

To: All Providers
From: PerformCare
Date: November 6, 2025
Subject: Suicide Prevention #26: Evidenced Based Suicide Specific Treatment

In our September communication, it was concluded that after care planning from inpatient care and bolstering suicide specific care in our network was needed. This month, we want to make providers aware of a publication by Jobes and Barnett (2024). The authors took a call for action approach in discussing why evidenced based suicide specific care is both ethically and professionally imperative. The authors addressed that there are significant gaps in the quality of practices/treatments for those with suicidality. In the article, they demonstrate that the traditional strategies used globally within our system are ineffective and hinder progress according to research findings.

The strategies were described to not TREAT suicide, but more so manage it and were noted to be: a reliance on inpatient hospitalization due to clinician fear of liability (noting it IS necessary in some cases); discomfort in speaking openly about suicide for fear it will trigger thoughts and increase risk; relying on the use of medication; therapies that treat the person's mental health diagnosis only; and crisis supports. The authors describe how these approaches are not only ineffective but can be damaging to the individual's treatment process, as well as their trust in the system, which they support empirically in their review. The authors indicated that these approaches are necessary within our system but describe them as the way the system has managed suicidality amongst individuals, which is not actual treatment. They call for a treatment-oriented approach that is not driven by suicide crisis management.

Thus, Jobes and Barnett advocate for a system that shifts toward evidenced based suicide specific treatments. They indicated that these treatments conducted in an outpatient setting, where clinicians feel trained and competent lead to the best outcomes, as supported by research on various approaches. Treatments noted to accomplish this included Cognitive Therapy for Suicide Prevention, Brief Cognitive Therapy (suicide specific), Dialectical Behavioral Therapy, and Evidenced Based Safety Planning Interventions, all of which have been found in the literature to decrease suicide attempts through randomized controlled studies. They differentiated the Collaborative Assessment and Management of Suicidality, which has been found to reduce suicidal ideation, decrease hopelessness and increase hopefulness, and decrease overall distress. These are the suicide specific care models that were endorsed through the research cited. Some promising models were also covered. For a full review, you can access the article at <https://dx.doi.org/10.1037/amp0001325>. There was also a recent hour long webinar completed by Dr. Jobes reviewing the needed actions above and many more concepts related to the necessary movements in the treatment of suicide which can be found at <https://cams-care.com/resources/events/contemporary-clinical-suicidology-facts-vs-fiction-and-what-actually-works>.

PerformCare encourages our provider network to review this information and consider taking the time to view this compelling webinar. To that end, it may inform decisions on the types of training/learning opportunities that clinicians consider related to caring for Members who have suicidal thinking.

References

Jobes, D. A., & Barnett, J. E. (2024). Evidence-based care for suicidality as an ethical and professional imperative: How to decrease suicidal suffering and save lives. *American Psychologist*. Advance online publication. <https://dx.doi.org/10.1037/amp0001325>