

Evidence based interventions for suicide prevention

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| <p>Intervention: Cognitive Behavioural Therapy for Suicide Prevention (CBT-SP)</p> | <p>Developer/s: Dr Greg Brown and Dr Aaron Beck</p> |
| <p>Program frequency and duration</p> <p>12-16 weekly sessions for each phase (acute, continuation phases) mostly individual sessions though may include family periodically.</p> | <p>Training requirements</p> <p>Various from 1 – 3 days intensive with ongoing supervision and support. Requires a recognised qualification in a mental health profession.</p> |
| <p>An evidence based, manualised cognitive behavioural treatment for adults with suicidal thoughts and behaviour. Although it was originally intended for use with people who had recent experiences with suicide attempts, it can be used with people experiencing acute suicidality.</p> <p>The intervention was adapted from Dr. Aaron Beck’s original cognitive-behavioural therapy which holds that a suicidal state may arise when biological, psychological, and social vulnerabilities interact with suicidal thoughts and behaviour. It uses CBT techniques to identify risk factors and develop effective strategies to address suicidal thoughts and/or behaviours.</p> <p>Suicide is now recognized as being a distinct issue which can be present within the context of multiple diagnoses, and this therapy deliberately focuses on suicidal thoughts and behaviour regardless of other diagnoses. The first few sessions target what triggers the ‘suicide mode’ in a person and the last few sessions are focused on a relapse prevention strategy helping the person identify what they can do, other than taking steps to end their life, when their ‘suicide mode’ is triggered. The sessions are usually scheduled for 1-2 times each week.</p> <p>The evidence to support this includes randomized controlled trial outcomes demonstrating a 50% reduction in suicide attempts after the complete 10-12 sessions (Zero Suicide in Health and Behavioural Health Care [ZS], 2020).</p> | |
| <p>Intervention: Brief Cognitive Behavioural Therapy (BCBT)</p> | <p>Developer/s: Dr David Rudd and Dr Craig Bryan</p> |
| <p>Program frequency and duration</p> <p>Individual therapy sessions for 12 weeks.</p> | <p>Training requirements</p> <p>Varies from 2-5 days with supervised practice. Requires a recognised qualification in a mental health profession.</p> |
| <p>As is indicated by the name, BCBT focuses on using CBT approaches to address suicide prevention. It is time limited with three phases spread over 12 sessions and the goal of helping people to gain insight into their suicide risk patterns, help them problem solve and manage crises, and change their self perception. This is done via: (a) emotion regulation and crisis management, (b) undermining the suicidal belief, and (c) relapse prevention (Baker et al., 2024; Diefenbach et al. 2024).</p> <p>Initially studied in military populations with demonstrated 60% reduction in attempt behaviours at 2-year follow-up (Goldstein Grumet & Jobes, 2024); research into efficacy with inpatient populations found that BCBT, combined with treatment as usual, resulted in fewer suicide attempts post discharge and fewer readmissions (Diefenbach et al., 2024).</p> | |

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| Intervention: Collaborative Assessment and Management of Suicidality (CAMS) | Developer/s: Dr David Jobes (and team) |
| Program frequency and duration Individual therapy for 6-8 weekly sessions. | Training requirements Initial training is 2 days with ongoing support and supervision. Advanced training available. Requires a recognized qualification in a mental health profession. |
| <p>Originally developed to assist university counselling staff in managing suicidality in the student population in the late 1990s, CAMS is an intensive, suicide specific framework targeting the identification of the drivers of suicide. There is a specific ‘therapeutic style’ with CAMS and a set of procedures designed to enhance a suicide focus to both assessment and intervention. Specifically, the goals of CAMS are focused on:</p> <ul style="list-style-type: none"> • increasing the quality of risk assessment, • providing focused treatment to reduce suicidal risk across different diagnoses, • increasing the quality and value of documentation, and • to be effective in both community and inpatient settings. <p>CAMS has been tested in a range of other settings with positive outcomes. In addition to being adaptable across different settings, CAMS is also able to be integrated into other approaches without the intensive, costly and time consuming training some other evidence based interventions require (Goldstein Grumet & Jobes, 2024).</p> | |
| Intervention: Dialectical Behaviour Therapy (DBT) | Developer: Dr Marsha Linehan |
| Program frequency and duration Full program: 12 months (including group and individual therapy). Individual skills programs (x4): 10 weekly sessions each. | Training requirements Varies; usually 5-10 days of instructor led training with 3-6 months of supervised clinical work and mentoring with homework assignments. Requires a recognised qualification in a mental health profession. |
| <p>This therapy was developed for treating borderline personality disorder. It incorporates four modes of treatment delivery: individual psychotherapy, DBT Skills Training, in-the-moment phone coaching, and DBT consultation teams for therapists. It is a team treatment approach, so that best outcomes are achieved by all team members consistently practicing and applying DBT skills. Importantly, not everyone with suicidal thoughts and behaviours will also have issues with borderline personality traits nor do suicidal thoughts and behaviours only respond to DBT. There is strong evidence, however, that some of the skills building can be particularly helpful.</p> <p>The primary focus is skill building and can be integrated into a variety of care settings. While largely outpatient focused, people can develop skills while in the hospital and then apply those skills post discharge.</p> <p>Whilst DBT programs are expected to take 12 months to complete, the sessions are targeted in priority of treatment focus, with the most important being life threatening behaviours (whether towards the person or others). It can be delivered as a complete program (takes months) or broken down by individual components of mindfulness, acceptance and distress tolerance, emotional regulation, and interpersonal effectiveness (DeCou et al., 2019).</p> <p>Of all the current evidence based interventions, DBT has the strongest support (most replicated and suicide-specific data) in indicating positive impact on suicide attempts and self harm; although, as a complete program, it is not the treatment of choice for everyone, and it may be more beneficial to introduce the individual components for many people at risk of suicide (Goldstein Grumet & Jobes, 2024; ZS, 2020).</p> | |

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