



Crisis Response Planning for Suicidal Patients: An Introduction

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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	photography
wife	motorcycle rides
kids (Matt, Katie)	

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



Crisis Response Planning: Effectiveness

CRP As Stand-Alone Intervention

Study	Design	Tx	Comparison Condition	Setting	Sample	Follow-Up	Attempt Rates
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)
Miller et al. (2017) N=1376	Quasi	Self-guided Safety Plan + f/u phone calls	TAU	ED	ED patients, 55% male, 56 y	12 months	18% SP vs. 23% TAU (20% rel. reduction)

Treatments With Embedded CRP

Study	Design	Tx	# of Sessions	Comparison Condition	Setting	Sample	Follow-Up	Findings
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 (50% rel. reduction)
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 (60% rel. reduction)
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 (80% rel. reduction)



Understanding Suicidal Behaviors

Functional Model of Suicide

Reinforcement

Positive

Negative

Automatic
(Internal)

Adding something desirable
("To feel something, even if it is pain")

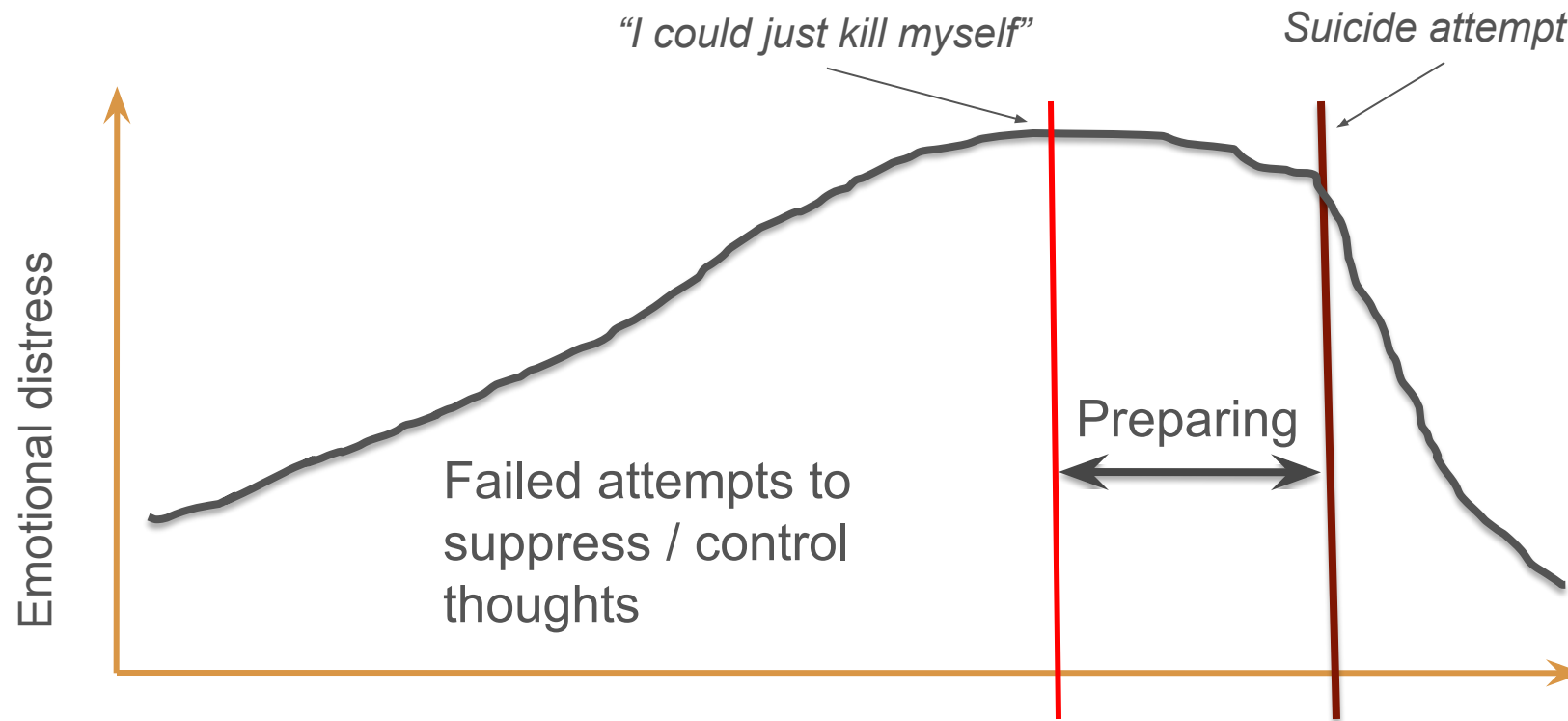
Reducing tension or negative affect
("To stop bad feelings")

Social
(External)

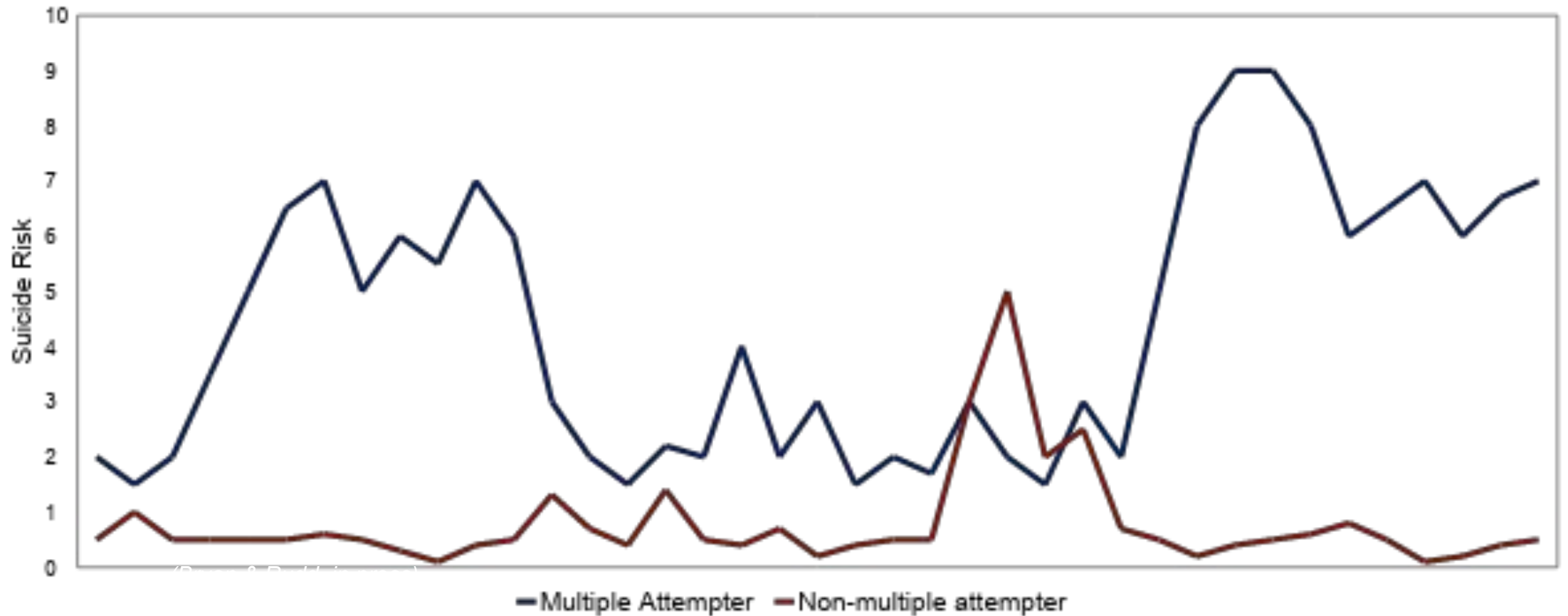
Gaining something from others
("To get attention or let others know
how I feel")

Escape interpersonal task demands
("To avoid punishment from others or
avoid doing something undesirable")

Negative Reinforcement



Stable and Dynamic Aspects of Suicide Risk



The Suicidal Mode

Predispositions

Cognitive

*Self-regard
Cognitive flexibility
Problem solving*

Behavioral

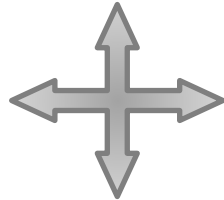
*Prior attempts
Emotion regulation
Interpersonal skills*

Emotional

*Psychiatric disorder
Emotional lability
HPA axis*

Physical

*Genetics
Medical conditions
Demographics*



Acute

Cognitive

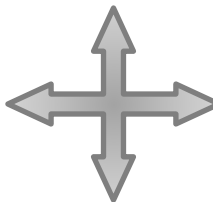
*"This is hopeless"
"I'm trapped"
"I'm a burden"*

Behavioral

*Substance use
Social withdrawal
Preparations*

Emotional

*Depression
Guilt
Anger*

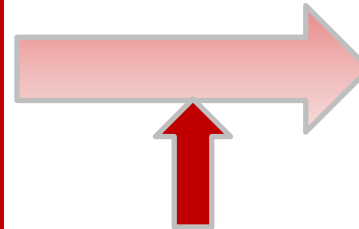


Physical

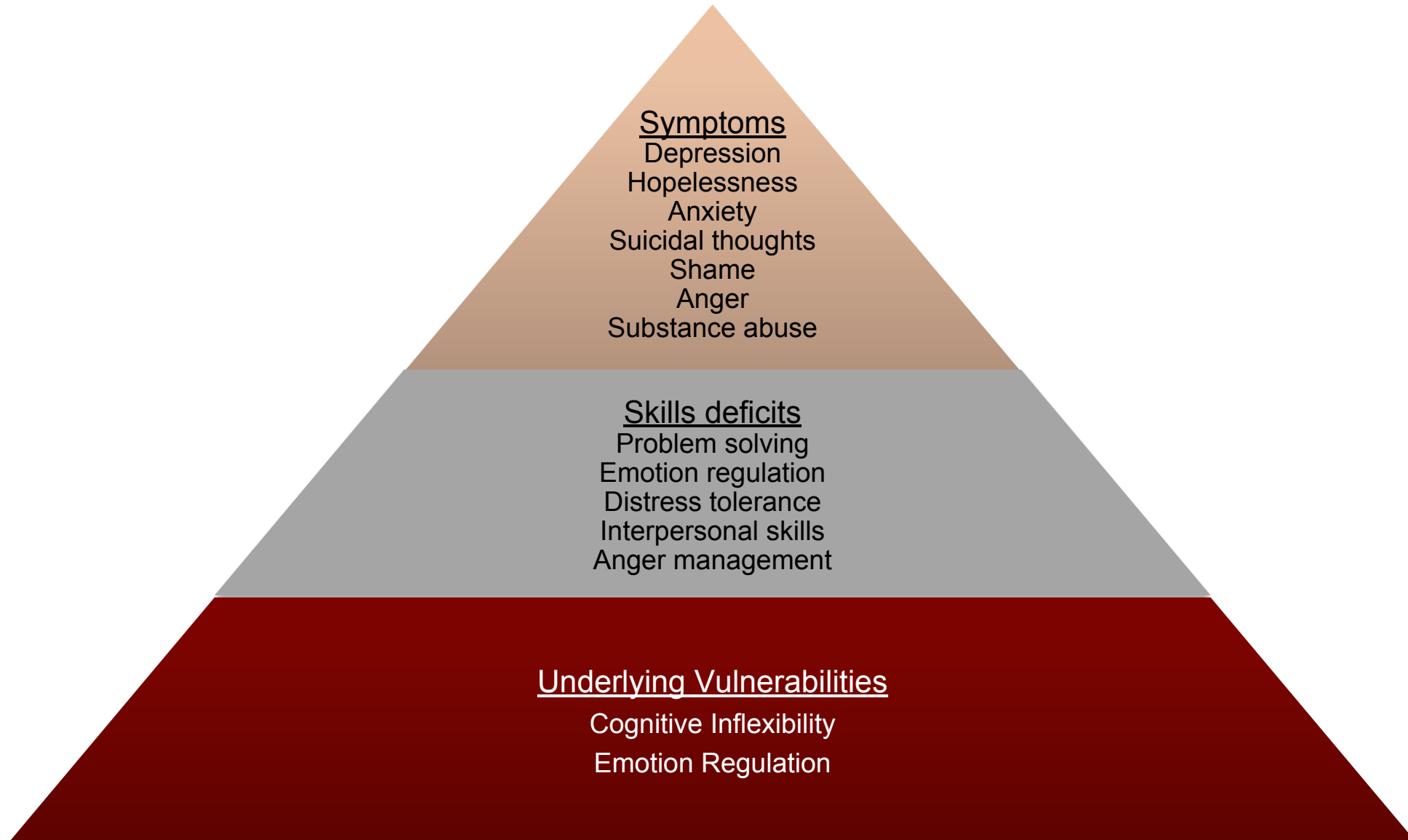
*Agitation
Insomnia
Pain*

Trigger

*Relationship problem
Financial stress
Perceived loss
Physical sensation
Negative memories*



Multiple Levels of Suicide Risk





Narrative Assessment

Narrative Assessment vs. Traditional Interview

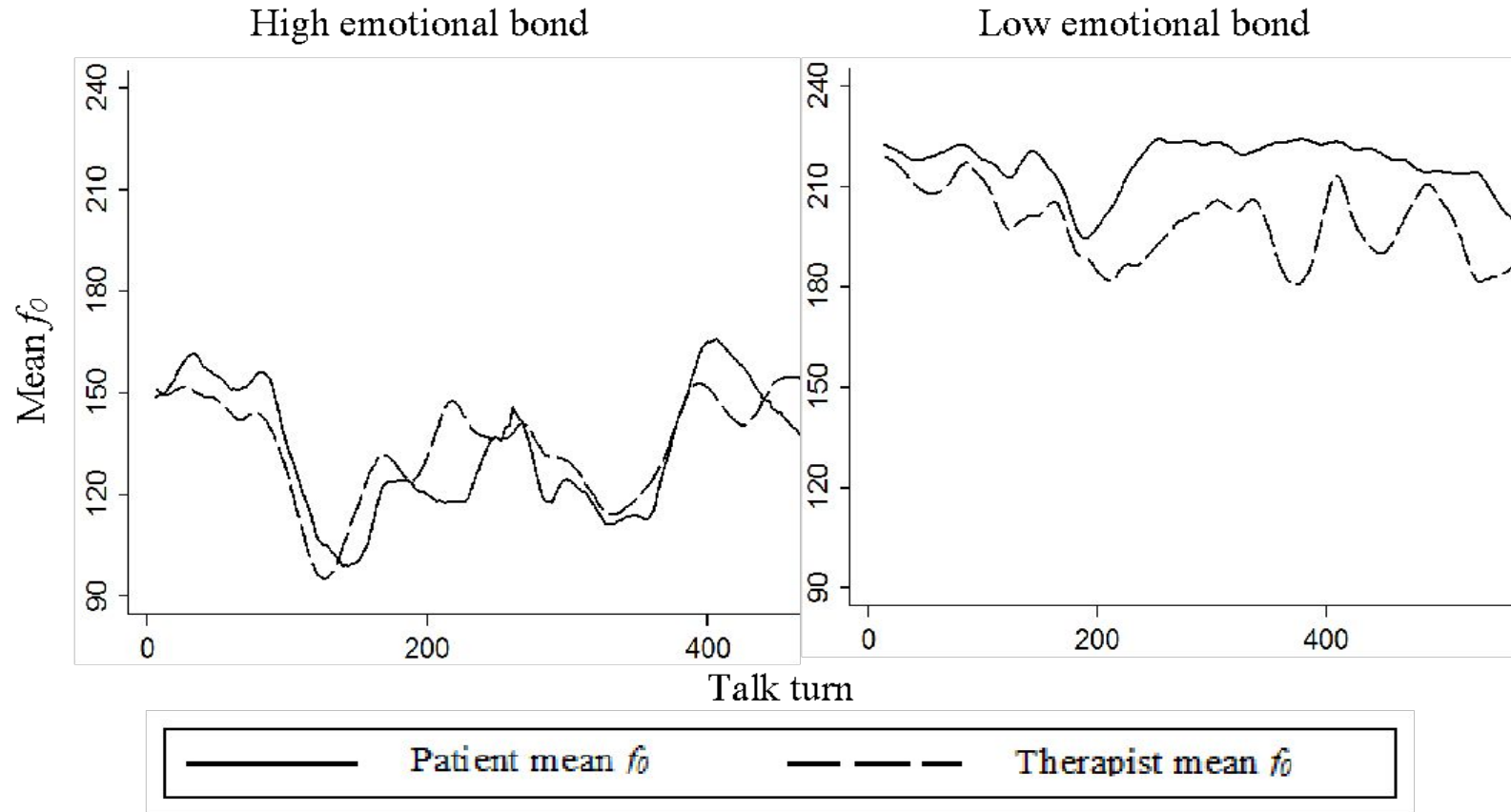
Narrative Assessment

- Higher empathy ratings
- Higher affective synchrony
- Emotional co-regulation
- Lower speech complexity

Traditional Interview

- Lower empathy ratings
- Lower affective synchrony
- Emotional co-dysregulation
- Greater speech complexity

Moment-to-Moment Synchrony & Empathy



Lowess smoothed plots of two example cases demonstrating variability and synchrony in patient and clinician mean f_0 over time during the intervention phase of emergency behavioral health encounters rated as high (left panel) and low (right panel) in emotional bond. (Note: bandwidth = .1).

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 Planning: Mechanics

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

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

Laminate the card

Take a picture of the card to keep in their smart phone

Complement with the “Virtual Hope Box” app

Sample Crisis Response Plans

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Questions?

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