-Sannerud, 2016, Assessment; Anestis, Khazem, Mohn, & Green, 2015, Comprehensive Psychiatry; Khazem, Law, Green, & Anestis, 2015, Comprehensive Psychiatry; Martin, Houtsma, Green, & Anestis, 2016, Cognitive Therapy and Research; Pennings, Law, Green, & Anestis, 2015, International Journal of Cognitive Therapy) and have submitted several manuscripts based upon baseline data.
- 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.
- We had two new publications this quarter. In one (Fisher et al., in press), we reported that agitation moderates the association between insomnia symptoms and suicidal ideation among National Guard personnel. This supports the notion that overarousal plays a pivotal role in suicidal thoughts and extends work from civilian populations. The second (Pennings et al., in press) examines symptom clusters of PTSD and their

associations with IPTS variables and suicidal ideation. Here again, we found support for a pivotal role of overarousal in suicide risk among soldiers.

- The Final Report has been submitted for this study.
- The Introduction and Conclusion of the Final Report are noted in the next bullets.
- This project aimed to examine cross-sectional and prospective predictors of suicide risk within a sample drawn almost entirely from the Army National Guard. Our large sample size ($n = 1,000$) was intended to allow us to examine low base rate behaviors and experiences in a non-clinical sample, a vital pursuit in military suicide research given the cultural and logistical barriers that often prevent soldiers from presenting in clinical settings. Soldiers were recruited at Camp Shelby at baseline and follow-up assessments occurred at 6-, 12-, and 18-months post-baseline.
- This project has produced a series of meaningful findings that we believe have advanced the field of military suicide prevention. Thus far, our most influential work has focused on the obstacles that prevent soldiers from openly endorsing suicidal ideation in military settings. In addition to providing empirical data that facilitates a clear understanding of the scope of the problem, this set of results helped us develop a plan for a follow-up funding application focused on primary prevention efforts. We viewed these results as evidence that effective military suicide prevention cannot rely solely upon soldiers endorsing risk and accepting help. Instead, a public health perspective that adjust risks through population level prevention efforts may be needed and we have proposed to examine this possibility through a project examining the utility of lethal means counseling. Relatedly, another influential result from our project stemmed from our examination of personal firearm storage and its association with suicide risk. Consistent with research on civilians, we found that private gun ownership appears unlikely to cause suicidal thoughts, but likely vital in enabling the transition from suicidal ideation to suicidal behavior. In this sense, the gun does not prompt risk, but among those thinking about suicide, an unsafely stored private firearm appears to have the potential to drastically increase the odds of death. This finding also ties in well with our proposed lethal means counseling project and provides a potential path forward in military suicide prevention that does not rely entirely upon soldiers openly endorsing suicidal thoughts and seeking treatment. The third most influential finding from our project stemmed from our test of the ITS model in a National Guard sample. As proposed by Joiner's theory, it appears that the capability for suicide is a vital factor in facilitating suicidal behavior among soldiers. Here again, our findings highlight that ideation may not be the only - or even the optimal - target for military suicide prevention. If soldiers are reluctant to endorse suicidal ideation and to seek traditional treatments for suicide risk, an exclusive focus on suicidal ideation is unlikely to reduce the military suicide rate. Targets such as firearm storage practices and the capability for suicide may offer simpler intervention strategies capable of being implemented on a broad scale, in some cases enabling the leveraging of technology (e.g., smart phones for evaluative conditioning) to expand reach and acceptability.
- In summary, our findings provide evidence that there are obstacles to soldiers being identified as high risk through traditional channels (e.g. asking about suicidal ideation). At the same time, our data have identified factors unrelated to the development of suicidal ideation that might facilitate the transition from suicidal

ideation to suicidal behavior (capability for suicide, unsafe storage of private firearms) and which might represent important targets for broad prevention efforts aimed at addressing risk in individuals unwilling to come forward as experiencing suicidal ideation.

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

- This study is progressing well. Study recruitment is complete 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, 565 participants have been screened, 387 have been eligible, 318 have completed consent, 164 have completed the diagnostic interview, 141 have been eligible following the interview, 136 have completed baseline questionnaires, 123 have completed treatment as well as post-treatment questionnaires, 59 have completed 3-month follow-up questionnaires, and 59 have completed 6-month follow-up questionnaires.
- 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, remaining will be asked to submit their 6-month follow-up questionnaires in the coming quarter. No new participants are to be recruited.
- This quarter, data collection has continued to be our primary focus.
- In the next quarter, data management and analysis will be the primary task. No new participants are to be recruited in the next quarter.
- The Final Report has been submitted for this study.
- The Introduction and Conclusion of the Final Report are noted in the next bullets.
- Problematic anger represents a significant burden to military veterans and active duty soldiers. Research suggests anger is an important risk factor for suicide (Hawkins & Cougle, 2013). Anger-prone individuals tend to isolate themselves and are more likely than those without anger problems to report that they feel a burden to others and do not feel that they belong (Hawkins, Hames, Ribeiro, Silva, Joiner, & Cougle, 2014). We developed an internet-based intervention that has shown promise for the treatment of anger and reducing suicide risk. This treatment consists of eight sessions completed over four weeks and can be completed in 2 total hours. Given that many veterans do not have access to nearby VA hospitals or may be hesitant to receive treatment by a therapist, this would be an especially helpful intervention, available to anyone with a computer with internet access. Military veterans and non-veteran community participants reporting elevated trait anger (N = 120) were randomized to one of three conditions: 1) the anger treatment we developed consisting of interpretation bias modification (IBM); 2) progressive muscle relaxation (PMR); or 3) a healthy videos control condition (HC). Each condition consisted of eight 15-minute treatment sessions. Participants were administered anger and suicide-related assessments at pre-

and post-treatment. IBM and PMR conditions also completed additional 3- and 6-month follow-up assessments to test for the durability of treatment effects.

- The new IBM program we developed for the treatment of anger is non-confrontational, requires no homework, and takes two hours in total. We found some preliminary evidence for its utility in some individuals with problematic anger. Most encouraging was its efficacy in reducing feelings of thwarted belongingness in those with low pain. Future research is needed to replicate these findings and test newly refined versions of this protocol. Recently, my lab has developed a version of this program with training materials that are more relevant for this sample. Additionally, research is needed to examine for whom this very specific intervention is most likely to work. It is possible it will only work for individuals whose anger is not caused by chronic pain or a medical condition. Individuals may also require some degree of interactions with others to benefit from this intervention. We only chose to implement eight 15-minute treatment sessions, but perhaps a greater dosage of treatment and a focus on additional interpretation biases will lead to much better outcomes. Some individuals who are highly emotionally reactive or who are highly anxious or neurotic may have their anger caused by emotion dysregulation and processes distinct from the hostile interpretation bias, which is the specific treatment target of our IBM intervention. Additional treatment strategies may be needed for problematic anger, which is a highly heterogeneous condition with a range of potential causes.

New approaches to the measurement of suicide-related cognition -- PI: Matthew K. Nock, Ph.D.

- To date, we have recruited 199 Veterans for the Harvard University site study, and 158 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, posted flyers at/around the Boston VA and all veteran shelters in the greater Boston area.
 - Word of mouth advertisement by handing out business cards for participants to share with their respective veterans networks.
- 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 199 subjects enrolled in the study; who all completed the lab visit; 99 cases and 100 controls.
 - Continued the follow-up portion of the study by conducting 1-month and 3-month follow up calls.
 - We are contacting our past participants to request that they share their electronic medical records for up to 1 year after their first study visit and also their entire active-duty period.
- Continued data entry

- Study data is currently being entered, including the MSRC Common Data Elements and relevant demographic data (submitted to MSRC this quarter).
- Follow-up and phone screen interviews are currently being entered.
- Data Dissemination
 - Analyzed preliminary data across study sites and compiled data into a slide presentation and sent to MSRC late February 2015.
 - Analyzed preliminary data across HU study site and submitted an abstract for ABCT 2016.

Boston VA site:

- Continued data collection, enrolling qualified subjects in the study, and running subjects through the protocol.
 - To date, we have 158 subjects enrolled in the study.
 - Continued the follow-up portion of the study by conducting 1-month and 3-month follow up calls.
 - Continued to enroll control participants through the PTSD.
 - Electronic medical record data will be gathered on all subjects to supplement low follow-up retention
 - Continue to send Reminder Letters approved by the VA IRB (as email contact is prohibited at the VA)
- Continued using our referral process through the Jamaica Plain Urgent Care Center
 - Research assistant, Jaclyn Kearns previously 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
 - Continued supervision of our volunteer research assistant to accurately transcribe one of the computer-based tasks.
-
- All Harvard site subjects enrolled in the study have completed the lab visit.
- Continued the follow-up portion of the study by conducting 1-month and 3-month follow up calls.
- For Boston VA site - Continued the follow-up portion of the study by conducting 1-month and 3-month follow up calls and still in the process of data collection and so do not yet have results for our primary hypotheses/analyses.
- Make a final push on recruitment efforts and study advertising to enroll the remaining participants.
- Data cleaning, checking, and merging to facilitate analyses.
- Continue data collection at both study sites and recruit last-minute participants to augment the sample.
- Additional research assistants were recruited to help with data entry, screening, and follow-up calls so that we can focus even more on recruitment during the final 6 months. This has helped tremendously and now these RAs will assist with data management and housekeeping.
- The Final Report has been submitted for this study.
- The Introduction and Conclusion of the Final Report are noted in the next bullets.

- Despite recent advances in the study of suicidal behavior, there are still major limitations in our understanding of the mental states that lead Soldiers and Veterans to think about and attempt suicide. Perhaps most importantly, because we lack biological or behavioral markers for suicidal behavior, clinicians must rely on the use of self-report and ask Soldiers and Veterans if they are suicidal. In addition, recent research suggests that there often is a very short window from suicidal thought to attempt, which means the field would benefit from the development of measures that can tell us which Soldiers or Veterans have vulnerabilities that put them at risk for suicidal behavior so they can receive preventive interventions. The proposed research is designed to address these limitations by developing and testing several new, objective methods of measuring, and modifying, suicide-related cognition among Veterans. Our research group has pioneered the use of behavioral tests of suicide-related cognition¹⁻⁵ and this proposal represents an extension of this earlier work. Aim 1. The first aim of this study was to test whether suicidal Veterans show impairments in: (a) reinforcement learning – an inability to learn how to escape from negative situations, and (b) reversal learning – an ability to adapt one’s behavior in response to a changing environment. Aim 2. The second aim of this study was to examine deficits in memory and future-thinking specificity in greater detail in an attempt to better understand how and why these deficits might lead to suicidal thoughts and attempts. Aim 3. The third aim was to test whether suicidal people have increased attention toward psychological pain and slowed temporal perspective (i.e., whether they experience time as passing more slowly than do non-suicidal people). Aim 4. The fourth aim tested whether suicidal Veterans show a positive association with suicide on a performance based test, and whether such an association can help to improve the prediction of suicidal thoughts and behaviors.
- Through this project, we have learned a number of very important things about suicide among Veterans, and more generally. Here we provide a brief summary of the key implications of the results of this project.
- First, through our meta-analytic review, we have learned that (a) the past 50 years of research on predictors of suicidal behavior have consistently examined the same sets of risk factors, (b) our prediction of these outcomes is not very accurate, and (c) accuracy hasn’t improved over time. Therefore, there is an enormous need to identify novel risk factors for suicidal behavior. Ideally, these will be factors that, via their novelty, may also provide new information about what actually leads people to think about suicide and to act on those suicidal thoughts.
- Second, through our two case-control studies, we have done just that. That is, we have developed novel, objective/behavioral tests that measure cognitive processes that appear to increase the risk of suicidal behavior. We learned that suicidal Veterans have impairments in learning, prospection (i.e., the ability to imagine a positive future), the experience of psychological pain, and the in the pattern of implicit affect they have about suicide and the self. This is all important for several reasons. This tells us about novel processes that can increase risk for suicide. These new tests can help to improve the prediction of suicidal behavior. And perhaps most importantly, each of these processes is potentially malleable. Thus, an important next step will be to create interventions that turn levers on these processes with the hope that doing so will provide new and effective interventions for suicidal behavior.

- Third, through our three randomized controlled trials, we have done just that. That is, we developed and tested a novel (and easily scaled-up and disseminated) intervention that targets one of the psychological processes mentioned above, and in doing so, changes that process and decreases the risk of future suicidal behavior. This represents an enormous step forward. Importantly, however, the effects of that intervention were short-lived (lasting only during the one-month of treatment) and did not remain over the following month. That tells us that our approach (i.e., identifying novel cognitive processes associated with suicidal behavior and targeting them for change) can decrease the risk of suicidal behavior, but that we may need to experiment with a more intense and/or longer intervention (at least in this case). This provides a clear direction for future research aimed at decreasing the risk of suicidal behavior.
- Overall, the funding we received for this project allowed us to make significant progress in the development of new methods for predicting suicidal behavior, and in developing mobile approaches to turn levers on the cognitive processes involved to decrease the risk of suicidal behavior. Future research is needed to continue this progress, and we have applied for funding from the Military Suicide Research Consortium to support a project that we believe will take the next big leap in further advancing our ability to identify those most at risk for suicidal behavior and to get them access to effective interventions “where they live,” thus breaking down many of the existing barriers that have been preventing progress in the battle against suicide among our Veterans and service members.

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 (33.3% 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 798 inquiries for the DARTS project. Based on the screening process, 376 of these individuals met the eligibility criteria. To date, 303 individuals have been consented and completed their baseline appointment, 284 individuals have completed session one, 275 individuals have completed session two, 269 individuals have completed session three, 260 individuals have completed their month one follow-up, 251 individuals have completed their month three follow-up, and 216 individuals have completed their month six follow-up.
- In terms of race/ethnicity 56.9% of the sample self-identified as Caucasian, followed by African American (30.6%), Hispanic (8.9%), Other (e.g., biracial; 9.5%), and Asian (2.3%). In addition, 33.3% of the current sample is veterans.
- We successfully initiated the randomized controlled trial (Phase 2) in calendar year 13. Consistent with our project milestones for calendar year 14, we initiated the short-term (one month), mid-term (three month), and long-term (six month) follow-up phases.

Since this time, we have met our recruitment goal so are no longer enrolling new participants. However, we are continuing to follow current participants through the follow-up period. We have also recently added another long-term (12 month) follow-up to the protocol.

- As the project progresses this year, we will begin further data analysis. Additionally, we have made significant progress in preparing the electroencephalogram (EEG) and psychophysiological data for analysis, which will allow us to begin identifying biomarkers. We have begun investigating biomarkers of risk factors for suicide-related risk factors, including anxiety sensitivity, perceived burdensomeness, and thwarted belongingness. For example, we have identified EEG findings that high distress intolerance, a risk factor for suicide, is associated with decreased negative N2 amplitude, that thwarted belongingness predicts LPP to the novel belongingness pictures we developed, and various other biomarkers of suicide and related risk factors. These analyses are ongoing and several manuscripts are in preparation to present these results.
- We plan to follow the remaining participants through the follow-up phase. In addition, we will begin further data analyses in the upcoming quarters.
- This study is under a second No Cost Extension.

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

- Final data analyses indicate the treatment was effective at improving automatic partner attitudes. Furthermore, these effects appear to have had implications for spouses' explicit marital satisfaction and suicidal ideation. That is, the treatment positively impacted automatic partner attitudes and these automatic partner evaluations fostered improved explicit marital satisfaction and less suicidal ideation.
- The study and data analyses are complete and a manuscript has been prepared to be submitted for publication.
- We have now completed data collection and data analysis. Our total sample is comprised of 144 couples. Three husbands and one wife completed no treatments. An additional 6 husbands and 4 wives completed no follow-up assessments, leaving 135 husbands and 139 wives for final data analyses. Husbands completed 10.61 of the 13 treatments and wives completed 10.81. One hundred husbands and 104 wives completed all 4 follow-up assessments.
- Final analyses indicate the treatment was effective at improving automatic partner attitudes. Furthermore, these benefits had positive implications for spouses' explicit marital satisfaction and suicidal ideation. That is, the treatment positively impacted automatic partner attitudes and these automatic partner evaluations fostered improved explicit marital satisfaction and decreased suicidal ideation. We have prepared a manuscript that we will soon be submitting for publication in Science. Although the chances for publication there are extremely low, we are excited about the finding and want to shoot for the best possible outlet. If we are not successful at Science, we try Proceedings of the National Academy of Sciences and then Psychological Science after that.

- The PI will present findings at the Family Research IPR associated with the Military Operational Medicine Research Program in August and Society for Experimental Social Psychology in September.
- The Final Report has been submitted for this study.
- The Introduction and Conclusion of the Final Report are noted in the next bullets.
- Marital disruption is unfortunately common among couples in which members are separated due to military service (Negrusa, Negrusa, & Hosek, 2014). Such disruption has implications for soldiers' performance (Rosen & Durand, 2000), retention (Kelley et al., 2001), and physical (Robles, Slatcher, Trombello, & McGinn, 2014) and psychological health (Proulx, Helms, & Buehler, 2007). Given the crucial role of felt belongingness in suicide (Van Orden et al, 2010), such marital disruption likely partially explains the high rates of suicide among soldiers. Indeed, one recent estimate suggests relationship problems accounted for approximately 40% of military suicides. Recent research by our lab suggests an important predictor of eventual marital quality and satisfaction. Specifically, in research published in *Science*, we demonstrated that spouses who held more positive automatic attitudes toward their partner experienced less steep declines in marital satisfaction over four years (McNulty, Olson, Meltzer, & Shaffer, 2013). Accordingly we proposed to directly target automatic partner attitudes using a novel evaluative conditioning (EC) paradigm. EC is attitude change resulting from repeated pairings of an attitude object and valenced stimuli (Hofmann, De Houwer, Perugini, Baeyens, & Crombez, 2010). Importantly, EC-based attitude formation can occur without any intention on the part of participants to learn the associations (Jones, Olson, & Fazio, 2010). Indeed, investigators have successfully applied EC-based procedures to pre-existing attitudes about alcohol consumption (Houben, Havermans, & Wiers, 2010), racial attitudes (Olson & Fazio, 2006), and suicide (Franklin et al., 2016).
- The current research examined whether evaluative conditioning can improve marriage and reduce suicidal ideation by targeting a critical predictor of marital functioning—automatic partner attitudes. After baseline assessments, 144 married couples were asked to view a brief stream of images every 3 days for 6 weeks. Imbedded in this stream were pictures of the partner, which, according to random assignment, were paired with either positive or neutral stimuli. Spouses also completed measures of automatic partner attitudes and explicit marital satisfaction at baseline and every 2 weeks for 8 weeks. Spouses who viewed their partners paired with positive stimuli demonstrated increased positive automatic partner attitudes relative to control spouses, and these attitudes predicted increases in their self-reported marital satisfaction and decreased suicidal ideation over the 8 weeks. These results provide novel evidence for a brief way to improve marriage. Future work should: (a) examine whether (a) using images or words as unconditioned stimuli is more effective for EC to promote automatic partner evaluations and reduce suicidal ideation and the most effective modality depends on type of processing, examine the optimal number of EC sessions to promote long-term benefits to automatic partner evaluations and reductions in suicidal ideation and whether the benefits of EC depend on whether one or both members of the couple complete the procedure, and (c) evaluate the feasibility and efficacy of EC as an intervention to promote marital evaluations and reduce suicidal ideation among military personnel physically separated from their spouses.

A Taxometric Investigation of Suicide -- PI: Jill Holm-Denoma, Ph.D.

This study completed its tasks and was noted in the prior annual report.

The following four studies were approved for funding in February 2016.

Reducing Suicide Risk Associated with Weight Loss -- PI: Pamela Keel, Ph.D.

- The “Reducing suicide risk associated with weight loss,” study seeks to identify factors that influence the link between weight suppression (difference between highest and current weight) and non-suicidal self injury (NSSI) and develop a brief intervention to weaken this link. We have identified factors influencing the link and have created a research protocol for the intervention. The long-term goal of this study is to facilitate successful maintenance of healthy weight among military personnel without incurring increased risk of negative outcomes.
- With regard to feasibility of the group intervention, we identified only six screened participants who were eligible and interested in this format. However, when we ran the group, only three participants were able to attend and only one participant returned to the second session of group. Thus, we have concluded that the group based intervention may be of limited interest to those who are at risk for suicide via engagement in NSSI.
- Due to an unforeseen need to upgrade database systems on the FSU servers, the on-line intervention was uploaded on 6/22/16 at the end of the last quarter. After working through the online program to identify and eliminate bugs, we enrolled our first participant on 7/01/2016. We had 14 participants enroll in the online intervention in total (i.e., accessed the site) and 8 participants complete the intervention within one month. Given evidence that the online intervention was more feasible and acceptable to participants and findings of decreases in negative affect and NSSI frequency and increases in body esteem and body satisfaction from pre- to post-assessment, we selected the online intervention for our RCT. An IRB amendment was approved on 8/17/16 for use of the online intervention in the RCT and after upgrading the intervention to decrease the questionnaire burden on participants, we enrolled our first participant in the RCT on 8/29/2016.
- In the fourth quarter of the grant period, as specified in Aim 1, we have drafted the introduction, methods, and results section of a manuscript for publication presenting our results of secondary data analyses establishing factors that maintain the link between weight suppression (WS) and non-suicidal self-injury (NSSI). We are also presenting our findings through an oral presentation at the Eating Disorder Research Society annual meeting in October 2016. As specified in Aim 2, we identified two possible interventions to reduce those maintenance factors. We then modified those interventions and compared them in a proof-of-concept study. After examining the results of the two interventions, we selected the online intervention for use in the RCT.

We have enrolled participants in both the online intervention and the waitlist control condition.

- Through secondary data analyses we have found drive for thinness, body dissatisfaction, and depression to be potential contributors and malleable risk factors for the association between WS and NSSI. In our proof-of-concept study we found that the online intervention decreased negative affect (Cohen's $d = 0.78$), drive for thinness (Cohen's $d = 0.27$), and past week NSSI (Cohen's $d = 1.5$) and increased body satisfaction (Cohen's $d = 0.48$) and body esteem (Cohen's $d = 0.87-2.02$). We also found that the group-based intervention was not associated with high acceptability. Given this, we are now comparing the online intervention to a waitlist control group. Thus far, we have screened 98 individuals for eligibility into the study and we currently have enrolled 14 participants in either the intervention or the waitlist control.
- Preliminary data reported in the research plan were analyzed by doctoral trainees receiving research support through the T32 funded by the NIMH, Integrated Clinical Neuroscience training program, allowing Jennifer Buchman-Schmidt, collaborator on the present project, to conduct the preliminary analyses. Jean Forney, another collaborator on the present project, whose NIMH funded grant, "Longitudinal Follow-up of Purging Syndromes: Outcome and predictors" project number, 5F31MH105082-02, allowed her to assist in conducting secondary analyses of existing data sets, useful in determining mediating variables associated with WS and NSSI, as per Aim 1 of the study. Associations were examined in two data sets. Data from the first set came from a longitudinal epidemiological study on which Dr. Keel is Principal Investigator and which was funded by the NIMH, R01MH63758.
- The Final Report has been submitted for this study.
- The Introduction and Conclusion of the Final Report are noted in the next bullets.
- Greater weight suppression (WS), or the difference between one's highest weight and current weight, has been linked to nonsuicidal self-injurious behavior (NSSI). Thus, a key challenge faced by the US armed forces is producing soldiers fit to meet the physical demands of military service while minimizing risks linked to WS. To reduce the link between WS and NSSI we used secondary analyses of existing data sets to identify factors maintaining this link. Through these analyses we identified negative affect and body dissatisfaction as maintaining factors. We then identified two evidenced-based interventions designed to improve affect and body satisfaction. To address these concerns in both women and men, we modified the online-based intervention. We then compared it to a group-based intervention in a proof-of-concept study to evaluate acceptability and feasibility and determine our ability to weaken this link. The online intervention decreased negative affect and increased body satisfaction and it demonstrated greater acceptability and feasibility than the group intervention. We further tested the efficacy of the online intervention in reducing the link between WS and NSSI by comparing it to a waitlist control group in a randomized control trial.
- The current study identified malleable factors that maintain the link between weight suppression and non-suicidal self-injurious behavior. We successfully modified the eBody Project to serve as an intervention to reduce body dissatisfaction and negative affect in adult women and men in order to eliminate this link. The Body Acceptance Program has demonstrated efficacy in reducing body dissatisfaction and negative affect. Further, given the online modality, the intervention is able to be widely

disseminated and easily accessed. Thus, the Body Acceptance Program is a promising intervention with widespread implications for reducing risk for self-injury accompanying weight loss.

Pharmacoeconomic Analyses of a Completed Randomized Controlled Trial Comparing Prescribed Medication Dispensing in Blister Packs versus Dispense as Usual (DUA) Packaging for Veterans with Serious Mental Illnesses -- PI: Jill Lavigne, Ph.D.

- The purpose of this study is to better understand the cost-effectiveness of packaging all prescription medications for Veterans with serious mental illness or substance abuse in blister packages with one blister per dose of medication versus dispensing as usual in bottles.
- All IRB and HRPO approvals have been acquired and the subcontract signed as of June 1, 2016.
- A workspace has been set up in VINCI and data from the trial added to the workspace along with Corporate Data Warehouse extracts. The VISN 2 Center of Excellence for Suicide Prevention has provided a statistician/programmer to support data extraction and linking, particularly of the cost and utilization data in the Corporate Data Warehouse (CDW).
- Also in July 2016 the principal investigator obtained the economic modeling software specified in the proposal and attended a 3-day workshop in advanced economic modeling in Boston. We are currently analyzing total and behavioral health utilization and cost across the treatment and control groups.
- This is an economic analysis of a completed randomized controlled trial by Peter Gutierrez and colleagues. 243 Veterans completed the 12-month trial. We are currently linking their clinical trial data to VHA total utilization and cost data at the individual level to determine if the blister packaging led to lower costs, for example by reduced utilization in other areas. A draft manuscript with dummy tables has been completed.
- A programmer/analyst from the VISN 2 Center of Excellence in Suicide Prevention supports this work without funding from the MSRC.
- Plan to complete cost and utilization analyses and calculate utility cumulative incidence and estimate cost-effectiveness ratios.
- This study is under a No Cost Extension.

Perceptual Retraining to Reduce Suicide Risk -- PI: Wen Li, Ph.D.

- All olfactory stimuli were obtained, and dilutions created successfully to provide a diverse array of stimuli. A complete, two session perceptual retraining protocol was established and refined. All research staff at the FSU site were trained to run the protocol. Pilot testing ($N = 5$) was completed. All staff at the SLVHCS site were trained to run the protocol; however, due to delays with formal IRB approval, no participants were run at the SLVHCS site. The randomized control trial (RCT) phase was initiated at the FSU site. Fifteen participants were triaged to a training condition,

thirteen participants run through the baseline session, eleven participants through both training sessions, and six participants through the 1-month follow-up before study's end.

- Despite these complications, preliminary results appear to be promising. Results corroborated prior research suggesting that combat-relevant odors are perceived as increasingly disgusting among combat veterans with PTSD. Moreover, ratings of perceived disgust for combat-relevant odors were strongly related to symptoms of PTSD, physical anxiety, depression, and constructs integral to the interpersonal theory of suicide. Preliminary data suggest that a perceptual training paradigm like the one employed in the current study are capable of reducing perceived disgust for combat-relevant odors, which is associated with a decrease in the perception of these threatening odors among other, neutral masking agents.
- Further Institutional Review Board approval at the SLVHCS site was not granted in time to run participants for the study. Therefore, we did not meet our target recruitment goals. Additionally, participant retention rates were poor through the 1-month follow-up period (40%).
- Though the life of the grant has expired, data will be analyzed with the intent of publishing our research findings.
- The Final Report has been submitted for this study.
- The Introduction and Conclusion of the Final Report are noted in the next bullets.
- Anxiety is a potent, incremental contributor to suicide risk. Unfortunately, anxiety psychopathology and anxiety related factors are often overlooked as a treatment target when attempting to reduce overall suicide risk. One such anxiety-relevant factor is hypersensitivity to somatic cues. The conceptual basis linking such sensitivity to suicide posits that exaggerated reactions to somatic cues can create a vicious cycle such that these cues trigger distress which in turn exaggerates the somatic reactivity and so forth, which forms the basis for an individual ultimately seeking to escape this process via suicide (Capron et al., 2012). Though the cognitive and affective processes related to somatic hypersensitivity have been addressed in prior research, one area that has been largely understudied is sensitivity to olfactory cues. Odors are associated with anxiety-related distress. In fact, a recent report comparing combat veterans with and without PTSD indicated differential distress for certain combat-relevant odors (Cortese, Leslie, & Uhde, 2015). Therefore, the purpose of this study was to develop a novel associative learning paradigm to “retrain” an individual’s hypersensitivity to combat-relevant (i.e., distressing) odors. We expected that, through this paradigm, participants would be trained to make more neutral discriminations between a highly diluted target stimulus (e.g., gasoline) mixed in a neutral base odor (e.g., anisole, an ethereal smell), thereby mitigating perceptual hypersensitivity to these cue and subsequently alleviating suicidal ideation.
- The results corroborated prior research suggesting that combat-relevant odors are perceived as increasingly disgusting among combat veterans with PTSD. Moreover, ratings of perceived disgust for combat-relevant odors were strongly related to symptoms of PTSD, physical anxiety, depression, and constructs integral to the interpersonal theory of suicide. Preliminary data suggest that a perceptual training paradigm like the one employed in the current study are capable of reducing perceived

disgust for combat-relevant odors, which is associated with a decrease in the perception of these threatening odors among other, neutral masking agents.

- The current intervention would likely benefit from strategies aimed at increasing retention rates. While the perceptual training protocol was suggested to be efficacious in reducing disgust toward combat-relevant odors, the rationale behind this protocol may need to be better explained to participants. Obviously this is difficult to do in a RCT, but future studies may look at the benefit of rationale provision on retention rates. Furthermore, we were underpowered to test whether training effects were stronger for or specific to any one combat odor. We are encouraged by the present findings, and would be interested to follow the present study with one looking at whether the effects of training are generalized across combat-relevant odors, or perhaps ideographic or personalized to individual odors that are more relevant to an individual's combat experience. Lastly, due to small sample size we were unable to evaluate the interventions longitudinal effects on suicide and other symptom outcomes, which presents an obvious future direction for further research.
- The take-away message of the current project is that, like other types of interventions that rely on fear-extinction (e.g., prolonged exposure in PTSD), perceptual training for combat-relevant odors can reduce disgust to such odors, and thus the perception of threat in ambiguous odors. Perceptual training may be a useful mechanism through which to reduce fear/anxious arousal, and thus the desire to escape these experiences, lessening the risk for suicide.

Short-Term Prediction of Suicidal Behaviors on a Large Scale -- PI: Jess Ribeiro, Ph.D.

- Traditional approaches to suicide research have not improved the ability to predict and prevent suicide (Ribeiro et al., 2016; Franklin et al., under review). The failure to improve prediction and prevention efforts likely stems from a number of limitations inherent to traditional approaches with respect to general approach, design, and methodology. This study represents a novel departure from the status quo. Specifically, we expect that using very short follow-up periods, examining novel risk factors, and combining risk factors in a complex but generalizable way will substantially enhance prediction. In short, this study is designed to (1) advance a novel approach to studying suicidal behavior and (2) develop web-based applications that can be implemented on a large scale for little cost.
- As noted in the prior quarterly report, the PI moved institutions (to Florida State University). As such, data collection was temporarily suspended at the end of June 2016. The IRB was submitted to the FSU IRB at the end of May 2016; it received approval at the end of July 2016. The project was resubmitted for HRPO approval in August 2016, but have not received an update on the status of the application. The grant was also officially transferred to FSU at the end of September 2016.
- Several major tasks outlined in the Statement of Work were completed or initiated and in progress this quarter. With respect to tasks completed, we have successfully achieved our first major task, which was to adapt study tasks to web- and native-app formats. The second major task involves participant recruitment, baseline assessment and longitudinal follow-ups. A total of 354 participants were recruited into the study.

Of those, 324 completed baseline. The final assessments for these participants were due on June 24, 2016. Retention rates at all follow points were extremely high (i.e., 91-95%).

- To date, all recruited participants have also completed all time points of the study. Retention rates at all follow-up assessments are extremely high. The rates are 95% at Time 2 (3 days post-baseline), 94% at Time 3 (2 weeks post-baseline), and 91% at Time 4 (4 weeks post-baseline).
- Preliminary findings are consistent with hypotheses; however, these results only represent about 1/3 of the target sample.
- Given the prohibitive and unforeseen institutional barriers at Vanderbilt, Dr. Ribeiro and Dr. Franklin secured tenure track assistant professor positions at a different institution (i.e., Florida State University). As part of the negotiation process, we were assured that the same institutional barriers would not apply at Florida State. Dr. Ribeiro has also initiated the process with the IRB at FSU to ensure a smooth transition for the study. [Will start in August.]
- Recruitment will continue next quarter, after receiving HRPO approval through the PIs new institution (FSU). In the next quarter, we will continue with participant recruitment and data collection. We will also adapt and complete the web and native phone apps.
- This study is under a No Cost Extension.

Reportable Outcomes:

Leveraging and Related

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 and related efforts:

- Drs. Gutierrez and Joiner attended the Military Health Systems Research Symposium at Kissimmee, Florida in August. This event was chaired by Dr. Sharmila Chari and is the main military medical conference. They presented results of the MSRC CDE psychometrics manuscript. Many of the results were based on work done by Fallon Mossberg (a student of Dr. Joiner). The presentation was well received. Drs. Matt Nock and Jim McNulty also presented on their MSRC funded studies.
- Dr. Joiner informed us that Caroline Silva received her Ph.D. in clinical psychology. She is a student at FSU under Dr. Joiner. She has been with MSRC for many years. She will be doing her post-doctoral at Rochester with Dr. Yates. Another MSRC "trained" success.
- Dr. Gutierrez presented at the American Psychology Conference, where he did an overview presentation of MSRC. Drs. Matarazzo and Bryan also presented on their MSRC funded studies.
- Dr. Ashby Plant (Core C Director) is moving forward with defining (clarifying to others) what data we can share from the MSRC CDE. Also, she is working on how to accept and approve requests for data.
- Dr. Gutierrez indicated that Marcus Vansickle, a student of Marjan Hollloway, had his dissertation published – Journal of Affective Disorders. Marcus thanked MSRC as the recommendations by Pete and Thomas and the attendance at the Training Day helped shape the content, which led to a positive outcome. MSRC Training Days were a significant help in his planning and executing of the project. These items were very beneficial in assisting him to present his military specific Suicide Attitude Scale formula. He is now doing his internship at Port Smith.
- Dr. Joiner presented at meetings in New York City and South Bend, Indiana.
- Dr. Pam Keel, FSU assistant Professor (MSRC Co-PI and funded study recipient) received a five year NIH award with a funding Amount of \$2,397,234, for the period: 7/1/16 to 6/30/2021. The title is Biobehavioral Prediction of Illness Trajectory In Bulimic Syndromes.
- Dr. Joiner indicated that Jim McNulty received high praise from DoD for his session presentation at the Family Research IPR meeting. It was very well received.
- Dr. Gutierrez continues his collaborative work with the Colorado Office of Suicide Prevention and the ICRC (Injury Control Research Center) in Rochester. They are expanding with another project at Ft. Carson on Means Safety. Jared Hyman, Director of Office of Suicide Prevention at DoD inquired about who is working with gun shops near military installations on doing means safety - an expansion of the New Hampshire gun shop project. And, Adam Walsh at DSPO is very interested in expanding the project and partnering with Colorado. Dr. Gutierrez's assistance provided for a face-to-

face meeting between Adam Walsh and Jared Hyman. They will leverage each other's funds and cooperate on a joint trial.

- Sean Barnes is using Dr. Brad Schmidt's study – CAST – for a new VA study.
- Dr. Joiner indicated that Brad Schmidt's CAST study is being translated into German and Spanish. From Dr. Schmidt: "In collaboration with Dr. Katarina Domschke at the University of Wurtzberg, CAST was adapted for a German population. ... is currently being used in a primary prevention intervention to study underlying biological processes, including epigenetics. ... adapted into Spanish by a group led by Dr. Michael Zvolensky at the University of Houston ... Dr. Schmidt recently traveled to Puebla City, Mexico to meet with health officials at Benemerita Universidad Autonoma de Puebla (BUAP). The team at BUAP led by Dr. Carmen Munoz is in the process of adapting CAST for use with their university students. The FSU-BUAP team plans on running a large RCT once this translation is complete."
- Dr. Bridget Matarazzo is responding to a VA request from their Suicide Prevention office and is relying on MSRC white papers and the Gold Standard protocol as a prime source. Dr. Matarazzo was able to just cite the papers and not have to re-create the material.
- Dr. Joiner attended the Air Force Chaplain Core conference in Washington DC. He had one-on-one conversations with the senior leadership. Further conversations and meetings will be needed to cover more specific items. Confidentiality is very important and culturally inviable. How to protect the religious methods and still provide research is an important issue to resolve.
- Dr. Ribeiro (PI) and Dr. Franklin (Co-I) both successfully secured tenure-track assistant professor positions in the Department of Psychology at Florida State University. With that transition, they were awarded start-up packages of \$182,964 and \$207,725, respectively. [Started in August 2016.]
- Dr. Joiner is the recipient of several awards:
 - He was invited to be a 2016 American Psychological Association (APA) Distinguished Scientist Lecturer. The program was developed by the APA's Board of Scientific Affairs as part of its ongoing mission to promote scientific psychology and sponsor recipients to present at three regional psychological association meetings.
 - He received the Charles T. Ruby Award, given annually by the Catholic Charities to one individual who has made substantial contributions to the welfare of those bereaved by suicide.
 - He is the recipient of the American Association for Suicidology's Dublin Award for Lifetime Contributions to Suicide Research at their conference in Chicago. This award is the association's single highest honor.
- Dr. Gutierrez is a founding member of a new group formed by Dr. Kate Comtois (MSRC funded study). It is SIRC: Society of Implementation Research Collaboration.
- Chris Patrick and Rick Wagner were named 2015 Fellows of the Association for Psychological Science as well as the American Psychological Association.
- Jean Forney received an F-31 from NIH. Title - Longitudinal Follow-Up of Purging Syndromes: Outcomes and Predictors. Dates: 3/1/2015 through 8/31/2017. Total Award: \$89,147.

- Dr. Joiner was a featured speaker at the VA Call to Action meeting. Also in attendance was the Director of the VA, Under-Secretary of Health, US Senators and Congressmen. Colonel McGurk was in attendance and made a comment on wanting more data on gun locks and the effects of their distribution.
- A proposal was submitted to the CDC with the University of Maryland as a prime award and includes Dr. Joiner as a Co-Investigator with FSU as a sub-award. It includes items from the Mantheraphy project and basically covers suicide in men. The FSU PI is Dr. Philip Osteen. Title: Evaluating innovative and Promising Strategies to Prevent Suicide among Middle-Aged Men. Performance period: 10/1/2015 through 9/30/2019. Requested: \$230,197.56.
- Dr. Joiner had an exchange with Brigadier General Shake, Deputy Chief of Chaplains for the Air Force. They discussed the mental health service provision and the General was extremely positive about working together. Their meeting included about 200 chaplains.
- Dr. Joiner continues to work with a NASA standing review group within Human Research Group. They cover behavioral health and performance. Their roughly independent processes have come to similar conclusions as MSRC in reference to which interventions are important and challenging. For deployment (MSRC) and Mars (NASA) settings. These are not short-term but part of a long-term process.
- Drs. Joiner, Gutierrez, Brenner, and Comtois attended the IASR (international academy for suicide research) conference in New York, held in October 2015. FSU students (Chris, Melanie and Ian) were also present. The scientific rigor was quite high. The subject of common data elements was covered. There were a few sessions covering Dr. Thomas Joiner's theory.
- Dr. Thomas Joiner attended the Zero Suicide Summit in Atlanta. He wants MSRC to keep this organization on its "radar" as it might be a good area for involvement. The clinicians are worried about new methods and the possible pressure from them. But, these are solvable problems and the organization has a lot of momentum and energy. Dr. Gutierrez thinks their primary care suicide screening and assessment protocols are based on a radically modified version of the Columbia tool. It was modified so that their clinicians (primary care physicians) can understand and thus use with their patients. The results of the Gold Standard study might help. Maybe MSRC can help with providing evidence based empirically backed options.
- Dr. Thomas Joiner and Bonnie Wright provided updates on FSU students:
 - Chris Hagan (major professor: Dr. Thomas Joiner) received the Florida State University Psychology department's Kellogg Dissertation Award for his study, "Hopelessness regarding thwarted belongingness and perceived burdensomeness: A test of the interpersonal theory of suicide." The award helps defray the costs incurred in a student's dissertation research.
 - Caroline Silva (Dr. Joiner's student) is doing an internship at Mass General in Boston.
 - Ricky Mathis (Dr. Schmidt's student who works in his lab) was awarded an NH-31 grant.
 - Richard Macatee (Dr. Cougle's student) received and NIH F31 National Research Service Award. The title is Computerized

- Intervention for Distress Intolerance. It is a three year amount of \$115,755.
 - Chris Hagan (Dr. Joiner's student) has an internship at the Federal Correctional Complex at Terre Haute, Indiana.
 - Aaron Norr (Dr. Schmidt's student) has an internship at the VA Puget Sound in Seattle.
 - Brian Albanese, a graduate student of Brad Schmidt's was selected as a trainee on Florida State University Psychology's NIH T32 grant, MH093311, "Integrated Clinical Neuroscience Training for Translational Research" for the period 8/2016-8/2017.
 - Carol Chu, a graduate student of Dr. Joiner will be reappointed for a second year on the T32 for the period 8/2016-8/2017.
 - Megan Rogers - a student of Thomas Joiner at FSU - received an award from the American Psychological Foundation of \$4,622.50 for the period: 8/1/16-7/31/17. The title: Evaluation of Two Stigma Modification Efforts in Increasing Suicide Literacy, Improving Help-Seeking Attitudes, and Reducing the Stigma of Suicide.
- Dr. Joiner received an invitation from the White House for the World Mental Health Day meeting.

Pre-doctoral and postdoctoral training experiences at FSU and DRI

- MSRC offered dissertation awards of \$2,000 and there were 4 finalists. It should be noted that MSRC is one of the few resources that provides this type of funding.
- The fourth annual MSRC Pre-Conference Training Day was held on March 30, 2016 in conjunction with the AAS annual conference in Chicago, IL. 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 29 participants (from 49 applications) and 9 faculty. The format of the sessions permitted in-depth discussions. The logistics went well. The mentoring seemed very productive, as in previous years, with a lot of good interactions and student involvement. Again, it was very successful based on the active participation and the very positive comments received from the students and invited faculty.
- Another successful Training Day has led to placing a request for next year to again host it in conjunction with the AAS conference, to be held in Phoenix, AZ.
- Drs. Joiner and Gutierrez are working with Dr. Matt Nock on a joint MSRC/STARRS project that will use post-doctoral fellows for doing research. Drs. Nock, Kessler, Gutierrez and Joiner will be the mentors. The plan is to house the fellows at Harvard. They will do analysis of STARRS data focusing on clinical application projects. At Harvard they should be able to access the renowned biostatisticians and other major resources. They must find and secure good candidates before other schools select them for their programs.

- The “References - Students” section contains a listing of the various presentations and publications that are directly or indirectly associated with MSRC students.

Other

The contract specialist/officer was assigned to our approved proposal for additional funds (Years 6-10: MSRC 2.0). MOMRP completed the review and that project is underway. Our No Cost Extension (NCE) request was formally approved.

MSRC attended the MOMRP IPR/MEAB meeting in May at Ft. Detrick. For the MEAB meeting the attendees received information about status of the studies (1.0), about the current NCE, about deliverables for the next NCE and some limited update to MSRC 2.0. The next MEAB meeting is scheduled for December 13. It was a positive meeting and the group was prepared to meet more frequently until the next round of studies are selected. One of the board members who has always been very strict and does a rigorous review with difficult questions was impressed with the MSRC progress. We exceeded her standards and expectations. The collaboration with STARRS and DSPO was also discussed. For the MOMRP Suicide IPR meeting a much shorter version of the update given during the MEAB meeting was presented. The overall MOMRP portfolio was smaller than last year as some studies have closed. We heard the presentations from other studies and saw how they and MSRC fit into the entire MOMRP research portfolio. This gives us an opportunity to ensure that our next selection of studies fall within the needs of MOMRP. The group was surprised at how quickly MSRC can process a study – while still being rigorous, fair and valid. A review from the Suicide Prevention IPR panel members was provided and MOMRP requested responses to some items. Drs. Gutierrez and Joiner responded in July.

The In Person Review (IPR) meeting with the MSRC funded studies was held on July 8, 2016 in Denver, CO. It went very well. we had special guests from MOMRP, DSPO and DCoE. It was a busy day and the attendees productively covered the full agenda. Most of the studies are making good progress, including some that were being monitored more closely. Good discussions followed each set of presentations. Drs. Joiner, Gutierrez and Plant met with the Senior Advisors, invited guests and MOMRP to discuss the Dissemination & Implementation Core and related tasks. 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.” As in the prior year, the other quarterly meetings were held via conference calls and usually went for 1.5 hours. The general format was 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 covered problem solving or possible results or informative contents. This format seems to permit for beneficial discussion, introduction of process improvement and knowledge sharing. Currently, no conference call meetings have been scheduled for next year. But, they 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.

Some of the MSRC Administrative team attended the AAS conference in Chicago, IL held in March 2016. MSRC again had a large representation by its students: both graduate and post-doctoral.

The “References – Study PI” section contains a listing of the many conference presentations and publications 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 now has four active subcontracts with various institutions and seven additional ones that have completed. 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 continues to be exceptional and having quarterly PI meetings continues to be well received. We will work to transition the administration and infrastructure from this funded project to the next one – 1.0 to 2.0 – with defined improvements and indicated, updated guidelines.

References:

Conferences/Presentations/Publications by Study PIs

>>Dr. Craig Bryan had the following:

- Bryan, C.J., Mintz, J., Clemans, T.A., Leeson, B., Burch, T.S., Williams, S.R., Maney, E., & Rudd, M.D. (September 2016). Brief interventions for short-term suicide risk reduction in military populations. In L. Firestone (Chair), Enhancing treatment for suicide by creating a life of meaning. Paper presented at the biennial meeting of the European Symposium on Suicide and Suicidal Behaviour, Oviedo, Spain.
- Bryan, C.J., Mintz, J., Clemans, T.A., Leeson, B., Burch, T.S., Williams, S.R., Maney, E., & Rudd, M.D. (September 2016). Brief interventions for short-term suicide risk reduction in military populations. Paper presented at the annual meeting of the American Psychological Association, Denver, Colorado.
- Bryan, C.J., Clemans, T.A., Mintz, J., Rudd, M.D., Leeson, B., Burch, T.S., Williams, S., & Cable, E. (August 2016). The comparative effectiveness of crisis response plans and no-suicide contracts among acutely suicidal U.S. Army personnel: a randomized clinical trial. Paper to be presented at the annual meeting of the American Psychological Association, Denver, CO.
- Bryan, C.J., Clemans, T.A., Mintz, J., Rudd, M.D., Leeson, B., Burch, T.S., Williams, S., & Cable, E. (September 2016). The comparative effectiveness of crisis response plans and no-suicide contracts among acutely suicidal U.S. Army personnel: a randomized clinical trial. Paper to be presented at the annual meeting of the European Symposium for Suicidal Behavior, Oviedo, Spain.
- Bryan, C.J., Clemans, T.A., Mintz, J., Rudd, M.D., Leeson, B., Burch, T.S., Williams, S., & Cable, E. (October 2016). A component analysis of crisis response plans for short-term management of acutely suicidal U.S. Army personnel: results of a randomized clinical trial. Paper to be presented at the annual meeting of the Association for Behavioral and Cognitive Therapies, New York, NY.
- Bryan, C.J., Graham, E., & Roberge, E. (2015). Living a life worth living: spirituality and suicide risk among military personnel. *Spirituality in Clinical Practice*, 2, 74-78.
- Bryan, C.J., Griffith, J., Pace, B.T., Hinkson, K., Bryan, A.O., Clemans, T.A., & Imel, Z. (2015). Combat exposure and risk for suicidal thoughts and behaviors among military personnel and veterans: a systematic review and meta-analysis. *Suicide and Life-Threatening Behavior*.
- Rudd, M.D., Bryan, C.J., Wertenberger, E.G., Peterson, A.L., Young-McCaughan, S., Mintz, J., Williams, S.R., Arne, K.A., Breitbach, J., Delano, K., Wilkinson, E., & Bruce, T.O. (2015). Brief cognitive behavioral therapy effects on post-treatment suicide attempts in a military sample: results of a 2-year randomized clinical trial. *American Journal of Psychiatry*, 172, 441-449.
- Bryan, C.J., Stephenson, J.A., Morrow, C.E., & Haskell, J. (2015). Risk and Protective Factors for PTSD and Social Occupational Impairment Among Special

Operations Forces (SOF) Personnel (Award # FA8650-12-2-6277) Final Report. Salt Lake City, UT: National Center for Veterans Studies.

- Bryan, C.J. (2015). Assessment and Monitoring of Astronaut Behavioral Health and Psychological Well-Being Following Long Duration Exploration Missions (Technical Report). Houston, TX: National Aeronautics and Space Administration.
- Bryan, C.J., Clemans, T.A., Leeson, B.A., & Rudd, M.D. (2015). Acute versus chronic stressors, multiple suicide attempters, and persistent suicide ideation in U.S. Soldiers. *Journal of Nervous and Mental Disease*, 203, 48-53.
- Bryan, C.J., & Rudd, M.D. (under contract). Brief Cognitive Behavioral Therapy for Suicidal Patients. New York: Guilford.
- Bryan, C.J., & Rudd, M.D. (in press). The importance of temporal dynamics in the transition from suicidal thought to behavior. *Clinical Psychology: Science and Practice*.
- Bryan, C.J. (2015). *Cognitive-Behavioral Therapy for Preventing Suicide Attempts: A Guide to Brief Treatments Across Clinical Settings*. New York, NY: Routledge
- Bryan, C.J. (in press). Mechanisms of risk for suicide ideation and suicide attempts among individuals with posttraumatic stress disorder. In C. Martin, V.R. Preedy, & V.B. Patel (Eds.), *Comprehensive Guide to Posttraumatic Stress Disorders*. London, UK: Kings College.
- Bryan, C.J., & Rudd, M.D. (in press). Suicidal behavior. In N.D. Ainspan, C.J. Bryan, & W.E. Penk (Eds.), *Handbook of Psychosocial Interventions for Veterans: A Guide for the Non-Military Mental Health Clinician*. New York, NY: Oxford University Press.
- Bryan, C.J. (2015). Understanding suicidal behavior among military personnel. In N. Kaslow & D.A. Lamis (Eds.), *Advancing the Science of Suicidal Behavior: Understanding and Intervention* (pp. 355-370). Hauppauge, NY: Nova Science Publishers.
- Bryan, C.J., & Rudd, M.D. (2015). Preventing suicide attempts in military settings. In C.J. Bryan (Ed.), *A Guide to Brief Cognitive Behavioral Treatments Across Clinical Settings* (pp. 110-128). New York, NY: Routledge.
- Reynolds, M., Bryan, C.J., & Bryan, A.O. (November 2015). Guilt and shame among military personnel and veterans who have experienced military sexual trauma. Poster presented at the annual meeting of the International Society for Traumatic Stress Studies, New Orleans, LA.
- Bryan, C.J., & Bryan, A.O. (November 2015). Forgiveness reduces risk for suicide attempts among sexual assault survivors experiencing high levels of guilt. Poster presented at the annual meeting of the International Society for Traumatic Stress Studies, New Orleans, LA.
- Bryan, C.J. (November 2015). Combat exposure and risk for suicidal thoughts and behaviors among military personnel and veterans: a systematic review and meta-analysis. In S. Maguen (Chair), *Advances in moral injury research: implications for novel treatments*. Paper presented at the annual meeting of the International Society for Traumatic Stress Studies, New Orleans, LA.
- Bryan, C.J., & Rudd, M.D. (October 2015). Differentiators of military personnel with a history of one versus multiple suicide attempts. In P. Gutierrez

(Chair), Suicidality among active duty military and veterans: analysis of baseline data from current clinical trials. Paper presented at the annual meeting of the International Academy for Suicide Research, New York City, NY.

- Bryan, C.J. (September 2015). Brief cognitive behavioral therapy to prevent suicide attempts among military personnel and veterans. Workshop presented at the annual meeting of the Military Social Work Conference, Austin, TX.

>>Dr. Michael Anestis had the following:

- Fisher, K., Houtsma, C., Assavedo, B.L., Green, B.A., & Anestis, M.D. (in press). Agitation as a moderator of the relationship between insomnia and current suicidal ideation in the military. *Archives of Suicide Research*.
- Pennings, S.M., Finn, J., Houtsma, C., Green, B.A., & Anestis, M.D. (in press). Post-traumatic stress disorder symptom clusters and the interpersonal theory of suicide in a large military sample. *Suicide and Life-Threatening Behavior*.
- Khazem, L.R., Houtsma, C., Gratz, K.L., Tull, M.T., Green, B.A., & Anestis, M.D. (2016). Firearms matter: The moderating role of firearm storage in the association between current suicidal ideation and likelihood of future suicide attempts among United States military personnel. *Military Psychology*, 28, 25-33.
- Martin, R.L., Houtsma, C., Green, B.A., & Anestis, M.D. (in press). Support systems: How post-deployment support impacts suicide risk factors in the United States Army National Guard. *Cognitive Therapy and Research*.
- Khazem, L.R., Law, K.C., Green, B.A., & Anestis, M.D. (in press). Examining the relationship between coping strategies and suicidal desire in a sample of United States military personnel. *Comprehensive Psychiatry*.
- Bryan, C.J., Bryan, A.O., Anestis, M.D., Anestis, J.C., Green, B.A., Etienne, N., Morrow, C.E., & Ray-Sannerud, B. (in press). Measuring moral injury: Psychometric properties of the Moral Injury Events Scale in two military samples. *Assessment*.
- Pennings, S.M., Law, K.C., Green, B.A., & Anestis, M.D. (in press). The impact of grit on the relationship between hopelessness and suicidality. *International Journal of Cognitive Therapy*.

>>Dr. Jesse Cougle had the following:

- Matheny, N. L., Smith, H. L., Summers, B. J., McDermott, K. A., Macatee, R. J., & Cougle, J. R. (in press). The role of distress tolerance in multiple facets of hostility and willingness to forgive. *Cognitive Therapy and Research*.
- Smith, H. L., Summers, B. J., Dillon, K. H., Macatee, R. J., & Cougle, J. R. (2016). Hostile interpretation bias in depression. *Journal of Affective Disorders*, 203, 9-13.

>>Dr. Matthew Nock had the following:

- Anxiety and Depression Association of America, Keynote Address (Nock).

- Nock MK. RECENT AND NEEDED ADVANCES IN THE UNDERSTANDING, PREDICTION, AND PREVENTION OF SUICIDAL BEHAVIOR. *Depress Anxiety*. 2016 Jun;33(6):460-3. doi: 10.1002/da.22528. No abstract available. PMID: 27248363.
- Ramirez, F.R., Pixley, H.S., Millner, A.J., Marx, B., and Nock, M.K. (2016). Combat experiences and suicidal behavior among US veterans. Submitted for presentation at the ABCT Meeting in November to take place in New York, NY.
- Nock, M.K., Kessler, R.C., & Franklin, J.C. (2016). Risk factors for suicide ideation differ from those for the transition to suicide attempt: The importance of creativity, rigor, and urgency in suicide research. *Clin Psychol Sci Prac*, 23: 31-34.
- First Author: Julia A. Harris; Title: Specificity of combat exposure and DSM-5 PTSD symptomatology in a sample of OEF-OIF Veterans. Presented at the Annual ABCT meeting.
- First Author: Charlene A. Deming; Title: Stress and Suppression of Attention to Psychological Pain in Suicide. Presented at the Annual ABCT meeting.
- First Author: Julia A. Harris; Title: DSM-5 PTSD Symptom Clusters and Suicide in a Sample of Veterans. Presented at the Annual ISTSS meeting.
- First Author: Jaclyn C. Kearns; Title: Examining the Relationship Between Recent Suicidal Ideation, Depression, and PTSD in Veterans in VHA Inpatient Psychiatric Hospital. Presented at the Annual ISTSS meeting.
- Ribeiro, J., Franklin, J., Fox, K., Kleiman, E., Bentley, K., Chang, B., & Nock, M. (2016). Prior self-injurious thoughts and behaviors as risk factors for future suicidal ideation, attempts, and death: A Meta-analysis of prospective studies. *Psychological Medicine*.
- Fox, K. R., Franklin, J. C., Ribeiro, J. D., Kleiman, E. M., Bentley, K. H., Nock, M. K. (2015). Meta-analysis of risk factors for nonsuicidal self-injury. *Clinical Psychology Review*.
- Bentley, K.H., Franklin, J., Ribeiro, J., Kleiman, E., Fox, K., & Nock, M. (2015). Anxiety and its disorders as risk factors for suicidal thoughts and behaviors: A meta-analytic review. *Clinical Psychology Review*.

>>Dr. Brad Schmidt had the following:

- Short, N. A., Fuller, K., Norr, A. M., & Schmidt, N. B. Acceptability of a brief computer-based intervention targeting anxiety sensitivity cognitive concerns among veterans and non-veterans. *Cognitive Behavioural Therapy*.
- Norr, A. M., Allan, N. P., Macatee, R. J., Capron, D. W., & Schmidt, N. B. (2016). The role of anxiety sensitivity cognitive concerns in suicidal ideation: A test of the Depression-Distress Amplification Model in clinical outpatients. *Psychiatry Research*.
- Norr, A. M., Allan, N. P., & Schmidt, N. B. (2016, November). The effects of a computerized anxiety sensitivity intervention on health anxiety. In E. M. O'Bryan and A. C. McLeish (Chairs), Recent advances in the study of health anxiety. Paper accepted for presentation at the annual meeting of the Association for Behavioral and Cognitive Therapies, New York, NY.

- Portero, A. K., Fuller, K.L., Mathes, B. M., & Schmidt, N. B. (2016, October). Examination of the association between intolerance of uncertainty and specific saving cognitions. Poster accepted to the annual Association for Behavioral and Cognitive Therapies conference, New York, NY.
- Albanese, B.J., Macatee, R.M., Allan, N.P., Fuller, K., King, S., & Schmidt, N.B. (2016) Interactive effects of Attentional Control and Anxiety Sensitivity on PTSD Symptoms: Evidence for a dual-process model. Poster accepted for presentation to the annual Association for Behavioral and Cognitive Therapies conference, New York, NY.
- Oglesby, M. E., Gibby, B. A., Mathes, B. M., Short, N. A., & Schmidt, N. B. (May, 2016). Intolerance of Uncertainty and Post-traumatic Stress Symptoms: An Investigation within a Treatment Seeking Trauma-Exposed Sample.
- Short, N. A., Capron, D. W., Raines, A. M., & Schmidt, N. B. (October, 2016). Effects of a brief, computerized intervention focusing on anxiety sensitivity cognitive concerns. Oral presentation in H. Boettcher (chair), Anxiety Sensitivity: A Transdiagnostic Treatment Target accepted for presentation to the annual Association for Behavioral and Cognitive Therapies conference, New York, NY.
- King, S. L., Short, N. A., & Schmidt, N. B. (October, 2016). Effects of a Brief Anxiety Intervention on PTSD Symptoms and Aggression. Poster accepted for presentation at the annual meeting of the Association for Behavioral and Cognitive Therapies, New York, NY.
- Short, N. A., Fuller, K., Norr, A. M., & Schmidt, N. B. (October, 2016). Acceptability of a brief computer-based intervention targeting anxiety sensitivity cognitive concerns. Poster accepted for presentation at the annual Association for Behavioral and Cognitive Therapies conference, New York, NY.
- Norr, A. M., Allan, N. P., Macatee, R. J., Capron, D. W., & Schmidt, N. B. (2015). The role of anxiety sensitivity cognitive concerns in suicidal ideation: A test of the Depression-Distress Amplification Model in clinical outpatients. Manuscript submitted for publication.
- Short, N. A., Allan, N. P., Raines, A. M., Albanese, B. J., & Schmidt, N. B. (November, 2015). Effects of an anxiety sensitivity intervention on posttraumatic stress symptoms: Anxiety sensitivity as a mechanism of treatment outcome. Oral presentation in N. P. Allan (chair), Psychosocial Considerations in Interventions for Transdiagnostic Risk Factors of Anxiety for oral presentation to the annual Association for Behavioral and Cognitive Therapies conference, Chicago, IL.
- Norr, A.M., Oglesby, M.E., & Schmidt, N.B. (November, 2015). Computerized anxiety sensitivity intervention effects on social anxiety symptoms: Intolerance of uncertainty as a moderator. Submitted in R.J. Jacoby (chair), Intolerance of uncertainty: A transdiagnostic perspective through different research paradigms. Oral presentation at the annual meeting of the Association of Behavioral and Cognitive Therapies, Chicago, IL.
- Schmidt, N.B. (2015). Anxiety Sensitivity: A Transdiagnostic Risk Factor. Paper presented at the 4th International Symposium on Fear, Anxiety and Anxiety Disorders. Munster, Germany.
- Allan, N. P., Norr, A. M., Oglesby, M. E., & Schmidt, N. B. Sex influences the effects of a mood-focused cognitive bias modification on transdiagnostic risk factors

of anxiety. Oral presentation in N. P. Allan (chair), Psychosocial Considerations in Interventions for Transdiagnostic Risk Factors of Anxiety for oral presentation to the annual Association for Behavioral and Cognitive Therapies conference, Chicago, IL.

- Schmidt, N.B. (2015). Anxiety Sensitivity: A Transdiagnostic Risk Factor. Paper presented at the 4th International Symposium on Fear, Anxiety and Anxiety Disorders. Munster, Germany.
- Schmidt, N.B. (2015). Anxiety sensitivity: A transdiagnostic risk factor. Invited talk at Stockholm University.
- Schmidt, N.B. (2015, January). Use of a Computer-based Intervention focused on Anxiety Sensitivity for Suicide Prevention. Paper presented at the VA/DoD Suicide Prevention Conference, Dallas, TX.
- Schmidt, N.B. (2015, February). Anxiety-related mechanisms and their role in suicide. Webinar sponsored by the American Association of Suicidality.
- Schmidt, N. B. (2015, November). Anxiety Sensitivity: New Frontiers for a Cross-Cutting Construct. Panelist for panel discussion presented at the Association for Behavioral and Cognitive Therapies, Chicago, IL.
- Norr, A. M., Boffa, J. W., Allan, N. P., & Schmidt, N. B. (2015, November). The effects of a computerized anxiety sensitivity intervention on cyberchondria. Poster presented at the annual meeting of the Association of Behavioral and Cognitive Therapies, Chicago, IL.

>>Dr. James McNulty had the following:

- The PI presented findings at the Family Research IPR associated with the Military Operational Medicine Research Program in April and Association for Psychological Science (APS) in May.
- McNulty, J. K. (2016, May). Using evaluative conditioning to improve marriage. Paper presented at the annual meeting of the Association for Psychological Science, Chicago, IL.

>>Dr. Keel had the following:

- Keel, P.K., Forney, K.J., Kennedy, G.A., & Buchman-Schmitt, J. Examining the link between weight suppression and suicide risk. Oral Presentation. Eating Disorder Research Society. Annual meeting October 28, 2016, New York, NY.
- Keel, P. K., Forney, K. J., Buchman-Schmitt, J., Bodell, L. P., & Joiner, T. J. (in preparation). Weight suppression and non-suicidal self-injurious behavior: Exploring the link between eating disorders and suicide risk (working title). International Journal of Eating Disorders (intended).

Conferences/Presentations/Publications by MSRC students

>>The list below is provided in no particular order.

- Chu, C., Rogers, M. L., & Joiner, T.E. (in press). Cross-sectional and temporal association between non-suicidal self-injury and suicidal ideation in young adults: The explanatory roles of thwarted belongingness and perceived burdensomeness. *Psychiatry Research*.
- Chu, C., Hom, M. A., Rogers, M. L., Ringer, F. B., Podlogar, M. C., Stanley, I. H., Hirsch, J. K., & Joiner, T. E. ((In press). Sleep disturbances and suicide-related behaviors: A multi-study investigation of thwarted belongingness as a distinct explanatory factor. *Journal of Affective Disorders*.
- Chu, C., Hom, M. A., Rogers, M. R., Stanley, I. H., Ringer, F. B., Podlogar, M. P., Hirsch, J. K., & Joiner, T. E. (in press). Insomnia and suicide-related behaviors: A multi-study investigation of thwarted belongingness as a distinct explanatory factor. *Journal of Affective Disorders*.
- Chu, C., Rogers, M. L., & Joiner, T. E. (in press). Temporal associations between non-suicidal self-injury and suicide in young adults from the perspective of the interpersonal theory of suicide. *Psychiatry Research*.
- Joiner, T. E. & Stanley, I. H. (2016). Can the phenomenology of a suicidal crisis be usefully understood as a suite of antipredator defensive reactions? *Psychiatry: Interpersonal and Biological Processes*, 79(2), 107-119.<http://dx.doi.org/10.1080/00332747.2016.1142800>
- Rogers, M. L., Kelliher-Rabon, J., Hagan, C. R., Hirsch, J. K., & Joiner, T. E. (in press). Negative emotions in veterans relate to suicide risk through feelings of perceived burdensomeness and thwarted belongingness. *Journal of Affective Disorders*.
- Rogers, M. L., Ringer, F. B., Michaels, M. S., Chiurliza, B., Hagan, C. R., Chu, C., Schneider, M., & Joiner, T. E. (in press). Sex differences in suicide-related symptoms in a large military sample. *Military Behavioral Health*.
- Stanley, I. H., Hom, M. A., & Joiner, T. E., Jr. (In press). Neither attention-seeking nor reassurance-seeking predicts duration or frequency of psychotherapy utilization. *Stigma & Mental Health*.
- Suh, S., Ryu, H., Chu, C., Hom, M. A., Rogers, M. L., Bernert, R. A., & Joiner, T. E. (in press). Validation of the Korean Depressive Symptoms Inventory – Suicidality Scale. *Psychiatry Investigation*.
- Chu, C., Hammock, E.A., & Joiner, T.E. (accepted Aug 2016). The role of oxytocin in social exclusion and suicidal behavior. Poster presentation at the 7th annual meeting of the Society for Social Neuroscience, San Diego, CA, United States.
- Stanley, I. H., Hom, M. A., Hagan, C. R., & Joiner, T. E. (2016, September). Career prevalence and correlates of suicidal thoughts and behaviors among firefighters. Presentation at the 16th European Symposium on Suicide and Suicidal Behaviour, Oviedo, Spain.
- Stanley, I. H., Hom, M. A., Rogers, M. L., Anestis, M. D., & Joiner, T. E. (2016, July). Limiting access to firearms to prevent violence towards oneself and others: Determining the relative utility of the terms "means safety" and "means restriction." Presentation at the biennial world meeting of the International Society for Research on Aggression, Sydney, Australia.
- Allan, N. P., Gros, D. F., Hom, M. A., Joiner, T. E., Jr., & Stecker, T. (In press). Suicidal ideation and interpersonal needs: Factor structure of a short version of

the Interpersonal Needs Questionnaire in an at-risk military sample. *Psychiatry: Interpersonal and Biological Processes*.

- Anestis, J.C., Finn, J.A., Gottfried, E.D., Hames, J., Bodell, L., Hagan, C.R., Arnau, R., Anestis, M.D., Arbisi, P.A., & Joiner, T.E. (in press). Burdensomeness, belongingness, and acquired capability: Assessing the interpersonal-psychological theory of suicide with MMPI-2-RF scales. *Assessment*.
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- Hom, M. A., & Joiner, T. E., Jr. (in press). Predictors of treatment attrition among adult outpatients with clinically significant suicidal ideation. *Journal of Clinical Psychology*.
- Hom, M. A., Lim, I. C., Stanley, I. H., Chiurliza, B., Podlogar, M. C., Buchman-Schmitt, J. M., Michaels, M. S., Silva, C., Ribeiro, J. D., & Joiner, T. E., Jr. (in press). Insomnia brings soldiers into mental health treatment, predicts treatment engagement, and outperforms other suicide-related symptoms as a predictor of major depressive episodes. *Journal of Psychiatric Research*.
- Rogers, M. L., Anestis, J. C., Harrop, T. M., Schneider, M., Bender, T. W., Ringer, F. B., & Joiner, T. E. (in press). Examination of MMPI-2-RF substantive scales as indicators of Acute Suicidal Affective Disturbance components. *Journal of Personality Assessment*.
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- Silva, C., Hagan, C. R., Rogers, M. L., Chiurliza, B., Podlogar, M. C., Hom, M. A., Tzoneva, M., Lim, I. C., & Joiner, T. E. (in press). Evidence for the propositions of the interpersonal theory of suicide in a military sample. *Journal of Clinical Psychology*.
- Stanley, I. H., Rufino, K. A., Rogers, M. L., Ellis, T. E., & Joiner, T. E. (in press). Acute Suicidal Affective Disturbance (ASAD): A confirmatory factor analysis with 1,442 psychiatric inpatients. *Journal of Psychiatric Research*. <http://dx.doi.org/10.1016/j.jpsychires.2016.06.012>
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- Hagan, C. R., Ribeiro, J. D., & Joiner, T. (2016). Present status and future directions of the interpersonal-psychological theory of suicidal behavior. In R. O'Connor & J. Pirkis, *International Handbook of Suicide Prevention*. 2nd Ed. New York: Wiley. [Due for release in Sept]

- Hagan, C. R. & Joiner, T. E. (2016, June). The role of interoceptive awareness in NSSI and suicide risk. Paper presented at the 16th meeting of the International Society for the Study of Self-Injury. Eau-Claire, Wisconsin.
- Stanley, I. H., Hom, M. A., Boffa, J. W., Chu, C., & Joiner, T. E. (2016, June). Suicidal thoughts and behaviors among U.S. firefighters: Prevalence, correlates, and points of intervention. Presentation at the annual National Fire Protection Association Conference and Expo, Las Vegas, NV.
- Chiurliza, B., Michaels, M. S., & Joiner, T. E. (in press). Acquired capability for suicide among individuals with American Indian/Alaska Native backgrounds within the military. *American Indian and Alaska Native Mental Health Research*.
- Chu, C., Buchman-Schmitt, J.M., Joiner, T., & Rudd, D. (2016). Personality disorder symptoms and suicidality: low desire and high plans for suicide in military inpatients and outpatients. *Journal of Personality Disorders*, 30, 1-11. doi: 10.1521/pedi_2016_30_241
- Chu, C., Hom, M. A., Rogers, M.L., Ringer, F. B., Hames, J. L., Suh, S. A., & Joiner, T.E. (2016). Is insomnia lonely? Exploring thwarted belongingness as an explanatory link between insomnia and suicidal ideation in a sample of South Korean university students. *Journal of Clinical Sleep Medicine*.
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- Chu, C., Podlogar, M., Rogers, M. L., Buchman-Schmitt, J. M., Negley, J., & Joiner, T.E. (2016). Does suicidal ideation influence memory? A study of the relationship between suicidal ideation, everyday memory, and violent daydreaming. *Behavior Modification*. doi: 10.1177/0145445515625189
- Chu, C., Stanley, I. H., Hom, M. A., Lim, I. C., & Joiner, T.E. (2016). Deployment, mental health problems, suicidality, and use of mental health services in a sample of military personnel. *Military Behavioral Health*. doi: 10.1080/21635781.2016.1153533
- Chu, C., Victor, S.E., & Klonsky, E.D. (in press). Characterizing positive and negative emotional experiences in young adults with Borderline Personality Disorder symptoms. *Journal of Clinical Psychology*.
- Hagan, C. R., Podlogar, M. C., & Joiner, T. E. (in press). Suicide by cop and the acquired capability for suicide. *Suicide & Law Enforcement*.
- Hom, M. A., Podlogar, M. C., Stanley, I. H., & Joiner, T. E., Jr. (In press). Ethical issues and practical challenges in suicide research: Collaboration with Institutional Review Boards. *Crisis: The Journal of Crisis Intervention in Suicide Prevention*.
- Hom, M. A., Stanley, I. H., & Joiner, T. E., Jr. (In press). The web-based assessment of suicidal and suicide-related symptoms: Factors associated with disclosing identifying information to receive study compensation. *Journal of Personality Assessment*.

- Rogers, M. L., & Joiner, T. E. (2016). Borderline personality disorder diagnostic criteria as risk factors for suicidal behavior through the lens of the interpersonal theory of suicide. *Archives of Suicide Research*.
- Rogers, M. L., Tucker, R. P., Law, K., Michaels, M. S., Anestis, M. D., & Joiner, T. E. (2016). Manifestations of overarousal account for the association between cognitive anxiety sensitivity and suicidal ideation. *Journal of Affective Disorders*, 192, 116-124. doi:10.1016/j.jad.2015.12.014
- Stanley, I. H., Hom, M. A., & Joiner, T. E., Jr. (in press). Suicide mortality among firefighters: Results from a large, urban fire department. *American Journal of Industrial Medicine*.
- Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. *Clinical Psychology Review*, 44, 25-44. <http://dx.doi.org/10.1016/j.cpr.2015.12.002>.

Appendices:

A1. Thomas Joiner, Ph.D. CV

Appendix Pages: 44 - 118.

October 1, 2016

CURRICULUM VITAE

Personal Data

Name: Thomas Ellis Joiner, Jr. Date and Place of Birth: June 7, 1965; Atlanta, Georgia
Marital/Family Status: Married; Social Security Number: xxx-xx-xxxx
Two sons, born 7/30/96 and 7/15/99.

Psychologist Licensure and Credentials: Florida License PY 6675

Work Address: Department of Psychology, Florida State University, Tallahassee, Florida 32306-4301
(850) 644-1454; FAX (850) 644-7739; e-mail: joiner@psy.fsu.edu
Home Address: 1879 Miller Landing Rd., Tallahassee, Florida 32312; Phone: (850) 459-7321

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

Recipient of the American Association for Suicidology's Dublin Award for Lifetime Contributions to Suicide Research, 2016.

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 Robert O. Lawton Professorship, Florida State University's single highest honor, 2010.

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

Recipient of the Distinguished Research Professorship, Florida State University, 2007.

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 Rockefeller Foundation's Bellagio Residency Fellowship, 2006.

Distinguished Visiting Professor, Wilford Hall Medical Center, Lackland Air Force Base, San Antonio, Texas, 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 Guggenheim Fellowship, 2003.

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 American Psychological Association Distinguished Scientific Award for Early Career Contribution to Psychology in the area of Psychopathology, 2000.

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

Visiting Scholar Award, University of Montana, 1999.

Recipient of the David Shakow Early Career Award for Distinguished Scientific Contribution, Division of Clinical Psychology, American Psychological Association, 1997.

Honors/Awards (continued)

Recipient of the 1995 Best Published Dissertation Award, Society for the Science of Clinical Psychology, Division of Clinical Psychology, American Psychological Association, 1996.

Recipient of the Young Investigator Award, National Alliance for Research on Schizophrenia and Depression, 1994.

Publications List (overall number of books, articles, and chapters = 572; *Current and former trainees' names are italicized*)

Authored Books

1. Joiner, T. (2014). The perversion of virtue: Understanding murder-suicide. New York: Oxford.
2. Joiner, T. (2011). Lonely at the top. New York: MacMillan.
3. Joiner, T. (2010). Myths about suicide. Cambridge, MA; Harvard University Press.
4. Joiner, T., *Van Orden, K., Witte, T., & Rudd, M.D.* (2009). Clinical implications of the interpersonal theory of suicidal behavior. Washington, D.C.: APA.
5. *Buckner, J.D., Castro, Y., Holm-Denoma, J.M., & Joiner, T.E.* (2007). Empirically informed mental health services for diverse populations. London: Radcliffe.
6. Joiner, T. (2005). Why people die by suicide. Cambridge, MA: Harvard University Press. [Selected by the *Atlanta-Journal Constitution* as one of twelve “Nonfiction books that mattered,” 2006].
7. *Cukrowicz, K., Burns, A., Minnix, J., Reitzel, L., & Joiner, T.* (2005). Simple treatments for complex problems: A patient workbook. Tallahassee, FL: Center Circle Press.
8. *Pettit, J., & Joiner, T.* (2005). Chronic depression: Interpersonal sources and solutions. Washington, DC: APA.
9. *Pettit, J., & Joiner, T.* (2005). The interpersonal solution to depression. San Francisco, CA: New Harbingers Press.
10. Schmidt, N.B., Kotov, R., & Joiner, T. (2004). Taxometrics. Washington, DC: APA.
11. *Driscoll, K., Cukrowicz, K., Reardon, M., & Joiner, T.* (2003). Simple treatment for complex problems. Mahwah, N.J.: Erlbaum.
12. Sheldon, K., Williams, G., & Joiner, T. (2003). Self-Determination Theory in the clinic: Motivating physical and mental health. Yale University Press.
13. Joiner, T. (2002). Mood disorders: Diagnostic & therapeutic issues. Tallahassee, FL: Center Circle Press.
14. Rudd, M.D., Joiner, T., & Rajab, M.H. (2001). Treating suicidal behavior. New York: Guilford Press.

Edited Books

1. Joiner, T., *Brown, J., & Kistner, J.* (Eds., 2006). The interpersonal, cognitive, and social nature of depression. Mahwah, N.J.: Erlbaum.
2. Joiner, T., & Coyne, J.C. (Eds.; 1999). The interactional nature of depression. Washington, DC: APA.
3. Joiner, T., & Rudd, M. D. (Eds.; 2000). Suicide science: Expanding the boundaries. Boston: Kluwer.

Journal Articles in Refereed Journals (listed chronologically; N = 503)

IN PRESS and 2016 (N =56)

1. *Allan, N., Gros, D., Hom, M., Joiner, T., & Stecker, T.* (in press). Suicide ideation and interpersonal needs: Factor structure of a short version of the Interpersonal Needs Questionnaire in an at-risk military Sample. Psychiatry: Interpersonal and Biological Processes.
2. *Anestis, J., Anestis, M., Rufino, K., Cramer, R., Miller, H., Khazem, L., & Joiner, T.* (in press). Understanding the relationship between suicidality and psychopathy: An examination of the interpersonal-psychological theory of suicidal behavior. Archives of Suicide Research.
3. *Anestis, J., Finn, J., Gottfried, E., Hames, J., Hagan, C., Bodell, L., Arnau, R., Anestis, M., Arbisi, P., & Joiner, T.* (in press). Burdensomeness, belongingness, and acquired capability: Assessing the interpersonal-psychological theory of suicide with MMPI-2-RF scales. Assessment.
4. *Brislin, S., Buchman, J., Joiner, T., & Patrick, C.* (in press). “Do unto others”? Distinct psychopathy facets predict reduced perception and tolerance of pain. Personality Disorders: Theory, Research, and Treatment.
5. *Buchman-Schmitt, J., Brislin, S., Venables, N., Joiner, T., & Patrick, C.* (in press). Trait liabilities and specific promotive processes in psychopathology: The example of suicidal behavior. Journal of Affective Disorders.
6. *Cero, I., Zuromski, K. L., Witte, T. K., Ribeiro, J. D., & Joiner, T.* (in press). Perceived burdensomeness, thwarted belongingness, and suicide ideation: Re-examination of the interpersonal-psychological theory in two samples. Psychiatry Research, 23, 545-552.
7. *Chiurliza, B., Michaels, M., & Joiner, T.* (in press). Acquired capability for suicide among individuals with American Indian/Alaska Native backgrounds within the military. American Indian and Alaska Native Mental Health Research.
8. *Chiurliza, B., Hagan, C., Rogers, M., Podlogar, M., Himm, M., Stanley, I., & Joiner, T.* (in press). Implicit measures of suicide risk in a military sample. Assessment.
9. *Chu, C., Buchman, J., & Joiner, T.* (2016). Personality disorder symptoms and suicidality: Low desire and high plans for suicide in military inpatients and outpatients. Journal of Personality Disorders, 30, 1-11.
10. *Chu, C., Buchman, J., Hom, M., Stanley, I., & Joiner, T.* (in press). Test of the Interpersonal Theory of Suicide in a large sample of current firefighters. Psychiatry Research.
11. *Chu, C., Buchman, J., Moberg, F., & Joiner, T.* (2016). Thwarted belongingness mediates the relationship between fear of negative evaluation and suicidal ideation. Cognitive Therapy & Research, 40, 31-37.

12. *Chu, C., Hom, M., Rogers, M., Moberg, F., Hames, J., Suh, S., & Joiner, T.* (in press). Is insomnia lonely? Exploring thwarted belongingness as an explanatory link between insomnia and suicidal ideation in a sample of South Korean university students. Journal of Clinical Sleep Medicine.
13. *Chu, C., Buchman, J., Rogers, M., Negley, J., Podlogar, M., & Joiner, T.* (in press). Does suicidal ideation influence memory? A study of the role of violent daydreaming in the relationship between suicidal ideation and everyday memory. Behavior Modification.
14. *Chu, C., Hom, M., Rogers, M., Ringer, F., Podlogar, M., Hirsch, J., & Joiner, T.* (in press). Thwarted belongingness specifically explains the relationship between sleep disturbances and suicidal ideation and behavior: Evidence from three samples. Journal of Affective Disorders.
15. *Chu, C., Rogers, M., & Joiner, T. E.* (in press). Cross-sectional and temporal association between non-suicidal self-injury and suicidal ideation in young adults: The explanatory roles of thwarted belongingness and perceived burdensomeness. Psychiatry Research.
16. *Chu, C., Stanley, I. H., Hom, M., Lim, I. C., & Joiner, T. E.* (in press). Deployment, mental health problems, suicidality, and use of mental health services in a sample of military personnel. Military Behavioral Health.
17. *Cox, K., Mouilso, E., Duvivier, L., Venners, M., Defever, M., Rauch, R., Strom, T., Joiner, T., & Tuerk, P.* (in press). Reducing suicidal ideation through evidence-based treatment for Posttraumatic Stress Disorder. Journal of Psychiatric Research.
18. *Feigelman, W., Joiner, T., Rosen, Z., & Silva, C.* (in press). Investigating correlates of suicide among male youth: Questioning the close affinity between suicide attempts and death. Suicide & Life-Threatening Behavior.
19. *Feigelman, W., Joiner, T., Rosen, Z., Mueller, A., & Silva, C.* (in press). Contrasts between young males dying by suicide, those dying from other causes and those still living: Observations from the National Longitudinal Survey of Adolescent to Adult Health. Archives of Suicide Research.
20. *Feigelman, W., Joiner, T., Rosen, Z., Mueller, A., & Silva, C.* (in press). Examining longer-term effects of parental death in adolescents and young adults: Evidence from the National Longitudinal Survey of Adolescent to Adult Health. Death Studies.
21. *Hagan, C., & Joiner, T.* (in press). The indirect effect of perceived criticism on suicide ideation and attempts. Archives of Suicide Research.
22. *Hom, M., & Joiner, T.* (in press). Predictors of treatment attrition among adult outpatients with clinically significant suicidal ideation. Journal of Clinical Psychology.

23. Hom, M., & Joiner, T., Bernert, R. (in press). Limitations of a single-item assessment of suicide attempt history: Implications for standardized suicide risk assessment. Psychological Assessment.

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24. Hom, M. A., Lim, I. C., Stanley, I. H., Chiurliza, B., Podlogar, M. C., Buchman-Schmitt, J. M., Michaels, M. S., Silva, C., Ribeiro, J. D., & Joiner, T. E., Jr. (in press). Insomnia brings soldiers into mental health treatment, predicts treatment engagement, and outperforms other suicide-related symptoms as a predictor of major depressive episodes. Journal of Psychiatric Research.
25. Hom, M., Stanley, I., & Joiner, T. (in press). The web-based assessment of suicidal and suicide-related symptoms: Factors associated with disclosing identifying information to receive study compensation. Journal of Personality Assessment.
26. Hom, M., Stanley, I., Gutierrez, P., & Joiner, T. (in press). Exploring the association between exposure to suicide and suicide Risk among military service members and veterans Journal of Affective Disorders.
27. Hom, M., Stanley, I., Moberg, F., & Joiner, T. (in press). Mental health service use among firefighters with suicidal thoughts and behaviors. Psychiatric Services.
28. Hom, M., Stanley, I., Podlogar, M., & Joiner, T. (in press). Ethical issues and practical challenges in suicide research: Collaboration with Institutional Review Boards. Crisis.
29. Hom, M., Stanley, I., Rogers, M., Tzoneva, M., Bernert, R., & Joiner, T. (in press). The association between sleep disturbances and depression among firefighters: Emotion dysregulation as an explanatory factor. Journal of Clinical Sleep Medicine.
30. Joiner, T., Hom, M., Hagan, C., & Silva, C. (2016). Suicide as a derangement of the self-sacrificial aspect of eusociality. Psychological Review, 123, 235-254.
31. Joiner, T., Hom, M., Rogers, M., Chu, C., Stanley, I., Wynn, G., & Gutierrez, P. (in press). Staring down death: Is abnormally slow blink rate a clinically useful indicator of acute suicide risk? Crisis.
32. Joiner, T. & Stanley, I. H. (2016). Can the phenomenology of a suicidal crisis be usefully understood as a suite of antipredator defensive reactions? Psychiatry: Interpersonal and Biological Processes, 79, 107-119.
33. Mason, T. B., Lavender, J. M., Wonderlich, S. A., Crosby, R. D., Joiner, T. E., Mitchell, J. E., Crow, S. J., Klein, M. H., Le Grange, D., Bardone-Cone, A. M., & Peterson, C. B. (in press). The role of interpersonal personality traits and reassurance seeking in eating disorder symptoms and depressive symptoms among women with bulimia nervosa. Comprehensive Psychiatry.

34. Noyman-Veksler, G., Lerman, S., Joiner, T., Brill, S., Rudich, Z., Shalev, H., & Shahar, G., (in press). Role of catastrophizing in eliciting pain, distress, and suicidal ideation amongst chronic pain patients. Psychiatry: Interpersonal & Biological Processes.
 35. Podlogar, M., Rogers, M., Chiurliza, B., Hom, M., Tzoneva, M., & Joiner, T. (in press). Who are we missing? Non-disclosure in online suicide risk screening questionnaires. Psychological Assessment.
- IN PRESS and 2016 (N = 56, continued)*
36. Rogers, M., Anestis, J., Harrop, T., Schneider, M., Bender, T., Ringer, F., & Joiner, T. (2016). Examination of MMPI-2-RF substantive scales as indicators of Acute Suicidal Affective Disturbance components. Journal of Personality Assessment.
 37. Rogers, M., Moberg, F., & Joiner, T. (in press). A meta-analytic review of the association between agitation and suicide attempts. Clinical Psychology Review.
 38. Rogers, M., Rabon, J., Hagan, C., Hirsch, J., & Joiner, T. (in press). Negative emotions in veterans relate to suicide risk through feelings of perceived burdensomeness and thwarted belongingness. Journal of Affective Disorders.
 39. Rogers, M., Ringer, F., Michaels, M., Chiurliza, B., Hagan, C., Chu, C., Schneider, M., Lim, I., & Joiner, T. (in press). Sex differences in suicide-related symptoms in a large military sample. Military Behavioral Health.
 40. Rogers, M., Stanley, I., Hom, M., Chiurliza, B., Podlogar, M., & Joiner, T. (in press). Conceptual and empirical scrutiny of covarying depression out of suicidal ideation. Assessment.
 41. Rogers, M., Tucker, R., Law, K., Michaels, M., Anestis, M., & Joiner, T. E. (2016). Manifestations of overarousal account for the associations between cognitive anxiety sensitivity and suicidal ideation. Journal of Affective Disorders, *192*, 116-124.
 42. Rudd, M.D., Schmitz, W., McClenen, R., Joiner, T., Elkins, G., & Claassen, C. (in press). The Suicide Cognitions Scale: A suicide-specific measure of hopelessness. Psychological Assessment.
 43. Sachs-Ericsson, N., Joiner, T.E., Cougle, J., Stanley, I., & Shefler, J. (2016). Combat exposure in early adulthood interacts with recent stressors to predict PTSD in aging male veterans. The Gerontologist, *56*, 82-91.
 44. Silva, C., Hagan, C. R., Rogers, M. L., Chiurliza, B., Podlogar, M. C., Hom, M. A., Tzoneva, M., Lim, I. C., & Joiner, T. E. (in press). Evidence for the propositions of the interpersonal theory of suicide among a military sample. Journal of Clinical Psychology.
 45. Silva, C., Smith, A., Dodd, D., Covington, D., & Joiner, T. (in press). Suicide-related knowledge and confidence among behavioral healthcare staff across seven states. Psychiatric Services.
 46. Smith, A., Keel, P., Bodell, L., Holm-Denoma, J., Gordon, K., Perez, M., & Joiner, T. (in press). "I don't want to grow up, I'm a [Gen X, Y, Me] kid:" Increasing maturity fears across the decades. International Journal of Behavioral Development.

47. Smith, P.N., Stanley, I.H., Joiner, T.E., Sachs-Ericsson, N.J., & Van Orden, K.A. (in press). An aspect of the capability for suicide—fearlessness of the pain involved in dying—amplifies the association between suicide ideation and attempts. Archives of Suicide Research.
 48. Stanley, I. H., Chu, C., Brown, T. A., Sawyer, K. A., & Joiner, T. E. (2016). Improved clinical functioning for patients receiving fee discounts that reward treatment engagement. Journal of Clinical Psychology, 72, 15-21.
- IN PRESS and 2016 (N = 56, continued)*
49. Stanley, I. H., Hom, M. A., & Joiner, T. E. (2016). A systematic review of suicidal thoughts and behaviors among police officers, firefighters, EMTs, and paramedics. Clinical Psychology Review, 44, 25-44.
 50. Stanley, I. H., Hom, M. A., & Joiner, T. E. (in press). Suicide mortality among firefighters: Results from a large, urban fire department. American Journal of Industrial Medicine.
 51. Stanley, I. H., Hom, M. A., Rogers, M. L., Anestis, M. D., & Joiner, T. E. (in press). Discussing firearm ownership and access as part of suicide risk assessment and prevention: “Means safety” versus “means restriction.” *Archives of Suicide Research*.
 52. Stanley, I., Hom, M., Rogers, M., Hagan, C., & Joiner, T. (2016). Understanding suicide among older adults: A review of psychological and sociological theories of suicide. Aging & Mental Health, 20, 113-122.
 53. Stanley, I. H., Rufino, K. A., Rogers, M. L., Ellis, T. E., & Joiner, T. E. (in press). Acute Suicidal Affective Disturbance (ASAD): A confirmatory factor analysis with 1,442 psychiatric inpatients. Journal of Psychiatric Research.
 54. Suh, S., Ryu, H., Chu, C., Hom, M., Rogers, M., & Joiner, T. (in press). Validation of the Korean Depressive Symptom Inventory-Suicidality Subscale. Psychiatry Investigation.
 55. Testa, R., Michaels, M., Bliss, W., Rogers, M., Balsam, K., & Joiner, T. (in press). Suicidal ideation in transgender people: Gender minority stress and interpersonal theory factors. Journal of Abnormal Psychology.
 56. Tucker, R., Michaels, M., Rogers, M., Wingate, L., & Joiner, T. (2016). Construct validity of a proposed new diagnostic entity: Acute Suicidal Affective Disturbance (ASAD). Journal of Affective Disorders, 186, 365-378.

1. *Anestis, J., Gottfried, E., & Joiner, T. (2015). The utility of MMPI-2-RF substantive scales in prediction of negative treatment outcomes in a community mental health center. Assessment, 22, 23-35.*
2. *Anestis, J., Gottfried, E., Finn, J., Arbisi, P., & Joiner, T. (2015). Reading the road signs: The utility of the MMPI-2 Restructured Form Validity Scales in prediction of premature termination. Assessment, 22, 279-288.*
3. *Anestis, M., Bryan, C., May, A., Law, K., Hagan, C., Bryan, A., Chu, C., Michaels, M., Selby, E., Klonsky, E.D., & Joiner, T. (2015). Dangerous words? An experimental investigation of the impact of detailed reporting about suicide on subsequent risk. Journal of Clinical Psychology, 71, 1031-1041.*
4. *Chu, C., Bodell, L., Ribeiro, J., & Joiner, T. (2015). Eating disorder symptoms and suicidal ideation: The moderating role of disgust. European Eating Disorders Review, 23, 545-552.*
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37. *Perez, M.*, & Joiner, T. (2002). Perfectionism, self-esteem and self-perception of weight combine to predict bulimic symptoms. In T. Scrimali & L. Grimaldi (Eds.), Cognitive Psychotherapy: Toward a New Millennium, pp. 355-357. Boston: Kluwer.

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

38. *Pettit, J., Voelz, Z.*, & Joiner, T. (2001). Combined treatments for depression. In M. Sammons & N.B. Schmidt (Eds.), Combined treatments for mental disorders, pp. 131-160. Washington, D.C.: APA.
39. Joiner, Jr., T.E. (2000). Causality in non-experimental psychopathology research. In J. Gillham (Ed.), The science of optimism and hope, pp. 99-106. Radnor, PA: Templeton Foundation Press.
40. Joiner, T. (2000). Nodes of consilience between interpersonal and psychological theories of depression. In S. Beach (Ed.), Marital /family processes in depression, pp. 129-140. Washington, D.C.: APA.
41. Katz, J., & Joiner, T. (2000). The aversive interpersonal context of depression. In R. Kowalski (Ed.), Behaving Badly, pp. 117-148. Washington, D.C.: APA.
42. Joiner, Jr., T.E. (2000). Depression: Current developments and controversies. In S. Qualls & N. Abeles (Eds.), Psychology and the aging revolution, pp. 223-238. Washington, D.C.: APA.
43. Joiner, Jr., T.E. (2000). New life in suicide science. In T. Joiner & D. Rudd (Eds.), Suicide Science: Expanding the Boundaries, pp. 1-8. Boston: Kluwer.
44. Haines, B., Metalsky, G., & Joiner, T. (1999). A developmental-cognitive-interpersonal theory of depression. In T. Joiner & J. Coyne (Eds.), The interactional nature of depression, pp. 65-92. Washington, D.C.: APA.
45. Joiner, Jr., T. E., Coyne, J. C., & Blalock, J. (1999). Overview and synthesis. In T.E. Joiner & J. Coyne (Eds.), The interactional nature of depression, pp. 3-20. Washington, D.C.: APA.
46. Rudd, M.D., & Joiner, Jr., T.E. (1999). Assessment of suicidality. In L. Vandecreek (Ed.), Innovations in clinical practice. pp. 101-118. Sarasota, FL: Professional Resource Press.
47. Joiner, Jr., T. E., *Voelz, Z.*, & *Pettit, J.* (1999). Concatenating clinical trials to one another and embedding them within one another. Prevention and Treatment, 2, 0006c.
48. Joiner, T., Catanzaro, S., Laurent, J., Sandín, B., & Blalock, J. (1996). Revista de una modelo de depresión, ansiedad, y emoción negativa. Revista de Psicopatología y Psicología Clínica, 1, 27-34.
49. Metalsky, G. I., Laird, R., Heck, P., & Joiner, Jr., T. E. (1995). Attribution theory. In W. O'Donohue & L. Krasner (Eds.), Theories in behavior therapy. Washington, D.C.: APA.

50. Joiner, Jr., T. E. (1994). On denial and defensiveness in experimental psychopathology. American Psychologist, 49, 973-974.
51. Joiner, Jr., T. E. (1993). Discrimination between anxiety and depression: Comment on Bystritsky et al. (1993). Journal of Nervous and Mental Disease, 181, 708-709.
52. Joiner, Jr., T. E. (1993). Dysfunctional attitudes and Beck's Cognitive Theory of Depression. British Journal of Psychiatry, 162, 850-851.

Workshops Conducted

1. Joiner, T. (2003-present). Why people die by suicide. Presented throughout the U.S., and in Canada, Australia, Denmark, Spain, Ireland, Israel, Italy, Germany, and Norway, in 1-, 3-, and 6-hour versions.
2. Joiner, T. (2008-present). Myths about suicide. Presented throughout the U.S. in 1- and 3-hour versions.
3. Joiner, Jr., T. E. (1999-2004). Understanding depression. Cortext, Inc. Presented throughout the U.S.
4. Joiner, Jr., T. E. (1998). You don't have to be afraid of taxometrics. Advanced Methodology and Statistics Seminar (AMASS) for the the Association for the Advancement of Behavior Therapy (AABT), Washington, DC.

Chaired Symposia, Chaired Poster Sessions, & Chaired Grand Rounds

1. Joiner, Jr., T. E., Host (1998, November). Poster session on depression and phobia. Annual convention of the Association for the Advancement of Behavior Therapy (AABT), Washington, DC.
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.
3. Joiner, Jr., T. E., Chair (1998, May). Recent advances in suicide research. Symposium for the annual convention of the American Psychological Society, Washington, DC.
4. Joiner, Jr., T. E. (1997, January). The Psychology of Psychopathology. Series of presentations for Grand Rounds by Drs. Abramson, Cloninger, Rudd, and Swann, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch, Galveston, TX.

Presentations (samples from over 400)

1. Alfano, M. S., Perry, M., Joiner, Jr., T. E., & Metalsky, G. I. (1992, April). Attributional style as a mediator of the shyness - depression relationship. Paper presented at the annual meeting of the Southwestern Psychological Association, Austin, TX.
2. Blalock, J. A., Early, T. S., Joiner, T., & Tourian, K. (1994, December). The relative efficacy of psychotherapies for depression. Paper presented at Grand Rounds, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch at Galveston, Galveston, TX.
3. Gardner, R., & Joiner, Jr., T. E. (1995, June). On leadership, aggression, depression, and serotonin. Paper presented at the annual meeting of the Human Behavior and Evolution Society (HBES), Santa Barbara, California.
4. Joiner, Jr., T. E. (1992, November). The hopelessness theory of depression: Current and future empirical trends. Invited paper presented at Grand Rounds, Department of Psychiatry, Texas A&M Medical School, Olin E. Teague Veterans' Administration Medical Center, Temple, TX.

Presentations (continued)

5. Joiner, Jr., T. E. (1993, November). Contagious depression: Existence, specificity to depressed symptoms, and role of reassurance-seeking. Poster presented at the 27th annual convention of the Association for the Advancement of Behavior Therapy (AABT), Atlanta, GA.
6. Joiner, Jr., T.E. (1993, November). Sex differences in depression: Role of anxiety. Poster presented at the convention of the Association for the Advancement of Behavior Therapy (AABT), Atlanta, GA.
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.
8. Joiner, Jr., T. E. (1994, September). Body dissatisfaction in depression and bulimia. Poster presented at the Congress of the European Association for Behavioural/Cognitive Therapies, Corfu, Greece.
9. Joiner, Jr., T. E. (1994, September). Bulimic symptoms and attributional style as predictors of future depression. Poster presented at the 24th Congress of the European Association for Behavioural and Cognitive Therapies, Corfu, Greece.
10. Joiner, Jr., T. E. (1994, September). A prospective test of interpersonal theory of depression: A naturalistic study. Poster presented at the 24th Congress of the European Association for Behavioural and Cognitive Therapies, Corfu, Greece.
11. Joiner, Jr., T. E. (1994, September). Soliciting and receiving negative feedback: Asking for and getting depression. Poster presented at the 24th Congress of the European Association for Behavioural and Cognitive Therapies, Corfu, Greece.
12. Joiner, Jr., T. E. (1995, March). The tripartite model of depression and anxiety. Invited research colloquium, Department of Medical and Clinical Psychology, Uniformed Services University of the Health Sciences, Bethesda, MD.
13. Joiner, Jr., T. E. (1995, September). Interpersonal and cognitive aspects of depression in youngsters. Invited address presented at the annual convention of the Texas Alliance for the Mentally Ill, Corpus Christi, TX.
14. Joiner, Jr., T. E. (1995, October). Cognitive vulnerability to depression in youngsters: A research update. Invited address presented at the annual convention of the National Alliance for Research on Schizophrenia and Affective Disorders, New York, NY.
15. Joiner, Jr., T. E. (1995, October). Interpersonal aspects of depression in youngsters: The roles of gender and ethnicity. Poster presented at the Third Annual Conference on Psychopathology, Psychopharmacology, Substance Abuse, and Culture, Los Angeles, CA.
16. Joiner, Jr., T. E. (1995, November). Depression, depressotypic interpersonal behavior, and peer rejection among child and adolescent psychiatric inpatients. Symposium paper presented at the 29th annual convention of the Association for the Advancement of Behavior Therapy (AABT), Washington, DC.

Presentations (continued)

17. Joiner, Jr., T. E., Blalock, J. A., & Early, T. (1995, December). Meta-analytic review of variables predicting psychotherapy outcome. Paper presented at Grand Rounds, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch, Galveston, TX.
18. Joiner, Jr., T. E. (1996, March). Shyness, Loneliness, and Depression: Psychotherapeutic Implications for Children and Adolescents. Paper presented at Grand Rounds, Department of Psychiatry and Behavioral Sciences, University of Texas Medical Branch, Galveston, TX.
19. Joiner, Jr., T. E. (1996, August). Antecedents of Reassurance-Seeking: Why Do People Seek Excessive Support? Symposium paper presented at the annual convention of the American Psychological Association, Toronto, Ontario, Canada.
20. Joiner, Jr., T. E. (1996, August). Prevention of Depressed and Suicidal Symptoms. Symposium paper presented at the annual convention of the American Psychological Association, Toronto, Ontario, Canada.
21. Joiner, Jr., T. E. (1996, August). Factors of Suicidality and Their Relation to Clinical and Diagnostic Variables. Paper presented as part of American Suicide Foundation-sponsored series on suicide, University of Texas Medical Branch at Galveston, Galveston, TX.
22. Joiner, Jr., T. E. (1996, September). Trait-Like cognitive vulnerability to youth depression. Invited address presented at a Scientific Symposium organized by the National Alliance for Research on Schizophrenia and Depression, Museum of Health and Medical Sciences, Houston, TX.
23. Joiner, Jr., T. E. (1997, May). Predictive and Mediational Specificity: A Test of Hopelessness Theory Among Youth Psychiatric Inpatients. Paper presented at symposium at the annual convention of the Midwestern Psychological Association, Chicago, IL.
24. Joiner, Jr., T. E. (1997, June). Reassurance-Seeking as a vulnerability factor for depression. Invited address at the Department of Psychology, Dartmouth College, Hanover, NH.
25. Joiner, Jr., T. E. (1997, August). Antecedents and consequences of depression: The case of reassurance-seeking. Paper presented at symposium at the annual convention of the American Psychological Association, Chicago, IL.
26. Joiner, Jr., T. E. (1997, October). Reassurance-seeking: Delineating a risk factor involved in the pathogenesis of depression. Invited research colloquium, Department of Medical and Clinical Psychology, Uniformed Services University of the Health Sciences, Bethesda, MD.
27. Joiner, Jr., T. E. (1998, February). Hopelessness theory of depression: Discussion. Invited presentation at Research Symposium on The Science of Optimism and Hope, organized by the John Templeton Foundation, Philadelphia, PA.
28. Joiner, Jr., T. E. (1998, July). Interpersonal processes and psychopathology. Paper presented at Minary Conference on Interpersonal Aspects of Self, Squam Lake, NH.
29. Joiner, Jr., T. E. (1998, May). "Contagion" of suicidal symptoms as a function of assortative relating and shared life stress. Presented at American Psychological Society, Washington, DC.

Presentations (continued)

30. Joiner, Jr., T. E. (1998, June). Self-verification and depressive and bulimic symptoms. Paper presented at the 9th International Conference on Personal Relationships, Saratoga Springs, NY.
31. Joiner, Jr., T. E. (1999, April). Psychological-interpersonal approaches to youth depression. Presented at Society for Research in Child Development, Albuquerque, NM.
32. Joiner, Jr., T. E. (1999, November). Whirlwind tour of taxometrics and application to binge eating disorder. Invited Plenary Paper Presented at Eating Disorders Research Society, San Diego, CA.
33. Joiner, Jr., T. E., Vohs, K., Bardone, A., Heatherton, T., & Abramson, L.Y. (1998, November). Vulnerability to bulimic symptoms: Perfectionism, self-esteem, and perceived weight status as interactive symptom precursors. Paper presented at the annual meeting of the Society for Research in Psychopathology, Boston, MA.
34. Joiner, Jr., T. E., Alfano, M. S., & Metalsky, G. I. (1992, May). Interpersonal consequences of depressed persons' vacillating interpersonal style. Poster presented at the annual meeting of the Western Psychological Association, Portland, OR.
35. Katz, J., Beach, S.R.H., & Joiner, Jr., T. E. (1998, June). Relationship satisfaction and depressive symptoms among dating couples. Paper presented at symposium at the 9th International Conference on Personal Relationships, Saratoga Springs, NY.
36. Metalsky, G. I., Joiner, Jr., T. E., Hardin, T. S., & Abramson, L. Y. (1991, November). Depressive reactions to failure in a naturalistic setting: A test of the hopelessness and self-esteem theories of depression. Invited paper presented at the 25th annual convention of the Association for the Advancement of Behavior Therapy (AABT), New York, NY.
37. Joiner, T., Invited Keynote Address, Asociacion Espanola de Psicologia Clinica y Psicopatologia, "The trajectory of suicidal behavior over time," Dec. 2001, Valencia, Spain.

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.
4. Grant, The Radcliffe Research Support Program, Henry A. Murray Research Center, Cambridge, Massachusetts; \$777 for project entitled "Re-analyses of the Colby, Ware, and Zuckerman data set: Disentangling depression- and bulimia-related psychological variables." August, 1995.

Grants (continued)

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.
6. Grant, The Radcliffe Research Support Program, Henry A. Murray Research Center, Cambridge, Massachusetts; \$800 for project entitled "Long-term stability, predictability, and factor structure of bulimotypic indicators." August, 1996.
7. Grant, John Sealy Biomedical Research Program, University of Texas Medical Branch at Galveston; \$60,000 over 2 year for project entitled, "Development and validation of a theory-based, Spanish-language screening device for depression and anxiety." 1995 - 1997.
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.
10. Grant, American Psychological Association, \$7,585 over 1 year to support conference entitled, "Festschrift in Honor of Jack Hokanson, Ph.D.," held at FSU on February 20, 1999.
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.
13. Grant, "Serotonin transporter gene and OCD." Obsessive-Compulsive Foundation, \$25,000, 2001-2002.
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.
15. Grant, "Bulimic syndromes: Secular & longitudinal trends." National Institute of Mental Health, Co-investigator, \$117,201 for FSU sub-contract, 2002-2005.
16. Guggenheim Fellowship, "The Three Key Components of Completed Suicide," \$35,000, 2003-2004.
17. Grant, "Psychotherapy pilot study for borderline personality disorder," \$5,000, 2004-2005.
18. F31 Predoctoral Fellowship, Witte, T. (Fellow), & Joiner, T. (Sponsor). "Evaluating a theory of suicidal behavior," National Institute of Mental Health, \$78,345, 2006-2008.
19. F31 Predoctoral Fellowship, Bernert, R. (Fellow), & Joiner, T. (Sponsor). "Sleep and suicidality." National Institute of Mental Health, 2007-2008. \$65,000.
20. Grant, Rockefeller Foundation Bellagio Fellowship, ~\$10,000, 2006.

Grants (continued)

Completed or Ongoing Grant Projects (continued)

21. Cluster on “The Psychology & Neurobiology of Dysregulated Behavior,” Joiner, T. (Lead), FSU, 5 faculty lines and 1 support staff line, 2006-2011.
22. P50 Center Grant, “Predicting and Preventing the Development of Learning Disabilities.” National Institute of Child Health & Human Development, Co-investigator, overall center budget > \$7 million, 2006-2010.
23. F31 Predoctoral Fellowship, Selby, E. (Fellow), & Joiner, T. (Sponsor). “Emotional and behavioral dysregulation in BPD.” National Institute of Mental Health, 2008-2010. \$72,000.
24. F31 Predoctoral Fellowship, Smith, A. (Fellow), & Joiner, T. (Sponsor). “Experimental studies of a new theory of suicidality. National Institute of Mental Health, 2008-2010. \$60,000.
25. Grant, Joiner, T. (PI). “Optimizing suicide risk assessment in the military,” Military Operational Medicine Research Program, 2009-2011. \$750,000.
26. Grant, Joiner, T. (PI). “Military Suicide Research Consortium,” Military Operational Medicine Research Program, Department of Defense, 2010-2013. \$15,000,000.
27. Grant, Joiner, T. (PI). “Prevalence and correlates of suicidal ideation, suicide attempt, and death by suicide in firefighters,” National Fallen Firefighters Foundation, 2015-2016. \$70,000.

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

Editor:	<u>Suicide & Life-Threatening Behavior</u> , 2009- <u>Journal of Social & Clinical Psychology</u> , 2008- <u>Clinician’s Research Digest</u> , 2006-
Associate Editor:	<u>Behavior Therapy</u> , February, 1998 - February, 2000. <u>Journal of Abnormal Psychology</u> (invited, 2000; declined). <u>Journal of Adolescence</u> (invited, 2001; declined). <u>British Journal of Clinical Psychology</u> (invited, 2001, declined).
Board of Advisors:	<u>Men’s Health</u>
Editorial Board Member:	<u>Journal of Abnormal Psychology</u> , appointed 1997, 2000, 2001, & 2005. <u>Journal of Consulting & Clinical Psychology</u> , appointed 2001 & 2004. <u>Journal of Psychopathology & Behavioral Assessment</u> , appointed 2000. <u>Clinical Psychology: Science & Practice</u> , appointed 2000. <u>Journal of Social & Clinical Psychology</u> , appointed 2002.

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

- Editorial Board Member: Journal of Personality Assessment, appointed 2002.
The Scientific Review of Mental Health Practice, appointed 2002.
Journal of Cognitive Psychotherapy, appointed 2003.
Suicide & Life-Threatening Behavior, appointed 2003.
Revista de Psicopatología y Psicología Clínica (Review of Psychopathology & Clinical Psychology), Spain, appointed 1995.
Aesthetic Surgery Journal, appointed 2004.
International Journal of Eating Disorders, appointed 2005.
Behavior Therapy, appointed 2005.
Journal of Anxiety Disorders, appointed 2001.
- Guest Editor: Special Issue on Adolescent Suicide Risk, Journal of Adolescence, appeared August, 1998 (Volume 21).
- Editorial Consultant: Archives of General Psychiatry/ JAMA Psychiatry, since 2001.
- Journals:
- Psychological Bulletin, since 1995.
 - Journal of Abnormal Psychology, since 1992.
 - Psychological Review, since 2003.
 - Journal of Personality and Social Psychology, since 1992.
 - Journal of Consulting and Clinical Psychology, since 1996.
 - Cognitive Therapy and Research, since 1993.
 - Behavior Genetics, 1999.
 - Behavioral Sciences and the Law, 1995.
 - British Journal of Clinical Psychology, since 1995.
 - Journal of Personality, since 1994.
 - Journal of Personal and Social Relationships, since 1995.
 - Journal of Social and Clinical Psychology, since 1992.
 - Social Cognition, since 1993.
 - Cognition and Emotion, since 1996.
 - Social Psychology of Education, 1996.
 - Behaviour Research and Therapy, since 1997.
 - Social Science and Medicine, since 2002.
 - Journal of Child Psychology & Psychiatry, since 1997.
 - Journal of Personality Assessment, since 1995.
 - Journal of Clinical Child Psychology, since 1998.
 - Personality and Social Psychology Bulletin, since 1998.
 - Ambulatory Child Health, since 1998.
 - Psychological Reports, since 1997.
 - Social Behavior & Personality, since 1996.
 - Journal of Abnormal Child Psychology, since 1998.
 - Journal of Psychosomatic Research, since 1998.
 - Professional Psychology: Research & Practice, since 1999.
 - Journal of Psychopathology & Behavioral Assessment, since 1999.
 - The Scientific Review of Mental Health Practice, since 2002.
 - International Journal of Eating Disorders, since 2000.
 - Clinical Psychology Review, since 2000.
 - Journal of Affective Disorders, since 2001.
 - Psychotherapy Research, since 2001.
 - Circulation, since 2003.
 - Plastic & Reconstructive Surgery, since 2004.

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-

Board of Directors, Apalachee Center, Tallahassee, FL, 2016-

Board of Advisors, University of Minnesota Press Test Division, 2016-

Consultant, National Academy of Science Institute of Medicine, "Pathophysiology and prevention of adolescent and adult suicide." 2001.

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.

NSF Reviewer, July, 2001.

Chair, Society for the Science of Clinical Psychology Dissertation Award, APA, 1997.

Grant Reviewer, Fetzer Institute (RFA on "Self-Reports of Health & Behavior"), February, 2000.

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.

Grant Reviewer, Society for the Science of Clinical Psychology Dissertation Award, APA, 1996, 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.

President, Across-Species Comparison and Psychopathology (ASCAP) Society, 2000.

Vice President, Across-Species Comparison and Psychopathology (ASCAP) Society, 1998-1999.

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

Invited Conferee, Young Researchers Meeting on a Future Positive Psychology, sponsored by Martin E.P. Seligman, Akumal, Mexico, January, 1999.

Invited Conferee, Minary Conference Series on Social Psychology, sponsored by Dartmouth College, Squam Lake, NH, July, 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.

Invited Delegate, Texas - World Health Organization Collaborative Center on Cross-Cultural Psychopathology Research, San Antonio, Texas, December, 1994.

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.
- Interviews on Contagious Depression, Wall Street Journal, Los Angeles Times, Houston Chronicle, Omni Magazine, Glamor Magazine and Houston Public Radio, 1995.
- 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.
- Television Interview on Lack of Scientific Support Behind Some "Alternative Therapies," Local NBC Affiliate, Tallahassee, FL, November 5, 1997.
- Panelist, "Why Men and Women Cheat in Relationships," Workshop organized by Florida State University Student Union, Tallahassee, FL, February 18, 1998.
- Inservice Presentation, "Understanding Depression," Thaggard Health Center, Florida State University, Tallahassee, FL, 1999; 2000; 2001.
- Television Interview on Self-Destructive Behavior, Local CBS Affiliate, Tallahassee, FL, November 4, 1999.
- Radio Interview on Mood Disorders, Local National Public Radio Affiliate, Tallahassee, FL, 2000.
- Radio Interview on Genes and Obsessive Compulsive Disorder, Local National Public Radio Affiliate, Tallahassee, FL, May, 2001.
- Guest on Call-In Radio Show "Perspectives," Topic on Depression, Local National Public Radio Affiliate, Tallahassee, FL, May, 2001.
- Presentation to Local Affiliate of National Alliance for the Mentally Ill (NAMI) on "Genes and Mental Disorders," Tallahassee, FL, July, 2001.
- Radio Interview on new book on mood disorders, Local National Public Radio Affiliate, Tallahassee, FL, January 30, 2003.

Teaching/Supervisory Experience

Educational Materials Developed

1. Joiner, T. (2000, 1996). Instructor's manual to accompany David S. Holmes' Abnormal Psychology. New York: Addison Wesley Longman.

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.
3. Maureen Lyons, "Acute alcohol tolerance, personality ,and learning," Florida State University, Tallahassee, FL, Spring, 1999; Summer, 2000.
4. Adam Meiselman, "Cross-National Review of ADHD," Florida State University, Tallahassee, FL, Spring, 1999.
5. Edelyn Verona, "Suicide in externalizing syndromes," Florida State University, Tallahassee, FL, Spring, 1999.
6. Jeff Feddon, "Programmer Acquisition of Skill Theory," Florida State University, Tallahassee, FL, Spring, 1999.
7. Allison Storck, "Reproductive Cycle and Feeding in Rats," Florida State University, Tallahassee, FL, Spring, 1999.
8. Sandra Jensen, "State-Trait Anger Inventory: A Review," Florida State University, Tallahassee, FL, Spring, 1999.
9. Mitch Abblett, "Motivation in psychotherapy," Florida State University, Tallahassee, FL, Spring, 1999.
10. Dannah Zeigert, "Rumination and depression in children," Florida State University, Tallahassee, FL, Spring, 1999.
11. [Chaired], Jeremy Pettit, "Negative events, self-esteem, and self-verification strivings," Florida State University, Tallahassee, FL, Fall, 2000.
12. [Chaired], Rheeda Walker, "Acculturation and suicidality among African-Americans," Florida State University, Tallahassee, FL, Fall, 2000.
13. [Chaired], Marisol Perez, "The interpersonal consequences of positive illusory bias in inpatient psychiatric youth," Florida State University, Tallahassee, FL, Fall, 2000.
14. Christie Fowler, "Social behavior and brain areas in prairie voles," Florida State University, Tallahassee, FL, Spring, 2001.
15. [Chaired], Foluso Williams, "Mood regulation and depressive subtypes." Florida State University, Tallahassee, FL, Spring, 2003.
16. [Chaired], LaRicka Wingate, "Stress generation in black adolescents." Florida State University, Tallahassee, FL, Spring, 2003.
17. [Chaired], Jessica Brown, "Meta-analysis of 5HTT gene polymorphism's association with mental disorders." Florida State University, Tallahassee, FL, Spring, 2003.
18. [Chaired], Jill Denoma, "Testing a model of bulimic symptom development in older women." Florida State University, Tallahassee, FL, Spring, 2004.
19. [Chaired], Katie Gordon, "Social skills and negative life events in the prediction of bulimia nervosa." Florida State University, Tallahassee, FL, Spring, 2004.
20. Liz Lima, "Callous-unemotional traits in conduct disorder," Florida State University, Tallahassee, FL, Spring, 2004.

Teaching/Supervisory Experience (continued)

Masters Committees (continued)

21. **[Co-chaired]**, Sandi Shappell, "Factor analysis of patient therapy expectation questionnaires." Florida State University, Tallahassee, FL, Spring, 2004.
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.
25. **[Chaired]**, Nadia Stellrecht, "Impulsivity, painful and provocative experiences, and suicidality." Florida State University, Tallahassee, FL, Spring, 2006.
26. Nathan DeWall, "Social rejection and pain tolerance." Florida State University, Tallahassee, FL, Spring, 2006.
27. **[Chaired]**, Rebecca Bernert, "Circadian rhythms and depressive symptoms," Florida State University, Tallahassee, FL, Spring, 2006.
28. Kiara Cromer, "Structure of obsessive compulsive symptoms," Florida State University, Tallahassee, FL, Spring, 2006.
29. **[Chaired]**, Kim Van Orden, "Warning signs for suicide," Florida State University, Tallahassee, FL, Spring, 2006.
30. Marissa Brattole, outside member to Department of Counseling Psychology, Florida State University, "Development of eating behavior/self-regulation measure." Summer, 2006.
31. Tina Lopez, "Callous-unemotional traits in youth," Florida State University, Tallahassee, FL, Fall, 2006.
32. Meghan Keough, "Social anxiety disorder and substance use," Florida State University, Tallahassee, FL, Fall, 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.
38. Nicole Mead, "Social psychological factors influencing consumer choices ." Florida State University, Tallahassee, FL, Spring, 2008.
39. Ben Miller, outside member to Department of Philosophy, Florida State University, "Philosophical aspects of suicide." Spring, 2008.
40. Mike Mallott, "Social anxiety and anxiety sensitivity ." Florida State University, Tallahassee, FL, Spring, 2008.
41. Melissa Mitchell, "Psychological models of panic disorder ." Florida State University, Tallahassee, FL, 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

1. R. Brandon, "Maladaptive Schemas and Early Memories," Fielding Institute, California, Spring, 1997.
2. Jeffrey Leitzel, "Tripartite Model of Depression in Community Adolescents," Marywood University, Pennsylvania, Spring, 1999.
3. Adam Meiselman, "Cross-National Study of ADHD Diagnoses," Florida State University, Spring, 1999.
4. Edelyn Verona, "Personality and psychopathy," Florida State University, Spring, 2000.
5. Dannah Zeigert, "Rumination and depression in children," Florida State University, Tallahassee, FL, Fall, 2000.
6. Steve LaRowe, "Defensive-Repressors and EEG," Florida State University, Tallahassee, FL, Fall, 2001.
7. Beth Phillips, "Effortful Control, Temperament, & Symptoms in Youth," Florida State University, Tallahassee, FL, Fall, 2001.
8. **[chaired]** Rheeda Walker, "Acculturation and suicidality in African-Americans," Florida State University, Tallahassee, FL, Summer, 2001.
9. Carolyn Driscoll, outside member to Department of Psychology, "First time vs. repeat self-poisoning patients," University Tasmania, Australia, Summer, 2001.
10. C. Schneering, outside member to Department of Psychology, "Automatic thoughts and negative emotions in children," Macquarie University, Australia, Summer, 2001.
11. **[chaired]** Jeremy Pettit, "Kindling and sensitization in suicidal behavior," Florida State University, Tallahassee, FL, Summer, 2002.
12. **[chaired]** Marisol Perez, "5HTT gene polymorphism and OCD," Florida State University, Tallahassee, FL, Summer, 2003.
13. **[chaired]** Kelly Cukrowicz, "CBASP as depression prevention," Florida State University, Tallahassee, FL, Fall, 2003.
14. Brad White, "Childhood anxiety," Florida State University, Tallahassee, FL, Fall, 2003.
15. **[chaired]** Jenn Minnix, "Reassurance-seeking and EEG parameters," Florida State University, Tallahassee, FL, Summer, 2004.
16. Maureen Lyons Reardon, "Alcohol use disorders in schizophrenia," Florida State University, Tallahassee, FL, Summer, 2004.
17. Christy Fowler, "Neurogenesis in prairie voles," Florida State University, Tallahassee, FL, Summer, 2004.
18. Kimberly Driscoll, "Rumination and depression in youth," Florida State University, Tallahassee, FL, Summer, 2004.
19. Steve Morris, outside member to Department of Philosophy, "Altruism and self-interest," Florida State University, Tallahassee, FL, Summer, 2004.
20. Mark Yakich, outside member to Department of English, "Poetry," Florida State University, Tallahassee, FL, Summer, 2004.
21. Andrea Burns, "Serotonin transporter gene, stress, and depression," Florida State University, Tallahassee, FL, 2005.
22. Tam Dao, outside member to Department of Counseling Psychology, "Rorschach and MMPI convergence," Florida State University, Tallahassee, FL, 2005.
23. C. Petty, "Social support and depression," Florida State University, Tallahassee, FL, 2005.
24. **[chaired]** LaRicka Wingate, "Stress generation in depression," Florida State University, Tallahassee, FL, 2005.
25. **[chaired]** Foluso Williams, "Language use and suicidal behavior," Florida State University, Tallahassee, FL, 2005.

Teaching/Supervisory Experience (continued)

Dissertation Committees (continued)

26. Eric Krause, "Estrogen effects on metabolism and blood pressure," Florida State University, Tallahassee, FL, 2005.
27. Andrew Nicholas, "Signaling and cell death in the chick system," Florida State University, Tallahassee, FL, 2005.
28. Ginni Blackhart, "Rejection, depression, and cortisol reactions," Florida State University, Tallahassee, FL, 2005.
29. Rebecca Gerhardstein, "Social skills in youth," Florida State University, Tallahassee, FL, 2005.
30. Mark Reeves, "Development of borderline personality disorder," Florida State University, Tallahassee, FL, 2005.
31. Matt McCook, outside member to Department of History, "Religious aspects of intellectual history in the U.S." Florida State University, Tallahassee, FL, 2005.
32. Mario Gil, "Neuroscientific aspects of male sexual behavior in rodents," Florida State University, Tallahassee, FL, 2005.
33. **[chaired]** Jessica Brown, "Studies on clinicians' diagnostic practices," Florida State University, Tallahassee, FL, 2006.
34. **[chaired]** Jill Holm-Denoma, "Taxometric and genetic approaches to classification of anorexia nervosa," Florida State University, Tallahassee, FL, 2006.
35. Deann Dixon, "Activity-based anorexia," Florida State University, Tallahassee, FL, 2006.
36. Tom Bligh, outside member to Department of English, "U.S Fiction." Florida State University, Tallahassee, FL, 2006.
37. Annya Hernandez, "Anxiety and other disorders in Hispanic people," Florida State University, Tallahassee, FL, 2006.
38. **[chaired]** Sandi Shappell, "Clinical predictors of treatment adherence," Florida State University, Tallahassee, FL, 2006.
39. Rob Van Noord, outside member to Department of Counseling Psychology, "Rorschach measures of depression." Florida State University, Tallahassee, FL, 2006.
40. Mark Yakich, outside member to Department of English, "Poetry." Florida State University, Tallahassee, FL, 2006.
41. **[chaired]** Foluso Williams, "Studies on a new theory of suicidal behavior," Florida State University, Tallahassee, FL, 2006.
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.
44. Jessica Pitchford, outside member to Department of English, "Fiction." Florida State University, Tallahassee, FL, 2008.
45. Steve Kuntslietz, outside member to Department of English, "Fiction." Florida State University, Tallahassee, FL, 2008.
46. **[chaired]** Nadia Teale, "Self-verification theory and self-injury," Florida State University, Tallahassee, FL, 2008.
47. **[chaired]** Mike Anestis, "Urgency and the acquired capacity for suicide," Florida State University, Tallahassee, FL, 2008.
48. Marissa Brattole, outside member to Department of Educational Psychology, "Factors influencing eating disorder detection, Florida State University, Tallahassee, FL, 2008.

Teaching/Supervisory Experience (continued)

Dissertation Committees (continued)

49. **[chaired]** Tracy Witte, "Tests of the theory of the acquired capacity for suicide," Florida State University, Tallahassee, FL, 2009.
50. **[chaired]** Katie Merrill Timmons, "Clinical effectiveness of single vs. combined treatments: A benchmarking study," Florida State University, Tallahassee, FL, 2009.
51. **[chaired]** Scott Braithwaite, "A computerized intervention for marital distress," Florida State University, Tallahassee, FL, 2009.
52. **[chaired]** Eddie Selby, "An ecological momentary assessment study of emotion in borderline personality disorder," Florida State University, Tallahassee, FL, 2010.
53. **[chaired]** Ted Bender, "Impulsivity the acquired capacity for suicide," Florida State University, Tallahassee, FL, 2010.
54. **[chaired]** April Smith, "Fascination with emaciation and death as risk factors for anorexia nervosa," Florida State University, Tallahassee, FL, 2010.
55. **[chaired]** Erin Fink, Florida State University, Tallahassee, FL, 2011.
55. **[chaired]** Jess Ribeiro, Florida State University, Tallahassee, FL, 2014.

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 Suicidal Behavior, Spring, 2002, 2006.

Graduate Seminar on Mood Disorders, Spring, 2001.

Graduate Techniques of Behavior Change, 2002-present.

Graduate Psychopathology, Florida State University, 1999-present.

Bryan Hall Mentor Group Leader (Undergraduate), 2000, 2001.

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.

Direct four-person, inpatient assessment service. Assessments consist of full range of intellectual, neuropsychological, and personality testing. Activities involve supervision of postdoctoral fellow, clinical psychology intern, and psychometrist. 1993 - 1997.

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.

Conduct daily groups with inpatient children and adolescents, separately, using problem-solving, relapse prevention, and interpersonal techniques. December, 1996 to August, 1997.

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.

Activities include exposure with response prevention for adults with obsessive compulsive disorder. January, 1997 to August, 1997.

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.

Activities include cognitive-behavioral psychotherapy of chronically depressed adults. March, 1995 to August, 1997.

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.

APA-approved clinical psychology internship. Rotations included Inpatient Psychiatry, Admissions Consultation, Child and Adolescent Psychology, and Medical Consulting. Training Director: Christine Svoboda, Psy.D., August, 1992 - August, 1993.

Staff Psychotherapist, Waterloo Counseling Center, Austin, Texas.

Part-time, paid position working in long-term, psychoanalytically-oriented individual psychotherapy with gay and lesbian adults. Supervisor: Joan Offerle, Ph.D., March 1991 - May, 1992.

References

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