**‘CT-SP Training Outline’**

*Date*: 28th and 29th of May, 2018

*Location*: GGZ inGeest in Amsterdam

*Address*: Department of research and innovation, Oldenaller 1, 1081 HJ Amsterdam

*Number of direct contact hours*: 16 hours (includes 3 hours of break time)

*Trainers*: prof. dr. G. Brown (Clinical psychologist and Research Associate Professor) & dr. K. Green (Psychologist and Research Associate) of the Aaron T. Beck Psychopathology Research

Center in Philadelphia, PA in the United States of America

*Hosts*: prof. dr. P. van Oppen, dr. J. Heering, and drs. J. Wiebenga

*Contact person*: drs. J. Wiebenga (e-mail: j.wiebenga01@ggzingeest.nl, phone: 020-7884634)

Accreditation domain: ‘Nascholingsactiviteit’

Number of participants: a minimum of 5 and a maximum of 25

**General information**

**Summary of the training**

This 2-day workshop provides an overview of an evidence-based treatment for suicide risk, Cognitive Therapy for Suicide Prevention (CT-SP), for mental health clinicians who will serve as study therapists for an upcoming research trial.

**Admission Requirements**

The training is aimed at the following mental health clinicians:

* Klinisch psycholoog
* Psychotherapeut
* GZ-psycholoog
* GZ-psycholoog in opleiding tot specialist (gios)
* Psycholoog in opleiding tot GZ-psycholoog

**Topics that will be covered**

* Overview of CT-SP and its research base
* Initial phase of CT-SP, which includes motivational enhancement, suicide risk assessment, the Safety Planning Intervention, and developing treatment goals
* Cognitive case conceptualization of suicidal patients
* Structuring sessions
* Middle phase of CT-SP, which includes using cognitive and behavioral strategies to treat suicide risk
* Later phase of CT-SP, which includes relapse prevention strategies

**General goals**

After the training, the participants will have learned the following:

1. The structure of the CT-SP treatment and key research findings supporting its efficacy
2. How to conduct a suicide risk assessment and narrative interview of a suicidal crisis
3. How to develop a collaborative safety plan with patients
4. How to develop a suicide-specific cognitive case conceptualization and treatment goals
5. How to implement CBT session structure
6. How to implement and adapt cognitive behavioral strategies to treat suicide risk
7. How to implement the relapse prevention task

**Literature**

During the training we will make use of the following literature:

1. Wenzel, A., Brown, G. K., & Beck, A. T. (2009). *Cognitive therapy for suicidal patients: Scientific and clinical applications* American Psychological Association, Washington, DC.
2. Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256-264.
3. Green, K. L. & Brown, G. K. (2015). Cognitive Therapy for Suicide Prevention: An illustrative case example. In C. J. Bryan (Ed.), *Cognitive Behavioral Therapy for Preventing Suicide Attempts: A Guide to Brief Treatments Across Clinical Settings*. New York, NY: Routledge. (24 pages)

**Testing & Evaluation**

* Participants will complete a multiple choice pre-test prior to the workshop and will then complete this test again after the workshop in order to quantitatively evaluate learning.
* Throughout the workshop, participants will have the opportunity to role-play key components of the treatment in pairs or small groups while instructors walk around the room to observe and provide feedback. Participants will utilize details of either current or past suicidal patients they have treated for these role-plays and give a brief description of the case to their partners or group members prior to role-playing. Participants will have a chance to discuss and debrief as a group after each role-play.
* Participants will write a brief reflection about what they learned during day 1, what they found difficult, and what questions they may still have.
* Answer two short answer take-home exam questions related to content from day 1.

**Outline of Each Course Day**

* ***‘Day 1’***

**Topics covered**

- Brief overview of CT-SP and its evidence base.

- Tasks performed in the Initial Phase of CT-SP: motivational enhancement, suicide risk assessment, narrative interview of a suicidal crisis, developing a collaborative safety plan

- Developing a cognitive case conceptualization and treatment goals to specifically target suicide risk

**Goals**

After day 1, the participant will be able to

1. Describe the research evidence for CT-SP

2. Demonstrate strategies for enhancing motivation for suicidal patients who are ambivalent about treatment

3. Describe how to conduct a narrative interview of a recent suicidal crisis and a suicide risk assessment

4. Demonstrate to collaboratively develop a safety plan with their patients

5. Conceptualize suicidal patients from a cognitive behavioral perspective and develop treatment goals to directly target suicide risk

**Literature**

Participants must study the following for day 1:

* Chapters 5 (p. 103-125, 22 pages in total), 6 (p. 127-152, 25 pages in total), and 7 (p. 153-171, 18 pages in total) of *Cognitive therapy for suicidal patients: Scientific and clinical applications.*
* Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice, 19*(2), 256-264 (8 pages in total).
* Green, K. L. & Brown, G. K. (2015). Cognitive Therapy for Suicide Prevention: An illustrative case example. In C. J. Bryan (Ed.), *Cognitive Behavioral Therapy for Preventing*. (p. 1-24, 24 pages in total)

**Time schedule**

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| --- | --- | --- | --- |
| **Time** | **Activity** | **Goal** | **Work format** |
| 9:00 – 9:45 | IntroductionsOverview of CT-SPDiscussion of research literature | 1 | PresentationInput from participants |
| 9:45 – 11:00 | Discuss working with suicidal patientsInitial phase of treatment: socialization to treatment and motivational enhancement | 2 | PresentationGroup discussionDemonstrationParticipant role-play |
| 11:00 – 11:15 | Break | NA | NA |
| 11:15 – 12:30 | Initial phase of treatment: suicide risk assessment, narrative timeline interview | 3 | PresentationInteractive exerciseDemonstration |
| 12:30 – 13:30 | Lunch | NA | NA |
| 13:30 – 15:30 | Initial phase of treatment: narrative timeline interview (continued), Safety Planning Intervention, Treatment Goals, Hope Kit | 3, 4, 5 | PresentationDemonstrationInteractive exerciseParticipant role-play |
| 15:30 – 15:45 | Break | NA | NA |
| 15:45 – 16:30 | Cognitive Case Conceptualization | 5 | PresentationInteractive exercise |
| 16:30 – 17:00 | Summary and Q&A | 1, 2, 3, 4, 5 | Questions and AnswersGroup Discussion |

**Homework**

* Participants will write a brief reflection about what they learned during day 1, what they found difficult, and what questions they may still have.
* Answer two short answer take-home exam questions related to content from day 1.
* ***‘Day 2’***

**Topics covered**

- Session structure and ongoing assessment

- Middle Phase of CT-SP: Behavioral and Cognitive strategies to reduce suicide risk

- Later Phase of CT-SP: consolidation of skills, relapse prevention task, further treatment or termination planning

**Goals**

After day 2, the participant will be able to

1. Demonstrate the use of CBT session structure

2. Describe the process for session-by-session monitoring of suicide risk

3. Utilize and adapt behavioral strategies for specifically targeting suicide risk

4. Utilize and adapt cognitive strategies for specifically targeting suicide risk

5. Describe how to assist patients in consolidating skills learned in treatment and how to conduct the relapse prevention task

**Literature**

Participants must study the following for day 2:

* Chapters 8 (p. 173-197, 24 pages in total) and 9 (199-214, 5 pages in total) of *Cognitive therapy for suicidal patients: Scientific and clinical applications.*
* Green, K. L. & Brown, G. K. (2015). Cognitive Therapy for Suicide Prevention: An illustrative case example. In C. J. Bryan (Ed.), *Cognitive Behavioral Therapy for Preventing.* (p. 1-24, 24 pages in total)

**Time schedule**

|  |  |  |  |
| --- | --- | --- | --- |
| **Time** | **Activity** | **Goal** | **Work format** |
| 9:00 – 11:00 | Session StructureMiddle Phase: Behavioral strategies | 1, 2, 3 | PresentationDemonstrationParticipant Role-PlayInteractive exercise |
| 11:00 – 11:15 | Break | NA | NA |
| 11:15 – 12:30 | Middle Phase: Behavioral strategies (continued) and Cognitive Strategies | 3, 4 | PresentationDemonstrationParticipant Role-PlayInteractive exercise |
| 12:30 – 13:30 | Lunch | NA | NA |
| 13:30 – 15:30 | Middle Phase: Cognitive Strategies (continued)Later Phase of Treatment | 4, 5 | PresentationDemonstrationParticipant role-playInteractive exercise |
| 15:30 – 15:45 | Break | NA | NA |
| 15:45 – 16:30 | Later Phase of Treatment (continued) | 5 | PresentationGroup Discussion |
| 16:30 – 17:00 | FeedbackSummary and Q&A | 1, 2, 3, 4, 5 | Questions and AnswersGroup Discussion and Feedback |

**Homework**

* Participants will write a brief reflection about what they learned during day 2 and how they plan to practice CT-SP with their patients