Using Evidence Based Practice: An Overview of Cognitive Behavioral Therapy for Suicide Prevention

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Disclaimer

• Kristen Batejan and Laura Rombach have no financial relationship to this program
Suicide Prevention Webinar Series

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In collaboration with the University of New Mexico, State of New Mexico, Human Services Department, Behavioral Health Services Division, and Indian Health Services
Presentation based off of text:

Cognitive Therapy for Suicidal Patients. Scientific and Clinical Applications

By: Amy Wenzel, Gregory K. Brown, & Aaron T. Beck
Objectives

• Identify psychiatric diagnoses at-risk for suicide attempts.
• Interpret suicide narrative and risk/protective factors for thorough case conceptualization.
• Integrate client’s past suicidal history with learned affective, behavioral, and cognitive strategies during relapse prevention protocol.
2013 National Suicide Rates

• 2012–2013 increase in rates of suicides
• 10th ranking cause of death in the USA

• Most at-risk groups include:
  • Youth (i.e., 2nd ranking cause of death among 15–24 year olds)
  • Men aged 45–64 years old
  • LGBTQ
  • Military
  • Native-Americans

American Association of Suicidology (2013)
Polling Question

• Do you typically treat patients with primary suicidal ideation/behaviors?
  • Yes
  • No
  • Depends on other factors
What is Cognitive Behavioral Therapy?
What is Cognitive Behavioral Therapy? (Continued)

• What does CBT look like in therapy?
  • Relatively short-term.
  • Direct teaching and use of homework.
  • Use of assessments.
What is Cognitive Behavioral Therapy? (Continued)

• CBT is effective for what psychiatric disorders?
  • Depression
  • Anxiety
  • Personality disorders
  • Substance use disorders
  • PTSD
  • Psychotic disorders
How CBT-Suicide Prevention differs?

• Primary goal is to prevent future suicidal act
• Any issues brought up in therapy should be addressed as it relates to suicidality
• Starts with narrative of suicidal act

Wenzel, Brown, & Beck (2009)
Early Phase of Treatment
Orientation to Therapy

• Orientation to what therapy and CBT-SP look like
• Explanation of agenda including suicide risk assessment and safety planning
• Build rapport, convey sense of hope, suicidal ideation and behaviors are treatable!
Polling Question

- Do you develop a collaborative safety plan with suicidal patients?
  - Yes
  - No
  - Sometimes
Suicide Risk Assessments

• Assess for risk and protective factors
• Assess for actual suicide risk
• Common assessments:
  • PHQ9
  • Columbia Suicide Severity Screening
Safety Planning

• Do not use a no-suicide contract

• Identify:
  • Warning signs
  • Coping Strategies/skills
  • Contact information for family/friends
  • Contact information for professionals/agencies

• Discuss likelihood of client using safety plan
  • Discuss obstacles
  • Make any revisions
## Patient Safety Plan Template

**Step 1:** Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. 
2. 
3. 

**Step 2:** Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. 
2. 
3. 

**Step 3:** People and social settings that provide distraction:

1. Name Phone
2. Name Phone
3. Name Phone

**Step 4:** People whom I can ask for help:

1. Name Phone
2. Name Phone
3. Name Phone

**Step 5:** Professionals or agencies I can contact during a crisis:

1. Clinician Name Phone
2. Clinician Name Phone
3. Local Urgent Care Services
   - Urgent Care Services Address
   - Urgent Care Services Phone
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6:** Making the environment safe:

1. 
2. 

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What are some of those early or initial thoughts, feelings, or behaviors that lead into suicidal thinking…

What are some distraction activities that I can do by myself…

Who can I call to help distract me or provide distraction?

Who can I call for help? Who can I tell I’m feeling suicidal? Who can take me to the hospital?

Therapist’s number and emergency number? Any on call person? Urgent care service? Hotlines?

Assuring medications locked up. Alcohol locked up. Sharps locked up. Guns removed.

What is the most important thing I need to remember about why I should live…
Safety Plan To Go

**SAFETY PLAN TO GO**

- **Warning signs:**
  - e.g., feelings of hopelessness;
  - thoughts about being a burden to family; no energy; more sleeping

- **Coping strategies:**
  - e.g., cuddle with pet; watch funny movie; exercise/yoga; breathing; art/music

- **Family/friends:**
  - e.g., call mom (++++)
  - call bestie (++++)
  - call S.O. (++++)

- **Emergency contacts:**
  - c.e., call therapist’s office/emergency #;
  - call hotline (1-800-273-TALK);
  - call 9-1-1
Narrative of Suicidal Act

Activating Event

What happened to cause the suicidal crisis?
Narrative of Suicidal Act

What are the emotions experienced?

Thoughts ➔ Emotions ➔ Behaviors

What are the first thoughts after the event?

What then happened – what did the person do?
Narrative of Suicidal Act

**Suicide Intent**

Suicide Mode: What are the thoughts, plans…

**Suicide Attempt**

Actual act of attempting
Treatment Planning

• Treatment goals
  • Prevent future suicide attempt
  • Dispositional vulnerability factors
  • Psychiatric or substance disorder related to suicidality

• Intervention strategies
  • Which problems or skill deficits are most life-threatening?
Intermediate Phase of Treatment
Continue to assess for...

- Suicide risk
- Substance use
- Treatment compliance
- Review/modify safety plan
Polling Question

• Do you provide skills training in session and ask your patient to complete homework to practice the skills?
  • I provide skills training and require homework assignments
  • I only provide skills training
  • I do not provide skills training
Behavioral Strategies

• Increase pleasurable activities
• Increase/improve social resources
• Increase compliance with other services
Affective Coping Skills

• Physical self-soothing
• Cognitive self-soothing
• Sensory self-soothing
Cognitive Strategies

- Modify core beliefs
- Identify reasons for living
- Develop coping cards
- Enhance problem solving skills
- Reduce impulsivity
Coping Cards

Automatic Thought:

Alternative Response:

Reasons why....

Coping skills for when I am feeling suicidal

Steps to...(achieve something)
Later Phase of Treatment
Later Phase

• Assessment
  • Suicide risk
  • Substance use
  • Treatment compliance
  • Review/modify safety plan

• Continued review of skills
  • Behavioral
  • Affective
  • Cognitive

• Conduct Relapse Prevention Protocol
Relapse Prevention Protocol Checklist
part I

**Step 1: Preparation**
- Provide a complete rationale and description of the steps involved in this protocol
- Confirm that the client understands protocol
- Describe the potential for negative emotional reactions
- Address the client's feedback and concerns
- Obtain client’s consent

**Step 2: Review of the recent suicidal crisis**
- Assess whether the client is able to produce a vivid image, and if not, teach the client to do so
- Set the scene of the attempt or crisis
- Ask the client to describe in the *present tense* the sequence of events that led up to the suicidal crisis
- Focus on the key thoughts, emotions, behaviors, and circumstances that were the most relevant to the suicidal crisis

**Step 3: Review of the recent suicidal crisis using skills**
- Ask, again, the client to describe in the *present tense* the sequence of events that led up to the suicidal crisis
- Prompt the client to describe the coping strategies and adaptive responses to the key activating events
## Relapse Prevention Protocol Checklist part II

### Step 4: Review of a future suicidal crisis
- Ask the client to imagine and describe the sequence of events that could lead to a future suicidal crisis
- Focus on key thoughts, emotions, behaviors, and circumstances that were the most relevant to eliciting suicidal crisis
- Prompt the client to describe the coping strategies and adaptive responses to the key activating events

### Step 5: Debriefing and follow-up
- Ask the client to summarize what he or she has learned from these exercises
- Describe the manner in which changes the client made in treatment were reflected in his or her handling of the imagine suicidal crises
- Identify any issues elicited in these exercises that remain problematic for the client
- Determine whether the client is experiencing suicide ideation and, if so, collaboratively develop a plan to address it
- Review the safety plan
- Offer additional treatment sessions or follow-up telephone calls as clinically indicated
Coming to an end...

• Review progress toward treatment goals
• Engage in additional treatment planning:
  • Continuation of treatment?
  • Referral?
  • Termination of treatment?
Resources

• National Guideline Clearinghouse for Suicide Prevention
  • http://www.guideline.gov/content.aspx?id=48046&search=suicide+prevention
• Zero Suicide
  • http://zerosuicide.org/
• Suicide Prevention Resource Center
  • www.sprc.org
• American Association of Suicidology (AAS)
  • www.suicidology.org
• Association for Behavioral and Cognitive Therapy (ABCT)
  • www.abct.org
References


