

# STRONG STAR

South Texas Research Organizational Network Guiding Studies on Trauma And Resilience



Association for Behavioral and Cognitive Therapies Annual Convention 2012

Tracy A. Clemans, PsyD



National  
Center for  
**PTSD**  
Posttraumatic  
Stress Disorder



# Impact of Cognitive Processing Therapy on Trauma-Related Guilt and Suicidality

Presenter: Tracy A. Clemans, PsyD  
VA VISN 19 MIRECC, University of Colorado School of Medicine

Principal Investigator: Patricia A. Resick, PhD  
National Center for PTSD, VA Boston Healthcare System



# 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

- ❑ U.S. Department of Defense, U.S. Army Medical Research and Materiel Command, Congressionally Directed Medical Research Programs, Psychological Health and Traumatic Brain Injury Research Program award W81XWH-08-02-0109 (Alan L. Peterson) and W81XWH-08-02-0116 (Patricia A. Resick).

- 
- ❑ Disclaimer: The views expressed in this presentation are solely those of the authors and do not reflect an endorsement by or the official policy of the U.S. Army, the Department of Defense, the Department of Veterans Affairs, or the U.S. Government.

# Impact of Cognitive Processing Therapy on Trauma-related Guilt and Suicidality



Tracy A. Clemans, PsyD	VA VISN 19 Mental Illness Research Education Clinical Center
Craig J. Bryan, PsyD, ABPP	National Center for Veterans Studies, University of Utah
Patricia A. Resick, PhD, ABPP	National Center for PTSD, VA Boston Healthcare System and Boston University
Jim Mintz, PhD	University of Texas Health Science Center at San Antonio
Brad B. Evans, PsyD	Carl R. Darnall Army Medical Center
Stacey Young-McCaughan, RN, PhD	University of Texas Health Science Center at San Antonio
Alan L. Peterson, PhD, ABPP	University of Texas Health Science Center at San Antonio
and the STRONG STAR Consortium*	*STRONG STAR Consortium group authors (listed alphabetically) include: Elisa V. Borah, PhD (University of Texas Health Science Center at San Antonio [UTHSCSA]); Brett T. Litz, PhD (VA Boston Healthcare System and Boston University School of Medicine); M. David Rudd, PhD (University of Utah); Jennifer Schuster Wachen, PhD (National Center for PTSD, VA Boston Healthcare System and Boston University); Charity B. Wilkinson, PsyD (UTHSCSA)



# 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- Part I



- To evaluate the comparative frequency and intensity of suicidal ideation with active duty Army personnel with PTSD who received group Cognitive Processing Therapy (CPT-C) or 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)



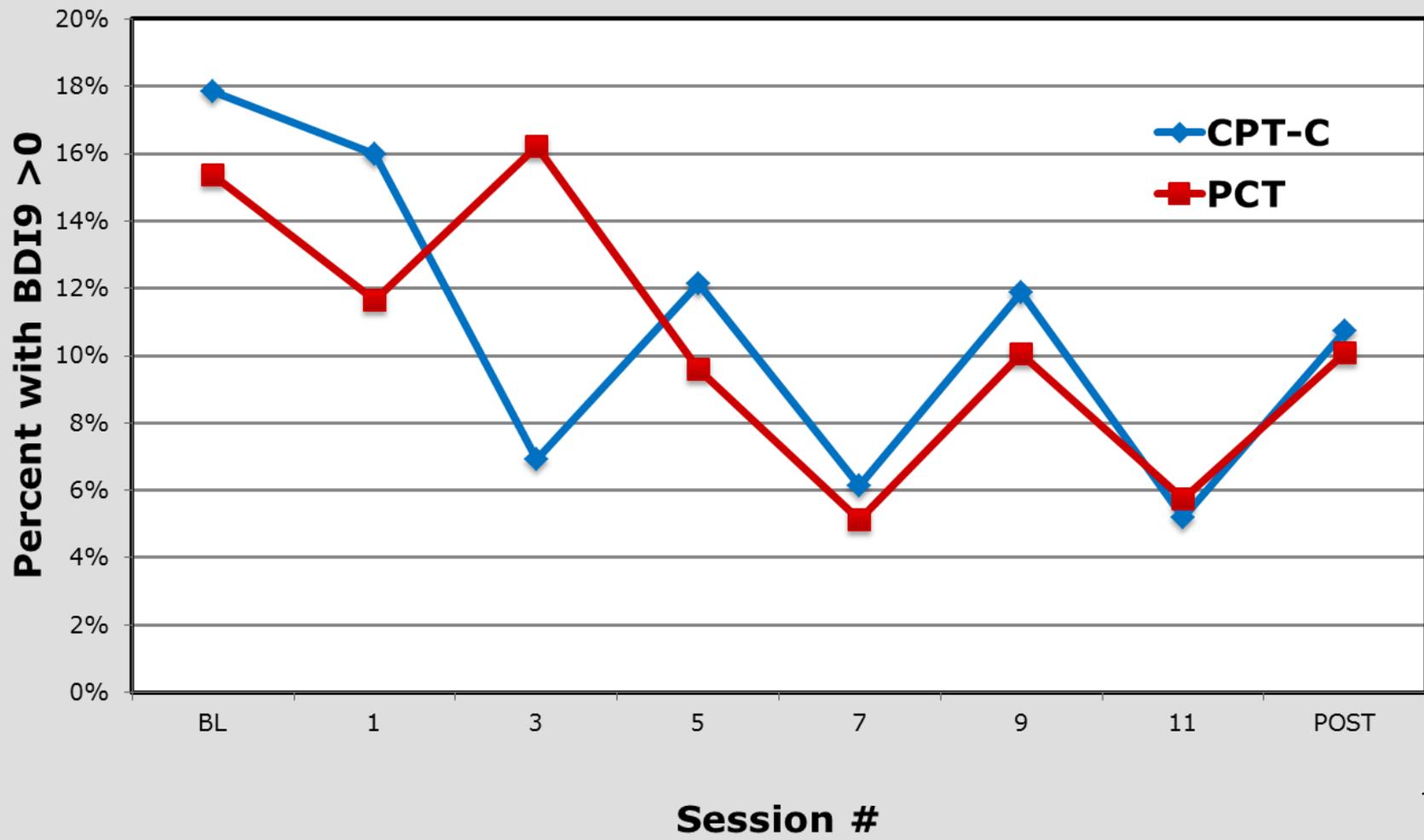
## BDI Item # 9: Suicidal Thoughts or Wishes

- 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

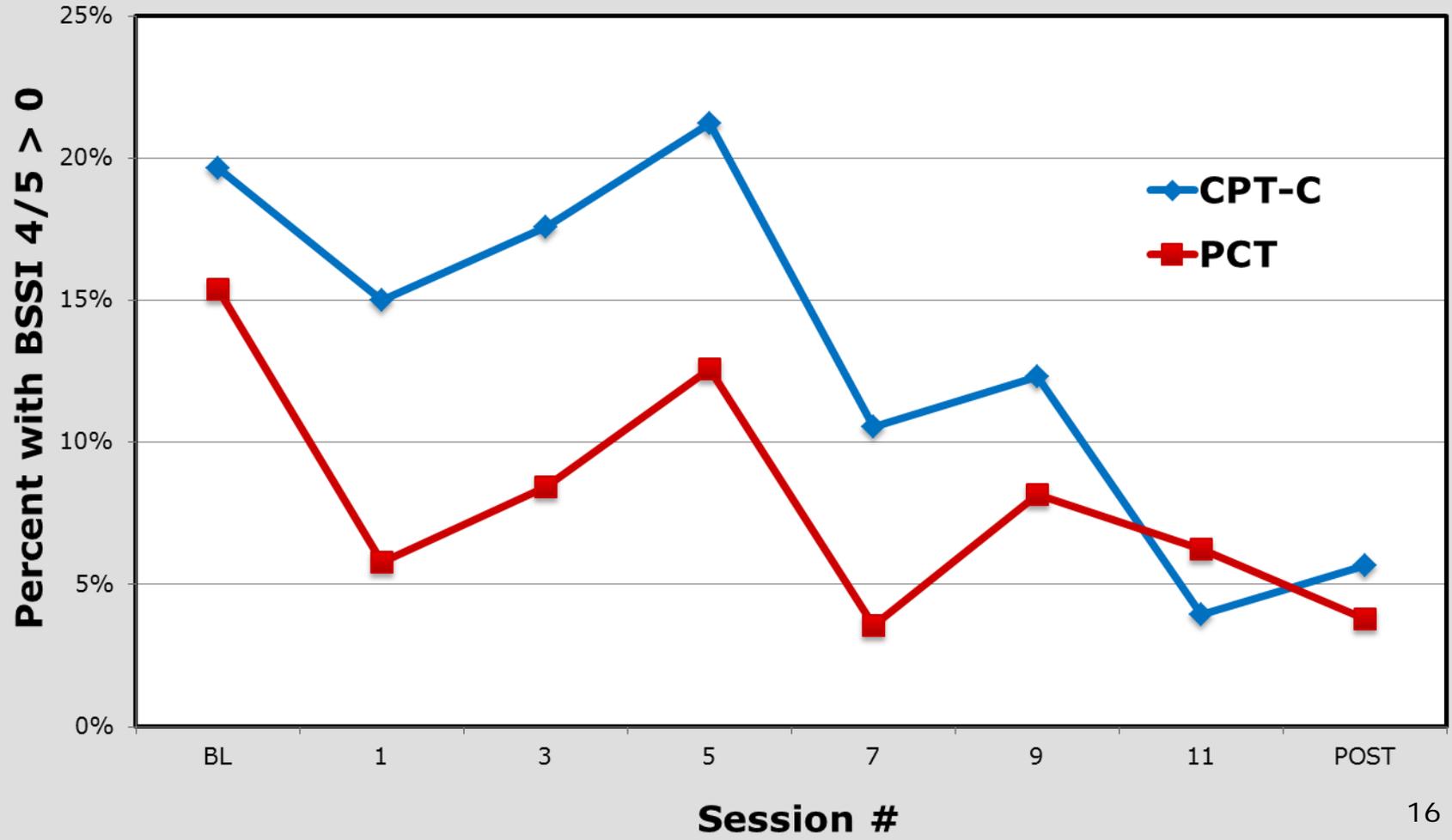
Item # 5:

- 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.
- 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.



# Findings

- 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.



# Purpose of Study- Part II

- To evaluate the association of suicidal ideation and trauma-related guilt among active duty military personnel with PTSD.

# Background



- A possible explanation for the link between PTSD and suicidality is guilt and shame, although empirical studies looking at this association are lacking.
- Study with 69 active duty military personnel:
  - 1) Both guilt and shame were higher among mental health patients with a history of suicidal ideation (Bryan et al, 2012-in press).

# Background



- And, 2) guilt and shame were both associated with more severe current SI above and beyond PTSD and depression symptom severity effects (Bryan et al., 2012 in press).

# Measures- Trauma-Related Guilt Inventory (TRGI)



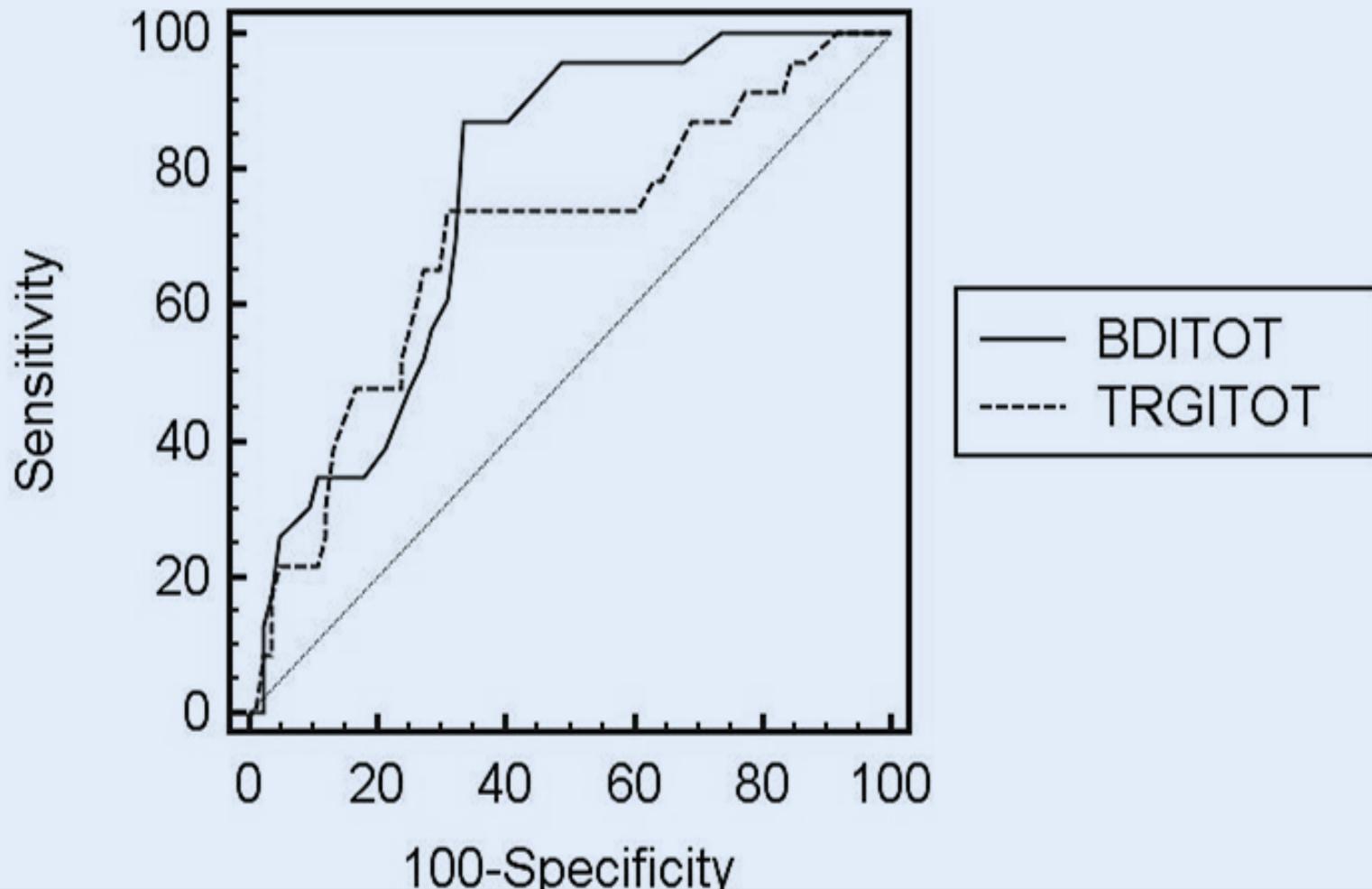
- Self-report measure of trauma-related guilt that assesses both cognitive and emotional aspects of guilt in regard to a specific traumatic event
- 32 items with 5-point response scale
- We utilized the total score on TRGI.



# Results: TRGI and BDI

- Analysis of TRGI scores found that the optimal cut off was a score  $> 19$  to predict suicidality.
- BDI was also a very significant predictor of suicidality.
- No significant differences between the TRGI and BDI in being a better predictor of suicidality.

# Predictors of Suicidality: TRGI and BDI



# % of Participants who were ever Suicidal



TRGI	No (n = 84)	Yes (n = 23)
$\leq 19$	69%	26%
$> 19$	31%	<b>74%</b>



# % of Participants who were ever Suicidal



<u>BDI</u>		
<u>TRGI</u>	< = 30	> 30
< = 19	3 %	20 %
> 19	10 %	<b>65 %</b>



# Findings/ Discussion

- Main finding was trauma-related guilt, along with depression, were significant predictors of suicidal ideation in this sample.
- Implications for clinicians to provide interventions aimed at reducing guilt-related cognitions/ feelings as related to trauma (e.g., Cognitive Processing Therapy or Prolonged Exposure Therapy).



# 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.