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COGNITIVE BEHAVIOR THERAPY FOR SUICIDAL VETERANS WITH SUBSTANCE USE DISORDERS
ACKNOWLEDGEMENTS

Award Number: W81XWH 14-1-0005

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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

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Males</th>
<th>Females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>HR</td>
<td>95% CI</td>
</tr>
<tr>
<td>Any SUD</td>
<td>2.29</td>
<td>2.12, 2.46</td>
</tr>
<tr>
<td>Alcohol use disorder</td>
<td>2.26</td>
<td>2.10, 2.44</td>
</tr>
<tr>
<td>Cocaine use disorder</td>
<td>1.35</td>
<td>1.17, 1.55</td>
</tr>
<tr>
<td>Cannabis use disorder</td>
<td>2.17</td>
<td>1.91, 2.48</td>
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<tr>
<td>Opioid use disorder</td>
<td>2.37</td>
<td>1.96, 2.86</td>
</tr>
<tr>
<td>Amphetamine or other</td>
<td>2.63</td>
<td>2.06, 3.35</td>
</tr>
<tr>
<td>psychostimulant use disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sedative, hypnotic or anxiolytic use disorder</td>
<td>4.74</td>
<td>3.64, 6.17</td>
</tr>
</tbody>
</table>

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 HOLLOWAN, 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

**Distal factors:** severe SUD, aggression/impulsivity, negative affectivity

**Proximal factors:** active SUD, depression, interpersonal stress

**Suicidal behavior**

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

Cognitive Therapy for Suicidal Patients
Scientific and Clinical Applications

Amy Wenzel
Gregory K. Brown
Aaron T. Beck
Efficacy of CBT for suicide

Brown et al. (2005) *JAMA*

Rudd, Bryan, et al. (2015) *AJP*
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
Cognitive Process – Psychiatric Disturbance

Suicide Schema: Trait Hopelessness

State Hopelessness: “It’s never going to get better”

Suicidal Thoughts

Suicide Schema: Unbearability

State Hopelessness: “I can’t take this anymore.”

Suicidal Thoughts

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, 1\text{st} 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)
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
**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 beside each thought that you may have.

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

Session #1: Introduction to Treatment and Setting Goals
Narrative Timeline Example: “Tom”

Activating experience
- Lost another job b/c using
- Girlfriend left me
- Moved to friend’s house, sleeping on couch
- No real friends or family

Automatic thoughts
- “I will never stop messing up”
- “I can’t stop using”
- “I want to feel numb”

Emotional response
- Angry at myself
- Depressed

Behavioral response
- Using more and more
- Going downhill fast

Key Automatic thoughts (Motivation)
- “I don’t care”
- “I’m not worth it”
- “What’s the point? I’ll never be normal again.”

Activating experience

Emotional Response
- Angry
- Depressed

Key Automatic thoughts (Suicide intent)
- “Screw it.”
- “This is it.”
- “No one will care that I’m gone.”

Suicide attempt
- Drank
- Smoked as much as I could get my hands on

Reaction to the attempt
- Ended up in the hospital
- Felt stupid that I couldn’t even do it right
- Angry & worried about physical problems caused by the stroke – “Now I have to live with THIS.”

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).
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."

Step 3 - CHANGE IT
"I can't live in the past. I am in treatment now and I am 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.
### Coping Cards

**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.

### Coping 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. 

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Narrative Timeline Example: “Tom”

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---


*3C’s*
*Safety Plan*
*Call sponsor*
*3C’s*

*Call Larry*
*Hope Kit*

*Go to ER*

*Coping Cards*

*Reaction to the attempt*
- Ended up in the hospital
- Felt stupid that I couldn’t even do it right
- Angry & worried about physical problems caused by the stroke – “Now I have to live with THIS.”
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


References, cont.


Thank You

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