Crisis Response Planning for Suicidality

Psychological Health Center of Excellence Psych Health Evidence Briefs August 2019

Q. What is crisis response planning?

A. Crisis response planning (CRP) is a brief, patient-centered intervention in which the patient and clinician collaboratively develop a plan outlining what to do during a suicide-related crisis. According to the *2019 VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide*, the components in CRP typically include: 1) a semi-structured interview of recent suicidal ideation and chronic history of suicide attempts; 2) an unstructured conversation about recent life stressors and current complaints; 3) collaborative identification of warning signs; 4) identification of self-management skills and sources of social support, 5) review of crisis resources including medical providers and suicide prevention lifelines; and 6) referral to appropriate treatment. This intervention is recommended for individuals with suicidal ideation and/or a lifetime history of suicide attempts. CRP and the Safety Planning Intervention share similar components, but CRP does not include limiting access to lethal means.

Q. What is the theoretical model underlying CRP for suicidality?

A. The fluid vulnerability theory (Rudd, 2006) posits that suicide risk is determined by stable and dynamic factors referred to as baseline risk and acute risk. Baseline risk reflects an individual's general propensity for becoming suicidal and includes risk factors such as trauma exposure and past suicidal behavior. In contrast, acute risk reflects short-term fluctuations in suicide risk that are activated by external events such as life stressors or trigger experiences (Bryan & Rudd, 2018). The CRP intervention does not seek to change any baseline risk factors, but can be used to manage an acute suicide crisis by having a tailored response plan to external events that trigger suicidal ideation and behaviors.

Q. Is CRP recommended as a treatment for suicidality in the Military Health System (MHS)?

A. Yes. The *2019 VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide* suggests completing a crisis response plan for individuals with suicidal ideation and/or a lifetime history of suicide attempts, with a "*Weak For*" strength of recommendation.

The MHS relies on the Department of Veterans Affairs (VA)/Department of Defense (DoD) clinical practice guidelines (CPGs) to inform best clinical practices. The CPGs are developed under the purview of clinical experts and are derived through a transparent and systematic approach that includes, but is not limited to, systematic reviews of the literature on a given topic and development of recommendations using a graded system that takes into account the overall quality of the evidence and the magnitude of the net benefit of the recommendation. A further description of this process and CPGs on specific topics can be found on the VA clinical practice guidelines website.

Q. Do other authoritative reviews recommend CRP as a treatment for suicidality?

A. No. Other authoritative reviews have not substantiated the use of CRP for suicidality.

Several other recognized organizations conduct systematic reviews and evidence syntheses on psychological health topics using similar grading systems as the VA/DoD CPGs. These include the Agency for Healthcare Research and Quality (AHRQ) and Cochrane.

- AHRQ: No reports on the use of CRP as a treatment of suicidality were identified.
- Cochrane: A 2016 systematic review of psychosocial interventions for self-harm in adults did not include any CRP studies (Hawton et al., 2016).

Q. Is there any recent research on CRP as a treatment for suicidality?

A. A July 2019 literature search did not identify any additional randomized controlled trials on CRP published since the search conducted for the *2019 VA/DoD Clinical Practice Guideline for the Assessment and Management of Patients at Risk for Suicide*.

Q. What conclusions can be drawn about the use of CRP in the MHS?

A. CRP is a brief intervention that can be widely used in the MHS. It is important to note that CRP and the Safety Planning Intervention share similar components. The identification of warning signs, use of coping strategies, activation of social support, and utilization of professional services may help individuals with suicidal ideation and/or a lifetime history of suicide attempts to manage a suicide-related crisis. The VA/DoD 2019 CPG recommendation for CRP is based on a single trial that found a significant difference in the number and proportion of suicide attempts for the CRP group compared to treatment as usual (Bryan et al., 2017). As the VA/DoD CPG noted low confidence in the quality of evidence supporting the use of CPR, additional research is warranted to replicate the recently published randomized clinical trial in military and veteran populations and monitor its implementation within various settings.

References

Bryan, C. J., Mintz, J., Clemans, T. A., Leeson, B., Burch, T. S., Williams, S. R., ... Rudd, M. D. (2017). Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized controlled trial. *Journal of Affective Disorders*, *212*, 64–72.

Bryan, C. J., & Rudd, M. D. (2018). *Brief Cognitive-behavioral Therapy for Suicide Prevention*. New York, NY: Guilford.

Department of Veterans Affairs, Department of Defense. (2019). VA/DoD clinical practice guideline for assessment and management of patients at risk for suicide. Version 2.0. Washington, DC: Department of Veterans Affairs/Department of Defense.

Hawton, K., Witt, K. G., Taylor Salisbury, T. L., Arendsman, E., Gunnell, D., Hazell, P., ... van Heeringen, K. (2016). Psychosocial interventions for self-harm in adults. *Cochrane Database of Systematic Reviews*, *5*, CD012189.

Rudd, M. D. (2006). Fluid vulnerability theory: A cognitive approach to understanding the process of acute and chronic suicide risk. In T. E. Ellis (Ed.), *Cognition and suicide: Theory, research, and therapy* (pp. 355–368). Washington, DC: American Psychological Association. doi: 10.1037/11377-016.

Released August 2019 by the Psychological Health Center of Excellence
301-295-7681 | health.mil/PHCoE