ZERO Suicide **Framework:** The Patient Journey

IDENTIFY		ENGAGE	TREAT	TRANSITION
Short Screener	Assessment	Safety Planning / Brief Intervention	Evidence-Based Treatment	Transition

Evidence-Based Training + Tools

Sources of Strength				
ASQ Screener				
	CAMS Initial Session • Suicide Status Form • CAMS Stabilization Plan		CAMS Interim Sessions	CAMS Outcome / Disposition
Columbia (C-SSRS)				
PHQ-9				
		BCBT: 12 Session Tx • Crisis Response Planning	BCBT	BCBT: Plan
		CT-SP • Safety Planning Intervention		
		DBT		
				Caring Contacts

Training Only

AMSR				
ASIST				
QPR				
Mental Health First Aid				

EVIDENCE-BASED TRAINING + TOOLS:

Sources of Strength

Excellent program for schools to identify adolescents with serious thoughts of suicide.

ASQ Screener

Public domain tool with good evidence that the ASQ screener identifies suicide with solid validity and reliability.

An ASQ screener followed by CAMS reduces repetition for the person with suicidal ideation in answering multiple assessments

CAMS

CAMS Session 1 is a proven Therapeutic Assessment. It is now being used in EDs and inpatient units as a Brief Intervention (one hour). People receiving CAMS-BI™ show significant reductions in Subjective Units of Distress and an increased desire to live.

Backed by multiple RCTs and meta analyses, CAMS is a flexible framework in which the patient and clinician work collaboratively to identify the “drivers” that make the patient consider suicide as an option. These drivers are then treated with therapies which may include CBT, DBT, IFS, psychodynamic therapy, etc. typically over the course of 6 to 8 weeks in an outpatient setting.

The CAMS Suicide Status Form, which includes the Stabilization Plan, is revisited in every session of CAMS to keep the patient safe between treatments. This invaluable form, now available in many EHRs documents each session and lowers malpractice risk.

In the final session of CAMS, when both the patient and clinician agree that suicide is no longer being considered as an option, the clinician provides warm hand offs to ongoing mental health care and other resources such as caring contacts, as needed.

Crisis Response Planning & Safety Planning Intervention

Evidence for Safety Planning Intervention is supportive but there is no published randomized controlled trial data at this time.

There is strong randomized controlled trial evidence for Crisis Response Planning.

BCBT (Brief Cognitive Behavioral Therapy)

The patient receives 12 sessions focused on treating the “suicidal mode.” BCBT has good RCT evidence for reliably reducing suicide attempts but not necessarily suicidal ideation. It is a CBT approach which works for some patients.

Columbia (C-SSRS)

Within the public domain, the Columbia is the most widely used screening/assessment tool with acceptable validity and reliability but it is limited to assessment and not treatment.

PHQ-9

Public domain depression screener with imperfect question alluding to suicide that research shows miss too many people who are suicidal.

CT-SP

An evidence-based treatment based on CBT.

DBT

Backed by multiple RCTs, DBT is a strong treatment for individuals that have made multiple suicide attempts.

Caring Contacts

Texts or calls at regular intervals to ask people how they are doing

TRAINING:

AMSR

There is a heavy emphasis on assessment with little focus on treatment.

ASIST, QPR and Mental Health First Aid

These are well known gatekeeper and clinician confidence trainings. They are not evidence-based treatments for people with serious thoughts of suicide.