Facilitating Recovery After Trauma among College Students

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Disclosures

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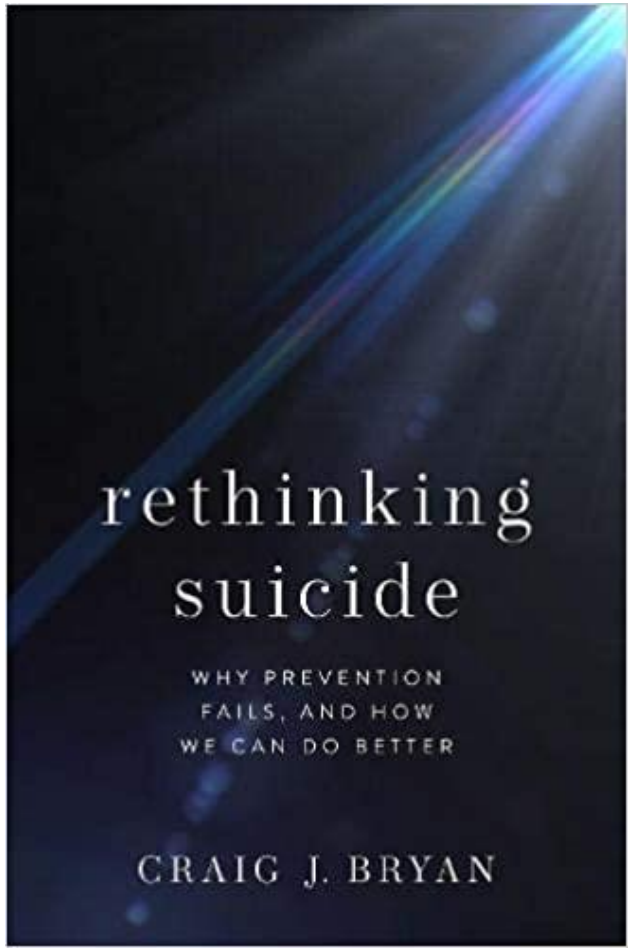
The Case of Jenny



- Sexual assault during college
- Unsupportive response from LEO, university administrators, friends, and family
- Struggled throughout remainder of college
- Moved multiple times, difficulty keeping jobs and maintaining relationships
- MH professional: "You shouldn't have stayed in school."
- Encouraged by friend's family to participate in trauma-focused therapy

Trauma-focused therapies are unsafe with suicidal patients

- Expert consensus and practice guidelines recommend against PTSD treatment for acutely suicidal patients (Cloitre et al., 2011; Foa et al., 2008; Forbes et al., 2007; van Minnen et al., 2012)

- Acute suicide risk is possible contraindication for trauma-focused therapies even though cognitive restructuring is first-line treatment for depression and suicide risk, and is generally seen as safe

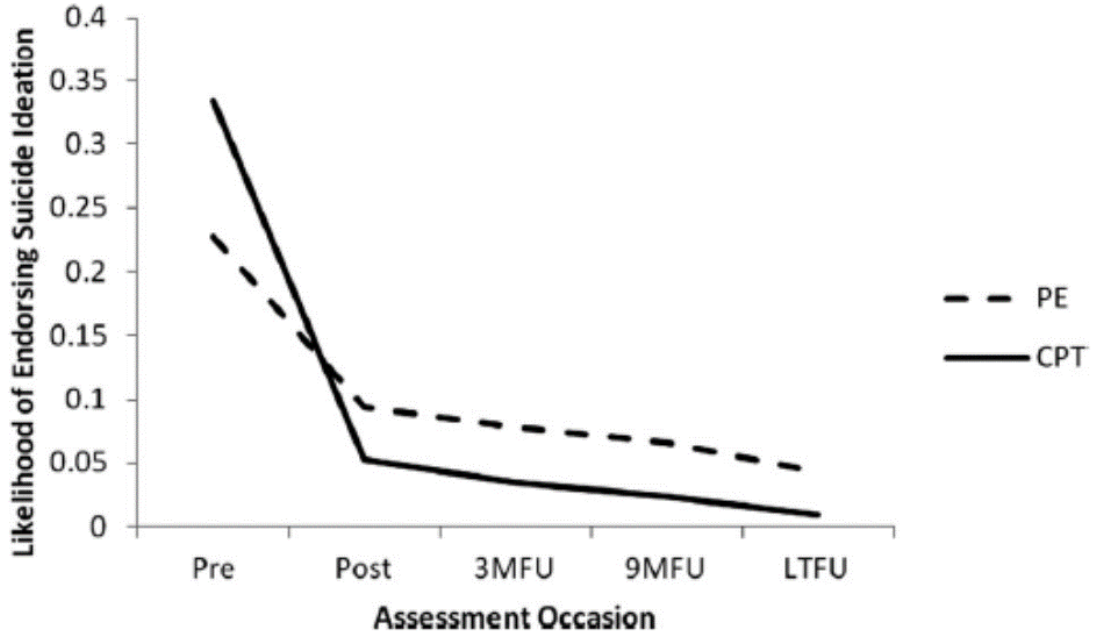
Where Did This Come From?

- Inadequate training among mental health professionals
  - Less than half receive training in suicide risk management or treatment during graduate school, internship, or medical school
  - The average clinician attends only a handful of CE hours over the course of their entire career focused on suicide risk management
  - Suicide risk training often emphasizes risk assessment, not treatment
- Exclusion of individuals reporting suicide ideation from clinical trials
- Pervasive myths about PTSD and trauma-focused therapies
  - PTSD is chronic and "uncurable"
  - Excessive reverence for "triggers"

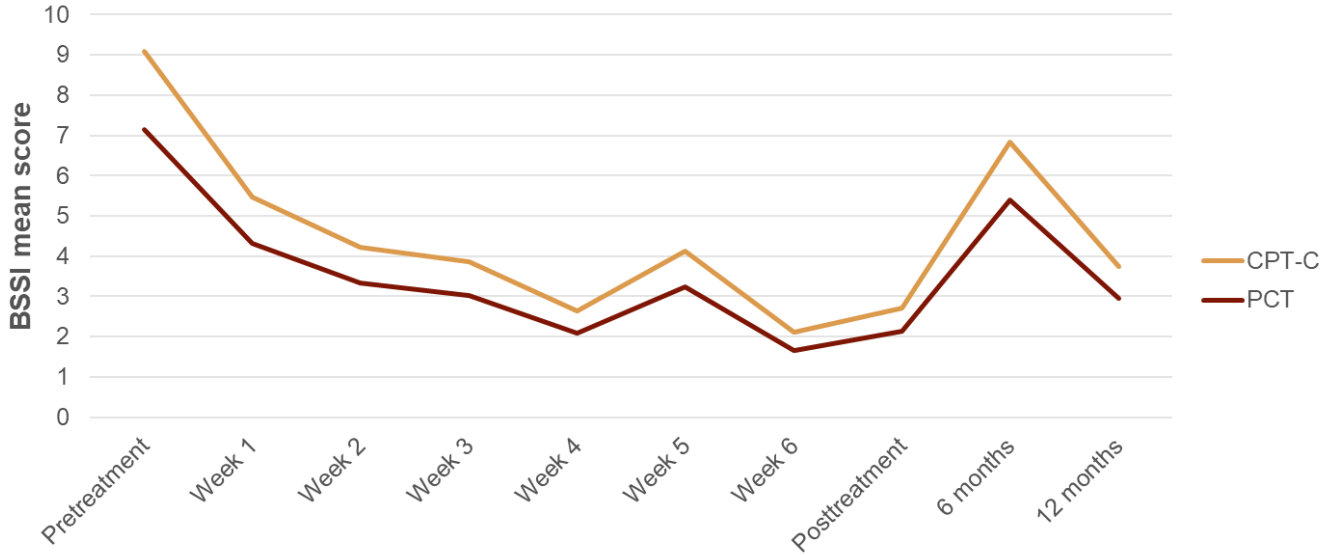
What Does the Research Say?

- Multiple studies show that suicidal ideation decreases on average in trauma-focused therapies
- Suicidal behaviors, worsening of preexisting suicidal ideation, and new onset suicidal ideation are rare in trauma therapies, and are comparable to rates in nontrauma therapies

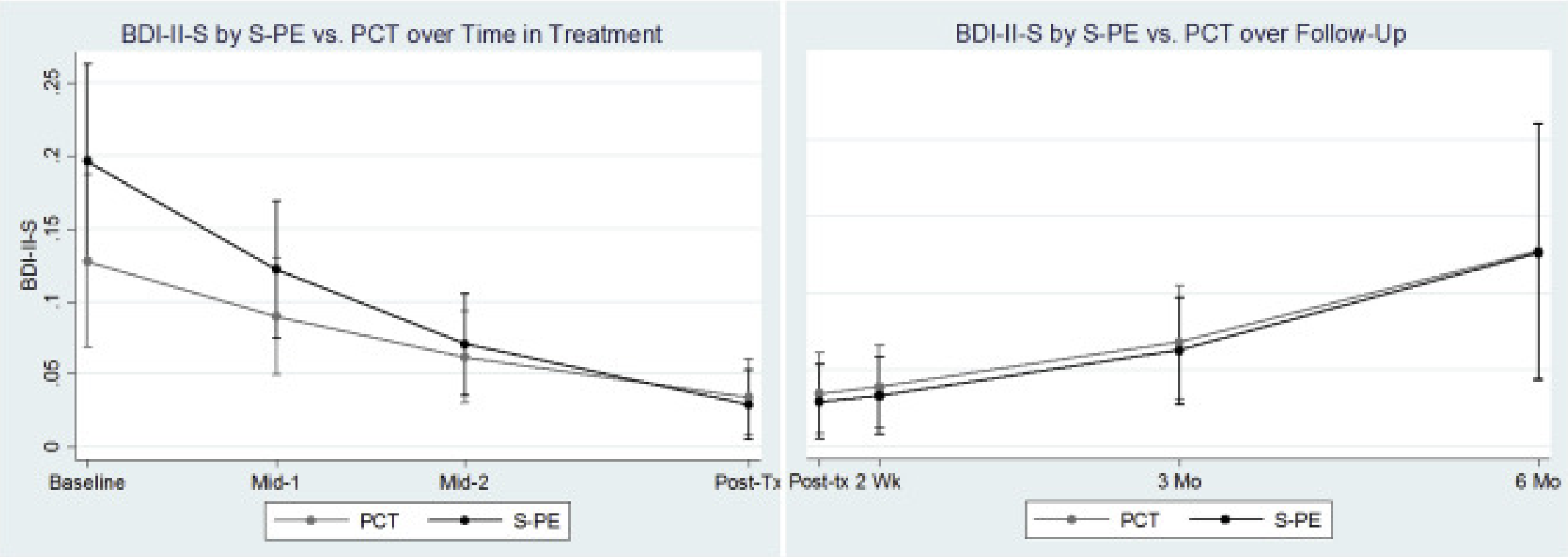
Gradus et al. (2013)



Bryan et al. (2016)



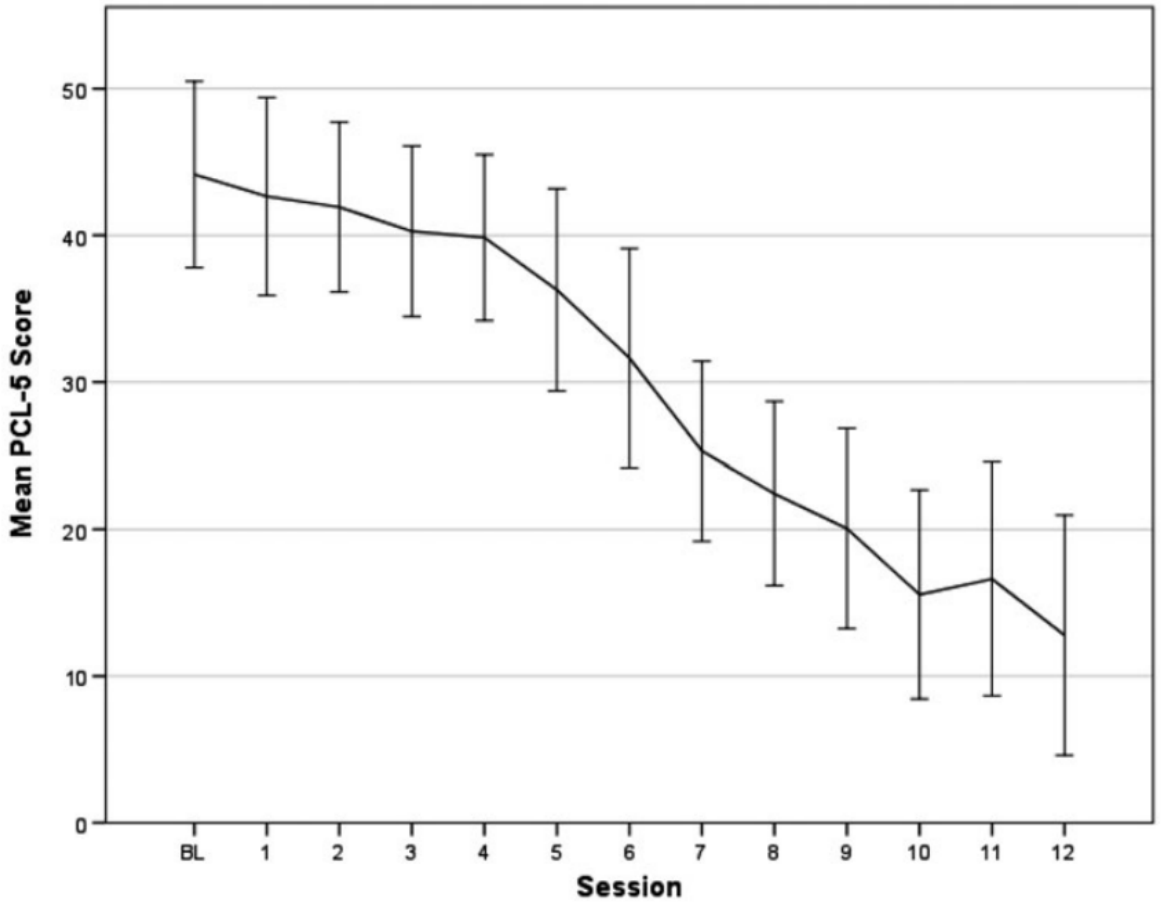
Brown et al. (2019)

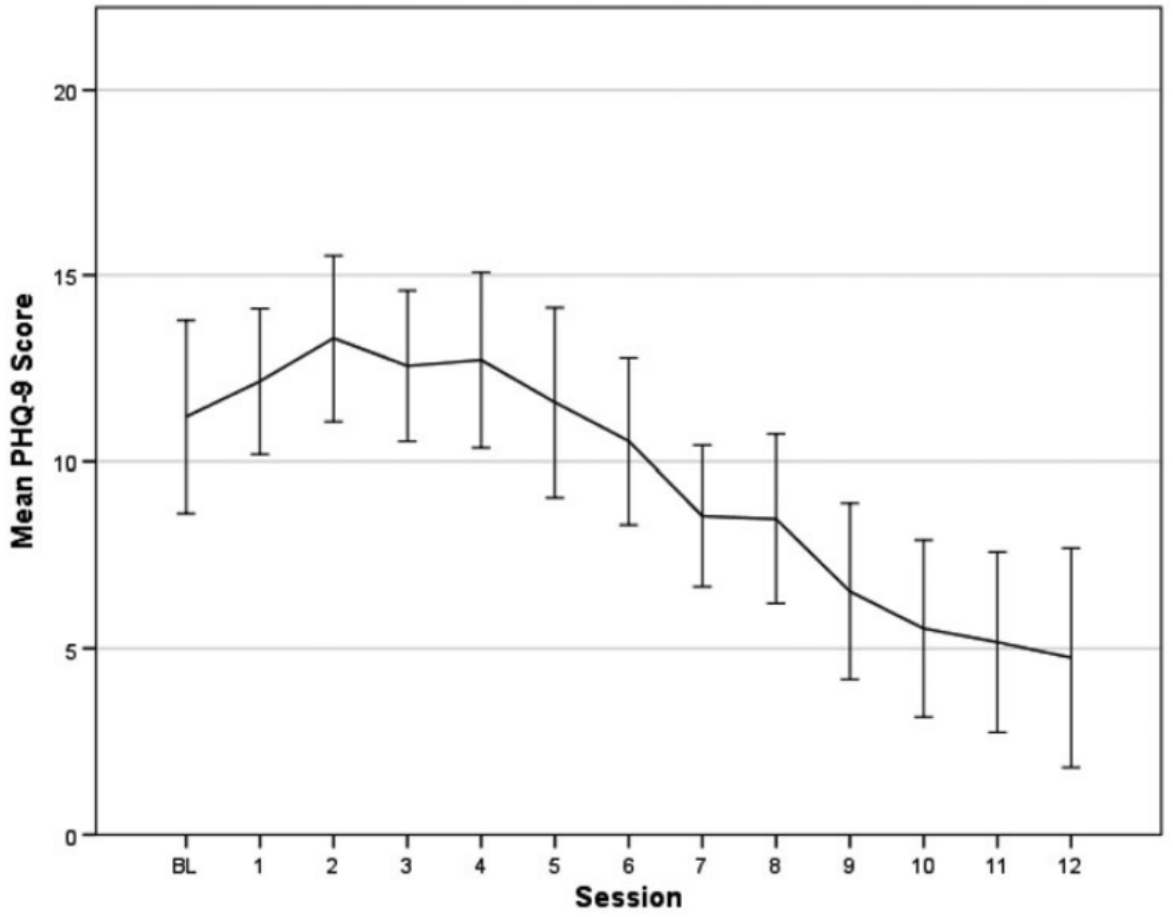


Rozek et al. (in press)

- Systematic review of 23 published studies investigating change in suicidal ideation among patients receiving trauma-focused therapies
- Clear and consistent evidence that suicide risk decreases in trauma therapies, with the greatest evidence supporting **prolonged exposure therapy** and **cognitive processing therapy**

Wilkinson et al. (2017)





What treatment	Cognitive processing therapy (CPT)			
Delivered how	Individual Weekly	Group Daily		
By whom	Mental health therapists Community members / peers			
Under what circumstances	In-person Outpatient Native language	Online Residential	Telephone Inpatient Via interpreter	Smartphone
For whom	Men War trauma Single trauma Substance use Adults English	Women Sexual violence Repeated trauma Suicidal Adolescents non-English	Veterans Child abuse Depression Children Literate	Civilians MVA Illiterate

A Short List of Treatments for PTSD

- Trauma focused therapies
- Transcranial magnetic stimulation (TMS)
- Stellate ganglion block
- Psychedelic-assisted therapy (psilocybin, MDMA)
- Ketamine
- Animal-assisted therapies (e.g., equine therapy)
- Service animals
- Recreational/wilderness therapies
- Essential oils
- Dietary supplements

	Trauma Therapies	SSRI/SNRI	Novel Treatments	Experimental
How many people feel better?	Over 80%	Over 60%	Over 50%	Unknown
How much better do people feel?	Large reduction in symptoms 53% no longer have the condition	Small to moderate reduction in symptoms 42% no longer have the condition	Small to moderate reduction in symptoms Unknown if it eliminates the condition	Unknown reduction in symptoms Unknown if it eliminates the condition
How long does the treatment take?	Daily for 2 weeks to weekly for 3 months	Daily for months to years	Varies	Varies
What are the risks?	Mild discomfort during treatment	Headaches, sleep problems, weight gain, sexual side effects	Headaches, sleep problems, weight gain, sexual side effects, seizures	Unknown
How do we know?	Decades of scientific studies conducted by independent researchers	Decades of scientific studies conducted by independent researchers and marketing information from companies	A few small studies conducted by researchers and marketing information from companies	Testimonials and marketing information from companies

Strong Signal

- **Trauma focused therapies**
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Possible Signal

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Unclear (Too Early to Tell)

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Unclear (Probably Minimally Effective)

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Probably Noise

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- **Dietary supplements**

A Short List of Treatments to Prevent Suicide Attempts

- Dialectical behavioral therapy (DBT)
- Cognitive behavioral therapy for suicide prevention (CBT-SP)
- Crisis response / safety planning (CRP)
- Means restriction
- Caring contacts
- Attempted suicide short intervention program (ASSIP)
- Mentalization based psychotherapy (MBP)
- Ketamine

Strong Signal

- **Dialectical behavioral therapy (DBT)**
- **Cognitive behavioral therapy for suicide prevention (CBT-SP)**
- **Means restriction**
- **Crisis response / safety planning (CRP)**
- **Caring contacts**
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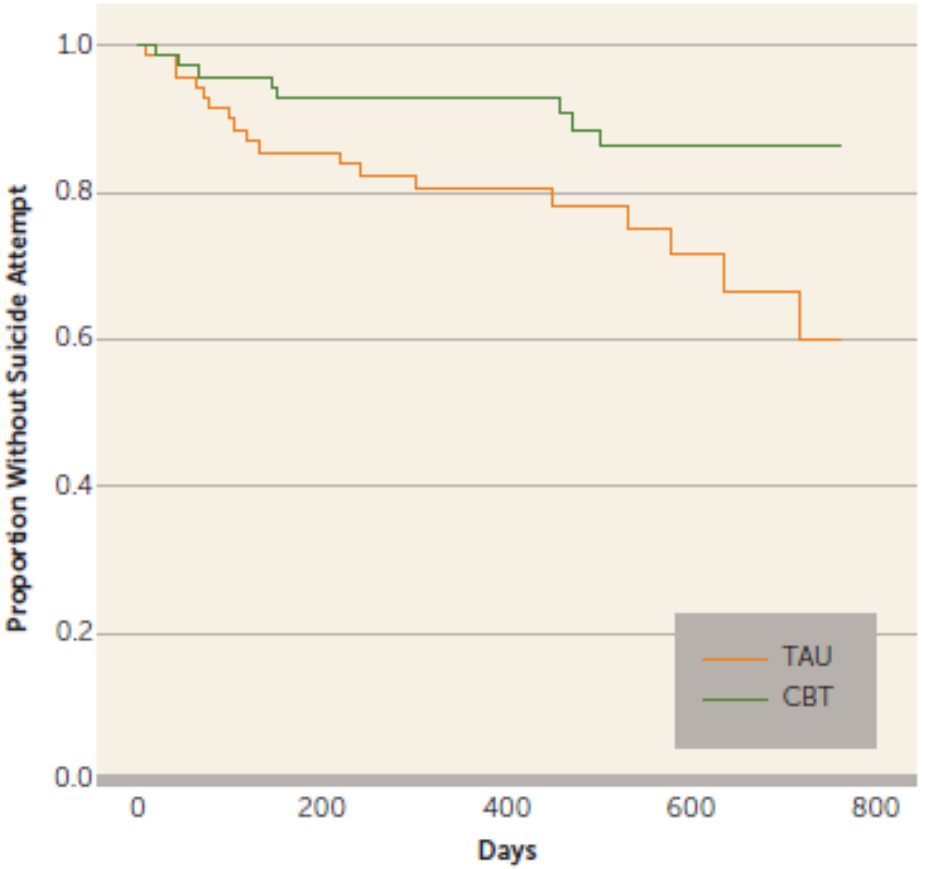
BCBT Effect on Suicide Attempts

TABLE 2. Estimated Suicide Attempt-Free Probabilities

	Brief Cognitive-Behavioral Therapy		Treatment as Usual	
Assessment Period	Attempt-Free Probability	95% CI	Attempt-Free Probability	95% CI
3 Months	0.96	0.94–0.98	0.91	0.88–0.95
6 Months	0.96	0.94–0.98	0.85	0.81–0.88
12 Months	0.93	0.90–0.96	0.80	0.75–0.85
18 Months	0.86	0.81–0.91	0.75	0.69–0.81
24 Months	0.86	0.81–0.91	0.64	0.55–0.73

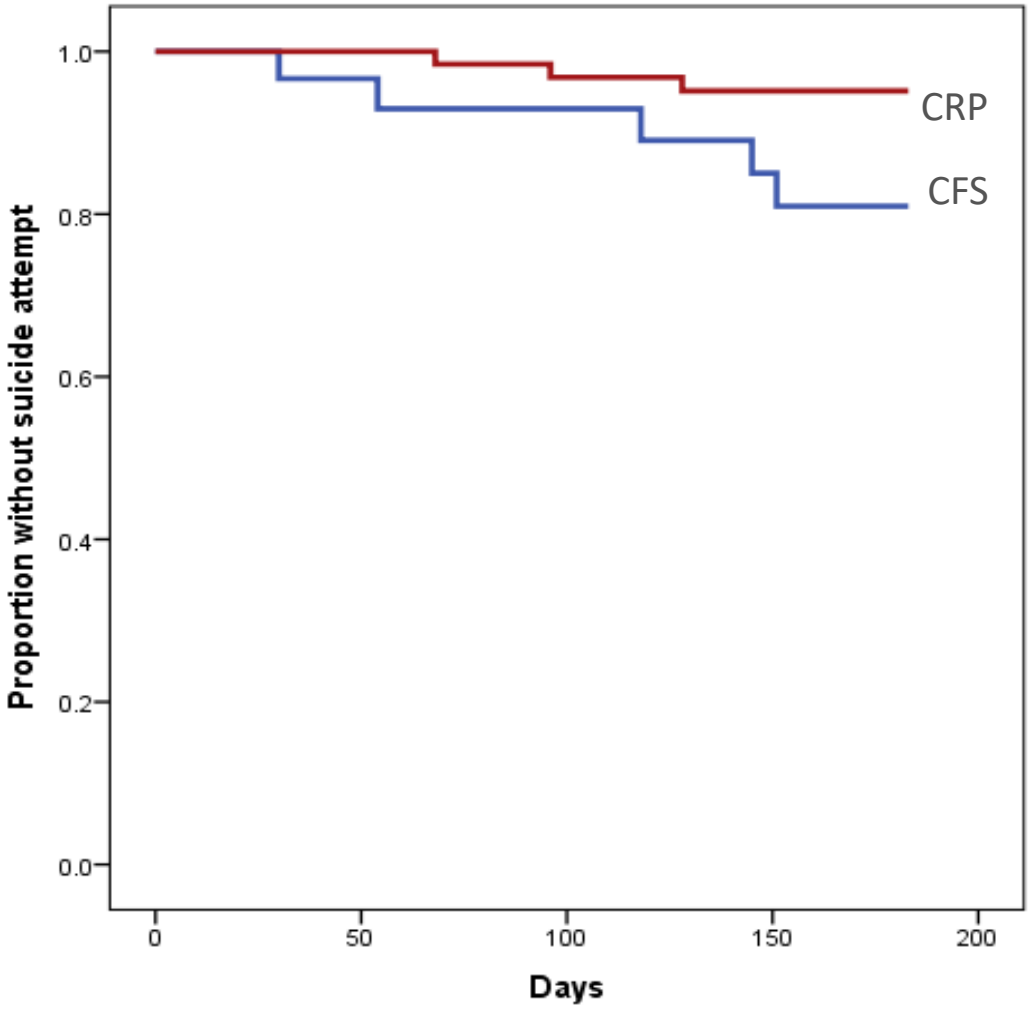
BCBT associated with 60% reduction in suicide attempts

FIGURE 2. Survival Curves for Time to First Suicide Attempt[a]



[a] CBT=cognitive-behavioral therapy; TAU=treatment as usual (log-rank χ^2=5.28, df=1, p=0.02).

CRP Effect on Suicide Attempts



The crisis response plan leads to a 76% reduction in suicide attempts as compared to the contract for safety:

- Crisis Response Plan: n=3/65 (4.9%)
- Contract for Safety: n=5/32 (19.0%)

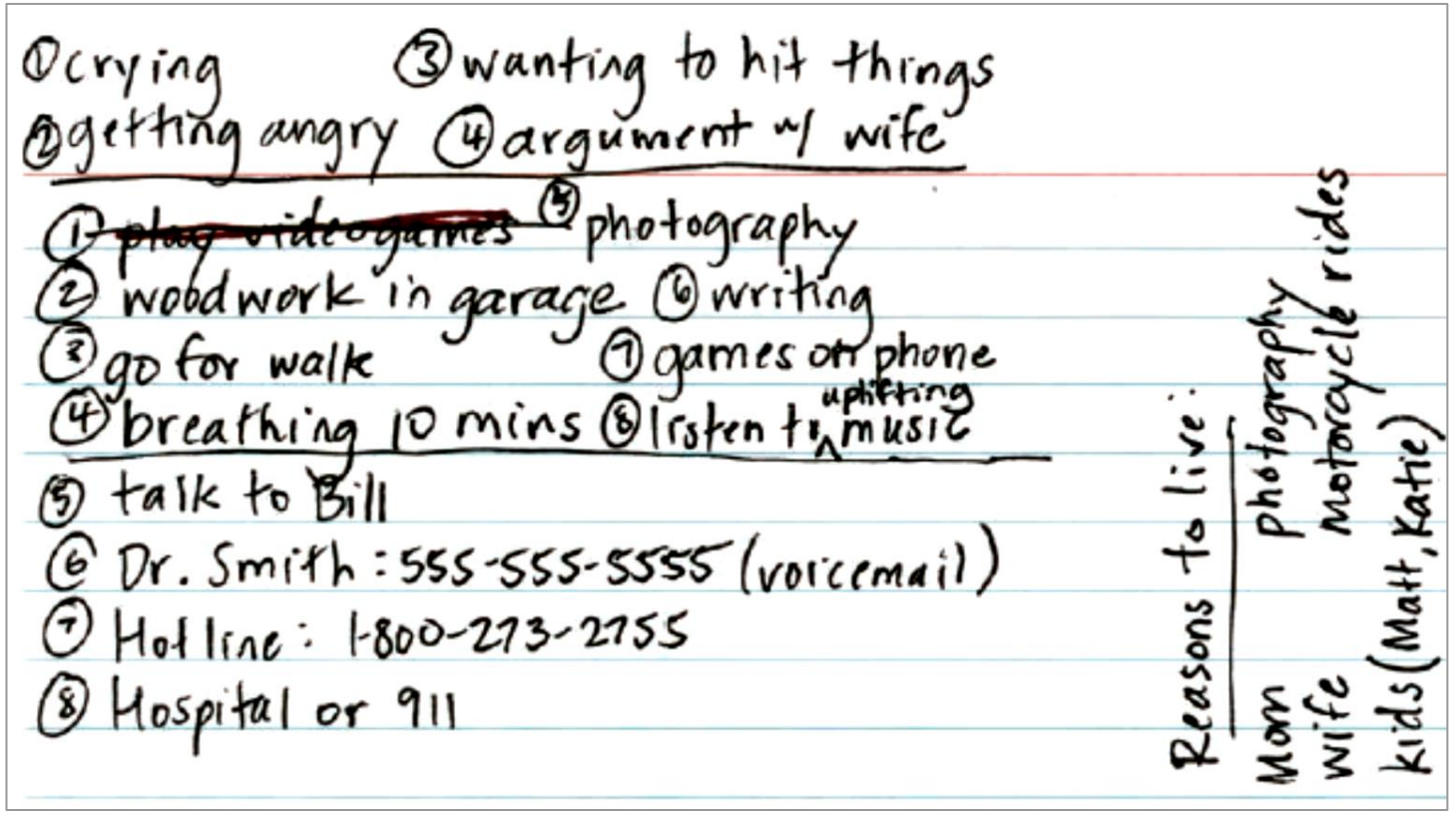
Log-rank $\chi^2(2)=4.85$, p=.028
Cox Wald $\chi^2(2)=4.06$, p=.044
HR=0.24 [0.06, 0.96]

Bryan et al. (2017)

Planning

Warning Signs: pacing
feeling irritable
thinking "it'll never get better"

- go for a walk 10 mins
- watch Friends episodes
- play with my dog
- think about my kids
  - vacation to beach in Florida
  - Christmas Day 2012
- call/text my Mom or Jennifer
- call Dr. Brown: 555-555-5555
  - leave msg w/ name, time, phone #
- 1-800-273-TALK
- go to hospital
- call 911



Trauma-focused therapies are unsafe with suicidal patients

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Recommended Treatment Approach

Clinical Presentation	Treatment Approach
• No suicide ideation • Suicide ideation with low intent	Trauma-focused treatment
• Suicide ideation with moderate intent • Suicide planning (nonspecific)	Trauma-focused treatment plus crisis response plan
• Suicide ideation with severe intent • Suicide preparation or rehearsal	Suicide-focused treatment followed by trauma-focused treatment

Final Thoughts

- Some treatments are **very effective** for reducing PTSD symptom severity, suicidal ideation, and risk of suicidal behaviors
- Some treatments are better than others
- PTSD is treatable
- PTSD does not have to be chronic

Questions

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