

**VA**



U.S. Department  
of Veterans Affairs

# Impact of Participation in VA Evidence-Based Psychotherapy for Depression on Suicidal Ideation among Veterans

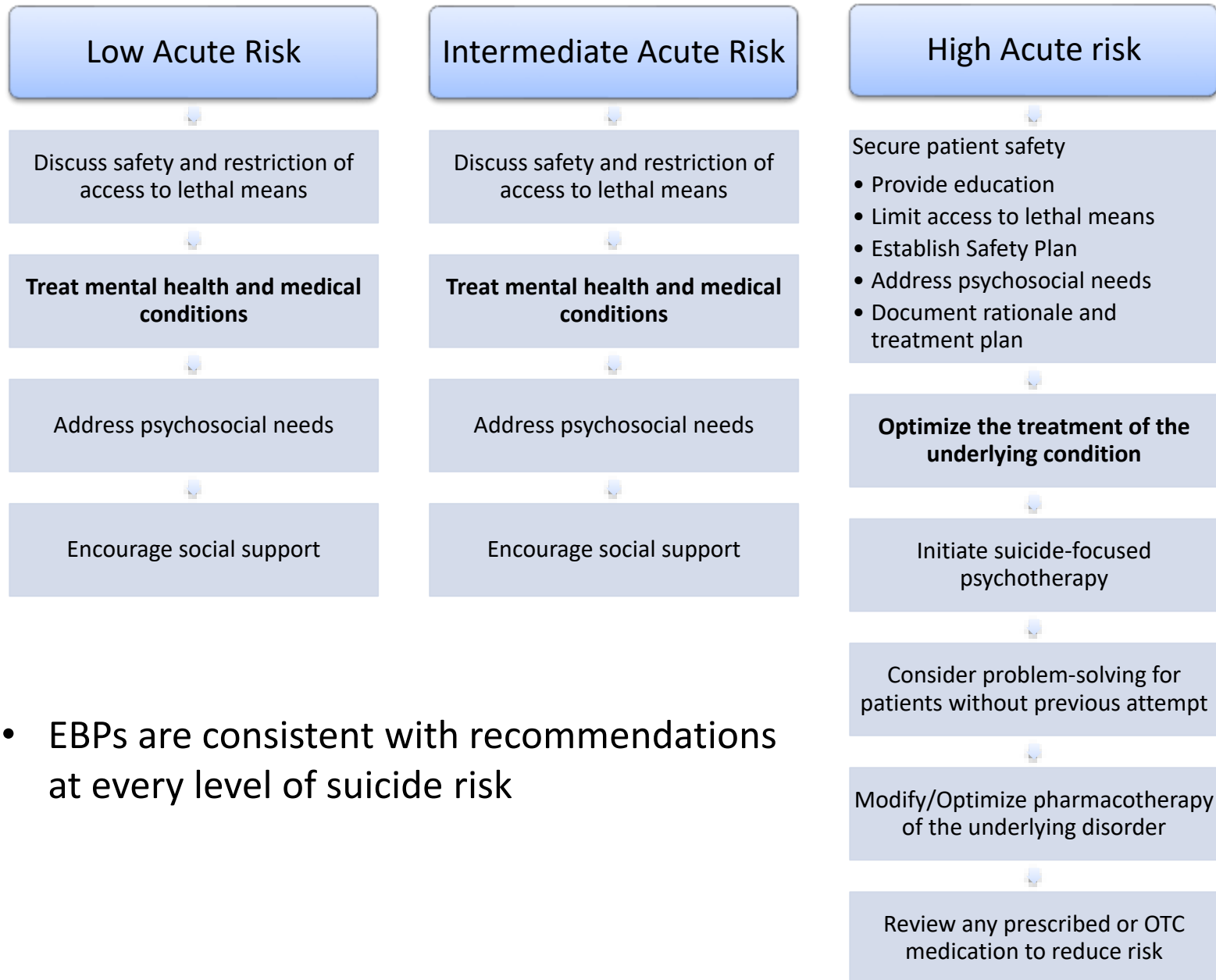
OMHSP National Evidence-Based Psychotherapy Training Program  
VA Psychology Leadership Conference  
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# Suicidal Ideation & Mental Health

- Suicidal ideation (SI) associated with diagnoses of posttraumatic stress disorder, bipolar disorder, and major depression has been shown to predict subsequent suicide attempts (Nock et al., 2009)
- VA/DoD Clinical Practice Guidelines for Assessment and Management of Patients at Risk for Suicide (2013) recommend that “...patients receive optimal evidence-based treatment for any mental health and medical conditions that may be related to the risk of suicide”

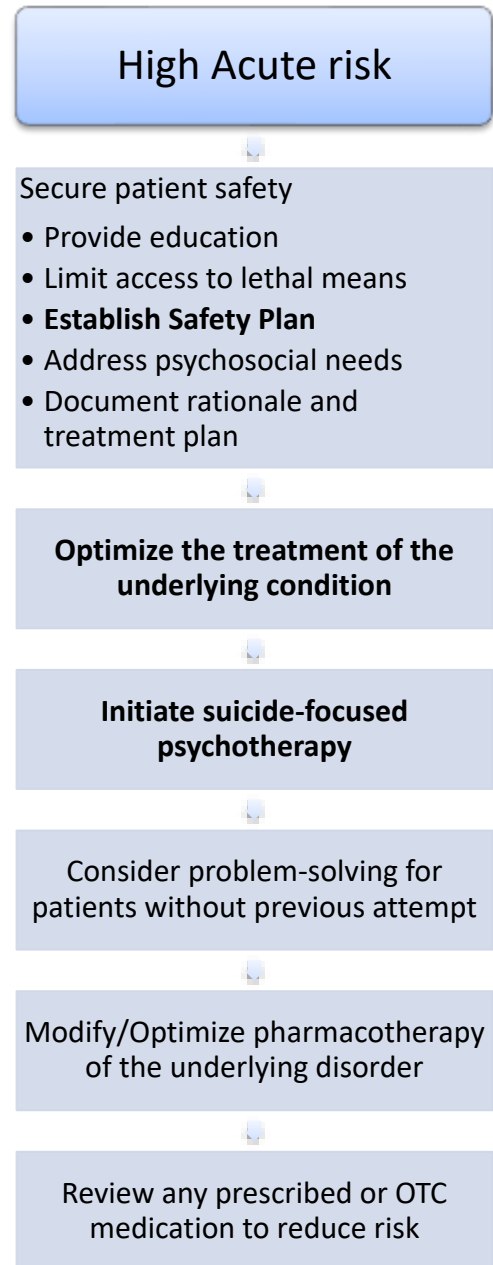
# CPG Recommended Interventions



- EBPs are consistent with recommendations at every level of suicide risk

# CPG Recommended Interventions

- Veterans with a history of suicide attempts, active ideation/intent, existence of warning signs/risk factors, and limited protective factors are likely to be at high risk for suicide
- Safety Planning and suicide-focused psychotherapies (e.g., CBT for suicide prevention) are recommended for Veterans at high acute risk
- The VA EBP Training Program is currently developing advanced Suicide Safety Planning Training to be rolled out to providers who work with Veterans with elevated suicide risk
- Other VA efforts are underway to increase access to CBT for Suicide Prevention





# Suicidal Ideation & EBPs for Depression

- Cognitive Behavioral Therapy for Depression (CBT-D), Acceptance and Commitment Therapy for Depression (ACT-D), and Interpersonal Psychotherapy (IPT) are identified as first-line recommended treatments for mild to moderate depression in the VA/DoD Clinical Practice Guideline (CPG) for the Management of Major Depressive Disorder (2016)
  - The evidence does not support recommending a specific evidence-based psychotherapy or pharmacotherapy over another
  - A combination of pharmacotherapy and evidence-based psychotherapy is suggested for the treatment of patients with severe, chronic, or recurrent Major Depressive Disorder



# Suicidal Ideation & EBPs for Depression

- Since 2008, approximately 2,700 clinicians have been trained by VA's National Evidence-Based Psychotherapy (EBP) Training Programs in CBT-D, ACT-D and IPT
- CBT-D and ACT-D have been shown to significantly reduce SI among Veterans (Brown, Karlin, Trockel, Gordienko, Yesavage & Taylor, 2016; Walser, Garvert, Karlin, Trockel, Ryu, & Taylor, 2015)
- Additional analyses of data from these VA training programs were conducted to address the following questions:
  - Across EBPs for depression, what is the impact of treatment on Veterans' suicidal ideation?
  - Are EBPs for Depression effective in addressing moderate to severe suicidal ideation?

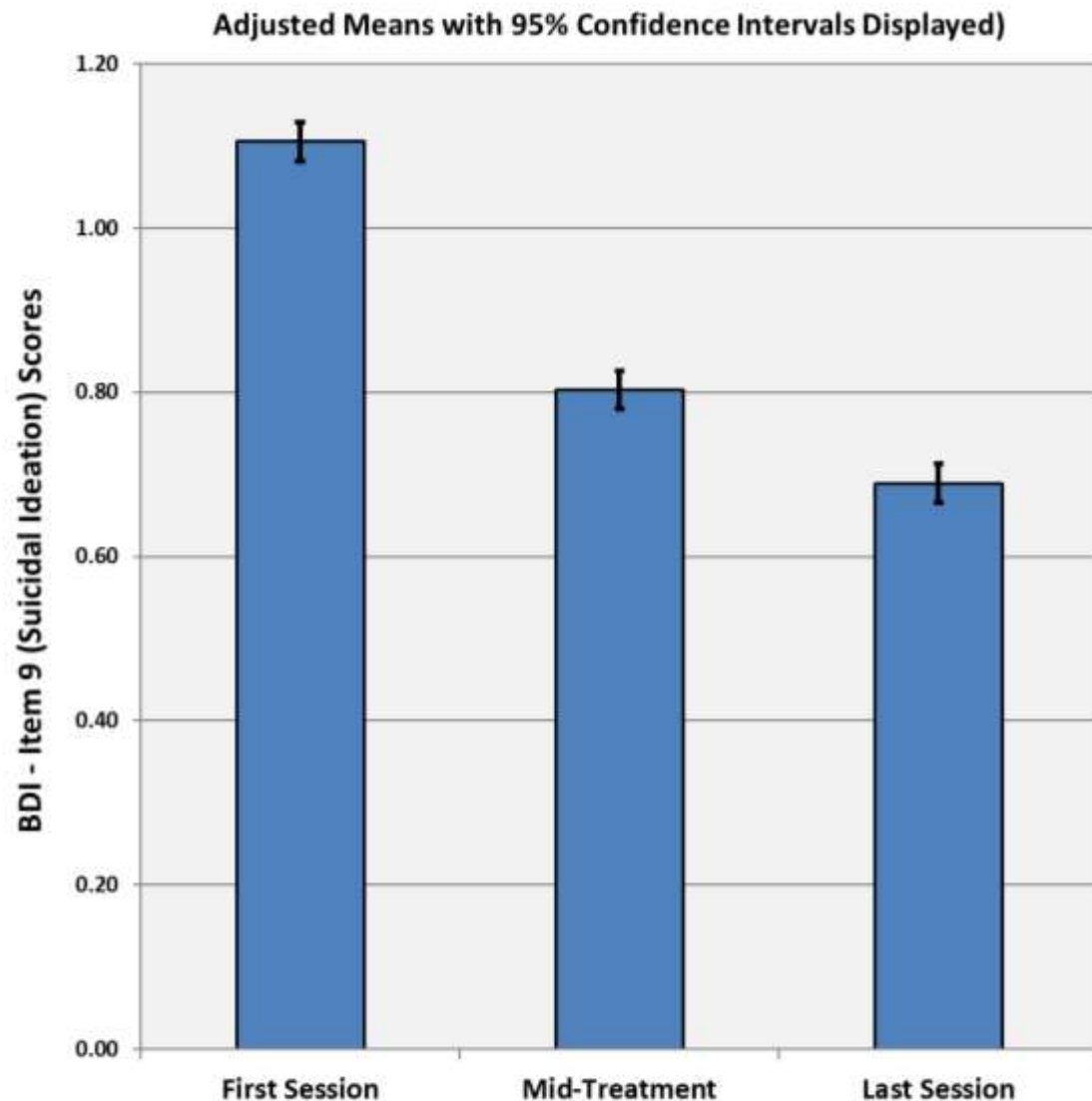


# EBP Program Data

- Sample included **1,808 Veterans** who endorsed SI on the Beck Depression Inventory (BDI-II) at the time of the first therapy session
- Suicidal Ideation (assessed by BDI-II item 9)\*
  - 91% indicated “I have thoughts of killing myself, but I would not carry them out” (score = 1)
  - 7% indicated “I would like to kill myself” (score = 2)
  - 2% indicated “I would kill myself if I had the chance” (score = 3)
- Mean BDI-II score at treatment initiation was 34.3 ( $SD = 9.5$ ), which is in the severe range

\*Depression rating scales (e.g., BDI-II), have been shown to be valid measurements of suicidal ideation (Desseilles, Perroud, Guillaume, Jausse, Genty, Malafosse, & Courtet, 2012)

**Participation in EBP treatment was associated with statistically significant decreases in suicidal ideation at both the mid-point and treatment termination sessions**



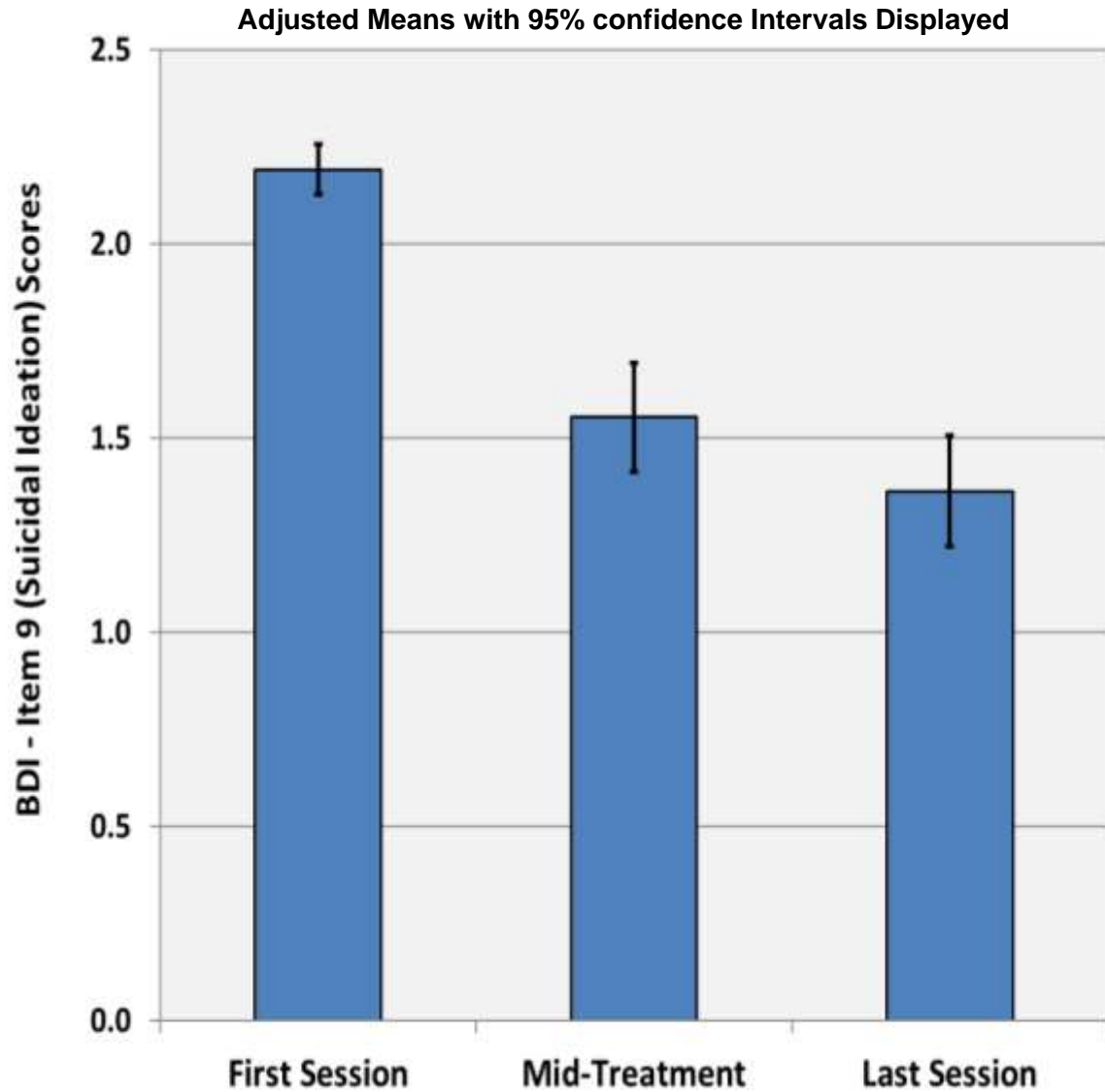
\*All timepoints are significantly different from each other at  $p < .001$ .

\*\*Last observation carried forward for missing data at mid-tx and last session.

*N* = 1,808 Veterans endorsing suicidal ideation who participated in IPT (*n* = 271), CBT-D (*n* = 855), or ACT (*n* = 682).



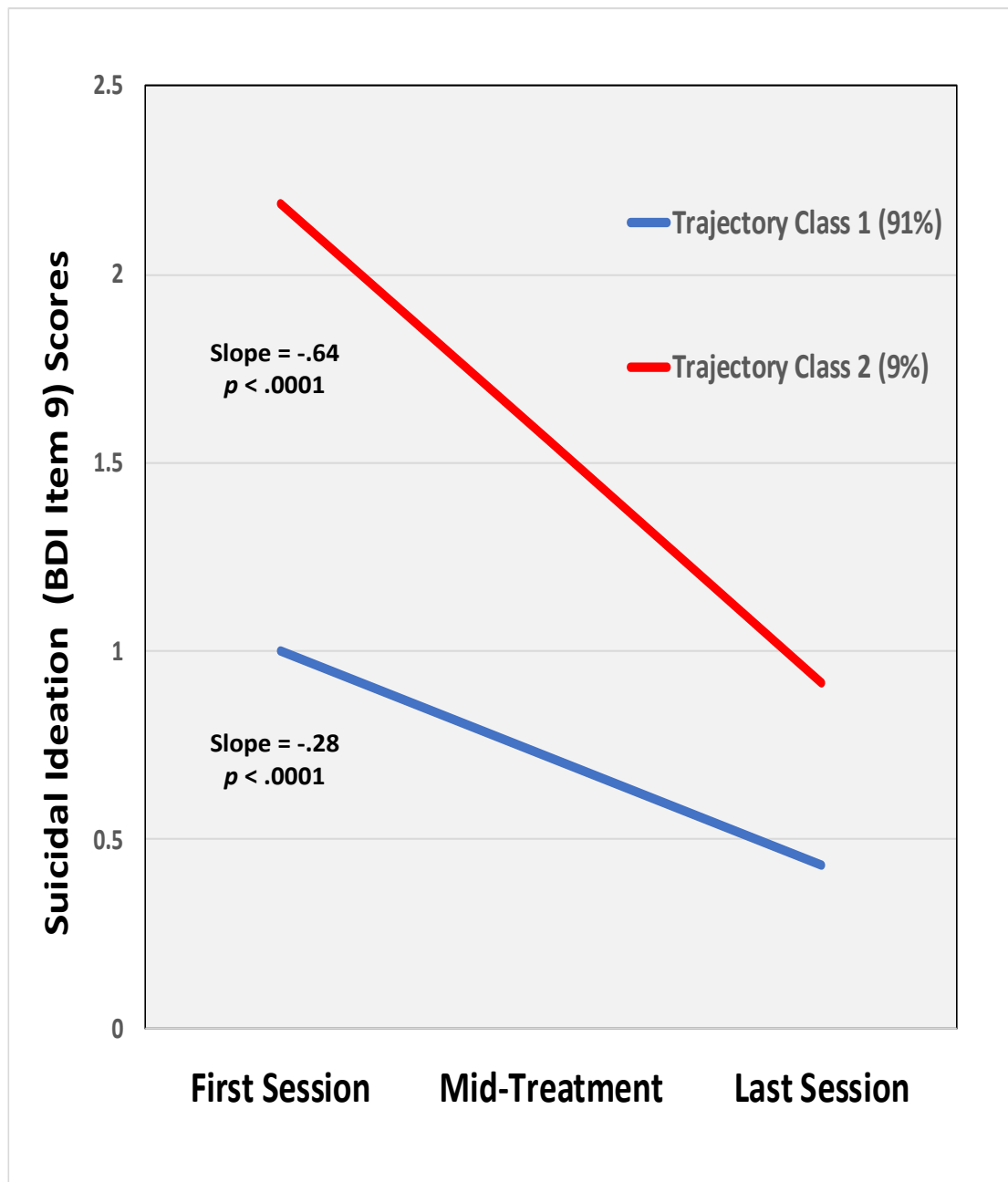
**Participation in EBP treatment was associated with statistically significant decreases in suicidal ideation at mid-point and termination among the 163 Veterans who endorsed more severe suicidal ideation**



\*All timepoints are significantly different from each other at  $p \leq .001$ .

\*\*Last observation carried forward for missing data at mid-tx and last session.

**Veterans who were more severely depressed at the first session were more likely to be on the severe suicidal ideation trajectory ( $\beta = .08, p < .0001$ ) and to experience a faster decrease in suicidal ideation over time**





# Summary & Limitations

- Clinical Practice Guidelines recommend first-line treatments for conditions underlying suicide, including ACT-D, CBT-D, and IPT for mild to moderate depression
- CBT-D, ACT-D, and IPT appear to decrease suicidal ideation early in treatment regardless of initial severity
  - Data is for program evaluation, not research; therefore participants were not randomized and causality cannot be demonstrated
  - Conclusions are limited by the assessment used to measure SI
  - Missing data limits conclusions
- Presence of SI should not necessarily be seen as factor for exclusion from EBP treatment



# Future Directions

- Conduct additional analyses examining the impact of EBPs for other disorders and conditions associated with increased risk for suicide
  - Other VA EBPs, including Cognitive Behavioral Therapy for Insomnia (CBT-I) and Prolonged Exposure Therapy (PE), have been shown to significantly reduce suicidal ideation (SI) among Veterans
  - Cognitive Processing Therapy (CPT) has been shown to reduce SI in civilian and active duty military samples
- Future research should consider prospective follow-up after completion of EBPs to assess impacts on suicidal behavior



# Contributing Authors

Kristin Powell, Ph.D.

Mandy Kumpula, Ph.D.

Kristine Day, Ph.D.

Nathan Kimbrel, Ph.D.

H. Ryan Wagner, Ph.D.

Chris Crowe, Ph.D.

Wendy Batdorf, Ph.D.

Hani Shabana, Ph.D.



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# Questions/Discussion