

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

Evan M. Kleiman  
Harvard University

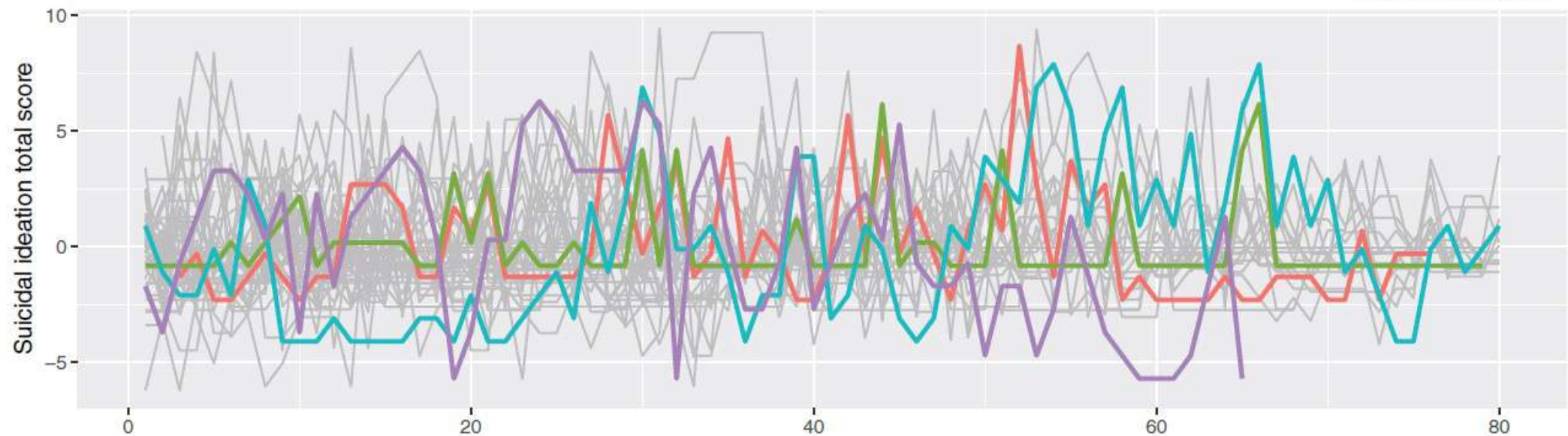
Brianna J. Turner  
University of Victoria

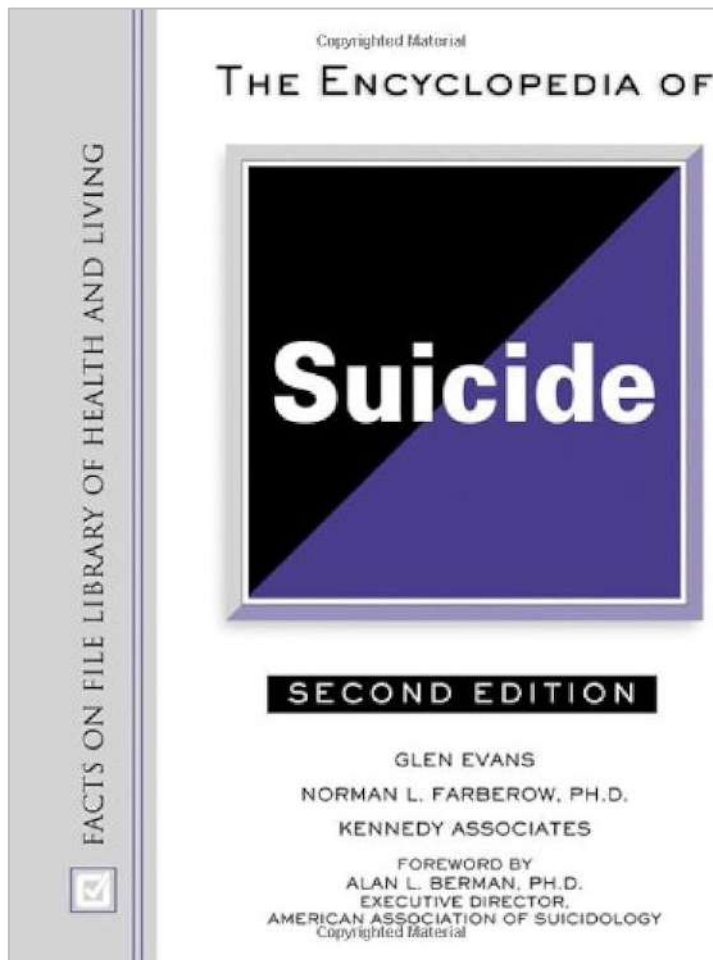
Szymon Fedor  
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Eleanor E. Beale and Jeff C. Huffman  
Massachusetts General Hospital, Boston, Massachusetts, and  
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Harvard University, Massachusetts General Hospital, Boston, Massachusetts,  
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Journal of Abnormal Psychology





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

## THOMAS MELLE HAUS ZUR SONNE



„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.“

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

(Harris et al., 2010)

### THE WISH TO DIE AND THE WISH TO LIVE IN ATTEMPTED SUICIDES<sup>1</sup>

MARIA KOVACS AND AARON T. BECK<sup>2</sup>

*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

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

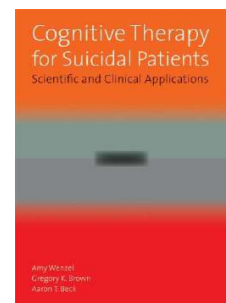
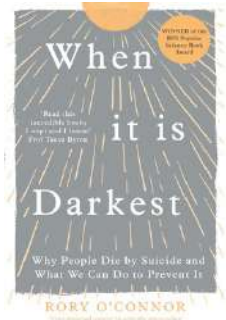
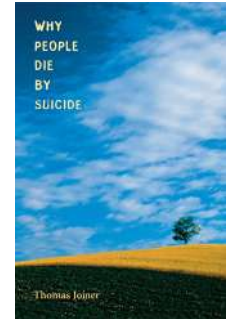
Ich fühle mich wie gefangen. Es gibt keinen Ausweg für mich. Ich kann nichts tun, sondern bin all dem ausgeliefert. Ich möchte mir selbst entkommen.

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

ing from the eyes of an experienced simpleton who obviously  
 was be an enucleated, inarticulate complainer. This note should  
 be easy to understand. All the warnings from the punk rock 101  
 are here. Since my first introduction to the, shall we say, ethic  
 of independence and the abandonment of your command, has proven  
 to be. I haven't felt the desire to do anything to as well as possible  
 and only for having your name. I feel...  
 I don't regret me the way in which it did for people listening who  
 feel in the list and address me from the crowd, which is something  
 I don't want. The fact is I can't feel you. Anyone of you  
 that far to you come. The worst crime I can think of would be to  
 be doing it and probably it's too heavy for you. Sometimes I feel  
 like a punk in the club before I walk out on stage. I've tried everything  
 I can to appreciate (and I do, but, believe me I do, but I'm not doing  
 it the fact that I and we have a hard time and sometimes a lot of people  
 because of those...  
 I need to be a highly sensitive person to realize the...  
 and as a child. On our last 3 hours I had a much better appreciate  
 a number of...  
 and I still can't get a



ter not to...  
 God I love you a lot.  
 e.  
 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**

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



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. [...]



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

Yvonne Bergmans<sup>1,2\*</sup>, Evelyn Gordon<sup>3</sup> and Rahel Eynan<sup>4,5</sup>

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**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 of

**Methods.** In-depth semi-structured interview women with a history of RSA who had participated at a research site (Skills for Safer Living: A Psychosocial Program for People with Recurrent Suicide Attempts [SSL]) followed to analyse the interview data.

**Results.** Analysis revealed the superordinate theme of 'moment-to-moment' which refers to a precarious state of making decisions on a moment-to-moment basis without clear subordinate themes were identified: 'deciding to die' and 'deciding to live'. Participants were more invested in dying than living when they were more invested in living than dying.

**Conclusion.** The study illuminated the complexities of 'moment-to-moment' living. It revealed that occupying this state, while paradoxically, also provided a lifeline opportunity for those with RSA. The study also provided subtle distinctions associated with this in-between state accordingly.

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

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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 (Comer & 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 Frek van Harreveld, University of Amsterdam, Department of Social Psychology, Roeterstraat 15, 1018 WB, Amsterdam, Netherlands; e-mail: f.vanharreveld@uva.nl. We thank Bastiaan Rutjes for his valuable comments.

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© 2009 by the Society for Personality and Social Psychology, Inc.

"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

Laura Paashauss<sup>1,2</sup> | Thomas Forkmann<sup>1</sup> | Heide Glaesmer<sup>3</sup> | Georg Juckel<sup>4</sup> | Dajana Rath<sup>1</sup> | Antje Schönfelder<sup>3</sup> | Tobias Teismann<sup>2</sup>

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

Thomas R. Simon, PhD, Allan C. Swann, MD, Kenneth E. Powell, MD, MPH, Lloyd R. Pincus, PhD, MPH, Marilee J. Kerstensen, MS, and Patrick W. O'Carroll, MD, MPH

**S**uicide attempts often are impulsive, yet little is known about the characteristics of impulsive suicide. An experimental impulsive suicide attempter study (impulsive suicidal, case-control study of newly lethal suicide attempt among people 13–18 years of age) measures new suicidal impulses in response to reading spending too little, 1 month between the decision to attempt suicide, and the actual attempt. Among the 121 case subjects, 24% attempted impulsively. Impulsive attempts were more likely among those who had been in a physical fight and less likely among those who were depressed. Relative to control subjects, male sex, fighting, and hypochondriacal/paranoid/impulsive cases had depression did not. Our findings suggest that sudden-onset control of depressive symptoms might be a primary indicator of risk for impulsive suicide attempts from depression.

In 1999 suicide was the third most common cause of death among adolescents and young adults between the ages of 15 and 18 years. (National Center for Injury Prevention and Control, 2002). Suicide attempts often are impulsive (Williams, Davidson, & Montgomery, 1983). Impulsive suicidal impulses often rely on the identification and referral of individuals at risk (Center for Disease Control, 1992; Finkel, Powell, & Kaplan, 1993). Preventing impulsive suicide attempts may require different strategies.

Researchers have noted an increase in impulsive behavior not consistently prior to suicide attempts (Fink, Fox, & Hall, 1999) as well as a positive association between measures of

impulsivity and suicidal behavior (Elliott, Hawton, Rodham, & James, 1999; Pincus, Jongs, & Kulkarni, 2006). Prior studies have also found that many suicide attempts are made impulsively (Brown, O'Carroll, & Spriggs, 1991; Fink, 1991; Kestner, 1983; Montgomery, O'Donnell, Fennell, & Carls, 1990; Rodham, 1997; Williams et al., 1986). Estimates of the proportion of suicidal attempts that are impulsively very recently originating are self-reported and in the sample studied. Some estimates are based on the characteristics of the attempt and the amount of planning involved (Brown et al., 1991; O'Donnell et al., 1986). Another approach is to examine the suicide attempt (Fink, Fox, & Hall, 1999) as well as a positive association between measures of

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Suicide and Life-Threatening Behavior

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DOI: 10.1177/0013971718781294

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

Kassandra J. Malone, PhD, Monica D. Liu, BS, and Matthew K. Nock, PhD

In his 1956 study, one must think about suicide, make a plan, and then carry it out. This research has examined the presence and predictors of these activities, however, virtually no studies have characterized how these steps unfold during the pathway to suicide. A novel instrument was characterized for the recent suicide attempters. Results revealed that although the median time for suicidal decision occurred 1 to 2 days prior to attempting, the median for 1 out of the 10 items measured was within 1 hour of attempting. Overall, 56.5% of potential planning steps took place within 1 hour of attempting, and 68.6% occurred within 24 hours.

Suicide is a leading cause of death around the world (Kloman et al., 2002), however, the most well-understood predictors of the behavior and the behavior are the best understood. Research has been primarily on whether people have thoughts about suicide, whether they have made a suicide plan, and whether they have made a suicide attempt (O'Neil, Rieger, Brown, Cha, et al., 2006). Although these have been the primary measures of suicidal risk (Rothman, 1980), there has been no detailed descriptive, operational data characterizing the pathway to suicide. For example, how long does it take people to think about suicide? Do they think about suicide through attempts of any people prior to the attempt? Do they think about suicide through attempts of any people prior to the attempt? Do they think about suicide through attempts of any people prior to the attempt?

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

James Su Xia<sup>1</sup> | Alexander J. Millner PhD<sup>2</sup> | Rebecca G. Furring PhD<sup>3</sup> | Matthew K. Nock PhD<sup>4</sup>

**Abstract:** Individuals who aborted suicidal thoughts had distinct proximal considerations in comparison to individuals who attempted suicide. This study explored the relationship between the consideration process and the decision to abort or attempt suicide.

**Introduction:** This research focused on suicidal thoughts and suicidal ideation, considering the consideration of what is part of the decision-making process. This study explored the relationship between the consideration process and the decision to abort or attempt suicide.

**Method:** Among individuals with suicidal ideation who had the opportunity to abort or attempt suicide (n = 170), we assessed the degree to which they considered the decision-making process. The degree of consideration on how to abort or attempt suicide, and the amount of time spent reading suicidal ideation. Of the participants, who aborted 57% of those who aborted considered proximal considerations. Participants who aborted took longer to complete the decision-making process, and they had longer proximal considerations than those who attempted suicide. Overall, participants who aborted considered proximal considerations more and longer proximal considerations than those who attempted suicide. Overall, participants who aborted considered proximal considerations more and longer proximal considerations than those who attempted suicide. Overall, participants who aborted considered proximal considerations more and longer proximal considerations than those who attempted suicide.

**Conclusion:** This study highlights the importance of suicidal ideation, and the role in better understanding the progression from ideation to action.



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ORIGINAL ARTICLE

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

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**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

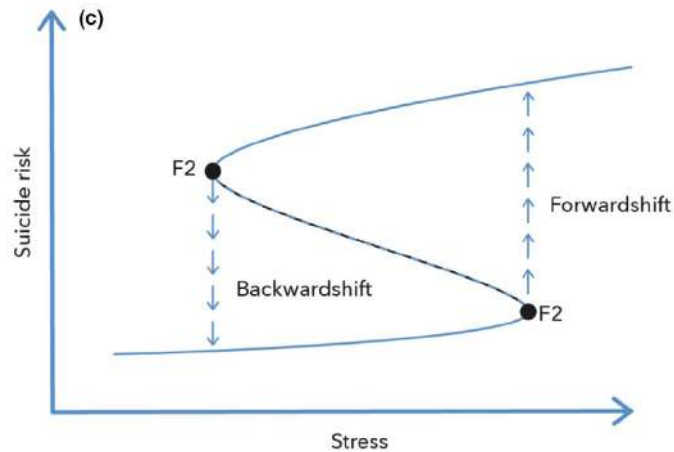
and more advanced methods of data collection and analysis. Cross-sectional designs are complemented by longitudinal ones and, more recently, the method of ecological momentary assessment, which provides nuanced data collected in real time (see Kleiman et al., 2023). Researchers found that the discrepancy 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

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

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

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 Rory O'Connor<sup>5</sup> | Brenda Penninx<sup>6</sup> | Ingrid van de Leemput<sup>7</sup>

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



“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

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Review article

Rethinking suicides as mental accidents: Towards a new paradigm

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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 Morelli (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 (Sterlone and Fleischmann, 2002). In contrast, sociology has traditionally provided a broader perspective on the social and individual triggers of mental illness in modern societies.

Conversely, at the societal level, researchers have dealt with differences (Vamvakopoulos et al., 2000) in time series data (Gunnell, 2010). Notably, the interplay with psychopathology (Vamvakopoulos et al., 2000) and the influence of psychiatric interventions (Vamvakopoulos et al., 2000) on suicide rates of different systems have been investigated. As in most disciplines, the different systemic levels have been investigated into an issue. Establishing a coherent framework at the level of suicide research is a challenge.

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 E-mail address: [vjadacic@dggp.unz.ch](mailto:vjadacic@dggp.unz.ch) (V. Ajdacic-Gross).

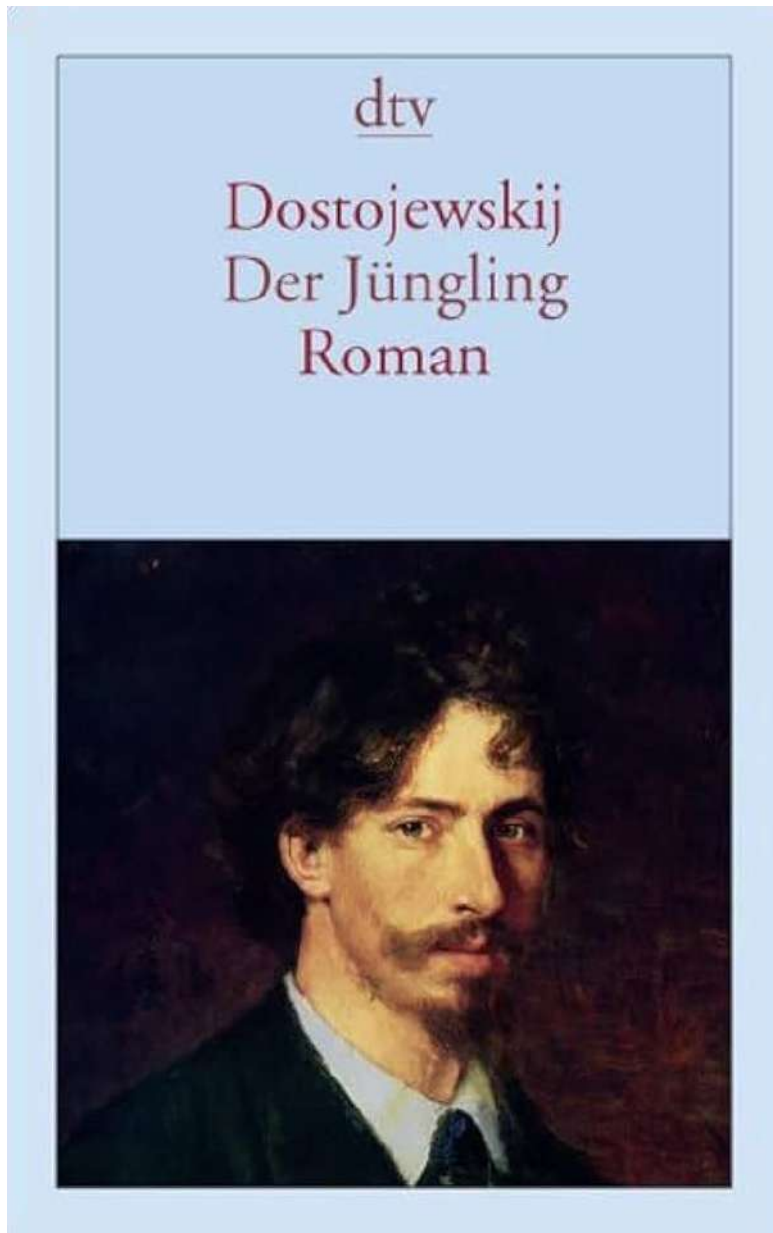
<https://doi.org/10.1016/j.jad.2019.04.022>  
 Received 2 October 2018; Received in revised form 27 February 2019; Accepted 7 April 2019  
 Available online 08 April 2019  
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Evolutionary Psychology  
 Series Editors: Todd K. Shackelford · Wiliana A. Weaker-Shackelford

C. A. Soper

The Evolution of Suicide

Springer

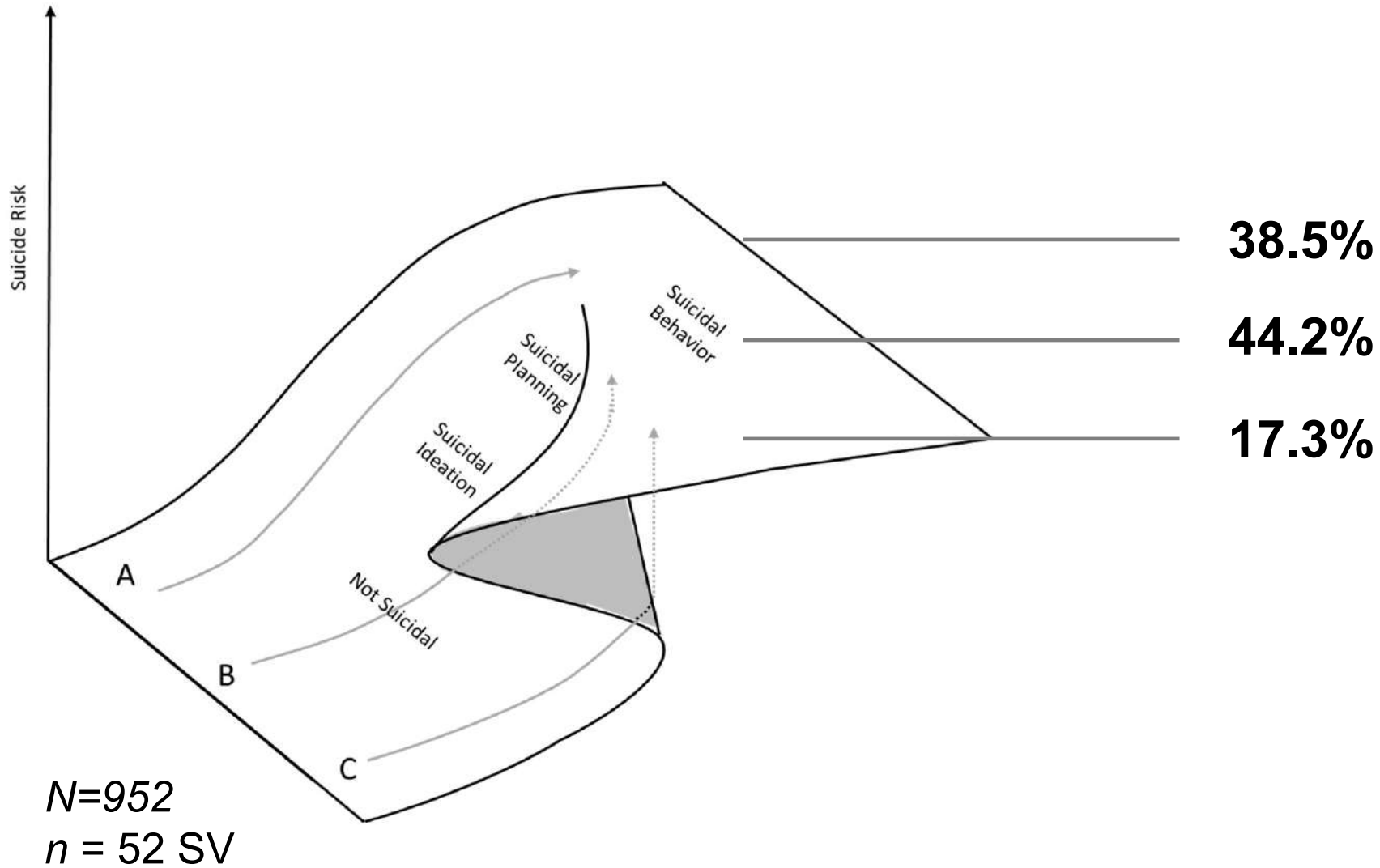


„Wenn ich einen Revolver hätte, so würde ich ihn irgendwo verwahren und einschließen .... wenn man so ein Ding immer vor Augen hat – wirklich, es gibt Augenblicke, wo es einen verführen könnte.“

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

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

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



- Abschiedsbrief Großmutter ✓
- Abschiedsbrief Mom & Dad ✓
- Heroin beschuldigen sagen ✓
- Kleid ✓
- Schminke ✓
- Stiefel prüfen ✓
- Uhrzeit auf Zettel schreiben

- Suizid begehen

Erde

# Fazit

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

Suizidales Verhalten ist nicht  
vorhersagbar

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

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

Kate H. Bentley  
Boston University

Xieying Huang and Katherine M. Musacchio  
Yale University

Bernard P. Chang  
Columbia University Medical Center

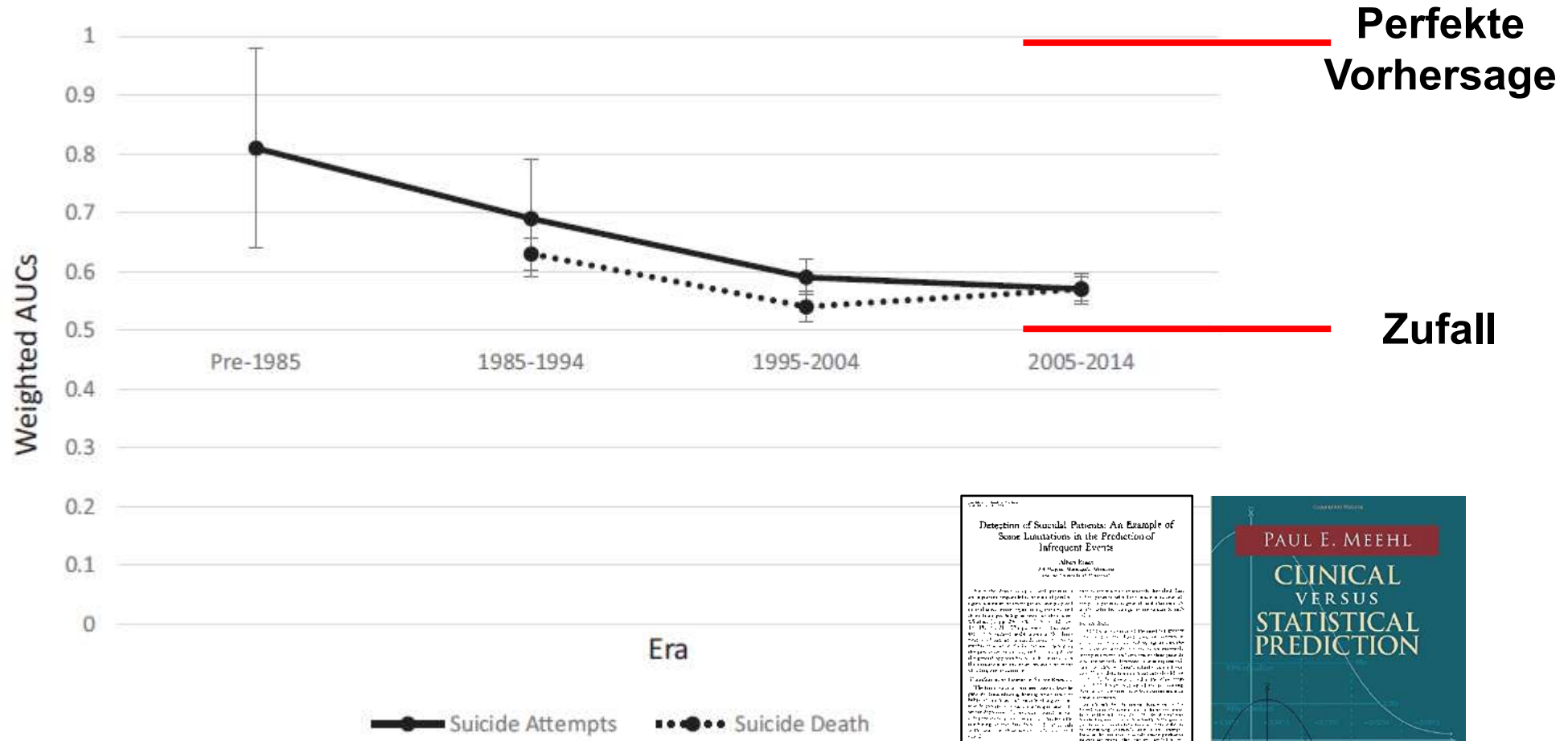
Kathryn R. Fox  
Harvard University

Evan M. Kleiman  
Harvard University

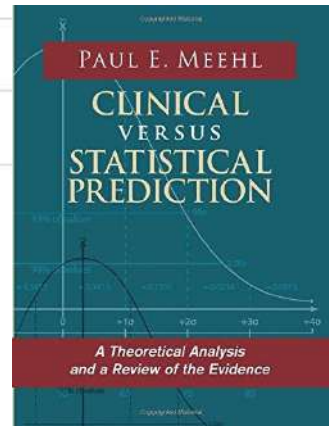
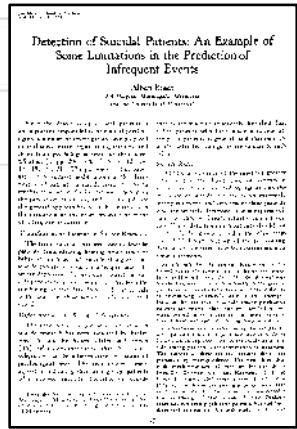
Adam C. Jaroszewski  
Harvard University

Matthew K. Nock  
Harvard University

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



365 longitudinal studies



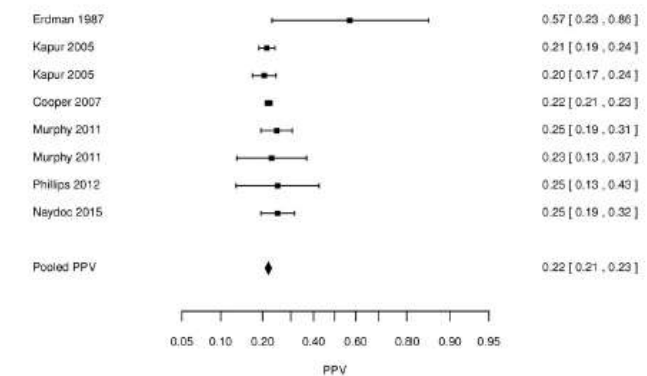
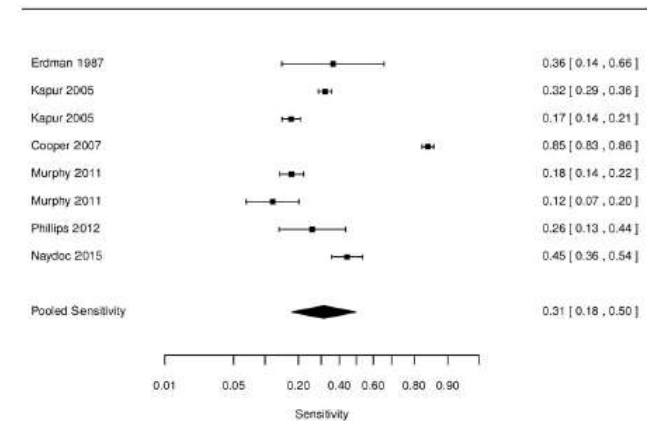


# Accuracy of Clinician Predictions of Future Self-Harm: A Systematic Review and Meta-Analysis of Predictive Studies

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

- **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 degree of accuracy as someone with no knowledge of the patient who predicted based on a coin flip ...“



Joseph Franklin, Harvard University

# 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:  $n = 46$

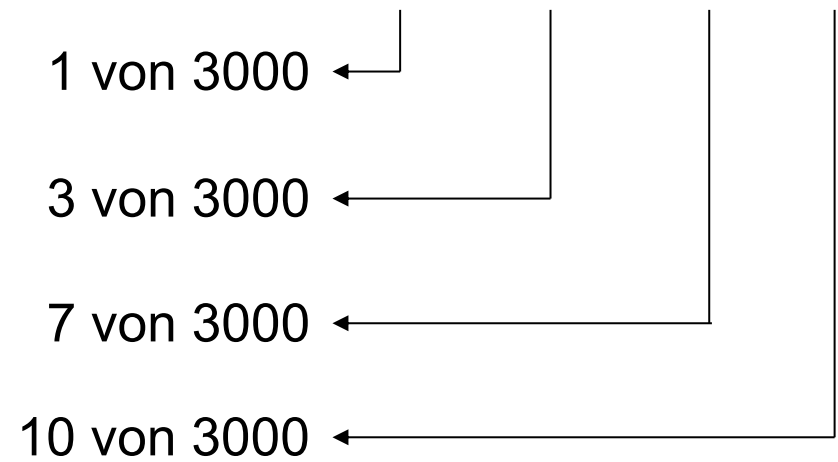
Suizidversuch:  $n = 709$

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

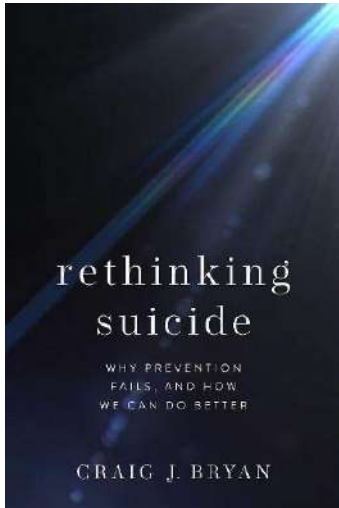
Gedanken, dass Sie lieber tot wären oder sich Leid zufügen möchten

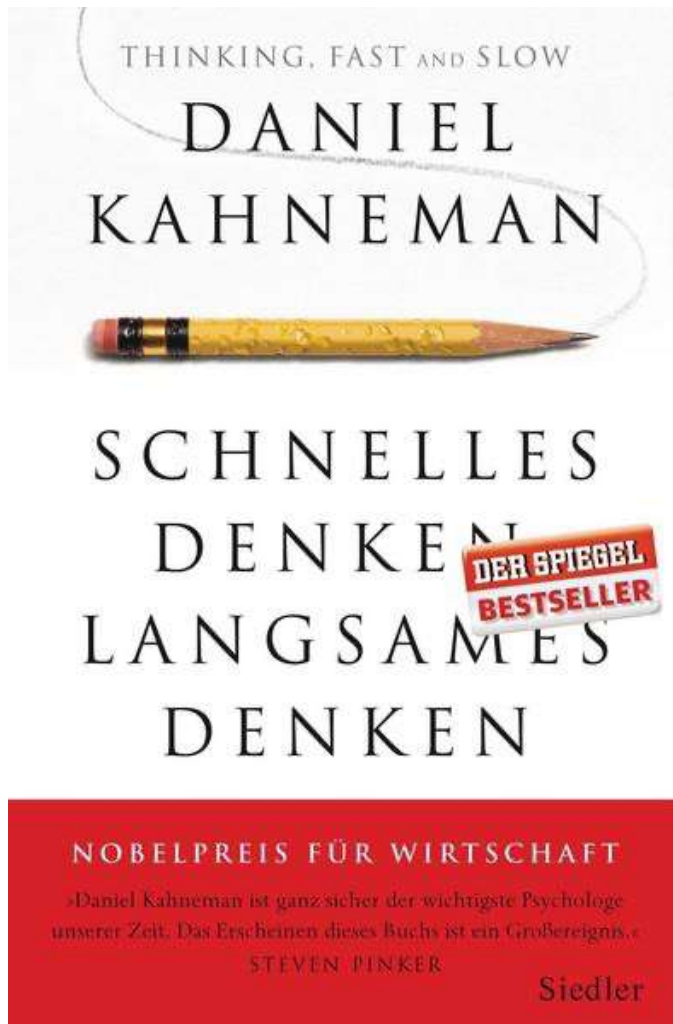
| Überhaupt nicht          | An einzelnen Tagen       | An mehr als der Hälfte der Tage | Beinahe jeden Tag        |
|--------------------------|--------------------------|---------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>        | <input type="checkbox"/> |
| 0                        | 1                        | 2                               | 3                        |

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](http://www.elsevier.com/locate/jad)

Research paper

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

Monika Lohani<sup>a,\*</sup>, Craig J. Bryan<sup>b</sup>, Jamie S. Eelsey<sup>c</sup>, Sam Dutton<sup>c</sup>, Samuel P. Findley<sup>c</sup>, Scott A. Langenecker<sup>b</sup>, Kristen West<sup>c</sup>, Justin C. Baker<sup>b</sup>

<sup>a</sup> Department of Psychology, University of Utah, United States of America  
<sup>b</sup> Department of Psychiatry and Behavioral Health, The Ohio State University, United States of America  
<sup>c</sup> Department of Educational Psychology, University of Utah, United States of America

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**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;  $d_{\text{within}} = 0.26$ , and Narrative Assessment+Crisis Response Plan;  $d_{\text{within}} = 0.19$ ) 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.

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**Abstract**

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

**OBJECTIVE:** To evaluate 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 25.03 of the Metapop 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 2-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 RESULTS AND MESSAGES:** The primary outcome was the incidence of suicide attempts. Sub-analyses were grouped by presence or absence of a narrative assessment component.

**RESULTS:** Twenty-three studies with 2062 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) (764 participants across 14 studies), whereas CBT interventions without this component were not associated with risk of suicide attempt (RR, 1.0, 95% CI, 0.63–2.20; 1498 participants across 9 studies). Subgroup comparison indicated a significant difference between groups ( $Q = 7.27$ ,  $P = .007$ ,  $I^2 = 88\%$ ). 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 the finding, as interventions in younger populations

**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 2062 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.

**Supplemental Content**

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

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). Efforts to prevent 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

public health issue in the United States increased by 35 % (Hedgegaard et al., 2022). Efforts to prevent 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

(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**

Wilo C. Aronson, MD; Sakin Y. M. Mirzaie, PhD; Wouter van Balkom, PhD; Ramona Gilman, PhD; Chad L. H. Brinkley, PhD

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**Abstract**

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

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(continued)

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 JAMA Network Open. 2025;8(10):e254862. doi:10.1001/jamanetworkopen.2025.4862  
 November 20, 2025 1/10

30

# Risikoabschätzung bei suizidalen Patienten: Geht das überhaupt?

Tobias Teismann<sup>a</sup> Thomas Forkmann<sup>b,c</sup> Heide Glaesmer<sup>d</sup>

Verhaltenstherapie 2019;29:80–84

Personal View

## 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?

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



Keith Hawton<sup>a</sup>, Karen Lascelles<sup>a</sup>, Alexandra Pittman, Steve Gilbert, Marton 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.

#### 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

measures to reduce that risk. It has been shown that prediction has been shown owing to the poor positive results or approaches used.<sup>1</sup> A perceived failure to predict of clinicians involved in the suicide. Furthermore, current risk prediction can amplify

consider what perpetuates the evidence that it is the present state of the science is more comprehensive and assessing, formulating, and what we propose is aimed at with psychiatric disorders

preoccupation with which clinicians to identify which

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,<sup>2</sup> 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.<sup>3</sup> 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

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[https://doi.org/10.1016/S2215-0366\(22\)00232-2](https://doi.org/10.1016/S2215-0366(22)00232-2)  
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 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 Pittman PhD); Camden and Islington NHS Foundation Trust, London, UK (A Pittman PhD); 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](mailto:keith.hawton@psych.ox.ac.uk)

**DECISION-MAKING**

**Clinical decisions in psychiatry should not be based on risk assessment**

Christopher Ryan, Oskar Nielsen, Michael Putnam and Matthew Lange

**Objective:** Risk assessments that place patients in high or low risk categories have been widely adopted by mental health services in an attempt to reduce the harm associated with psychiatric disorders. This paper examines the effect of categorisation based on the results of a risk assessment.

**Methods:** The relative prediction instrument derived from the MacArthur Study of Mental Disorder and Violence was used to illustrate the nature and effect of risk assessment and the consequent categorisation of patients.

**Results:** The majority of patients categorised as being at high risk will not commit any harmful act.

**Conclusions:** Patients who are classified as high risk about their efforts to reduce harm in the form of additional treatment and restriction, although the majority will not commit any harmful act. Clinical decisions made on the basis of risk assessment also affect outcomes away from patients classified as low risk, even though a significant proportion do not commit harmful acts. We argue that psychiatric professionals should discuss the risks of treatment and of non-treatment with patients so with their individual circumstances and should maintain a duty to warn about the consequences of not having treatment. Inevitable assessment of risk of harm should not form the basis for clinical decision making. We should aim to provide optimal care according to the treatment needs of each patient, regardless of the predicted risk of adverse events.

**Key words:** risk assessment, violence, suicide, mental illness.

It is widely believed that risk assessment has an important role in the management of self-harm and violence. Risk assessment for future harm is assumed to be more predictive<sup>1</sup> and risk assessment is increasingly recommended as a way of reducing both self-harm<sup>2</sup> and violence<sup>3</sup> in mental health settings. In NICE mental health clinicians are routinely called on to perform risk assessments for both self-harm<sup>4</sup> and violence<sup>5</sup>, and the expectation of practitioners to perform such risk assessment for harm to self or others is a feature of the mental health law of every jurisdiction in the world. Similarly, in the United Kingdom every patient is supposed to undergo a risk assessment before discharge from hospital,<sup>6</sup> and in the United States the concept of dangerousness as measured by the predicted risk of violence is a feature of laws governing civil commitment in almost every state.<sup>7</sup>

There has been an extensive and ongoing debate about the merits of clinical versus structured-based risk assessment. However, there is an absence of evidence showing that risk assessment of any variety can reduce the harm associated with psychiatric disorders and there are strong methodological and ethical arguments against its use.<sup>8,9</sup> Risk assessment has the understandable aim of reducing harm. However, we believe risk assessment is a

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

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

Lasterleben

Fehlende  
Zugehörigkeit

Entrapment

Hoffnungslosigkeit

Unbearability

## Pro Leben

Familie/Freund:innen

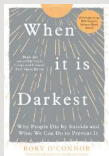
Bucket List

Dinge, die Freude  
machen

Selbstbild

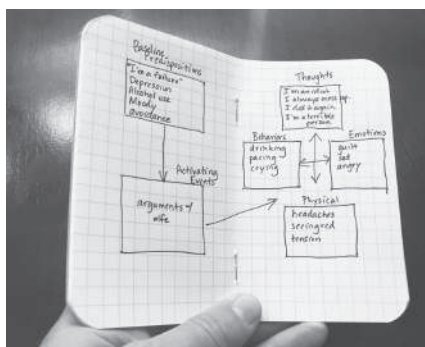
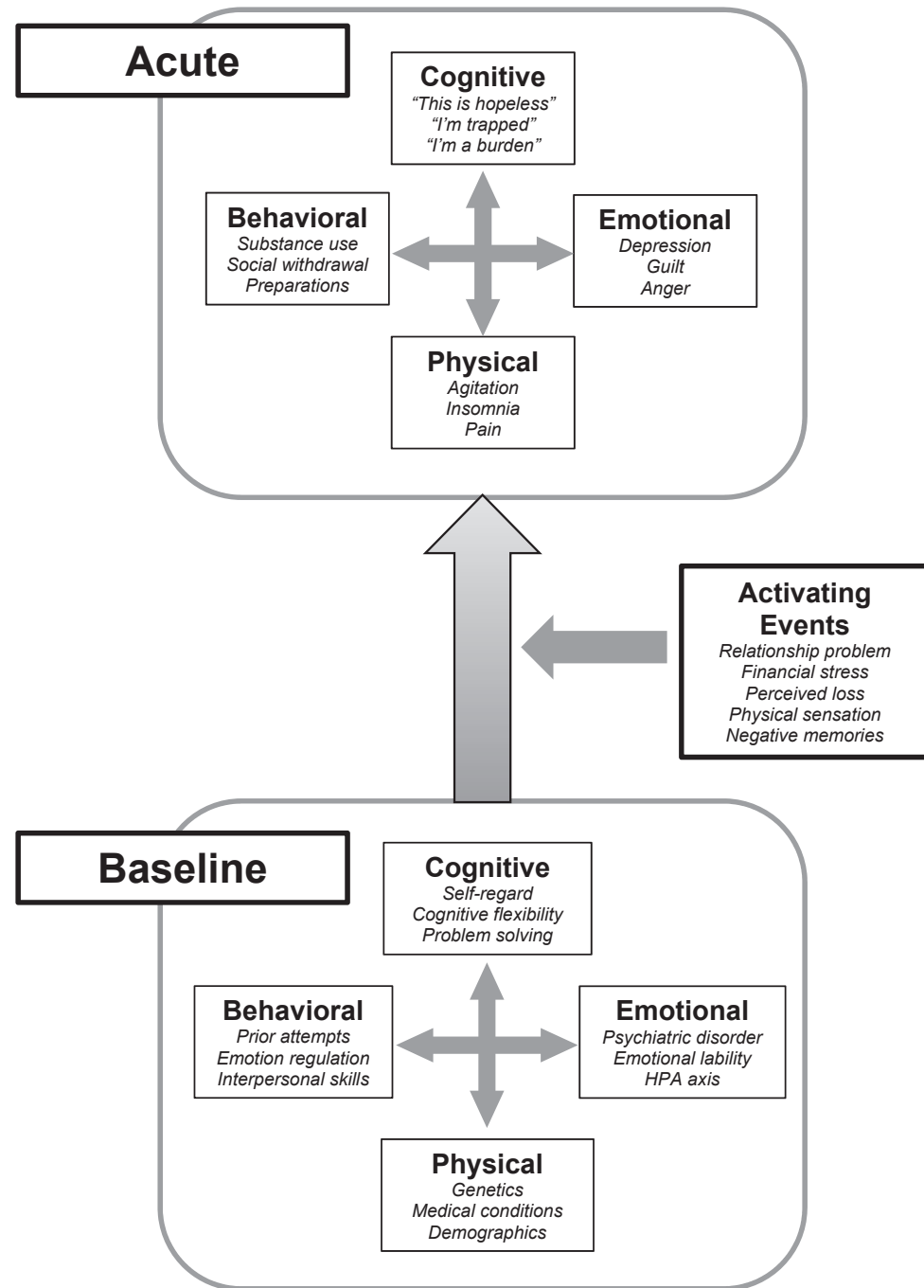
Religiosität

## Gegen Sterben





# Fallkonzept



# 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

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                                   |                                     |                                     | % change in incidence‡<br>(95% CI) | P value |
|-----------------------------|--|-------------------------------------|-------------------------------------|------------------------------------|---------|
|                             | Penultimate<br>12 months before<br>change (n=2255) | 12 months before<br>change (n=2234) | 12 months after<br>change (n=2086)† |                                    |         |
| <b>Paracetamol</b>          |  |                                     |                                     |                                    |         |
| Alone                       | 203 (9.0)  | 185 (8.3)                           | 147 (7.0)                           | -21 (-34 to -5)                    | 0.01    |
| <b>Aspirin</b>              | 59 (2.6)   | 56 (2.5)                            | 56 (2.7)                            | 2 (-26 to 39)                      | 0.9     |
| 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

Ying-Yeh Chen<sup>1,2</sup>, Feng Chen<sup>3</sup>, Shu-Sen Chang<sup>4</sup>, Jacky Wong<sup>5,6</sup>, Paul SF Yip<sup>5,6\*</sup>

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

| Suicide methods      | Period            | Intervention site |      | Control sites |      |                |      |
|----------------------|-------------------|-------------------|------|---------------|------|----------------|------|
|                      |                   | New Taipei City   |      | Taipei City   |      | Kaohsiung City |      |
|                      |                   | N                 | Rate | N             | Rate | N              | 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 |



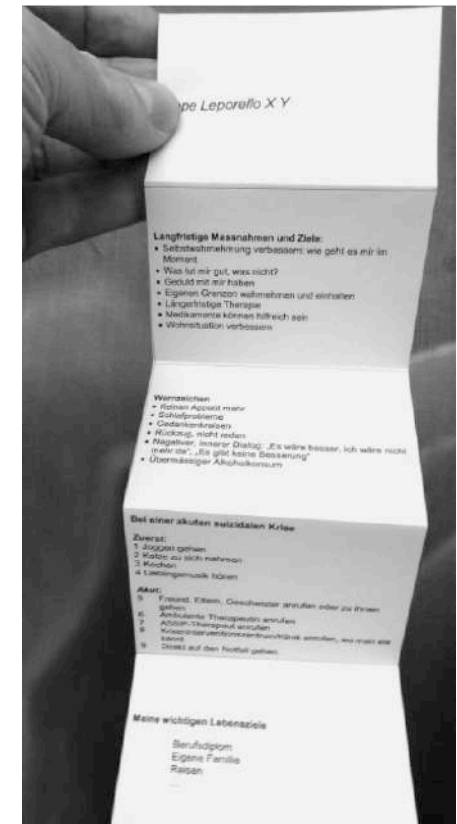
# Notfallplan (Stanley & Brown, 2012)

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

## App: Safety Plan

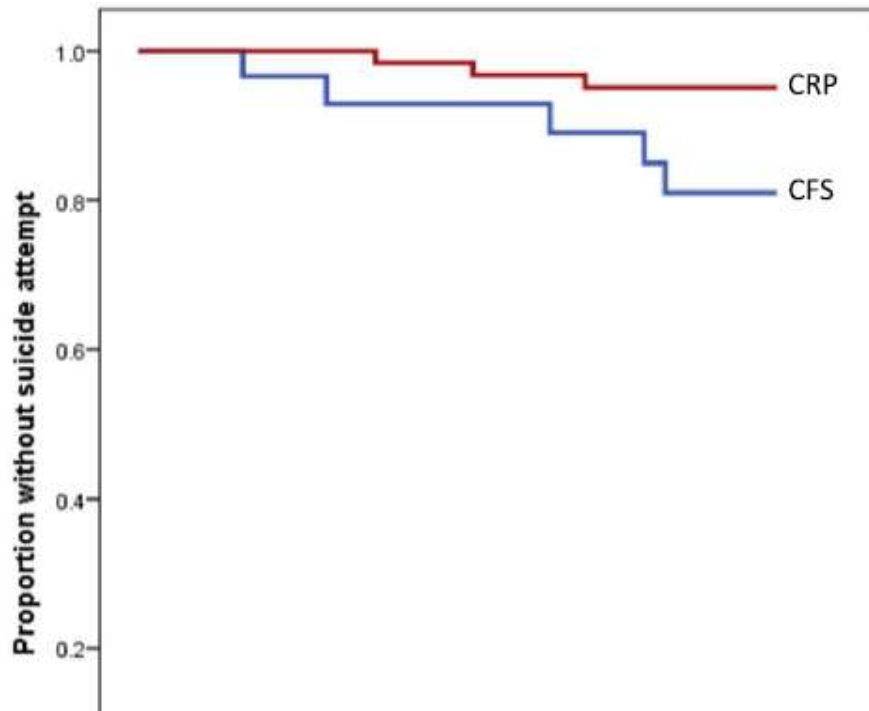


## App: Krisenkompass



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

Craig J. Bryan<sup>a,b,\*</sup>, Jim Mintz<sup>c</sup>, Tracy A. Clemans<sup>a,b</sup>, Bruce Leeson<sup>d</sup>, T. Scott Burch<sup>d</sup>, Sean R. Williams<sup>a,b</sup>, Emily Maney<sup>a,b</sup>, M. David Rudd<sup>a,e</sup> *Journal of Affective Disorders* 212 (2017) 64–72



Suizidversuche:

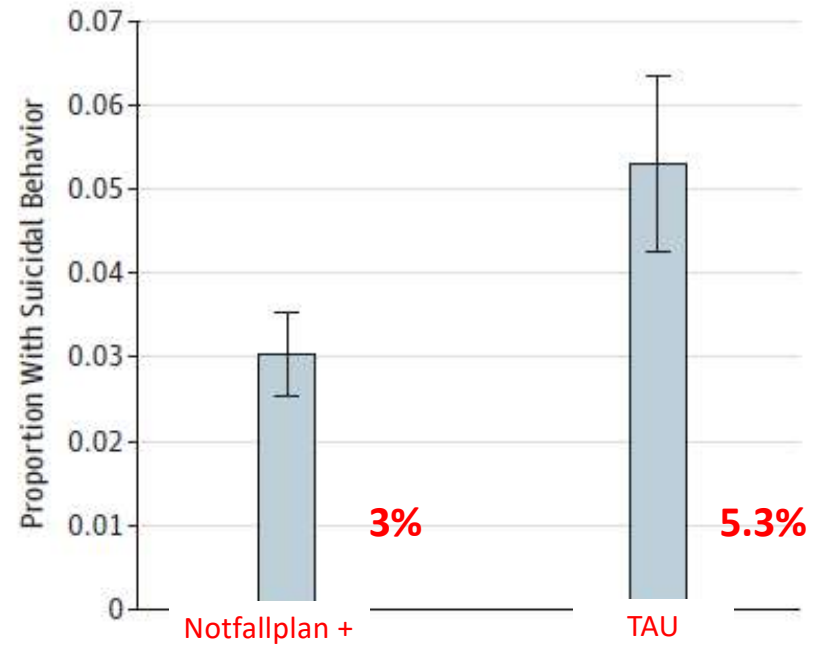
CRP = **4.9%** vs. CFS = **19%**

CRP = Crisis Response Plan = Notfallplan

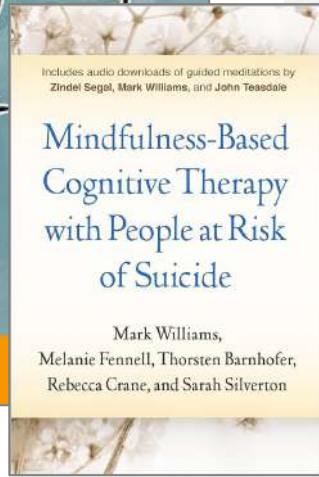
## Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department

*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?

Wenn jemand anderes in der gleichen Situation diese Annahme hätte, würden Sie 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





Registernummer 038 - 028

### ANMELDUNG

---

Angemeldet

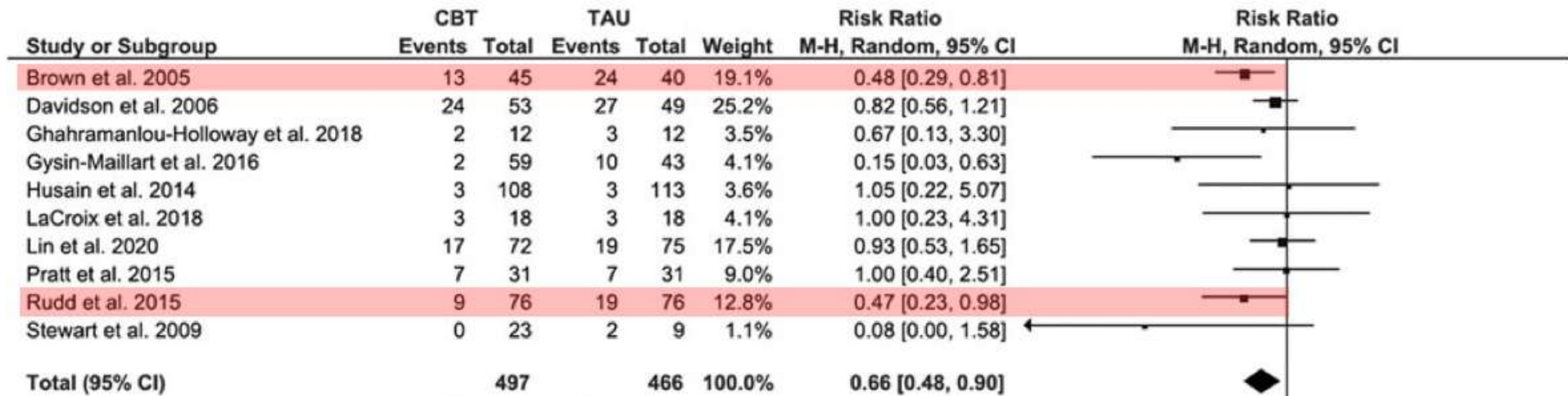
## S3-Leitlinie Umgang mit Suizidalität

|                                 |              |
|---------------------------------|--------------|
| <b>Art der Anmeldung:</b>       | Neuanmeldung |
| <b>Angemeldete Klasse:</b>      | S3           |
| <b>Anmeldedatum:</b>            | 11.01.2021   |
| <b>Geplante Fertigstellung:</b> | 10.01.2026   |

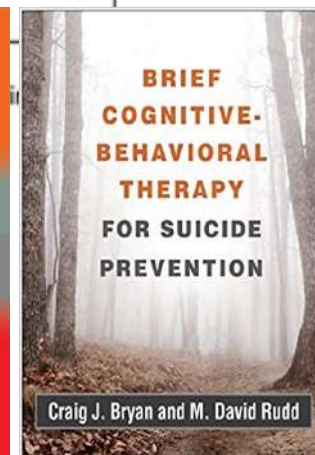
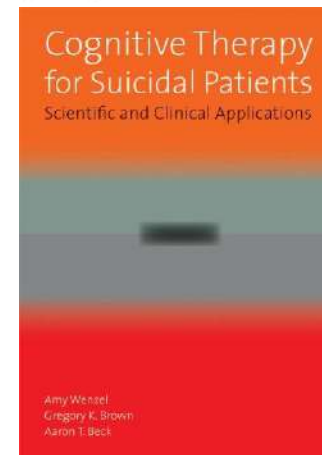
Suizidalen Patient:innen im Erwachsenenalter **soll** eine auf die Suizidalität fokussierte kognitive Verhaltenstherapie angeboten werden.

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

Thomas Sobanski<sup>1,2,\*</sup>, Sebastian Josfeld<sup>2,\*</sup>, Gregor Peikert<sup>3</sup> and Gerd Wagner<sup>3,2</sup>



Total events: CBT 80, TAU 117  
 Heterogeneity: Tau<sup>2</sup> = 0.06; Chi<sup>2</sup> = 12.38, df = 9 (P = 0.19); I<sup>2</sup> = 27%  
 Test for overall effect: Z = 2.61 (P = 0.009)





## Erstgespräch

- Narratives Interview, Fallkonzept, Notfallplan

## Phase 1

- Behandlungsvereinbarung, Zugriffsbeschränkung, Krisenunterstützungsplan, Schlafhygiene, Entspannung, Achtsamkeit, Gründe zu leben

## Phase 2

- Kognitive Basisrisikofaktoren: ABC Arbeitsblätter, Verhaltensaktivierung

## Phase 3

- Rückfallpräventionsübung

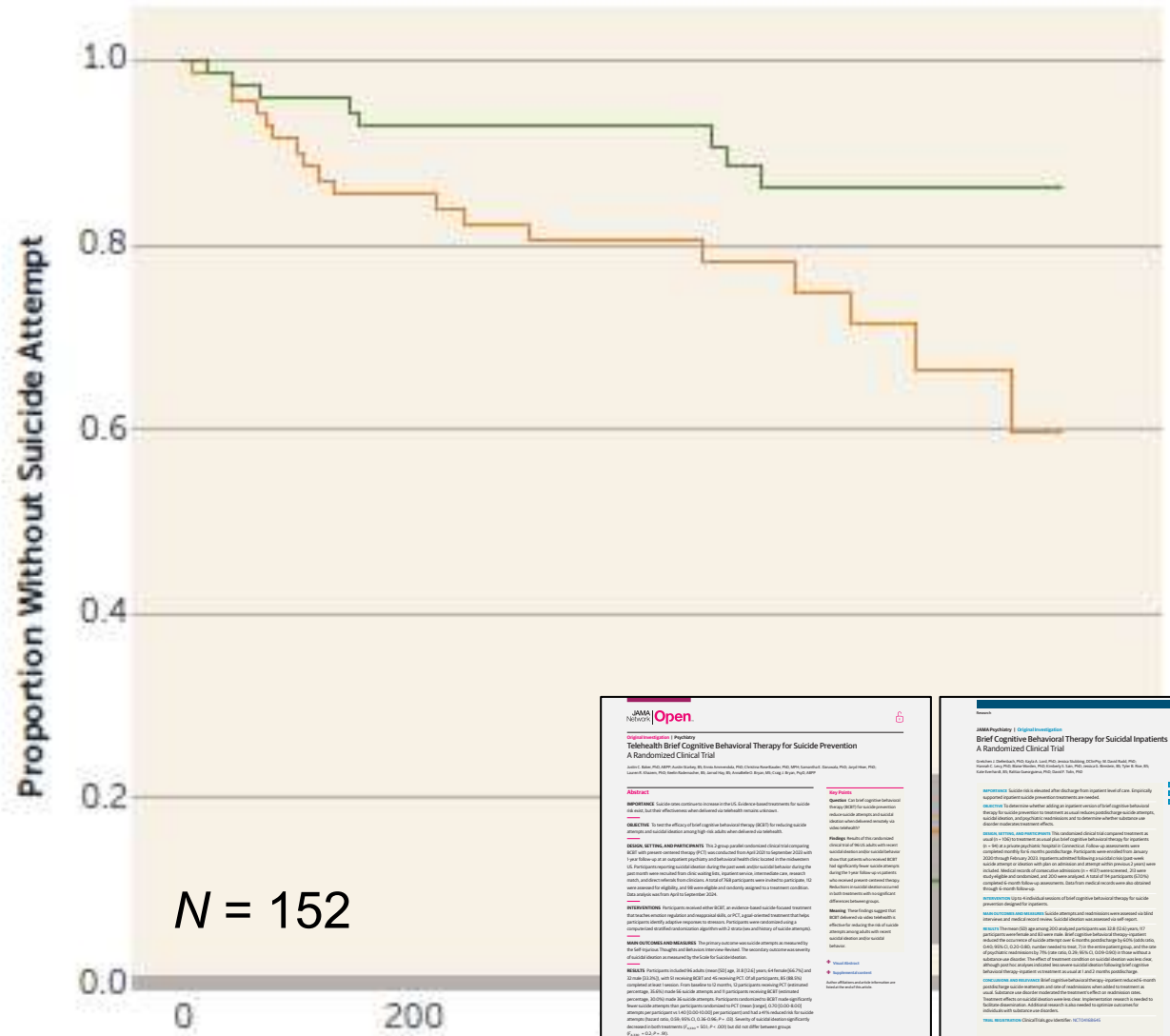
# Brief Cognitive-Behavioral Therapy Effects on Post-Treatment Suicide Attempts in a Military Sample: Results of a Randomized Clinical Trial With 2-Year Follow-Up



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 Wilkins, 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%)**



**JAMA Network | Psychiatry**

**Telehealth Brief Cognitive Behavioral Therapy for Suicide Prevention: A Randomized Clinical Trial**

**Abstract**

**OBJECTIVE:** To test the efficacy of brief cognitive behavioral therapy (CBT) for reducing suicide attempt and suicidal ideation in a high-risk military population.

**DESIGN, SETTING, AND PARTICIPANTS:** This 2-year, parallel, randomized clinical trial comparing KVT with control treatment (CT) was conducted from April 2012 to September 2014 with 1-year follow-up in an outpatient psychiatric rehabilitation facility located at the military's VA Performance Improvement Center and the post-war and post-9/11 Veterans Affairs Medical Center. Participants were recruited from the site's waiting list, outpatient services, inpatient units, and the VA's medical records database. A total of 160 participants were randomly assigned to KVT or CT, and 152 participants were included in the primary analysis.

**RESULTS:** Participants in the KVT group had significantly fewer suicide attempts (8 vs 18) and suicidal ideation (14% vs 40%) at 2-year follow-up compared with the CT group. The KVT group also had significantly fewer suicide attempts and suicidal ideation at 1-year follow-up compared with the CT group.

**CONCLUSIONS AND RELEVANCE:** The findings of this randomized clinical trial suggest that KVT is an effective treatment for reducing suicide attempt and suicidal ideation in a high-risk military population.

**Am J Psychiatry | Original Reports**

**Brief Cognitive Behavioral Therapy for Suicidal Inpatients: A Randomized Clinical Trial**

**Abstract**

**OBJECTIVE:** To determine whether adding a targeted version of brief cognitive behavioral therapy (CBT) to inpatient treatment is associated with a reduction in suicide attempt, suicidal ideation, and hospital readmission rates in a high-risk military population.

**DESIGN, SETTING, AND PARTICIPANTS:** This randomized clinical trial comparing KVT with control treatment (CT) was conducted from April 2012 to September 2014 with 1-year follow-up in an inpatient psychiatric rehabilitation facility located at the military's VA Performance Improvement Center and the post-war and post-9/11 Veterans Affairs Medical Center. Participants were recruited from the site's waiting list, outpatient services, inpatient units, and the VA's medical records database. A total of 160 participants were randomly assigned to KVT or CT, and 152 participants were included in the primary analysis.

**RESULTS:** Participants in the KVT group had significantly fewer suicide attempts (8 vs 18) and suicidal ideation (14% vs 40%) at 2-year follow-up compared with the CT group. The KVT group also had significantly fewer suicide attempts and suicidal ideation at 1-year follow-up compared with the CT group.

**CONCLUSIONS AND RELEVANCE:** The findings of this randomized clinical trial suggest that KVT is an effective treatment for reducing suicide attempt and suicidal ideation in a high-risk military population.

Suizidgesten

Journal of Abnormal Psychology  
2006, Vol. 115, No. 3, 448–463

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0021-843X/06/\$12.00 DOI: 10.1037/0021-843X.115.3.448

### 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

Definitions and classification schemes for suicide attempts vary widely among studies, introducing conceptual, methodological, and clinical problems. We tested the importance of the intent to die criterion by comparing self-injurers with intent to die, *suicide attempters*, and those who self-injured not to die but to communicate with others, *suicide gesturers*, using data from the National Comorbidity Survey ( $n = 5,877$ ). Suicide attempters (prevalence = 2.7%) differed from suicide gesturers (prevalence = 1.9%) and were characterized by male gender, fewer years of education, residence in the southern and western United States; psychiatric diagnoses including depressive, impulsive, and aggressive symptoms; comorbidity; and history of multiple physical and sexual assaults. It is possible and useful to distinguish between self-injurers on the basis of intent to die.

**Keywords:** suicide attempt, suicidal ideation, intent to die, self-harm, self-injury

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ISSN 1040-3598  
http://dx.doi.org/10.1037/1076-898X.32.7.677

### 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

Suicide is among the leading causes of death (DeLeo, Bertolote, & Lester, 2002). It has approximately 4.6% of individuals in the U.S. at least one suicide attempt in their lifetime (Walters, 1999), and a prior suicide attempt is a predictor of eventual death by suicide (Bermann, Schuttler, & Vogel, 1989; Goldstein & Winokur, 1991). Nevertheless, progress in this area has been hindered by several key methodological issues. Most important, there has been a lack of clarity in the terms used to define *suicide attempts*. This article is used for defining and classifying suicide attempts into three different perspectives, differing on the presence of intent to die in the self-injurer. Clinicians use liberal criteria for defining *suicide attempts* (e.g., Lewinsohn, Rohlfing, Conwell, Duberstein, Cox, & Deming, 2000), which does not make a firm distinction between those with

European Child & Adolescent Psychiatry (2023) 32:447–456  
https://doi.org/10.1007/s00787-022-01960-5

ORIGINAL CONTRIBUTION

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

Kathlagh Robinson<sup>1</sup> · Christian Schäringer<sup>2</sup> · Rebecca C. Brown<sup>3</sup> · Paul L. Plener<sup>4,5</sup>

Received: 27 October 2021 / Accepted: 11 February 2022 / Published online: 28 February 2022  
© The Author(s) 2022

**Abstract**  
Although self-injurious thoughts and behaviors are a global health concern, little is known about suicidal threat/gestures where a person leads others to believe they want to end their lives when they have no intention to do so. This study assessed the lifetime prevalence of self-injurious thoughts and behaviors among both community adolescents ( $n = 1117$ ) and in clinical youth ( $n = 191$ ). Suicide threats/gestures were common among youth, 12.2% of community adolescents and 18.0% of clinical youth reporting having made a suicide threat/gesture, most commonly in the context of other self-injurious thoughts and behaviors. Across both samples, suicide threat/gestures were not uniquely associated with suicide attempts, and youth who reported suicide threats/gestures in the context of a history of self-harm or suicide (plans) were no more likely to report a history of suicide attempts. Suicide threat/gestures were distinguished from suicide attempts in that they primarily fulfilled positive social functions, rather than autonomic functions. Findings suggest that suicidal threat/gestures are common in both community and clinical youth, and are not uniquely associated with suicide attempts, but rather function to communicate distress to others.

**Keywords:** Suicide gesture · Suicide threat · Self-harm · Suicidal behavior · Non-suicidal self-injury · Adolescence

Self-injurious thoughts and behaviors (SITBs) are a global public health concern. Globally, nearly 800,000 people die by suicide each year [3], with recent evidence to suggest rates of self-injury among adolescents have increased in recent years [10]. Although the nomenclature of SITBs is the subject of continuing debate [15], SITBs have been distinguished by intent to die into the two superordinate clusters: Suicidal phenomena and non-suicidal phenomena [17]. Suicidal phenomena are further distinguished into suicidal ideation, suicide plans, and suicide attempts, with a suicide attempt being defined as engaging in self-injurious behavior with at least some intent to die [21]. Non-suicidal phenomena are further distinguished into non-suicidal thoughts, non-suicidal self-injury (NSSI), and Suicide Threats/Gestures. Despite a rich literature investigating the nature of suicidal ideation, suicide plans, suicide attempts, and NSSI [6, 8, 29], suicide threat/gestures—in which an individual verbally or behaviorally leads others to believe they want to end their lives when they have no intention to do so—remains largely unexplored.

Initial investigations have focused on estimating the prevalence of suicide threat/gestures among youth. Within clinical settings, 9.4% of Spanish adolescents receiving outpatient care [3] and 18.0% of German adolescents receiving inpatient care reported a lifetime history of suicide threat/gestures [14]. Similarly, 22.3% of a US youth sample recruited from community and outpatient settings reported a lifetime history of suicide threat/gestures, 12.9% a past year history, and 2.1% a past month history [22]. Focusing on youth recruited from community settings, 1.9% of the National Comorbidity Survey (a nationally representative sample of US youth) reported a lifetime history of suicide threat/gestures [6]. Although “suicide threat/gesture” is the most common and precise term in recent suicidology research [2, 3, 8, 12, 14, 16], we use the term here pragmatically to maintain consistency with the literature.

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<sup>2</sup> Department of Child and Adolescent Psychiatry, Medical University of Vienna, Vienna, Austria  
<sup>3</sup> Department of Child and Adolescent Psychiatry and Psychosomatic Medicine, University of Ulm, Ulm, Germany

Springer

The Self-Injurious Thoughts and Behaviors Interview (SITBI) is a widely used measure of the presence, frequency, and characteristics of suicide and self-harming thoughts and behaviors. In response to advances in the conceptualization of these outcomes, and the potential for online data collection, we created a revised version of the SITBI (SITBI-R) and tested its psychometric properties via in-person interview and online self-report formats. Across two studies, the SITBI-R demonstrated strong psychometric properties for both assessment formats. In Study 1, outcomes measured via the SITBI-R showed convergent validity with those assessed with the Columbia Suicide Severity Rating Scale, another interview assessing suicidal thoughts and behaviors. The SITBI-R also showed strong alternate-forms reliability across nearly all outcomes assessed via both assessment formats. In Study 2, the SITBI-R showed strong test-retest reliability via the online assessment format. Across both studies, reliability was strongest for more recent outcomes (e.g., past year vs. lifetime) and for more commonly assessed outcomes of suicidal thoughts, plans, and attempts than for other, less commonly assessed behaviors (e.g., suicide gestures, interrupted suicide attempts, and aborted suicide attempts). The results of these two studies suggest that the SITBI-R provides reliable and valid measurement of key self-injurious outcomes both in person and online.

**Public Significance Statement**  
The present study provides evidence that an updated version of the Self-Injurious Thoughts and Behaviors Interview is a reliable and valid measure of a wide range of self-injurious thoughts and behaviors. Moreover, results indicate concordance between online self-report and in-person interview versions of this measure.

**Keywords:** assessment, self-injury, suicide, suicide attempts, non-suicidal self-injury

thoughts and behaviors (SITBs) are a significant public health challenge. Lifetime prevalence rates for non-suicidal self-injury (NSSI) and suicidal ideation are significant public health challenges. Lifetime prevalence rates for non-suicidal self-injury (NSSI) and suicidal ideation are significant public health challenges. Lifetime prevalence rates for non-suicidal self-injury (NSSI) and suicidal ideation are significant public health challenges.

emotional burden (Centers for Disease Control and Prevention, 2017; Copeland, Goldston, & Costello, 2017), range from 3% to 9% cross-nationally (Nock et al., 2008). Despite decades of research on SITBs, we have a limited understanding of why people engage in and how to best prevent these behaviors. Accurate and thorough measurement of SITBs is critical to increase our understanding of these outcomes. Working toward this goal, Nock, Heimberg, Phares, and Michel (2007) created the Self-Injurious Thoughts and Behaviors Interview (SITBI), a comprehensive and semistructured interview that provides standardized measurement of the presence of several different SITBs and characteristics of these behaviors (e.g., ages of onset, urgency/imminency of thoughts, severity of behaviors). The SITBI has strong psychometric properties (Nock et al., 2007) and has been used in hundreds of research studies since its original development (e.g., Barocas,

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Department of Psychology, University of Denver; Department of Psychology, University of Utah; Shirley B. Wang, Department of Psychology, Harvard University; Charlene A. Deming, Durham Veterans Affairs Health Care System, Durham, North Carolina; Matthew K. Nock, Department of Psychology, University of Denver.  
Kathryn R. Fox is the corresponding author for this article. She can be contacted at foxk@du.edu.  
E-mail: kathryn.fox@du.edu

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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 (Kliniksampl; N = 191 Jugendliche)

# Persistierende Suizidgedanken

# Persistierende Suizidgedanken

Originalarbeit

## Arbeitsdefinition persistierender Suizidgedanken

Eine Expert\_innenbefragung

Tobias Teismann<sup>1,2</sup>, Lena Marie Hensel<sup>1</sup>, Inken Höller<sup>3</sup> und Lena Spangenberg<sup>1</sup>

<sup>1</sup>Forschungs- und Behandlungszentrum für Psychische Gesundheit, Ruhr-Universität Bochum, Deutschland  
<sup>2</sup>Deutsches Zentrum für Psychische Gesundheit (DZPG), Partnerseite Bochum/Marburg, Deutschland  
<sup>3</sup>Abteilung für Klinische Psychologie und Psychotherapie, Charlotte Fresenius Hochschule, Düsseldorf, Deutschland  
<sup>4</sup>Abteilung für Medizinische Psychologie und Medizinische Soziologie, Universität Leipzig, Deutschland

**Zusammenfassung:** Hintergrund: In der Literatur wird zwischen akuten und chronischen Suizidgedanken differenziert. Gleichwohl fehlt bis jetzt eine anerkannte Definition chronischer Suizidgedanken, die spezifisch, ab welcher Dauer Suizidgedanken als chronisch zu begriffen sind. Dies hat erhebliche Auswirkungen auf eine weitergehende forschungs- und behandlungsbezogene Auseinandersetzung mit dem Phänomen. Mit dem Ziel eine Arbeitsdefinition chronischer Suizidgedanken zu entwickeln, wurden daher Expert\_innen befragt. Methode: In der vorliegenden Online-Studie wurden deutschsprachige Expert\_innen für suizidales Erleben und Verhalten anhand eines einzelnen Items, um ihre Einschätzung gebeten ab welcher Dauer (3, 6, 12, 24, 36 Monate) Suizidgedanken als chronisch bezeichnet werden sollten. Sechzig Expert\_innen (65,5% Männer; Alter: M = 52,37; SD = 12,53 Jahre; 58,6% Psycholog\_innen) nahmen an der Untersuchung teil. Ergebnisse: Am häufigsten wurde das Zeitkriterium von 12 Monaten gewählt. Hinsichtlich des gewählten Zeitkriteriums fanden sich keine geschlechtsbezogenen und keine berufsgruppenbezogenen Unterschiede. Es wurde darauf hingewiesen, besser von persistierenden als von chronischen Suizidgedanken zu sprechen. Schlussfolgerung: Im Sinne einer Arbeitsdefinition sollte von persistierenden Suizidgedanken gesprochen werden, wenn diese über einen Zeitraum von 12 Monaten oder länger an der Mehrzahl der Tage (je Monat) auftreten.

**Schlüsselwörter:** Chronische Suizidgedanken, P...

### A Working Definition of Persistent Suicidal Ideation

**Abstract:** Background: The literature distinguishes accepted definition of chronic suicidal ideation has significant implications for further discou... consulted experts to develop a working definition measure to ask German-speaking experts on 3, 6, 12, 24, or 36 months) at which they would consider SD = 12.53 years; 58.6% psychologists) participat... 12 months. We found no significant differences participants. They recommended speaking of definition of persistent suicidal ideation is sugg...  
**Keywords:** chronic suicidal ideation, persisten...

Suizidgedanken sind in der Allgemeinbevölke... Punkprävalenz; Forkman et al., 2012) und in Populationen (16% – 67.5% Punkprävalenz; T... al., 2024) weit verbreitet. Typischerweise we... Suizidgedanken alle Gedanken und Vorstell... standen, die eine Person hinsichtlich der selbst Beendigung ihres eigenen Lebens hat (Wen...

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**Journal of Affective Disorders Reports**  
 Volume 16, 2025  
 ISSN: 2474-2809  
 www.elsevier.com/locate/jadrep

**Persistent suicidality: A systematic scoping review of the literature**  
 Marie M. Pahn<sup>a,b,c</sup>, Elke Eitzinger<sup>a,b,c</sup>, Leah Middelkoop<sup>a</sup>, Almar A.L. Kok<sup>a,b</sup>, Kai-In Vohs<sup>a</sup>, Aarjan T.F. Beekman<sup>a,b,c</sup>, Sico M.P. van Veen<sup>a,b,c</sup>

**ABSTRACT**  
 Background: Suicidality risk varied between the acute phase and for a long-term condition. Studies by various... including clinical or previous suicidality (PS). This phenomenon is well recognized in clinical practice... However, a comprehensive synthesis and evaluation of the literature is missing, leaving the exact nature of the... the review scientifically evidence as PS markers. Aims: This review aims to identify and critically appraise the literature on PS, to provide an overview of... for the related clinical and epidemiological PS, the literature, and the measurement of suicidality defined by... Method: A systematic scoping review was conducted following the PRISMA-ScR guidelines. After comprehensive... searches were conducted in six databases (PubMed, PsycInfo, APA PsycInfo, Web of Science, Scopus, and ERIC... Article screening: Individuals with suicidal ideation or a suicide risk rating a year or longer were included. Quality appraisal was performed using the Joanna Briggs Institute of Health's quality assessment tools. Due to the... of the literature a narrative synthesis was conducted. Results: We took a closer look at suicidal ideation, suicidal ideation, suicidal ideation, suicidal ideation, suicidal ideation... suicidal ideation over the long term. There is a strong causal association between PS and psychiatric or... of psychological distress. Results suggest that specific suicidal ideation may help differentiate between individuals with... suicidal ideation and those at risk for PS. Conclusion: Despite sufficient quality of most studies reporting PS, the field is hindered by inconsistent opera... and a lack of study replication. This study highlights the need for a uniform understanding of PS and progress a standardized definition.

**1. Introduction**  
 With 703,000 people taking their own life every year, suicide is a... global public health concern (World Health Organization, 2012). In... response, extensive research is being conducted to prevent suicide and... address the widespread problem. Suicide risk is an umbrella term that... encompasses the entire spectrum from suicidal ideation (SI), and plans... to suicide and both acute and non-acute suicidal ideation (SI) versus non... (Pahn, 2015). Previous epidemiological and clinical studies on suicidality... usually focused on the onset of transient suicidal ideation or acute... suicidal ideation—rather than on the course of recurrent suicidal ideation and... suicidal ideation to safety—and identified important risk factors, including... previous suicidal behavior, having a mental disorder, and suicidal ideation... (Eaton et al., 2010; Lewinsohn et al., 2014; Lewinsohn et al., 2015; Lewinsohn et al., 2016). Additionally, effective preventive and therapeutic... approaches have been developed for individuals at risk of suicide, including psychotherapy, medication, and/or hospitalization (Eaton et al., 2010; Lewinsohn et al., 2015; Lewinsohn et al., 2016; Lewinsohn et al., 2017).

**1.1**  
 Not all individuals experiencing suicidality appear to benefit from... these existing treatments. In clinical practice it is a long-standing and... broadly-recognized observation that suicidality can be a long-term con... dition. Suicidality is often defined as suicidal ideation or suicidal ideation... (PS). This phenomenon is often seen in people with suicidal ideation... and a lack of study replication. This study highlights the need for a uniform understanding of PS and progress a standardized definition.

**1.2**  
 With 703,000 people taking their own life every year, suicide is a... global public health concern (World Health Organization, 2012). In... response, extensive research is being conducted to prevent suicide and... address the widespread problem. Suicide risk is an umbrella term that... encompasses the entire spectrum from suicidal ideation (SI), and plans... to suicide and both acute and non-acute suicidal ideation (SI) versus non... (Pahn, 2015). Previous epidemiological and clinical studies on suicidality... usually focused on the onset of transient suicidal ideation or acute... suicidal ideation—rather than on the course of recurrent suicidal ideation and... suicidal ideation to safety—and identified important risk factors, including... previous suicidal behavior, having a mental disorder, and suicidal ideation... (Eaton et al., 2010; Lewinsohn et al., 2014; Lewinsohn et al., 2015; Lewinsohn et al., 2016). Additionally, effective preventive and therapeutic... approaches have been developed for individuals at risk of suicide, including psychotherapy, medication, and/or hospitalization (Eaton et al., 2010; Lewinsohn et al., 2015; Lewinsohn et al., 2016; Lewinsohn et al., 2017).

**1.3**  
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**1.5**  
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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

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**Schlüsselwörter**  
persistierende Suizidgedanken, suizidales Erleben und Verhalten, ambulante Versorgung

**Keywords**  
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**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 Risikoabschätzungen durch; 43,3% 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%; 43.3% reported hospital admissions due to increasing risk. Only 10.6% addressed the functionality of PSG in their therapy. **Conclusion** PSG is frequent in outpatient care but is rarely addressed in depth. **FO**

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# 14.4%

## Deutsche Bevölkerungsstudie

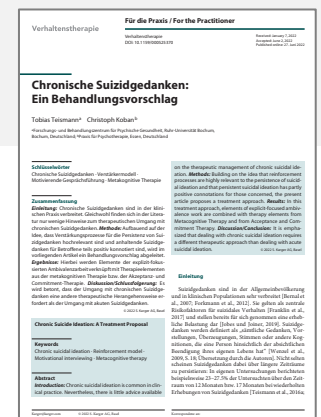
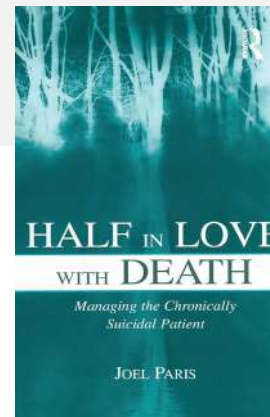
### N = 7615 (59% Frauen)

### 6.9% (n = 523)

### persistierende Suizidgedanken

### 0.9% (n= 72)

### tägliche Suizidgedanken über 12 Monate



**Vielen Dank für  
Ihre  
Aufmerksamkeit!**

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