

Provider Notice

To: **All Providers**
From: **PerformCare**
Date: **October 26, 2021**
Subject: **Suicide Prevention Memo #2: Formulating Risk and Protective Factors and Effective Crisis Response Planning**

In September, 2021 PerformCare sent out a Memorandum indicating we will be sending out brief communication every other month related to the clinical best practice standards on assessment, treatment, and management of clients with suicidal thinking. This communication serves as our second correspondence regarding this important topic and follows from information provided from September.

In September, the topics of use of safety contracts and the term “contract for safety” were discussed as outdated practices. Research was cited related to the ineffectiveness of these contracts and crisis response planning with a thorough analysis of risk and protective factors has been found to be more effective. As a managed care organization, we have observed a slow shift in moving away from the use of safety contracts to the use of current best practice, with assessment of risk and protective factors and the development of comprehensive crisis response plans. There are additional clinician specific variables, as well as evidenced based treatments that will introduced in further communication.

For November, PerformCare would like to outline the importance of thoroughly formulating risk and protective factors and the development of sound crisis response plans in managing clients with suicidal thinking. In addition, some resources for training are provided.

Management of a client’s suicidal thinking involves an in depth analysis of their risk factors for suicide. This should include identification of those factors that are controllable (i.e. can be worked on in treatment) and those which cannot be controlled and therefore understood, but would not be able to addressed in a crisis response plan. Two great resources for understanding how to identify risk factors are <https://sprc.org/about-suicide/risk-protective-factors> and in the American Psychiatric Association’s Practice guidelines for the assessment and treatment of patients with suicidal behaviors. Both resources discuss understanding a client’s risk from a biopsychosocial perspective. An important note about identifying risk factors pertains to the use of objective assessment scales. These tools can be helpful in generating conversation and discussion with clients about risk factors, but should not be used as the only means for assessment or predicting suicide. A meta-analysis of 21 studies evaluating the ability of 15 instruments in predicting suicide found no instrument to be effective in quantifying risk (Rune son et al., 2017). Also, two recent studies using the Columbia scale found this measure to do worse than chance in predicting suicide in emergency room patients (Simpson et al., 2020) (Bjureberg et al., 2021).

Upon thorough assessment of risk, identification of a client's protective factors and natural supports should follow to aide in the development of a crisis response plan. This plan should be developed collaboratively with the client, be systematic and able to be followed in the event of increased suicidal thinking. Crisis response plans attend to immediate and environmental safety, as well as to the biospsychosocial risk factors identified in the initial assessment. Crisis response plans should be practiced and rehearsed with clients to ensure they feel competent to follow the plan in the event of increased suicidal thinking. These plans must be reviewed frequently and updated as needed based on changes in suicidal thinking, and as items in the plan are found to be not helpful or additional tools are identified.

There are two evidenced based trainings for clinicians in the formulation of risk and development of crisis response plans. One is the Assessing and Managing Suicide Risk: Core Competencies for Mental Health Professionals (AMSR) and information on this training is available on the Suicide Prevention Resource Center website at <https://sprc.org/resources-programs/assessing-and-managing-suicide-risk-core-competencies-mental-health-professionals>. Another formalized training is the AAS Recognizing and Responding to Suicide Risk (RRSR) training. This is a more comprehensive training but flows from the former SPRC training noted. Research on this training curriculum demonstrated long-term improvement in clinician attitudes toward suicide and confidence in their ability to work with clients who are at risk for suicide and clinical practice skills (Osteen et al., 2012). To access information on this training go to <https://suicidology.org/training-accreditation/rrsr-clinicians/>

Thank you for taking the time to read this information and consideration of the resources provided.

Your continued feedback as we begin to disseminate information to our network will be helpful, as well as sharing any requests or recommendations for additional information.

References

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