RUB

FBZ

DZPG Deutsches Zentrum für Psychische Gesundheit

Schwierige psychiatrisch-psychotherapeutische Behandlungskonstellationen:

Suizidale und suizidal kommunizierende Patient:innen

Prof. Dr. Tobias Teismann

Charakteristika suizidalen Erlebens und Verhaltens:

Dynamik & Ambivalenz

Examination of Real-Time Fluctuations in Suicidal Ideation and Its Risk Factors: Results From Two Ecological Momentary Assessment Studies

RUB

Evan M. Kleiman
Harvard University

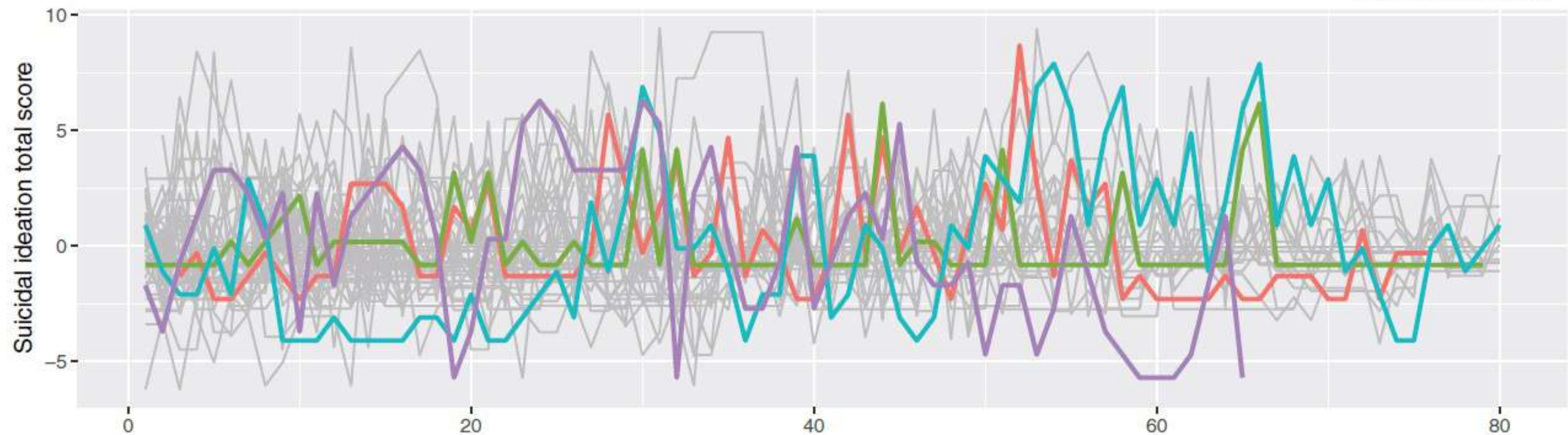
Brianna J. Turner
University of Victoria

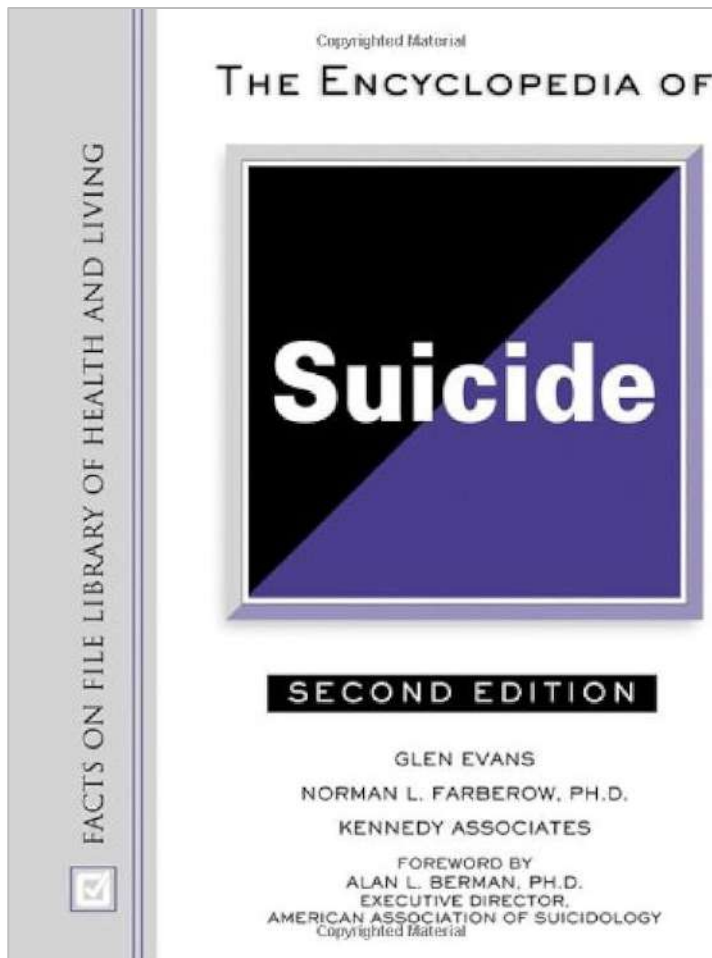
Szymon Fedor
Massachusetts Institute of Technology

Eleanor E. Beale and Jeff C. Huffman
Massachusetts General Hospital, Boston, Massachusetts, and Harvard Medical School

Matthew K. Nock
Harvard University, Massachusetts General Hospital, Boston, Massachusetts, and Cambridge Computational Clinical Psychology Organization (C3PO)

Journal of Abnormal Psychology





Ambivalence as "perhaps the single most important psychological concept in our understanding of suicide" (p. 12)

„Ich wollte nicht leben, wollte aber auch nicht nicht leben. Ich wollte weder leben noch sterben, oder eben beides. Aber es gab nichts dazwischen, gab kein Sowohl-als-auch.“

Suicidal ambivalence: A scoping review

RUB

Tobias Teismann PhD[1] | Annika Maria Siebert MSc[1] | Thomas Forkmann PhD[2]

Suicide Life Threat Behav. 2024

94% der Hoch-Suizidalen berichten **Ambivalenz**

(Harris et al., 2010)

THE WISH TO DIE AND THE WISH TO LIVE IN ATTEMPTED SUICIDES[1]

MARIA KOVACS AND AARON T. BECK[2]

Journal of Clinical Psychology, April, 1977, Vol. 33, No. 2.

Zum Zeitpunkt des letzten Suizidversuchs:

- *n* = 53: ambivalent
- *n* = 43: kein Lebenswunsch
- *n* = 10: kein Todeswunsch

Suicide Attempters' Reaction to Survival as a Risk Factor for Eventual Suicide

Gregg Henriques, Ph.D.
Amy Wenzel, Ph.D.
Gregory K. Brown, Ph.D.
Aaron T. Beck, M.D.

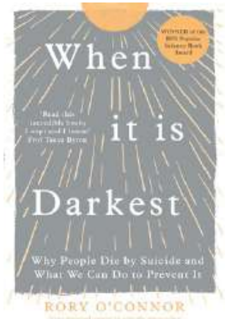
(Am J Psychiatry 2005; 162:2180–2182)

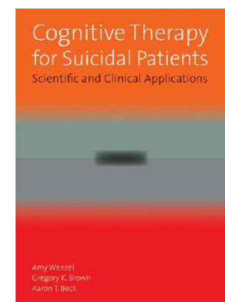
- *N* = 393 Patienten (nach Suizidversuch)
  - **43%**: ambivalent
  - **21%**: enttäuscht, überlebt zu haben
  - **36%**: froh, überlebt zu haben

Gründe pro Sterben

RUB

Lasterleben	Ich bin eine Last für andere. Andere wären besser dran, wenn es mich nicht mehr gäbe.
Fehlende Zugehörigkeit	Ich gehöre nirgendwo dazu. Niemand würde mich vermissen. Es gibt niemanden, für den ich wichtig bin. Ich bin ein*e Außenseiter*in.
Entrapment	Ich fühle mich wie gefangen. Es gibt keinen Ausweg für mich. Ich kann nichts tun, sondern bin all dem ausgeliefert. Ich möchte mir selbst entkommen.
Hoffnungslosigkeit	Es ist hoffnungslos. Nichts wird sich jemals ändern. Alles wird nur noch schlimmer werden. Niemand kann mir helfen.
Unbearability	Ich kann den emotionalen Schmerz / die Gedanken / die Symptome / die Situation nicht länger aushalten. Ich brauche Ruhe.





Lasterleben

Fehlende Zugehörigkeit

Entrapment

Hoffnungslosigkeit

Unbearability

Boddah

Kurt Cobain Suicide Note

God I love you a lot.

TO: LEONARD WOOLF
Rodmell,
Sussex
Tuesday (18? March 1941)

'Dearest, I feel certain I am going mad again. I feel we can't go through another of those terrible times. And I shan't recover this time. I begin to hear voices, and I can't concentrate. So I am doing what seems to be the best thing to do. You have given me the greatest possible happiness. You have been in every way all that anyone could be. I don't think two people could have been happier till this terrible disease came. I can't fight any longer. I know that I am spoiling your life, that without me you could work. And you will I know. You see, I can't even write this properly. I can't read. What I want to say is I owe all the happiness of my life to you. You have been entirely patient with me and incredibly good. I want to say that - everybody knows it. If anyone could have saved me it would have been you. Everything has gone from me except the certainty of your goodness. I can't go on spoiling your life any longer. I don't think two people could have been happier than we have been.

V.

I know that I am spoiling your life, that without me you could work. And you will I know.

Lasterleben

Fehlende Zugehörigkeit

Entrapment

Hoffnungslosigkeit

Unbearability

Wichtig ist noch: ... ich hätte mich nicht fast umgebracht wegen einem Jungen, ... für mich war es damals viel mehr als nur ein Junge. ... Für mich war es der Gedanke von jemandem geliebt zu werden, ... dass man mich lieben kann, ... dass man mich akzeptieren kann, ... dass ich dazu gehöre ... das Gefühl nicht mehr einsam zu sein ... und diese furchtbare Angst, ein schlechtes Leben zu führen ... das war alles verknüpft mit diesem Jungen.

Frau, 19 Jahre

Lasterleben

Fehlende Zugehörigkeit

Entrapment

Hoffnungslosigkeit

Unbearability

In der Zeit bin ich dann auch selber suizidal geworden ... Das erste Mal Weihnachten komplett allein ... Und ich habe meine Mutter so vermisst ... Und ich konnte das gar nicht verstehen ... Ich war so traurig ... Das war richtig körperlich ... Ich kann das gar nicht beschreiben ... Ich hatte einfach den Eindruck, dass ich dieses Gefühl überhaupt nicht mehr aushalten kann .... Das war wie ein körperlicher Schmerz ... Aber überall ... wie zugeschnürt ... ich habe nur noch weinen können ... hab dann einen Abschiedsbrief geschrieben .... und Medikamente zusammengesucht ...

Frau, 29 Jahre

Gründe pro Leben

RUB

- Familie/Freunde/Verantwortung: **67%**
- Zukunftspläne: **58%**
- Dinge, die Freude machen: **26%**
- Selbstbild: **13%**
- Religion: **9%**

Gründe kontra Sterben

RUB

Ich bin doch feige. Ich hätte es mir nicht zugetraut. Wie das Gas monoton zischt. Es graut einem. Mir ist wahnsinnig schlecht geworden. Ein Dröhnen in den Ohren. Habe die Todesangst gespürt, und trotzdem weiß ich, ich muss es durchstehen: Mein Schädel brummt, die Ohren sind immer noch taub. Jetzt habe ich richtig Angst. […] Hätt ich den Mut gehabt, die Hand vom Hahn nehmen, hätt ich es längst geschafft. Jetzt geht es noch einmal los. Wenn das Zischen und die Angst nicht wär, wär alles halb so schlimm. […]

Psychology and Psychotherapy: Theory, Research and Practice (2017)
© 2017 The British Psychological Society

The British Psychological Society
www.wileyonlinelibrary.com

1

Surviving moment to moment: The experience of living in a state of ambivalence for those with recurrent suicide attempts

Yvonne Bergmans[1,2]*, Evelyn Gordon[3] and Rahel Eynan[4,5]

[1]Arthur Sommer Rotenberg Chair in Suicide Studies, St. Michael's Hospital, Toronto, Ontario, Canada
[2]University of Toronto, Ontario, Canada
[3]Dublin City University, Ireland
[4]Lawson Health Research Institute, London, Ontario, Canada
[5]Department of Psychiatry, Schulich School of Medicine and Dentistry, Western University, London, Ontario, Canada

Objective. This qualitative study aimed to capture the experience of living in the ambivalent space between life and death for adults with recurrent suicide attempts (RSA). It sought to expand upon an earlier study that explored the processes involved in transitioning away from RSA among adults, which revealed that occupying this ambivalent space is a crucial part of this process.

Design. Interpretive phenomenological analysis (IPA) was used. This methodology was designed to explore the lived experiences and meaning making and enabled interpretation of the multidimensional subjective experiences o

Methods. In-depth semi-structured interview
women with a history of RSA who had participat
research site (Skills for Safer Living: A Psychosoc
People with Recurrent Suicide Attempts [SfSL
followed to analyse the interview data.

Results. Analysis revealed the superordinate t
which refers to a precarious state of making dec
moment-to-moment basis without clear comm
subordinate themes were identified: 'deciding
participants were more invested in dying than livi
when they were more invested in living than dyin

Conclusion. The study illuminated the compl
ones' destiny on a moment-to-moment basis. It re
occupying this state, while paradoxically, also re
death provided a lifeline opportunity for those w
subtle distinctions associated with this in-betwe
accordingly.

*Correspondence should be addressed to Yvonne Bergmans, 193 Yong
bergmansy@smh.ca).

DOI:10.1111/papt.12130

The Agony of Ambivalence and Ways to Resolve It: Introducing the MAID Model

Frenk van Harreveld
Joop van der Pligt
University of Amsterdam, Netherlands

Yael N. de Liver
Utrecht University, Netherlands

People are generally averse toward conflict between beliefs and/or feelings underlying their attitudes—that is, attitudinal ambivalence. This review integrates literature on attitudinal ambivalence with theories on decision making and coping strategies to gain a better understanding of when and how people deal with feelings of ambivalence. First it shows that ambivalence is experienced as being particularly unpleasant when the ambivalent attitude holder is confronted with the necessity to make a choice concerning the ambivalent attitude object; then, incongruent evaluative components of the attitude become accessible, and feelings of uncertainty about the potential outcomes arise, which may involve the anticipation of aversive emotions. Several coping strategies are employed when ambivalence is experienced as unpleasant. Emotion- and problem-focused coping strategies are discussed. The article concludes with a discussion of the MAID (model of ambivalence-induced discomfort), which aims to describe the consequences of ambivalence.

Keywords: *attitudes; judgment; decision making; ambivalence; dissonance*

Before ordering our extra hot grande decaf nonfat hazelnut espresso macchiato, there are quite a few choices we have to make, and such choices might require a lot of information. It is inevitable that this information will be, at least in some instances, evaluatively incongruent. In such cases, we can experience ambivalence.

We can be ambivalent about personal matters (e.g., follow a low fat–high carbohydrate diet that is heart healthy but has a higher risk of obesity, opt for childbirth in a hospital or in a domestic setting) or societal issues (e.g., support U.S. military presence in countries such as Iraq and Afghanistan, vote for a political party intending to increase taxes to combat global warming, boycott products that rely on cheap child labor). Previous reviews on ambivalence emphasized definitional issues of ambivalence (Jonas, Brömer, & Diehl, 2000) and the relationship with dimensions of attitude strength (Conner & Sparks, 2002). In the present article, we combine the literature on attitudes with that on affect and decision making and focus on the affective, cognitive, and behavioral consequences of ambivalence.

In the current review, we first turn to the notion that the experience of ambivalence is unpleasant. We assess the evidence in support of this notion and argue that it holds under specific circumstances. We discuss these circumstances and describe when ambivalence is accompanied by an unpleasant, aversive state of arousal. In this context, we also address the role of emotions, with special emphasis on anticipated regret. In the second part, we investigate how people cope with these feelings of discomfort, and we show that ambivalent attitude holders are quite adaptive in their approach to reducing their discomfort. In the final section, we introduce the MAID (model of ambivalence-induced discomfort); we describe the various components of this model; and we discuss its implications for research on ambivalence.

Authors' Note: Please address correspondence to Frenk van Harreveld, Universiteit van Amsterdam, Department of Social Psychology, Roetersstraat 15, 1018 WB, Amsterdam, Netherlands; e-mail: f.vanharreveld@uva.nl. We thank Bastiaan Rutjens for his valuable comments.

PSPR, Vol. 13 No. 1, February 2009 45-61
DOI: 10.1177/1088868308324518
© 2009 by the Society for Personality and Social Psychology, Inc.

45

"*I just can't stand this back and forth in my head anymore*"

Fazit

- Suizidale Krisen können hochdynamisch verlaufen
- Ambivalenz als (Mit-)Verursacher der Dynamik

Charakteristika suizidalen Erlebens und Verhaltens:

Kipppunkte

From decision to action: Suicidal history and time between decision to die and actual suicide attempt

RUB

Laura Paashaus[1,2] | Thomas Forkmann[1] | Heide Glaesmer[3] | Georg Juckel[4] | Dajana Rath[1] | Antje Schönfelder[3] | Tobias Teismann[2]

Clin Psychol Psychother. 2021;1–8.

36% ≤ 5 Min. zwischen Entscheidung & Umsetzung

44% ≤ 10 Min. zwischen Entscheidung & Umsetzung

76% ≤ 180 Min. zw. Entscheidung & Umsetzung

Characteristics of Impulsive Suicide Attempts and Attempters

Describing and Measuring the Pathway to Suicide Attempts: A Preliminary Study

Suicide decision-making: Differences in proximal considerations between individuals who aborted and attempted suicide

Received: 15 January 2024 | Revised: 23 May 2024 | Accepted: 25 May 2024

DOI: 10.1111/sltb.13101

ORIGINAL ARTICLE

The end of ambivalence. A narrative perspective on ambivalence in the suicidal process

Dariusz Galasiński MA, PhD, DSc[1] | **Justyna Ziółkowska MA, PhD, DSc**[2]

[1]Institute of Journalism, University of Wrocław, Wrocław, Poland

[2]Faculty of Psychology in Wrocław, SWPS University, Wrocław, Poland

Correspondence
Dariusz Galasiński, Institute of Journalism, University of Wrocław, Ul. Fryderyka Joliot-Curie 15, Wrocław 50-383, Poland.
Email: dariusz.galasinski@uwr.edu.pl

Abstract

Introduction: Suicidal ambivalence is a recognized phenomenon in suicidology, yet not much is known about it in the context of progression from suicidal ideation to action. The current study addresses this gap. We explore narrative dynamics of suicidal ambivalence in stories about transition from suicidal ideation to action.

Methods: We employ an experiential qualitative approach to gain in-depth understanding of narrated experience of suicidal ambivalence. We conducted semi-structured interviews with 22 patients hospitalized after a suicide attempt. For a detailed analysis, we selected 11 interviews in which the interviewees' accounts spontaneously referred to their ambivalence about attempting suicide. We used a text-oriented version of Critical Discourse Studies (CDS) to analyze the semantics and syntax, as well as the functions of what was said within the local context, and the social actions thus accomplished.

Results: Our study shows primarily that ambivalence is not resolved. Rather, it is set aside and removed from the narrative and replaced by an action-focused narrative with no references to mental activities.

Conclusion: We propose that ambivalence recedes and gives way to action and that qualitative research provides a useful evidence base for conceptualizing and understanding the role of ambivalence in transition from suicidal ideation to action.

KEYWORDS

discourse analysis, ideation-to-action framework, qualitative research, suicidal ambivalence

INTRODUCTION

Ambivalence as the co-occurrence of two competing wishes, the wish to die (WTD) and the wish to live (WTL), has been of interest to suicidologists since the 1960s (Stengel, 1964; Kovacs & Beck, 1977; Brown et al., 2005; for a review see Bryan, 2020). Since Kovacs and Beck's (1977) study of the internal struggle during a suicide attempt, the methodology of ambivalence research has changed, and suicidologists now use more and more advanced methods of data collection and analysis. Cross-sectional designs are complemented by longitudinal ones and, more recently, the method of ecological momentary assessment, which provides nuanced data collected in real time (see Kleiman et al., 2023). Researchers found that the discrepancy between an individual's WTL and WTD is a risk factor for suicide risk (Brown et al., 2005; see also Harris et al., 2010; O'Connor et al., 2012). Bryan et al. (2016) have also shown that WTD and WTL ebb and flow dynamically over the

 © 2024 American Association of Suicidology.

„ … ambivalence is not resolved. Rather, it is set aside …“

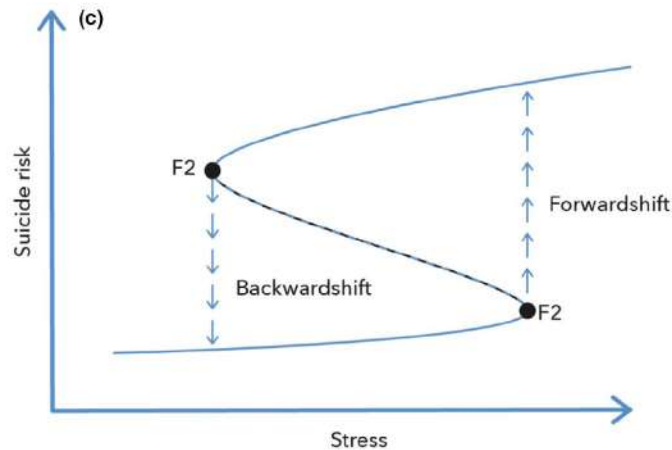
WILEY

A network perspective on suicidal behavior: Understanding suicidality as a complex system

RUB

Suicide Life Threat Behav. 2021;51:115–126.

Derek de Beurs[1,2] | Claudi Bockting[3] | Ad Kerkhof[2] | Floortje Scheepers[4]
Rory O'Connor[5] | Brenda Penninx[6] | Ingrid van de Leemput[7]



"During a fight with my husband, I was busy baking. I needed to turn on the oven. I poured some oil on the wood, and then suddenly poured some of it on myself also and turned on the light. I have already threatened to self-immolate. I do not know why I did it. Perhaps, if I would not be in this situation of baking with flammable oil, I would not have done it. I think the fire drew me to itself." (P12)

Khankeh et al., 2015

Journal of Affective Disorders 252 (2019) 141–151

ELSEVIER

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

JAD

Review article

Rethinking suicides as mental accidents: Towards a new paradigm

Check for updates

Vladeta Ajdacic-Gross[a,b,*], Urs Hepp[c], Erich Seifritz[a], Matthias Bopp[b]

[a] Department of Psychiatry, Psychotherapy and Psychosomatics, Psychiatric Hospital, University of Zurich, Zürich, Switzerland
[b] Epidemiology, Biostatistics and Prevention Institute, University of Zurich, Zürich, Switzerland
[c] Integrated Psychiatry Winterthur, Winterthur, Switzerland

ARTICLE INFO

Keywords:
Suicide
Accident
Paradigm
Prediction
Prevention
Theory

ABSTRACT

Background: Since its beginnings, suicide research has made great progress in terms of empirical findings. However, in contrast to empirical knowledge, the theoretical understanding of suicides has shown only minimal progress. Missing interdisciplinary bridges and the lack of a unifying paradigm have been major obstacles. This paper examines the starting points for a rethink.
Methods: In the first step, we identified major challenges in suicide research, which have been obstructing a better understanding. In the second step, we determined a new concept of suicide that is highly compatible with epidemiological results and meets the requirements of interdisciplinary usability. In the third step, the implications of this paradigm were explored by relating it to two process typologies, the one characterizing the temporal dynamics of suicide processes, and the other representing risk mechanisms / factors occurring at different stages of suicide processes.
Results: Since suicides are rare events and often appear to be "rash acts", they can be conceived of as mental accidents or, more precisely, as failures to withstand temporary suicide impulses. This paradigm is suitable for synchronously implementing different personal, psychopathological, societal and situational perspectives. It applies to a high proportion of suicides and works well when being exposed to different typologies of suicide processes.
Conclusions: The mental accident paradigm provides an interdisciplinary starting point in suicidology that offers new perspectives in research, prediction and prevention.

1. Introduction

More than 100 years of suicide research have yielded vast amounts of empirical results as well as new prevention and intervention perspectives. However, theoretical progress has been modest. The understanding of suicide is still primed by biological and societal perspectives similar to those developed by the psychiatrist Morselli (1881) and the sociologist Durkheim [1897] (2002) in the 19th century. Missing interdisciplinary bridges remain a major obstacle since then. Novel psychological concepts of the postwar era did not succeed in changing this constellation (Beck et al., 1990; Shneidman, 2001).

At the individual level, psychiatrists and psychologists view suicide as a sequel of serious mental problems. Depression, schizophrenia, borderline personality disorder, substance use disorders and other frequently co-occurring conditions, including behavioral problems, form the most relevant framework in suicide research within these disciplines (Bertolote and Fleischmann, 2002). In contrast, sociology has

traditionally provi
and individual tra
of mental illness i
nowadays.

Conversely, at
have dealt with d
differences (Varnik
time series data (
Gunnell, 2010). No
with psychopathol
by psychiatrists o
valence rates of de

As in most disc
different systemic l
into an issue. Estab
level in suicide rese
suicide. This is a ch

* Corresponding author at: Department of Psychiatry, Psychotherapy and Psychosomatics, Psychiatric
8021, Switzerland.
E-mail address: vajdacic@dgsp.uzh.ch (V. Ajdacic-Gross).

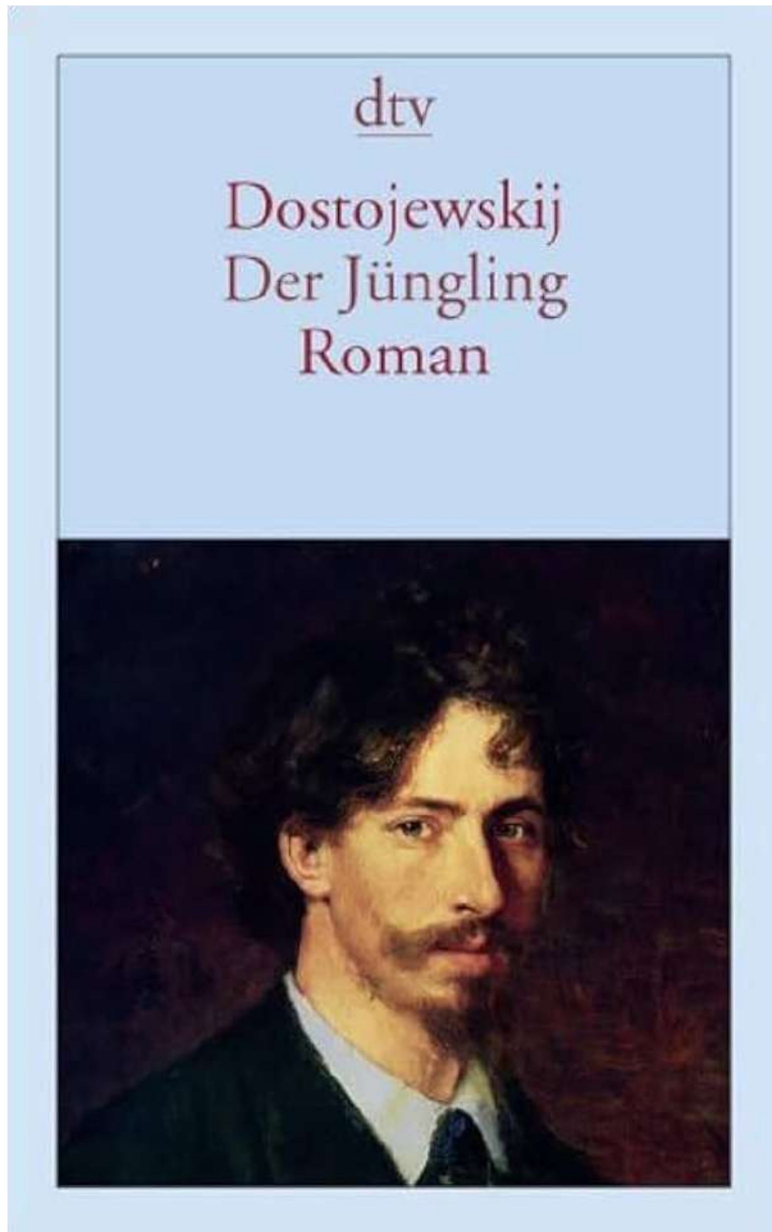
https://doi.org/10.1016/j.jad.2019.04.022
Received 2 October 2018; Received in revised form 27 February 2019; Accepted 7 April 2019
Available online 08 April 2019
0165-0327/ © 2019 Elsevier B.V. All rights reserved.

Evolutionary Psychology
Series Editors: Todd K. Shackelford · Viviana A. Weekes-Shackelford

C. A. Soper

The Evolution of Suicide

Springer



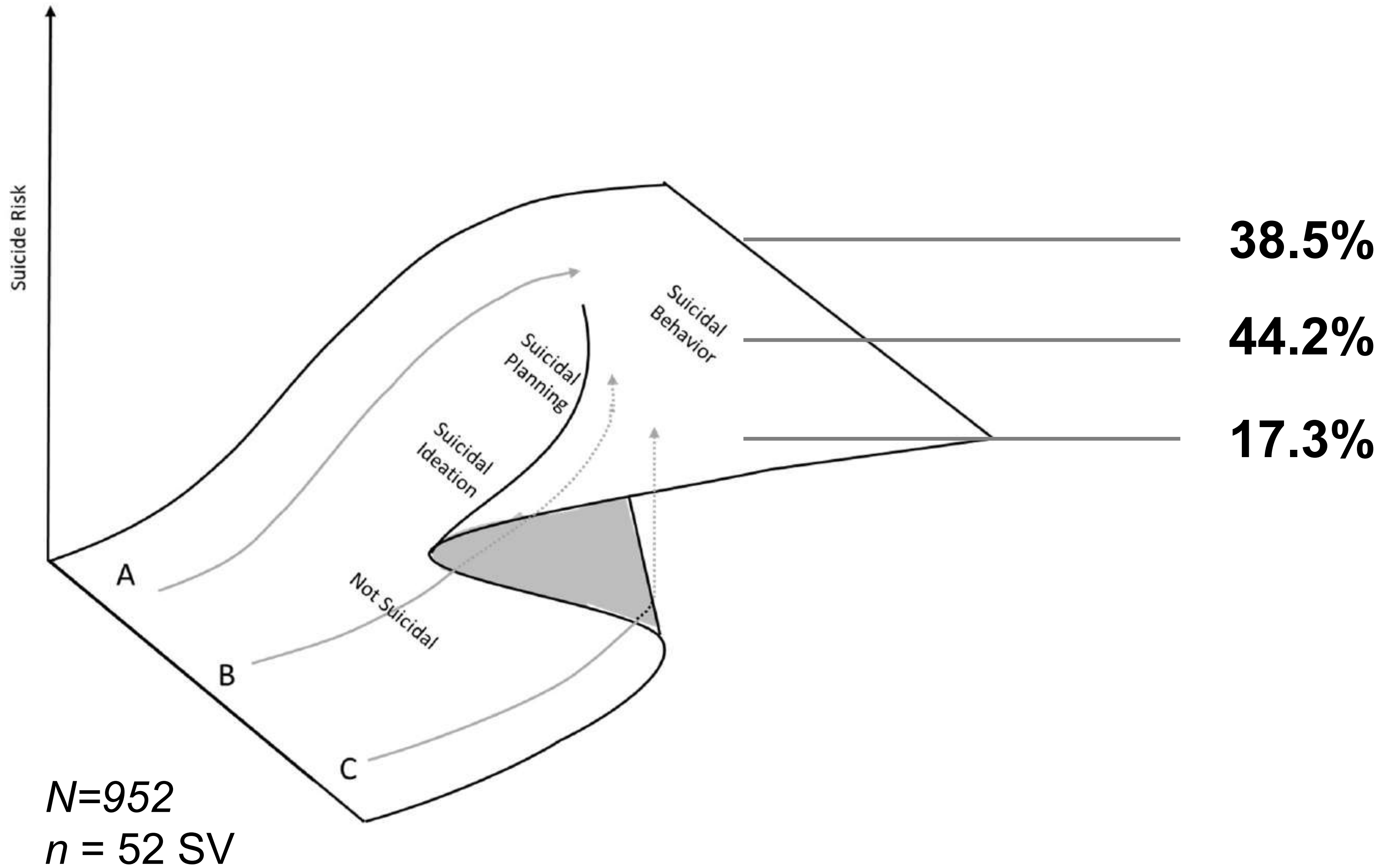
„Wenn ich einen Revolver hätte, so würde ich ihn irgendwo verwahren und einschließen .... wenn man so ein Ding immer vor Augen hat – wirklich, es gibt Augenblicke, wo es einen verführen könnte.“

Rapid intensification of suicide risk preceding suicidal behavior among primary care patients

Craig J. Bryan PsyD, ABPP[1] | Michael H. Allen MD[2] | Heather M. Wastler PhD[1] | AnnaBelle O. Bryan MS[1] | Justin C. Baker PhD, ABPP[1] | Alexis M. May PhD[3] | Cynthia J. Thomsen PhD[4]

Suicide Life Threat Behav. 2023;00:1–10.

RUB



38.5%

44.2%

17.3%

N=952

n = 52 SV

- Abschiedsbrief Cheyenne ♡
- Abschiedsbrief Mom & Dad !
- Herine bescheid sagen ♡
- Kleid
- Schminke
- Strick prüfen
- Uhrzeit auf Zettel schreiben

-Suizid begehen

Ende

aus: Falge et al., 2023

Fazit

- Transition zu suizidalem Verhalten kann hochdynamisch und in Abhängigkeit von Kontextfaktoren erfolgen

Suizidales Verhalten ist <u>nicht</u> vorhersagbar

Risk Factors for Suicidal Thoughts and Behaviors: A Meta-Analysis of 50 Years of Research

Joseph C. Franklin and Jessica D. Ribeiro
Vanderbilt University and Harvard University

Kathryn R. Fox
Harvard University

Kate H. Bentley
Boston University

Evan M. Kleiman
Harvard University

Xieyining Huang and Katherine M. Musacchio
Vanderbilt University

Adam C. Jaroszewski
Harvard University

Bernard P. Chang
Columbia University Medical Center

Matthew K. Nock
Harvard University

Psychological Bulletin
2017, Vol. 143, No. 2, 187–232

RUB

Weighted AUCs (1, 0.9, 0.8, 0.7, 0.6, 0.5, 0.4, 0.3, 0.2, 0.1, 0)

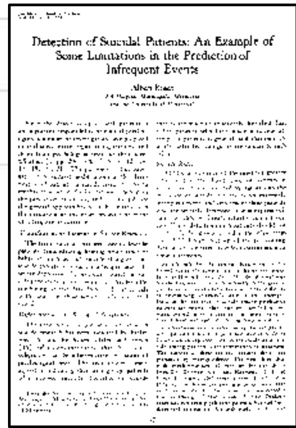
Era: Pre-1985, 1985-1994, 1995-2004, 2005-2014

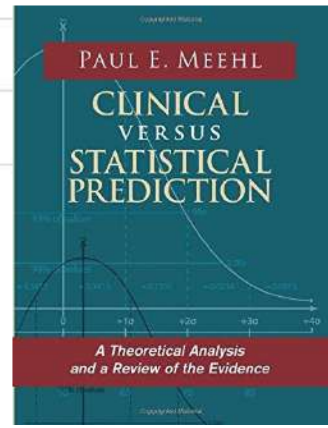
Suicide Attempts — Suicide Death

Perfekte Vorhersage

Zufall

365 longitudinal studies


Detection of Suicidal Patients: An Example of Some Limitations in the Prediction of Infrequent Events



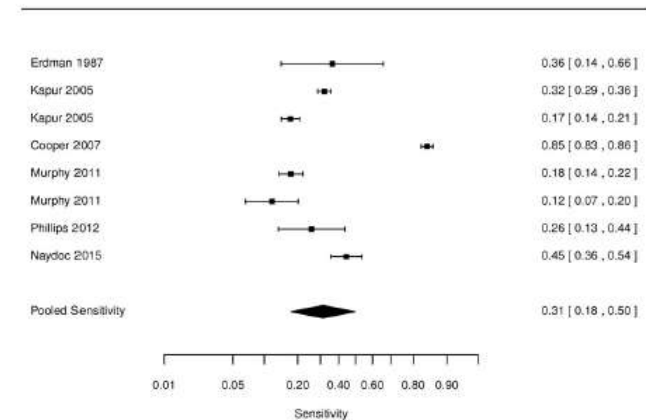
Accuracy of Clinician Predictions of Future Self-Harm: A Systematic Review and Meta-Analysis of Predictive Studies

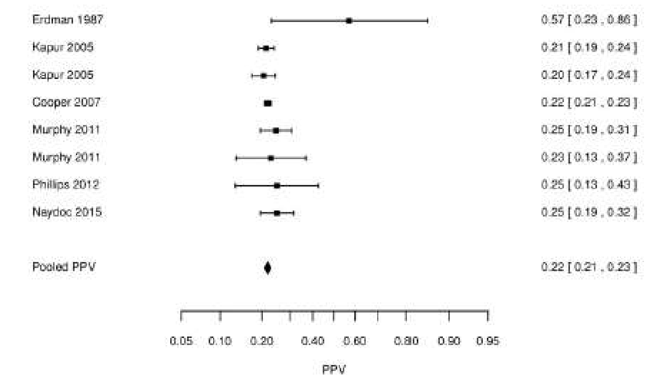
RACHEL WOODFORD, BMED, MATTHEW J. SPITTAL, PHD, ALLISON MILNER, PHD, KATIE MCGILL, DCLINPSYCH, NAVNEET KAPUR, FRCPSYCH, JANE PIRKIS, PHD, ALEX MITCHELL, FRCPSYCH, AND GREGORY CARTER, FRANZEP

Suicide and Life-Threatening Behavior 49 (1) February 2019

RUB

- **70%** der *Repeater* als „low risk“ klassifiziert
- **80%** der *Non-Repeater* als „high risk“ klassifiziert





AUC = 0.6

„In other words, a suicide expert who conducted an in-depth assessment of risk factors would predict a patient`s future suicidal thoughts and behaviors with the same degress of accuracy as someone with no knowledge of the patient who predicted based on a coin flip ...“

Joseph Franklin, Harvard University

https://www.apa.org/news/press/releases/2016/11/suicidal-behaviors

Do PHQ Depression Questionnaires Completed During Outpatient Visits Predict Subsequent Suicide Attempt or Suicide Death?

Gregory E Simon, MD MPH, Carolyn M Rutter, PhD, Do Peterson, MS, Malia Oliver, BA, Ursula Whiteside, PhD, Belinda Operskalski, MPH, and Evette J Ludman, PhD

Psychiatr Serv. 2013 December 1; 64(12): 1195–1202.

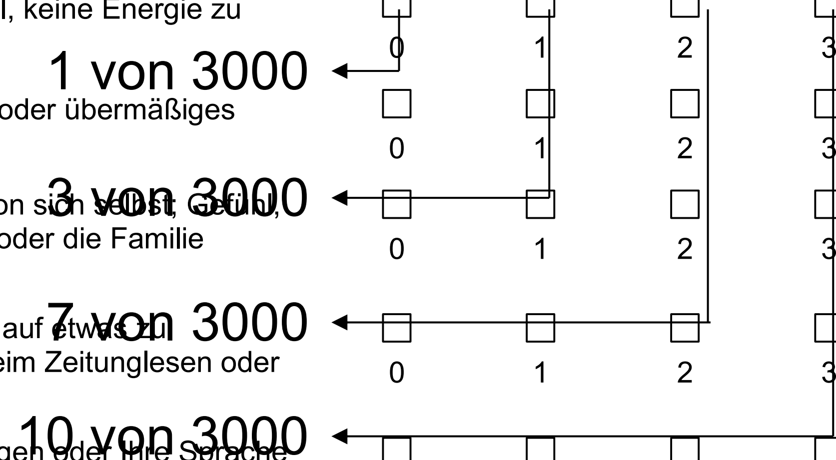
***N* = 84,418**
Suizid: *n* = 46
Suizidversuch: *n* = 709

Wie oft fühlten Sie sich im Verlauf der letzten 2 Wochen durch die folgenden Beschwerden beeinträchtigt?

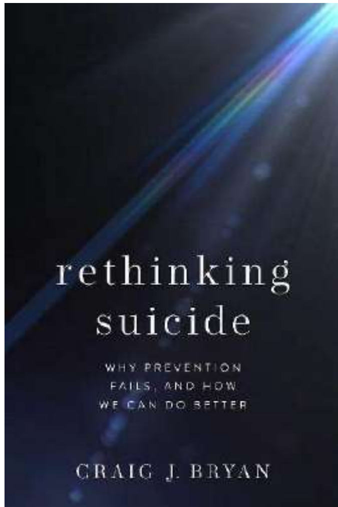
	Überhaupt nicht	An einzelnen Tagen	An mehr als der Hälfte der Tage	Beinahe jeden Tag
a. Wenig Interesse oder Freude an Ihren Tätigkeiten	0	1	2	3
b. Niedergeschlagenheit, Schwermut oder Hoffnungslosigkeit.	0	1	2	3
c. Schwierigkeiten ein- oder durchzuschlafen oder vermehrter Schlaf	0	1	2	3
d. Müdigkeit oder Gefühl, keine Energie zu haben	0	1	2	3
e. Verminderter Appetit oder übermäßiges Bedürfnis zu essen	0	1	2	3
f. Schlechte Meinung von sich selbst; Gefühl, ein Versager zu sein oder die Familie enttäuscht zu haben	0	1	2	3
g. Schwierigkeiten, sich auf etwas zu konzentrieren, z.B. beim Zeitunglesen oder Fernsehen	0	1	2	3
h. Waren Ihre Bewegungen oder Ihre Sprache so verlangsamt, dass es auch anderen auffallen würde? Oder waren Sie im Gegenteil „zappelig“ oder ruhelos und hatten dadurch einen stärkeren Bewegungsdrang als sonst?	0	1	2	3
i. Gedanken, dass Sie lieber tot wären oder sich Leid zufügen möchten	0	1	2	3

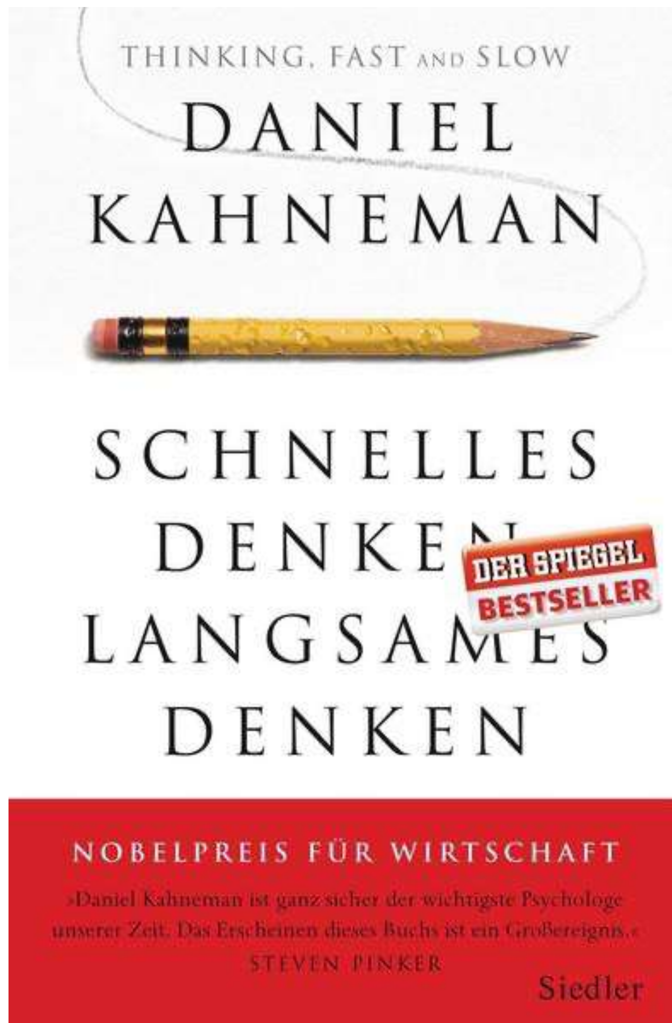
Gedanken, dass Sie lieber tot wären oder sich Leid zufügen möchten

Risiko x 10



Suizid: 0.3% vs. kein Suizid: **99.7%**





„Es ist falsch, jemandem einen Vorwurf daraus zu machen, dass er in einer unvorhersagbaren Welt keine genauen Vorhersagen liefert. Allerdings ist es durchaus angemessen, Experten dafür zu rügen, dass sie glauben, eine unmögliche Aufgabe erfolgreich bewältigen zu können“ (S.298)

Therapeutische Implikationen

Narratives Interview

Ich würde Sie bitten mir zu erzählen, wie es zu dem Suizidversuch kam. Erzählen Sie mir Ihre Geschichte so wie Sie sie erlebt haben. Fangen Sie da an wo Sie denken, dass die Geschichte ihren Ausgang genommen hat.

Journal of Affective Disorders 360 (2024) 387–393

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

ELSEVIER

Research paper

Collaboration matters: A randomized controlled trial of patient-clinician collaboration in suicide risk assessment and intervention

Monika Lohani [a,*], Craig J. Bryan [b], Jamie S. Elsey [c], Sam Dutton [c], Samuel P. Findley [c], Scott A. Langenecker [b], Kristen West [c], Justin C. Baker [b]

[a] Department of Psychology, University of Utah, United States of America
[b] Department of Psychiatry and Behavioral Health, The Ohio State University, United States of America
[c] Department of Educational Psychology, University of Utah, United States of America

ARTICLE INFO

Keywords:
Suicide prevention
Structured interview
Narrative assessment
Safety planning intervention
Crisis response planning
Ecological momentary assessment
Randomized control trial

ABSTRACT

Background: Clinician collaboration can help high-risk individuals to manage their suicidal crises. However, limited research has directly examined how higher patient-clinician collaboration during assessment and intervention can effectively reduce suicidal ideation. This novel randomized clinical trial compared a high vs. low level of patient-clinician collaboration by pairing commonly used assessment (Structured Interview vs. Narrative Assessment) and intervention approaches (Safety Planning Intervention vs. Crisis Response Planning). We hypothesized that the interventions involving higher (than lower) patient-clinician collaboration during assessment (Narrative Assessment) or intervention (Crisis Response Planning) would lead to larger reductions in suicidal ideation.

Methods: Eighty-two participants with a history of suicide ideation and/or attempts were randomly assigned to one of the four interventions varying in patient-clinician collaboration. After attrition, sixty-six participants completed the study. Suicidal ideation via ecological momentary assessment was measured 14 days before and 14 days after treatment.

Results: Although the severity of suicidal ideation decreased in all groups, the two groups that included highly collaborative assessment had larger pre-post reductions in suicidal ideation (Narrative Assessment+Safety Plan; $d_{within} = 0.26$, and Narrative Assessment+Crisis Response Plan; $d_{within} = 0.19$) than the groups that included a checklist-based assessment (Structured Interview).

Limitations: Longer follow-up periods with a larger sample would have provided an understanding of the durability of intervention effects.

Conclusion: Results suggest that the inclusion of higher patient-clinician collaboration techniques during suicide risk assessment can effectively reduce suicidal thoughts. Thus, clinician-led collaborative risk assessment approaches can enhance the effects of safety planning-type interventions among patients with elevated risk for suicide versus checklist-based assessment approaches.

…blic health issue in the United …es increased by 35 % (Hedegaard …n for two consecutive years, but …et al., 2022). Efforts to prevent …mphasized using evidence-based …t patients with elevated risk for …uicide Prevention, 2012). Suicide

prevention interventions are typically delivered after some form of suicide risk screening and assessment has occurred. The clinical approach to suicide risk assessment and intervention can vary significantly across interventions and clinicians, though. One dimension of variability involves the level of clinician-patient collaboration (Hawton et al., 2022). Higher levels of clinician-led collaboration can potentially help high-risk individuals better manage their suicidal crises and improve the quality of a crisis intervention, but it can also make the intervention more costly because it requires a greater amount of

…du (M. Lohani).

… revised form 17 April 2024; Accepted 2 June 2024

… are reserved, including those for text and data mining, AI training, and similar technologies.

JAMA Network Open

Original Investigation | Psychiatry

Cognitive Behavior Therapy With and Without Narrative Assessment and Suicide Attempts
A Systematic Review and Meta-Analysis

Wilco C. Janssen, MSc; Saskia Y. M. Mérelle, PhD; Wouter van Ballegooijen, PhD; Renske Gilissen, PhD; Claudi L. H. Bockting, PhD

Abstract

IMPORTANCE There is currently no evidence-based method to identify the forces that may drive someone to attempt suicide.

OBJECTIVE To examine whether cognitive behavior therapy (CBT) interventions that incorporate a narrative assessment are associated with a greater reduction in suicide attempts than comparable interventions without this component.

DATA SOURCES Studies were identified through version 25.0.1 of the Metapsy Suicide Prevention Database, which includes randomized clinical trials published up to April 2025 retrieved through PubMed, Embase, Web of Science, Scopus, and Cochrane Central, including unpublished studies and references from relevant articles.

STUDY SELECTION Included studies were randomized clinical trials of CBT interventions reporting suicide attempts as an outcome. Studies using waiting list controls, reporting only suicidal ideation, or lacking information on the type of assessment used were excluded.

DATA EXTRACTION AND SYNTHESIS Two reviewers independently extracted data and assessed risk of bias using the Cochrane Risk of Bias 2 tool. Meta-analyses were conducted using 3-level models with robust variance estimation. Relative risks (RRs) were pooled using the Mantel-Haenszel method. Analyses followed Preferred Reporting Items for Systematic Reviews and Meta-Analyses reporting guidelines. Data were pooled using a random-effects model.

MAIN OUTCOMES AND MEASURES The primary outcome was the incidence of suicide attempts. Interventions were grouped by presence or absence of a narrative assessment component.

RESULTS Twenty-three studies with 3262 participants met inclusion criteria. CBT interventions including a narrative assessment were associated with a significantly reduced risk of suicide attempt compared with controls (RR, 0.68; 95% CI, 0.53-0.87; 1764 participants across 14 studies), whereas CBT interventions without this component were not associated with risk of suicide attempt (RR, 1.17; 95% CI, 0.63-2.20; 1498 participants across 9 studies). Subgroup comparison indicated a significant difference between groups ($Q_1 = 7.27$; $P = .007$; $I^2 = 86\%$). Studies without a narrative assessment had significantly younger participants, a lower event rate, and slightly higher risk of bias.

CONCLUSIONS AND RELEVANCE In this systematic review and meta-analysis, CBT interventions including a narrative assessment were associated with a reduced risk of suicide attempt, while CBT without this component did not have an association with risk of suicide attempt. Age differences between study populations may partly explain this finding, as interventions in younger populations

(continued)

Key Points

Question Are cognitive behavioral interventions that include a narrative assessment associated with a greater reduction in the risk of suicide attempts than those without?

Findings In this meta-analysis of 23 randomized clinical trials with 3262 participants, interventions incorporating a narrative assessment were associated with reduced suicide attempts, while those without were not.

Meaning These findings suggest that including a narrative assessment may enhance the effectiveness of interventions in preventing suicide attempts.

+ Invited Commentary
+ Supplemental content

Author affiliations and article information are listed at the end of this article.

Open Access. This is an open access article distributed under the terms of the CC-BY License.

JAMA Network Open. 2025;8(11):e2544632. doi:10.1001/jamanetworkopen.2025.44632 November 20, 2025 1/10

Risikoabschätzung bei suizidalen Patienten: Geht das überhaupt?

Tobias Teismann[a] Thomas Forkmann[b, c] Heide Glaesmer[d]

Verhaltenstherapie 2019;29:80–84

RUB

Fokus: Was benötigen Patient:innen?

- Wie funktioniert "suizidal sein" im individuellen Fall? Was gibt es für modifizierbare Risikofaktoren?
- Was brauchen Patient:innen, um sich sicherer zu fühlen?

Personal View

Assessment of suicide risk in mental health practice: shifting from prediction to therapeutic assessment, formulation, and risk management

Keith Hawton*, Karen Lascelles*, Alexandra Pitman, Steve Gilbert, Morton Silverman

Suicide prevention in psychiatric practice has been dominated by efforts to predict risk of suicide in individual patients. However, traditional risk prediction measures have been shown repeatedly in studies from high income countries to be ineffective. 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. The model of therapeutic risk assessment, formulation, and management we outline in this article regards all patients with mental health problems as potentially at increased risk of suicide. It is aimed at reducing risk through use of a person-centred approach. We describe how a move towards therapeutic risk assessment, formulation, and risk management, including collaborative safety planning, could help clinicians develop a more tailored approach to managing risk for all patients, incorporating potentially therapeutic effects as well as helping to identify other risk reduction interventions. Such an approach could lead to enhanced patient safety and quality of care, which is more acceptable to patients.

Lancet Psychiatry 2022
Published Online August 8, 2022
https://doi.org/10.1016/S2215-0366(22)00232-2

*Joint first authors
Centre for Suicide Research, Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, UK (Prof K Hawton FMedSci); Oxford Health NHS Foundation Trust, Oxford, UK (Prof K Hawton, K Lascelles MSc); UCL Division of Psychiatry, University College London, London, UK (A Pitman PhD); Camden and Islington NHS Foundation Trust, London, UK (AP); Birmingham, UK (S Gilbert MA); Department of Psychiatry and Behavioral Medicine, Medical College of Wisconsin, Milwaukee, WI, USA (M Silverman MD)
Correspondence to: Prof Keith Hawton, Centre for Suicide Research, Department of Psychiatry, University of Oxford, Warneford Hospital, Oxford, OX3 7JX, UK
keith.hawton@psych.ox.ac.uk

Introduction

Clinical practice and research on suicide and its prevention in patients with psychiatric disorders have long been dominated by attempts to predict who is at risk ...

pressure arises because hospital organisations hope to protect themselves from criticism or legal action, should an adverse outcome occur; however, such static statements do not reflect the highly changeable nature of risk. Also, interpretations of the low, medium, or high terminology will vary for different populations, such as psychiatric hospital inpatients versus community psychiatric patients,[6] and between clinicians.

Moreover, it has been posited that reliance of both clinicians and organisations on risk prediction and stratification processes arises from uncertainty about which interventions have the best chance of preventing suicide, providing a semblance of control that (thinly) disguises anxiety and dysregulation.[7] This reliance could be reinforced by pressure or expectations of external regulatory agencies (and coroners). Here, we summarise the evidence that this emphasis on risk prediction is misplaced and potentially dangerous.

Evidence that suicide risk prediction is ineffective

There is increasing evidence that suicide risk prediction, whether using clinical judgement or risk prediction tools, is ineffective. In the UK, an estimated 25–30% of individuals who die by suicide had been in contact with psychiatric services within the year before their ...

DECISION-MAKING

Clinical decisions in psychiatry should not be based on risk assessment

Christopher Ryan, Olav Nielssen, Michael Paton and Matthew Large

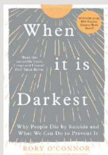
doi: 10.3109/10398562.2010.507816
© 2010 The Royal Australian and New Zealand College of Psychiatrists

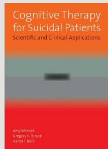
Integrating Motivational Interviewing and Self-Determination Theory With Cognitive Behavioral Therapy to Prevent Suicide

RUB

Peter C. Britton, *Department of Veteran Affairs Medical Center, Canandaigua, NY, and University of Rochester Medical Center*
Heather Patrick, *University of Rochester Medical Center*
Amy Wenzel, *University of Pennsylvania*
Geoffrey C. Williams, *University of Rochester Medical Center*

Cognitive and Behavioral Practice 18 (2011) 16–27





Pro **Sterben**	***Pro*** **Leben**
Lasterleben	Familie/Freund:innen
Fehlende Zugehörigkeit	Bucket List
Entrapment	Dinge, die Freude machen
Hoffnungslosigkeit	Selbstbild
Unbearability	Religiosität

Gegen **Sterben**

Fallkonzept

Acute

Cognitive
"This is hopeless"
"I'm trapped"
"I'm a burden"

Behavioral
Substance use
Social withdrawal
Preparations

Emotional
Depression
Guilt
Anger

Physical
Agitation
Insomnia
Pain

Activating Events
Relationship problem
Financial stress
Perceived loss
Physical sensation
Negative memories

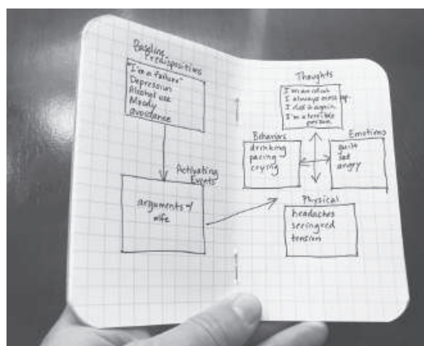
Baseline

Cognitive
Self-regard
Cognitive flexibility
Problem solving

Behavioral
Prior attempts
Emotion regulation
Interpersonal skills

Emotional
Psychiatric disorder
Emotional lability
HPA axis

Physical
Genetics
Medical conditions
Demographics



Suicide Driver

Suizidale Kognitionen	Beispiel	Mögliche Interventionen
Eindruck, eine Last für andere zu sein (Perceived Burdensomeness)	Ich bin eine Last für andere. Andere wären besser dran, wenn es mich nicht mehr gibt.	Kognitive Infragestellungsmethoden, Einbezug von Angehörigen, Verhaltensaktivierung
Eindruck fehlender Zugehörigkeit (Thwarted Belongingness)	Ich gehöre nirgendwo dazu. Niemand würde mich vermissen. Es gibt niemanden, für den ich wichtig bin. Ich bin ein Außenseiter.	Soziale Netzwerkkarte erstellen, kognitive Infragestellungsmethoden (inkl. Verhaltensexperimente), Verhaltensaktivierung (Fokus soziale Aktivierung), Training sozialer Kompetenzen, Kommunikationstraining, Dankbarkeit kultivieren
Hoffnungslosigkeit	Es ist hoffnungslos. Nichts wird sich jemals ändern. Alles wird nur noch schlimmer werden. Niemand kann mir helfen.	Kognitive Infragestellungsmethoden, Exploration von Ausnahmen, Hope Box erstellen, Verhaltensaktivierung, Problemlösetraining, Inanspruchnahme des psychosozialen Hilfesystems fördern
Unaushaltbarkeit	Ich kann den emotionalen Schmerz/die Gedanken/die Symptome/die Situation nicht länger aushalten. Ich brauche Ruhe.	Techniken aus der DBT: Umgang mit Hochstress (Skill-Training), Achtsamkeit, Entspannung, radikale Akzeptanz; kognitive Infragestellungsmethoden, Problemlösetraining, Techniken zur Symptomkontrolle, Schlafhygiene
Eindruck des Gefangenseins (Entrapment)	Ich fühle mich wie gefangen. Es gibt keinen Ausweg für mich. Ich kann nichts tun, sondern bin all dem ausgeliefert. Ich möchte mir selbst entkommen.	Problemlösetraining, kognitive Infragestellungsmethoden, Inanspruchnahme des psychosozialen Hilfesystems fördern; Techniken zur Symptomkontrolle vermitteln und üben
Wertlosigkeit	Ich bin nicht liebenswert. Ich bin es nicht wert geliebt zu werden. Ich verdiene es nicht zu leben.	Kognitive Infragestellungsmethoden, Selbstwertlisten, Positiv-Tagebuch, Verhaltensaktivierung

Teismann et al., 2022

Restriction of access to means used for suicide

RUB

Keith Hawton, Duleeka Knipe, Jane Pirkis

Lancet Public Health 2024;
9: e796–801

Medikamente

Grillkohle

Pestizide

Schusswaffen

Fallnetze

Effects of legislation restricting pack sizes of paracetamol and salicylate on self poisoning in the United Kingdom: before and after study

Keith Hawton, Ellen Townsend, Jonathan Deeks, Louis Appleby, David Gunnell, Olive Bennewith, Jayne Cooper

BMJ VOLUME 322 19 MAY 2001

	No (%) of deaths				
	Penultimate 12 months before change (n=2255)	12 months before change (n=2234)	12 months after change (n=2086)†	% change in incidence‡ (95% CI)	P value
Paracetamol					
Alone	203 (9.0)	185 (8.3)	147 (7.0)	–21 (–34 to –5)	0.01
	59 (2.6)	56 (2.5)	56 (2.7)	2 (–26 to 39)	0.9
Aspirin					
Alone	35 (1.6)	29 (1.3)	16 (0.8)	–48 (–70 to –11)	0.02
With other drugs	4 (0.2)	8 (0.4)	3 (0.1)	–48 (–85 to 81)	0.3
Paracetamol and salicylates	11 (0.5)	5 (0.2)	9 (0.4)	18 (–47 to 163)	0.7

Assessing the Efficacy of Restricting Access to Barbecue Charcoal for Suicide Prevention in Taiwan: A Community-Based Intervention Trial

RUB

Ying-Yeh Chen[1,2], Feng Chen[3], Shu-Sen Chang[4], Jacky Wong[5,6], Paul SF Yip[5,6]*

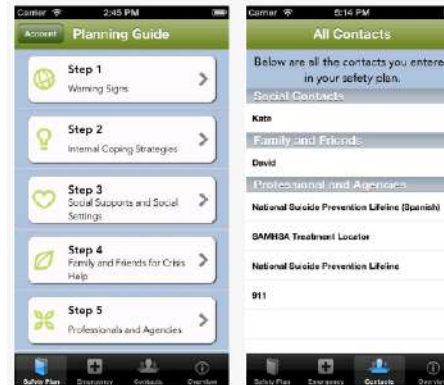
PLOS ONE | DOI:10.1371/journal.pone.0133809

Suicide methods	Period	Intervention site: New Taipei City N	Intervention site: New Taipei City Rate	Control sites: Taipei City N	Control sites: Taipei City Rate	Control sites: Kaohsiung City N	Control sites: Kaohsiung City Rate
Charcoal burning	Pre-intervention	808	6.2	305	3.5	490	5.3
	Post-Intervention	256	3.9	111	2.5	219	4.7
Non-charcoal burning	Pre-intervention	1598	12.3	945	10.8	1381	14.9
	Post-Intervention	783	11.9	471	10.6	684	14.8
All methods	Pre-intervention	2406	18.6	1250	14.3	1871	20.2
	Post-Intervention	1039	15.8	582	13.1	903	19.5

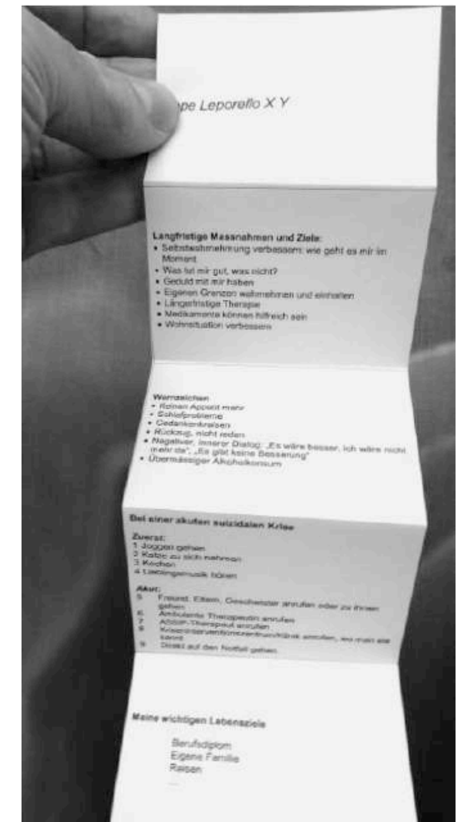
Notfallplan (Stanley & Brown, 2012)

1. **Warnzeichen einer suizidalen Krise**
2. **Bewältigungsstrategien: Individuell**
3. **Bewältigungsstrategien: Sozialkontakte & Orte**
4. **Bewältigungsstrategien: Soziale Unterstützung**
5. ***Professionelle Hilfsstellen***

App: Safety Plan



App: Krisenkompass

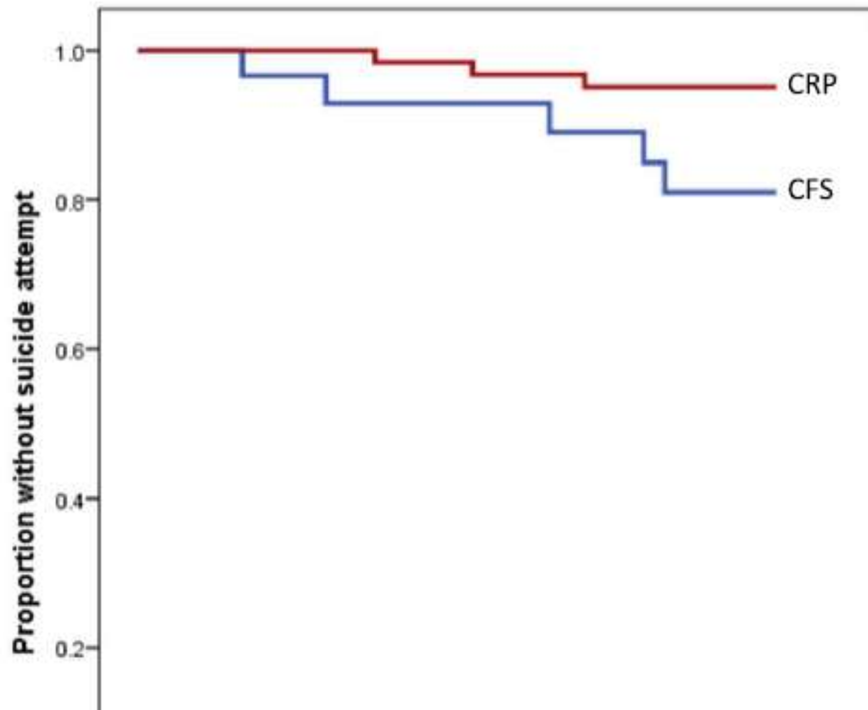


Effect of crisis response planning vs. contracts for safety on suicide risk in U.S. Army Soldiers: A randomized clinical trial☆

Craig J. Bryan[a,b,*], Jim Mintz[c], Tracy A. Clemans[a,b], Bruce Leeson[d], T. Scott Burch[d], Sean R. Williams[a,b], Emily Maney[a,b], M. David Rudd[a,e]

Journal of Affective Disorders 212 (2017) 64–72

RUB



Suizidversuche:

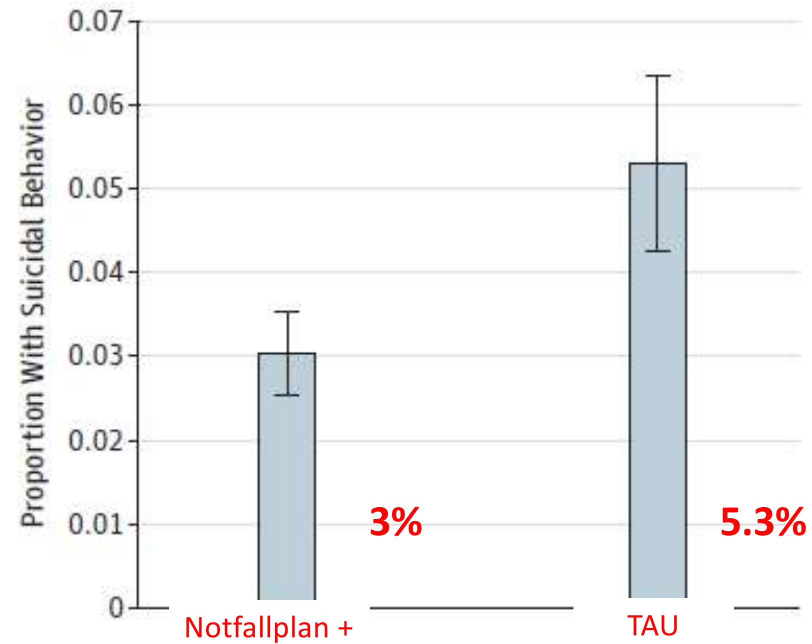
CRP = **4.9%** vs. CFS = **19%**

CRP = Crisis Response Plan = Notfallplan

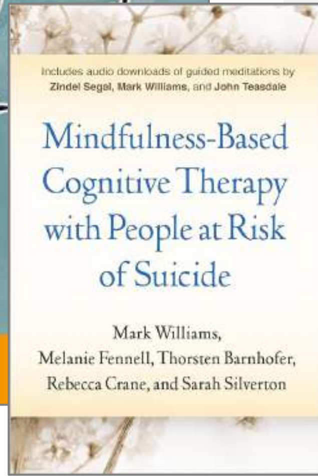
Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department

JAMA Psychiatry. 2018;75(9):894-900.

Barbara Stanley, PhD; Gregory K. Brown, PhD; Lisa A. Brenner, PhD; Hanga C. Galfalvy, PhD; Glenn W. Currier, MD; Kerry L. Knox, PhD; Sadia R. Chaudhury, PhD; Ashley L. Bush, MMA; Kelly L. Green, PhD



n = 1179 SPI+ vs. *n* = 448 UC



Arbeitsblatt: »Hilfreiche Fragen«

Mit dem Arbeitsblatt »Hilfreiche Fragen« können Sie prüfen, ob Ihre Gedanken und Annahmen hilfreich oder nicht hilfreich sind. Schreiben Sie zunächst eine negative Annahme in das oberste Feld der Tabelle. Beantworten Sie dann nacheinander die folgenden Fragen in Bezug auf diese Annahme. Notieren Sie Ihre Antworten unter der jeweiligen Frage.

Annahme:

1. Was spricht für und was spricht gegen diese Annahme?

2. Ist die Annahme eine Gewohnheit oder basiert sie auf der Realität?

enn jemand anderes in der gleichen Situation diese Annahme hätte, würden e sie für richtig halten?

Arbeitsblatt: »Problematische Denkmuster«

Mit dem Arbeitsblatt »Problematische Denkmuster« können Sie Ihre Gedanken/Annahmen verschiedenen Kategorien zuordnen. Notieren Sie Ihre negativen Gedanken und Annahmen in der Kategorie, die Ihre Gedanken/Annahmen am besten beschreibt. Beachten Sie, dass manche Gedanken und Annahmen zu mehreren Kategorien passen können.

Voreilige Schlüsse ziehen, obwohl keine Beweise oder sogar widersprechende Umstände vorliegen:

Maximieren oder minimieren einer Situation (Umstände/Ereignisse entweder aufbauschen oder ihre Bedeutung herunterspielen)

Ignorieren wichtiger Aspekte einer Situation

AWMF online
Portal der wissenschaftlichen Medizin

RUB

Registernummer 038 - 028

ANMELDUNG

Angemeldet

S3-Leitlinie Umgang mit Suizidalität

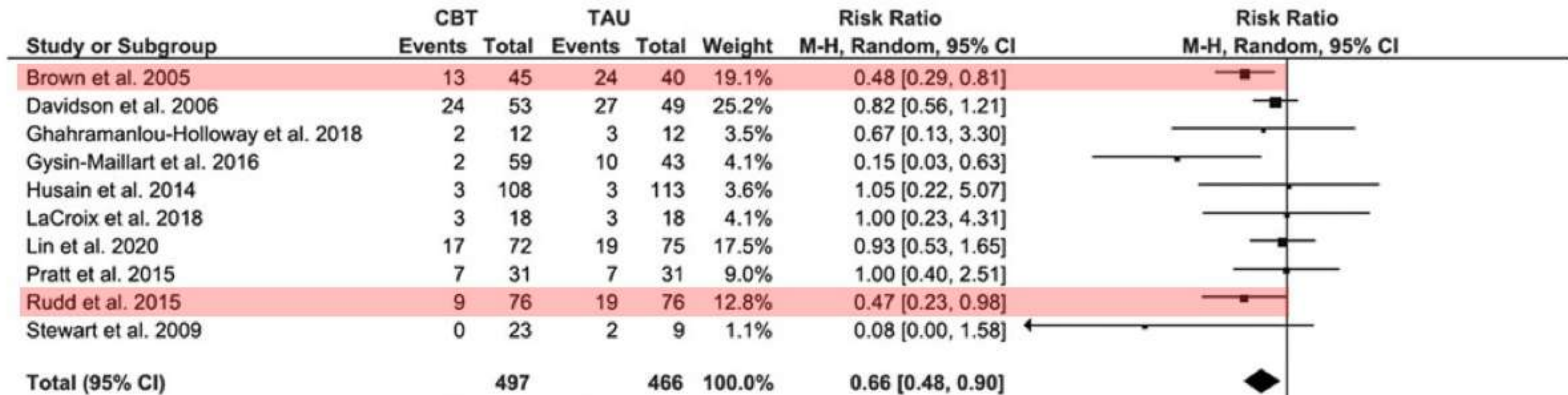
Art der Anmeldung:	Neuanmeldung
Angemeldete Klasse:	S3
Anmeldedatum:	11.01.2021
Geplante Fertigstellung:	10.01.2026

Suizidalen Patient:innen im Erwachsenenalter **soll** eine auf die Suizidalität fokussierte kognitive Verhaltenstherapie angeboten werden.

Psychotherapeutic interventions for the prevention of suicide re-attempts: a systematic review

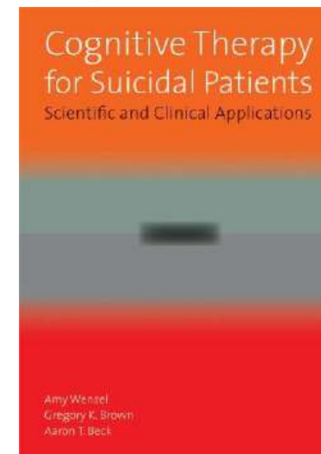
Psychological Medicine
10.1017/S0033291721003081

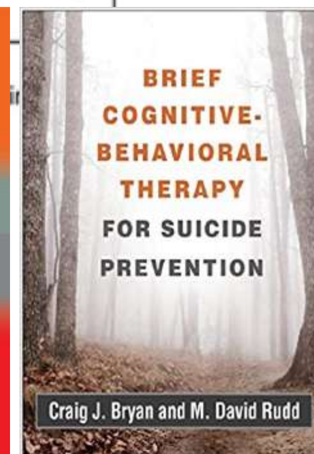
Thomas Sobanski[1,2,*], Sebastian Josfeld[2,*], Gregor Peikert[3]
and Gerd Wagner[3,2]



Study or Subgroup	CBT Events	CBT Total	TAU Events	TAU Total	Weight	Risk Ratio M-H, Random, 95% CI
Brown et al. 2005	13	45	24	40	19.1%	0.48 [0.29, 0.81]
Davidson et al. 2006	24	53	27	49	25.2%	0.82 [0.56, 1.21]
Ghahramanlou-Holloway et al. 2018	2	12	3	12	3.5%	0.67 [0.13, 3.30]
Gysin-Maillart et al. 2016	2	59	10	43	4.1%	0.15 [0.03, 0.63]
Husain et al. 2014	3	108	3	113	3.6%	1.05 [0.22, 5.07]
LaCroix et al. 2018	3	18	3	18	4.1%	1.00 [0.23, 4.31]
Lin et al. 2020	17	72	19	75	17.5%	0.93 [0.53, 1.65]
Pratt et al. 2015	7	31	7	31	9.0%	1.00 [0.40, 2.51]
Rudd et al. 2015	9	76	19	76	12.8%	0.47 [0.23, 0.98]
Stewart et al. 2009	0	23	2	9	1.1%	0.08 [0.00, 1.58]
Total (95% CI)		**497**		**466**	**100.0%**	**0.66 [0.48, 0.90]**

Total events 80 117
Heterogeneity: $Tau^2 = 0.06$; $Chi^2 = 12.38$, $df = 9$ ($P = 0.19$); $I^2 = 27\%$
Test for overall effect: $Z = 2.61$ ($P = 0.009$)





Erstgespräch

- Narratives Interview, Fallkonzept, Notfallplan

Phase 1

- Behandlungsvereinbarung, Zugriffs-beschränkung, Krisenunterstützungsplan, Schlafhygiene, Entspannung, Achtsamkeit, Gründe zu leben

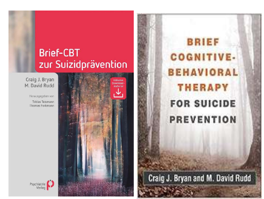
Phase 2

- Kognitive Basisrisikofaktoren: ABC Arbeitsblätter, Verhaltensaktivierung

Phase 3

- Rückfallpräventionsübung

Brief Cognitive-Behavioral Therapy Effects on Post-Treatment Suicide Attempts in a Military Sample: Results of a Randomized Clinical Trial With 2-Year Follow-Up



M. David Rudd, Ph.D., A.B.P.P., Craig J. Bryan, Psy.D., A.B.P.P., Evelyn G. Wertenberger, Ph.D., L.C.S.W., Alan L. Peterson, Ph.D., A.B.P.P., Stacey Young-McCaughan, R.N., Ph.D., Jim Mintz, Ph.D., Sean R. Williams, L.C.S.W., Kimberly A. Arne, L.C.S.W., Jill Breitbach, Psy.D., A.B.P.P., Kenneth Delano, Ph.D., Erin Wilkinson, Psy.D., Travis O. Bruce M.D.

Am J Psychiatry 2015; 00:1–9; doi: 10.1176/appi.ajp.2014.14070843

Suizidversuche:
KVT = **8 (14%)** vs.
TAU = **18 (40%)**

Proportion Without Suicide Attempt
1.0
0.8
0.6
0.4
0.2
0.0
0
200

N = 152

JAMA Network Open | Original Investigation | Psychiatry
Telehealth Brief Cognitive Behavioral Therapy for Suicide Prevention
A Randomized Clinical Trial

JAMA Psychiatry | Original Investigation
Brief Cognitive Behavioral Therapy for Suicidal Inpatients
A Randomized Clinical Trial

Suizidgesten

Journal of Abnormal Psychology
2006, Vol. 115, No. 3, 616–623

Prevalence of and Risk Factors for Suicide Attempts Versus Suicide Gestures: Analysis of the National Comorbidity Survey

Matthew K. Nock
Harvard University

Ronald C. Kessler
Harvard Medical School

Psychological Assessment
2020, Vol. 32, No. 7, 677–689

Self-Injurious Thoughts and Behaviors Interview—Revised: Development, Reliability, and Validity

Kathryn R. Fox
University of Denver

Julia A. Harris
University of Utah

Shirley B. Wang and Alexander J. Millner
Harvard University

Charlene A. Deming
Durham Veterans Affairs Health Care System, Durham, North Carolina

Matthew K. Nock
Harvard University

European Child & Adolescent Psychiatry (2023) 32:1497–1506
ORIGINAL CONTRIBUTION

Communicating distress: suicide threats/gestures among clinical and community youth

Kealagh Robinson · Christian Scharinger · Rebecca C. Brown · Paul L. Plener

Haben Sie jemals etwas gemacht, um jemand anderen glauben zu lassen, dass Sie sich umbringen wollten, obwohl Sie keinen Wunsch hattest dies tatsächlich zu tun?

2% berichten **Suizidgesten**
(US-Bevölkerung; *N* = 8098

17% berichten **Suizidgesten**
(Klinisches Sample; *N* = 188 Erwachsene)

12% berichten **Suizidgesten**
(Schulsample; *N* = 1117 Jugendliche)

18% berichten **Suizidgesten**
(Kliniksample; *N* = 191 Jugendliche)

Persistierende Suizidgedanken

Persistierende Suizidgedanken

Originalarbeit

Arbeitsdefinition persistierender Suizidgedanken

Eine Expert_innenbefragung

Tobias Teismann[1,2], Lena Marie Hensel[1], Inken Höller[3] und Lena Spangenberg[4]

Journal of Affective Disorders Reports

Persistent suicidality: A systematic scoping review of the literature

Mette M. Palm, Elke Elzinga, Leah Middelkoop, Almar A.L. Kok, Kairi Kõlves, Aartjan T.F. Beekman, Sisco M.P. van Veen

Gedanken und Vorstellungen, die eine Person hinsichtlich der selbst initiierten Beendigung ihres eigenen Lebens hat, die über einen Zeitraum von 12 Monaten oder länger an der Mehrzahl der Tage (je Monat) auftreten.

Persistierende Suizidgedanken

Originalarbeit Thieme

Wenn Suizidgedanken bleiben – Erfahrungen von psychiatrisch und psychotherapeutisch ambulant Tätigen mit (persistierenden) Suizidgedanken

When Suicidal Thoughts Persist – Experiences of Outpatient Psychiatry and Psychotherapy Professionals with (Persistent) Suicidal Ideation

Autorinnen/Autoren
Inken Höller[1], Tobias Teismann[2, 3], Lena Spangenberg[4]

Institute
1 Klinische Psychologie und Psychotherapie, Charlotte Fresenius Hochschule, Düsseldorf, Germany
2 Forschungs- und Behandlungszentrum für Psychische Gesundheit, Ruhr-Universität Bochum, Bochum, Germany
3 Deutsches Zentrum für Psychische Gesundheit (DZPG), Partnersite Bochum/Marburg, Germany
4 Abteilung fur Medizinische Psychologie und Medizinische Soziologie, Universität Leipzig, Leipzig, Germany

Schlüsselwörter
persistierende Suizidgedanken, suizidales Erleben und Verhalten, ambulante Versorgung

Keywords
persistent suicidal ideation, suicidal ideation and behavior, outpatient care

eingereicht 27.05.2025
akzeptiert 18.09.2025
Artikel online veröffentlicht 2025

Bibliografie
Psychiat Prax
DOI 10.1055/a-2704-9263
ISSN 0303-4259
© 2025. Thieme. All rights reserved.
Georg Thieme Verlag KG, Oswald-Hesse-Straße 50, 70469 Stuttgart, Germany

Korrespondenzadresse
Inken Höller
Charlotte Fresenius Hochschule
Franklinstr. 41–43
40479 Düsseldorf
Germany
inken.hoeller@charlotte-fresenius-uni.de

ZUSAMMENFASSUNG

Ziel Die Studie erfasst Erfahrungen und Einstellungen von ambulant Tätigen in Psychiatrie und Psychotherapie im Umgang mit Patient*innen mit persistierenden Suizidgedanken (PSG).
Methodik Zwischen November 2024 und April 2025 nahmen N = 207 ambulant Tätige (M = 39,5 Jahre; 82,1 % weiblich) an einer Online-Umfrage teil. Erfragt wurden Prävalenz, Behandlungserfahrungen und -strategien.
Ergebnisse 86,5 % hatten mit Patient*innen mit PSG gearbeitet, geschätzte 12-Monats-Prävalenz: 14,4 %. Häufigste Diagnose: affektive Störungen (43 %). Die meistgenannten Interventionen waren Notfallpläne (68,1 %) und Skills (55,1 %). 77,8 % führten regelmäßige Risikoeinschätzungen durch; 43 % berichteten von Einweisungen bei akuter Suizidalität. Nur 10,6 % bezogen die Funktionalität der PSG in die Behandlung ein.
Schlussfolgerung PSG ist im ambulanten Bereich häufig, wird jedoch selten in seiner Funktionalität thematisiert. Es besteht Fortbildungs- und Forschungsbedarf.

ABSTRACTS

Objective This study explored how outpatient mental health professionals experience and treat patients with persistent suicidal ideation (PSG).
Methods From Nov 2024 to Apr 2025, 207 professionals (M = 39.5; 82.1 % female) completed an online survey on prevalence, attitudes, and treatment strategies.
Results 86.5 % had worked with PSG patients; estimated 12-month prevalence was 14.4 %. Affective disorders (43 %) were the most common diagnosis. Main interventions included crisis plans (68.1 %) and skills training (55.1 %). Risk assessments were routine for 77.8 %; 43 % reported hospital admissions due to increasing risk. Only 10.6 % addressed the functionality of PSG in therapy.
Conclusion PSG is frequent in outpatient care but is rarely addressed in depth. Fu

14.4%

Deutsche Bevölkerungsstudie

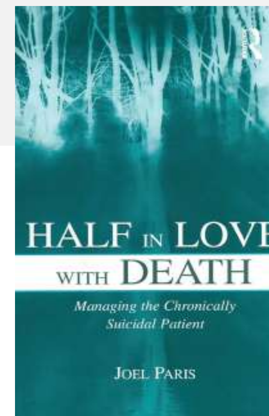
N = 7615 (59% Frauen)

6.9% (*n* = 523)

persistierende Suizidgedanken

0.9% (n= 72)

tägliche Suizidgedanken über 12 Monate



Journal of Affective Disorders 392 (2026) 120213

Contents lists available at ScienceDirect

Journal of Affective Disorders

journal homepage: www.elsevier.com/locate/jad

Research paper

Cognitive contributors to the chronification of suicidal ideation: The role of suicide-specific rumination and comfort from suicidal thoughts

Lena Marie Hensel[a,*], Tobias Teismann[a,b]

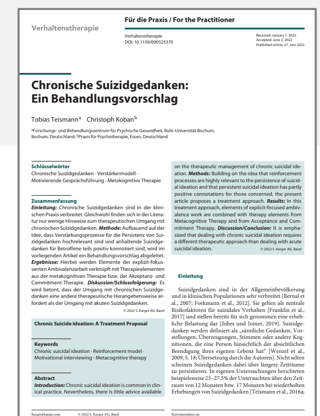
[a] Mental Health Research and Treatment Center, Ruhr-Universität Bochum, Germany
[b] DZPG (German Center for Mental Health), Partner Site Bochum/Marburg, Germany

ARTICLE INFO

Keywords:
Suicide-specific rumination
Comfort from suicidal thoughts
Suicidal ideation

ABSTRACT

Background: Chronic suicidal ideation is common in clinical practice. However, little is known about cognitive factors contributing to the persistence of suicidal ideation. Results from previous studies suggest that comfort from suicidal thoughts (CST) and suicide-specific rumination (SSR) are two constructs in this field that warrant further investigation. The purpose of the present study was to investigate cognitive factors involved in the chronification of suicidal ideation by examining differences between patients with persistent suicidal ideation and patients with suicidal ideation, but without persistent suicidal ideation.
Method: A total of $N = 466$ patients (65.0% female, 35.0% male; $M_{age} = 35.93$, $SD_{age} = 13.13$, range: 18–79 years) who started therapy at an outpatient clinic participated in the study. They were asked to complete measures on suicidal thoughts and behavior, CST, SSR, depression, anxiety and stress. Of all patients included $n = 103$ (22.1%) reported being affected by persistent suicidal ideation.
Results: Patients with persistent suicidal ideation reported higher levels of depression, anxiety and stress than patients without persistent suicide ideation or no suicidal ideation at all. Moreover, persistent suicide ideators exhibited significantly higher levels of SSR and CST compared to patients with non-persistent suicidal ideation. They also reported a higher number of lifetime suicide attempts and higher frequency of suicidal ideation.


Verhaltenstherapie

Für die Praxis / For the Practitioner

Verhaltenstherapie
DOI: 10.1159/000525370

Received: January 7, 2022
Accepted: June 2, 2022
Published online: 27. Juni 2022

Chronische Suizidgedanken: Ein Behandlungsvorschlag

Tobias Teismann[a] Christoph Koban[b]

[a]Forschungs- und Behandlungszentrum für Psychische Gesundheit, Ruhr-Universität Bochum, Bochum, Deutschland; [b]Praxis für Psychotherapie, Essen, Deutschland

Schlüsselwörter
Chronische Suizidgedanken · Verstärkermodell · Motivierende Gesprächsführung · Metakognitive Therapie

Zusammenfassung
Einleitung: Chronische Suizidgedanken sind in der klinischen Praxis verbreitet. Gleichwohl finden sich in der Literatur nur wenige Hinweise zum therapeutischen Umgang mit chronischen Suizidgedanken. *Methode:* Aufbauend auf der

on the therapeutic management of chronic suicidal ideation. *Methods:* Building on the idea that reinforcement processes are highly relevant to the persistence of suicidal ideation and that persistent suicidal ideation has partly positive connotations for those concerned, the present article proposes a treatment approach. *Results:* In this treatment approach, elements of explicit-focused ambivalence work are combined with therapy elements from Metacognitive Therapy and from Acceptance and Commitment Therapy. *Discussion/Conclusion:* It is empha-

Vielen Dank für Ihre Aufmerksamkeit!

tobias.teismann@rub.de