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COGNITIVE BEHAVIOR THERAPY FOR SUICIDAL VETERANS WITH SUBSTANCE USE DISORDERS

ACKNOWLEDGEMENTS

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Overview of presentation

- Research linking substance use to suicide
- Rationale and study design for CBT-SP in Veterans with Substance Use Disorders
- Overview of the clinical approach
- Case presentation

Polling Question

- What is your primary role?
  - Researcher
  - Clinician
  - Student, trainee or fellow
  - Administrator

SUDs and suicide risk

- Substance use disorders (SUD) are consistently linked to greater likelihood of suicidal behaviors
  - Those diagnosed who meet criteria for an SUD are more likely to report a prior suicide attempt (e.g., Kessler et al., 1999).
  - Psychological autopsy studies highlight the importance of SUDs (particularly AUDs; Conner, Beautrais, & Conwell, 2003).
  - Alcohol intoxication at the time of death: ~24% of male and 17% of female suicide decedents were intoxicated at the time of death (Kaplan et al., 2013).
  - VA patients who are diagnosed with a SUD are more likely to die by suicide than those without an SUD (Ilgen et al., 2010).

SUDs and suicide in VHA

	Model 1[a]					
	Males			*Females*		
Characteristic	*HR*	*95% CI*	*P*	*HR*	*95% CI*	*P*
Any SUD	2.29	2.12, 2.46	< 0.001	5.95	4.29, 8.26	< 0.001
Alcohol use disorder	2.26	2.10, 2.44	< 0.001	4.72	3.15, 7.06	< 0.001
Cocaine use disorder	1.35	1.17, 1.55	< 0.001	3.97	2.13, 7.39	< 0.001
Cannabis use disorder	2.17	1.91, 2.48	< 0.001	3.89	1.80, 8.37	0.001
Opioid use disorder	2.37	1.96, 2.86	< 0.001	8.19	3.74, 17.95	< 0.001
Amphetamine or other psychostimulant use disorder	2.63	2.06, 3.35	< 0.001	5.90	2.10, 16.57	< 0.001
Sedative, hypnotic or anxiolytic use disorder	4.74	3.64, 6.17	< 0.001	11.36	3.67, 35.14	< 0.001

Bohnert, Ilgen, Louzon, McCarthy, & Katz (2017)

Acute alcohol use and suicidal behaviors

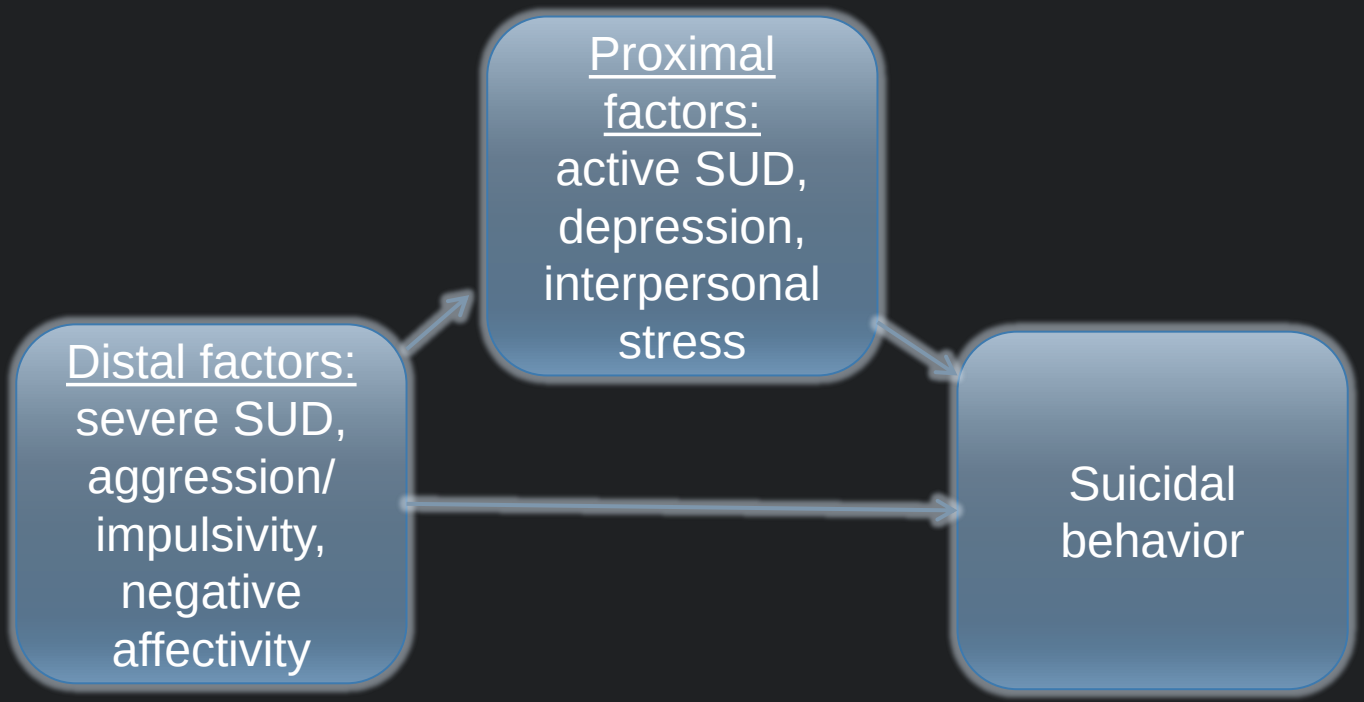
Alcohol as an Acute Risk Factor for Recent Suicide Attempts: A Case-Crossover Analysis

COURTNEY L. BAGGE, PH.D.,[a,*] HAN-JOO LEE, PH.D.,[b] JULIE A. SCHUMACHER, PH.D.,[a] KIM L. GRATZ, PH.D.,[a] JENNIFER L. KRULL, PH.D.,[c] AND GARLAND HOLLOMAN, JR., M.D.[a]

Alcohol Use to Facilitate a Suicide Attempt: An Event-Based Examination

COURTNEY L. BAGGE, PH.D.,[a,*] KENNETH R. CONNER, PSY.D., M.P.H.,[b,c] LOUREN REED, M.S.,[a] MILTON DAWKINS, M.S.,[a] & KEVIN MURRAY, M.S.[a]

The relationship between SUDs and suicide



Conner & Ilgen, 2010

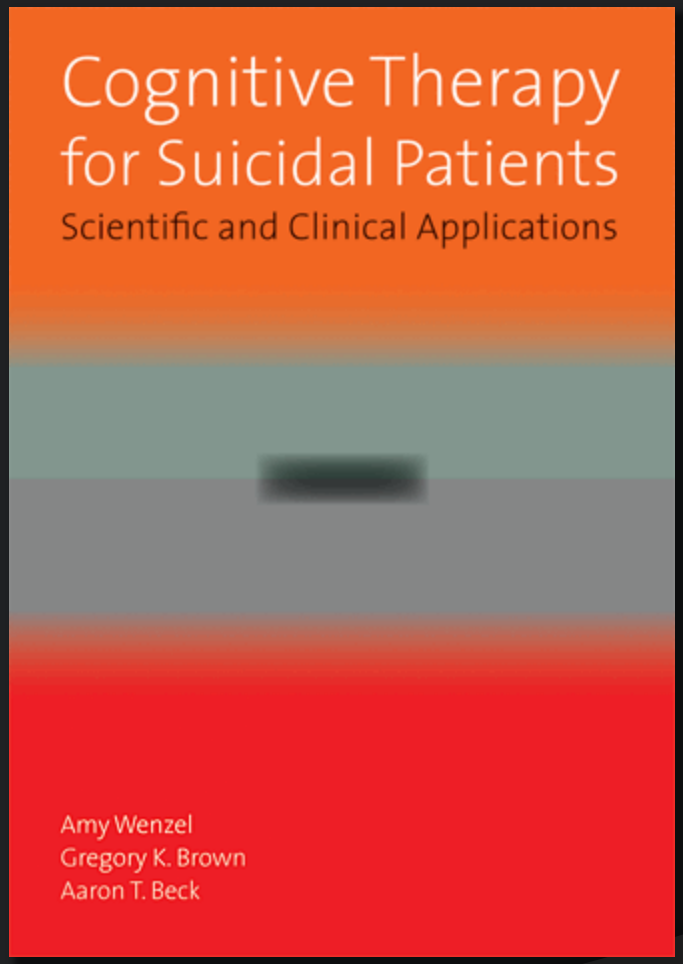
Suicide risk and SUD treatment

- In SUD treatment:
  - 45% report a lifetime attempt (Anderson et al., 1997)
  - 33% report past 2-week suicidal ideation (Ilgen et al., 2009)
- Participation in SUD treatment is generally associated with a reduction in suicidal behaviors (Ilgen et al., 2007)
- In VHA patients with SUDs who died by suicide, 1/3 received SUD treatment prior to death (Ilgen et al., 2012)

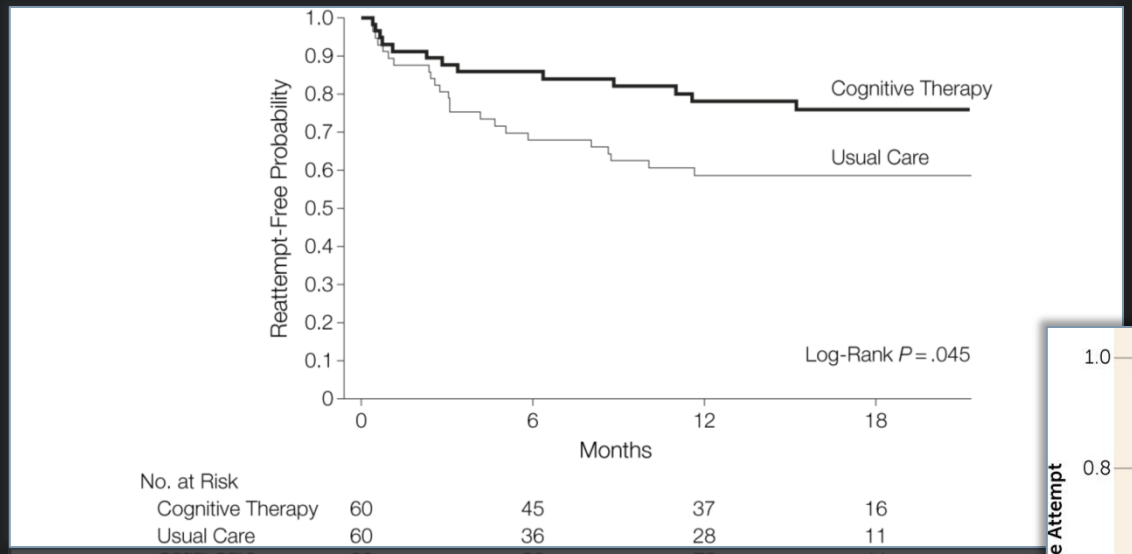
Intervening to reduce suicide during addiction treatment

- Multiple advantages of working with patients in SUD treatment:
  - Period of relative stability and safety (ongoing monitoring of alcohol and drug use)
  - Logistics of delivering intervention
  - Patients may be motivated to re-evaluate their situation when in treatment

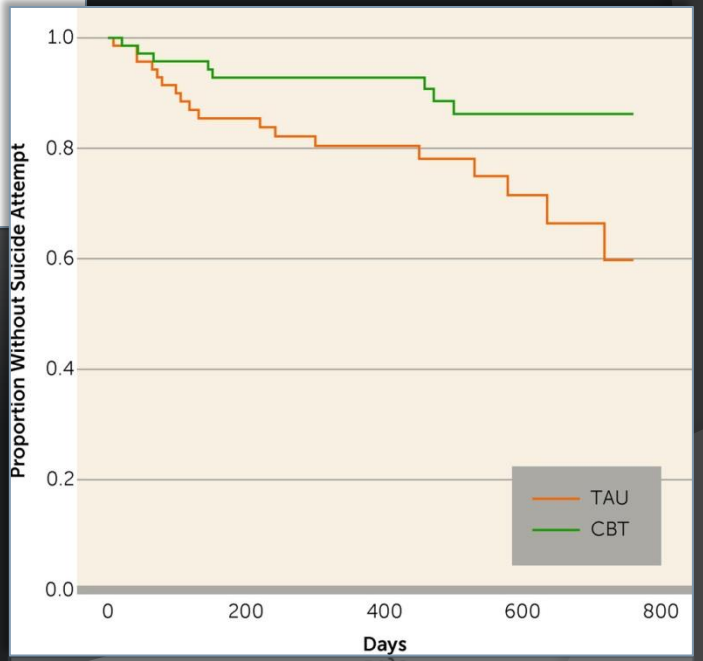
CBT for Suicide



Efficacy of CBT for suicide



Brown et al. (2005) *JAMA*



Rudd, Bryan, et al. (2015) *AJP*

Study Design and Methodology

- Randomized controlled trial (N=300) of the CBT intervention versus an attention control condition (SPC) to examine changes in suicidal thoughts, non-fatal attempts, and substance use up to two years post-intervention.
- Based in VHA Substance Use Disorder treatment programs in multiple sites:
  - VA Eastern Colorado Health Care System in Denver, CO
  - Colorado Springs Community Based Outpatient Clinic
  - VA Ann Arbor Heath Care System
  - John D. Dingell VA Medical Center in Detroit, MI

CBT Protocol

Model Adapted from Brown's work

- 8 individual sessions, manualized content
- 2-3x per week for 4-6 weeks post baseline to fit with Intensive Outpatient Treatment (IOP) timeline (approx 1 month)
- Designed to be usable in general outpatient as well

Progress on ongoing study

- Approximately 60% of participants have been recruited
- Currently, delivering both CBT and SPC conditions:
  - ~70% of participants have completed all 8 sessions
- Follow-up assessments are ongoing
  - follow-up rate is ~80%

Polling Question

- How confident do you feel about treating suicidality?
  - Very
  - Somewhat
  - A little
  - Not at all

CBT for Suicide

- Cognitive Model for Suicide
- Structure of the Therapy Sessions
- Case Example

"The moment that the possibility of stopping consciousness occurs to the anguished mind as *the* answer or *the* way out, then the igniting spark has been added and the active suicidal scenario has begun."

-Edwin Schneidman,

The Suicidal Mind (1996)

Talking About Suicide

- Suicide as the primary focus of treatment, and a collaborative agreement to do so

- Going beyond checklist questions/risk assessment →Understanding the role of suicide in an individual's life
  - How has it developed over time
  - What is the relationship between substance use and suicide
  - What meaning/function does suicide have for this individual

What does this mean for therapeutic rapport?

- Most patients have never had the opportunity to talk about suicide in this way
- Significant impact on rapport, and thus ability to focus and treat suicidality
- Therapist traits:
  - Level of comfort with talk about suicide
  - Ability to talk about all aspects of it, not just risk assessment
  - Non-judgmental attitude about suicidality

Examples of Relationship between Substance Use and Suicide

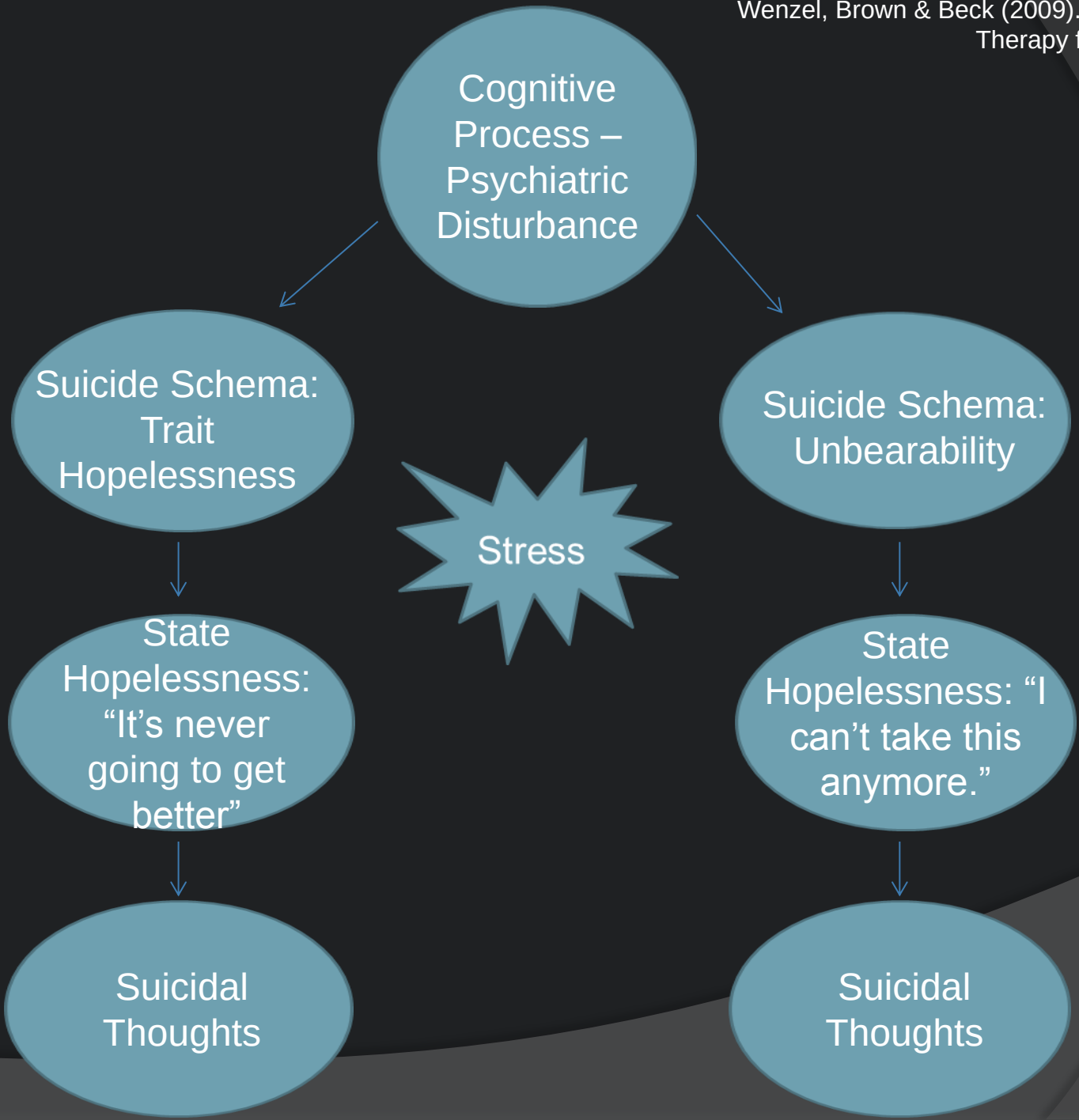
- What we would typically think of:
  - Being high ➡ decreased inhibitions, increased depression, increased agitation
  - Use of drug of choice as method of suicide

- Less obvious are the Core Beliefs related to substance use:
  - Present: “Relapse = failure”
  - Past: “I have failed at life….Failed my family….”
  - Future: Hopelessness about being able to “beat” the addiction

Objectives of CBT for Suicide

- Decrease the likelihood of future suicide attempts by:
  - Building sense of hope
  - Increasing awareness of reasons for living
  - Developing alternative ways of thinking and behaving via skill-building, imagery and rehearsal techniques
  - Increasing distress tolerance, self-efficacy to manage crises

Wenzel, Brown & Beck (2009). Cognitive Behavior Therapy for Suicidal Patients



Session process

All Sessions:

- include collaborative agenda-setting
- require homework
- include pre-post safety assessments

CBT session content
Early Phase

- Orientation to the basics of CBT
- Setting goals specific to suicidal ideation/behavior
- Review of suicide history
  - History of attempts, self-injury, risky behavior
  - Relationship between substance use and suicidality
- Narrative Timeline & Coping Skills
- Safety Plan

CBT Session Content
Middle Phase

- Incorporation of strategies to enhance pleasure, increasing hope, reasons for living
  - Behavioral Activation
  - Pleasurable Activities
  - Hope Kit
- Cognitive restructuring:
  - Identifying Automatic Thoughts and Core Beliefs related to Suicidality
  - Coping Cards

CBT Session Content Later Phase

- Relapse prevention – specific to suicidal thoughts and behavior
  - Use of Narrative Timeline, guided imagery/rehearsal exercise to review and practice skills learned in treatment
- Termination
  - Review of progress, skills
  - Review/Revision of Safety Plan
  - Transition/maintenance with other providers

Case Example

"Tom"

- 60 yr. old male, Vietnam Veteran; homeless, living in a shelter
- Long history of heroine abuse, starting post-military discharge; alcohol use while in the military; intermittent opioid use
- Suicidal ideation began during adolescence, 1st attempt at age 13
- S.I. continued throughout adulthood, especially after discharge from military
- 3 separate attempts by overdose

Case Example, cont.

- Multiple trials of substance abuse treatment, the most recent prompted by concerns about medical consequences of use
- Lost numerous jobs due to drug use, one previous incarceration
- Living in a shelter, lost home and most possessions, either directly or indirectly due to drug use
- Limited social supports (most previous connections are drug-related)
- Damaged relationships with family (of origin, ex-wife, children)

"Tom"

Adapted from the Lifetime Suicide Attempt Self-Injury Interview (L-SASI)

Linehan, M.M., & Comtois, K. Copyright 1996

University of Washington Behavioral Research and Therapy Clinic

Now we're going to talk about self-injury (i.e. times when you have hurt yourself) or suicide attempts. For this, I want you to think about any time you have intentionally injured yourself. This can include a number of different things such as cutting or burning yourself, taking an overdose of pills, or banging your head. It does not include such things as smoking, drinking, or anorexia which you may do knowing it is harmful to you but are not acute. However, deliberately starving yourself in order to cause an acute electrolyte imbalance would count as a self-injury. I want you to include in what we talk about, any self-injury whether or not it was an attempt to kill yourself.

1. Have you ever intentionally injured yourself on purpose, even if you didn't plan or want to die? Circle:
   Yes No
   (If no, stop at this question).

2. When was the most recent time

Date: August

What did you do? dr

Were you using substanc

Did you intend to die? C

What happened next?

friend fou

Did you receive medical

3. When was the very first time in

Date: age 13

What did you do? to

Were you using substanc

Did you intend to die? C

wanted to get their attention, was angry

4. When was the time that you most severely injured yourself?

What did you do? August 2016

Were you using substances at the time? Yes No Same

Did you intend to die? Circle: Yes No Ambivalent

5. Have there been any times you have injured yourself, with our without the intent to die, when you were not using substances?
   Circle: Y N

If yes, please tell me what was different about that/those time(s):

was not using at age 13

"Tom"

Here is a list of different ways that people have injured themselves. Please circle any that you have done in the past, and answer the following questions:

	With Intent to Die?	How many times (in your life):	Were you using substances at the time?
Cut yourself on purpose	Y N		Y N
Intentionally overdosed on alcohol or drugs	Y N		Y N
			N
			N
			N
			N
			N
			N
			N
			N
Crashed a motor vehicle thoughts	Y N		Y N
Stepped into traffic	Y N		Y N
Stopped needed medical treatments or medications	Y N		Y N
Any other ways that we haven't discussed?	Y N		Y N

Note: Adapted from Linehan, M.M., & Comtois, K. (1996). *The Lifetime Suicide Attempt Self-Injury Interview (L-SASI).* University of Washington Behavioral Research and Therapy Clinic

Session # 1: Introduction to Treatment and Setting Goals

2. When was the most recent time you intentionally injured yourself?

Date: August 2016

What did you do? drank, smoked heroine

Were you using substances at the time? Circle (Yes) No

Did you intend to die? Circle (Yes) No

What happened next? friend found me, took me to hospital

Did you receive medical treatment? Circle (Yes) No

Linehan, M. M. & Comtois, K. (1996). Lifetime Parasuicide History. University of Washington, Seattle, WA, Unpublished work.

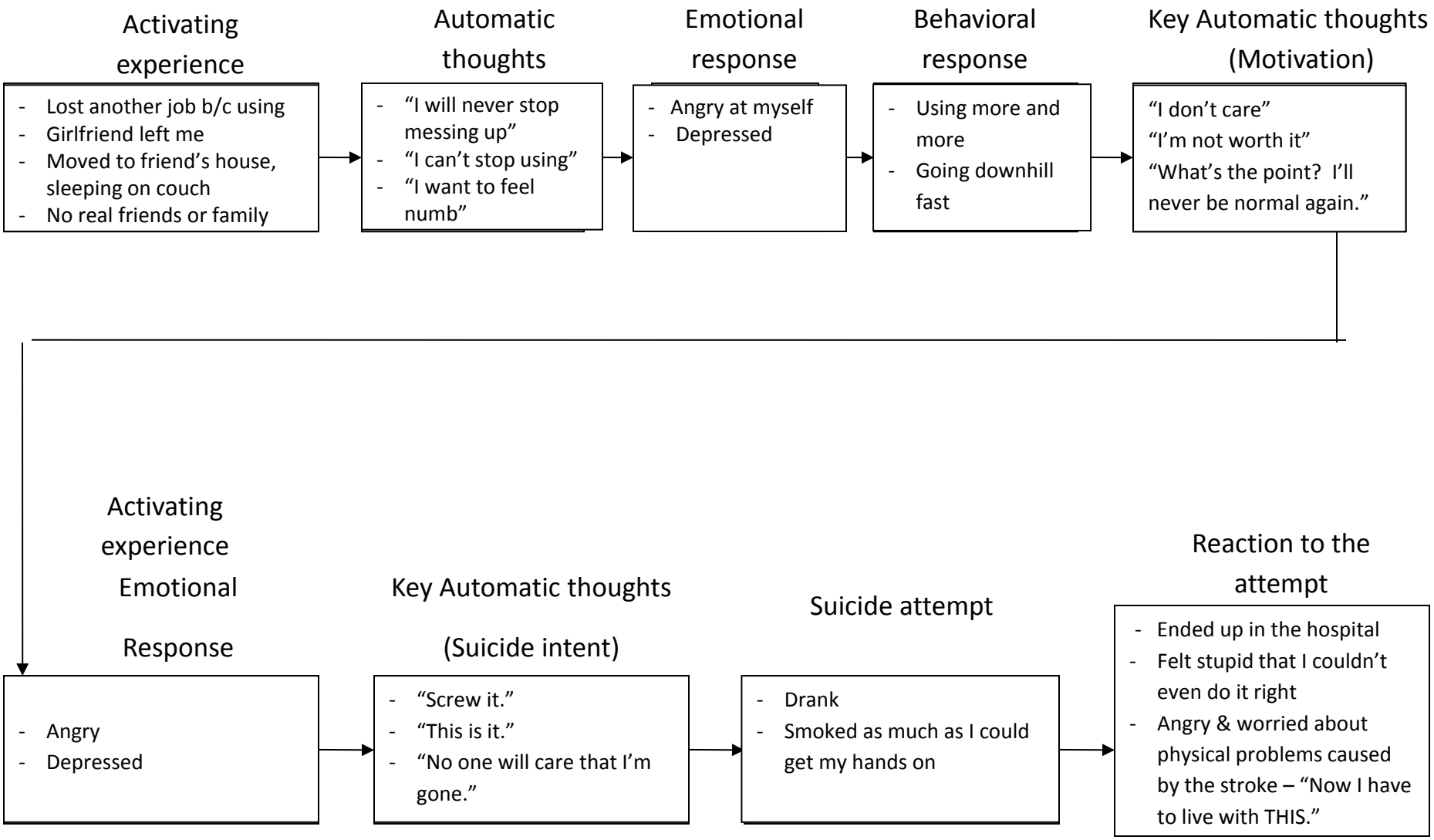
"Tom"

Session #1 Homework: Taking inventory of your thoughts

Instructions: Use this checklist to search for possible underlying rules of thinking or ways you tend to think. Place a check mark besides each thought that you may have.

☐ No matter what happens, I can manage somehow	☐ I must be perfect to be accepted.
☐ If I work hard at something, I can master it	☐ If I choose to do something, I must succeed
☑ I'm a survivor	☐ I'm stupid
☐ Others trust me	☐ Without a woman (man), I'm nothing
☐ I'm a solid, reliable person	☑ I'm a fake ☆
☐ People respect me	☐ Never show weakness
☑ They knock me down, but they can't knock me out	☑ I'm unlovable
☑ I care about other people	☐ If I make one mistake, I'll lose everything
☐ If I prepare in advance, I usually do better	☐ I'll never be comfortable around others
☐ I deserve to be respected	☐ I can never finish anything
☐ I like to be challenged	☑ No matter what I do, I won't succeed
☑ There's not much that can scare me	☐ The world is too frightening for me
☑ I'm intelligent	☑ Others can't be trusted
☑ I can figure things out	☐ I must always be in control
☑ I'm friendly	☐ I'm unattractive
☐ I can handle stress	☑ Never show your emotions
☐ The tougher the problem, the tougher I become	☐ Other people will take advantage of me
☐ I can learn from my mistakes and be a better person	☐ I'm lazy
☐ I'm a good spouse (and/or parent, child, friend, lover)	☑ If people really know me, they wouldn't like me ☆
☐ Everything will work out all right	☐ To be accepted, I must always please others
☑ When something goes wrong, everything seems wrong.	☑ I have done things I greatly regret, but can't change. ☆
☐ I get easily overwhelmed by things	☑ I often feel guilty ☆
☑ I'm a different person and don't know how to get back to like I was ☆	☐ I get too frustrated and angry

Narrative Timeline Example: "Tom"



Wenzel, Brown & Beck (2009) Cognitive Behavior with Suicidal Patients, p. 162

Hope Kit

"The Hope Kit is a memory aid consisting of meaningful items that remind patients of reasons to live and that can be reviewed during times of crisis. Patients often locate something as simple as a shoebox, and they store mementos such as pictures, postcards, and letters. Often, patients include inspirational or religious sayings or poems....In our experience, this exercise is quite enjoyable for patients and is one of the most meaningful strategies learned in therapy to address their suicidal thoughts and behaviors. Moreover, during the course of constructing a Hope Kit, patients often find that they identify reasons for living that they had previously overlooked." (Wenzel, Brown & Beck (2009). Cognitive Behavior Therapy with Suicidal Patients, p. 192).

"Tom"

3 Cs Practice

Step 1 – CATCH IT

- When you notice a change in your mood or become upset, then ask yourself:
- **What am I thinking about right now?**

"I'm never going to get it together."
(stop using, be stable.)

Step 2 – CHECK IT

- What is the evidence for the thought?
- What is the evidence against the thought?
- Is it completely true?

For: "I keep going back to drugs."
"I can't get a job."
"I live in a shelter."

Against: "I'm in treatment."
"I'm friendly, people like me."
"I'm learning to have a new lifestyle."

IF NO, THEN

Step 3 – CHANGE IT

- **What is a more truthful or more helpful thought?**

"I can't live in the past. I am in treatment now an I'm learning to have a different lifestyle.

Adapted from *Group Cognitive Behavioral Social Skills Training (CBSST) Manual* (Granholm et al., 2005) and McQuaid et al. (2000) by Gregory K. Brown, Ph.D. and Dimitri Pertvoittis, Ph.D.

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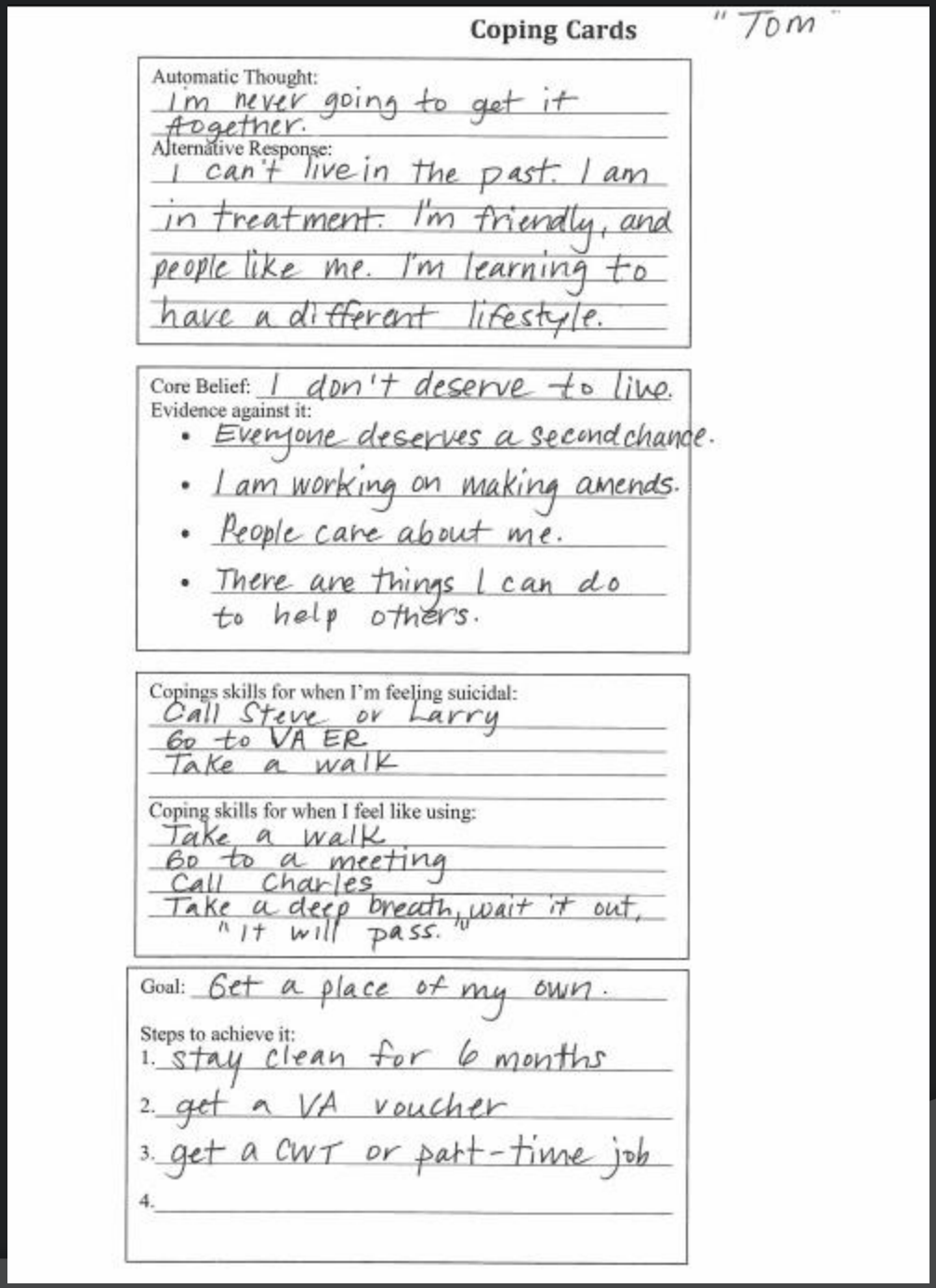


Coping Cards "Tom"

Automatic Thought:
I'm never going to get it together.

Alternative Response:
I can't live in the past. I am in treatment. I'm friendly, and people like me. I'm learning to have a different lifestyle.

Core Belief: I don't deserve to live.

Evidence against it:

- Everyone deserves a second chance.
- I am working on making amends.
- People care about me.
- There are things I can do to help others.

Copings skills for when I'm feeling suicidal:
Call Steve or Larry
Go to VA ER
Take a walk

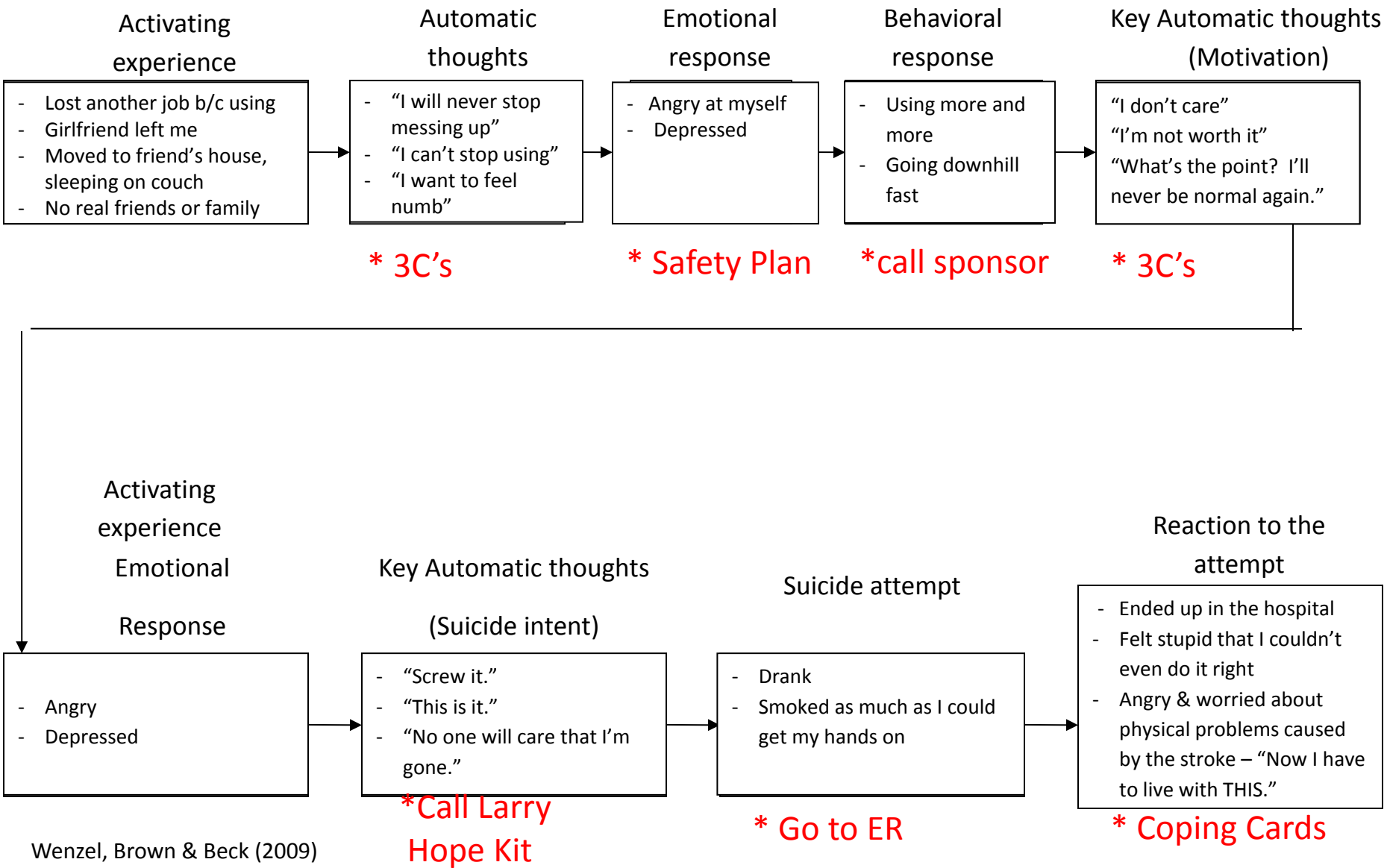
Coping skills for when I feel like using:
Take a walk
Go to a meeting
Call Charles
Take a deep breath, wait it out, "It will pass."

Goal: Get a place of my own.

Steps to achieve it:
1. stay clean for 6 months
2. get a VA voucher
3. get a CWT or part-time job
4.

Wenzel, Brown & Beck (2009). Cognitive Behavior Therapy with Suicidal Patients, pp. 192-4.

Narrative Timeline Example: "Tom"



Wenzel, Brown & Beck (2009)

Termination

- Review of Progress
- What was most helpful, what do you take with you
- What will you continue working on in therapy
- Feedback

What Study Participants Say they Like about this Model

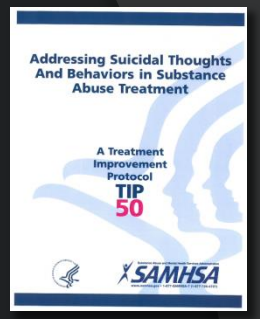
- Therapy sessions are at the same time as IOP – overlap in focus and use of CBT
- Meeting twice a week
- Talking specifically and in-depth about suicide, not feeling judged

For Clinicians

- Consultation
- Supervision
- Self-Care

Resources

- TIP 50
  - Addressing Suicidal Thoughts and Behaviors in Substance Abuse Treatment
  - https://store.samhsa.gov/product/TIP-50-Addressing-Suicidal-Thoughts-and-Behaviors-in-Substance-Abuse-Treatment/SMA15-4381



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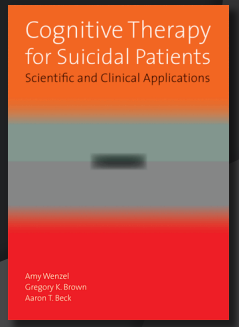

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