ARE THERE COMMON COMPONENTS IN EFFECTIVE PSYCHOTHERAPIES FOR SUICIDAL BEHAVIOR? IMPLICATIONS FOR PROFESSIONAL PRACTICE

¿EXISTEN COMPONENTES COMUNES DE LAS PSICOTERAPIAS EFICACES PARA LA CONDUCTA SUICIDA? IMPLICACIONES PARA LA PRÁCTICA PROFESIONAL

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Abstract

The scientific literature in recent years and the new research paradigms for suicidal behavior indicate that clinical treatment should focus on the reasons a person is considering suicide and why they would prefer to die rather than live. Suffering, desperation, and an inability to find meaning in life transcend diagnostic categories and are linked to the presence of any manifestation of suicidal behavior. This calls for a perspective that understands the need for specific approaches, beyond particular diagnoses or what is required for other possible psychological problems. In the adult population, the psychotherapies with the most empirical support for their efficacy are cognitive behavioral therapy and dialectical behavioral therapy for people diagnosed with borderline personality disorder, particularly women. In adolescents, dialectical behavioral therapy has the highest level of recommendation. The short intervention with the best empirical support in response to suicidal crises is safety planning. We indicate the common components needed for effective psychotherapies, such as the importance of comprehensive evaluations, the therapeutic alliance, the family component, and emotional regulation skills, among others. We consider the professional implications and reflect on the need for specific training for therapists.

Keywords: *suicidal behavior, psychotherapy, psychological therapy, efficacy, empirical support, common components*

Resumen

La literatura científica de los últimos años y los nuevos paradigmas de estudio de la conducta suicida señalan que su abordaje clínico debe centrarse en las razones por las que las personas consideran el suicidio y prefieren morir antes que vivir. El sufrimiento, la desesperanza o la incapacidad para encontrar sentido de la vida trascienden las categorías diagnósticas y están vinculadas a la presencia de cualquier manifestación de la conducta suicida. Por lo tanto, es necesaria una perspectiva que entienda la necesidad de un abordaje específico, más allá de los diagnósticos particulares o del que se precise para otros posibles problemas psicológicos. En población adulta, las psicoterapias que gozan de mayor apoyo empírico en cuanto a su eficacia son la terapia cognitivo conductual y la terapia dialéctico conductual en personas diagnosticadas de trastorno límite de la personalidad, particularmente mujeres. En adolescentes, la terapia dialéctico conductual para adolescentes ha recibido el mayor grado de recomendación. La intervención breve con mayor apoyo empírico para dar respuesta a las crisis suicidas es el plan de seguridad. Se señalan los componentes comunes necesarios para la eficacia de las psicoterapias, tales como la importancia de la evaluación comprensiva, la alianza terapéutica, el componente familiar o las habilidades de regulación emocional, entre otras. Se desarrollan las implicaciones profesionales y se reflexiona sobre la necesidad de formación específica de los terapeutas.

Palabras clave: *conducta suicida, psicoterapia, terapia psicológica, eficacia, apoyo empírico, componentes comunes*

There are many studies supporting the involvement of psychological factors in the origin, maintenance, development, and resolution of suicidal behaviors (Klonsky et al., 2018; O'Connor & Nock, 2014), as well as the efficacy of psychological therapies for treating them clinically (Turecki et al., 2019), albeit not without a certain complexity (Hawton et al., 2022). There are various reasons for these difficulties. On the one hand, the stigma and taboos surrounding suicide are significant obstacles to getting relevant information, as most people who are struggling with suicidal thoughts do not always seek professional help (Al-Halabí et al., 2021a). On the other hand, the best methods are not always used, and studies generally need greater transparency and replicability (Pirkis, 2020). Other limitations are related to the inherent complexity of the phenomenon itself, such as (Al-Halabí et al., 2023): the different individual experiences (and hence contextual experiences), the categorical diagnoses in clinical samples making up studies, the treatments applied (individual, family, or group therapy protocols), the outcomes variables (reduction in suicidal ideation, reduction in deaths by suicide, reduction of hospitalization, increased latency of repetition, increased reasons to live, etc.), the care contexts (private, outpatient, urgent care, and hospitalization), the type and size of samples (adolescents, adults, elderly), the range of content covered by the labels "control treatment" or "usual treatment" (routine care, follow-ups or reviews, psychopharmaceuticals, etc.), the different research contexts (controlled or naturalistic), or the publication bias that is part of published randomized clinical trials, systematic reviews, and meta-analyses (Calati & Courtet, 2016; Witt et al., 2021a, 2021b). And we cannot ignore the need to establish effect sizes for the different treatments and preventive interventions as well as what circumstances they are significant in (Hofstra et al., 2020).

Another notable aspect that increases the difficulty is that there is still no consensus on the nomenclature of suicidal behavior (see, for example, de Beurs et al., 2020; Leather et al., 2020a, 2020b; Berman & Silverman, 2017; Silverman & De Leo, 2016; van Mens et al., 2020). We would argue that suicidal behavior covers various manifestations from ideation and planning, through suicide communication to suicide attempts and death by suicide. The phenomenon is presented as a plural reality, which is existential-contextual, interactive, and dynamic (Al-Halabí & García-Haro, 2021; García-Haro et al., 2018; García-Haro et al., 2023).

In recent years, research on psychological interventions focused specifically on suicidal behavior has grown exponentially (Al-Halabí & Fonseca-Pedrero, 2023). We are also witnessing a paradigm change away from the unrealistic prediction of suicide risk to approaches focused on the person. Traditional risk prediction measures have repeatedly been shown to be ineffective in studies in high income countries. Several factors might contribute to clinicians' preoccupation with risk prediction, which can have negative effects on patient care and also on clinicians where prediction is seen as failing (Hawton et al., 2022). There is consensus that psychological therapy (including assessment) should focus on the reasons why

a person considers suicide as an option and why they would prefer to die rather than live, beyond any particular or 'underlying' diagnoses they may have received (García-Haro et al., 2020; Pompili, 2018). The scientific literature indicates that psychological interventions that directly address suicidal behavior are effective in both the short and the long term, whereas those which approach it indirectly (focusing on other aspects such as depression, anxiety, and quality of life, among others) are less effective or even ineffective (Meerwijk et al., 2016; Mewton & Andrews, 2016). Suffering, desperation, or inability to find meaning in life transcend diagnostic categories and are closely linked to any manifestation of suicidal behavior (Ducasse et al., 2018; Verrocchio et al., 2016). This calls for a perspective that understands the need for a specific approach (Al-Halabí & Fonseca-Pedrero, 2023), beyond what might be needed for other possible concomitant psychological problems (Fonseca-Pedrero et al., 2021a; 2021b).

Psychotherapy for Suicidal Behavior in Adults

Cognitive behavioral therapy is the intervention that has received the most attention from both researchers and clinicians (Brodsky et al., 2018; Turecki et al., 2019). There are various meta-analyses and systematic reviews that support the idea that this therapy can reduce the presence of suicidal behavior in adults, regardless of what diagnosis they may have received (Sher & Oquendo, 2023; Leavey & Hawkins, 2017; Riblet et al., 2017; Witt et al., 2021a). In this paradigm, suicidal behavior is conceptualized as the activation of thoughts produced by internal or external triggers (Chesin & Stanley, 2021). It assumes that, if, through therapy, people can change how they think, behave, and approach their problems, they will then be capable of dealing with their challenges and psychological problems more adaptively. In general, it deals with structured, medium-term treatments, in which the formulation and conceptualization of the problem includes identifying automatic negative thoughts, the situations that trigger those thoughts, the emotional and behavioral responses that follow, and the set of beliefs associated with those automatic thoughts. Once the case has been formulated, specific cognitive and behavioral tools are selected for the clinical treatment (Chang et al., 2016).

The literature is also consistent in showing that dialectical behavioral therapy can reduce suicidal ideation, suicide attempts, and self-harming in people diagnosed with borderline personality disorder (Oud et al., 2018; Witt et al., 2021a; Zalsman et al., 2016). However, there is no consensus in this regard from systematic reviews or meta-analyses which look at efficacy regardless of diagnosis (Turecki et al., 2019). This psychological therapy provides support and validation of people's suffering while at the same time encouraging strategies for change through the combination of various elements (Brodsky et al., 2021): 1) traditional aspects of cognitive modification or restructuring; 2) practices based on acceptance; and 3) emotional dysregulation as a reference framework for psychological problems. This multicomponent nature is also present in the therapeutic resources: individual

therapy, group training in skills, telephone support, auxiliary treatment, and an advisory group for therapists.

To summarize, in the adult population, the psychological treatments with strong empirical support for their efficacy are cognitive behavioral therapy in a transdiagnostic population and dialectical behavioral therapy in people diagnosed with borderline personality disorder, especially women (Brodsky et al., 2018; D'Anci et al., 2019; Hofstra et al., 2020).

According to the latest Cochrane review and meta-analysis (Witt et al., 2021a) there was no evidence of a difference for psychodynamic psychotherapy, case management, general practitioner (GP) management, remote contact interventions and other multimodal interventions, or a variety of brief emergency department-based interventions. Given findings in single trials, or trials by the same author group, both mentalization-based therapy and group-based emotion regulation therapy should be further developed and evaluated in adults.

The brief intervention with strong empirical support for how it responds to suicidal crises is safety planning (Stanley & Brown, 2012; Stanley et al., 2018). Safety planning-type interventions are already widely implemented, and they are identified as best practice for suicide prevention by the National Institute for Health and Care Excellence and the Suicide Prevention Resource Center (Nuij et al., 2021). Safety planning is a collaborative intervention (by the therapist together with the person) which should be complementary to the full therapeutic process. The literature suggests that this intervention is a particularly beneficial tool for helping people be prepared for difficulties and risky situations, as well as to instill hope for when there are vulnerable episodes. It follows six steps: recognizing the warning signs of an imminent suicidal crisis, use internal coping strategies, use social contacts as a means of distraction from suicidal thoughts, contact family or friends who can help resolve the suicidal crisis, contact mental health professionals or specialist institutions, and reduce access to potentially lethal means (Stanley & Brown, 2012). It is important that safety planning is seen as a dynamic process, which means that plans need reviewing and that new coping strategies can be acquired (Hawton et al., 2022).

Common Components of Effective Psychotherapy for Adults

Based on Knapp (2020), Table 1 summarizes the important transversal aspects of psychological interventions for people at risk of suicide, regardless of the therapy selected. The choice of one type of intervention or other should be based on various factors such as clinical characteristics, the person's preferences, whether there are other mental health problems, or the skills of the therapist and their level of competence.

Table 1
Common Aspects of Psychological Interventions for Suicidal Behavior (adapted from Knapp, 2020)

What to do	How to do it
Authorize and empower	Listen carefully to the person's concerns, asking for their opinion during therapy and explaining the procedures for managing their risk of suicide.
Appreciate the therapeutic relationship	It is especially important to reduce feelings of isolation that people at risk of suicide often feel.
Motivate	It is essential to involve and support the person in the treatment and enhance their adherence to it. Commitment to therapy can be literally vital.
Develop a safety plan	A safety plan or crisis management plan includes skills for reducing distress, accessing support where necessary, and reducing access to potentially lethal means.
Regulate emotions	This is one of the core aspects of psychological therapies: teaching techniques to identify and manage conflictive emotions.
Address suicidal behavior	During the treatment, there may be suicide attempts or other types of suicidal communication. These need to be addressed specifically.

Rudd and Pérez-Munoz (2021) established a set of common elements to identify the underlying aspects of effective treatments and incorporate them into clinical practice. We have to move, beyond the lab, to test empirically supported treatments in the real world. In this regard, they noted that it is important to think not just about the type of therapy, but also about the people it is aimed at and the objectives. Those authors summarized the results from randomized controlled trials where the main result was a reduction in suicide attempts. The elements were: starting from theoretical models that translated well to clinical practice, specific cognitive behavioral guidance for working on effective skills (emotional regulation, anger management, problem-solving, and cognitive distortions, among others), the importance of the therapeutic alliance (Goldberg et al., 2023), faithfully adhering to the treatment, a safety plan and access to care services in crises, specific interventions for adolescents, and personal responsibility for suicidal behavior. Zortea et al. (2020) also established a series of common elements of intervention in suicidal behavior: clinical evaluation as a key aspect of psychological treatment, the safety plan, and contact and follow-up.

There seems to be no doubt that suicidal behavior should be addressed specifically, independently of other possible factors or "symptoms", through therapies that have demonstrated effectiveness. New studies are currently underway that will help to more accurately identify the common elements needed in day to day clinical practice.

Implications for Professional Practice

Cognitive behavioral therapy and dialectical behavioral therapy provide the opportunity to discuss existential problems in a safe environment, where the psychologist can validate the suffering of people who wish to die while also guiding them towards living with new coping strategies. As we have seen, both of those therapies have been shown to be more effective than usual treatment in reducing suicide ideation and attempts. In this regard, Chang et al., (2016) noted several considerations of interest:

- Cognitive behavioral therapy reduces the risk of suicide by showing people both how to recognize the warning signs and by giving them new strategies to cope with suicidal thoughts.
- Dialectical behavioral therapy focuses more on the person being able to cope with emotional dysregulation and learning to tolerate all kinds of stressors in their lives.
- While dialectical behavioral therapy is empirically validated principally for women diagnosed with borderline personality disorder, cognitive behavioral therapy has been shown to be effective in transdiagnostic populations.
- Dialectical behavioral therapy needs more time and is more intensive than cognitive behavioral therapy, which is usually shorter and over a limited period. This difference may be related to the objective of the treatment. So while cognitive behavioral therapy focuses on teaching skills allowing a person to cope with suicidal crises, the ultimate goal of dialectical behavioral therapy is to help the person to construct a life that is worth living (in line with other therapies such as acceptance and commitment therapy-ACT).

Psychology professionals should choose effective and efficient treatments that they feel sure of and competent to deliver, and communicate this credibility during their professional activity: people who are confident in the therapy they are receiving are more likely to have positive results (Norcross & Lambert, 2018).

Similarly, it is also interesting to frame empirically supported psychological therapies in a general context of interventions with scientific backing. The AIM-SP model (*Assess, Intervene, Monitor for Suicide Prevention*) is one comprehensive intervention procedure with empirical support that can be applied to everyday clinical practice. This model proposes an overall program of care in various clinical contexts (Brodsky et al., 2018; Holoshitz et al., 2019). It includes universal screening, thorough evaluation of suicide risk, and proper monitoring and referral of people at high risk of suicide (Labouliere et al., 2018).

In a way that is specific and practical, Brodsky et al. (2018) outlined a ten-step system that can be applied in everyday clinical practice (Table 2). “Evaluate” means comprehensive evaluation and the systematic use of screening instruments such as the Columbia Suicide Severity Rating Scale, the C-SSRS (Al-Halabí et al., 2016; Interian et al., 2018). “Intervene” consists of carrying out specific therapies

and brief interventions for suicidal behavior. Lastly, "monitor" requires monitoring strategies to be put in place via frequent contact during high-risk periods.

Table 2
The AIM-SP Model for Prevention of Suicide in Everyday Clinical Practice*

AIM-SP*	Steps and description
Evaluate	Ask specifically about suicidal ideation and behavior in the past and present. Identify current risk factors. Continually focus on people's safety.
Intervene	Make a the safety plan from Stanley and Brown (2012). Create coping strategies. Incorporate specific psychological therapies for suicide with empirical support.
Monitor	Increase the clinician's flexibility and availability. Increase supervision during high-risk periods. Involve the family and other social support networks. Ask other clinicians for help and encourage discussion of cases.

Note. Adapted from Brodsky et al. (2018). *AIM-SP: *Assess, Intervene, Monitor for Suicide Prevention*

Psychotherapy for Suicidal Behavior in Adolescents

For the adolescent population, we first need to address some issues, as the scientific literature does not usually differentiate precisely enough between self-harm and suicidal behavior (McMahon et al., 2023). However, that distinction does interest us, as they are conceptually and phenomenologically different phenomena (Cha et al., 2018; Kuehn et al., 2022). Self-harm differs from suicidal behavior in intentionality (not fatal), frequency (more routine), and lethality (lower). From a phenomenological perspective, suicidal and self-harming behavior can present contrasting characteristics (Al-Halabí et al., 2021b).

Nonetheless, there is consensus in most authors' conclusions in scientific publications: 1) empirical support for the efficacy of psychological therapies for adolescents still does not have sufficient scientific backing; and 2) it is absolutely essential to carry out independent studies that can replicate results (Asarnow & Mehlum, 2019; Gilbert et al., 2020; Kothgassner et al., 2020; Pirkis, 2020).

A number of studies over recent years have shed some light on this matter (Adrian et al., 2019; Asarnow et al., 2017; Esposito-Smythers et al., 2019; Korczak et al., 2020; Mehlum et al., 2019; Sinyor et al., 2020). More specifically, the most recent Cochrane review on psychological interventions for self-harming behaviors in adolescents (Witt et al., 2021b) drew various conclusions. Although the review focused on self-harm as the primary measure, it also considered secondary results,

including suicidal ideation and suicide. The authors concluded that, given the moderate or very low quality of the available studies, and the small number of trials identified, the evidence was “uncertain”. Nonetheless, the results justified a specific mention of dialectical behavioral therapy for adolescents because of the promising results, and individual cognitive behavioral therapy specifically for adolescents.

Recently, there have been various interesting studies bringing this issue up to date. One of the most widely-cited is the review by Glenn et al. (2019), which comprehensively covers the scientific evidence regarding psychosocial treatment for suicidal ideation and self-harming behaviors. That study gave its highest levels of recommendations to dialectical behavioral therapy for adolescents. Another systematic review, by Iyengar et al. (2018), concluded that this therapy had the best scientific evidence in terms of reduction of self-harming behavior in adolescents. Iyengar et al. (2018) and Turecki et al. (2019) also noted the importance of emphasizing that all of the cognitive behavioral therapy interventions demonstrating positive effects in adolescents had strong family components. They also mentioned therapy based on mentalization for adolescents as a promising therapy type. The same conclusion was reported by Malda-Castillo et al. (2019), who noted that although that type of therapy had produced promising results in some studies, there is so far no scientific evidence that would allow it to be considered a treatment of choice.

Common Components of Effective Psychotherapies for Adolescents

According to Glenn et al. (2019), there are a series of effective common components in all interventions with adolescents that have demonstrated a certain level of efficacy. They are:

- Family approach: most of the effective therapies or intervention protocols use an active component of family intervention. However, that does not mean that all family therapies are effective. The difference, Glenn et al. (2019) noted, lies in the treatment dose (the number of sessions). More research would be needed to identify the optimal amount of sessions for improving family functioning and for that to have an impact on adolescents’ suicidal behaviors.
- Skill training: this is an important component for adolescents, including emotional regulation, tolerating stress, mindfulness, interpersonal efficacy, and problem-solving.
- Treatment dose: so far, the amount of sessions needed to have a significant impact on reducing suicidal or self-harming behavior in younger people has not been clarified. What does seem clear is that brief interventions have shown some efficacy in reducing suicidal ideation, but not so much for suicide attempts, which have needed more intensive approaches over a period of at least three to twelve months.

It is important to pause here briefly and look at one interesting aspect. The studies mentioned above, together with the meta-analysis by Kothgassner et al. (2020)

outline a pattern: usual treatment (either group monitoring or routine clinical care) can produce desirable results in adolescents. In the meta-analysis, usual treatment demonstrated moderate pre-post effects for reducing self-harming behaviors (d = 0.60), suicidal ideation (d = 0.87), and symptoms of depression (d = 0.51). One possible interpretation is that good routine clinical care reduces these types of behaviors. Given that we are in a field with very limited knowledge, it is important to understand the mechanisms of change which explain these results in adolescents. According to Kothgassner et al. (2020), one preliminary hypothesis would be that in recent years, and as a result of increased research, aspects have been added to clinical routines such as training in tolerating frustration and other emotional regulation skills, which increases the effectiveness of these types of monitoring interventions. Another possibility those authors allude to is that these adolescents benefit from "therapeutic" contact regardless of what type it is, something which also seems to have an effect on treating depression in adolescents.

Implications for Professional Practice

If psychologists want to offer the best psychological treatments available for self-harming and suicidal behaviors in adolescents, they need to be specifically trained in dialectical behavioral therapy for adolescents (Al-Halabí et al., 2021c). However, as we have already noted, there seems to be a consensus that much research remains to be done, various studies need replication, and some research questions still need to be answered. Despite all of that, Chiles et al. (2019) established some guidelines for successful treatment of adolescents (see Table 3).

Table 3
Guidelines for Clinical Approaches to Suicidal Behaviors in Adolescents (taken from Chiles et al., 2019)

Always address the social influences and the interactions of suicidal behavior with the family, friends, or with partners.
Maintain an open, curious, attitude, free from prejudice about the role suicidal behavior is playing in the adolescent's life.
Include the family as part of the therapy. It is important to plan this aspect from the beginning of the therapy.
Help the adolescent to clarify and make contact with their values about personal relationships, study, and goals for the future. This will allow the idea to be planted that sadness, anger, loneliness, and rejection are indicators of the importance these values have for the young person.

In addition, Asarnow and Mehlum (2019) made some suggestions for clinical practice:

- Given that dialectical behavioral therapy for adolescents is the most-highly recommended treatment and the treatment with proven efficacy, it is important to bear in mind that this is an intensive therapy that takes a huge amount of time and effort on the part of the young person and their

family. This may, on occasion, mean taking time from other, potentially beneficial activities (playing sport, being with friends, doing homework, etc.). Psychologists must be aware of these circumstances and assess them within the general framework of the intervention.

- Given that suicide is one of the main causes of death in young people, screening is recommended to identify suicide risk (Raza et al., 2023).
- There is a crucial transversal aspect to all of the scientific literature. It is absolutely essential to consider the family (parents or other responsible figures who could provide protection) and the adolescent's social context (Glenn et al., 2019). Both treatment and intervention programs should focus on the young person's psychosocial environment and try to get them to trust the important adults in their life and in the adults' ability to protect and support them. This strengthening of bonds and feelings of connection between adolescents and adults will act like "seatbelts", helping the young people continue with their lives when they experience suicidal impulses (Chiles et al., 2019).
- The impact of the school context on adolescents' lives cannot be ignored (Fonseca-Pedrero et al., 2022a; 2022b; Fonseca Pedrero et al., 2023). Not only do children spend a large part of their time at school, different school atmospheres and problems have been found to be strongly or weakly associated with the risk of suicidal ideation and attempts. Clinical, healthcare, and school psychologists must consider this aspect in their treatment plans, without forgetting exposure to social networks and the internet.
- Approaches need to consider the adolescents' exposure to traumatic or stressful experiences, as there is a strong relationship between that and suicidal or self-harming behaviors, which in turn have a significant impact on parents and the adolescents' surroundings. Professionals must be aware of these circumstances when they work with adolescents at high risk of suicide. It is essential to recognize the warning signs of trauma and incorporate that into therapeutic practice.
- Universal or selective school and community prevention programs are a very promising resource for tackling the growing numbers of deaths by suicide in adolescents. These programs function to the extent that they are implemented in accordance with the scientific evidence and provide young people with tools allowing them to manage crises and stay alive (Hayes et al., 2023).
- It is essential to improve adolescents' access to healthcare resources. One possible route of access is the school, or resources based on new technologies.

Discussion

Even with the recommendations and information we have included in this article, there is no text, however thorough, which could predict all of the situations that a psychologist may have to deal with when they are trying to help people with suicidal behavior. Consequently, we have to be flexible, and above all, understand why we are doing what we are doing. In this regard, psychological therapies with empirical support will help us to make better decisions (Knapp, 2020). But there is more: Roush et al. (2018) found that therapists who had less training, and who felt more anxious in the presence of people who wanted to die, were more likely to resort to interventions with less empirical support. This underscores the importance of good professional competencies and specific training and education in managing suicidal behavior. These competencies should include choices backed up by the science, without forgetting the importance of a friendly attitude and people's values as guides for therapeutic decision-making.

Note that the professional help suggested here is not focused so much on deactivating a psychopathological diagnosis (depression, borderline personality disorder, etc.) or on repairing "broken" mechanisms through some technique. Instead it focuses on helping improve the existence of a person who is struggling to stay afloat in the presence of thoughts of suicide or a desire to die (Al-Halabí & Fonseca-Pedrero, 2021). This suffering can be tempered by coping strategies and by existential values. The effective psychological therapies we described would play this protective role, and therefore are what are called for in professional practice. It is also worth emphasizing the central role of the clinical interview, the value of being present, and the mastery of therapeutic skills, which are even more essential for the infant/young population. Similarly, a biographical and functional process analysis of suicidal behavior in its context, beyond traditional diagnosis, is fundamental. Based on how the case is formulated, decisions about the care plan will have some implications that might be critical for the future and wellbeing of the adult or adolescent. This is why evaluation and treatment should always be in the hands of psychologists with training in psychotherapy and suicide (Al-Halabí et al., 2023).

One final thought with eyes on the future: beyond the efficacy of these treatments, it is interesting to note that many authors have called for the use of not just effective strategies, but also strategies which are efficient in prevention of suicide, which would include psychological therapies, along with other multilevel comprehensive interventions (Dunlap et al., 2019). Despite the evidence for the efficacy of the interventions noted in this article, there have not been many comparative studies looking at cost/effectiveness. Nonetheless, what has been published on the topic indicates that often, evidence based interventions are low cost (Bernecker et al., 2020). Dunlap et al. (2019) suggested that they may be efficient compared to usual treatment in reducing suicidal behavior at twelve month's follow-up. Other types of study have examined general intervention programs with multiple professionals in countries such as Canada, England, the Netherlands, the United

States, and Australia, without focusing specifically on psychological therapy, but rather on aspects related to management or action protocols (McDaid et al., 2021). Nonetheless, there have been some recent studies which included psychological interventions, confirming that they were effective and efficient compared to usual treatment (Botchway et al., 2022).

References

Adrian, M., McCauley, E., Berk, M. S., Asarnow, J. R., Korslund, K., Avina, C., Gallop, R., & Linehan, M. M. (2019). Predictors and moderators of recurring self-harm in adolescents participating in a comparative treatment trial of psychological interventions. *Journal of Child Psychology and Psychiatry, 60*(10), 1123-1132. https://doi.org/10.1111/jcpp.13099*0*, 1123-1132.

Al-Halabí, S., & Fonseca-Pedrero, E. (2021). Suicidal behavior prevention: The time to act is now. *Clínica y Salud*, 32(2), 89-92. https://doi.org/10.5093/clysa2021a17.

Al-Halabí, S., & Fonseca-Pedrero, E. (Eds.) (2023). Manual de psicología de la conducta suicida. Pirámide.

Al-Halabí, S., & García Haro, J. M. (2021). Tratamientos psicológicos para la conducta suicida. En E. Fonseca-Pedrero (Ed.), *Manual de tratamientos psicológicos. Adultos* (pp. 639-675). Pirámide.

Al-Halabí, S., García Haro, J.M., & Gutiérrez López, B. (2021b). Tratamientos psicológicos para la conducta suicida en adolescentes [Psychological treatments for behavior suicide in adolescents]. In E. Fonseca Pedrero (Ed.), *Manual de tratamientos psicológicos. Infancia y adolescencia* (pp. 577-615). Pirámide.

Al-Halabí, S., González González, M., & García Haro, J. (2023). Intervenciones psicológicas para el abordaje clínico de la conducta suicida: apoyo empírico y componentes fundamentales [Psychological interventions for the approach clinical study of suicidal behaviour: empirical support and fundamental components]. In S. Al-Halabí & E. Fonseca-Pedrero (Eds)., *Manual de psicología de la conducta suicida* (pp. 409-462). Pirámide

Al-Halabí, S., García-Haro, J., Rodríguez-Muñoz, M.F., & Fonseca-Pedrero, E. (2021a). Suicidal behavior and the perinatal period: Taboo and misunderstanding. *Papeles del Psicólogo, 42*(3), 161-169. https://doi.org/10.23923/pap.psicol.2963

Al-Halabí, S., Sáiz, P. A., Burón, P., Garrido, M., Benabarre, A., Jiménez, E., Cervilla, J., Navarrete, M. I., Díaz-Mesa, E. M., García-Álvarez, L., Muñiz, J., Posner, K., Oquendo, M. A., García-Portilla, M. P., & Bobes, J. (2016). Validation of a Spanish version of the Columbia-Suicide Severity Rating Scale (C-SSRS). *Revista de Psiquiatría y Salud Mental*, *9*(3), 134-142. https://doi.org/10.1016/j.rpsm.2016.02.002

Asarnow, J. R., Hughes, J. L., Babeva, K. N., & Sugar, C. A. (2017). Cognitive-behavioral family treatment for suicide attempt prevention: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, *56*(6), 506-514. https://doi.org/10.1016/j.jaac.2017.03.015

Asarnow, J. R., & Mehlum, L. (2019). Practitioner review: Treatment for suicidal and self-harming adolescents - advances in suicide prevention care. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *60*(10), 1046-1054. https://doi.org/10.1111/jcpp.13130

Bernecker, S. L., Zuromski, K. L., Curry, J. C., Kim, J. J., Gutierrez, P. M., Joiner, T. E., Kessler, R. C., Nock, M. K., Rudd, M. D., & Bryan, C. J. (2020). Economic evaluation of brief cognitive behavioral therapy vs treatment as usual for suicidal US Army soldiers. *JAMA Psychiatry*, *77*(3), 256-264. https://doi.org/10.1001/jamapsychiatry.2019.3639

Berman, A. L., & Silverman, M. M. (2017). How to ask about suicide? A question in need of an empirical answer. *Crisis*, *38*(4), 213-216. https://doi.org/10.1027/0227-5910/a000501

Botchway, S., Tsiachristas, A., Pollard, J., & Fazel, S. (2022). Cost-effectiveness of implementing a suicide prediction tool (OxMIS) in severe mental illness: Economic modeling study. *European Psychiatry*, *66*(1), e6. https://doi.org/10.1192/j.eurpsy.2022.2354

Brodsky, B. S., Spruch-Feiner, A., & Stanley, B. (2018). The zero suicide model: applying evidence-based suicide prevention practices to clinical care. *Frontiers in Psychiatry*, *9*, 33. https://doi.org/10.3389/fpsyt.2018.00033

Brodsky, B., Stanley, B., & Gratch, I. (2021). Dialectical behavior therapy for suicidal individuals. The international perspective. In D. Wasserman (Ed.), *Oxford textbook of suicidology and suicide prevention* (pp. 481-488). Oxford University Press. https://doi.org/10.1093/med/9780198834441.003.0057

Calati, R., & Courtet, P. (2016). Is psychotherapy effective for reducing suicide attempt and non-suicidal self-injury rates? Meta-analysis and meta-regression of literature data. *Journal of Psychiatric Research*, *79*, 8-20. https://doi.org/10.1016/j.jpsychires.2016.04.003

Cha, C. B., Franz, P. J., M Guzmán, E., Glenn, C. R., Kleiman, E. M., & Nock, M. K. (2018). Annual research review: Suicide among youth - epidemiology, (potential) etiology, and treatment. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *59*(4), 460-482. https://doi.org/10.1111/jcpp.12831

Chang, N. A., Jager-Hyman, S., Brown, G. K., Cunningham A., & Stanley, B. (2016). Treating the suicidal patient: Cognitive therapy and dialectical behavior therapy. In R. C. O'Connor, & J. Pirkis (Eds.), *The international handbook of suicide prevention* (pp. 36-60). Wiley Blackwell.

Chesin, M., & Stanley, B. (2021). Cognitive and other therapies for suicidal individuals. In D. Wasserman (Ed.), *Oxford textbook of suicidology and suicide prevention* (pp. 489-496). Oxford University Press. https://doi.org/10.1093/med/9780198834441.003.0058

Chiles, J. A., Strosahl, K. D., & Roberts, L. W. (2019). *Clinical manual for assessment and treatment of suicidal patients* (2ªed.). American Psychiatric Association.

D'Anci, K. E., Uhl, S., Giradi, G., & Martin, C. (2019). Treatments for the prevention and management of suicide: A systematic review. *Annals of Internal Medicine*, *171*(5), 334-342. https://doi.org/10.7326/M19-0869

de Beurs, D., Bockting, C., Kerkhof, A., Scheepers, F., O'Connor, R., Penninx, B., & van de Leemput, I. (2021). A network perspective on suicidal behavior: Understanding suicidality as a complex system. *Suicide & Life-threatening Behavior*, *51*(1), 115-126. https://doi.org/10.1111/sltb.12676

Ducasse, D., Holden, R. R., Boyer, L., Artéro, S., Calati, R., Guillaume, S., Courtet, P., & Olié, E. (2018). Psychological pain in suicidality: A meta-analysis. *The Journal of Clinical Psychiatry*, *79*(3), 16r10732. https://doi.org/10.4088/JCP.16r10732

Dunlap, L. J., Orme, S., Zarkin, G. A., Arias, S. A., Miller, I. W., Camargo, C. A., Jr, Sullivan, A. F., Allen, M. H., Goldstein, A. B., Manton, A. P., Clark, R., & Boudreaux, E. D. (2019). Screening and intervention for suicide prevention: A cost-effectiveness analysis of the ED-SAFE interventions. *Psychiatric Services*, *70*(12), 1082-1087. https://doi.org/10.1176/appi.ps.201800445

Esposito-Smythers, C., Wolff, J. C., Liu, R. T., Hunt, J. I., Adams, L., Kim, K., Frazier, E. A., Yen, S., Dickstein, D. P., & Spirito, A. (2019). Family-focused cognitive behavioral treatment for depressed adolescents in suicidal crisis with co-occurring risk factors: a randomized trial. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *60*(10), 1133-1141. https://doi.org/10.1111/jcpp.13095

Fonseca-Pedrero, E., Al-Halabí, S., Pérez-Albéniz, A., & Debbané, M. (2022a). Risk and Protective Factors in Adolescent Suicidal Behaviour: A Network Analysis. *International Journal of Environmental Research and Public Health*, *19*(3), 1784. https://doi.org/10.3390/ijerph19031784

Fonseca Pedrero, E., Pérez-Albéniz, A., y Al-Halabí, S. (2022b). Suicidal behavior in adolescents under review: fostering hope through action. *Papeles del Psicólogo, 43*(3), 173-184. https://doi.org/10.23923/pap.psicol.3000

Fonseca-Pedrero, E., Pérez-Albéniz, A., Al-Halabí, S., Lucas-Molina, B., Ortuño-Sierra, J., Díez-Gómez, A., Pérez-Sáenz, J., Inchausti, F., Valero García, A. V., Gutiérrez García, A., Aritio Solana, R., Ródenas-Perea, G., De Vicente Clemente, M. P., Ciarreta López, A., & Debbané, M. (2023). PSICE project protocol: Evaluation of the unified protocol for transdiagnostic treatment for adolescents with emotional symptoms in school settings. *Clínica y Salud*. Ahead of print. https://doi.org/10.5093/clysa2023a3

Fonseca Pedrero, E., Pérez-Álvarez, M., Al-Halabí, S., Inchausti, F., Muñiz, J., López-Navarro, E., Pérez de Albéniz, A., Lucas Molina, B., Debbané, M., Bobes-Bascarán, M. T., Gimeno-Peón, A., Prado-Abril, J., Fernández-Álvarez, J., Rodríguez-Testal, J. F., González Pando, D., Díez-Gómez, A., García Montes, J. M., García-Cerdán, L., Osma, J., Peris Baquero, Ó., … Marrero, R. J. (2021a). Tratamientos psicológicos empíricamente apoyados para adultos: Una revisión selectiva [Empirically supported psychological treatments for adults: A selective review]. *Psicothema*, *33*(2), 188-197. https://doi.org/10.7334/psicothema2020.426

Fonseca-Pedrero, E., Pérez-Álvarez, M., Al-Halabí, S., Inchausti, F., López-Navarro, E. R., Muñiz, J., Lucas-Molina, B., Pérez-Albéniz, A., Baños Rivera, R., Cano-Vindel, A., Gimeno-Peón, A., Prado-Abril, J., González-Menéndez, A., Valero, A. V., Priede, A., González-Blanch, C., Ruiz-Rodríguez, P., Moriana, J. A., Gómez, L. E., Navas, P., … Montoya-Castilla, I. (2021b). Tratamientos psicológicos empíricamente apoyados para la infancia y adolescencia: Estado de la cuestión [Empirically supported psychological treatments for childhood and adolescence: State of the art]. *Psicothema*, *33*(3), 386-398. https://doi.org/10.7334/psicothema2021.56

García-Haro, J., García-Pascual, H., & González González, M. (2018). Un enfoque contextual-fenomenológico sobre el suicidio [A contextual-phenomenological approach to suicide]. *Revista de la Asociación Española de Neuropsiquiatría*, *38*, 381-400. http://0-www.revistaaen.es/index.php/aen/article/view/17052/16923

García Haro, J., González González, M., Fonseca-Pedrero, E., & Al-Halabí, S. (2023). Conceptualización de la conducta suicida [Conceptualization of suicidal behavior]. En S. Al-Halabí, & E. Fonseca-Pedrero (Eds.)., *Manual de psicología de la conducta suicida* (pp.31 -68). Pirámide

García-Haro, J. M., García-Pascual, H., González González, M., Barrio-Martínez, S., & García-Pascual, R. (2020). Suicide and mental disorder: A necesary critique. *Papeles del Psicólogo, 41,* 35-42. https://doi.org/10.23923/pap.psicol2020.2919

Gilbert, A. C., DeYoung, L. L., Barthelemy, C. M., Jenkins, G. A., MacPherson, H. A., Kim, K. L., Kudinova, A.Y., Radoeva, P. D., & Dickstein, D. P. (2020). The treatment of suicide and self-injurious behaviors in children and adolescents. *Current Treatment Options in Psychiatry*, *7*, 39-52. https://doi.org/10.1007/s40501-020-00201-3

Glenn, C. R., Esposito, E. C., Porter, A. C., & Robinson, D. J. (2019). Evidence base update of psychosocial treatments for self-injurious thoughts and behaviors in youth. *Journal of Clinical Child and Adolescent Psychology, 48*(3), 357-392. https://doi.org/10.1080/15374416.2019.1591281

Goldberg, S. B., Babins-Wagner, R., Imel, Z. E., Caperton, D. D., Weitzman, L. M., & Wampold, B. E. (2023). Threat alert: The effect of outliers on the alliance-outcome correlation. *Journal of Counseling Psychology*, *70*(1), 81-89. https://doi.org/10.1037/cou0000638

Hawton, K., Lascelles, K., Pitman, A., Gilbert, S., & Silverman, M. (2022). Assessment of suicide risk in mental health practice: shifting from prediction to therapeutic assessment, formulation, and risk management. *The Lancet. Psychiatry, 9*(11), 922-928. https://doi.org/10.1016/S2215-0366(22)00232-2

Hayes, D., Mansfield, R., Mason, C., Santos, J., Moore, A., Boehnke, J., Ashworth, E., Moltrecht, B., Humphrey, N., Stallard, P., Oatalay, P., & Delghton, J. (2023) The impact of universal, school based, interventions on help seeking in children and young people: a systematic literature review. *European Child & Adolescent Psychiatry*. https://doi.org/10.1007/s00787-022-02135-y

Hofstra, E., van Nieuwenhuizen, C., Bakker, M., Özgül, D., Elfeddali, I., de Jong, S. J., & van der Feltz-Cornelis, C. M. (2020). Effectiveness of suicide prevention interventions: A systematic review and meta-analysis. *General Hospital Psychiatry*, *63*, 127-140. https://doi.org/10.1016/j.genhosppsych.2019.04.011

Holoshitz, Y., Brodsky, B., Zisook, S., Bernanke, J., & Stanley, B. (2019). Application of the zero suicide model in residency training. *Academic Psychiatry*, *43*(3), 332-336. https://doi.org/10.1007/s40596-019-01022-0

Interian, A., Chesin, M., Kline, A., Miller, R., St Hill, L., Latorre, M., Shcherbakov, A., King, A., & Stanley, B. (2018). Use of the Columbia-Suicide Severity Rating Scale (C-SSRS) to classify suicidal behaviors. *Archives of Suicide Research*, *22*(2), 278-294. https://doi.org/10.1080/13811118.2017.1334610

Iyengar, U., Snowden, N., Asarnow, J. R., Moran, P., Tranah, T., & Ougrin, D. (2018). A further look at therapeutic interventions for suicide attempts and self-harm in adolescents: An updated systematic review of randomized controlled trials. *Frontiers in Psychiatry*, *9*, 583. https://doi.org/10.3389/fpsyt.2018.00583

Klonsky, E. D., Saffer, B. Y., & Bryan, C. J. (2018). Ideation-to-action theories of suicide: a conceptual and empirical update. *Current Opinion in Psychology*, *22*, 38-43. https://doi.org/10.1016/j.copsyc.2017.07.020

Knapp, S. J. (2020). *Suicide prevention: An ethically and scientifically informed approach*. American Psychological Association.

Korczak, D. J., Finkelstein, Y., Barwick, M., Chaim, G., Cleverley, K., Henderson, J., Monga, S., Moretti, M. E., Willan, A., & Szatmari, P. (2020). A suicide prevention strategy for youth presenting to the emergency department with suicide related behaviour: protocol for a randomized controlled trial. *BMC Psychiatry*, *20*(1), 20. https://doi.org/10.1186/s12888-019-2422-y

Kothgassner, O. D., Robinson, K., Goreis, A., Ougrin, D., & Plener, P. L. (2020). Does treatment method matter? A meta-analysis of the past 20 years of research on therapeutic interventions for self-harm and suicidal ideation in adolescents. *Borderline Personality Disorder and Emotion Dysregulation*, *7*, 9. https://doi.org/10.1186/s40479-020-00123-9

Kuehn, K. S., Dora, J., Harned, M. S., Foster, K. T., Song, F., Smith, M. R., & King, K. M. (2022). A meta-analysis on the affect regulation function of real-time self-injurious thoughts and behaviours. *Nature Human Behaviour*, *6*(7), 964-974. https://doi.org/10.1038/s41562-022-01340-8

Labouliere, C. D., Vasan, P., Kramer, A., Brown, G., Green, K., Rahman, M., Kammer, J., Finnerty, M., & Stanley, B. (2018). “Zero Suicide” - A model for reducing suicide in United States behavioral healthcare. *Suicidologi*, *23*(1), 22-30. https://doi.org/10.5617/suicidologi.6198

Leather, J. Z., O’Connor, R. C., Quinlivan, L., Kapur, N., Campbell, S., & Armitage, C. J. (2020a). Healthcare professionals’ implementation of national guidelines with patients who self-harm. *Journal of Psychiatric Research*, *130*, 405-411. https://doi.org/10.1016/j.jpsychires.2020.08.031

Leather, J. Z., O'Connor, R. C., Quinlivan, L., Kapur, N., Campbell, S., & Armitage, C. J. (2020b). Healthcare professionals' implementation of national guidelines with patients who self-harm. *Journal of Psychiatric Research*, *130*, 405-411. https://doi.org/10.1016/j.jpsychires.2020.08.031

Leavey, K., & Hawkins, R. (2017). Is cognitive behavioural therapy effective in reducing suicidal ideation and behaviour when delivered face-to-face or via e-health? A systematic review and meta-analysis. *Cognitive Behaviour Therapy*, *46*(5), 353-374. https://doi.org/10.1080/16506073.2017.1332095

Malda-Castillo, J., Browne, C., & Perez-Algorta, G. (2019). Mentalization-based treatment and its evidence-base status: A systematic literature review. *Psychology and Psychotherapy*, *92*(4), 465-498. https://doi.org/10.1111/papt.12195

McDaid, D., Kennelly, B., Ahren, S., & McElroy, B. (2021). An economic perspective on suicide across the five continents. In D. Wasserman (Ed.), *Oxford textbook of suicidology and suicide prevention* (pp. 409-419). Oxford University Press. https://doi.org/10.1093/med/9780198834441.003.0049

McMahon, E. M., Hemming, L., Robinson, J., & Griffin, E. (2023). Suicide and self-harm in young people [Editorial]. *Frontiers in Psychiatry, 13*, 1120396. doi:10.3389/fpsyt.2022.1120396

Meerwijk, E. L., Parekh, A., Oquendo, M. A., Allen, I. E., Franck, L. S., & Lee, K. A. (2016). Direct versus indirect psychosocial and behavioural interventions to prevent suicide and suicide attempts: a systematic review and meta-analysis. *The lancet. Psychiatry*, *3*(6), 544-554. https://doi.org/10.1016/S2215-0366(16)00064-X

Mehlum, L., Ramleth, R. K., Tørmoen, A. J., Haga, E., Diep, L. M., Stanley, B. H., Miller, A. L., Larsson, B., Sund, A. M., & Grøholt, B. (2019). Long term effectiveness of dialectical behavior therapy versus enhanced usual care for adolescents with self-harming and suicidal behavior. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *60*(10), 1112-1122. https://doi.org/10.1111/jcpp.13077

Mewton, L., & Andrews, G. (2016). Cognitive behavioral therapy for suicidal behaviors: improving patient outcomes. *Psychology research and behavior management*, *9*, 21-29. https://doi.org/10.2147/PRBM.S84589

Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. *Psychotherapy*, *55*(4), 303-315. https://doi.org/10.1037/pst0000193

Nuij, C., van Ballegooijen, W., de Beurs, D., Juniar, D., Erlangsen, A., Portzky, G., O'Connor, R. C., Smit, J. H., Kerkhof, A., & Riper, H. (2021). Safety planning-type interventions for suicide prevention: meta-analysis. *The British Journal of Psychiatry*, *219*(2), 419-426. https://doi.org/10.1192/bjp.2021.50

O'Connor, R. C., & Nock, M. K. (2014). The psychology of suicidal behaviour. *The Lancet. Psychiatry*, *1*(1), 73-85. https://doi.org/10.1016/S2215-0366(14)70222-6

Oud, M., Arntz, A., Hermens, M. L., Verhoef, R., & Kendall, T. (2018). Specialized psychotherapies for adults with borderline personality disorder: A systematic review and meta-analysis. *The Australian and New Zealand journal of Psychiatry*, *52*(10), 949-961. https://doi.org/10.1177/0004867418791257

Pirkis, J. (2020). Strengthening the evidence base in suicide prevention. *Crisis*, *41*(2), 77-81. https://doi.org/10.1027/0227-5910/a000693

Pompili, M. (2018). The increase of suicide rates: the need for a paradigm shift. *Lancet*, *392*(10146), 474-475. https://doi.org/10.1016/S0140-6736(18)31498-3

Raza, F., Yeh, H. W., Goggin, K., Connelly, M., & Sullivant, S. (2023). Rates of Positive Suicide Screens in the Emergency Department and Outpatient Clinics at a Tertiary Care Children's Hospital. *The Journal of Adolescent Health*, S1054-139X(22)01019-9. Advance online publication. https://doi.org/10.1016/j.jadohealth.2022.11.245

Riblet, N. B. V., Shiner, B., Young-Xu, Y., & Watts, B. V. (2017). Strategies to prevent death by suicide: meta-analysis of randomised controlled trials. *The British Journal of Psychiatry*, *210*(6), 396-402. https://doi.org/10.1192/bjp.bp.116.187799

Roush, J. F., Brown, S. L., Jahn, D. R., Mitchell, S. M., Taylor, N. J., Quinnett, P., & Ries, R. (2018). Mental Health Professionals' Suicide Risk Assessment and Management Practices. *Crisis*, *39*(1), 55-64. https://doi.org/10.1027/0227-5910/a000478

Rudd, M. D., & Pérez-Munoz, A. (2021). The psychological and behavioural treatment of suicidal behavior. What are the common elements of treatments that work? In D. Wasserman (Ed.), *Oxford textbook of suicidology and suicide prevention* (pp. 473-479). Oxford University Press. https://doi.org/10.1093/med/9780198834441.003.0021

Sher, L., & Oquendo, M. A. (2023). Suicide: An overview for clinicians. *The Medical clinics of North America*, *107*(1), 119-130. https://doi.org/10.1016/j.mcna.2022.03.008

Silverman, M. M., & De Leo, D. (2016). Why there is a need for an international nomenclature and classification system for suicide. *Crisis*, *37*(2), 83-87. https://doi.org/10.1027/0227-5910/a000419

Sinyor, M., Williams, M., Mitchell, R., Zaheer, R., Bryan, C. J., Schaffer, A., Westreich, N., Ellis, J., Goldstein, B. I., Cheung, A. H., Selchen, S., Kiss, A., & Tien, H. (2020). Cognitive behavioral therapy for suicide prevention in youth admitted to hospital following an episode of self-harm: A pilot randomized controlled trial. *Journal of Affective Disorders*, *266*, 686-694. https://doi.org/10.1016/j.jad.2020.01.178

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256-264. https://doi.org/10.1016/j.cbpra.2011.01.001

Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., Chaudhury, S. R., Bush, A. L., & Green, K. L. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA psychiatry*, *75*(9), 894-900. https://doi.org/10.1001/jamapsychiatry.2018.1776

Turecki, G., Brent, D. A., Gunnell, D., O'Connor, R. C., Oquendo, M. A., Pirkis, J., & Stanley, B. H. (2019). Suicide and suicide risk. *Nature reviews. Disease Primers*, *5*(1), 74. https://doi.org/10.1038/s41572-019-0121-0

van Mens, K., de Schepper, C., Wijnen, B., Koldijk, S. J., Schnack, H., de Looff, P., Lokkerbol, J., Wetherall, K., Cleare, S., C O'Connor, R., & de Beurs, D. (2020). Predicting future suicidal behaviour in young adults, with different machine learning techniques: A population-based longitudinal study. *Journal of Affective Disorders*, *271*, 169-177. https://doi.org/10.1016/j.jad.2020.03.081

Verrocchio, M. C., Carrozzino, D., Marchetti, D., Andreasson, K., Fulcheri, M., & Bech, P. (2016). Mental pain and suicide: A systematic review of the literature. *Frontiers in Psychiatry*, *7*, 108. https://doi.org/10.3389/fpsyt.2016.00108

Witt, K. G., Hetrick, S. E., Rajaram, G., Hazell, P., Taylor Salisbury, T. L., Townsend, E., & Hawton, K. (2021a). Psychosocial interventions for self-harm in adults. *The Cochrane Database of Systematic Reviews*, *4*(4), CD013668. https://doi.org/10.1002/14651858.CD013668.pub2

Witt, K. G., Hetrick, S. E., Rajaram, G., Hazell, P., Taylor Salisbury, T. L., Townsend, E., & Hawton, K. (2021b). Interventions for self-harm in children and adolescents. *The Cochrane Database of Systematic Reviews*, *3*(3), CD013667. https://doi.org/10.1002/14651858.CD013667.pub2

Zalsman, G., Hawton, K., Wasserman, D., van Heeringen, K., Arensman, E., Sarchiapone, M., Carli, V., Höschl, C., Barzilay, R., Balazs, J., Purebl, G., Kahn, J. P., Sáiz, P. A., Lipsicas, C. B., Bobes, J., Cozman, D., Hegerl, U., & Zohar, J. (2016). Suicide prevention strategies revisited: 10-year systematic review. *The Lancet. Psychiatry*, *3*(7), 646-659. https://doi.org/10.1016/S2215-0366(16)30030-X

Zortea, T. C., Cleare, S., Melson, A. J., Wetherall, K., & O'Connor, R. C. (2020). Understanding and managing suicide risk. *British Medical Bulletin*, *134*(1), 73-84. https://doi.org/10.1093/bmb/ldaa013