Treatments and Brief Interventions for Suicide-Specific Care

Treatment Type	Name	Description and Further Resources
Evidence-Based Suicide-Specific Treatments	**Dialectical Behavior Therapy (DBT)**	**Description**: » Developed by Dr. Marsha Linehan » Has the most replicated and suicide-specific data demonstrating effectiveness » A team treatment primarily focused on delivery in outpatient settings, DBT utilizes four modes of treatment delivery: Individual Psychotherapy, DBT Skill Training, In-The-Moment Phone Coaching, and DBT Consultation Teams for Therapists » Skill building is a major focus of DBT and can be integrated into a variety of care settings, including inpatient. Individuals can develop skills while in the hospital and then apply those skills post-discharge **Resources:** https://behavioraltech.org/resources/faqs/dialectical-behavior-therapy-dbt/
	Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP, sometimes referred to as CT-SP)	**Description:** » Developed by Drs. Greg Brown and Aaron Beck at the University of Pennsylvania » Randomized controlled trial research shows a 50% reduction in suicide attempts after the 10-session intervention

		» Uses CBT techniques to identify risk factors and plan efficient and effective treatment for clients with suicide-related ideation and/or behaviors » 10-session intervention that focuses on the “suicidal mode” » First few sessions focus on how the suicidal mode is activated in a person » Final sessions focus on creating a relapse prevention protocol, where individuals participate in guided imagery exercises to rehearse what actions they can take instead of ending their life, when the suicidal mode is activated **Resources**: https://beckinstitute.org/workshop/cbt-for-suicide-prevention/ Stanley B., Brown G., Brent D., Wells K., et al. (2009). Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP): Treatment model, feasibility, and acceptability. *J Am Acad Child Adolesc Psychiatry*, *48*(10), 1005-13. Brown G., Ten Have T., Henriques G., Xie S., Hollander J., & Beck A. (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. *JAMA*, *294*(5), 563-70.
	Brief Cognitive Behavioral Therapy (BCBT)	**Description**: » Developed by Drs. David Rudd and Craig Bryan, initially studied in military populations » Initial research showed an 60% reduction in attempt behaviors at 2-year follow-up » A phasic treatment similar to the CBT-SP intervention » In the first phase, an individual first learns about the “suicidal mode” » The second component involves learning self-soothing techniques and problem-solving » Developing hope kits

		» Final phase of care is to create a relapse prevention protocol **Resources**: Rudd, M.D. (2012). Brief cognitive behavioral therapy (BCBT) for suicidality in military populations. *Military Psychology, 24*(6), 592–603. Rudd, M.D., Bryan, C.J., Wertenberger, E.G., Peterson, A.L., et al. (2015). Brief cognitive-behavioral therapy effects on post-treatment suicide attempts in a military sample: Results of a randomized clinical trial with 2-year follow-up. *Am J Psychiatry, 172*(5), 441-449.
	Collaborative Assessment and Management of Suicidality (CAMS)	**Description**: » Developed by Dr. David Jobes and his team at the Suicide Prevention Lab at the Catholic University of America » Replicated studies show reductions in suicidal ideation, increases in hope and reasons for living, improvement in clinical retention, and decreases in visits to primary care and emergency department settings » CAMS is an intensive, suicide-specific framework that focuses on the identification of suicidal drivers, or triggers, that compel a person to consider suicide. This intervention includes: » The creation of a suicide stabilization plan » Developing other means of coping and problem-solving to replace or eliminate thoughts of suicide as a coping strategy » Although initially created as an outpatient intervention, CAMS is a flexible approach and can be modified to a variety of care settings, including inpatient and group treatment » Is understood as a “philosophy of care” or framework that can be delivered in conjunction with other treatment modalities **Resources**:

		Comtois K.A., Jobes D.A., O'Connor S.S., Atkins D.C., et al. (2011). Collaborative assessment and management of suicidality (CAMS): Feasibility trial for next-day appointment services. *Depress Anxiety*, *28*(11): 963-72. Ryberg, W., Zahl, P.H., Diep, L.M., Landro, N.I. & Fosse, R. (2019). Managing suicidality within specialized care: A randomized controlled trial. *J Affective Disorders, 249, 112-120.*
Evidence-Based Suicide-Specific *Brief* Interventions	**Teachable Moment Brief Intervention (TMBI)**	**Description** » Developed by Dr. Stephen O'Connor at the University of Louisville » Research suggests increases in readiness to change, engagement in mental health services, and reasons for living » A one-time intervention designed to be used two days after a suicide attempt for suicide attempt survivors in a medical-surgical setting or other inpatient setting » Informed by both CAMS and DBT/CBT » The survived attempt is seen as an opportunity to explore what the attempt meant and what it means to survive the suicide attempt » Help individuals identify the factors that contributed to their attempt and suicidal ideation » Develop safety plan **Resources**: O'Connor, S.S., Comtois, K.A., Wang, J., Peterson, R., Lapping-Carr, L., and Zatzick, D. (2015). The development and implementation of a brief intervention for medically admitted suicide attempt survivors. *Gen Hosp Psychiatry*, *37*(5), 427-33. O'Connor, S.S., Mcclay, M.M., Choudhry, S., Shields, A.D., et al. (2020). Pilot randomized clinical trial of the Teachable Moment Brief Intervention for hospitalized suicide attempt survivors. *Gen Hosp Psychiatry, 63,* 111-118.

	Motivational Interviewing to Address Suicidal Ideation (MI-SI)	**Description**: » Developed by Dr. Peter Britton at the Canandaigua Veteran's Affairs » Conducted during an acute inpatient hospitalization, MI-SI is a therapeutic approach for assessing and enhancing a client's motivation to live and engage in life-enhancing activities » Looks at both sides of the attempt experience and what lessons can be learned from it » Develops a plan to make life worth living **Resources** Britton, P.C., Patrick, H., Wenzel, A., Williams, G.C. (2011). Integrating Motivational Interviewing and Self Determination Theory with Cognitive Behavioral Therapy to Prevent Suicide. *Cogn Behav Pract, 18*(1), 16-27. Britton, P.C., Conner, K.R., Chapman, B.P., Maisto, S.A. (2020). Motivational Interviewing to Address Suicidal Ideation: A Randomized Controlled Trial in Veterans. *Suicide Life Threat Behav, 50*(1), 233-248.
	Crisis Response Planning for Suicide (CRP)	**Description**: » Initially developed by Dr. David Rudd, he and Dr. Craig Bryan have more recently studied crisis response planning to establish efficacy in randomized clinical trials » A randomized clinical trial compared CRP to contracts for safety and found that individuals who received the CRP were 76% less likely to make a suicide attempt during the 6-month follow-up period. CRP also contributed to faster reductions in suicidal ideation. CRP is a critical component of BCBT » CRP is developed collaboratively with a suicidal individual by a trained individual. The CRP serves as a checklist to follow during periods of intense emotional distress and helps someone remember what to do when they feel emotionally overwhelmed.

		» 5 key sections: personal warning signs, self-management strategies, reasons for living, social support, and professional crisis support. Resources: Bryan, C.J., Mintz, J., Clemans, T., Leeson, B., Burch, T., WIliams, S., Maney, E., Rudd, M. (2017). Effective of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial. *Journal of Affective Disorders, 212*.
	Collaborative Safety Planning Intervention (SPI)	**Description**: » Developed by Drs. Barbara Stanley and Greg Brown » Research shows that SPI, delivered with follow-up contact, was associated with 45% fewer suicidal behaviors over a 6-month follow-up; SPI also more than doubled the odds of an individual attending at least 1 outpatient mental health visit » SPI is a brief intervention in which an individual and clinician collaboratively develop a prioritized list of coping strategies and supports. The plan may be used as a single-session intervention or incorporated into ongoing treatment. » A 6-step intervention, it features several elements, including identification of triggers, internal coping strategies, distractions, and strategies to ask for help. Means safety is a crucial element. **Resources**: Stanley, B., Brown, G.K. (2012). Safety Planning Intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256-264. Stanley, B., Brown, G.K., Brenner, L.A., Galfalvy, H.C., et al. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA, 75*(9), 894-900.

	Attempted Suicide Short Intervention Program (ASSIP)	**Description**: » Developed by Dr. Konrad Michel » Research found those receiving the 3-session ASSIP intervention had approximately 80% reduced risk of making a repeat suicide attempt, compared to treatment-as-usual; ASSIP participants also spent 72% fewer days in the hospital during the two-year follow-up period » ASSIP is based on a patient-centered model of suicidal behavior, with a strong emphasis on therapeutic alliance » Created for use on an inpatient unit » ASSIP involves a 3-session intervention: • Individual is recorded while discussing, in narrative form, their suicide attempt in detail • Individual and clinician watch the recorded interview, make observations, and develop a stabilization plan • Individual and clinician watch the video again, incorporate lessons learned to create safety plan » After discharge, the individual receives follow-up letters for 24 months, reminding them of the intervention **Resources**: Gysin-Maillart, A., Schwab, S., Soravia, L., Megert, M. Michel, K. (2016). A Novel Brief Therapy for Patients who Attempt Suicide: A 24-months follow-up randomized controlled study of the Attempted Suicide Short Intervention Program (ASSIP). *PLOS Med, 13*(3), e1001968.
	Caring Contacts	**Description:** » Initially studied by Drs. Jerry Motto and Alan Bostrom » Randomized controlled trial found that individuals who received post-crisis contact had a lower suicide rate than control group over the 5 years of the study, with the first 2 years being statistically significant

		» Focused on individuals following discharge for depression and/or suicide who refused ongoing aftercare » Involved sending a non-demand letter at least 4 times per year following the inpatient hospitalization » More recent adaptations of this intervention can include caring phone calls, text messages, postcards and letters delivered post-discharge and/or during transitions in care **Resources**: Motto, J.A. & Bostrom, A.G. (2001). A randomized controlled trial of postcrisis suicide prevention. *Psychiatric Services, 52*(6), 828-833. Luxton, D.D., June, J.D. & Comtois, K.A. (2013). Can post discharge follow-up contacts prevent suicide and suicidal behavior? A review of the evidence. *Crisis, 34*(1), 32-41.