

# STRONG STAR

South Texas Research Organizational Network Guiding Studies on Trauma And Resilience



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National  
Center for  
**PTSD**  
Posttraumatic  
Stress Disorder



# Impact of Cognitive Processing Therapy on Suicidal Ideation among Active Duty Military Personnel

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# STRONG STAR



## ❑ What is it?

- ❑ The **S**outh **T**exas **R**esearch **O**rganizational **N**etwork **G**uiding **S**tudies on **T**rauma and **R**esilience
- ❑ A multidisciplinary and multi-institutional research consortium to develop and evaluate the most effective early interventions possible for the detection, prevention, and treatment of combat-related PTSD in active-duty military personnel and recently discharged veterans.

## ❑ Funding

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# Impact of Cognitive Processing Therapy on Suicidal Ideation among Active Duty Military Personnel



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# Background

- Suicide is the second most common cause of death within the U.S. Armed Forces (U.S. Department of Defense, 2007).
- From 2008 to 2011, suicide accounted for approximately 26% of all non-war related deaths of U.S. Service members (MSMR, 2012)



# Background

- An estimated 15% of all current casualties of veterans of OEF and OIF are the result of suicidal behavior and suicide.
- In 2010, documented suicides among all military branches were 280 (DODSER, 2010)

116 Army

39 Navy

59 Air Force

37 Marine Corps



# Background

- Clinicians often cite concerns about potential iatrogenic effects of trauma-focused therapies with suicidal patients which serves as a barrier to providing empirically-supported treatments to patients with PTSD (Becker, Zayfert, & Anderson, 2004).

# Purpose of Study



- To evaluate the comparative frequency and intensity of suicidal ideation with active duty Army personnel with PTSD who receive group Cognitive Processing Therapy (CPT-C) versus group Present Centered Therapy (PCT).

Demographics	CPT-C	PCT	Statistic	p-value
Male	51 (93%)	48 (92%)	$\chi^2=0.01$	0.93
Caucasian	11 (20%)	11 (21%)	$\chi^2_{(2)}=0.98$	0.61
African American	37 (67%)	31 (60 %)		
Other	7 (13%)	10 (19 %)		
Married N (%)	45 (82%)	40 (77%)	$\chi^2= 0.39$	0.53
E3-E4	20 (36%)	12 (23%)	$\chi^2_{(4)}=6.27$	0.18
E5	14 (25%)	24 (46%)		
E6	12 (21%)	7 (13%)		
E7-9	9 (16%)	9 (17%)		
WO2-5	2 (4%)	1 (2%)		
# Deployments				
1	17 (31%)	11 (21%)	$\chi^2_{(3)}=2.61$	0.46
2	24 (44%)	21 (40%)		
3	10 (18%)	13 (25%)		
4 and more	4 (7%)	7 (13%)		
Age (mean, SD)	31.9.0±7.4	32.4±7.9	t=0.39	0.70
Months in service	118.8±73.0	129.3±81.3	t=0.70	0.48

Note: df for t-tests=105.

# Methodology



- Longitudinal randomized clinical trial at Fort Hood U.S. Army post
- 107 active duty Army personnel randomized to group Cognitive Processing Therapy (CPT-C; cognitive-only version) or Present Centered Therapy (PCT) for PTSD
- Participants were assessed pre-treatment, weekly during treatment, and post-treatment

# Measures: Beck Depression Inventory (BDI-II)



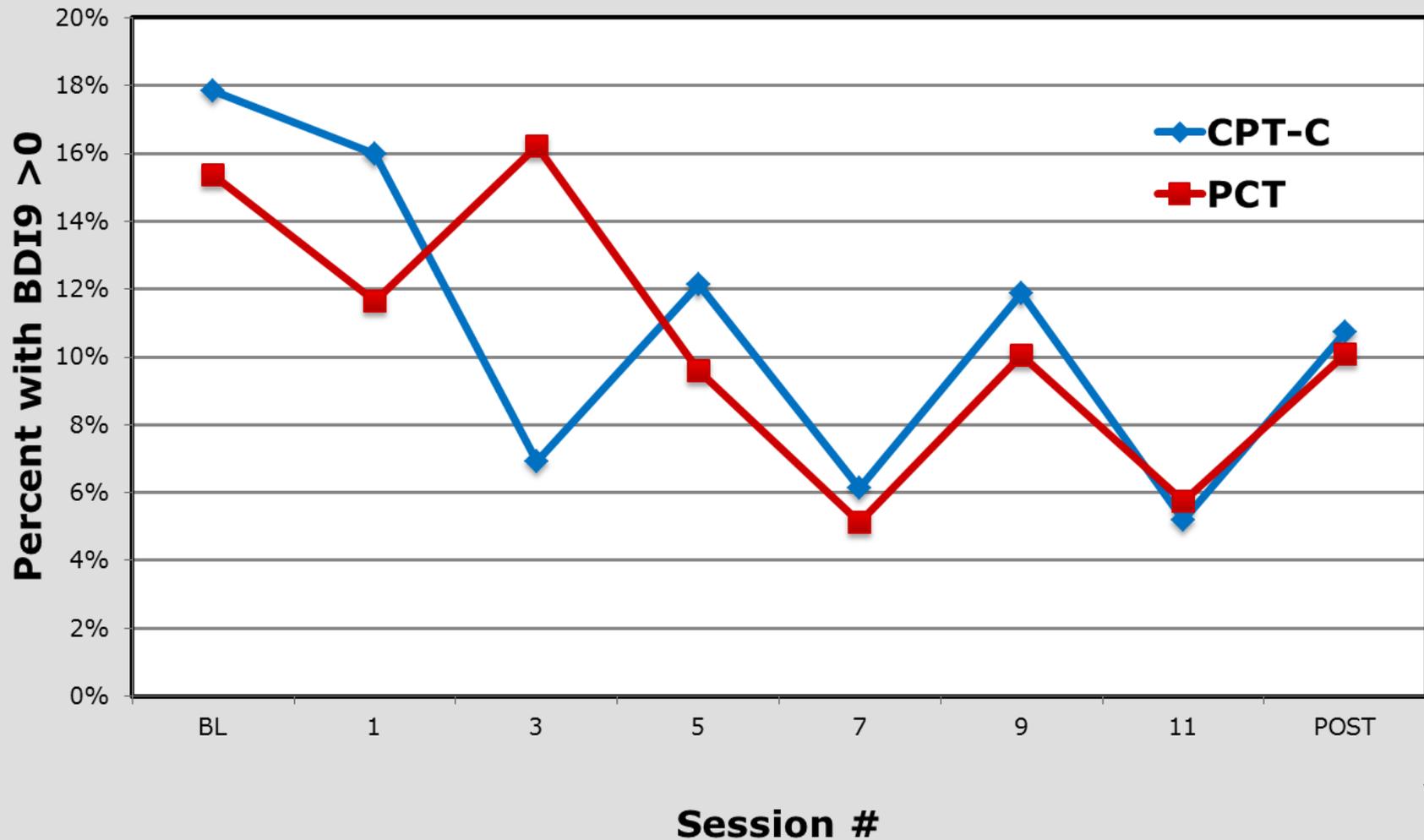
## BDI Item # 9: Suicidal Thoughts or Wishes

- 0 = I don't have any thoughts of killing myself.
- 1 = I have thoughts of killing myself, but I would not carry them out.
- 2 = I would like to kill myself.
- 3 = I would kill myself if I had the chance.

# % Positive on BDI # 9



## BDI Item 9





# Results: BDI-II



BDI # 9 Dichotomous score (any suicidal ideation vs. none)

- No significant differences at baseline or in the post-baseline assessments between the treatment groups.
- Suicidal ideation decreased in both CPT-C and PCT groups once treatment began.

# Measures: Beck Scale for Suicidal Ideation (BSS)



## BSS 4-5 Index

Item # 4:

- 0 = I have no desire to kill myself
- 1 = I have a weak desire to kill myself
- 2 = I have a moderate to strong desire to kill myself

# Beck Scale for Suicidal Ideation (BSS)



## BSS 4-5 Index

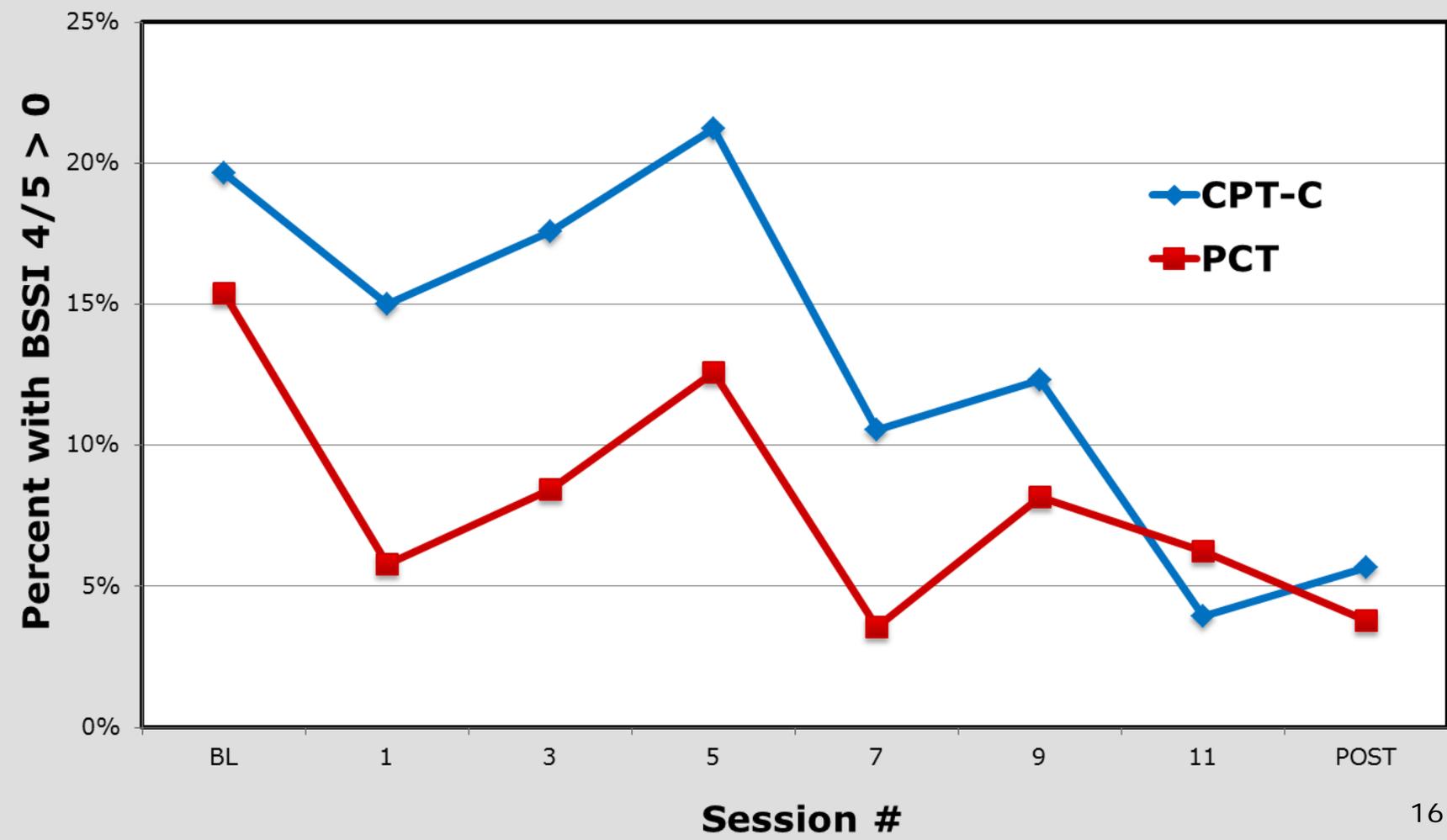
Item # 5:

- 0 = I would try to save my life if I found myself in a life-threatening situation.
- 1 = I would take a chance on life or death if found myself in a life-threatening situation
- 2 = I would not take steps necessary to avoid death if I found myself in a life-threatening situation.



# % Positive on BSS 4-5

## BSS Items 4-5 Positive



# Results:

## BSS 4-5 Index Score



- PCT demonstrated significant pretreatment reduction in suicidal ideation from baseline to first session relative to CPT-C.
- Suicidal ideation decreased in both CPT-C and PCT once treatment began. Thus, in the end the treatments did not differ.
- Only 2.2% (CPT-C) and 2.3% (PCT) of participants who initially denied suicidal ideation at BL reported suicidal ideation at follow-up.

# Results:

## BSS Full scale score



- Full scale score was extremely skewed due to # 6 – 20 not being administered if items # 4 and # 5 were zero.
- However, total score on BSS was highly correlated with the BSS 4-5 Index score.
- Thus, suicidal ideation decreased in both CPT-C and PCT with no difference between treatments.



# Findings/ Discussion

- PCT group improved significantly more on the BSS 4-5 Index from BL to session # 1 relative to CPT-C group, suggesting differential response patterns *before* the start of treatment.
- There were no differences in patterns of suicidal ideation between CPT-C and PCT over time.
- Differences between CPT-C and PCT were not necessarily expected since neither treatment directly targeted suicide risk as a primary treatment goal.



# Findings/ Discussion

- Emergence of “new” suicidal ideation within CPT-C was extremely rare.
- Results provide empirical evidence that CPT-C is not associated with increased proportions or intensity of suicidal ideation as compared to a present-focused therapy.
- Implications for providers who may believe that trauma-focused treatment, such as CPT-C, can increase a patient’s risk for suicide.



# Future Research



- Inclusion of Veterans with PTSD and acute suicidality to describe the ‘safety’ of CPT through monitoring of suicidal ideation and behaviors during treatment.
- Clinical implications could be Veterans with PTSD and acute suicidality are ‘safe’ to start CPT even if experiencing suicidal ideation and behaviors prior to treatment.