

## **IASR/AFSP Suicide Research Training Series – October 2020**

### **● Session 1 Q&A**

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- 1. Hi, I am deaf. I am wondering if there will be an ASL interpreter or captioning available to access these webinars?**

*We will be adding professional captioning to the videos when we post them on our website in late November 2020*

- 2. Hello, will participants get a copy of the presentation?**

*The videos will be posted on the AFSP and IASR websites by the end of November 2020.*

- 3. Isn't the proper terminology "death by suicide" and not "committing suicide"?**

*Yes, the proper terminology is "death by suicide" or "died by suicide."*

- 4. What is the sequence recommendation for students who have to submit their Literature Review first?**

*Decide on keywords, search 1-2 databases such as Pubmed and Psycinfo, narrow your search by, e.g., English only, past 5 years only, etc. Write your review...*

- 5. How amenable is AFSP to CBPR methods?**

*We are very interested in CBPR methods and welcome those types of studies. It's important to explain the process of development and be methodologically sound.*

- 6. Does AFSP fund research conducted outside of the U.S.?**

Yes.

**7. Does AFSP have a diversity focused grant mechanism (e.g., minority researchers)? And if not, is this something that is being considered in the future? Thank you!**

*It is a priority but not a mechanism. [afsp.org/research-grant-information](https://afsp.org/research-grant-information)*

**8. Is the Moutier & Harkavy-Friedman Model for Understanding Suicide available online? Is it ok to use it in our work/presentations (with appropriate citation)?**

*You can certainly use it and share the reference on the slides with today's date. We are working on publishing it and hope to have a full reference soon. We do welcome investigations with any model.*

**9. Does AFSP support grants that include qualitative or mixed method (qual + quant) research? I use this in the context of implementation research. Thank you!**

*Yes! Look at our grants page: [afsp.org/research-grant-information](https://afsp.org/research-grant-information)*

**10. Is there a risk for statistical imbalance between groups with a large difference between case/control i.e. 5 to 1 or 10 to 1?**

*There is a point of diminishing return and the rule of thumb in epidemiology is 3 to 1 ratio of controls to cases.*

**11. Very interesting presentation, I was wondering if there will be the opportunity for early researchers to work some of these type of studies with a senior researcher? Or will there be an opportunity to work on secondary analyses of a study? I think that practicing what we learn here would be very valuable. I'm also interested in the slides, will you send these later?**

*The videos will be posted with the slides. We are not providing mentors with this course but may explore this in future.*

**13. Could you touch on the importance of longitudinal studies in suicide research?**

*Longitudinal studies are ideal as they allow for investigation of change. Unfortunately they can be difficult to do. We do fund such studies though our grants are 2 or 3 years. We would be interested in follow-up studies.*

**14. Is there a website we can go to, to see recent studies that have been funded by AFSP?**

*afsp.org/research-grant-information  
click Recently Awarded Grants*

**15. What journals in suicide science are accepting registered reports?**

*Archives of Suicide Research  
Crisis*

**16. Thank you for this presentation! So helpful. You mention committing to a definition, which I agree has to be done, but given the debate, is it a fatal flaw if you commit to one or the other, and the reviewer is on the other side? NSSI vs DSH as an example.**

*It is important to define your variable and share the rationale of your choice. It shows reviewers that you are making a choice. Good to note in strengths and limitations.*

**17. Hello do you find it relevant to distinguish suicide attempters from suicide completers with regard suicide risk assessment and prevention?**

*We know that there are differences between those who make a suicide attempt and those who die by suicide and we know that these groups overlap. 90+% of people who make a suicide attempt do not die by suicide and 60% of people who died by suicide died on their first attempt. It is important to consider this when choosing your sample. You will collect many variables for both groups and some may be group specific.*

**18. When is the deadline for the AFSP's Standard Research Innovation Grants?**

*November 15 is the deadline for innovation grants.*

**19. What is your take on the Interpersonal Psychological Theory of Suicide? It seems like it and the model you all proposed have a lot of similarities in that it considers psychological, social, and genetic factors. Are there theories of suicide you all do not recommend using at all?**

*We want freedom of ideas. We welcome all approaches and models, it's all about how you describe and use them.*

**20. I'm currently applying to PhD programs and looking into public health, and sociology programs. I'm very interested in suicide research but I see that most researchers have a psych background. Wondering if there are researchers with a public health background and if there is a list of suicide researchers available? Thank you!**

You can look at AFSP's recently funded grants. Variety of backgrounds:  
[afsp.org/research-grant-information](http://afsp.org/research-grant-information) --follow link on that page

**21. If you are screening every subject that contacts you through recruitment ads, isn't this technically an example of convenience sampling?**

*Yes, that's a convenience sample.*

**22. If a study involves a sampling method such as the Harris Poll you mentioned, how would a scientist most conservatively propose the generalizability of the results and findings?**

*Polls usually collect social determinants so you can evaluate your findings within the context of your sample.*

**23. I may have missed this or it may be covered at a later date, but will contingency/risk planning for studies conducted online (e.g., Internet interventions or online safety plan studies) be covered?**

*This will be discussed in the next two sessions.*

**24. What could be the implications of recruiting using social media (e. g. Facebook) for a web based survey? Is it possible that we can obtain lower or higher suicide attempt/ideation prevalence?**

*It will certainly have consequences. There are studies that look at online prevalence and public survey data to give you an idea of rate comparisons*

**25. I received reviewer feedback on my F31 that I should include non-college students as well, but how to reach this population in a systematic or representative manner to get more robust findings?**

*That is a challenge. I would look at the literature and other studies to see what they have done. People use advertisement (local or broad), internet, doctor offices... Consider what you are looking for.*

**26. I work in the area of genetics in suicide behavior. If my main group of study are patients with suicide attempt and affective disorders and my comparison group are patients without suicide attempt and affective disorders. How important is to have another group of individuals without psychiatric disorders?**

*You can make a case either way. Since we have many of those studies you can build a rationale either way. It's not essential as it used to be. But if you talk about association studies---you need a very large sample and both groups must be very close to each other except the suicidality. Otherwise nothing is significant. We will talk about genetics next week.*

**27. Do you have a reference the fact that 90+% of people make a SA but do not die and 60% die by first attempt?**

*Look at Bostwick JM et al. Am J Psychi, 2016:173)11\_ : 1094-1100.  
Also Owens D. et al. Br J Psychi, 2002: 181:193-198*

**28. Hi, two questions: 1) when doing stratified analyses, meaning, separate modeling, can I directly compare coefficients between non-linear models (like logistic, poisson etc.) because to my knowledge there are some different scale**

parameters for variance for non-linear models which make direct comparison of model coefficients difficult?? 2) you talk about graphing for showing interactions, my question is also for non-linear models, as the sig. interactions in coefficients does not guarantee sig. interactions in predict values, may I ask how we would deal with this? Many thanks.

*For stratified analysis, you would be using the same type of models because your exposure and outcome variables would be the same.*

**29. My work focuses on finding and testing treatment targets for brain stimulation therapies. Is your organization interested in funding novel neuroimaging analyses of existing datasets? The goal would be to avoid the pitfalls and limitations of traditional neuroimaging studies that require new data collection. Thanks!**

*We are interested in the topic. We do not fund secondary data analysis unless you create a new data set by linking data sets.*