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Time Course of Suicidal Behavior and Risk

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I attended the University of Texas Southwestern Medical School at Dallas, straight medicine internship at Columbia-Presbyterian Medical Center in New York, research fellowship at the National Institute of Neurological Disorders and Stroke, Psychiatry Residency at Yale University School of Medicine, and initial faculty appointment as assistant professor there. I was in the Department of Psychiatry, University of Texas Medical School at Houston, from 1980-2013, followed by Baylor College of Medicine and Michael E. DeBakey VAMC.

Committees and organizations have included the National Advisory Council on Alcoholism and Alcohol Abuse, and NIH and VA grant review committees, including past Chair of the VA Merit Review Board on Mental Health and Behavioral Sciences. I was a co-founder, and past president, of the International Society for Research on Impulsivity; am a Fellow of APA and American College of Neuropsychopharmacology; and a member of relevant societies including the American Association of Suicidology (Scientific Advisor) and ISCTM.

In the community, I serve on the Scientific Advisory Board of reMIND (DBSA Houston), have made presentations or taken part in programs on crisis with police and clergy, and on suicidality with DBSA, Alliance for Mentally Ill, and AFSP Survivors of Suicide programs.

Academic activities combine teaching, clinical, administration, and research. Teaching includes didactics, supervision, and mentoring of medical and graduate students, residents, and postdoctoral fellows, community education and support activities, resulting in Teaching Awards at UT and Baylor. Clinical responsibilities have included setting up an outpatient program, supervising inpatient and outpatient clinical units, and caring for patients directly and for consultations or second opinions. Administratively, I served on the IRB at UT Houston for 25 years and was Vice-Chair and Chair, and on Health Science Center, Medical School, Graduate School, and

Departmental committees. I was Vice Chair for Research at UT Houston from 1990-2013, also serving on or chairing other committees and work groups. At Michael E. DeBakey VAMC I have served on the Research & Development Committee

Research (over 300 refereed publications, 66 chapters, invited reviews or commentaries) focuses on interactions between long-term and short-term mechanisms in the immediate regulation of behavior, especially regarding mechanisms of disease progression and of suicidal behavior. Preclinical human research includes impulsivity, sensitization, and regulation of action. Clinical research includes relationships of preclinical mechanisms to clinical characteristics and treatment of psychiatric, especially affective, disorders; interactions between episode characteristics and illness course; and related topics including suicide, substance abuse, mixed states, and combinations of addictions with other illnesses. Basic research includes pharmacological and developmental aspects of behavioral sensitization to stimulants or stressors, a potential model for the influence of long term behavioral processes on immediate action. Mechanisms in sensitization overlap with those regulating initiation of action. Strategies include extensive collaboration to combine neurophysiological, behavioral laboratory, psychopharmacological, and clinical studies. Our goals include understanding mechanisms of initiation of action and of disease progression that cut across current diagnostic entities. My aim is to link basic and preclinical research to clinical research and observation to develop clinically relevant indices of brain function that will enable us to identify and treat severe psychiatric illness in a physiologically-based manner. Research support has included NIMH, NIAAA, Centers for Disease Control, American Heart Association, American Foundation for Suicide Prevention, private foundations, and industry.

Abstract: The regulation of action requires interactions between immediate regulation of action and long-term behavioral adaptation. These interactions can result in apparently complex, chaotic patterns of behavior. We will discuss the manner in which this is related to suicidal behavior. Suicide is the most common cause of fatal trauma. People who have made medically severe suicide attempts have increased subsequent suicide and non-suicide mortality regardless of diagnosis. However, we cannot rely on past suicide attempts to predict risk because most suicides were first attempts. Many characteristics associated with long-term suicide risk have been identified, but the actual behavior is notoriously difficult to predict. We will discuss interactions between long-term mechanisms of behavioral sensitization and the immediate, pre-attentive regulation of action in suicidal behavior. The resulting characteristics cross clinical diagnoses. There may be a transdiagnostic condition characterized by impaired control of action associated with sensitization to stress- or reward-related stimuli. The expression of this behavior may be difficult to predict, but identification of mechanistic and diagnostic properties could generate effective preventive strategies. We will address practical approaches to these questions.