Treatments for Suicidal Behavior

Four treatments have been proven to reduce the suicidal behavior of adults and adolescents, according to research studies. All four are specific outpatient Cognitive Behavior Therapies (CBT).

- Cognitive Therapy for Suicide Prevention (CT-SP), by Gregory Brown
- Brief Cognitive Behavior Therapy (BCBT), by David Rudd and Craig Bryan
- Collaborative Assessment and Management of Suicidality (CAMS), by David Jobes
- Dialectical Behavior Therapy (DBT), by Marsha Linehan

They are highly focused on teaching the person to cope with suicide triggers:

- Detailed assessment of triggering events
- Thorough plan for coping with those specific suicidality triggers
- Guided practice of the coping skills

As highly-focused brief treatments (10-12 sessions), they prevent many suicide re-attempts, especially for patients with average complexity who have a minimal history of suicidal behavior. In contrast, DBT is a comprehensive and longer treatment (6-12 months) for suicidal behavior. DBT is the best match for people with suicidality that has been medically severe, chronic (e.g., multiple attempts), and/or complex. The problem is complex when the person has borderline personality disorder, bipolar disorder, many disorders, or has had multiple hospitalizations for suicidality despite receiving other treatments. Generic therapy, which usually focuses on depression and global self-esteem, helps some suicidal people, but some will attempt again without the more thorough suicide-specific help provided in these four scientifically-supported therapies. One of these four therapies should be started immediately after release from a hospital or residential facility because that is the time of highest suicide risk. However, there are often long delays due to wait lists and insurance authorization, so start the search as early as possible (e.g., at the start of inpatient hospitalization or residential).

After inpatient hospitalization and residential treatment, suicidal patients commonly transition to intensive outpatient psychotherapy (IOP), and many of these programs blend in elements from the four treatments mentioned above. However, it is best to get one of these scientifically-supported treatments in their FULL forms by therapists fully trained in these approaches. So be sure to ask.

There is no scientific evidence that residential and IOP programs have better outcomes than CT-SP, BCBT, CAMS, or DBT delivered in an outpatient format, even though residential and IOP formats intuitively seem to make the most sense after a suicide attempt. Therefore, you may consider transitioning straight to CT-SP, BCBT, or DBT right after inpatient or residential treatment, especially if your treatment funds are limited.

Unfortunately, patients and family member easily get confused with the terminology because most therapists and programs are not fully informed about these specific approaches. Therefore, it is often necessary to ask for details. If a possible therapist or program cannot confirm that they provide the specific approaches by the above-named researchers, then you cannot be sure if you are getting the best possible treatment supported by research.

Verify the treatment by asking…

- What is the name of the specific therapy you provide to reduce suicide risk?
- Who created this specific therapy?
- Can you send me a link to the main book used to train therapists in this approach?
- Can you send me a copy of a research study showing its effectiveness?

Verify the treatment by asking about the core components

- Weekly individual therapy
- Written safety plan "May I see a sample of a written safety plan?"
- Weekly review of attempts to cope with triggering events and suicidal thoughts/feelings
- Solve the triggering events (long-term)

Verify DBT programs by asking about the <u>additional</u> components

- Weekly coping skills training group
- 24/7 skills coaching from primary therapist
- Weekly therapist team meeting to coordinate the treatment
- Weekly diary cards to track emotions and behaviors

Verify DBT adherence/competence

- Ask if therapist has completed 10-day basic intensive training from www.behavioraltech.org or www.ticllc.org
- Ask if an advanced intensive was completed
- Ask if a DBT expert ever gave feedback on videos of the therapist. Which DBT expert?
- Check if therapist is certified www.dbt-lbc.org

Many programs do not provide the skills coaching phone calls. However, skills coaching is a crucial component because people often struggle to apply the coping skills when suicidal feelings. The primary therapist provides the extra help that is needed during these crisis episodes, much more effectively than the San Diego Crisis Line.

Unfortunately, many insurance companies tell patients that they provide these treatments without mentioning that primary components are missing or that the therapists are not fully trained or certified. If your insurance company does not provide these medically necessary treatments, you can complain to the Department of Managed Health Care (1-888-466-2219 www.dmhc.ca.gov) or the California Department of Insurance (1-800-927-4357).