CBT for Suicidal Intervention

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Objectives

- Behavioral Health among Older Adults
- What everyone can do to help prevent suicide
- Describe the general approach, rationale and evidence support Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)
- Provide resources

Behavioral Health among Older Adults

SAMSA retrieved the following results from 2021 and 2022 National Surveys on Drug Use and Health

Substance Abuse and Mental Health Services Administration. (2024). Behavioral health among older adults: Results from the 2021 and 2022 National Surveys on Drug Use and Health (SAMHSA Publication No. PEP24-07-018). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/older-adult-behavioral-health-report-2021-2022

Suicide & Older Adults

- While older adults comprise just 16.8% of the population, they make up approximately 22% of suicides.
- In 2022, among the nearly 49,449 suicides that took place in the U.S., 10,433 were attributed to people aged 65 and up.
- Older adults tend to plan suicide more carefully and are more likely to use more lethal methods.
- If suicide attempt fails, decreased likelihood to recover from the effects due to frailty or underlying health conditions.
- Men aged 75 and older face the highest overall rate of suicide.

Suicidal Thoughts & Behaviors

- About 1 in 50 older adults had serious thoughts of suicide in the past year.
- Less than 1% of older adults made a suicide plan or attempted suicide in the past.
- Although the percentages of older adults who engaged in nonfatal suicidal behaviors were similar for both genders, the suicide rate among older adult males (30.2 deaths per 100,000 people) was considerably higher than the rate among older adult females (5.6 deaths per 100,000 people).

Substance Use Disorders

Alcohol Use Disorder/Opioid Use Disorder

More that 7 million older adults were diagnosed with a substance use disorder (SUD). 4.4 million who had an alcohol use disorder (AUD) (5.6%) and 3.2 million who had a drug use disorder (DUD) (4.1%).

- Older adult males were about 1.5 times more likely than older adult females to have had an SUD in the past year.
- Older adult males were more likely than older adult females to have had an AUD in the past year.
- About 1 in 50 older adults (2.2%) had an opioid use disorder (OUD) in the past year. Similar percentages of older adult females and males had an OUD.

Substance Use

There were 9.5 million older adults who used illicit drugs in the past year, including 7.7 million who used marijuana (9.9%) and 1.8 million who misused opioids (2.3%).

- Males were more likely than females to have used illicit drugs in the past year. About 1 in 7 older adult males used illicit drugs, compared with about 1 in 10 older adult females.
- Males were more likely than females to have used marijuana in the past year. About 1 in 8 older adult males used marijuana, compared with about 1 in 13 older adult females.
- About 1 in 45 older adults misused opioids in the past year. Similar percentages of older adult females and males misused opioids

Mental Health

- An estimated 9.8 9 (12.5%) million older adults had any mental illness (AMI)
- About 1.5 million (1.9%) of those identified with (AMI) had serious mental illness (SMI)
- About 12.7 million older adults (16.0%) received mental health treatment (MH Tx) in the past year. Older adult females were more likely than older adult males to have received MH Tx (19.6% vs. 11.9%). About 1.5 million (1.9%) of those identified with (AMI) had serious mental illness (SMI)

Supporting Someone with Suicidal Thoughts

Five Action Steps Outlined by the 988 Suicide & Crisis Line:

1. Ask
2. Be there
3. Keep them safe
4. Help them connect
5. Follow up

Reasons Why Suicide is Higher in Older Adults

- Many seniors are homebound and live alone.
- Grief over loss of loved ones:
- Loss of self-sufficiency
- Cognitive impairment
- Financial troubles
- Use of substances
- Substance use and mental health disorders

Overview of CBT for Suicide Prevention

- Uses Cognitive Behavior Therapy (CBT) strategies focused on reducing the likelihood of future suicidal behavior.
- Objectives:
  - Build a sense of hope
  - Increase awareness of reasons for living
  - Develop alternative ways of thinking and behaving via skill-building, imagery and rehearsal techniques
  - Increase coping skills and self-efficacy to manage crises

Suicide as the Primary Focus of Treatment

Going beyond checklist questions/risk assessment: Understanding the role of suicide in an individual's life

- How has it developed over time?
- What are the triggers of suicidal thoughts and behaviors?
- What meaning/function does suicide have for this individual?
- How is suicide related to the other primary mental health issues for this Veteran (PTSD, depression, anxiety, substance use, MST)

CBT-SP Telehealth Protocol

- 12 individual sessions of manualized, evidence-based content
  - Option to add 2 additional sessions if needed
- Sessions are 1-2 times weekly
- 1-month follow-up phone call
- An adjunctive therapy program, offered in addition to other mental health
- services a Veteran may be receiving

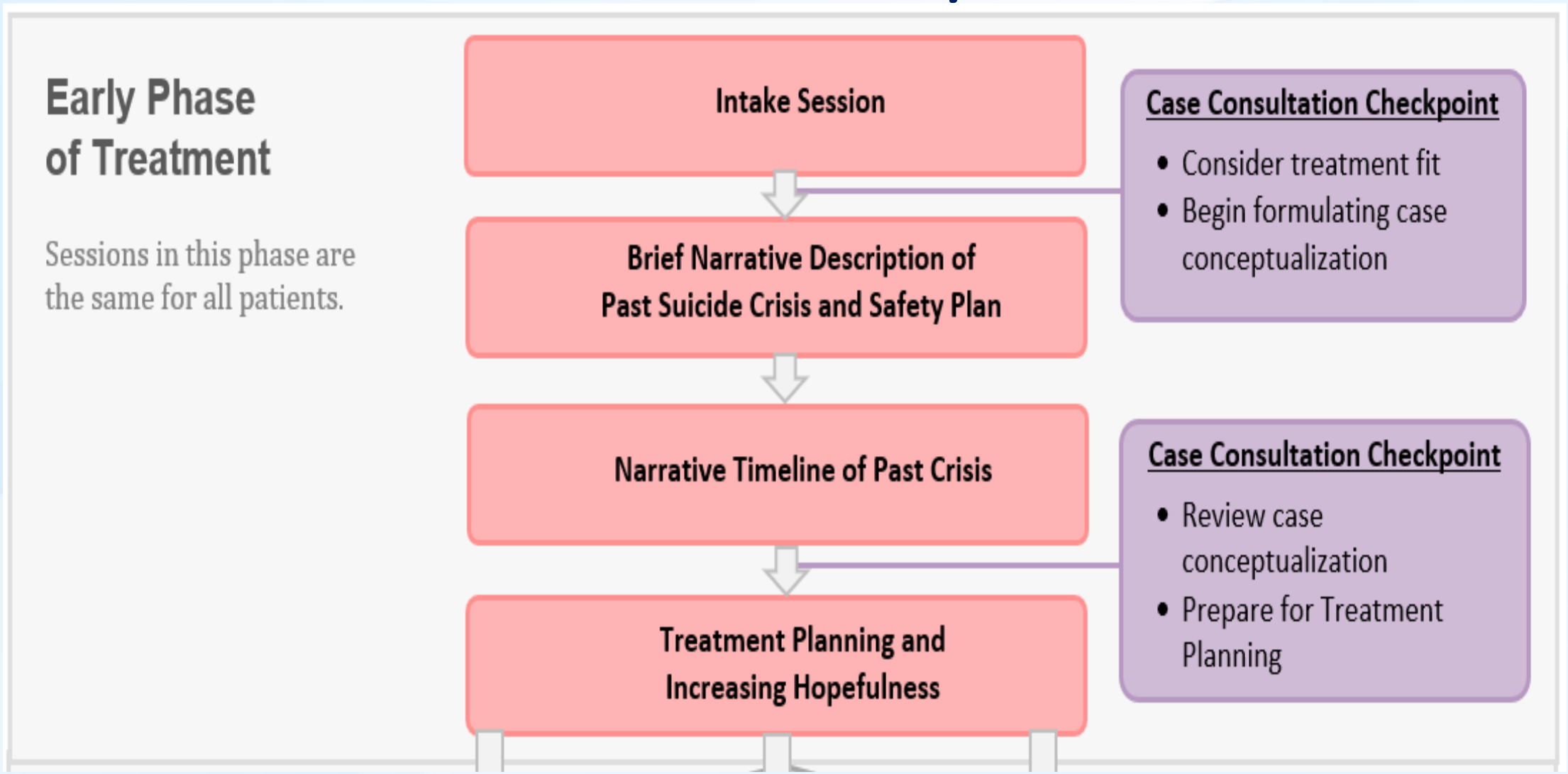
Session Process

All Sessions include:

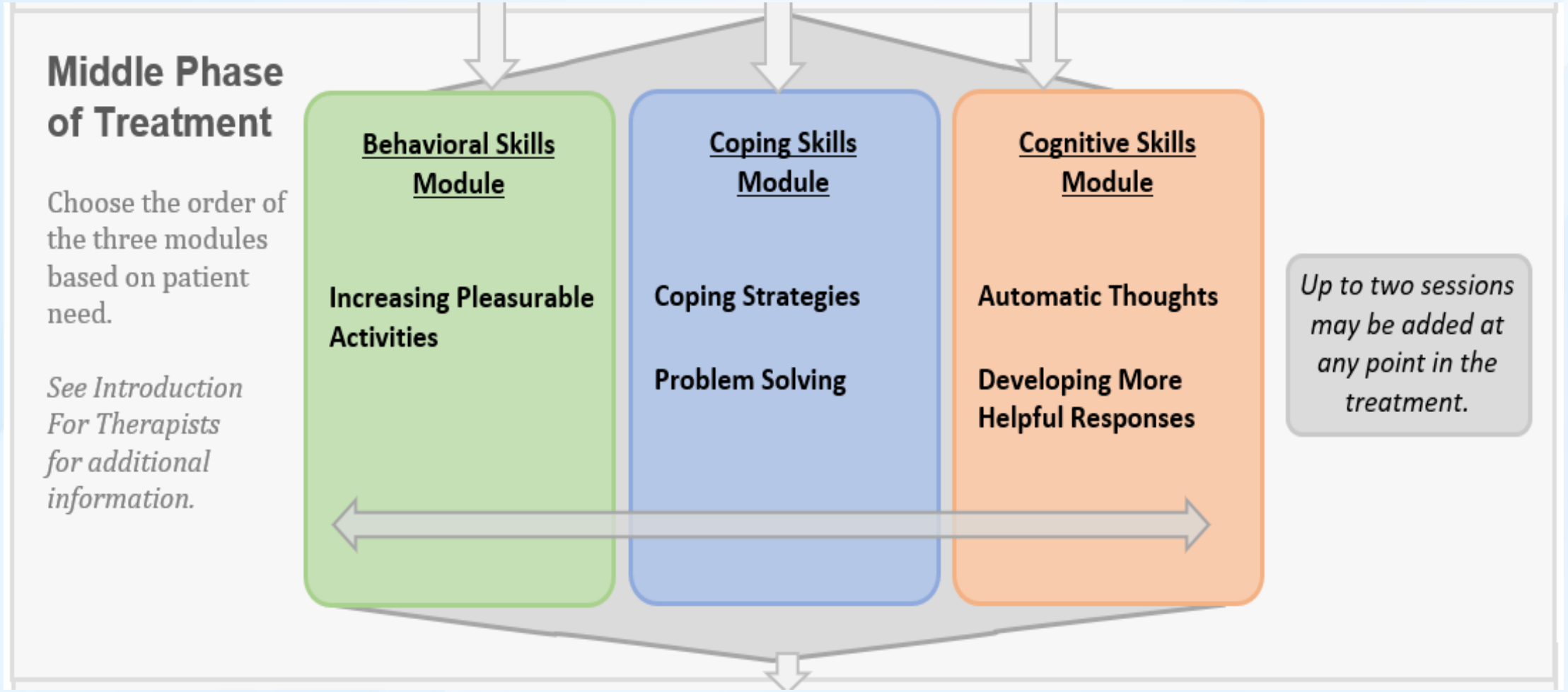
- Collaborative agenda-setting
- Assigned homework or practice of a skill
- Pre- and post- session safety assessments

Veterans are provided with a workbook than contains content for each session and supplemental resources

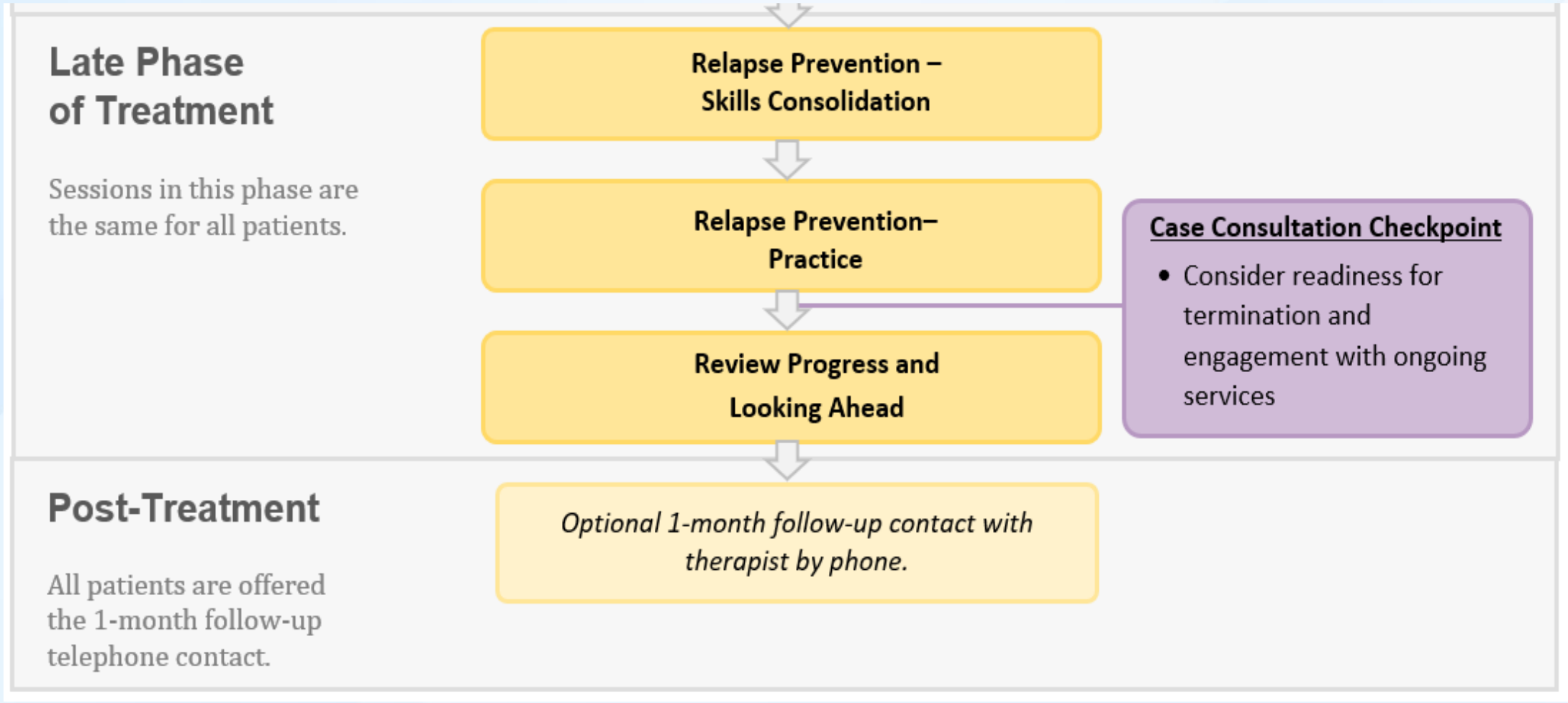
CBT-SP Session Content: Early Phase



CBT-SP Session Content: Middle Phase



CBT-SP Session Content: Late Phase



Early Phase of Treatment

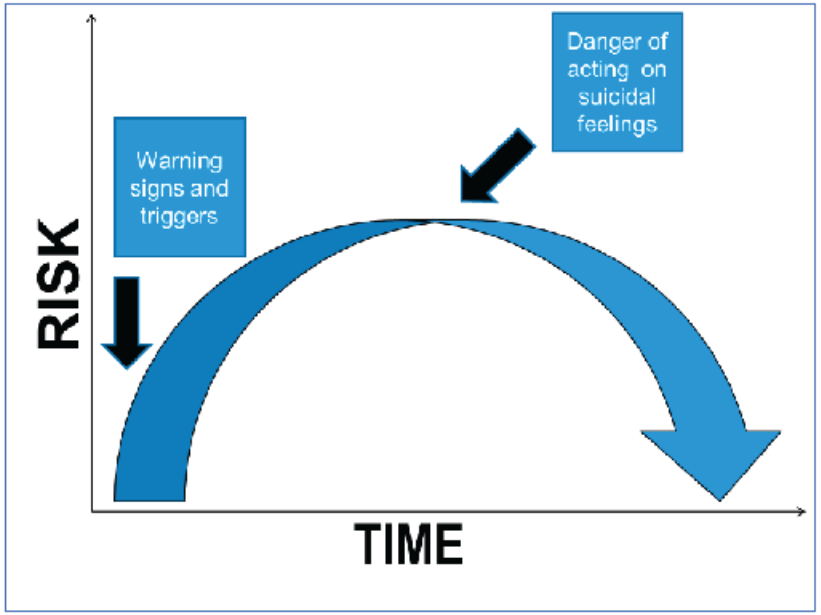
- Suicide is established and agreed upon as the primary focus of treatment.
- Complete Brief Narrative Timeline
- This exercise is used to review the details of a past suicide crisis, and to begin formulating a case Conceptualization
- Hope Kit is introduced
- Develop a Treatment Plan

Session: Introduction

Introduction	
Required materials • Assessments: Session Check-in, PHQ-9, Suicide History, Self-Efficacy, Session Wrap-up • Handouts/Worksheets: ▪ Guidelines and Expectations ▪ Safety Plan #5 & #6	Homework: ▪ Creating a Safe Environment ▪ Practice a Coping Strategy
☐ 1. Introduction and Agenda ☐ Introduction to CBT-SP	
☐ 2. Introduction to Telehealth for Suicide Prevention ☐ Confirm backup plan and backup phone number for a Lost Connection ☐ Verify and document Veteran's current location ☐ Review Confidentiality policy ☐ Document permission (or no) to mail therapy session materials ☐ *Consent for Release of Information*, if necessary ☐ Confirm that Veteran understands the Safety Protocol ☐ Review Telehealth Guidelines and Expectations	
☐ 3. Session Check-In Questions and Background Information • Acute Risk Level endorsed: ☐ LOW ☐ INTERMEDIATE ☐ HIGH	
☐ 4. Assessment Measures & Suicide History ☐ Review current VA/other providers/Access to care issues ☐ PHQ-9 ☐ Self-Efficacy Questions ☐ Suicide ideation and behavior history ☐ Risk Assessment ☐ Acute Risk? ☐ Safety Plan Introduction – Emergency Contacts & Creating a Safe Environment ☐ #5 – Safety Contact(s) ☐ #6 – Steps for Ensuring Lethal Means Safety	
☐ 5. Homework: Practice a Coping Strategy Creating a Safe Environment: Carry out #6 of the Safety Plan	
☐ 6. Final summary and session feedback	
☐ 7. Session Wrap-Up • Acute Risk Level endorsed: ☐ LOW ☐ INTERMEDIATE ☐ HIGH • Did Veteran endorse an immediate high risk for suicide? ☐ NO ☐ YES	
If a Veteran is actively suicidal during the session, or they have engaged in any preparatory behavior since the last session, ***discontinue regular session content until the Veteran's risk has been assessed, and safety has been addressed.***	

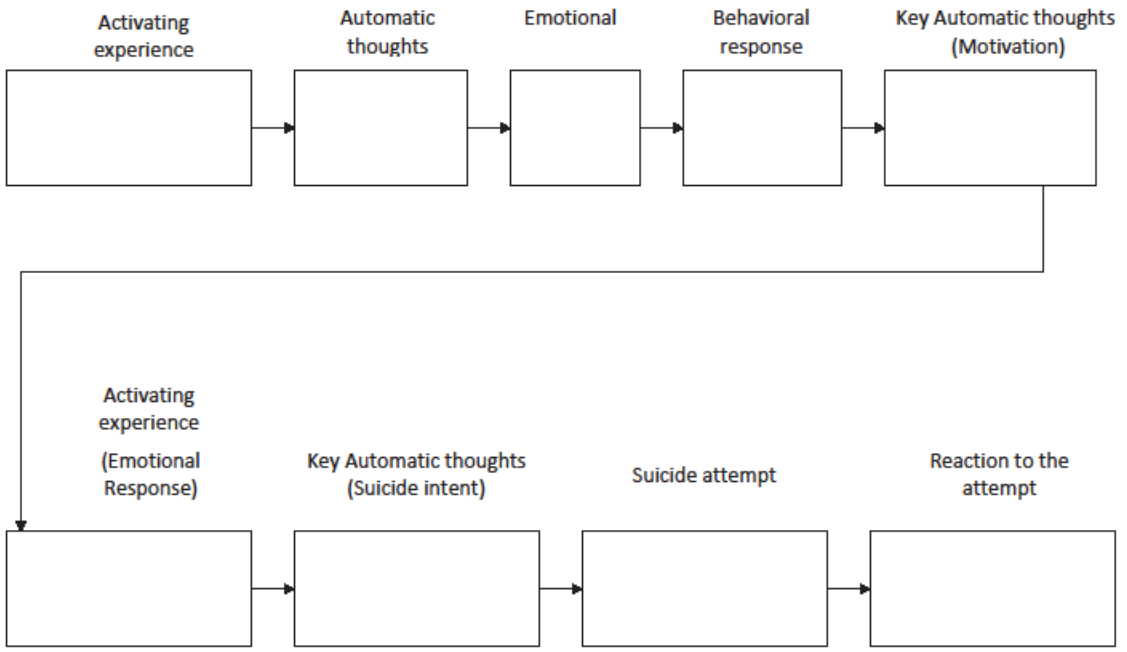
Suicide Risk Curve

Safety Planning Intervention Manual: Veteran Version, Figure 2



Stanley, B., Brown, G. K. with MacRae, F., Rotolo, C. A., Hughes, G., Mina, L. & Barry, C. N. (© 2018). *Safety Planning Intervention Manual: Veteran Version*. Washington, D.C.: United States Department of Veterans Affairs

Narrative Timeline



Suicide Ideation and Behavior History

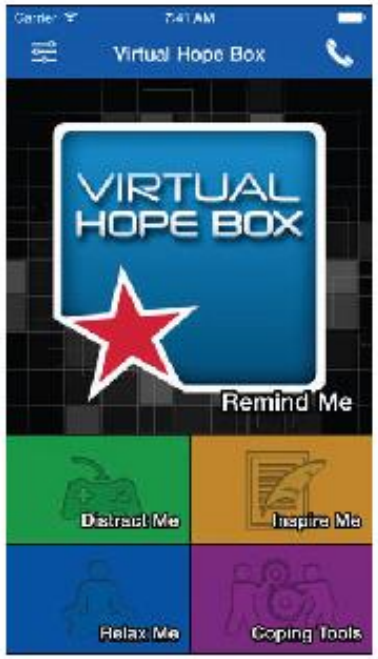
- Timeline and qualities of Suicidal Ideation (SI)
  - Onset of SI
  - General frequency, intensity and duration of recent SI, including content (type of thoughts: passive, command hallucinations, etc.)
  - Patterns of intensified SI (anniversaries, seasons, only during stressful times, etc.); relationship to other issues like substance use PTSD, etc.

Suicide Ideation and Behavior History

- Timeline and qualities of suicidal behavior
  - First, last, total number, most recent, most lethal
  - Type of behavior: preparatory/rehearsal; risky behavior with ambivalence about living
  - Triggers, patterns, methods
  - Interrupted, aborted: how, why
  - What happened after?
    - Treatment or not afterward?
    - Did they tell anyone

Hope Kit

- Identify and discuss reasons for dying and reasons for living
- Construct a Hope Kit or Survivor Kit to create a representation of reasons for living
  - Pictures
  - Letters
  - Poetry
  - Prayer Card
  - Coping Cards
  - Meaningful mementos or tokens



Middle Phase of Treatment

Utilizes tailored strategies to identify and address sources of risk for future suicidal behaviors. These strategies are organized into modules. The therapist chooses the order of modules based on a combination of the case conceptualization and the Veteran's preferences.

Module: Behavioral Skills

- Session: Increasing Pleasurable Activities
  - Identify pleasurable activities
  - Discuss Veteran's sense of meaning and purpose related to identified activities

Middle Phase of Treatment

Module : Coping Skills

- Session: Coping Strategies
  - Identify coping strategies including cognitive, sensory, and bodily techniques.
  - Review Healthy Distraction Techniques
  - Discuss Mindfulness Activities
  - Discuss and practice Relaxation and Deep Breathing
- Session: Problem Solving
  - Develop skills for thinking through situations before taking action.

Late Phase of Treatment

- Session: Relapse Prevention Skills Consolidation
  - Create a plan to prevent relapse to suicidal thinking
  - Name strategies to utilize in a future crisis (Skill Consolidation)
- Session: Relapse Prevention-Skills Consolidation
  - Create a plan to prevent relapse to suicidal thinking
  - Name strategies to utilize in a future crisis (Skill Consolidation)

Review of skills, strategies and core components including Safety Plan, Hope Kit and Coping Cards and discuss plans for maintaining treatment progress.

- Scheduling a one-month follow-up phone call for the CBT-SP therapist to check in with the patient.

Post-Treatment

All patients are offered the 1-month follow-up telephone contact.

- Not a therapy session
- Phone, not VVC
- Check-In
- Coordination of Care
- Considerations for the Therapeutic Relationship
- What about risk management?

VA Suicide Prevention 2.0 Treatments: Clinical Decision Guide

This guide informs clinical decision making between the provider and Veteran to determine which evidence-based psychotherapy (EBP) for suicide prevention may be most appropriate for the Veteran.

	Problem Solving Therapy for Suicide Prevention (PST-SP)	Cognitive Behavioral Therapy for Suicide Prevention (CBT-SP)	Dialectical Behavior Therapy (DBT)
Brief Description of the EBP for Suicide Prevention	PST-SP helps to reduce suicide risk by **improving the Veteran's ability to cope with stressful life experiences** by learning and applying the following strategies: Planful Problem Solving, Stop and Slow Down, Overcoming Brain Overload, and Visualization for Hope and Motivation.	CBT-SP helps to reduce suicide risk by instilling a sense of hope and reasons for living; using **cognitive strategies** to decrease negative thoughts and beliefs; using **behavioral strategies** to increase pleasant and meaningful activities; and practicing **coping skills** to manage future suicidal crises.	DBT helps to reduce suicide risk by combining **cognitive-behavioral techniques with acceptance strategies**. There is a focus on **building skills** in mindfulness, emotion regulation, interpersonal effectiveness, and distress tolerance.
Treatment Modality and Frequency	Weekly individual therapy	Weekly/biweekly individual therapy; one-month follow-up contact	Weekly individual therapy; Weekly skills group; Phone coaching
Treatment Length	2-3 mos. (6-12 sessions)	3-4 mos. (12-14 sessions)	1 year
DoD/VA Clinical Practice Guideline Recommendation	Yes	Yes (Strong)	Yes
Veterans with Suicidal Ideation or Behavior (Self-Directed Violence)	Yes	Yes	Yes
Other Clinical Considerations	Veterans who experience psychiatric symptoms including psychosis, substance use, cognitive difficulties or emotional dysregulation may participate in PST-SP, but those **symptoms should be well- managed enough to not interfere** with the Veteran's ability to participant in highly focused therapy sessions.	Veterans who experience psychiatric symptoms including psychosis, substance use, cognitive difficulties or emotional dysregulation may participate in CBT-SP, but those **symptoms should be well-managed enough to not interfere** with the Veteran's ability to participant in highly focused therapy sessions.	DBT is appropriate for Veterans with chronic suicidal ideation, repeated self-directed violence, and/or Borderline Personality Disorder traits, as well as behaviors that make it difficult to engage effectively in therapy. Veterans who experience psychiatric symptoms including psychosis, substance use, cognitive difficulties or emotional dysregulation may participate in DBT, and those symptoms may be a target of treatment. Any concerns will be addressed on a case by case basis.

Draft: 5-13-21 GKB EF SJL KR

Use this table to identify the timing of intermittent measures in CBT-SP

Session	Intermittent Measure
Introduction	PHQ-9 Self-Efficacy
Brief Narrative & Safety Plan	
Narrative Timeline	
Treatment Planning & Increasing Hopefulness	PHQ-9 Self-Efficacy
Increasing Pleasurable Activities	
Coping Strategies	
Problem Solving	Suicide-Related Coping Scale
Automatic Thoughts	
Developing More Helpful Responses	
RP: Skills Consolidation	PHQ-9 Self-Efficacy
RP: Practice	
Final Session	PHQ-9 Self-Efficacy Suicide-Related Coping Scale

Session Check-In Questions

Instruction: The Veteran will complete these questions at the beginning of each session; review and discuss responses verbally.

1. What have your suicidal thoughts been like over the past week? (Consider types of thoughts, how often they happen and how long they last) _____

2. On a scale of 0 to 10, how would you rate the intensity of your suicidal thoughts over the past week?

LOW 0 1 2 3 4 5 6 7 8 9 10 HIGH

3. On a scale of 0 to 10, with 0 being "not at all hopeless" and 10 being "completely hopeless", how hopeless have you felt since the last session?

NOT AT ALL 0 1 2 3 4 5 6 7 8 9 10 COMPLETELY

4. Have you spent time thinking about ways that you would kill yourself in the past week? ☐ No ☐ Yes

5. Have you done anything, started to do anything, or prepared to do anything to end your life in the past week? ☐ No ☐ Yes

6. Right now, in this moment (session), on a scale of 0 to 10, what is your urge to kill yourself?

LOW 0 1 2 3 4 5 6 7 8 9 10 HIGH

7. Right now, in this moment (session), on a scale of 0 to 10, what is your intent to kill yourself?

LOW 0 1 2 3 4 5 6 7 8 9 10 HIGH

8. Right now, in this moment (session), on a scale of 0 to 10, what is your intent to harm someone else?

LOW 0 1 2 3 4 5 6 7 8 9 10 HIGH

If applicable:

9. Have you had any alcohol to drink in the past week? ☐ No ☐ Yes

10. Have you used any drugs (e.g. marijuana, cocaine, heroin, meth, etc.) in the past week? ☐ No ☐ Yes

11. Have you taken any medications that were NOT prescribed to you in the past week? ☐ No ☐ Yes

12. Have you misused any of your prescribed medications in the past week? (Could include taking more medication than prescribed, taking medication for reason other than prescribed for, taking medication in form medication is not intended for, etc.)? ☐ No ☐ Yes

13. Right now, in this moment (session), on a scale of 0 to 10, what is your urge to use alcohol or other drugs?

LOW 0 1 2 3 4 5 6 7 8 9 10 HIGH

Adapted from Linehan, Comtois, & Ward-Ciesielski (© 2012). University of Washington Suicide Risk/Distress Assessment

PHQ-9

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(please circle your answer)*

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3

10. If you checked 1, 2, or 3 for *any* problem on this page, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐	Not difficult at all	☐	Somewhat difficult	☐	Very difficult	☐	Extremely difficult

Self-Efficacy Questions

How confident are you that you can keep yourself safe from acting on thoughts of suicide for:

A) **The next week:**

Not confident at all 0 1 2 3 4 5 6 7 8 9 10 Very Confident

B) **The next 6 months:**

Not confident at all 0 1 2 3 4 5 6 7 8 9 10 Very Confident

Session Wrap-Up:

Instructions: The Veteran will complete these questions at the end of each session; review and discuss responses verbally.

Please answer these questions about today's sessions and how you are feeling now:

What was the most helpful thing about today's session? (*have Veteran write their response in their Most Helpful Part of Session form – you may also want to keep a copy*):

1. How are you feeling compared to when the session started today?
   - ☐ My mood is much worse
   - ☐ My mood is a little worse
   - ☐ My mood is about the same
   - ☐ My mood is a little better
   - ☐ My mood is much better

2. Right now, in this moment (session), on a scale of 0 to 10, what is your urge to kill yourself?

LOW 0 1 2 3 4 5 6 7 8 9 10 HIGH

3. Right now, in this moment (session), on a scale of 0 to 10, what is your intent to kill yourself?

LOW 0 1 2 3 4 5 6 7 8 9 10 HIGH

If applicable:

4. Right now, in this moment (session), on a scale of 0 to 10, what is your urge to use alcohol or other drugs?

LOW 0 1 2 3 4 5 6 7 8 9 10 HIGH

Adapted from Linehan, Comtois, & Ward-Ciesielski (© 2012). University of Washington Suicide Risk/Distress Assessment

This report for clinicians explains approaches to providing integrated care to older adults living with substance use disorder and mental illness. It highlights the importance of assessing patients for cognitive deficits and adapting behavioral interventions to help improve treatment outcomes.

Resources

Cognitive Behavioral Therapy for Suicide Prevention with Veterans Therapist Manual

Resources for Older Adults | SAMHSA

Substance Abuse and Mental Health Services Administration. (2024). *Behavioral health among older adults: Results from the 2021 and 2022 National Surveys on Drug Use and Health* (SAMHSA Publication No. PEP24-07-018). Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/data/report/older-adult-behavioral-health-report-2021-20