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EMPOWERING INDEPENDENT PHYSICIANS

Skills from Cognitive Therapy for Suicide Prevention (CT-SP)

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EMPOWERING INDEPENDENT PHYSICIANS

Evidence-based Interventions for Suicide

- Suicide specific treatments
 - Cognitive Therapy for Suicide Prevention (CT-SP)
 - Dialectical Behavior Therapy (DBT)
 - Collaborative Assessment and Management of Suicidality (CAMS)
- Non-demand caring contacts
- Safety planning and reducing access to lethal means

General Cognitive Model

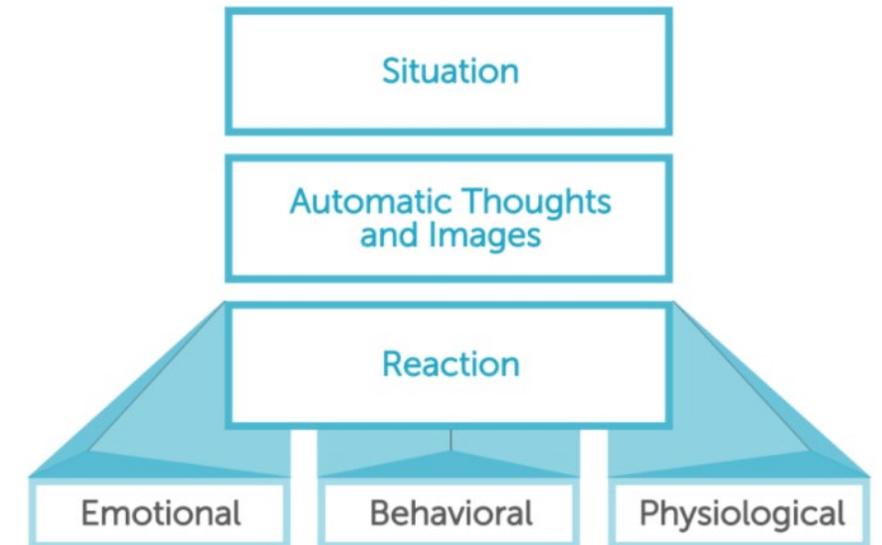
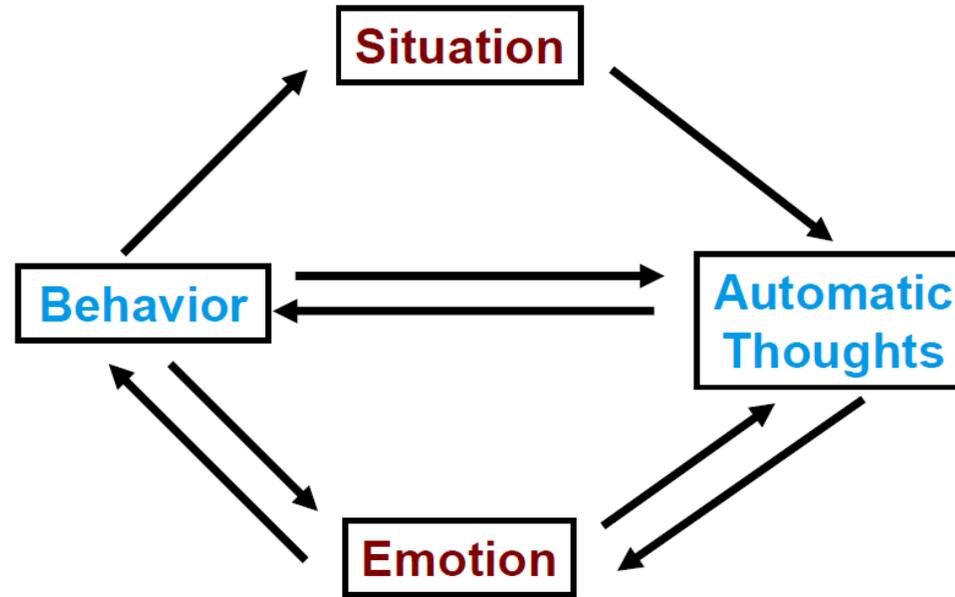


Illustration of the Cognitive Model

Cognitive Therapy for Suicide Prevention (CT-SP)

- CT-SP focuses specifically on problems related to the recent suicidal crisis.
- CT-SP views suicidal behavior as the primary problem; not a symptom of an underlying disorder.
- CT-SP is transdiagnostic.
- CT-SP is an adjunctive treatment- patients likely go on to other treatments after they can manage suicidal crises.

Cognitive Behavioral Therapy for Suicide Prevention (CT-SP)

Early Phase of Treatment

- Informed consent
- Treatment engagement
- Suicide risk assessment
- Narrative timeline interview
- Safety Planning Intervention
- Reasons for living and dying
- Treatment goals and case conceptualization
- Hope kit

Intermediate Phase of Treatment

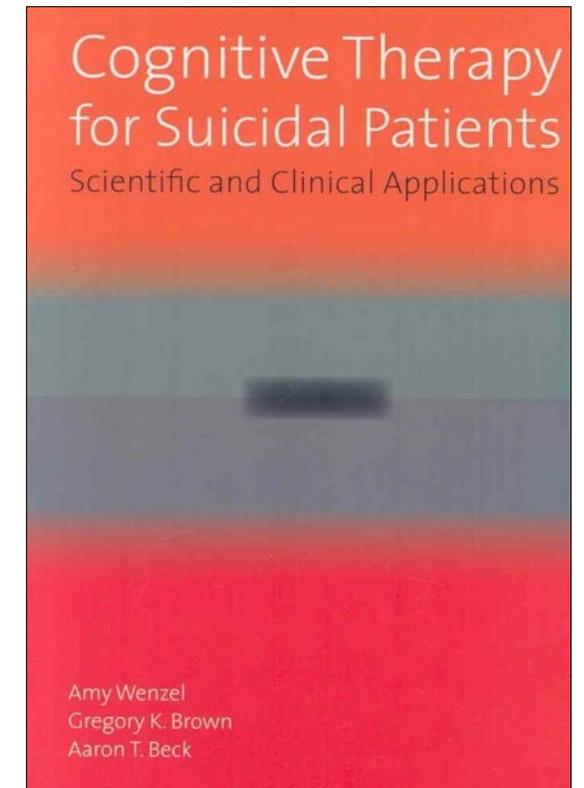
- Cognitive and behavioral strategies
- Case management strategies

Later Phase of Treatment

- Skill consolidation
- Relapse prevention task
- Treatment planning

Want to learn the whole treatment?

<https://www.med.upenn.edu/suicide/training.html>



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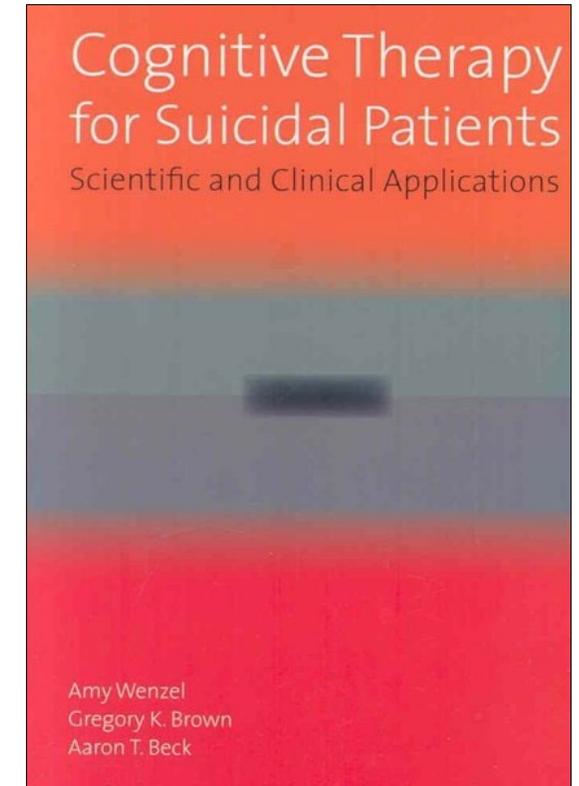
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What is a safety plan?

- A written, prioritized list of coping strategies and sources of support that a person can use to alleviate a suicidal crisis.



Why create safety plans with patients?

- Decreases suicidal behaviors; increases treatment engagement
- Helps patients cope ahead for the next suicidal crisis

Who is Safety Planning for? (In general)

- Individuals at increased risk for suicide, but not requiring immediate rescue
- Who is at increased risk? People who have:
 - Made a suicide attempt
 - Suicide ideation
 - Psychiatric disorders that increase suicide risk
 - Otherwise determined to be at risk for suicide

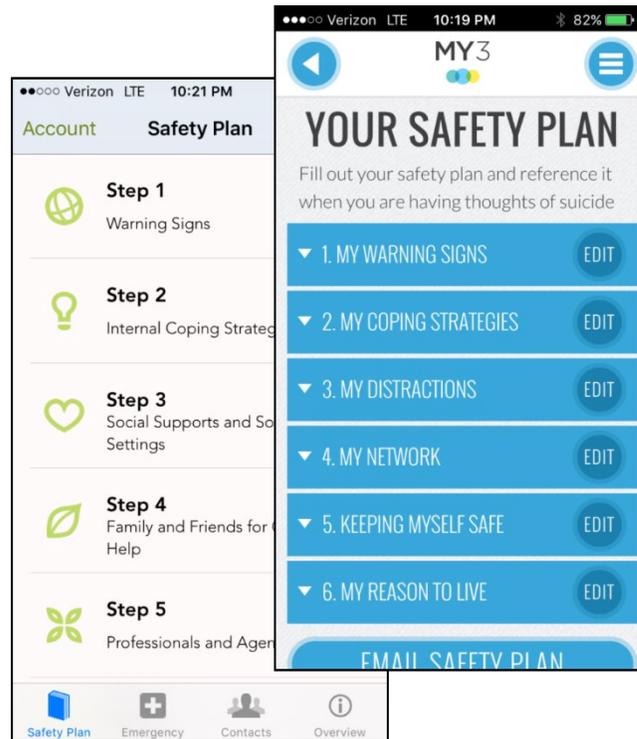
Safety Planning is not...

- An intervention for patients at imminent risk of death
- A substitute for treatment
- A “No-suicide” or “no-harm” “contract”
- [Just] A form to fill out

Safety Planning Steps

1. Warning signs
2. Internal coping strategies
3. People and social settings that provide distraction
4. People whom I can ask for help
5. Professional or agencies I can contact during a crisis
6. Making the environment safe

Documenting the Safety Plan (In general)



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. Place _____ 4. Place _____

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 _____
Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____
Clinician Pager or Emergency Contact # _____
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. _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bstan1@luc.edu or gkbrown@mail.med.upenn.edu.

From: Stanley, B., & Brown, G. (2012). Safety Planning Intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256–264.

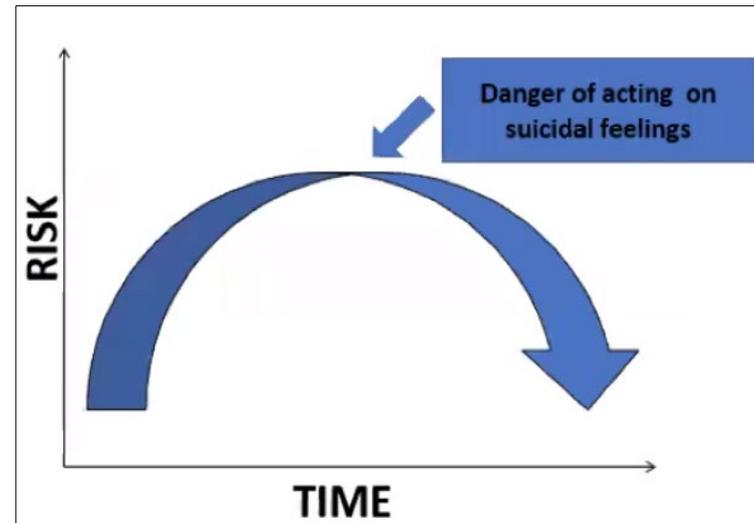
BEFORE the Intervention

Conduct a suicide risk assessment:

- The information you gather during the risk assessment informs safety planning.

Explain the suicidal crisis model:

- “A crisis makes it hard to use your usual coping skills. Crises are time-limited, even if feels in the moment like it will never end.”



BEFORE the Intervention (Continued)

Explain the intervention

- “Using a Safety Plan gives you alternatives to acting on suicidal thoughts. It can help you get through a crisis.”

Obtain permission to proceed

- “I’d like to create a plan together. Does that sound okay to you?”

Safety Planning Steps

Least
Restrictive

More
Restrictive

1. Warning signs
2. Internal coping strategies
3. People and social settings that provide distraction
4. People whom I can ask for help
5. Professional or agencies I can contact during a crisis
6. Making the environment safe

Step 1: Recognizing warning signs

Explain the Step:

- “Step 1 of the Safety Plan is to identify your personal warning signs of a crisis. Knowing and recognizing these signs in yourself can remind you to use the Safety Plan.”

Ask the Patient:

- “How will you know when the safety plan should be used?”
- “What are your personal warning signs that a crisis is developing?”
- “What do you notice yourself thinking or feeling right before making an attempt?”

Step 1: Recognizing warning signs

Type of Warning Sign	Example
Thoughts	I'm a failure.
Emotions	Ashamed, Hopeless
Physical Sensations	Headache, Clenched jaw
Behaviors	Drinking alone.
Thinking processes	Having racing thoughts.

- The patient does not need to identify the type.
- Knowing the types helps *you* ask better questions.
 - What were you thinking right before the attempt?
 - Did you notice anything physically?

Step 1: Recognizing warning signs

List internal warning signs, not external situations.

- ✓ “Thinking I’m a terrible husband”
- ✗ “Fighting with my wife”

Write down the patient’s own words.

- Not the time/place for paraphrasing

Check for barriers and troubleshoot:

- “Do you think you will be able to recognize when these warning signs occur?”
- “Do any of these need to be more specific?”

Step 2: Using internal coping strategies

Explain the Step:

- “Step 2 of the Safety Plan is identifying activities to take your mind off suicidal thoughts. In this step we’re looking for things you can do without contacting another person.”

Ask the Patient:

- “What can you do on your own if you become suicidal again, to help yourself not to act on your thoughts or urges?”
- “What activities could you do to help take your mind off your problems even if it is for a brief period of time?”

Step 2: Using internal coping strategies

Don't just list activities the patient "likes" to do. List engaging activities.

Be as specific as possible:

- ✓ Listening to Metallica
- ✗ Listening to music.

Do not encourage activities that increase risk

- ✗ Having a few beers to relax

List several options, including options the patient can do in the middle of the night.

Step 2: Using internal coping strategies

Assess the likelihood of using such strategies:

- “How likely do you think it is you would be able to do this step during a time of crisis?”
- “Can you [practice the drums] at 3 in the morning? What can you do if the crisis is in the middle of the night?”

Identification of barriers and problem solving:

- “What might prevent you from thinking of these activities or doing these activities even after you think of them?”
- Use a collaborative, problem solving approach

Step 3: Socializing distractions

Explain the Step:

- “Step 3 of the Safety Plan is to identify people and social settings that can help distract you from suicidal thoughts.”

Ask the Patient:

- “Are there places that you can go to that can help take your mind off your problems...even for a little while?”
- “Is there someone who, when you’re talking to them, you lose track of time?”

Step 3: Socializing distractions

- **Explain:** This step is not for telling other people you're suicidal. It is for distraction from suicidal thoughts.
- **List people AND places,** if possible.
- **Be as specific as possible:**
 - ✓ The Dunkin' Donuts on 10th and Main
 - ✗ The coffee shop
- **Do not list environments where alcohol or other substances are present**
- **List addresses** for the places, and **phone numbers** for the people

Step 3: Socializing distractions

Assess the likelihood of using such strategies:

- “How likely would it be for you to reach out to [person] for distraction during a crisis?”

Identification of barriers and problem solving:

- “What might stop you from going to [specific place or event]?”
- Use a collaborative, problem solving approach

Step 4: Contacting friends or family members

Explain the Step:

- “In Step 4 of the Safety Plan we list people you can talk to about thoughts of suicide.”

Ask the Patient:

- “Among your family or friends, who do you think you could contact for help during a crisis?”
- “Who is supportive of you and who do you feel that you can talk with when you’re under stress?”

List phone number for each person

Step 4: Contacting friends or family members

Assess the likelihood of using such strategies:

- “How likely would it be for you to reach out to [person] for distraction during a crisis?”

Identification of barriers and problem solving:

- “What might stop you from calling [person] if you’re in crisis?”
- Use a collaborative, problem solving approach

Step 5: Contacting professionals

Explain the Step:

- “Step 5 lists professionals who can assist during a crisis.”

Ask the Patient:

- “Who are the mental health or medical professionals we should put on your safety plan?”
- “If you need to go to an urgent care center or emergency department, which one will you go to?”

Step 5: Contacting professionals

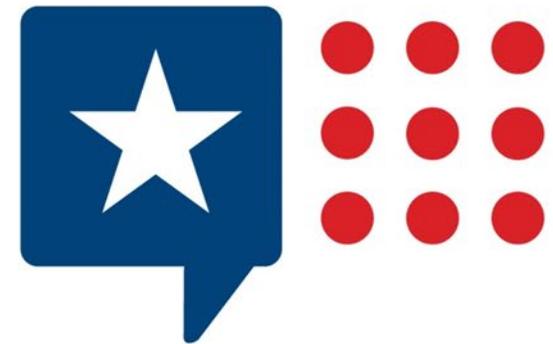
List names, **numbers** and/or **locations** of:

- Clinicians
- Local emergency department
- National Suicide Prevention Lifeline
- Crisis Text Line 741741
- **Identification of barriers and problem solving**
 - “What might stop you from calling [person] if you’re in crisis?”
- Assign **homework**: call or text the crisis line
 - “I’m not in crisis, my counselor wanted me to try this out in case I ever need it.”

1-800-273-
TALK (8255)



**Veterans
Crisis Line**



1-800-273-8255
PRESS 1

Step 6: Reducing access to lethal means

Explain the Step:

- “Step 6 of the Safety Plan involves taking steps to reduce your access to lethal means. The harder it is to get to [method of suicide], the more time there is for you to think about other coping strategies to help you stay safe.”

Reducing access to lethal means

Ask the Patient:

- “If you were going to kill yourself, how would you do it?”
- “Do you have access to firearms? How are firearms and ammunitions stored?”
- “How can we develop a plan to reduce your access to these means?”
- “What steps are you willing to take to make your environment safer for you during a crisis?”

Reducing access to lethal means

ALWAYS ASK ABOUT ACCESS TO FIREARMS

Collaboratively identify ways to secure or limit access to these means.

Identification of barriers and problem solving:

- “Who can help dispense your medication?”
- “Is there someone you trust to hold onto your guns for a while?”

Follow up to ensure access to means was reduced.

Reducing access to lethal means

Firearms

- One gun? There's usually more. Ask about all of them.
- Advise that the safest option is not having firearms at home until the situation improves.
 - Consider temporarily storing firearms outside of the home
- If unwilling or unable to remove firearms, discuss safe storage

Reducing access to lethal means

Medications

- Consider having a family member dispense medications as needed
- Examine prescribing practices-- consider more frequent refills
- Prescription take-back programs

Means that aren't easily secured

- Ask the patient for creative ideas
- Key idea: Put time and distance between the patient and means of suicide

Likelihood of using plan

Ask the Patient:

- “Where will you keep your safety plan?”
- “How will you remember that you have a safety plan when you are in a crisis?”
- “What might get in the way or serve as a barrier to your using the safety plan?”

Review plan periodically. **Revise** as necessary.

Narrative Timeline Interview

Two Tasks:

1. Obtain detailed description of the suicidal crisis
2. Construct a timeline that indicates the major situations and thoughts, emotions, and behaviors that were closely related to the crisis

Narrative Timeline Interview

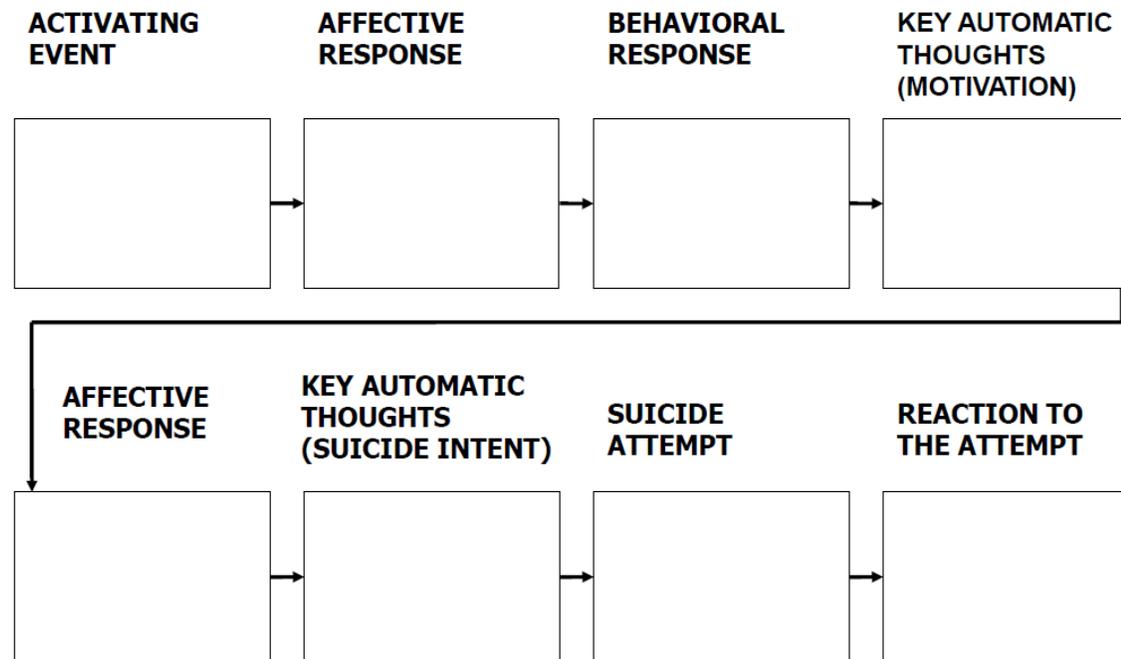
- 1. Obtain detailed description of the suicidal crisis**
 - Ask the patient to tell you, in as much detail as possible, about the most recent crisis including the activating event (situation), their reactions to the event (cognitive, affective, behaviors), and reactions to the crisis
 - “How did you go from ____ to deciding to attempt suicide?”
 - “What was going through your mind right then?”
 - “Then what did you do?”
 - “How did you feel when that happened?”

Narrative Timeline Interview

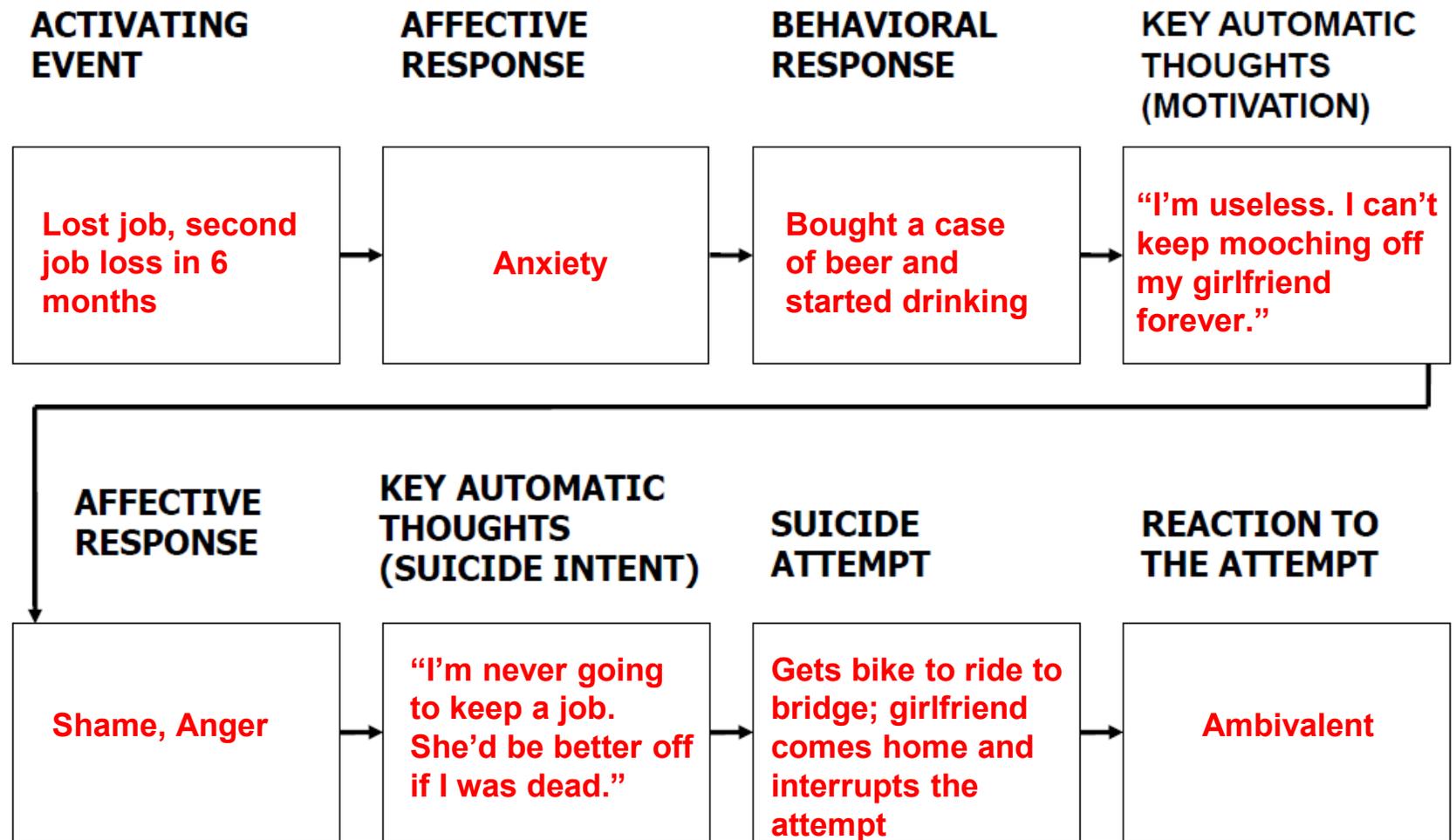
- Listen with empathy
- Be non-judgmental
- Do not challenge the accuracy or reasonableness of the story
- Utilize your active listening skills to help the patient feel understood
- Let the patient tell their story

Narrative Timeline Interview

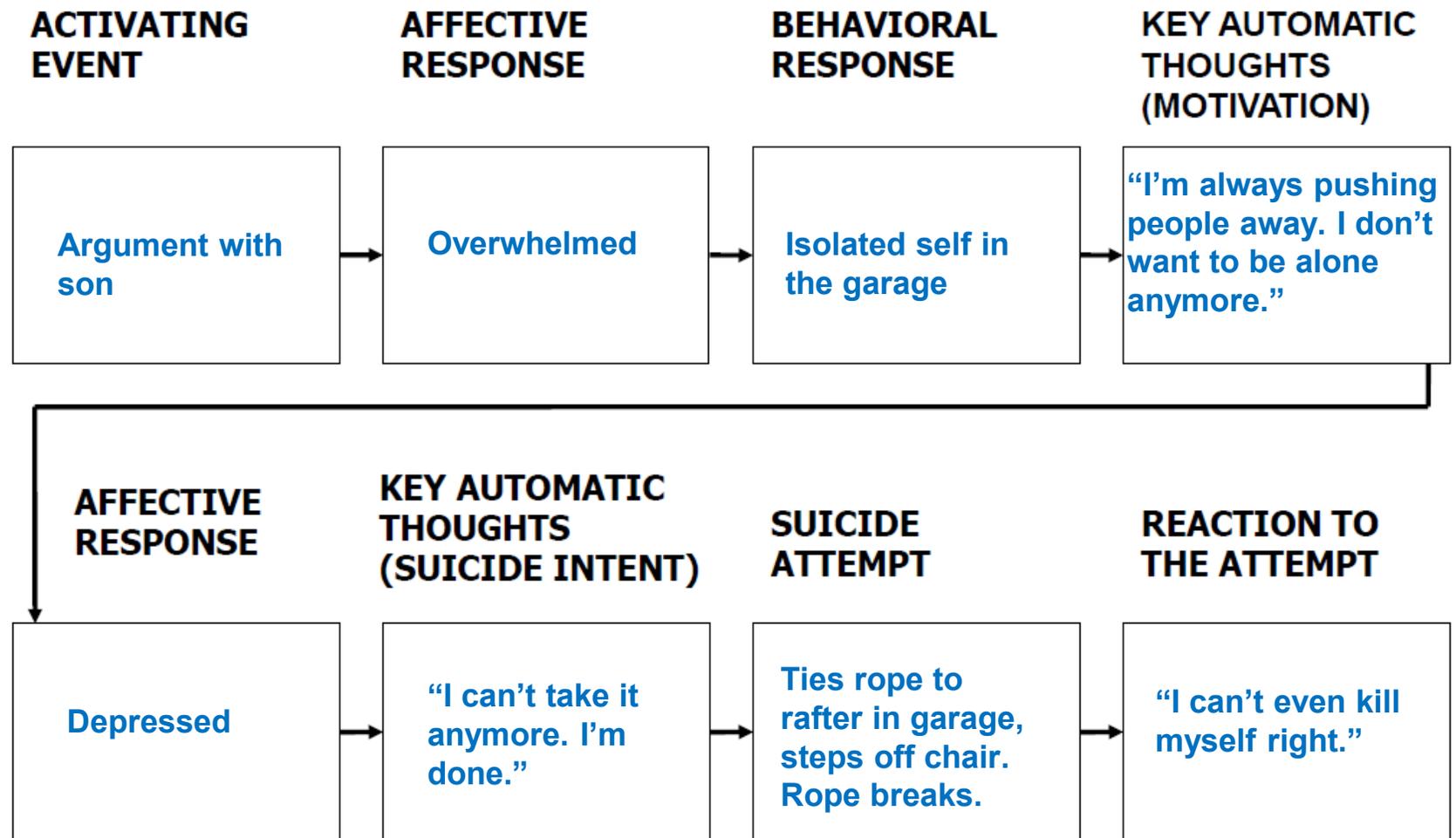
2. Construct a timeline that indicates the major situations and thoughts, emotions, and behaviors that were closely related to the crisis



Narrative Timeline Interview: Example 1



Narrative Timeline Interview: Example 2



Narrative Timeline Interview

- Timelines might contain more than one activating event and many reactions to those events.
- Patients may remember or identify additional thoughts, feelings, or behaviors to add after the first draft.
- Several drafts may be necessary to get an accurate representation.
- The timeline is helpful to:
 - Develop the case conceptualization
 - Identify points when coping strategies can be used to prevent future crises
 - Prepare the relapse prevention protocol

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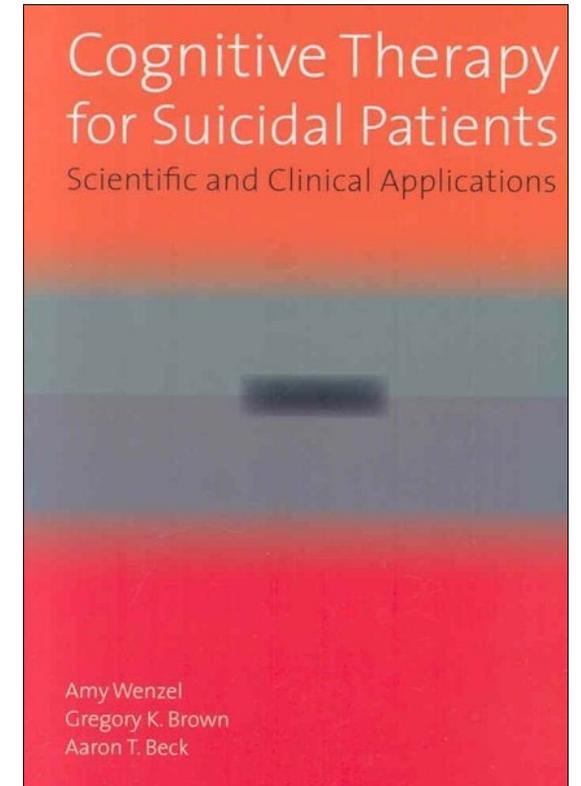
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Narrative
Timeline
Interview ->
Safety Plan
Step 1

Patient Safety Plan Template

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

1. *Drinking alone*
2. *Thinking "I'm useless. I'm a mooch."*
3. *Feeling ashamed*

Type of Warning Sign	Example
Thoughts	I'm a failure
Emotions	Ashamed, Hopeless
Behaviors	Isolating myself
Physical Sensations	Headache, Clenched jaw
Thinking processes	Having racing thoughts

Reasons for Living and Dying

- Suicidal people are ambivalent about living or dying
 - Most have clear thoughts about why they want to die, but also have some reasons for wanting to live

Reasons for Living and Dying

- Prompt the patient to identify reasons for dying
 - Ask the patient to rank order them

Rank	Reasons for Dying	Rank	Reasons for Living
1	<i>No one cares</i>		
2	<i>I'm done feeling this pain</i>		

Reasons for Living and Dying

- Prompt the patient to identify reasons for living
 - Ask the patient to rank order them

Rank	Reasons for Dying	Rank	Reasons for Living
1	<i>No one cares</i>	3	<i>Some one would find me</i>
2	<i>I'm done feeling this pain</i>	2	<i>Maybe it'll get better</i>
		1	<i>My niece</i>

- Ask the patient to reflect on their lists
- Begins discussion about treatment goals
 - Increase RFL, decrease RFD

Reasons for Living and Dying: Common Themes

Reasons for Dying	Reasons for Living
Relationships	Family
Unburdening Others	Friends
Loneliness	Responsibility to Others
Hopelessness	Burdening Others
General Descriptors of Self	Plans and goals
Escape in General	Hopefulness for the future
Escape the Past	Enjoyable things
Escape the Pain	Beliefs
Escape Responsibilities	Self

Thank you!

- Questions?

Resources on Safety Planning

- Blog: The Use of No-Suicide Contracts
<http://www.speakingofsuicide.com/2013/05/15/no-suicide-contracts/>
- Patient Safety Plan Template
https://sprc.org/sites/default/files/resource-program/Brown_StanleySafetyPlanTemplate.pdf
- MY3 Mobile App available on Apple AppStore and Google Play
<http://my3app.org/>
- Stanley, B., Brown, G. K., Karlin, B., Kemp, J. E., & VonBergen, H. A. (2008). Safety plan treatment manual to reduce suicide risk: Veteran version. *Washington, DC: United States Department of Veterans Affairs.* https://sprc.org/sites/default/files/resource-program/va_safety_planning_manual.pdf
- Safety Planning Guide: A Quick Guide for Clinicians
<https://www.sprc.org/sites/default/files/SafetyPlanningGuide%20Quick%20Guide%20for%20Clinicians.pdf>

Resources on Safety Planning (Continued)

- Stanley, B., & Brown, G.K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*, 256-264.
- Hoffman, A. (Producer). (2017, February 8). Collaborative Safety Planning for Older Adults. Rocky Mountain Short Takes on Suicide Prevention [Audio podcast]. Retrieved from https://hwcdn.libsyn.com/p/c/b/o/cbo5584f6e31fb4b/conti_podcast_01a.mp3?c_id=14126220&cs_id=14126220&expiration=1607913324&hwt=de94ec012dca89eeob0053cofc14f771
- Conti, E. C., Arnsperger, B., Uriarte, J., Kraus-Schuman, C., & Batiste, M. (2016). Collaborative safety planning for older adults. https://www.mirecc.va.gov/VISN16/docs/Safety_Planning_for_Older_Adults_Manual.pdf