Crisis Response Planning: An Introduction

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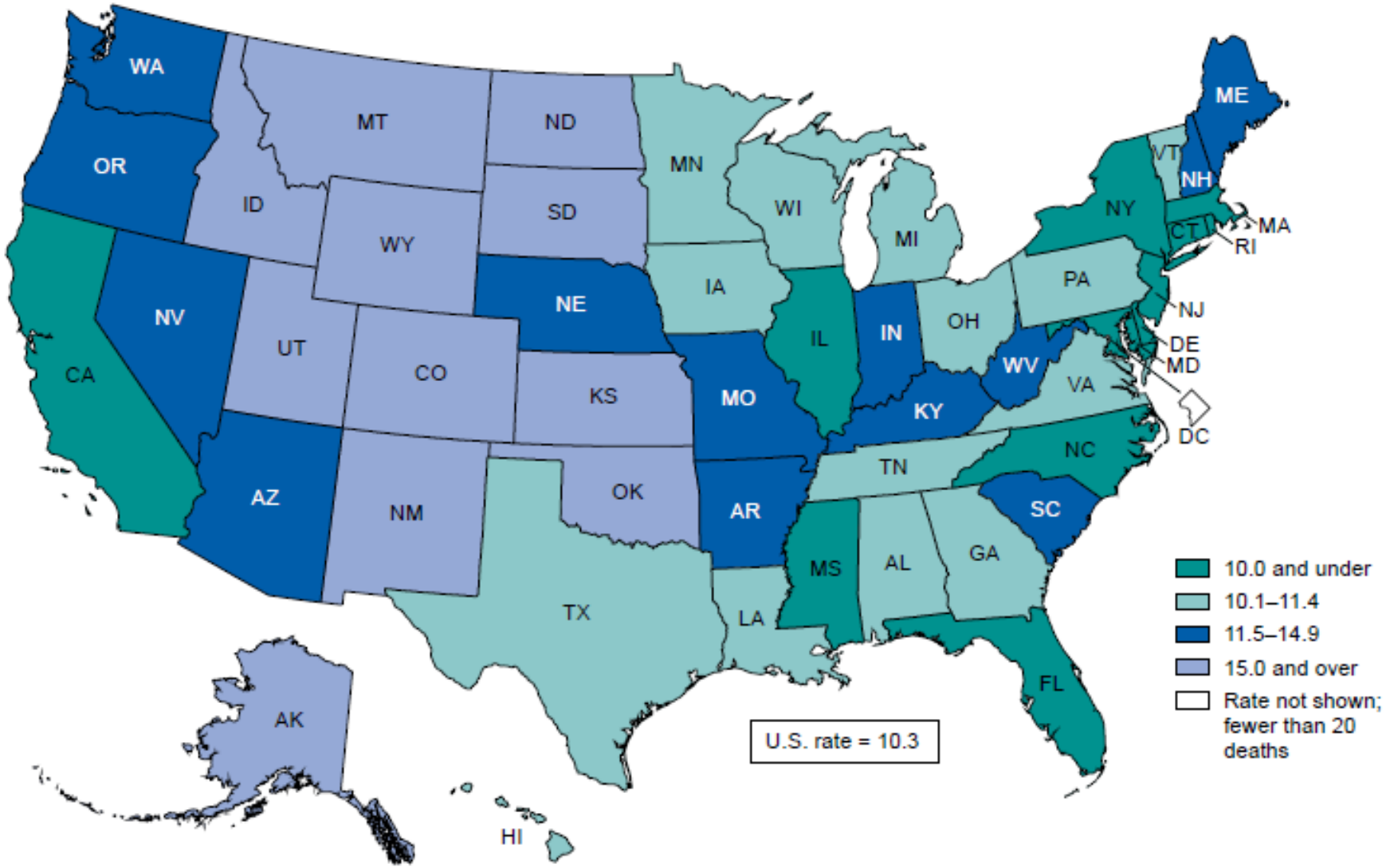
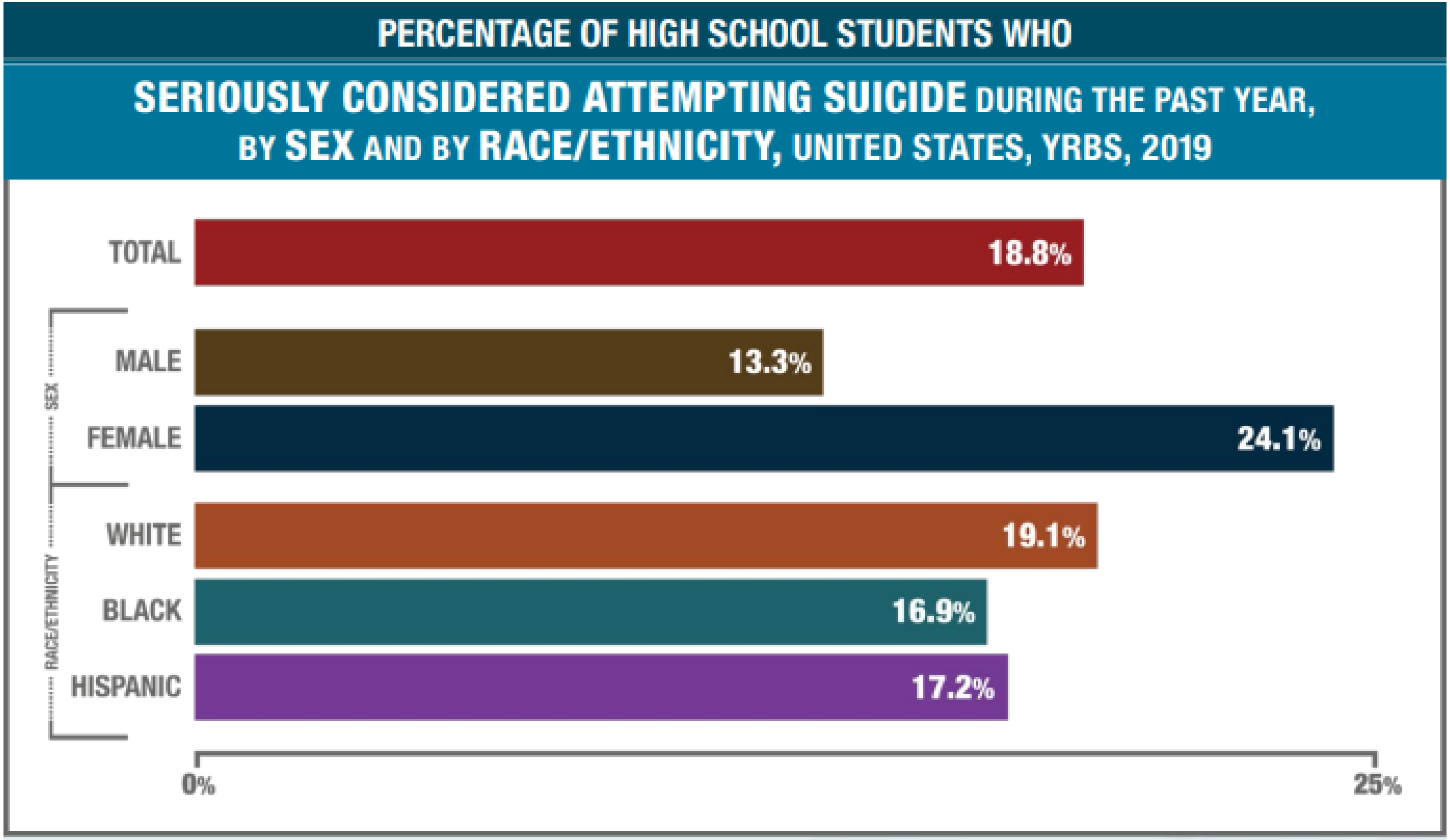
SUICIDE and TRAUMA REDUCTION INITIATIVE for VETERANS

Suicide death rates for persons 10 to 24, 2016-18



NOTES: Rates are 3-year averages of suicide deaths in 2016–2018 per 100,000 population of persons aged 10–24 in each area. Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Curtain, 2020



Youth Risk Behavior Survey Data Summary & Trends Report, 2009-2019

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
wife
kids (Matt, Katie)
photography
motorcycle rides

What a Crisis Response Plan 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 a Crisis Response Plan Is Not

a no-suicide contract

a no-harm contract

a contract for safety

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

Rudd et al. (2009)

Crisis Response Planning: Effectiveness

CRP As Stand-Alone Intervention

Study	Design	Tx	Comparison Condition	Setting	Sample	Follow-Up	Attempt Rates	Limitations/ Risks
Bryan et al. (2017) N=97	RCT	Standard CRP & Enhanced CRP	TAU	ED, Outpt MH	Military, 78% male, 26 y	6 months	5% CRP vs. 19% TAU (76% rel. reduction)	Small sample size, generalizability beyond AD population
Miller et al. (2017) N=1376	Quasi	Self-guided Safety Plan + f/u phone calls	TAU	8 ED's across US	ED patients, 45% male, 37 y	12 months	18% SP vs. 23% TAU (20% rel. reduction)	Quasi (not RCT)
Stanley et al. (2018) N=1640	Cohort	Safety Plan + f/u phone calls	TAU	ED	Veterans, ED, 88% male, 49 y	6 months	3% SP vs. 5% TAU (45% rel. reduction)	Cohort (not RCT), reliant on medical records for suicide report

Treatments With Embedded CRP

Study	Design	Tx	# of Sessions	Comparison Condition	Setting	Sample	Follow-Up	Findings	Limitations/ Risks
Brown et al. (2005) N=120	RCT	CT-SP	10	TAU	Outpt MH	Attempters, 40% male, 35 y	18 months	24% CT-SP vs. 42% TAU	Generalizability of results beyond an urban setting
Rudd et al. (2015) N=152	RCT	Brief CBT	12	TAU	Outpt MH	Military, 87% male, 27 y	24 months	14% BCBT vs. 40% TAU	Attrition for f/u self-reported measures
Gysin-Maillart et al. (2016) N=120	RCT	ASSIP	3	TAU	Outpt MH	Attempters, 45% male, 38 y	24 months	5% ASSIP vs. 27% TAU	Reliant on self-report for outcome data

CRP with Adolescents

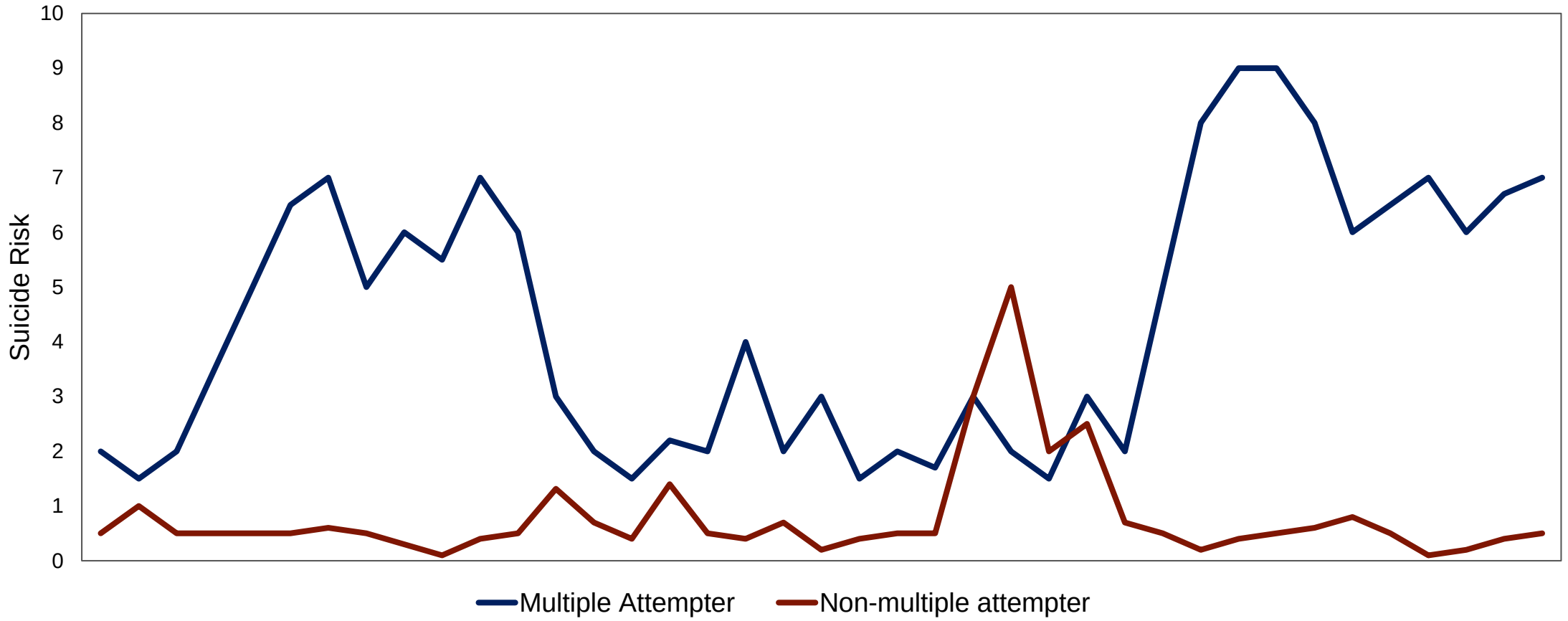
Study	Design	Tx	# of Sessions	Comparison Condition	Setting	Sample	Follow-Up	Findings
Czyx et al. (2019) N=36	Pilot RCT	MI-SafeCope	1	TAU	Inpatient MH	Youths, 21.2% male, 15 y	3 months	More likely to use Safety Plan
Sinyor et al. (2020) N=24	Pilot RCT	BCBT	10	TAU	Outpt MH	Youths, 29% male, 18 y	12 months	0% BCBT vs. 25% TAU

Understanding Suicidal Behaviors

Functional Model of Suicide

	Reinforcement: Positive	Reinforcement: Negative
Automatic (Internal)	**Adding something desirable** ("To feel something, even if it is pain")	**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 from others or avoid doing something undesirable")

Stable and Dynamic Aspects of Suicide Risk



Crisis Response Planning: Mechanics

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?"

Remain focused on the index suicidal episode

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

Sample Crisis Response Plans

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

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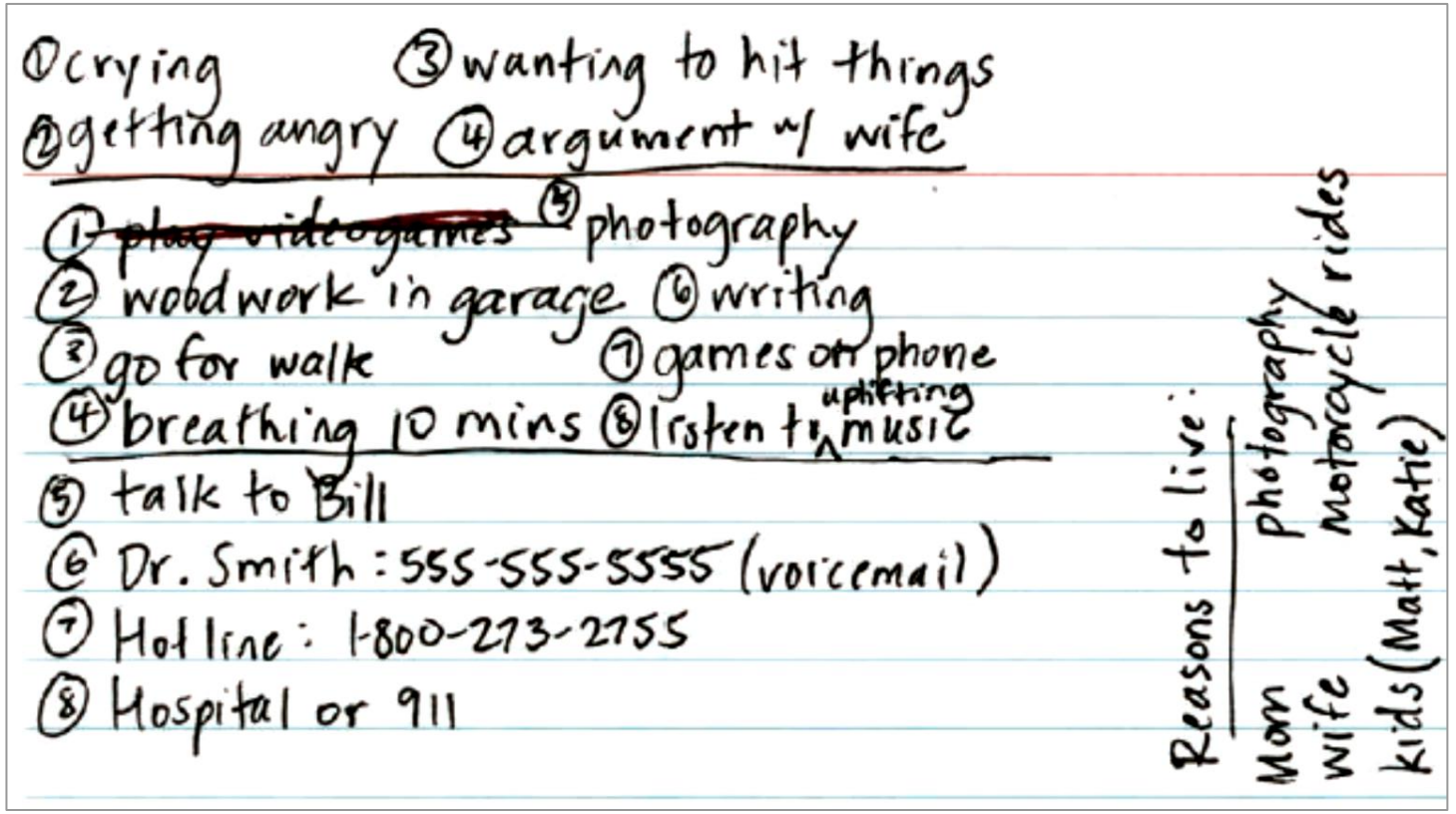

Tips for Effective Crisis Response Planning

- Ask patients to generate ideas by asking what has worked in the past
- Use index cards or business cards, not sheets of paper
- Handwrite the plan, do not “fill in the blanks” with pre-printed paper
- Take a picture of the card to keep in their smart phone

General Considerations for Youth

- Optimal level of involvement of caregivers
  - Children vs. adolescents
- Collaborative approach with hard to engage youths
  - Encourage and support ownership of the CRP
- Combat low confidence, or self-efficacy of using coping strategies

Pettit, Buitron, & Green, 2018

Thank you!

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