Cognitive Behavioral Therapy for Suicidality

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Q. **What is cognitive behavioral therapy for suicidality?**

A. Cognitive behavioral therapy (CBT) is one of the most researched psychotherapy treatments (David, Cristea, & Hofmann, 2018). The goal of CBT is to aid patients in identifying and tracking thoughts and behaviors that are associated with negative emotions, and to assist patients in challenging these maladaptive thoughts through cognitive restructuring. When treating patients with a recent history of self-directed violence, clinicians focus specifically on identifying and modifying thoughts, images, and beliefs that occur prior to self-directed violence.

Q. **What is the theoretical model underlying CBT for suicidality?**

A. CBT is based on Beck's theory of depression which states that in a negative mood state information processing is highly biased and inaccurate. This faulty thinking results in selective attention to negative experiences (Beck, 1967; Beck, 2008). Wenzel and Beck (2008) proposed a cognitive model of suicidal behavior based on empirical data on cognitive and behavioral correlates and risk factors for suicidality. This model outlines three principal constructs as the basis for suicidal behavior: 1) dispositional vulnerability factors, 2) cognitive processes associated with psychiatric disturbance, and 3) cognitive processes associated with suicidal acts. *Dispositional vulnerability factors* are long-standing and trait-like variables that place an individual at risk for the development of suicidal thoughts and behavior. *Cognitive processes associated with psychiatric disturbance* refers to maladaptive thought processes and information processing biases associated with self-directed violence. The frequency and intensity of such processes are theorized to trigger *cognitive processes associated with suicidal acts*, which operate when an individual is in a suicidal crisis.

Q. **Is CBT recommended as a treatment for suicidality in the Military Health System (MHS)?**

A. **Yes.** The *2019 VA/DoD Clinical Practice Guideline for Assessment and Management of Patients at Risk for Suicide* recommends using CBT-based interventions focused on suicide prevention for patients with a recent history of self-directed violence to reduce incidents of future self-directed violence, with a "*Strong For*" strength of recommendation.

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. **Do other authoritative reviews recommend CBT as a front-line treatment for suicidality?**

A. **No.** Other authoritative reviews have not substantiated the use of CBT for suicidality.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on the use of CBT for suicidality as a treatment of suicidality were identified.
- Cochrane: A 2016 systematic review of psychosocial interventions for self-harm in adults found that CBT-based psychological therapy may be associated with a reduction in repeat of self-harm, but the quality of evidence ranged between moderate and low (Hawton et al., 2016). CBT-based therapies were not associated with a reduction in overall frequency of self-harm.

Q. What conclusions can be drawn about the use of CBT as a treatment for suicidality in the MHS?

A. The VA/DoD CPG recommends that clinicians use CBT-based interventions focused on suicide prevention for patients with a recent history of self-directed violence. The low base rate of suicide makes this outcome difficult to study. Further, the causes of suicide are complex and idiosyncratic, and identified risk factors can vary in their degree of effect and can change over time. However, despite some mixed findings, the VA/DoD CPG Work Group found that there is moderate evidence overall that CBT-based interventions focused on suicide-prevention are effective at reducing repeat incidents of self-harm (VA/DoD, 2019).

References

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