

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

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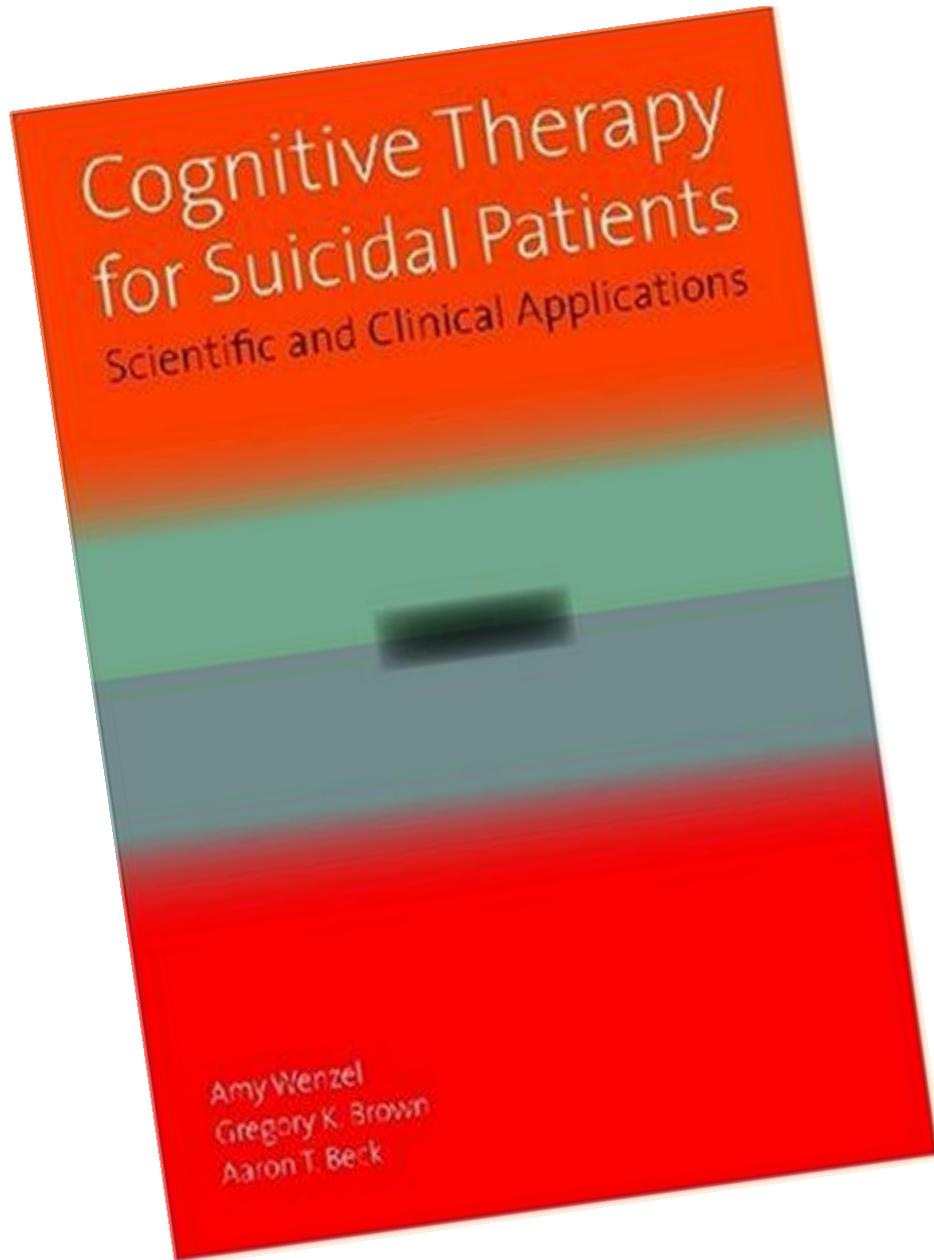
Disclaimer

- Kristen Batejan and Laura Rombach have no financial relationship to this program

Suicide Prevention Webinar Series

The Suicide Prevention Webinar Series is presented through the National Strategy of Suicide Prevention in New Mexico

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.

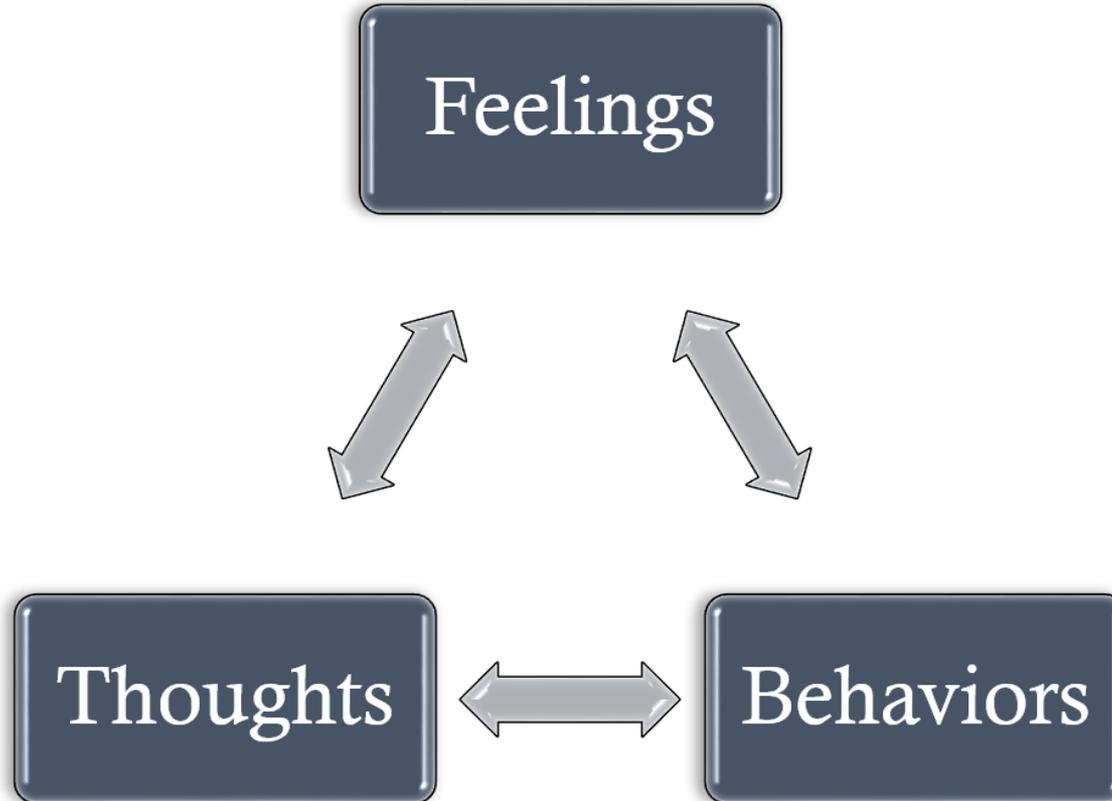
2013 National Suicide Rates

- 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

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 ?

Cont.

- What does CBT look like in therapy?
 - Relatively short-term.
 - Direct teaching and use of homework.
 - Use of assessments.

What is Cognitive Behavioral Therapy ?

Cont.

- 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

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

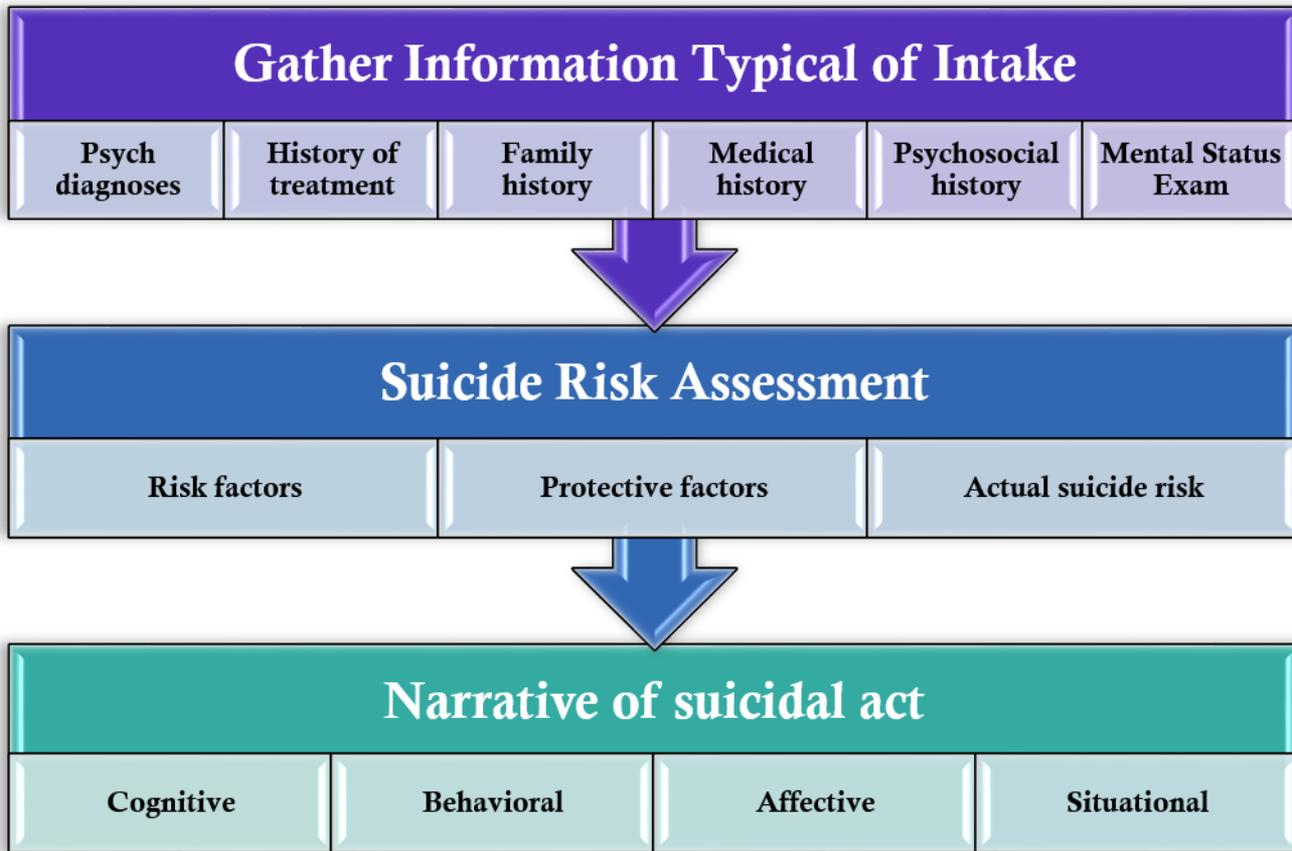
Patient Safety Plan Template

<p>Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>What are some of those early or initial thoughts, feelings, or behaviors that lead into suicidal thinking...</p>
<p>Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p>	<p>What are some distraction activities that I can do by myself...</p>
<p>Step 3: People and social settings that provide distraction:</p> <p>1. Name _____ Phone _____</p> <p>2. Name _____ Phone _____</p> <p>3. Place _____ 4. Place _____</p>	<p>Who can I call to help distract me or provide distraction?</p>
<p>Step 4: People whom I can ask for help:</p> <p>1. Name _____ Phone _____</p> <p>2. Name _____ Phone _____</p> <p>3. Name _____ Phone _____</p>	<p>Who can I call for help? Who can I tell I'm feeling suicidal? Who can take me to the hospital?</p>
<p>Step 5: Professionals or agencies I can contact during a crisis:</p> <p>1. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____</p> <p>2. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____</p> <p>3. Local Urgent Care Services: Urgent Care Services Address: _____ Urgent Care Services Phone: _____</p> <p>4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)</p>	<p>Therapist's number and emergency number? Any on call person? Urgent care service? Hotlines?</p>
<p>Step 6: Making the environment safe:</p> <p>1. _____</p> <p>2. _____</p>	<p>Assuring medications locked up. Alcohol locked up. Sharps locked up. Guns removed.</p>
<p><small>Safety Plan Template ©2008 Barbara Stanley and Gregory C. Brown. In agreement with the express permission of the authors, no portion of the Safety Plan Template may be reproduced without their explicit, written permission. You can contact the authors at bs@barbarastanley.com or greg@gregcbr.com.</small></p> <p>The one thing that is most important to me and worth living for is:</p> <p>_____</p>	<p>What is the most important thing I need to remember about why I should live...</p>

Safety Plan To Go



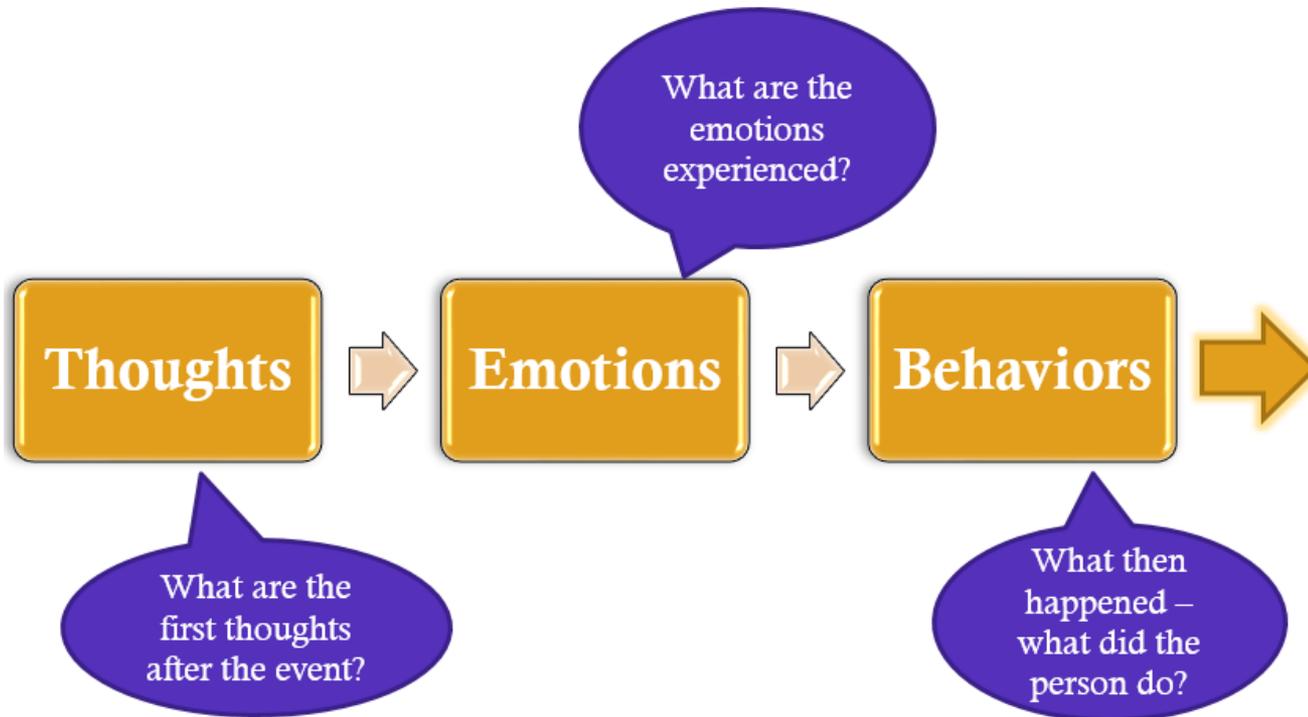
Case Conceptualization



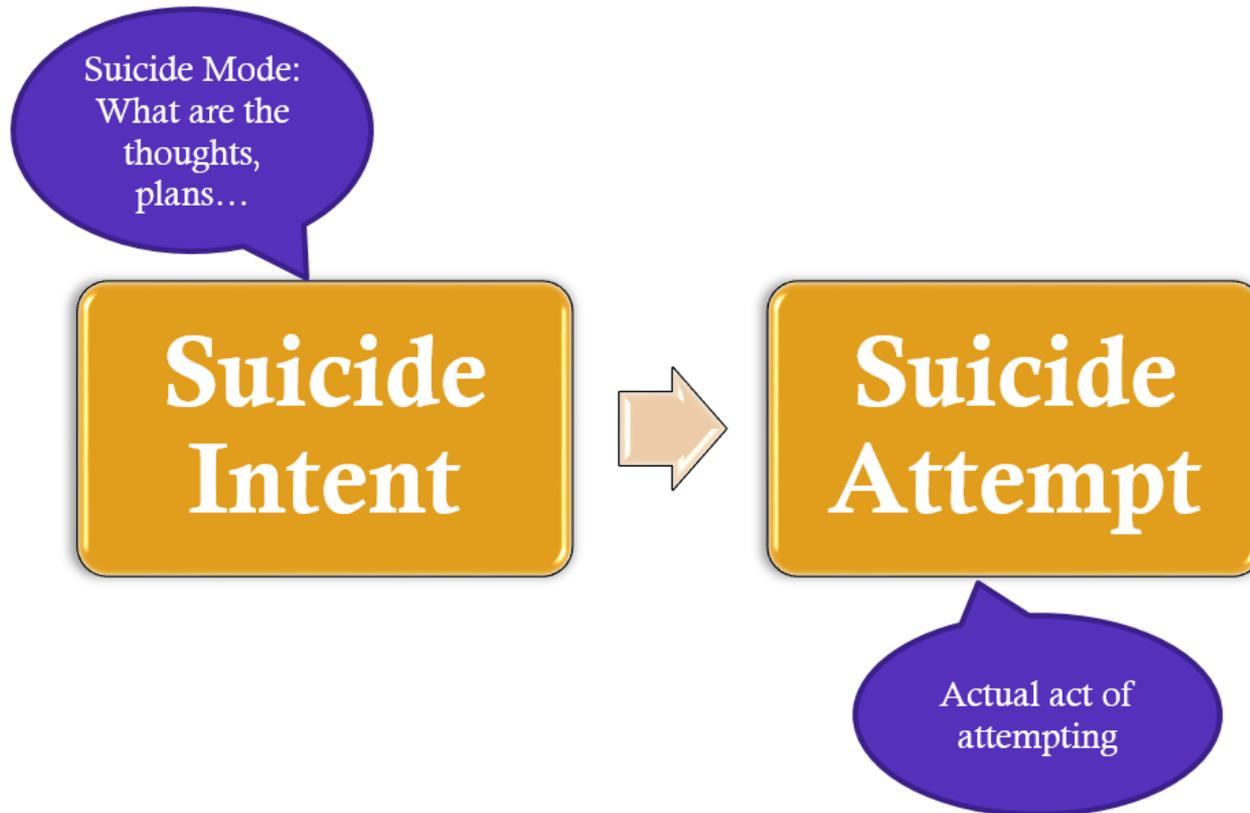
Narrative of Suicidal Act



Narrative of Suicidal Act



Narrative of Suicidal Act



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
<input type="checkbox"/> Provide a complete rationale and description of the steps involved in this protocol
<input type="checkbox"/> Confirm that the client understands protocol
<input type="checkbox"/> Describe the potential for negative emotional reactions
<input type="checkbox"/> Address the client's feedback and concerns
<input type="checkbox"/> Obtain client's consent
Step 2: Review of the recent suicidal crisis
<input type="checkbox"/> Assess whether the client is able to produce a vivid image, and if not, teach the client to do so
<input type="checkbox"/> Set the scene of the attempt or crisis
<input type="checkbox"/> Ask the client to describe in the <i>present tense</i> the sequence of events that led up to the suicidal crisis
<input type="checkbox"/> 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
<input type="checkbox"/> Ask, again, the client to describe in the <i>present tense</i> the sequence of events that led up to the suicidal crisis
<input type="checkbox"/> 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?

Upcoming Suicide Prevention Webinars

- May 18, 2015, 12–1pm (MST) Screening and Safety Planning for People at Risk of Suicide

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

1. Drapeau, C. W., & McIntosh, J. L. (for the American Association of Suicidology). (2015). U.S.A. suicide 2013: Official final data. Washington, DC: American Association of Suicidology, dated January 22, 2015, downloaded from <http://www.suicidology.org>
2. King, M., Semlyen, J., Tai, S. S., Killaspy, H., Osborn, D., Popelyuk, D., & Nazareth, I. (2008). A systematic review of mental disorder, suicide, and deliberate self harm in lesbian, gay and bisexual people. *BMC Psychiatry*, *8*, 70. doi:10.1186/1471-244X-8-70
3. Marshal, M. P., Dietz, L. J., Friedman, M. S., Stall, R., Smith, H. A., McGinley, J., . . . Brent, D. A. (2011). Suicidality and depression disparities between sexual minority and heterosexual youth: A meta-analytic review. *Journal of Adolescent Health*, *49*, 115-123. doi:10.1016/j.jadohealth.2011.02.005
4. Smolenski, D. J., Reger, M. A., Bush, N. E., Skopp, N. A., Zhang, Y., & Campise, R. L. (for the Department of Defense Suicide Event Report). (2013). Department of Defense Suicide Event Report: Calendar Year 2013 Annual Report. National Center for Telehealth and Technology, dated January 13, 2015, downloaded from <http://t2health.dcoe.mil/programs/dodser>
5. Ghahramanlou-Holloway, M., Neely, L. L., & Tucker, J. (2014). A cognitive-behavioral strategy for preventing suicide. *Current Psychiatry*, *13*, 19-28.
6. Wenzel, A., Brown, G. K., Beck, A. T. (2009). Cognitive therapy for suicidal patients. Scientific and clinical applications. APA: Washington DC