

Suicide Prevention Programs

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Tarrier, N., Taylor, K., & Gooding, P. (2008). Cognitive-behavioral interventions to reduce suicide behavior. *Behavior Modification*, 32(1), 77–108. PubMed abstract available at <http://www.ncbi.nlm.nih.gov/pubmed/18096973>.

Objectives	Assess the effectiveness of cognitive behavioral therapy (CBT) or a treatment that contains cognitive behavioral methods as a substantial part of that treatment in an attempt to reduce suicide behavior.
Studies Included	Twenty-eight U.S. and international studies published between 1981 and 2006
Participants in the Studies	Adolescents; adults; males; females; individuals without psychosis; individuals with recent onset or first-episode schizophrenia or psychosis; schizophrenic patients; individuals with personality disorder, mainly borderline; individuals with substance abuse; individuals with depression
Settings	Settings reported included outpatient, inpatient, school, home, assertive community treatment sites, and clinics.
Outcomes	Reduced suicide behavior (includes completed suicides, suicide attempts, suicide intent and/or plans, and suicide ideation)
Limitations of the Studies	There was great variability in CBT delivery, the number of sessions, frequency of therapy, the age of the samples, and the focus of the study (suicide, self-harm, depression). Publication bias is apparent wherein studies with a small sample number and large effect size have a disproportionately large influence on the overall effect size. The profession of the clinician delivering the treatment, his or her seniority, and his or her level of experience and training may also affect cost and therefore cost-effectiveness.

Results

CBT produced a highly significant effect in reducing suicide behavior when compared to minimal treatment or treatment as usual but not when compared to another active treatment. Subgroup analysis indicates a significant treatment effect for adult samples (but not adolescent) for individual treatments (but not group). There was evidence of reduced treatment effects over the medium term. Although these results appear optimistic in advocating the use of CBT in decreasing the likelihood of suicidal thoughts, plans, and behaviors, evidence of a publication bias threatens this optimism.