Cognitive Therapy for Suicide Prevention

Date: 2016 (For resources, this is the publication date. For programs, this is the date posted.)

Information

Type: Program/Practice, Treatment/Services Program, Program with Evidence of Effectiveness
Costs: See the archived NREPP listing [1].

Contact

See the archived NREPP listing [1].

Cognitive Therapy for Suicide Prevention is a cognitive–behavioral psychotherapy program designed for patients who have previously attempted or thought of suicide. The intervention teaches patients skills to use alternative ways of thinking and behaving during episodes of suicidal crises and assists them in building a network of mental health services and social supports to prevent future suicide attempts. It is designed to be provided by individual therapists on a one-to-one basis. Therapists must have a master’s degree and must either be a licensed mental health provider or work under the supervision of a licensed mental health provider.

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 (Evidence Rating)*

- Depression and Depressive Symptoms (Effective)
- Suicidal Thoughts and Behaviors (Promising)
- Personal Resilience/Self-Concept (Promising)
- Social Functioning/Competence (Promising)

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

* NREPP changed its review criteria in 2015. This program was reviewed under the post-2015 criteria. To help practitioners find programs that fit their needs, NREPP reviews the evidence for specific outcomes, not overall programs. Each outcome was assigned an evidence rating of Effective, Promising, or Ineffective. A single program may have multiple outcomes with different ratings. 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.

Populations:  Adults,  Young Adults Ages 18 to 25 Years,  Adults Ages 26 to 55 Years,  Older Adults

Settings:  Health Care,  Behavioral Health Care,  Outpatient Mental Health,  Inpatient Mental Health

Strategies:  Effective Care/Treatment,  Treatment

Links within this resource

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