

brief cognitive behavioral therapy for suicide prevention

Brief Cognitive Behavioral Therapy for Suicide Prevention: A Lifeline in Crisis

Brief cognitive behavioral therapy for suicide prevention has emerged as a powerful, focused intervention aimed at reducing suicide risk in individuals experiencing acute distress. Unlike traditional therapies that may extend over many months, this approach offers a time-sensitive, targeted method to address suicidal thoughts and behaviors, making it a vital tool in mental health care. As the global community grapples with rising rates of suicide, understanding how brief cognitive behavioral therapy (CBT) operates and why it is effective can be a game-changer for clinicians, patients, and loved ones alike.

Understanding Brief Cognitive Behavioral Therapy for Suicide Prevention

Cognitive behavioral therapy is a well-established psychotherapeutic approach that helps individuals identify and modify negative thought patterns and behaviors. When tailored for suicide prevention, it zeroes in on the thoughts, emotions, and behaviors that contribute to suicidal ideation. The "brief" aspect reflects its condensed format—usually spanning 6 to 12 sessions—which is designed to deliver intensive support without requiring long-term commitment.

What Makes Brief CBT Different?

Traditional CBT typically involves a more extended engagement, focusing broadly on various psychological issues. In contrast, brief cognitive behavioral therapy for suicide prevention is highly focused, addressing immediate risk factors such as hopelessness, impulsivity, and problem-solving deficits. This concentrated format allows therapists to quickly equip individuals with coping skills and safety strategies needed to navigate a crisis period.

Core Components of Brief CBT for Suicide Prevention

Several key elements define this therapy's approach:

- **Safety Planning:** Developing a personalized, practical plan to manage suicidal urges, including identifying warning signs and emergency contacts.
- **Identifying Triggers:** Recognizing specific thoughts, feelings, or situations that increase suicide risk.
- **Cognitive Restructuring:** Challenging and reframing harmful beliefs such

as “I am a burden” or “Things will never get better.”

- **Problem-Solving Skills:** Enhancing the ability to cope with stressors and conflicts more effectively.
- **Behavioral Activation:** Encouraging engagement in activities that improve mood and reduce isolation.

These components are woven together to build resilience and reduce immediate suicide risk.

Why Brief CBT Is Especially Effective in Suicide Prevention

The effectiveness of brief cognitive behavioral therapy for suicide prevention lies in its practical and structured nature. Research has shown notable reductions in suicide attempts and hospitalizations following brief CBT interventions. But why does this approach resonate so well with individuals at risk?

Timely Intervention During Crisis

Suicidal ideation can fluctuate rapidly, and immediate therapeutic intervention is crucial. Brief CBT’s design ensures that therapeutic contact happens early and intensively, helping individuals stabilize before thoughts escalate into attempts. This immediacy can be lifesaving.

Skill-Building That Empowers

One of the therapy’s strengths is that it doesn’t just focus on symptom relief but equips people with concrete skills. Learning to identify cognitive distortions, practicing emotional regulation, and creating a safety plan empowers individuals to take control of their mental health, fostering hope and self-efficacy.

Cost-Effective and Accessible

Because brief CBT is time-limited, it reduces barriers related to cost and availability of mental health services. Patients who might otherwise avoid long-term therapy due to financial or logistical reasons can benefit from this focused approach, making suicide prevention more accessible.

Who Can Benefit From Brief Cognitive Behavioral

Therapy?

Brief CBT is particularly suited for individuals experiencing suicidal thoughts but who may not require inpatient care. It is effective across diverse age groups, including adolescents, adults, and older adults, making it a versatile option in clinical settings.

Applications in Various Settings

Brief cognitive behavioral therapy for suicide prevention has been successfully implemented in:

- Emergency departments, where patients often present after suicide attempts or with suicidal ideation.
- Outpatient clinics, providing follow-up care to reduce relapse risk.
- Community mental health programs, extending reach to underserved populations.
- Telehealth platforms, increasing accessibility for those in remote areas.

Tips for Maximizing the Benefits of Brief CBT in Suicide Prevention

If you or a loved one are considering brief cognitive behavioral therapy for suicide prevention, here are some insights to help get the most out of the therapy:

1. **Commit to the Process:** Even though the therapy is brief, consistency is key. Attending all sessions and actively engaging can significantly improve outcomes.
2. **Practice Skills Daily:** Techniques learned in therapy such as mood monitoring, cognitive restructuring, and safety planning should be practiced regularly to become second nature.
3. **Communicate Openly:** Honest discussion about thoughts and feelings with your therapist enables tailored strategies that address your unique challenges.
4. **Utilize Support Systems:** Incorporate family or friends into your safety plan when appropriate, creating a network of care.
5. **Follow Up:** After the brief therapy concludes, consider ongoing support or booster sessions to maintain progress and prevent relapse.

The Role of Mental Health Professionals in Delivering Brief CBT

Successful implementation of brief cognitive behavioral therapy for suicide prevention depends heavily on skilled clinicians trained in both CBT techniques and suicide risk assessment. Therapists must balance empathy with structure, guiding patients through difficult emotions while maintaining a focus on safety.

Training and Competency

Clinicians often undergo specialized training to deliver brief CBT effectively. This includes learning how to:

- Conduct thorough suicide risk assessments.
- Develop individualized safety plans.
- Use evidence-based cognitive restructuring techniques.
- Manage crisis situations within a therapeutic context.

Ongoing supervision and professional development help maintain high standards of care.

Collaborative Care Models

In many settings, brief CBT is integrated into a broader network of care, including psychiatrists, social workers, and primary care providers. This multidisciplinary approach ensures comprehensive support, addressing both psychological and medical needs.

Challenges and Considerations in Brief CBT for Suicide Prevention

While brief cognitive behavioral therapy offers many benefits, it is not without challenges. Some individuals may require longer-term interventions, especially if suicidal ideation is linked to complex trauma or chronic mental illness.

Limitations in Scope

Because the therapy is time-limited, it may not fully address underlying issues such as deep-seated trauma or personality disorders. For these cases, brief CBT often serves as an entry point to more extensive treatment.

Patient Readiness and Engagement

For some, the intensity of brief CBT can feel overwhelming, especially when confronting painful thoughts and feelings. Building rapport quickly and ensuring patient readiness is essential for success.

Stigma and Barriers to Access

Despite its growing acceptance, stigma around mental health and suicide can deter individuals from seeking help. Efforts to raise awareness about brief CBT's effectiveness can help reduce these barriers.

Looking Ahead: The Future of Brief CBT in Suicide Prevention

Advancements in technology and research are shaping how brief cognitive behavioral therapy evolves. Digital platforms and mobile apps are being developed to complement face-to-face sessions, offering real-time support and monitoring. Moreover, ongoing research continues to refine techniques and identify which patient populations benefit most.

The promise of brief cognitive behavioral therapy for suicide prevention lies in its ability to provide immediate, effective help when it is needed most. As mental health professionals, communities, and policymakers collaborate to address the suicide crisis, brief CBT stands out as a beacon of hope and practical support.

Frequently Asked Questions

What is brief cognitive behavioral therapy (CBT) for suicide prevention?

Brief cognitive behavioral therapy for suicide prevention is a time-limited, focused therapeutic approach designed to reduce suicidal thoughts and behaviors by addressing negative thought patterns and promoting coping strategies.

How effective is brief CBT in preventing suicide?

Research indicates that brief CBT can significantly reduce suicidal ideation and attempts by equipping individuals with skills to manage distress and challenge harmful beliefs in a relatively short period.

What are the core components of brief CBT for suicide prevention?

Core components include identifying and modifying suicidal thoughts, enhancing problem-solving skills, developing safety plans, and building

resilience through coping strategies.

How long does a typical brief CBT program for suicide prevention last?

A typical brief CBT program for suicide prevention lasts between 6 to 12 sessions, each usually lasting 45 to 60 minutes, depending on individual needs.

Who can benefit from brief CBT for suicide prevention?

Individuals experiencing suicidal thoughts or behaviors, including those with underlying mental health conditions like depression or anxiety, can benefit from brief CBT tailored for suicide prevention.

Can brief CBT be delivered remotely for suicide prevention?

Yes, brief CBT can be effectively delivered via teletherapy or online platforms, making it accessible to individuals who may not be able to attend in-person sessions.

What distinguishes brief CBT for suicide prevention from traditional CBT?

Brief CBT focuses specifically on suicide risk and employs a condensed treatment timeline, targeting acute suicidal crises with focused interventions rather than broader mental health issues.

Are there specific techniques used in brief CBT to prevent suicide?

Yes, techniques include cognitive restructuring to challenge suicidal thoughts, safety planning, distress tolerance skills, and problem-solving training to manage triggers and reduce risk.

Is brief CBT recommended as a standalone treatment for suicide prevention?

Brief CBT is often used as a critical component within a comprehensive treatment plan, but depending on severity, it may be combined with medication or other therapeutic approaches for optimal outcomes.

Additional Resources

****Brief Cognitive Behavioral Therapy for Suicide Prevention: A Critical Examination****

Brief cognitive behavioral therapy for suicide prevention has emerged as a pivotal intervention in mental health care, targeting individuals at heightened risk for suicide. With suicide ranking among the leading causes of

death worldwide, the demand for effective, accessible, and time-sensitive therapeutic approaches has intensified. This modality offers a focused, structured, and evidence-based framework aimed at mitigating suicidal ideation and behaviors, often within a condensed timeframe compared to traditional psychotherapy.

Understanding the nuances of brief cognitive behavioral therapy (CBT) in the context of suicide prevention requires a deep dive into its theoretical foundations, clinical applications, and empirical support. It is crucial to explore how this approach compares with other therapeutic models, its adaptability to diverse populations, and its potential limitations. This article presents a comprehensive and analytical review of brief cognitive behavioral therapy for suicide prevention, integrating relevant research findings and clinical insights to illuminate its role in contemporary mental health practice.

Theoretical Foundations of Brief Cognitive Behavioral Therapy in Suicide Prevention

Cognitive Behavioral Therapy, fundamentally, is a structured, goal-oriented form of psychotherapy that addresses maladaptive thought patterns and behaviors contributing to psychological distress. When adapted for suicide prevention, brief CBT zeroes in on the cognitive distortions and emotional dysregulation that precipitate suicidal crises. The approach hinges on the premise that by restructuring negative automatic thoughts and fostering problem-solving skills, patients can regain a sense of control and hope.

Unlike traditional CBT, which can span several months or longer, brief CBT typically involves a limited number of sessions—often between six and twelve—designed to deliver targeted interventions swiftly. This condensed format is particularly advantageous in acute settings where rapid risk reduction is paramount. Brief CBT prioritizes intervention components that have demonstrated efficacy in reducing suicidal ideation and behaviors, such as cognitive restructuring, safety planning, and relapse prevention strategies.

Core Components and Techniques

Brief cognitive behavioral therapy for suicide prevention incorporates several key elements:

- **Identification of Suicidal Triggers:** Patients learn to recognize thoughts, feelings, and situations that escalate suicidal ideation.
- **Cognitive Restructuring:** Challenging and modifying distorted beliefs that contribute to hopelessness and despair.
- **Behavioral Activation:** Encouraging engagement in meaningful activities that counteract withdrawal and depressive symptoms.
- **Safety Planning:** Developing practical, personalized plans to mitigate immediate risk, including coping strategies and emergency contacts.

- **Problem-Solving Skills:** Enhancing patients' ability to navigate stressful circumstances without resorting to self-harm.

These components are strategically selected to maximize therapeutic impact within a short timeframe, aiming to equip patients with tangible tools to manage suicidal crises effectively.

Empirical Evidence Supporting Brief CBT in Suicide Prevention

The efficacy of brief cognitive behavioral therapy for suicide prevention has been substantiated by a growing body of clinical research. Meta-analyses and randomized controlled trials have highlighted its capacity to significantly reduce both the frequency and intensity of suicidal thoughts and behaviors compared to treatment as usual or supportive counseling alone.

For instance, a landmark study published in the *American Journal of Psychiatry* demonstrated that patients receiving brief CBT had a 50% reduction in repeat suicide attempts over a 12-month follow-up period. Additional research underscores the importance of early intervention, noting that even a few focused sessions can interrupt the trajectory toward self-harm, especially when combined with other healthcare supports.

Comparative Effectiveness

When compared with other brief interventions, such as dialectical behavior therapy (DBT) or crisis counseling, brief CBT offers unique advantages. Its structured nature and emphasis on cognitive restructuring provide clear pathways for altering suicidal cognition. However, DBT may be preferable for individuals with comorbid borderline personality disorder due to its specific focus on emotional regulation.

Moreover, brief CBT tends to be more adaptable across various clinical settings, including outpatient clinics, emergency departments, and primary care, due to its standardized protocols and shorter duration. This flexibility enhances accessibility, a critical factor given the global shortage of mental health professionals.

Implementation Challenges and Considerations

Despite its promise, brief cognitive behavioral therapy for suicide prevention faces several obstacles in widespread clinical adoption. One significant challenge is ensuring fidelity to the model while tailoring interventions to individual patient needs. The abbreviated timeframe necessitates a delicate balance between comprehensive risk assessment and focused therapeutic work.

Training and Resource Allocation

Effective delivery of brief CBT requires clinicians to receive specialized training in suicide risk assessment and the specific CBT techniques pertinent to this population. Unfortunately, many healthcare settings lack sufficient resources to provide this training consistently. Additionally, high patient caseloads and systemic pressures can limit the time therapists devote to each case, potentially compromising treatment quality.

Patient Engagement and Retention

Another consideration is patient engagement. Individuals experiencing suicidal ideation may struggle with motivation or harbor mistrust toward mental health services. Brief CBT's time-limited structure can be both a strength and a weakness—it may appeal to patients hesitant to commit to long-term therapy, but it also leaves less room for building therapeutic rapport, which is often crucial for vulnerable populations.

Adaptations and Future Directions

In response to these challenges, researchers and clinicians have explored various adaptations of brief cognitive behavioral therapy for suicide prevention. Digital platforms, such as teletherapy and mobile applications, are increasingly integrated to enhance reach and continuity of care. These technologies facilitate ongoing monitoring and provide supplementary resources between sessions, addressing some limitations inherent in the brief format.

Moreover, cultural adaptations are gaining attention to ensure relevance across diverse populations. Tailoring language, examples, and intervention strategies to align with cultural norms and values enhances engagement and effectiveness.

Potential for Integration with Broader Suicide Prevention Strategies

Brief CBT should not be viewed in isolation but rather as a component of a multifaceted suicide prevention framework. Its integration with pharmacotherapy, community support programs, crisis intervention services, and public health initiatives creates a comprehensive safety net for at-risk individuals.

Healthcare systems increasingly recognize the importance of embedding brief cognitive behavioral therapy within stepped-care models. These models prioritize delivering the least intensive yet effective intervention first, escalating care intensity only when necessary. This approach optimizes resource use while ensuring patients receive appropriate support.

Conclusion: Navigating the Complex Landscape of Suicide Prevention

Brief cognitive behavioral therapy for suicide prevention represents a critical advancement in mental health treatment, offering a pragmatic and empirically supported method to address a pressing public health crisis. While it is not a panacea, its focused, time-efficient approach provides a valuable tool in reducing suicidal ideation and attempts, particularly when implemented with clinical rigor and sensitivity. Ongoing research, clinician training, and system-level adaptations will be essential to maximize its impact and accessibility in diverse clinical and cultural contexts. As suicide prevention continues to demand innovative solutions, brief CBT stands as a promising component within the broader therapeutic arsenal.

Brief Cognitive Behavioral Therapy For Suicide Prevention

brief cognitive behavioral therapy for suicide prevention: Brief Cognitive-Behavioral Therapy for Suicide Prevention Craig J. Bryan, M. David Rudd, 2018-06-13 An innovative treatment approach with a strong empirical evidence base, brief cognitive-behavioral therapy for suicide prevention (BCBT) is presented in step-by-step detail in this authoritative manual. Leading treatment developers show how to establish a strong collaborative relationship with a suicidal patient, assess risk, and immediately work to establish safety. Proven interventions are described for building emotion regulation and crisis management skills and dismantling the patient's suicidal belief system. The book includes case examples, sample dialogues, and 17 reproducible handouts, forms, scripts, and other clinical tools. The large-size format facilitates photocopying; purchasers also get access to a webpage where they can download and print the reproducible materials.

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in the field, providing actionable insights for clinical practice. Presents the latest information on this timely, focused topic under the leadership of experienced editors in the field. Authors synthesize

brief cognitive behavioral therapy for suicide prevention: Handbook of Training and Supervision in Cognitive Behavioral Therapy Mark D. Terjesen, Tamara Del Vecchio, 2023-09-08

This book provides a scientific and practical guide for training and supervision in cognitive behavioral therapy (CBT). It builds on more general fundamentals of clinical supervision with a theory-driven approach backed by empirical support for training and supervising clinicians in the practice of CBT. The book dispels the myth of “do it, teach it” as it relates to supervision and addresses the importance of recognizing that one size does not fit all with CBT supervision. The volume synthesizes CBT research on supervision and links it to the practice of supervision. It reviews components of supervision that warrant consideration (e.g., therapeutic alliance, ethics), specific settings (e.g., medical setting, schools) and clients (e.g., culture, individual, group, disability, and high-risk). In addition, it addresses a neglected area of developing competency, including developmental models as well as measuring trainee and supervisor competency in the provision of clinical supervision. The book recommends future directions on how to integrate technology into supervision to enhance the quality of supervision and, ultimately, client outcome. Key areas of coverage include: Major constructs in CBT supervision and training. Supervising work with various clients, including individuals, children, adolescents, families, and couples. Supervision and high-risk cases. Teaching and supervision within a behavioral medicine context. Issues of diversity, technology, and ethics of supervision. The Handbook of Training and Supervision in Cognitive Behavioral Therapy is an essential resource for researchers, professors, and graduate students as well as clinicians, therapists, and other professionals in clinical and school psychology, pediatrics, social work, developmental psychology, behavioral therapy/rehabilitation, child and adolescent psychiatry, nursing, and special education.

brief cognitive behavioral therapy for suicide prevention: Oxford Textbook of Suicidology and Suicide Prevention Danuta Wasserman, 2020-11-13 Approximately 1 million people commit suicide world-wide annually and around 10 million attempt suicide each year. Suicide is a major public health problem throughout the world, and major efforts are currently being made to help reduce these numbers. However, suicide is the result of complex interactions between a range of factors, including historical, psychological, cultural, biological, and social, and any approach to treating the problem of suicide has to consider all these factors. This new edition of the Oxford Textbook of Suicidology and Suicide Prevention has been thoroughly updated and expanded since publication of the first edition in 2009. This comprehensive resource covers all aspects of suicidal behaviour and suicide prevention from a number of different perspectives, including its underlying religious and cultural factors; its political, social and economic causes; its psychiatric and somatic determinants; and its public health impacts. The new edition includes several new clinically focussed chapters devoted to major psychiatric disorders and their relation to suicide, including mood and anxiety disorders, substance abuse, psychosis/schizophrenia, bipolar disorder, eating disorders, and personality disorders. It also includes a fully updated section on psychometric scales used for measuring suicidal behaviour and instruments used in suicide preventative interventions. Part of the authoritative Oxford Textbooks in Psychiatry series, this second edition will continue to serve as the key reference source for both researchers and professionals working in the areas of suicidology and suicide prevention, including psychiatrists, clinical psychologists, public health specialists, and neuroscientists.

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techniques, leading CBT practitioners then describe and demonstrate how to build effective therapeutic relationships with CBT, conceptualize a case with the CBT model, structure sessions, and resolve common problems encountered in CBT. This updated, second edition of the best-selling and highly popular *Learning Cognitive-Behavioral Therapy* also features: Ways to employ CBT to reduce suicide risk Guidance on integrating therapies related to CBT -- including dialectical behavior therapy, mindfulness-based cognitive therapy, and well-being therapy -- in the context of personality disorders and chronic or recurrent depression An appendix of curated resources by the expert authors -- recommended readings, computer programs, Web sites, videos, and organizations -- to give readers access to the best resources in building competence in CBT practice The all-new videos feature clinicians demonstrating methods in real-world settings and include new topics such as safety planning and uncovering and changing maladaptive schemas. Proven as one of the best teaching tools for building competence in CBT, this new edition will enrich readers' understanding and practice of CBT.

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country, such as spouses or partners, children, and parents grappling with such issues as single parenthood during deployment and bereavement at the loss of a loved one. Finally, this set is a valuable resource for people seeking a greater understanding of the issues that confront some military service members and veterans, from chronic health problems to economic vulnerability to suicide to incarceration. The two volumes are written in a comprehensive yet succinct and accessible style by experts familiar with the latest trends and findings.

brief cognitive behavioral therapy for suicide prevention: Military Stress Reactions

Carrie H. Kennedy, 2020-04-14 Many people--including some mental health professionals and service members themselves--have the misconception that military deployment is highly likely to cause posttraumatic stress disorder (PTSD). This book gives practitioners a more nuanced understanding of military stress reactions and related mental health concerns, from transient adjustment problems to clinical disorders. Drawing on expert knowledge of military environments and culture, Carrie H. Kennedy provides vital guidance for evidence-based assessment, intervention, and prevention. Kennedy emphasizes that overdependence on the diagnosis of PTSD can lead to suboptimal care, and shows how to tailor treatment to each service member's or veteran's needs. A crucial addition to any practitioner's library, the book is illustrated with numerous case vignettes.

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Planner Robert R. Perkinson, Arthur E. Jongsma, Jr., Timothy J. Bruce, 2022-03-29 Clarify, simplify, and accelerate the treatment planning process so you can spend more time with clients The Addiction Treatment Planner, Sixth Edition: provides all the elements necessary to quickly and easily develop formal treatment plans that satisfy the demands of HMOs, managed care companies, third-party payers, and state and federal agencies. This valuable resource contains treatment plan components for 48 behaviorally based presenting problems including depression, intimate relationship conflicts, chronic pain, anxiety, substance use, borderline personality, and more. You'll save hours by speeding up the completion of time-consuming paperwork, without sacrificing your freedom to develop customized treatment plans for clients. This updated edition includes new and revised evidence-based objectives and interventions, new online resources, expanded references, an expanded list of client workbooks and self-help titles, and the latest information on assessment instruments. In addition, you'll find new chapters on some of today's most challenging issues- Opioid Use Disorder, Panic/Agoraphobia, Loneliness, and Vocational Stress. New suggested homework exercises will help you encourage your clients to bridge their therapeutic work to home. Quickly and easily develop treatment plans that satisfy third-party requirements. Access extensive references for treatment techniques, client workbooks and more. Offer effective and evidence-based homework exercises to clients with any of 48 behaviorally based presenting problems. Enjoy time-saving treatment goals, objectives and interventions- pluse space to record your own customized treatment plan. This book's easy-to-use reference format helps locate treatment plan components by presenting behavioral problem or DSM-5 diagnosis. Inside, you'll also find a sample treatment plan that conforms to the requirements of most third-party payors and accrediting agencies including CARF, The Joint Commission (TJC), COA, and the NCQA. The Additction Treatment Planner, Sixth Edition: will liberate you to focus on what's really important in your clinical work.

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Treatment Planner Chris E. Stout, Arthur E. Jongsma, Jr., Timothy J. Bruce, 2025-09-10 Guide to develop formal treatment plans for third-party payers and state and federal review agencies Pressure from accrediting agencies and other outside parties has increased the need for clinicians to produce effective, high-quality treatment plans; Treatment Planners provide all the elements necessary to quickly and easily develop formal treatment plans that satisfy the needs of most third-party payers and state and federal review agencies. This second edition has been updated with new chapters and appendices, and enables readers to stimulate clinical thought to improve the quality and comprehensiveness of treatment plans, and to reduce the time involved in recordkeeping. In this new edition, readers will find: New chapters on Anxiety, Attention-Deficit/Hyperactivity Disorder, Bipolar Disorder, Low Self-Esteem, Obsessive-Compulsive

and related Disorders, Opioid Use Disorder, Panic Disorder/Agoraphobia, Sexual Promiscuity, Sleep Disturbance, Social Anxiety, and Specific Phobia New Objectives and Interventions consistent with identified evidence-based practices Integrated DSM-5 diagnostic labels and codes into the Diagnostic Suggestions section of each chapter More suggested homework assignments integrated into the Interventions Treatment Planners help practitioners clarify, simplify, and accelerate the treatment planning process, so they spend less time on paperwork and more time with their clients.

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Nicholas D Thomson, 2024-10-24 Handbook of Gun Violence provides a comprehensive review of the complex world of gun violence. From its roots in epidemiology and public health to the intricacies of biopsychosocial risk factors to criminological and forensic considerations, this book offers an interdisciplinary exploration of a pressing societal issue. Sections cover everything from the history of firearm injury prevention research to the social, political, and policy implications surrounding gun violence. This book focuses on evidence-based strategies and emerging research areas, and equips readers with the knowledge needed to navigate the complexities of gun violence prevention, intervention, research, and policy. With contributions from leading experts across various fields, including scientists from the CDC and NIH, this handbook provides invaluable insights into understanding, preventing, and addressing gun violence. - Provides an extensive review of gun violence statistics and trends. - Examines the biopsychosocial risk and protective factors for violence in youth and adults - Reviews evidence-based intervention and prevention programs for gun violence - Assesses global policies for gun violence prevention and discusses the impact of funding and research on violence prevention.

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Frank M. Dattilio, Daniel I. Shapiro, D. Scott Greenaway, 2023-07-18 The most comprehensive guide to cognitive-behavioral therapy (CBT) with clients in crisis is now in a significantly revised fourth edition with 75% new material. Over 15 years of clinical and research advances are reflected in fully updated chapters on evidence-based brief strategies for helping people cope in highly stressful situations. From leading experts, the book addresses suicide prevention, crises related to mental and physical health problems, child and family crises, and exposure to disasters and mass or community violence. Vivid case material illustrates what the interventions look like in action and how to tailor them to individual clients' needs. New to This Edition *Chapter on clinician self-care. *Chapters on managing the involuntary hospitalization process, working with psychosis in inpatient settings, intervening with clients at risk for mass violence, and more. *Chapters retained from the prior edition are all updated or rewritten to incorporate current data, clinical strategies, and assessment tools. *All of the case examples are new.

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Tushar Singh , Sayo Hamatani, Kazuki Matsumoto, 2024-10-24 Taking one's own life is called suicide, and approximately 800,000 people worldwide commit suicide every year because of various reasons, according to the World Health Organization. Poor mental health is a major driver of suicide, especially in high-income countries. People who commit suicide perform impulsive destructive behaviors beyond their ability to cope with their stressors; currently, there is a need to establish effective psychotherapies for the same. Suicidal ideation and behavior are involved in attempted suicide, and psychotherapies that specifically intervenes in suicidal ideation may reduce suicidal risk. In this special issue, we would like to collect knowledge regarding psychotherapies/cognitive-behavioral models, wherein the evidence of their effectiveness has been generated by research and clinical trials. We expect the papers collected in this special issue to be a source of good ideas and solutions.

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Updesh Kumar, 2025-04-14 The Handbook of Suicide Prevention covers a broad range of topics related to suicidal behaviour, including its underlying causes, risk factors, prevention strategies, and therapeutic approaches. With contributions by renowned experts in the field, the volume brings

forth the latest research and clinical insights into suicidal behaviour. It highlights evidence-based practices effective in reducing suicide risk. It provides a comprehensive overview of the multidimensional perspectives, including biological, psychological, and social factors contributing to suicidal ideation and behaviour. The book provides a nuanced and extensive understanding of how suicide risk and protective factors are shaped by social, cultural, and political contexts across the lifespan. The last section of the volume highlights the need for a multifaceted approach to suicide prevention by leveraging the latest technologies and therapeutic modalities while also addressing the social and cultural factors that contribute to suicide risk. Suicidal behaviour remains an intriguing phenomenon that demands addressing being among the leading causes of death worldwide. The handbook is a compilation of essential resources that offers a multitude of theoretical and compassionate approaches to understanding and addressing this complex phenomenon. Its practical guidance and evidence-based recommendations make it an essential reference for anyone working in suicide prevention, mental health and social work.

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