Crisis Response Planning for Suicidal Patients

Craig J. Bryan, PsyD, ABPP
National Center for Veterans Studies
The University of Utah
Understanding Suicidal Behaviors
# Functional Model of Suicide

## Reinforcement

<table>
<thead>
<tr>
<th>Positive</th>
<th>Negative</th>
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<tbody>
<tr>
<td><strong>Adding something desirable</strong>&lt;br&gt; (“To feel something, even if it is pain”)</td>
<td><strong>Reducing tension or negative affect</strong>&lt;br&gt; (“To stop bad feelings”)</td>
</tr>
<tr>
<td><strong>Gaining something from others</strong>&lt;br&gt; (“To get attention or let others know how I feel”)</td>
<td><strong>Escape interpersonal task demands</strong>&lt;br&gt; (“To avoid punishment from others or avoid doing something undesirable”)</td>
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**Automatic** (Internal)<br>**Social** (External)

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(Bryan, Rudd, & Wertenberger, 2012; Nock & Prinstein, 2004)
Negative Reinforcement

Emotional distress

Failed attempts to suppress / control thoughts

“I could just kill myself”

Preparing

Suicide attempt
Stable and Dynamic Aspects of Suicide Risk

(Bryan & Rudd, 2016)

(Bryan & Rudd, in press)

Suicide Risk

Multiple Attempter

Non-multiple attempter
The Suicidal Mode

Predispositions

Behavioral
- Prior attempts
- Emotion regulation
- Interpersonal skills

Cognitive
- Self-regard
- Cognitive flexibility
- Problem solving

Emotional
- Psychiatric disorder
- Emotional lability
- HPA axis

Physical
- Genetics
- Medical conditions
- Demographics

Acute

Behavioral
- Substance use
- Social withdrawal
- Preparations

Cognitive
- “This is hopeless”
- “I’m trapped”
- “I’m a burden”

Emotional
- Depression
- Guilt
- Anger

Physical
- Agitation
- Insomnia
- Pain

Trigger
- Relationship problem
- Financial stress
- Perceived loss
- Physical sensation
- Negative memories
Multiple Levels of Suicide Risk

**Symptoms**
- Depression
- Hopelessness
- Anxiety
- Suicidal thoughts
- Shame
- Anger
- Substance abuse

**Skills deficits**
- Problem solving
- Emotion regulation
- Distress tolerance
- Interpersonal skills
- Anger management

**Maladaptive traits**
- Self-image
- Interpersonal relations
- Impulsivity
Foundations for Care
Common Reactions to Suicidal Patients

Fear  →  Helplessness
       →  Hopelessness

Anxiety  →  Over-protectiveness
       →  Under-protectiveness

Anger  →  Lack of compassion
       →  Criticism
Emotional Reactions Influence Care

**Over-react** and perhaps impose unnecessary external controls or reactions

**Under-react** and perhaps deny the need for protective measures

**Reject** or abandon the patient
Clinician vs. Patient Goals

Clinician: prevent death, don’t get sued

Patient: alleviate suffering
Resolving the Conflict

1. Understand that the patient engages in harmful behaviors because they make sense and they work

2. Recognize the functional purpose of the behaviors

3. View the patient as individual with unique set of issues and circumstances

4. Listen to the patient’s story
Narrative Assessment: Mechanics
Risk Assessment: Proximal vs. Distal Risk Factors

Suicide
Risk Assessment

Previous suicide attempts

– Emphasis on intent:
  • “What did you hope would happen?”
  • “Did you want to die?”
  • “Were you happy to be alive, or did you wish you were dead afterwards?”

– Patterns: first, worst, most recent

– Worst-point suicidal episode
Risk Assessment

Precipitant / triggering event
- Almost always some sort of perceived loss

Symptomatic presentation
- Mood
- Hopelessness
- Perceived burdensomeness
- Thwarted belongingness
- Agitation
- Insomnia
Risk Assessment

Nature of suicidal thinking
- Resolved plans & preparation
- Suicidal desire & ideation

RPP
- Sense of courage
- Availability of means
- Opportunity
- Specificity of plan
- Duration of suicidal ideation
- Intensity of suicidal ideation

SDI
- Reasons for living
- Wish for death
- Frequency of ideation
- Desire and expectancy
- Lack of deterrents
- Suicidal communication

(Bryan & Rudd, 2006)
Risk assessment

Nature of suicidal thinking
- Suicidal intent: subjective vs. objective

Objective
- Isolation
- Likelihood of intervention
- Preparation for attempt
- Planning
- Writing a suicide note

Subjective
- Self-report of desired outcome
- Expectation of outcome
- Wish for death
- Low desire for life

(Bryan & Rudd, 2006)
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Intent
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- Likelihood of intervention
- Preparation for attempt
- Planning
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(Bryan & Rudd, 2006)
Narrative Assessment

Ask patient to describe the chronology of events for the suicidal episode that led up to the crisis

- “Let’s talk about your suicide attempt/what’s been going on lately.”
- “Can you tell me the story of what happened?”

Assess events, thoughts, emotions, physical sensations, and behaviors

- “What happened next?”
- “And then what happened?”
- “What were you saying to yourself at that point?”
- “Did you notice any sensations in your body at that point?”

Remain focused on the index suicidal episode
The Suicidal Mode

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Crisis Response Planning: Mechanics
What a Crisis Response Is & Is Not

What It Is

• A memory aid to facilitate early identification of emotional crises
• A checklist of personalized strategies to follow during emotional crises
• A problem solving tool
• A collaboratively-developed strategy for managing acute periods of risk

What It Is Not

• A no-suicide contract
• A contract for safety
• A pre-fabricated list of coping strategies
Crisis Response Plan

1. Explain rationale for CRP
2. Provide card for patient to record CRP

3. Identify personal warning signs
4. Identify self-management strategies
5. Identify reasons for living
6. Identify social supports
7. Provide crisis / emergency steps

8. Verbally review and rate likelihood of use
<table>
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<td>Things I will do on my own:</td>
</tr>
<tr>
<td>Reasons for living:</td>
</tr>
<tr>
<td>Social support:</td>
</tr>
<tr>
<td>Crisis/professional assistance:</td>
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Tips for Effective Crisis Response Planning

Ask patients to generate ideas by asking what has worked in the past

Use index cards or business cards, not sheets of paper

Handwrite the plan, do not “fill in the blanks” with pre-printed paper

Laminate the card

Take a picture of the card to keep in their smart phone

Complement with the “Virtual Hope Box” app
Crisis Response Planning: Effectiveness
Effect on Suicide Attempts

Crisis Response Plan: n=3/65 (4.9%)
Contract for Safety: n=5/32 (19.0%)

Log-rank $\chi^2(2)=4.85, p=0.028$
Cox Wald $\chi^2(2)=4.06, p=0.044$
HR=0.24 [0.06, 0.96]
Effect on Suicide Ideation

- **BSSI Mean Score**
- "***" and "**" indicate statistical significance.
- Graph shows comparison between CFS and CRP over time (BL, 1 mo, 3 mo, 6 mo).
- CFS and CRP show decreasing trends in BSSI Mean Score.
Effect on Mental Health Care Utilization

Days of inpatient hospitalizations

No. of Individual therapy sessions
Mediation of Treatment Effects

CRP vs. CFS

Ambivalence

Suicide Attempt
Mediation of Treatment Effects

Analyses performed with 1000 bootstrapped samples and bias-corrected 95% confidence intervals

Indirect effect: -0.93 (-3.11, -0.12)
Effects remain significant when covarying for baseline suicidal ambivalence
Therapeutic alliance, self-rated suicide risk do not mediate
Crisis Response Planning: Practice
Crisis Response Plan

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Questions?

craig.bryan@utah.edu

www.veterans.utah.edu