Preventing Suicide:

Using CBT to Help Suicidal Patients Choose to Live

Part III: Special Issues, and Video Demonstration

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I still receive residual royalties from New Harbinger Publications for the book *Choosing to Live: How to Defeat Suicide Through Cognitive Therapy* (co-authored with Thomas Ellis).

There are no other financial disclosures relevant to this presentation.

SELECTED
RANDOMIZED CONTROLLED TRIALS

10-sessions of Cognitive Therapy following a Suicide Attempt

- **In a randomized controlled trial, a brief course of cognitive therapy was compared with community treatment-as-usual with a group of patients discharged from the hospital following a suicide attempt.**

- **Patients who received cognitive therapy were about 50% less likely to make a repeat suicide attempt during the follow-up period (18 months) than the group who did not have cognitive therapy.**

- **They also had significant lower scores on self-report measures of depression and hopelessness.**

Brown, G.K., Ten Have, T., Henriques, G.R., Xie, S.X., Hollander, J.D., & Beck A.T. (2005). Cognitive therapy for the prevention of suicide attempts: A randomized controlled trial. JAMA, 294, 563-570. Also see Ghahramanlou-Holloway, Cox, & Greene (2012).

Brief CBT Reduced Suicide Risk in a Military Sample (Rudd et al., 2014, in AJP)

- **Randomized controlled trial involving active-duty Army soldiers who either attempted suicide or experienced suicidal ideation with intent.**
- **N=76 (TAU) vs. N=76 (brief CBT + TAU)**
- **No between-group differences in severity.**
- **From baseline to 24 month follow-up:**
  - **8** in the CBT+TAU group made a suicide attempt.
  - **18** in the TAU group made a suicide attempt.

Empirically Supported Interventions for Suicidal Patients

- **Cognitive Therapy for Suicidality** (Beck)
  - 10-session version (Brown et al., 2005)
  - ED single-"session" Safety Plan Intervention (Stanley & Brown, 2012)
- **Dialectical Behavior Therapy** (Linehan)
- **Rudd/Bryan Brief CBT for Suicidality**
- **Collaborative Assessment and Management of Suicidality** (CAMS: Jobes; Ellis – inpatient program)
- **Brent's Treatment of Adolescent Suicide Attempters** (TASA)

Video Demonstration

- Patient experiences suicidal ideation in response to seeing painful reminders of personal loss on social media.
- First, seek to understand. Empathy is key.
- Mix risk assessment with support.
- Give a rationale for a safety plan.
- Begin to collaborate on a safety plan.

SPECIAL ISSUES

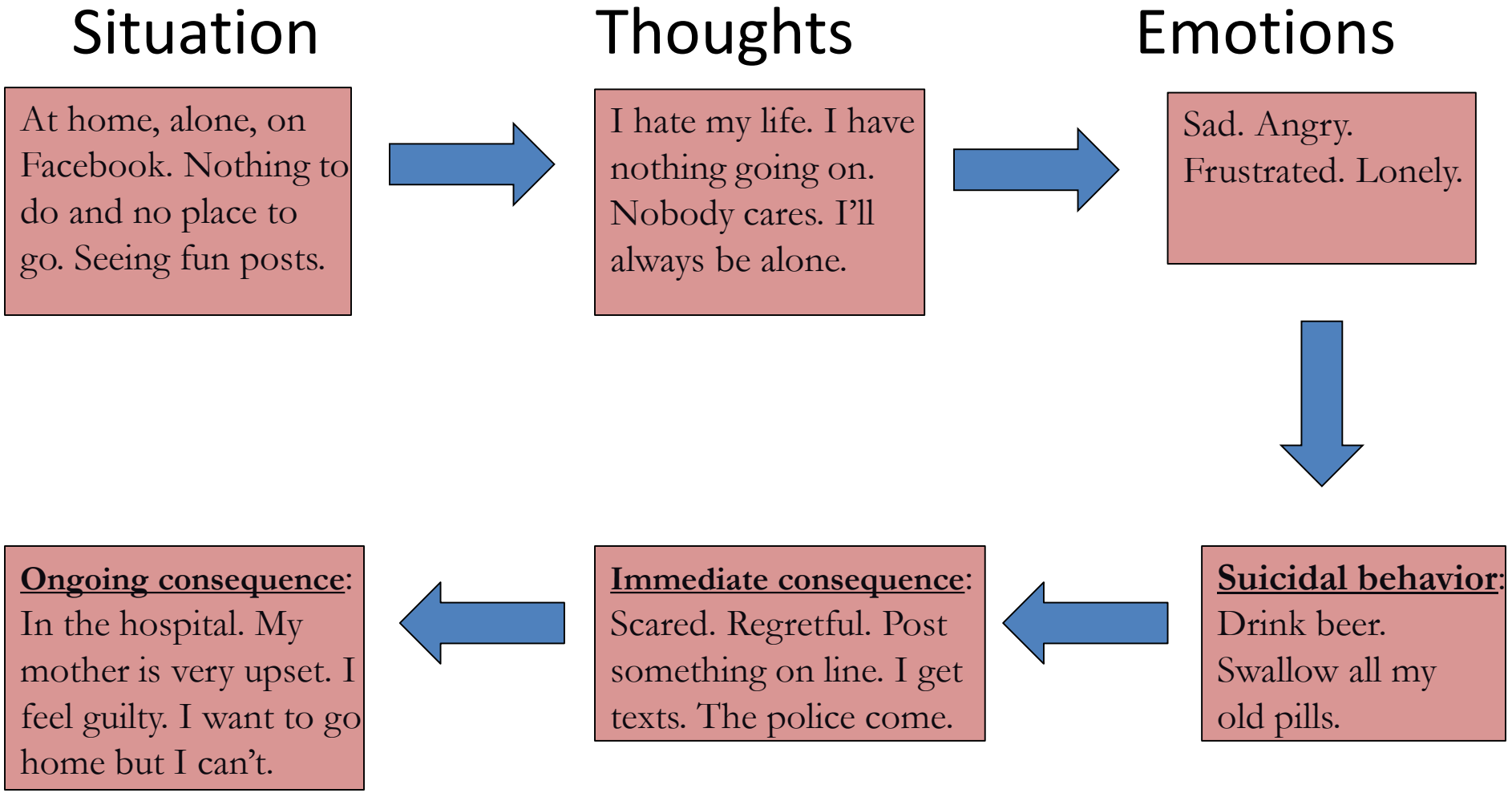
1. Resuming treatment with patients after their suicide attempt.
2. Non-suicidal self-injury (and chain analysis).
3. Suicidal behavior to exert “control” over others.
4. Therapist stress in working with suicidal patients.
5. Therapist responses to losing a patient to suicide.

Following a Patient's Suicide Attempt…

- **Strive to re-establish a collaborative therapeutic relationship.**
- **Revise and update the treatment plan.**
- **Try to elicit cooperation to involve significant others in the treatment, and/or in the communication loop.**
- **Do a "chain analysis" of the suicidal event.**
- **Specify an updated safety plan for future crises.**

also see Ramsay, J.R., & Newman, C.F. (2005). After the attempt: Repairing the therapeutic alliance following a serious suicide attempt by a patient. SUICIDE AND LIFE-THREATENING BEHAVIOR, 35, 413-424.

Chain Analysis



Dealing with Patients Who Engage in Non-Suicidal Self-Injury (NSSI)

"Obvious" examples:

Cutting. Burning. Head-banging.

Less obvious examples:

Multiple body piercings. Excessive tattoos. Deliberate exposure to the cold (e.g. not wearing sufficient clothing outdoors in sub-freezing temperatures).

see Nock (2009)

Dealing with Patients Who Engage in Non-Suicidal Self-Injury (NSSI)

- **Assess the potential for lethality. (Risk of lethality increases over time because the patients habituate to physical pain and their acts of self-harm become more "routine.")**
- **Ask the patient, "Are you trying to die? If not, what are your reasons for harming yourself?"**
- **How do you feel after you have (engaged in NSSI)?**

Dealing with Patients Who Engage in Non-Suicidal Self-Injury (NSSI)

- **Assess the "function" of the self-harming behaviors (e.g., distraction from emotions; feeling part of a peer group who engages in these behaviors).**
- **Be empathic about the patient's goal of reducing or distracting from emotional pain.**
- **Examine the events, thoughts, and emotions that triggered the self-harming behaviors. (The "context").**
- **Look for themes (schemas) that underlie many of these self-harming incidents. Examples: *Abandonment, Emotional Deprivation, Defectiveness/Shame*.**

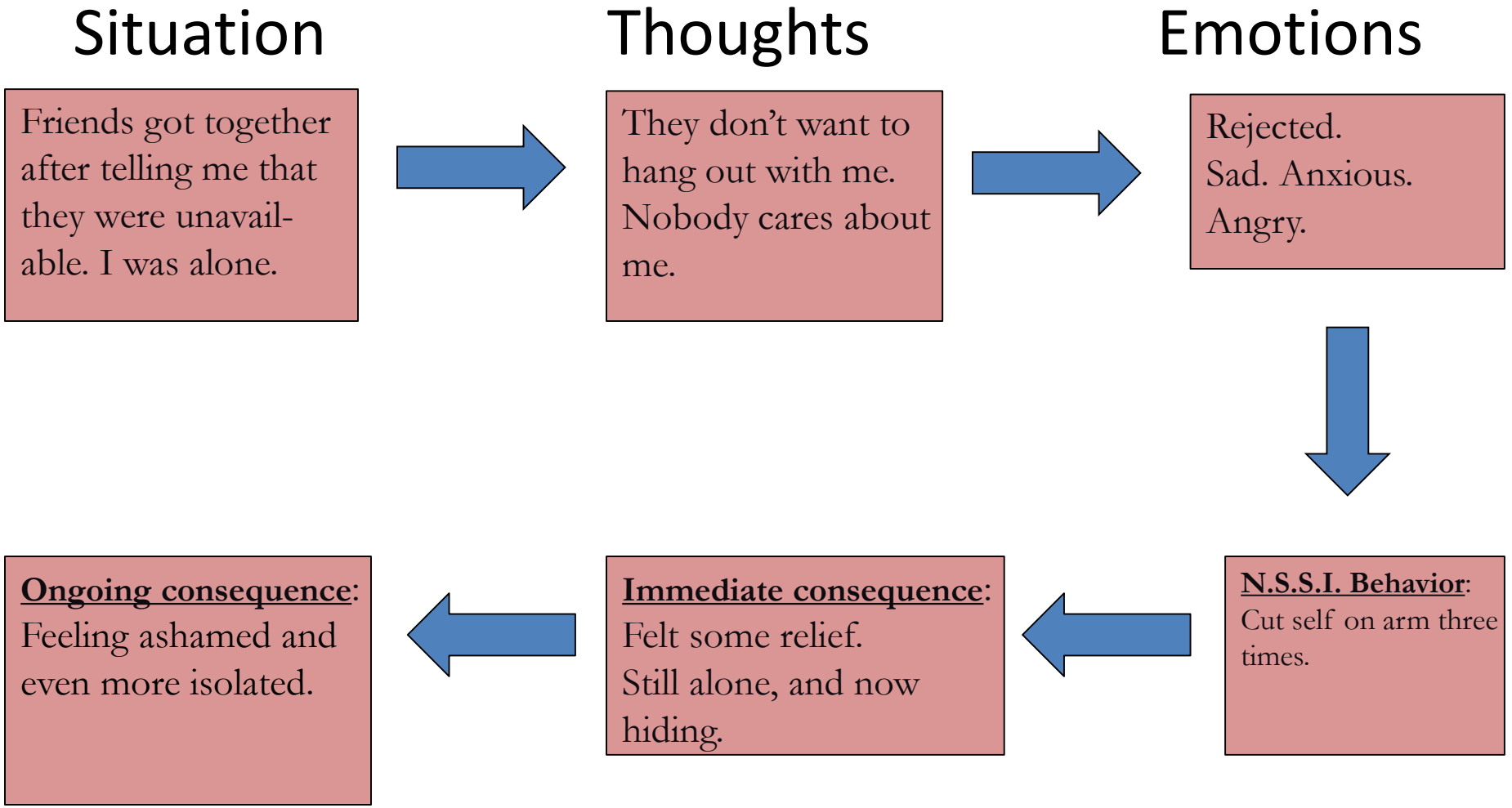
Dealing with Patients Who Engage in Non-Suicidal Self-Injury (NSSI)

- **There is an "addictive" quality to NSSI, and patient's experience "urges" that are similar to cravings for psychoactive chemicals.**
- **We strive for "harm reduction." Complete cessation of NSSI is ideal, but often difficult to achieve and to sustain.**
- **Help patients achieve their emotional goals, without the risks and consequences of NSSI.**

Dealing with Patients Who Engage in Non-Suicidal Self-Injury (NSSI)

- **Use safer, alternative behaviors (e.g., hold ice cubes, mark self with washable red ink, etc.).**
- **Teach the patient to use "self-*soothing*" behaviors that are not harmful.**
- **Brainstorm a list. Examples include the use of music, nature sounds, fragrance, tactile comforts (e.g., a warm blanket, a warm bath), appropriate "comfort foods."**

Chain Analysis



Video Demonstration

(key points, continued)

- Using the patient's aversion to hospitalization as a motivator to fully engage in and commit to outpatient safety planning.
- Introducing the "hope kit."
- Empathically addressing a complicating factor.
- Emphasizing availability of professional help.
- Addressing the patient's concerns about being a burden to others.
- Brainstorming acts of self-care.

When You Believe the Patient is Using Suicidality for Interpersonal Control (1)

- Still take the threat seriously.
- Respond with as much empathy as possible.
- Assess the need for safeguards and additional treatment (e.g., hospitalization).

When You Believe the Patient is Using Suicidality for Interpersonal Control (2)

- Tactfully address the patients' suicidal gestures as being part of their attempt to communicate something, and to exert some interpersonal influence.
- Gently discuss *alternative means* for the patients to gain self-efficacy and to communicate their emotions and requests, *without* the need for suicide threats.

The Stress and Strain of Working with the Suicidal Patient

- We form strong attachments with people who may choose to die (anticipatory loss).
- We feel a strong sense of responsibility, yet we cannot be our patients' "guardian angels" every day, around the clock. Nonetheless, some may expect this of us.
- We may worry about being blamed for a patient's suicide attempt (or completion). We may blame ourselves.
- We work with patients who may be "terminally mentally ill," and yet the general expectation is that

Problematic Therapist Reactions to Patients Who Threaten Suicide (1)

- Emotional withdrawal.
- Practicing too defensively.
- Feelings of resentment toward the patients due to their lack of responsivity and/or boundary infringements (e.g., frequent phone calls).
- Loss of confidence in one's own abilities and/or judgment as a therapist.
- Rescue fantasies, and over-involvement.

Problematic Therapist Reactions to Patients Who Threaten Suicide (2)

- Sample "Remedies"
  - Strive to be self-aware. Be willing to assess your own thoughts and feelings, and to monitor them carefully.
  - Express these feelings to a trusted colleague.
  - Set up a formal clinical consultation.
  - Try not to have too many suicidal patients on your caseload at the same time!

Therapist Reactions to a Patient's Completed Suicide (1)

- Grief.
- Guilt.
- Anger (e.g., toward the patient).
- Fear (e.g., of legal liability, of professional criticism).
- Self-doubt, shame, and self-isolation.
- Hyper-responsivity to (or detachment from) other suicidal patients. (All or none).

Therapist Reactions to a Patient's Completed Suicide (2)

- Sample "Remedies"
  - Seek **personal therapy** and/or spiritual guidance.
  - Seek **legal counsel**.
  - Seek **social support** (but bear in mind what your attorney tells you about the potential risks of sharing details of the patient's suicide with others who may later be called to testify).
  - Engage in **personal interests** outside the field.

A Hopeful Note

- We know of the patients we have lost.
- But we may never fully know or appreciate the the number of patients we have saved.
- If a patient expresses gratitude by saying, “You really saved my life,” they may not be exaggerating.
- Each time we help someone choose to live, we also help their loved ones, now and in the future. (“If you save a single life, it is as if you have saved the entire world.” – the Talmud)

THANK YOU!

For further information,

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