

Crisis Response Planning for Suicidal Patients

Presentation adapted with permission from:

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Essential Ingredients of Effective Interventions

1. Based on a simple, empirically-supported model
2. High fidelity by the clinician
3. Adherence by the patient
4. Emphasis on skills training
5. Prioritization of self-management
6. Easy access to crisis services

What a Crisis Response Is & Is Not

What It Is

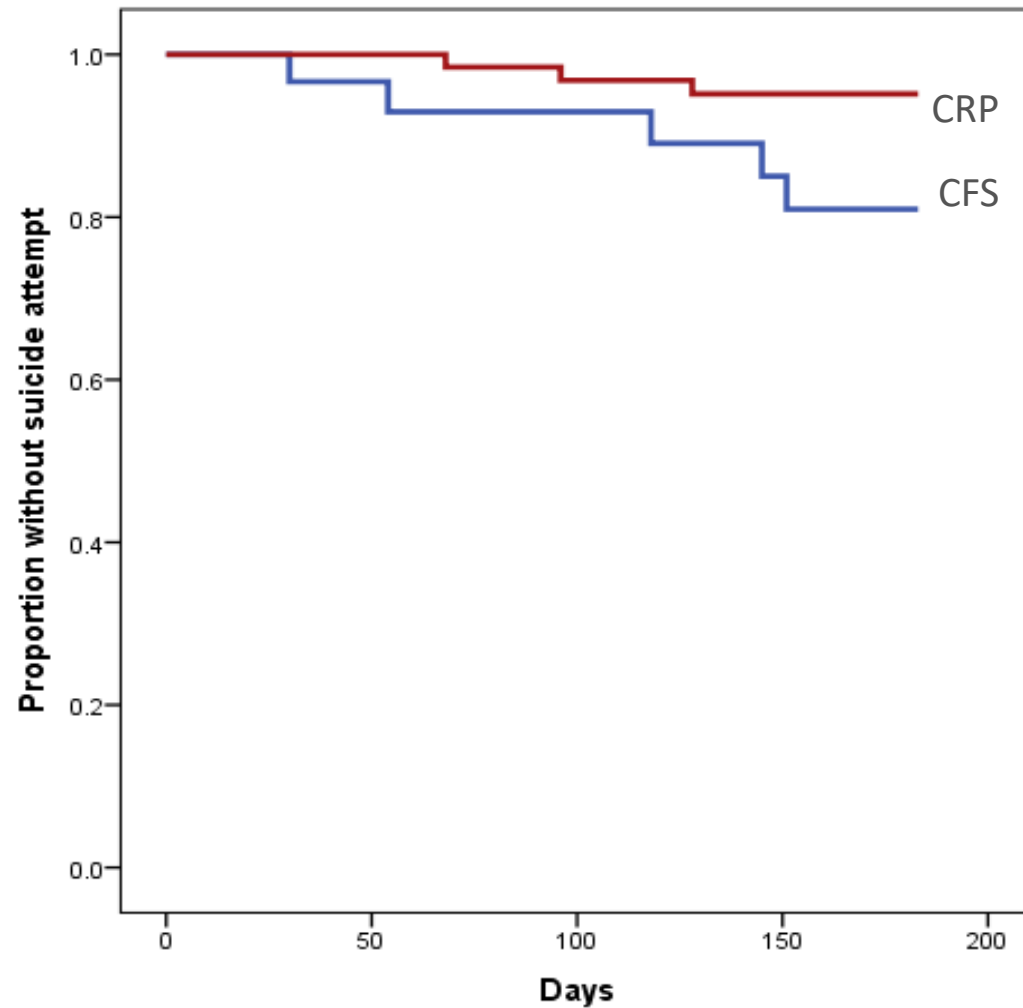
- A memory aid to facilitate early identification of emotional crises
- A checklist of personalized strategies to follow during emotional crises
- A problem solving tool
- A collaboratively-developed strategy for managing acute periods of risk

What It Is Not

- A no-suicide contract
- A contract for safety
- A pre-fabricated list of coping strategies

Crisis Response Planning: Effectiveness

Effect on Suicide Attempts



The crisis response plan leads to a 76% reduction in suicide attempts as compared to the contract for safety:

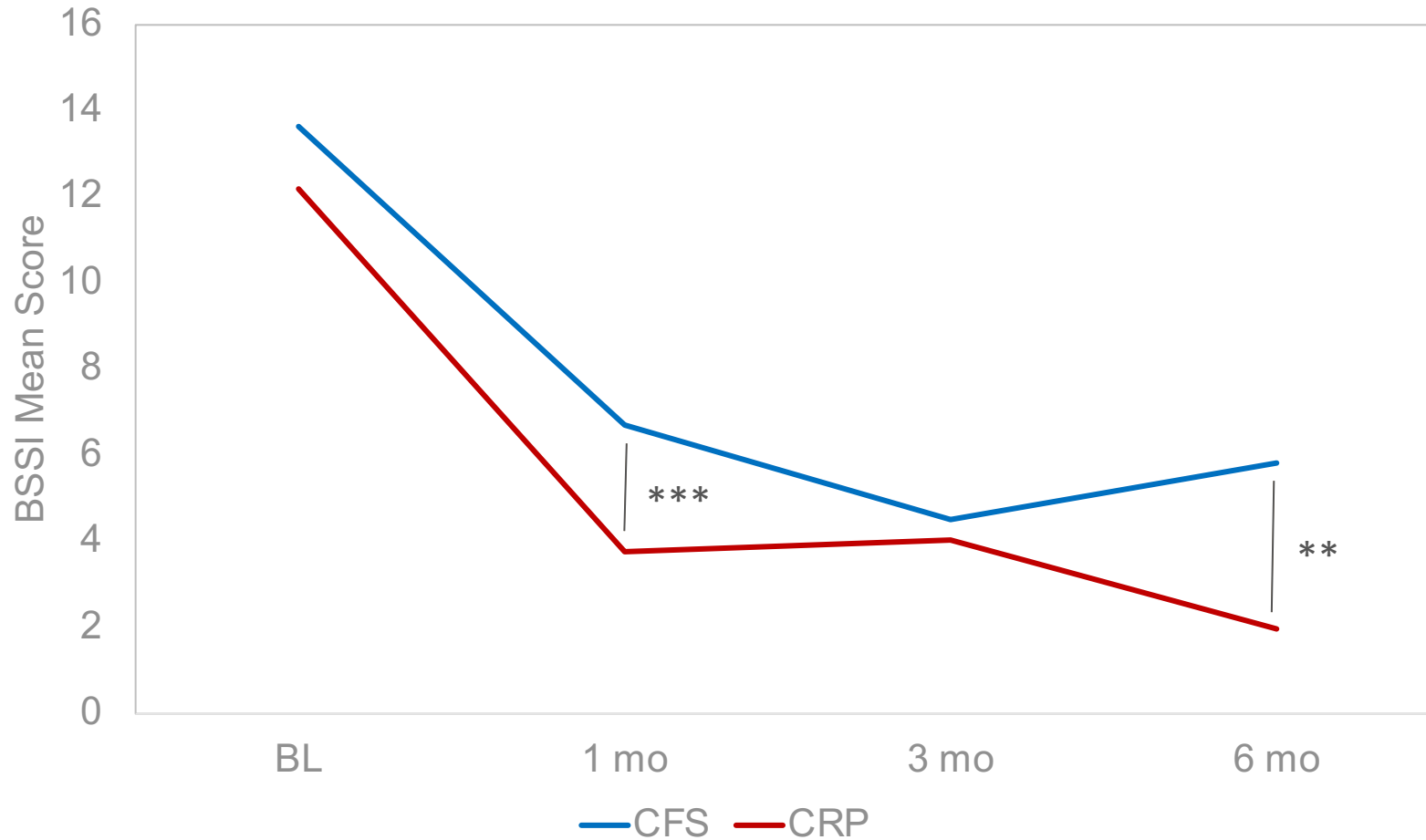
- Crisis Response Plan: n=3/65 (4.9%)
- Contract for Safety: n=5/32 (19.0%)

Log-rank $\chi^2(2)=4.85$, p=.028

Cox Wald $\chi^2(2)=4.06$, p=.044

HR=0.24 [0.06, 0.96]

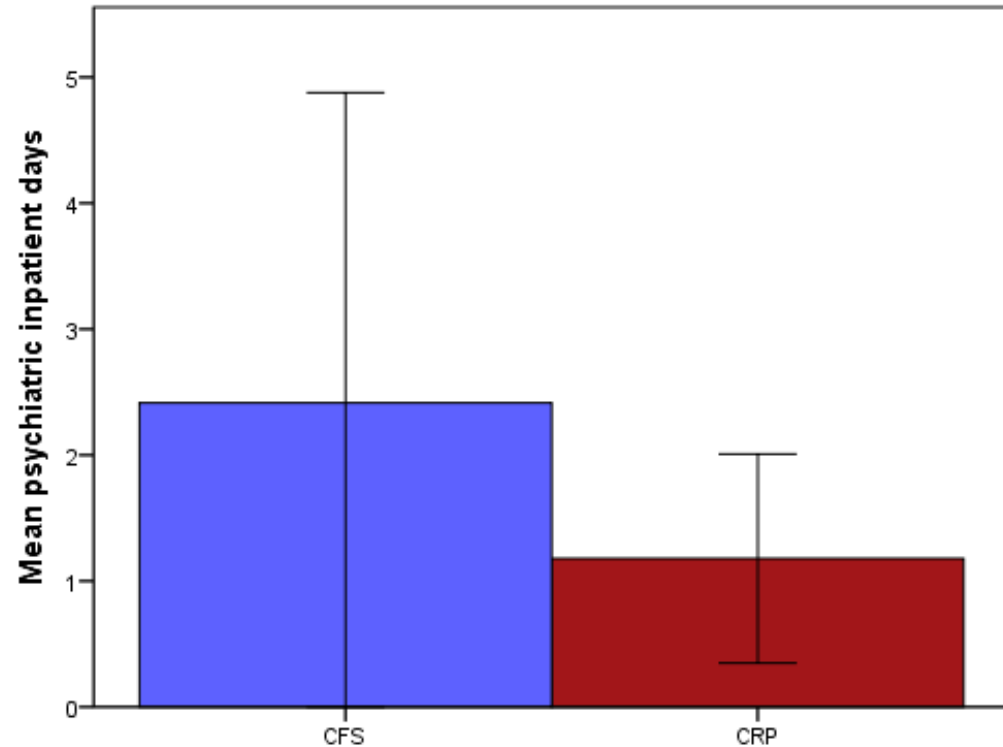
Effect on Suicide Ideation



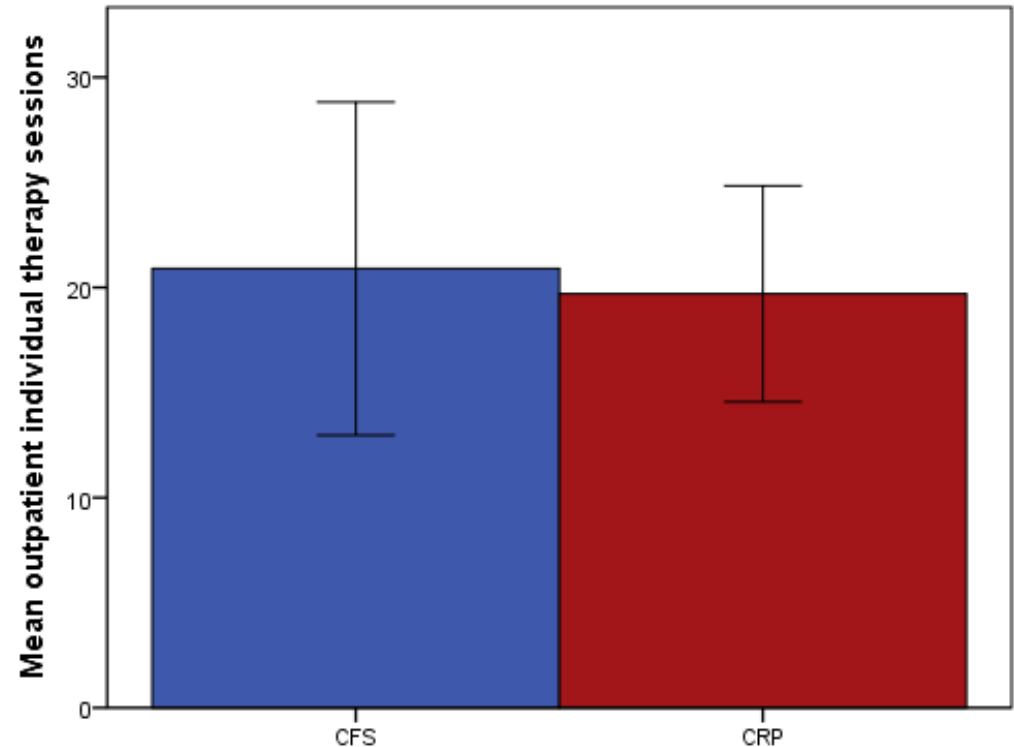
The crisis response plan leads to faster and larger reductions in suicide ideation than the contract for safety

Effect on Mental Health Care Utilization

Days of inpatient hospitalizations during 6 mo follow-up



No. of individual therapy sessions during 6 mo follow-up



Immediate Effect on Mood State

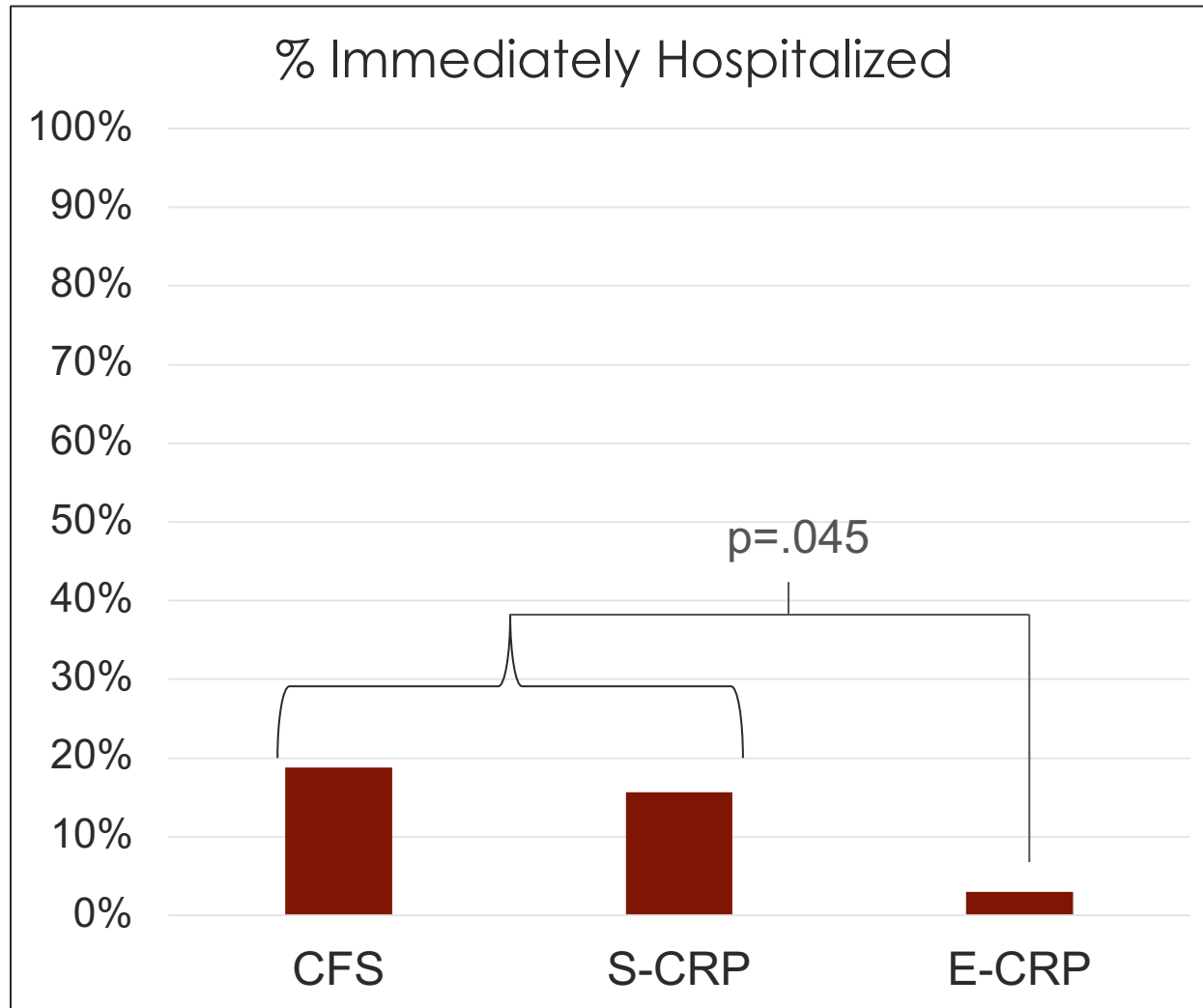
	CFS	S-CRP	E-CRP
Depressed	-0.2	-0.6	-0.4
Calm	0.1	0.2	0.3
Agitated/on edge	0.0	-0.6	-0.4
Hopeful	0.3	0.3	0.5
Urge to kill myself	0.1	-0.3	-0.2
Anxious	-0.2	-0.2	-0.3
Ashamed	-0.2	-0.3	-0.2
Happy	0.2	0.3	0.3
Tired	0.0	-0.3	-0.1
Like a burden	-0.3	-0.4	-0.5

The standard and enhanced crisis response plans lead to immediate reductions in negative mood states.

The enhanced crisis response plan also leads to immediate improvement in calmness, hope, and burdensomeness.

The contract for safety has little immediate effect on mood.

Effect on Clinician Decision-Making



Patients who received an enhanced crisis response plan were 77% less likely to be admitted for psychiatric inpatient care by a blinded clinician

Understanding Suicidal Behaviors

Functional Model of Suicide

Reinforcement

Positive

Negative

Automatic
(Internal)

Adding something desirable
("To feel something")

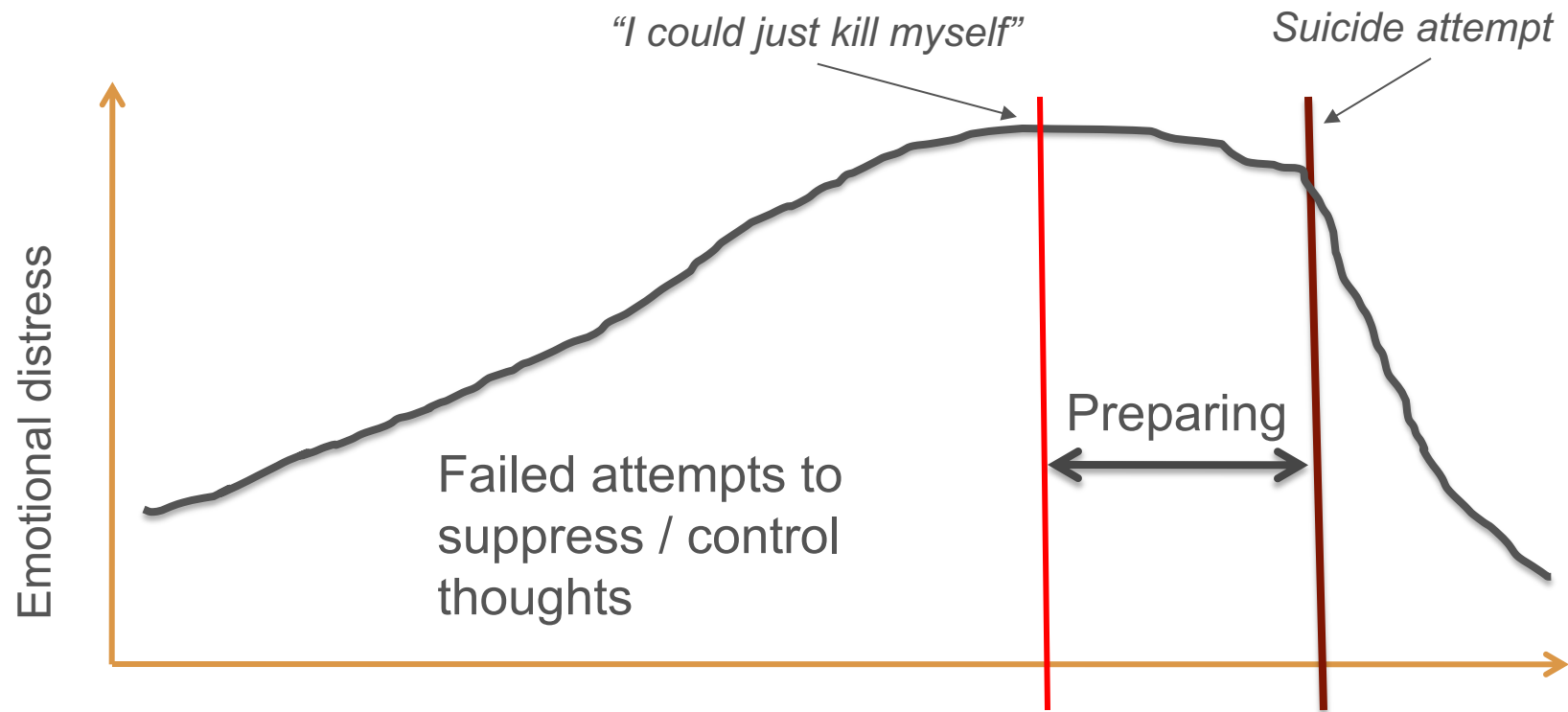
Reducing tension or negative affect
("To stop bad feelings")

Social
(External)

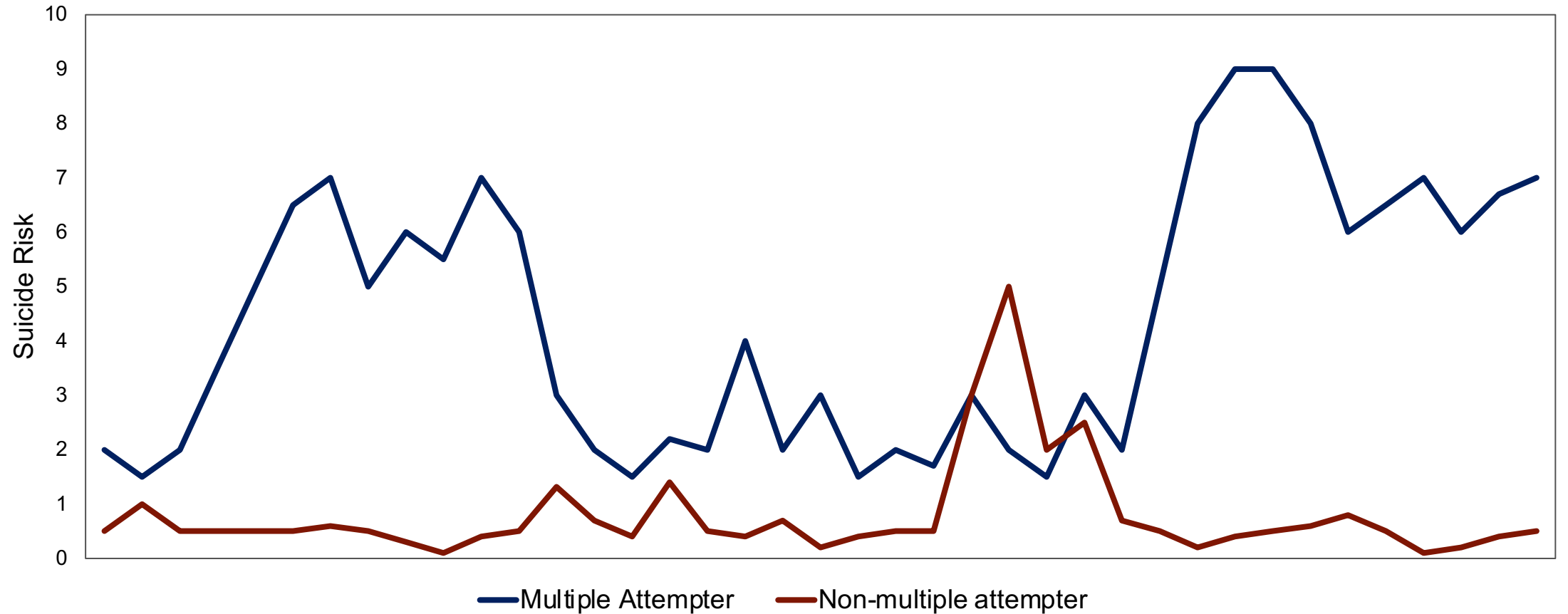
Gaining something from others
("To get attention or let others
know how I feel")

Escape interpersonal task demands
("To avoid punishment or doing
something undesirable")

Negative Reinforcement



Stable and Dynamic Aspects of Suicide Risk



The Suicidal Mode

Predispositions

Cognitive

*Self-regard
Cognitive flexibility
Problem solving*

Behavioral

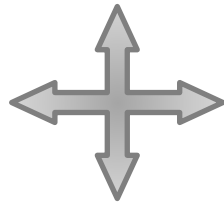
*Prior attempts
Emotion regulation
Interpersonal skills*

Emotional

*Psychiatric disorder
Emotional lability
HPA axis*

Physical

*Genetics
Medical conditions
Demographics*



Acute

Cognitive

*"This is hopeless"
"I'm trapped"
"I'm a burden"*

Behavioral

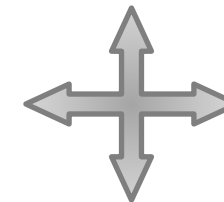
*Substance use
Social withdrawal
Preparations*

Emotional

*Depression
Guilt
Anger*

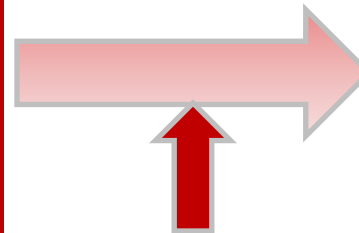
Physical

*Agitation
Insomnia
Pain*

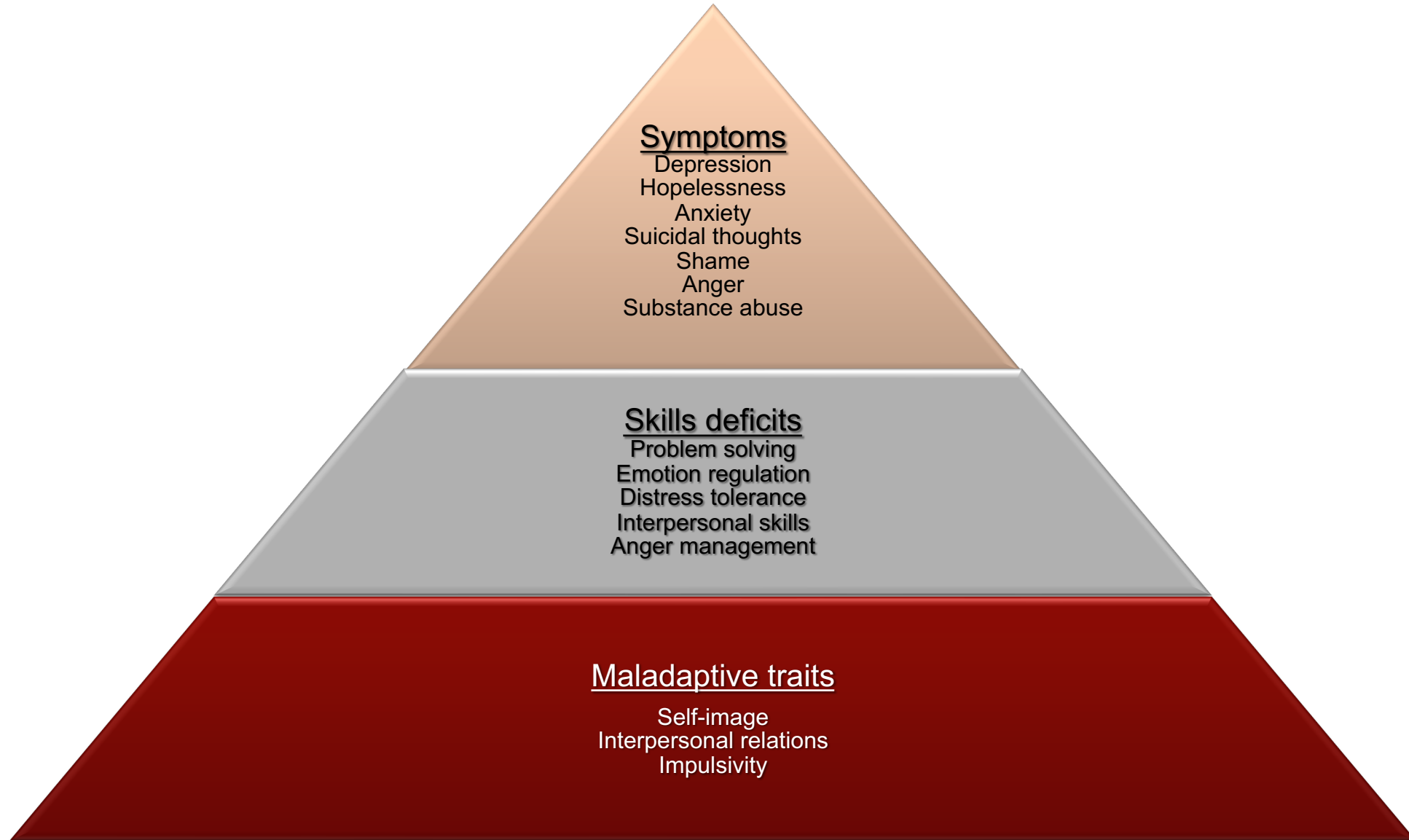


Trigger

*Relationship problem
Financial stress
Perceived loss
Physical sensation
Negative memories*



Multiple Levels of Suicide Risk



Foundations for Care

Common Reactions to Suicidal Patients



Clinician vs. Patient Goals

Clinician

prevent death
don't get sued

Patient

alleviate suffering
solve the problem

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

CRP = Narrative Assessment +
Creating the Plan

Narrative Assessment

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?”

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

Narrative Assessment in Practice

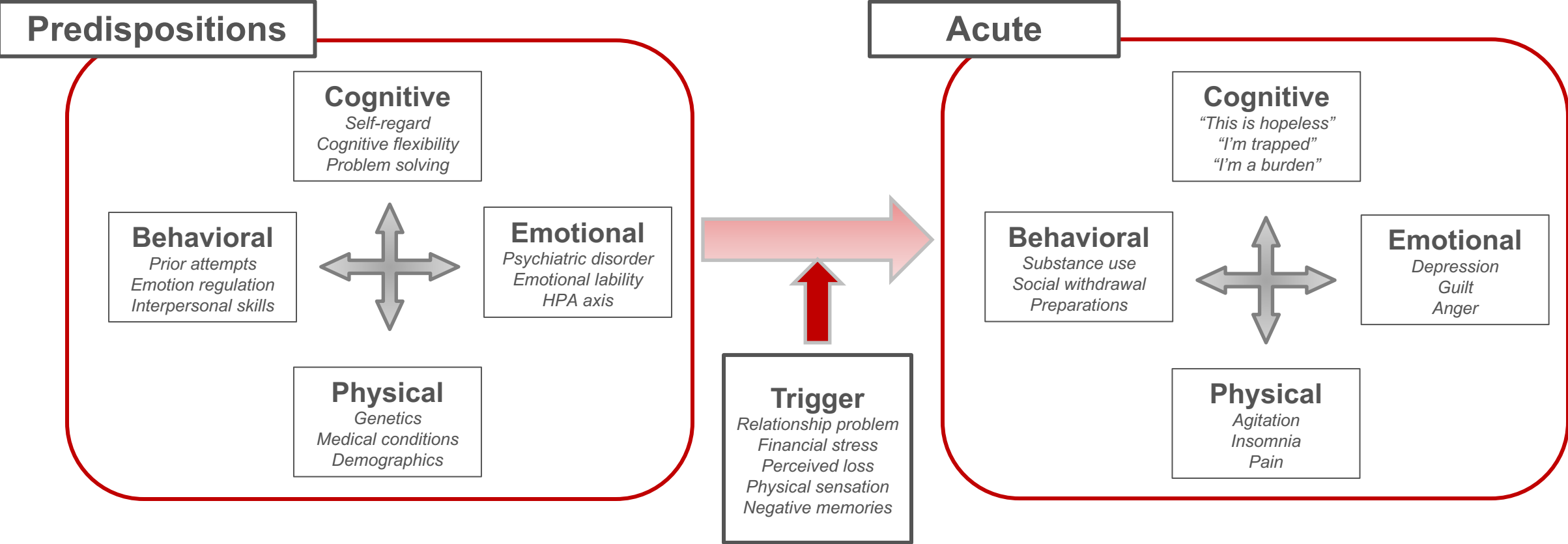
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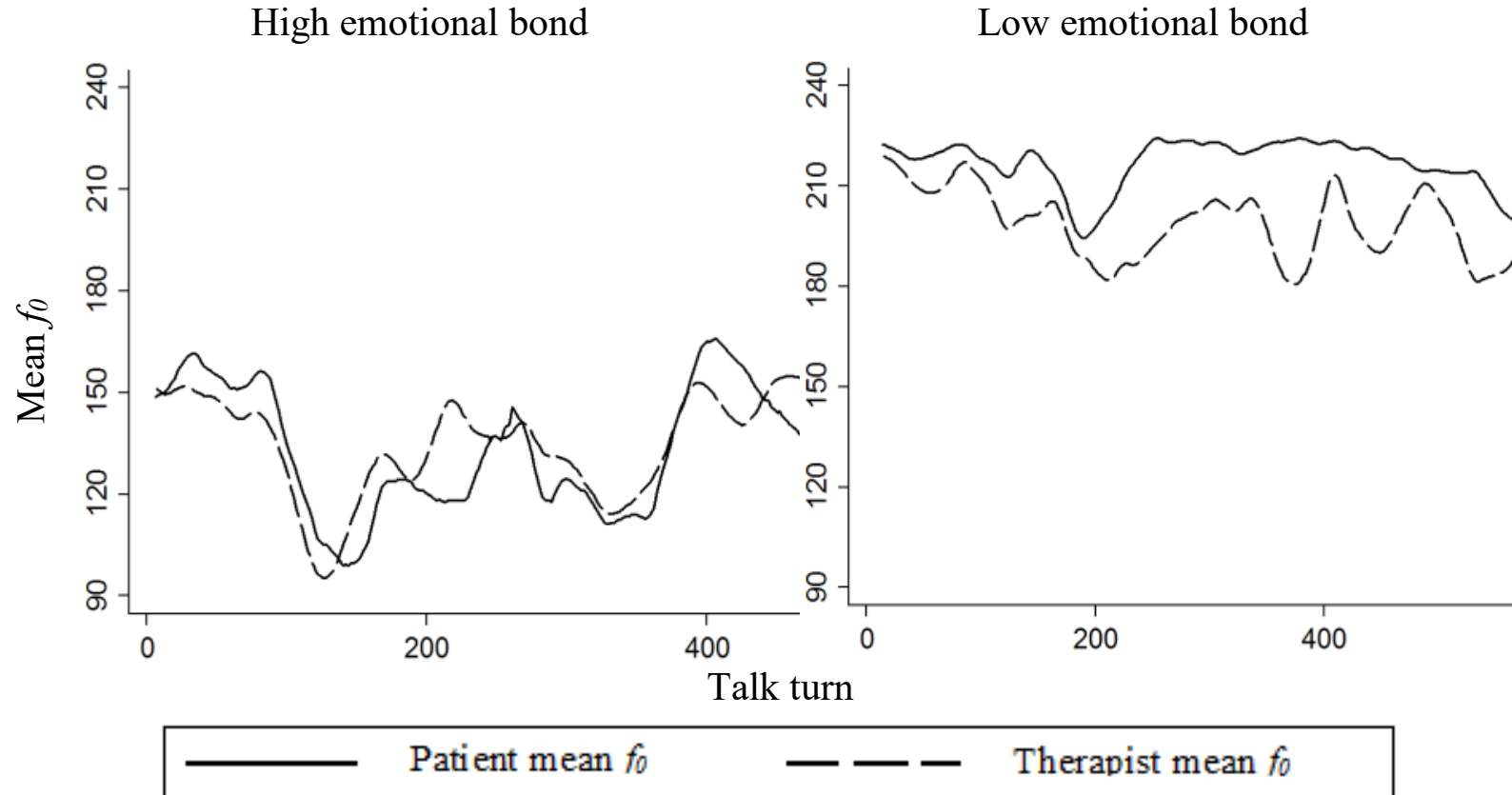
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The Suicidal Mode



Moment-to-Moment Synchrony & Empathy



Lowess smoothed plots of two example cases demonstrating variability and synchrony in patient and clinician mean f_0 over time during the intervention phase of emergency behavioral health encounters rated as high (left panel) and low (right panel) in emotional bond. (Note: bandwidth = .1).

Narrative Assessment vs. Traditional Interview

Narrative Assessment

- Higher empathy ratings
- Higher affective synchrony
- Emotional co-regulation
- Lower speech complexity

Traditional Interview

- Lower empathy ratings
- Lower affective synchrony
- Emotional co-dysregulation
- Greater speech complexity

Crisis Response Planning

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

Warning signs
Things I will do on my own:
Reasons for living:
Social support:
Crisis/professional assistance:

CRP Tips

- Use an index card or a business card.
- Avoid large paper or pre-printed forms.
- Ask individuals to handwrite their plan.

Introducing the Crisis Response Plan

- It sounds like things haven't been going really well for you lately. Of all those issues and problems you described, which ones would you say you want to change the most?
- I can see how you got to that point. If you could change one thing about what's happening to you right now, what would that be?
- What would you like to be different about what's going on right now?

Warning Signs

- What are some of the things you notice inside of yourself during these situations?
- What are some of your indicators that things aren't going so well and are getting out of control?
- If we wanted to prevent this from happening in the future, how might we know when you're heading down this road?

CRP Tips

- Ask clarifying questions to obtain specific warning signs.
- Ensure the warning signs occur far enough in advance to be helpful.

Self-Management

- When feeling upset or stressed, what are some things that help you to calm down or feel less stressed?
- What are some things you used to find helpful when stressed, even if you don't do them anymore?

CRP Tips

- If unable to identify self-management strategies, ask about strategies that have worked in the past.
- If a strategy works in only one setting, ask about other strategies that can work in other settings.

Reasons for Living

- What are your reasons for living?
- What gives you a sense of purpose and meaning in life?
- What stands in the way of you killing yourself?

CRP Tips

- Ask the individual to describe their reasons for living in detail to increase their emotional vividness.
- If an individual says they have no reasons for living, reward by asking about what gets in the way of a suicide attempt.

Social Support

- When feeling stressed or upset, who helps to take your mind off of things or cheer you up?
- Who do you know who provides you with support during tough times?
- People often have a family member, friend, or coworker who supports them in times of need. Who would that person be in your life?

CRP Tips

- If an individual cannot identify a social support, provide some general suggestions.
- If an individual still cannot identify a social support, normalize the situation and move to the next step.

Emergency Support Services

- National Suicide Prevention Hotline: 1-800-273-TALK
- If you don't answer your phone, make sure the patient knows that in advance
- Include "go to the hospital or call 911" as the final step.

CRP Tips

- If an individual is reluctant to include a particular emergency service, invite them to explain why.
- Ask individuals if they would include emergency services even if unmotivated to use them.

Sample Crisis Response Plans

Warning Signs: pacing
feeling irritable
thinking "it'll never
get better"

-
- go for a walk 10 mins
 - watch Friends episodes
 - play with my dog
 - think about my kids
 - vacation to beach in Florida
 - Christmas Day 2012
 - call/text my Mom
or Jennifer
 - call Dr. Brown: 555-555-5555
 - leave msg w/ name, time,
phone #
 - 1-800-273-TALK
 - go to hospital
 - call 911

① crying ③ wanting to hit things
② getting angry ④ argument w/ wife

-
- ① ~~play videogames~~ ⑤ photography
 - ② woodwork in garage ⑥ writing
 - ③ go for walk ⑦ games on phone
 - ④ breathing 10 mins ⑧ listen to ^{uplifting} music
 - ⑤ talk to Bill
 - ⑥ Dr. Smith: 555-555-5555 (voicemail)
 - ⑦ Hotline: 1-800-273-2755
 - ⑧ Hospital or 911

Reasons to live:

Mom photography
wife motorcycle rides
kids (Matt, Katie)

Other Tips for Effective Crisis Response Planning

- 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: Practice

Crisis Response Plan: Practice Elements

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

CRP Reflective Training

- Provides the practice necessary to do CRP competently
- Self-directed, web-based, collaborative
- 1 hour/week for 4 week-long cycles
 - You decide which weeks you want to do a cycle
- You get a handy-dandy CRP manual & Certificate of Completion
- Each cycle consists of
 - 2 x 7 min roleplay
 - 2 x view and complete objective feedback form on a peer's roleplay
 - 1 x optional 30 min discussion/Q&A with teacher (me)

If interested in participating, contact me, David Roberts, at:

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Questions?

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David Roberts