The Family Intervention for Suicide Prevention (FISP) is a cognitive behavioral family intervention for youth ages 10-18 who are presenting to an emergency department (ED) with suicidal ideation or after a suicide attempt. The main goal of the FISP is to use the ED visit as an opportunity to decrease the short-term risk of repeated suicidal ideation and behavior by building the coping skills of youth and their families, enhancing motivation for follow-up mental health treatment, and improving linkage to outpatient follow-up treatment services after discharge from the ED or hospital.

The FISP is delivered by mental health providers or health providers with some mental health training and has three core components: (1) ED staff training; (2) Youth and family crisis therapy session; and (3) Care linkage telephone contacts. It includes reframing the suicide attempt as a problem requiring action; educating families about the importance of outpatient mental health treatment and restriction of access to dangerous attempt methods; strengthening family support; and working with the youth to identify potential suicidality triggers and develop a safety plan and “hope box” to enhance safe and adaptive coping. Both the therapy session and follow-up contacts aim to increase motivation for accessing follow-up care and to provide linkages to appropriate care and services. Follow-up contacts begin within the first 48 hours after discharge and continue until the youth is linked to care (usually at 1, 2, and 4 weeks after discharge).

This intervention has been adapted for use in the homes of youth or in non-ED settings (e.g., inpatient, residential, outpatient, school, other community programs) where youth may present with recent suicide attempts, self-harm, and/or suicidal ideation. The FISP was adapted for delivery as a home-based intervention for youth with "suicide incidents" in the Celebrating Life Program, developed to address suicide attempts by youth within the White Mountain Apache community.

Designation as a “Program with Evidence of Effectiveness”

SPRC designated this intervention as a “program with evidence of effectiveness” based on its inclusion in SAMHSA’s National Registry of Evidence-Based Programs and Practices (NREPP).

Outcome(s) Reviewed (Overall Quality of Research Rating-scale of 0 to 4)*
1: Linkage to outpatient mental health treatment services (3.1)

Read more about this program's ratings [1].

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* NREPP changed its review criteria in 2015. This program is a “legacy program,” meaning that it was reviewed under the pre-2015 criteria. The evidence for each outcome was reviewed and scored on a scale of 0-4, with 4 indicating the highest quality of evidence and 0 indicating very poor quality of evidence. The overall rating was based on ratings of six criteria: 1) reliability of measures, 2) validity of measures, 3) intervention fidelity, 4) missing data and attrition, 5) potential confounding variables, and 6) appropriateness of analysis. When considering programs, we recommend (a) assessing whether the specific outcomes achieved by the program are a fit for your needs; and (b) examining the strength of evidence for each outcome.

2012 NSSP Objectives Addressed:

Objective 8.3: Promote timely access to assessment, intervention, and effective care for individuals with a heightened risk for suicide.

Links within this resource

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