

Treating Suicidal Behavior: An Effective, Time-Limited Approach

M. David Rudd, Thomas Joiner, and M. Hasan Rajab. New York: Guilford Press (www.guilford.com). 2001, 274 pp., \$50.

While suicidality ranks as one of the leading causes of death for individuals over the age of 10, there is a paucity of empirically supported literature addressing effective treatment. In *Treating Suicidal Behavior: An Effective, Time-Limited Approach*, Rudd, Joiner, and Rajab articulate the efficacy of a cognitive behavioral therapeutic approach towards treating suicidality and provide an exceptional step-by-step instructional guide for clinicians and trainees to treat single and chronic suicide attempters. The text has numerous strengths including its theoretically grounded approach towards assessing suicide risk, clear session-by-session outlines of the implementation of both short- and long-term treatment strategies, and rich descriptions of empirical support for the techniques proposed.

The authors commence the text by asking a fundamental question, “What do we really know about treating suicidality?” After providing an exhaustive overview of the empirical history of randomized and controlled studies targeting treatment of suicidality, the authors highlight the myriad methodological problems with existing studies (e.g., high attrition rates, non-compliance with treatment and/or refusal of services, poorly defined and implemented interventions, and removal of high risk patients). The authors conclude that of the various interventions covered, the cognitive behavioral approach has received the most empirical support and effectively addresses the three primary treatment components of suicide: (1) symptomology (e.g., depression, anxiety, and anger), (2) skill deficits (e.g., problem solving, emotion regulation, and distress tolerance), and (3) maladaptive personality traits (e.g., personality disorders that influence self-image and interpersonal relationships).

In the second and third chapters, the authors bring to life the cognitive behavioral model of suicidality by providing a multitude of flow charts and diagrams detailing the relationship between predisposing vulnerabilities, potential triggers of suicidality, the suicidal belief system, and subsequent behavioral, physiological and/or affective effects. In addition, the authors articulately explain the goals and techniques for symptom management, skill building, and personality development. As these chapters provide a framework within which the techniques presented in subsequent chapters should be implemented, it is invaluable for therapists particularly with respect to case formulation.

In the fourth chapter, the authors provide thorough session-by-session guidelines as well as transcripts demonstrating session content. As the timeline of effective treatment varies from patient to patient, the authors provide clear instructions for both a short- and long-term approach. One of the greatest strengths of the chapter is a detailed agenda the therapist should complete during every stage of the treatment process. This chapter provides an exceptional overview of the first twenty clinical sessions and is an absolute must read for anyone interested in utilizing a cognitive behavioral approach towards treating suicidality.

In chapters 5 through 7, the authors present specific techniques to conduct initial interviews, assess suicide risk, and organize crisis management. Chapter 5 focuses on the importance of early evaluation. The authors recommend an extended evaluation period because it (1) provides adequate time to make a working diagnosis, (2) allows clinicians to better understand factors related to a patient’s suicidality, (3) helps to establish initial risk and current level of functioning, (4) provides an opportunity to develop a working conceptual model for effective treatment, (5) builds a stronger therapeutic alliance, and (6) allows the clinician an

opportunity to observe the patient for a limited period of time. In addition, they provide examples of clinical forms to use during the interview process and self-report forms for patients (e.g., Suicidal Thought Records). Chapter 6 outlines an effective approach towards assessing suicide risk. In doing so, the authors standardize the nomenclature associated with suicide and suicidal behavior and operationalize the suicide rating severity (e.g., baseline, acute, chronic high risk, and chronic high risk with acute exacerbation). Such efforts enable clinicians and patients alike to discuss various aspects of suicidality with greater specificity. In Chapter 7, the authors focus on crisis management and symptom management. They describe a direct three step process for crisis response: (1) help the patient recognize what triggered the suicidal crisis, (2) deactivate the suicidal mode and facilitate emotional recovery, and (3) facilitate emergency care and assistance if the suicidal mode is not effectively deactivated. Throughout the chapter, the authors provide diagrams that can be used to help patients better understand the chain of events that occurred in activating the suicidal mode. Further, the authors provide an example of a crisis response card that a patient can keep with him/her in the event that suicidal thoughts occur.

In the remaining chapters, the authors address specific techniques to reduce or eliminate suicide-related behaviors, foster cognitive restructuring, and promote skill building amongst suicidal patients. Throughout these chapters, the authors include step-by-step instructions which explain how to effectively apply clinical techniques in both individual and group settings.

In sum, *Treating Suicidal Behavior* is an exceptional guide to help clinicians effectively and efficiently treat suicidality, and the authors animate the text by providing a multitude of client worksheets, session transcripts, and flow charts. This book will definitely be on my list of recommendations for students and colleagues who want either to build or to strengthen their foundation in conducting cognitive therapy.

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