Suicide Prevention Collaborative
ILLAWARRA SHOALHAVEN

Review of the evidence:
Treatment for suicidality

Overall, the evidence for behavioural therapies to treat suicidality is varied, with no one modality showing consistently better outcomes than others.

Below is a summary of the evidence for a number of psychological treatments (Table 1).

How the strength of the evidence for each treatment has been defined is summarised in Table 2.

Table 1 Psychological treatment modalities – evidence and local availability.

Treatment approach	Indicated client group(s)	Outcome(s)	Strength of evidence	Local peer supervision group contact(s)
Brief CBT	Adults – military	Reduced suicide attempts[1]	✓	
CBT	Adults	Reduced self-harm systematic review + meta-analysis 2,3,4	✓✓✓	
CBT-SP	Adolescents	Reduced risk of future suicide attempt[5]	✓	
Collaborative assessment and management of suicidality (CAMS)	Adults	Reduced suicidal ideation[6]	✓✓	
Dialectical behaviour therapy	Adults with BPD	Reduced self-harm systematic review + meta-analysis7	✓✓	
	Adolescents with BPD	Reduced suicidal ideation[8]	✓	
Family therapy (attachment-based)	Adolescents	Reduced suicidal ideation[9]	✓	
	Adolescents (LGBTI)	Reduced suicidal ideation[10]	?	
Gay- and transgender-affirmative CBT	Adolescents (LGBTI)	Developed but not yet evaluated[11,12]	?	
Group therapy	Adolescents	Initial positive results[13] not replicated[14,15]	?	
Integrated Outpatient CBT	Adolescents with substance use disorder	Reduced future suicide attempts, hospital visits, and substance use[16]	✓	
Mentalisation-based therapy	Adults with BPD	Reduced self-harm[17]	✓	
	Adolescents with BPD	Reduced self-harm[18]	✓	

Review of the evidence:
Treatment for suicidality

Mindfulness-based cognitive therapy	Adults with residual depressive symptoms	Reduced suicidal ideation[19]	✓	
Motivational Interviewing to address Suicidal Ideation	Adults – military	Reduced suicidal ideation[20]	?	
Multi-systemic therapy	Adolescents (predominantly African American)	Reduced suicidal ideation[21]	✓	
Narrative therapy	Aboriginal and Torres Strait Islanders	No evidence[22,23]	?	
No-suicide contract	Adults	Not effective[24]	✘	N/A
Problem-solving therapy	Adults	No strong evidence for reducing repetition of self-harm systematic review + meta-analysis 2	?	
	Young adults (18 – 24 years)	Reduced suicidal ideation[25]	✓	
	Adolescents with depression	Reduced suicidal ideation[26]	✓	
	Older people with depression	Reduced suicidal ideation[27]		
Psychodynamic interpersonal therapy	Adults	Reduced suicidal ideation[28]	✓	
Safety planning intervention	Adults	Reduced suicidal ideation *when used with other treatment*[29]	?	
	Adults – military	Increased to increase engagement with health services[30] Currently under being evaluated on larger scale[31]	?	

Table 2 How the strength of the evidence is defined

Strength of evidence	Definition
✓✓✓	Good body of evidence to guide practice. High or moderate quality systematic reviews/meta-analyses demonstrating consistent results from multiple RCTs and consistent evidence from a body of well-designed observational studies
✓✓	Some research evidence to guide practice. High or moderate quality systematic reviews/meta-analyses demonstrating consistent evidence from non-RCT intervention trials or less consistent evidence from RCTs on top of consistent evidence from a body of well-designed observational studies
✓	Limited research evidence. Mixed or inconclusive evidence from research literature. Interventions supported by good observational evidence but high quality interventional studies lacking
?	Research evidence unknown. Inconclusive research evidence at present, but some theoretical support
✘	Good research evidence supporting that the strategy is not effective. Conclusive evidence from good quality research and multiple RCTs that this approach is not effective and should not be implemented in the workplace

References

1. Rudd MD, Bryan CJ, Wertenberger EG, et al. Brief cognitive-behavioral therapy effects on post-treatment suicide attempts in a military sample: results of a randomized clinical trial with 2-year follow-up. *The American journal of psychiatry.* 2015;172(5):441-449.

2. Hetrick SE, Robinson J, Spittal MJ, Carter G. Effective psychological and psychosocial approaches to reduce repetition of self-harm: a systematic review, meta-analysis and meta-regression. *BMJ Open.* 2016;6(9):e011024.

3. Tarrier N, Taylor K, Gooding P. Cognitive-behavioral interventions to reduce suicide behavior: a systematic review and meta-analysis. *Behavior modification.* 2008;32(1):77-108.

4. Mewton L, Andrews G. Cognitive behavioral therapy for suicidal behaviors: improving patient outcomes. *Psychology Research and Behavior Management.* 2016;9:21-29.

5. Brent DA, Greenhill LL, Compton S, et al. The Treatment of Adolescent Suicide Attempters study (TASA): predictors of suicidal events in an open treatment trial. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2009;48(10):987-996.

6. Comtois KA, Jobes DA, S SOC, et al. Collaborative assessment and management of suicidality (CAMS): feasibility trial for next-day appointment services. *Depress Anxiety.* 2011;28(11):963-972.

7. Panos PT, Jackson JW, Hasan O, Panos A. Meta-Analysis and Systematic Review Assessing the Efficacy of Dialectical Behavior Therapy (DBT). *Research on Social Work Practice.* 2013;24(2):213-223.

8. Goldstein TR, Fersch-Podrat RK, Rivera M, et al. Dialectical behavior therapy for adolescents with bipolar disorder: results from a pilot randomized trial. *Journal of child and adolescent psychopharmacology.* 2015;25(2):140-149.

9. Diamond GS, Wintersteen MB, Brown GK, et al. Attachment-based family therapy for adolescents with suicidal ideation: a randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2010;49(2):122-131.

10. Diamond GM, Diamond GS, Levy S, Closs C, Ladipo T, Siqueland L. Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: a treatment development study and open trial with preliminary findings. *Psychotherapy (Chic).* 2012;49(1):62-71.

11. Craig SL, Austin A, Alessi E. Gay Affirmative Cognitive Behavioral Therapy for Sexual Minority Youth: A Clinical Adaptation. *Clinical Social Work Journal.* 2013;41(3):258-266.

12. Austin A, Craig SL. Transgender affirmative cognitive behavioral therapy: Clinical considerations and applications. *Professional Psychology: Research and Practice.* 2015;46(1):21-29.

13. Wood A, Trainor G, Rothwell J, Moore A, Harrington R. Randomized trial of group therapy for repeated deliberate self-harm in adolescents. Journal of the American Academy of Child and Adolescent Psychiatry. 2001;40(11):1246-1253.

14. Green JM, Wood AJ, Kerfoot MJ, et al. Group therapy for adolescents with repeated self harm: randomised controlled trial with economic evaluation. *Bmj.* 2011;342:d682.

15. Hazell PL, Martin G, McGill K, et al. Group therapy for repeated deliberate self-harm in adolescents: failure of replication of a randomized trial. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2009;48(6):662-670.

16. Esposito-Smythers C, Spirito A, Kahler CW, Hunt J, Monti P. Treatment of co-occurring substance abuse and suicidality among adolescents: a randomized trial. *J Consult Clin Psychol.* 2011;79(6):728-739.

17. Bateman A, O'Connell J, Lorenzini N, Gardner T, Fonagy P. A randomised controlled trial of mentalization-based treatment versus structured clinical management for patients with comorbid borderline personality disorder and antisocial personality disorder. BMC Psychiatry. 2016;16(1):304.

18. Rossouw TI, Fonagy P. Mentalization-based treatment for self-harm in adolescents: a randomized controlled trial. Journal of the American Academy of Child and Adolescent Psychiatry. 2012;51(12):1304-1313.e1303.

19. Forkmann T, Wichers M, Geschwind N, et al. Effects of mindfulness-based cognitive therapy on self-reported suicidal ideation: results from a randomised controlled trial in patients with residual depressive symptoms. *Comprehensive Psychiatry.* 2014;55(8):1883-1890.

20. Britton PC, Conner KR, Maisto SA. An open trial of motivational interviewing to address suicidal ideation with hospitalized veterans. *Journal of clinical psychology.* 2012;68(9):961-971.

21. Huey SJ, Jr., Henggeler SW, Rowland MD, et al. Multisystemic therapy effects on attempted suicide by youths presenting psychiatric emergencies. *Journal of the American Academy of Child and Adolescent Psychiatry.* 2004;43(2):183-190.

22. Bacon V. What potential might Narrative Therapy have to assist Indigenous Australians reduce substance misuse? *Australian Aboriginal Studies.* 2007;1(1):71-82.

23. ATSISPEP. *Solutions That Work: What The Evidence And Our People Tell Us* School of Indigenous Studies University of Western Australia: Aboriginal and Torres Strait Islander Suicide Prevention Evaluation Project;2016.

24. Rudd MD, Mandrusiak M, Joiner Jr TE. The case against no-suicide contracts: the commitment to treatment statement as a practice alternative. *Journal of clinical psychology.* 2006;62(2):243-251.

25. Fitzpatrick KK, Witte TK, Schmidt NB. Randomized controlled trial of a brief problem-orientation intervention for suicidal ideation. *Behavior Therapy.* 2005;36(4):323-333.

26. Eskin M, Ertekin K, Demir H. Efficacy of a Problem-Solving Therapy for Depression and Suicide Potential in Adolescents and Young Adults. *Cognitive Therapy and Research.* 2007;32(2):227-245.

27. Gustavson KA, Alexopoulos GS, Niu GC, McCulloch C, Meade T, Areán PA. Problem-Solving Therapy Reduces Suicidal Ideation In Depressed Older Adults with Executive Dysfunction. *The American Journal of Geriatric Psychiatry.* 2016;24(1):11-17.

28. Guthrie E, Kapur N, Mackway-Jones K, et al. Randomised controlled trial of brief psychological intervention after deliberate self poisoning Commentary: Another kind of talk that works? *Bmj.* 2001;323(7305):135-135.

29. Stanley B, Brown GK. Safety Planning Intervention: A Brief Intervention to Mitigate Suicide Risk. *Cognitive and Behavioral Practice.* 2012;19(2):256-264.

30. Stanley B, Brown GK, Currier GW, Lyons C, Chesin M, Knox KL. Brief Intervention and Follow-Up for Suicidal Patients With Repeat Emergency Department Visits Enhances Treatment Engagement. *Am J Public Health.* 2015;105(8):1570-1572.

31. Currier GW, Brown GK, Brenner LA, et al. Rationale and study protocol for a two-part intervention: Safety planning and structured follow-up among veterans at risk for suicide and discharged from the emergency department. *Contemporary Clinical Trials.* 2015;43:179-184.