



Learn the reasons why suicide makes sense to your client. Then, work together to change those reasons.

There are four leading theories on suicide that provide good places to start your assessment (trying to understand what leads them to suicide) and intervention efforts (what will need to change in order to resolve their suicidality):

- **Interpersonal Theory of Suicide (Joiner, 2005):** They become hopeless about belonging with others and feeling worthwhile and gain the capability to inflict lethal self-injury.
- **DBT Model of Emotions (Linehan, 1993):** They are overwhelmed by painful emotions and engage in impulsive action to end the pain.
- **Cubic Model of Suicide (Shneidman, 1987):** They experience unbearable emotional pain, overwhelming stress and an agitated urge to end the pain.
- **Cognitive Model of Suicidal Behavior (Wenzel & Beck, 2008):** They become hopeless, focus on negative aspects of their lives and fixate on suicide as the only escape.

Recommended Practices based on research:

- **Immediately focus treatment on resolving suicidality and/or non-suicidal self-injury**, independent of psychiatric diagnosis. Sustain this focus until suicidal risk is resolved, and prior to moving on to other clinical targets.
- **Start with suicide conceptualization.** Explore in depth the factors driving the client to suicide. “Please tell me the story of what led to the suicidal crisis.” Identify what would need to change to prevent self-harm/suicidal behavior.
 - Show you understand their desire to die and what has brought them to this. Be nonjudgmental. “I can see, given , why it has come to make sense to you to end your life.”
 - Represent hope. Without being preachy, moralistic, or unrealistically positive, represent the belief that there are other solutions to their concerns. “What if there were ways to solve this that wouldn’t cost you your life?”, “I actually think we can help you with this.”
 - Ask them to take suicide “off the table” for enough time to give therapy a chance to help: “You can always kill yourself later. You have almost nothing to lose, and potentially everything to gain, by trying this potentially lifesaving treatment.”
 - Clarify your limits. There are situations (if you can’t work together on a safety and treatment plan, if they say they can’t control their impulses) when you might have to take actions they might not choose, such as hospitalization.
 - Hospitalization as a last resort: “I am a therapist, and I am required to take steps to save your life if it comes to that. I have to keep hospitalization as an option. That being said, hospitalization is number 101 on the list of things to do. I have 100 other things we can do first to make sure you stay out of the hospital.”
- **Management vs. Treatment.** Your role involves both management of risk and treatment to resolve risk. Strategies for management and treatment are described below.

Management of Suicidality/NSSI: Interventions that seek to reduce risk by modifying risk factors related to suicide. Management is optimally, but not necessarily, collaborative.

- Reduce access to lethal means. Involve family members/others if needed to remove items the patient has considered using. Removal of firearms is always recommended. Securing medications, sharps (razors, knives), materials that can be used for strangulation (belts, cords, ropes, sheets), and other potentially dangerous objects may be indicated (and do if possible).
- Cope differently in a suicide crisis. Develop a coping card or crisis plan. Include activities that are distracting, involve social connection. Include contact information for therapist and/or crisis lines. Consider creating a “hope kit” (pictures or items reminding of reasons to live, treasured memories) or download the free “virtual hope box” smart phone app.
- Decrease social isolation. Encourage connection. Consider getting a release for important people so you can reach out. Schedule sessions with family or friends. Give homework to talk about important issues with family or friends.
- Promote adherence to treatment. Proactively address potential barriers to attending sessions.

Treatment of Suicidality and Non-Suicidal Self-Injury (NSSI): Therapist and client collaborate to resolve risk by targeting factors identified as driving suicide or contributing to NSSI.

- Clinically address those internal and external factors that are driving the client to suicide.
- Use chain analysis (e.g., <https://cls.unc.edu/files/2014/10/Behavior-Chain-Analysis-Information-1.pdf>) to identify vulnerability factors, prompting events, links (emotions, thoughts, physical sensations, urges, actions, events) that precede the unsafe behavior/crisis, as well as short- and long-term consequences that follow (which may or may not be reinforcing).
 - Use CBT strategies to: *Manage or address those elements that precede. *Develop the patient’s skills for responding differently. *Modify reinforcing consequences or find alternative ways to achieve those consequences without suicide or NSSI.
- Develop a life worth living
 - Ask: “What would a life worth living be for you?” “What are the things that if you had them in your life, you would not want to kill yourself?”
 - Help them move toward this with your interventions.

Where does CBT+ fit in?

- Drivers frequently do involve clinical concerns (e.g., anxiety, posttraumatic stress, depression, substance use) that are effectively treated with CBT interventions.
- CBT strategies can be used to interrupt the chain of events surrounding suicidal crises or NSSI.
- As suicide or NSSI risk resolves, the therapist and client may wish to transition the focus of treatment to one of the CBT+ targets.

Setting the stage for success:

- Get clear on your organization’s policies and resources for managing suicidal risk.

CAMS Resources: CAMS provides a straightforward, structured and evidence-supported approach to the clinical steps and documentation. Organizations that purchase copies of the manual (2nd Edition) can use the CAMS forms.

DBT Resources: DBT is a well-established evidence supported intervention for teens with SI/NSSI. Resources can be found at <https://behavioraltech.org/> or other training companies.

Zero Suicide Review with Recommendations: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5829088/>

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