

Provider Notice

To: **All Providers**
From: **PerformCare**
Date: **January 4, 2022**
Subject: **Suicide Prevention #3: Cognitive Behavioral Therapy for Suicide Prevention- CBT-SP**

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 third correspondence regarding this important topic.

For January, PerformCare is offering training resources and information related to evidence based treatment specifically for suicidal thinking. Cognitive Therapy for Suicide Prevention (CT-SP) is a treatment approach developed by Gregory K. Brown, Ph.D. and Aaron T. Beck, M.D. This is an evidenced based and time limited approach to treating suicidal thinking in adolescents and adults. The authors describe the approach as “unique from other cognitive-behavioral treatment protocols in that the explicit focus of therapy is suicide prevention rather than a primary psychiatric disorder. The beginning phase of treatment includes the narrative interview, creation of a cognitive conceptualization, development of treatment goals, and early interventions, including the establishment of the Safety Plan and the Hope Kit. The middle phase of therapy includes interventions specifically targeted to the treatment goals and may include problem-solving, cognitive restructuring, distress tolerance, and behavioral activation. The later phase of therapy includes consolidation of skills and a relapse prevention task.”

<https://www.med.upenn.edu/suicide/training.html>

The concepts that underlie this treatment model described by Brown include the following: suicidal behavior is treated as the primary problem and not a symptom of a disorder; it is considered an adjunctive treatment; suicidal behavior is viewed as a means to cope; treatment should be brief lasting 10-16 sessions (Brown, 2021). Initial trainings in the model are two-day workshops and include opportunities for experiential training. Training can be extended to an advanced model, involving small group consultations for a six – month period. Those who participate in the advanced model submit audio recordings of their sessions for review and are viewed and rated by consultants on standardized measures. Additionally, participants are given feedback during small group sessions. <https://www.med.upenn.edu/suicide/training.html>

For information on training go to:

<https://www.med.upenn.edu/suicide/training.html>

<https://deploymentpsych.org/training>

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

Brown, G.K. (2021). Cognitive Behavioral Therapy for Suicide Prevention. *VA/DoD Clinical Practice Guideline for Suicide Prevention Webinar Series. April 27, 2021*

<https://www.med.upenn.edu/suicide/training.html>