



Suicide Prevention Across the Educational Continuum

6-Part Webinar Series

Part 4: Crisis Response Planning for Suicidal Patients: An Introduction



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Funding for this presentation was made possible by SAMSHA grant no. H79SP080971. The views expressed by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services (HHS), SAMHSA.



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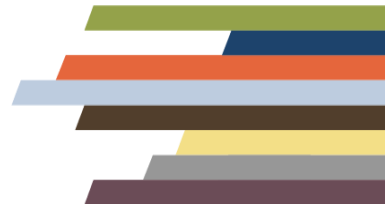
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Suicide Prevention:

Crisis Response Planning for Suicidal Patients: An Introduction

Craig J. Bryan, PsyD, ABPP

Executive Director

National Center for Veterans Studies

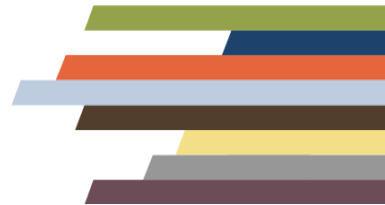
Associate Professor

Department of Psychology

University of Utah

SAMHSA

Substance Abuse and Mental Health
Services Administration



Key Questions

1. How is a crisis response plan different from a no-suicide contract?
2. What are the essential ingredients of effective suicide prevention interventions?
3. How effective is the crisis response plan?
4. What is the primary motive driving suicidal behavior?
5. What are the key elements of a crisis response plan?



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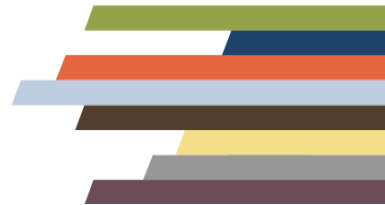
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Warning Signs: pacing
feeling irritable
thinking "it'll never
get better"

-
- 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

① crying ③ wanting to hit things
② getting angry ④ argument w/ wife

- ~~① play videogames~~ ⑤ photography
② woodwork in garage ⑥ writing
③ go for walk ⑦ games on phone
④ breathing 10 mins ⑧ listen to ^{uplifting} music
-
- ⑤ talk to Bill
⑥ Dr. Smith: 555-555-5555 (voicemail)
⑦ Hotline: 1-800-273-2755
⑧ Hospital or 911

Reasons to live:

photography
Mom
wife
motorcycle rides
kids (Matt, Katie)

What a Crisis Response Plan Is

a memory aid to facilitate early identification of emotional crises

a checklist of personalized strategies to follow during emotional crises

a problem solving tool

a collaboratively-developed strategy for managing acute periods of risk

What a Crisis Response Plan Is Not

a no-suicide contract

a no-harm contract

a contract for safety

Essential Ingredients of Effective Interventions

1. Based on a simple, empirically-supported model
2. High fidelity by the clinician
3. Adherence by the patient
4. Emphasis on skills training
5. Prioritization of self-management
6. Easy access to crisis services

Crisis Response Planning: Effectiveness

CRP As Stand-Alone Intervention

Study	Design	Tx	Comparison Condition	Setting	Sample	Follow-Up	Attempt Rates
Bryan et al. (2017) N=97	RCT	Standard CRP & Enhanced CRP	TAU	ED, Outpt MH	Military, 78% male, 26 y	6 months	5% CRP vs. 19% TAU (76% rel. reduction)
Miller et al. (2017) N=1376	Quasi	Self-guided Safety Plan + f/u phone calls	TAU	ED	ED patients, 55% male, 56 y	12 months	18% SP vs. 23% TAU (20% rel. reduction)
Stanley et al. (2018) N=1640	Cohort	Safety Plan + f/u phone calls	TAU	ED	Veterans, ED, 88% male, 49 y	6 months	3% SP vs. 5% TAU (45% rel. reduction)

Treatments With Embedded CRP

Study	Design	Tx	# of Sessions	Comparison Condition	Setting	Sample	Follow-Up	Findings
Brown et al. (2005) N=120	RCT	CT-SP	10	TAU	Outpt MH	Attempters, 40% male, 35 y	18 months	24% CT-SP vs. 42% TAU (50% rel. reduction)
Rudd et al. (2015) N=152	RCT	Brief CBT	12	TAU	Outpt MH	Military, 87% male, 27 y	24 months	14% BCBT vs. 40% TAU (60% rel. reduction)
Gysin-Maillart et al. (2016) N=120	RCT	ASSIP	3	TAU	Outpt MH	Attempters, 45% male, 38 y	24 months	5% ASSIP vs. 27% TAU (80% rel. reduction)

Understanding Suicidal Behaviors

Functional Model of Suicide

Reinforcement

Positive

Negative

Automatic
(Internal)

Adding something desirable
("To feel something, even if it is pain")

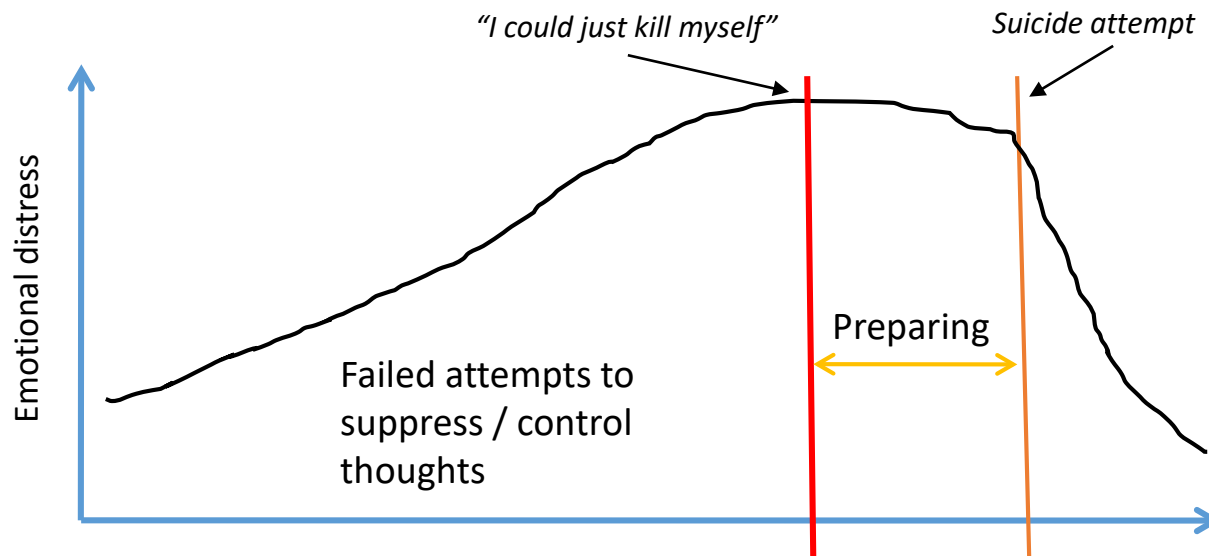
Reducing tension or negative affect
("To stop bad feelings")

Social
(External)

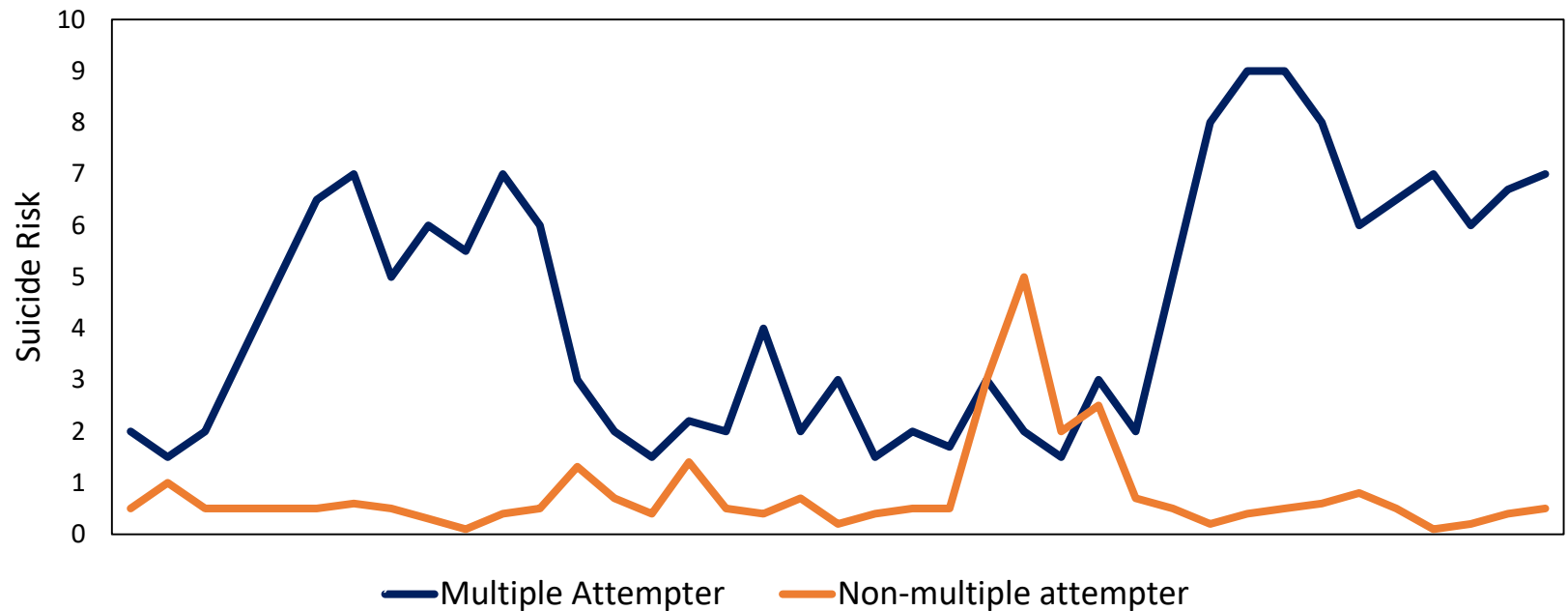
Gaining something from others
("To get attention or let others know
how I feel")

Escape interpersonal task demands
("To avoid punishment from others or
avoid doing something undesirable")

Negative Reinforcement



Stable and Dynamic Aspects of Suicide Risk



Crisis Response Planning: Mechanics

Narrative Assessment

Ask patient to describe the chronology of events for the suicidal episode that led up to the crisis

- “Let’s talk about your suicide attempt/what’s been going on lately.”
- “Can you tell me the story of what happened?”

Assess events, thoughts, emotions, physical sensations, and behaviors

- “What happened next?”
- “And then what happened?”
- “What were you saying to yourself at that point?”
- “Did you notice any sensations in your body at that point?”

Remain focused on the index suicidal episode

Crisis Response Plan

1. Explain rationale for CRP
2. Provide card for patient to record CRP
3. Identify personal warning signs
4. Identify self-management strategies
5. Identify reasons for living
6. Identify social supports
7. Provide crisis / emergency steps
8. Verbally review and rate likelihood of use

Sample Crisis Response Plans

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

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- watch Friends episodes
- play with my dog
- think about my kids
 - vacation to beach in Florida
 - Christmas Day 2012
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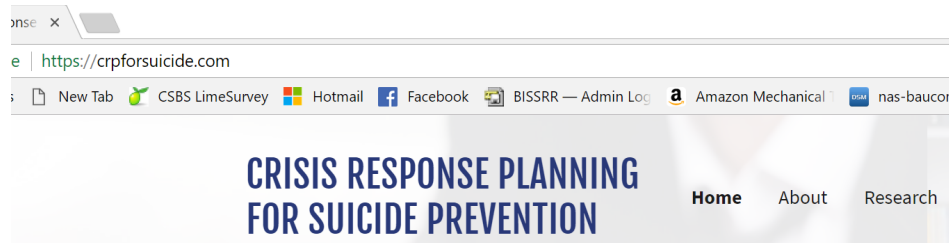
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Additional Resources

Subscribe to our YouTube page:

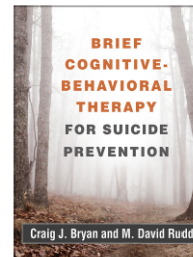
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Brief Cognitive-Behavioral Therapy for Suicide Prevention

Craig J. Bryan, PsyD, ABPP
M. David Rudd, PhD, ABPP

"There are very few treatments specifically designed to reduce suicide risk. From leading figures in the field of suicide prevention, this is a timely, extremely useful book. Bryan and Rudd's evidence-based approach is accessible to any clinician trained in general principles of CBT. This book should be on the shelf of any CBT practitioner who sees patients with suicide ideation or attempts."

—E. David Klonsky, PhD, Department of Psychology, University of British Columbia, Canada

Large, Easy-to-Reproduce Format

2018, Paperback
ISBN 9781462536665
8" x 10 1/2", 286 Pages, \$40.00
DISCOUNT PRICE: \$32.00

2018, Hardcover
ISBN 9781462536672
8" x 10 1/2", 286 Pages, \$85.00
DISCOUNT PRICE: \$68.00

"This is the definitive handbook for suicide prevention—it outlines the most effective treatment for reducing suicide attempts developed to date. BCBT is supported by solid scientific evidence emanating from the largest-ever clinical trials targeting high-risk suicidal patients. The book provides extensive details on the functional analysis of suicidal behavior—directly targeting suicidal thoughts and behaviors as the primary outcome—unlike typical approaches targeting psychiatric diagnoses or symptoms. A 'must read' for all behavioral health counselors."

—Alan L. Peterson, PhD, ABPP, Department of Psychiatry, University of Texas Health Science Center at San Antonio

An innovative treatment approach with a strong empirical evidence base, brief cognitive-behavioral therapy for suicide prevention (BCBT) is presented in step-by-step detail in this authoritative manual. Leading treatment developers show how to establish a strong collaborative relationship with a suicidal patient, assess risk, and immediately work to establish safety. Proven interventions are described for building emotion regulation and crisis management skills and dismantling the patient's suicidal belief system. The book includes case examples, sample dialogues, and 17 reproducible handouts, forms, scripts, and other clinical tools. The large-size format facilitates photocopying; purchasers also get access to a Web page where they can download and print the reproducible materials.

Find full information about this title online: www.guilford.com/p/bryan2

Thank you!

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Please Use the Q&A feature to ask the presenter questions.



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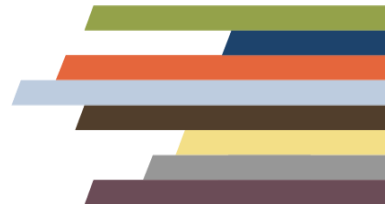
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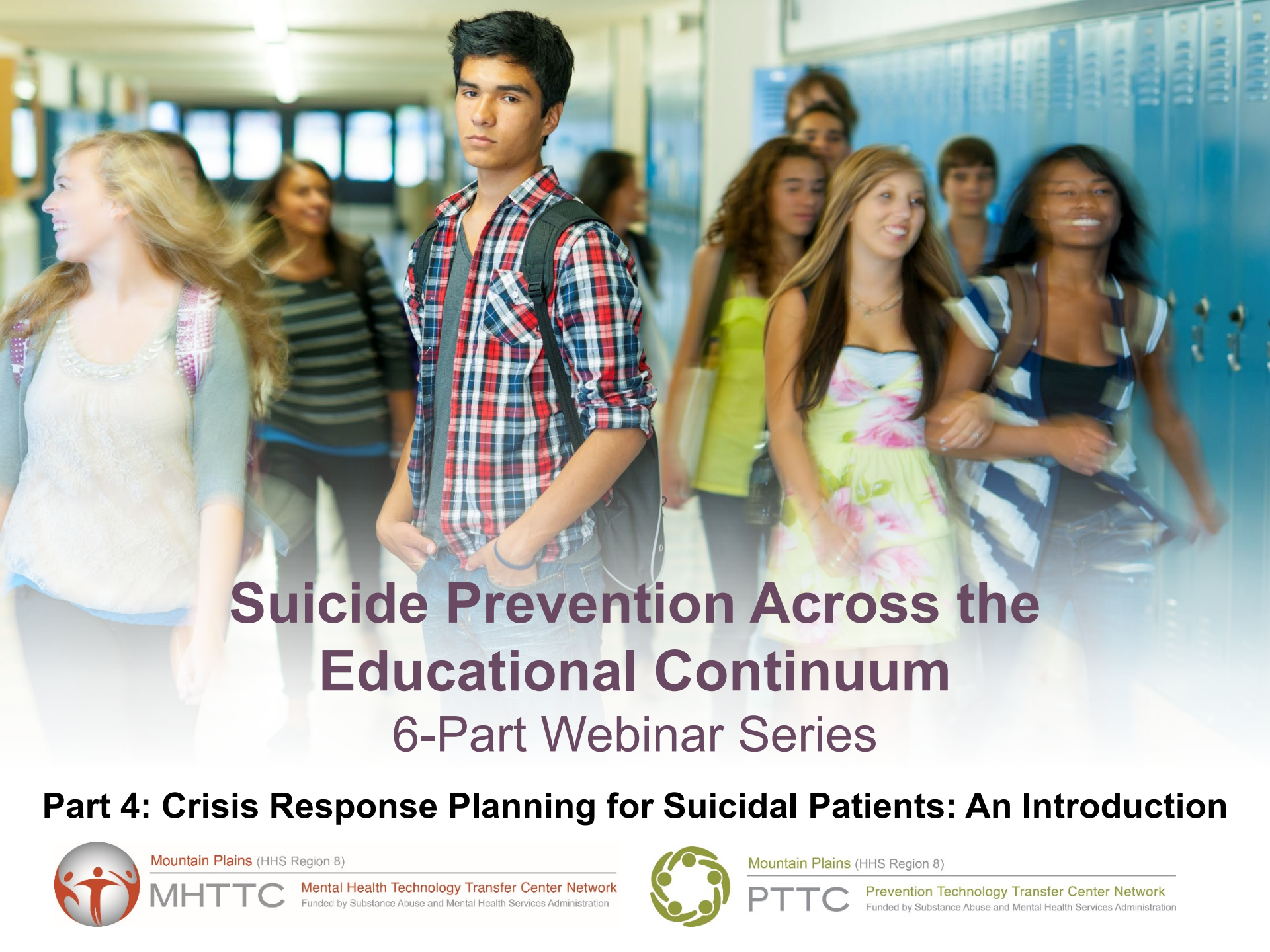


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Thank You

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