

**Praxis Continuing Education and Training  
In Joint Sponsorship with the Beck Institute**

**CE Information Packet  
CBT for Suicide Prevention  
8.75 CE Hours**

Led by Dr. Rob Hindman, this course presents an evidence-based, Cognitive Behavior Therapy (CBT) approach for suicide prevention. This interactive, on-demand, multimedia course teaches learners how to conduct a thorough suicide risk assessment in order to identify risk and protective factors for suicide and how to develop a safety plan for clients at high risk for suicide. Dr. Hindman describes how to conceptualize clients at risk for suicide according to Problem-Based and Strength-Based Cognitive Conceptualizations as well as the cognitive model of suicidal acts. Learners see how to tailor treatment to clients using affective, behavioral, and cognitive interventions for suicide prevention. Additionally, Dr. Hindman presents how to use imagery as a method for relapse prevention. These topics are demonstrated through didactic lectures, video recordings of therapy sessions, and roundtable discussions between expert Beck Institute clinicians.

**Objectives:** *At the end of the course, participants will better be able to:*

1. Define components of the cognitive model of suicidal acts.
2. Develop Problem-Based and Strength-Based Cognitive Conceptualizations for clients at risk for suicide.
3. Discuss how to conduct a thorough suicide risk assessment.
4. Develop a safety plan with clients at risk for suicide.
5. Identify and implement affective, behavioral, and cognitive interventions for suicide prevention.
6. Use imagery exercises as part of relapse prevention.

**Target Audience:**

This course is appropriate for those with a beginner to intermediate level of knowledge in a mental health or medical field.

**Schedule- total run time: 8 hours, 48 minutes, 13 seconds**

Welcome	19:41
Module 1: Basics of CBT for Suicide Prevention	
Introduction to Module 1	1:26
Lesson 1: The Basics of CBT	16:12
Lesson 2: Cognitive Model of Suicidal Acts	22:24
Module 2: Beginning Treatment	
Introduction to Module 2	2:05
Lesson 1: Treatment Engagement	35:47
Lesson 2: Assessing Suicide Risk	40:21
Module 3: How to Develop a Safety Plan	
Introduction to Module 3	2:24

Lesson 1: Safety Plan Components	56:12
Lesson 2: Reducing Means	18:27
Lesson 3: Reasons for Living and Setting an Action Plan	21:57
Module 4: Conceptualize Clients using a CBT Framework	
Introduction to Module 4	1:50
Lesson 1: Suicidal Crisis Timeline	32:42
Lesson 2: Problem-Based Cognitive Conceptualization	23:12
Lesson 3: Strength-Based Cognitive Conceptualization	18:36
Module 5: Techniques for the Middle Phase of Treatment	
Introduction to Module 5	10:36
Lesson 1: Goal Setting and Affective Strategies	30:27
Lesson 2: Behavioral Strategies	51:10
Lesson 3: Cognitive Strategies	44:37
Module 6: Relapse Prevention	
Introduction to Module 6	2:11
Lesson 1: Imagery Exercises for Relapse Prevention	40:01
Lesson 2: Consolidation of Learning and Next Steps	32:32
Conclusion	2:25
Bridge to the Future	00:58

**CE Information: This non-live online distance learning course is approved for 8.75 CE hours.**

To earn CE credit, attendees must complete the course in full, pass the post test with a score of 80% or higher, and submit a course evaluation. Upon receipt of the evaluation, attendees will be able to print their CE/CME certificate of completion.

Please review complete CE and conflict-of-interest disclosure information prior to registering. This professional continuing education activity was sponsored by Praxis Continuing Education and Training and co-sponsored by the Beck Institute. Praxis Continuing Education and Training, who has been approved as a provider of continuing education by the organizations listed below, maintains responsibility for the educational activity offered and for following the standards and regulations for the organizations listed below.

**Praxis CET maintains responsibility for the program with the CE approvals outlined below:**

Joint Accreditation: In support of improving patient care, this activity has been planned and implemented by Praxis Continuing Education and Training, Inc and the Beck Institute. Praxis Continuing Education and Training, Inc is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



IPCE: This activity was planned by and for the healthcare team, and learners will receive 8.75 Interprofessional Continuing Education (IPCE) credit for learning and change.



Nursing: Praxis Continuing Education and Training, Inc designates this activity for a maximum of 8.75 ANCC contact hours.

Physicians: Praxis Continuing Education and Training, Inc designates this enduring material activity for a maximum of 8.75 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Psychologists: Continuing Education (CE) credits for psychologists are provided through the co-sponsorship of the American Psychological Association (APA) Office of Continuing Education in Psychology (CEP). The APA CEP Office maintains responsibly for the content of the programs.



Social Workers: As a Jointly Accredited Organization, Praxis Continuing Education and Training, Inc. is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 8.75 clinical continuing education credits.

NY Social Workers: Praxis Continuing Education and Training, Inc is recognized by the New York State Education Department's State Board for Social Work as an approved provider of continuing education for licensed social workers #SW-0467

NY Counselors: Praxis Continuing Education and Training, Inc. is recognized by the New York State Education Department's State Board for Mental Health Practitioners as an approved provider of continuing education for licensed mental health counselors. #MHC-0198.

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**NOTE:** Many state boards accept offerings accredited by national or other state organizations. If your state is not listed, please check with your professional licensing board to determine whether the accreditations listed are accepted.

Course launch date: 3/22/23

Course review/expiration date: 3/21/26

## Disclosure Information:

Praxis Continuing Education and Training is responsible for the content, quality and scientific integrity of all CE/CME activities certified for credit. When an educational activity is offered for medical (CME), Nursing (ANCC) and/or Psychology (APA) continuing education credit, participants must be informed as to the source, amount, nature, and disposition of any funding used to support the activity, whether in the form of educational grants, cash contributions, or in-kind contributions. Individuals in a position to influence course content must also disclose whether they have one or more relevant financial relationships with ineligible companies.

We define ineligible companies as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients. There is no minimum financial threshold; individuals must disclose all financial relationships, regardless of the amount, with ineligible companies. We ask that disclosures are made regardless of whether the individual views the financial relationships as relevant to the education. For more information on the Standards for Integrity and Independence in Accredited Continuing Education, please visit [accme.org/standards](http://accme.org/standards).

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*There is no commercial support for this activity.*

*None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.*

## References:

- Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology, 2*, 270. <https://doi.org/10.3389/fpsyg.2011.00270>
- Beck, A. T., Brown, G., Berchick, R. J., Stewart, B. L., & Steer, R. A. (1990). Relationship between hopelessness and ultimate suicide: a replication with psychiatric outpatients. *The American Journal of Psychiatry, 147*(2), 190-195. <https://doi.org/10.1176/ajp.147.2.190>
- Beck, A. T., Brown, G., & Steer, R. A. (1989). Prediction of eventual suicide in psychiatric inpatients by clinical ratings of hopelessness. *Journal of Consulting and Clinical Psychology, 57*(2), 309-310. <https://doi.org/10.1037//0022-006x.57.2.309>
- Beck, A. T., Brown, G. K., Steer, R. A., Dahlsgaard, K. K., & Grisham, J. R. (1999). Suicide ideation at its worst point: A predictor of eventual suicide in psychiatric outpatients. *Suicide & Life-Threatening Behavior, 29*(1), 1-9.
- Beck, A. T., Kovacs, M., & Weissman, A. (1975). Hopelessness and suicidal behavior. An overview. *Jama, 234*(11), 1146-1149.
- Beck, A. T., Kovacs, M., & Weissman, A. (1979). Assessment of suicidal intention: The Scale for Suicide Ideation. *Journal of Consulting and Clinical Psychology, 47*(2), 343-352. <https://doi.org/10.1037/0022-006X.47.2.343>

- Beck, A. T., Steer, R. A., & McElroy, M. G. (1982). Relationships of hopelessness, depression and previous suicide attempts to suicidal ideation in alcoholics. *Journal of Studies on Alcohol and Drugs*, 43(9), 1042-1046. <https://doi.org/10.15288/jsa.1982.43.1042>
- Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1974). The measurement of pessimism: the hopelessness scale. *Journal of Consulting and Clinical Psychology*, 42(6), 861-865. <https://doi.org/10.1037/h0037562>
- Beck, A. T., Weissman, A., Lester, D., & Trexler, L. (1976). Classification of suicidal behaviors. II. Dimensions of suicidal intent. *Arch Gen Psychiatry*, 33(7), 835-837. <https://doi.org/10.1001/archpsyc.1976.01770070065006>
- Bedrosian, R. C., & Beck, A. T. (1979). Cognitive aspects of suicidal behavior. *Suicide and Life: Threatening Behavior*, 9(2), 87-96.
- Burch, G. F., Batchelor, J. H., Heller, N. A., Shaw, J., Kendall, W., & B. (2014). Experiential learning - What do we know? A meta-analysis of 40 years of research. *Developments in Business Simulation and Experiential Learning*, 41, 279-283.
- Calati, R., Ferrari, C., Brittner, M., Oasi, O., Olié, E., Carvalho, A. F., & Courtet, P. (2019). Suicidal thoughts and behaviors and social isolation: A narrative review of the literature. *Journal of Affective Disorders*, 245, 653-667. <https://doi.org/10.1016/j.jad.2018.11.022>
- Chesin, M. S., Stanley, B., Haigh, E. A., Chaudhury, S. R., Pontoski, K., Knox, K. L., & Brown, G. K. (2017). Staff views of an emergency department intervention using safety planning and structured follow-up with suicidal veterans. *Archives of Suicide Research*, 21(1), 127-137. <https://doi.org/10.1080/13811118.2016.1164642>
- Chu, C., Buchman-Schmitt, J. M., Stanley, I. H., Hom, M. A., Tucker, R. P., Hagan, C. R., Rogers, M. L., Podlogar, M. C., Chiurliza, B., Ringer, F. B., Michaels, M. S., Patros, C. H. G., & Joiner, T. E., Jr. (2017). The interpersonal theory of suicide: A systematic review and meta-analysis of a decade of cross-national research. *Psychological Bulletin*, 143(12), 1313-1345. <https://doi.org/10.1037/bul0000123>
- De Jaegere, E., Van Landschoot, R., Van Heeringen, K., Van Spijker, B. A. J., Kerkhof, A. J. F. M., Mokkenstorm, J. K., & Portzky, G. (2019). The online treatment of suicidal ideation: A randomised controlled trial of an unguided web-based intervention. *Behaviour Research and Therapy*, 119, 103406. <https://doi.org/10.1016/j.brat.2019.05.003>
- Emery, G. D., Steer, R. A., & Beck, A. T. (1979). Suicidal behavior among heroin addicts: a brief report. *Psychological Reports*, 44(1), 237-238. <https://doi.org/10.2466/pr0.1979.44.1.237>
- Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy*, 55(4), 316-340. <https://doi.org/10.1037/pst0000172>
- Hawton, K., & Van Heeringen, K. (2009). Suicide. *The Lancet*, 373(9672), 1372-1381. [https://doi.org/10.1016/S0140-6736\(09\)60372-X](https://doi.org/10.1016/S0140-6736(09)60372-X)
- Hillbrand, M. (2001). Homicide-suicide and other forms of co-occurring aggression against self and against others. *Professional Psychology: Research and Practice*, 32(6), 626-635. <https://doi.org/10.1037/0735-7028.32.6.626>
- Husain, N., Afsar, S., Ara, J., Fayyaz, H., Rahman, R. U., Tomenson, B., Hamirani, M., Chaudhry, N., Fatima, B., Husain, M., Naeem, F., & Chaudhry, I. B. (2014). Brief psychological intervention after self-harm:

Randomised controlled trial from Pakistan. *The British Journal of Psychiatry*, 204(6), 462–470.

<https://doi.org/10.1192/bjp.bp.113.138370>

Interian, A., Chesin, M., Kline, A., St Hill, L., King, A., Miller, R., Latorre, M., Gara, M., & Stanley, B. (2021). Coping with suicidal urges: An important factor for suicide risk assessment and intervention. *Archives of Suicide Research* 25(2), 224–237. <https://doi.org/10.1080/13811118.2019.1678538>

Kalmbach, D. A., Cheng, P., Ahmedani, B. K., Peterson, E. L., Reffi, A. N., Sagong, C., Seymour, G. M., Ruprich, M. K., & Drake, C. L. (2022). Cognitive-behavioral therapy for insomnia prevents and alleviates suicidal ideation: insomnia remission is a suicidolytic mechanism. *Sleep*, zsc251.

<https://doi.org/10.1093/sleep/zsac251>

Kolb, D. A. (2015). *Experiential learning: Experience as the source of learning and development* (2 edition). Pearson.

Labouliere, C. D., Stanley, B., Lake, A. M., & Gould, M. S. (2020). Safety planning on crisis lines: Feasibility, acceptability, and perceived helpfulness of a brief intervention to mitigate future suicide risk. *Suicide and Life-Threatening Behavior*, 50(1), 29–41. <https://doi.org/10.1111/sltb.12554>

Lester, D., & Beck, A. T. (1975). Suicidal intent, medical lethality of the suicide attempt, and components of depression. *Journal of Consulting and Clinical Psychology*, 31(1), 11-12.

Lester, D., & Beck, A. T. (1988). Attempted suicide and pregnancy. *American Journal of Obstetrics and Gynecology*, 158(5), 1084-1085. [https://doi.org/10.1016/0002-9378\(88\)90225-6](https://doi.org/10.1016/0002-9378(88)90225-6)

Martin, M. S., Dykxhoorn, J., Afifi T. O., Ian Colman, I. (2016). Child abuse and the prevalence of suicide attempts among those reporting suicide ideation. *Social Psychiatry and Psychiatric Epidemiology*, 51(11), 1477–1484. <https://doi.org/10.1007/s00127-016-1250-3>

McCloskey, M. S. & Ammerman, B. A. (2018). Suicidal behavior and aggression-related disorders. *Current Opinion in Psychology*, 22, 54-58. <https://doi.org/10.1016/j.copsyc.2017.08.010>

McMyler, C., & Prymachuk, S. (2008). Do 'no-suicide' contracts work? *Journal of Psychiatric and Mental Health Nursing*, 15(6), 512–522. <https://doi.org/10.1111/j.1365-2850.2008.01286.x>

Minkoff, K., Bergman, E., Beck, A. T., & Beck, R. (1973). Hopelessness, depression, and attempted suicide. *The American Journal of Psychiatry*, 130(4), 455-459. <https://doi.org/10.1176/ajp.130.4.455>

Raj, S., Sachdeva, S. A., Jha, R., Sharad, S., Singh, T., Arya, Y. K., & Verma, S. K. (2019). Effectiveness of mindfulness based cognitive behavior therapy on life satisfaction, and life orientation of adolescents with depression and suicidal ideation. *Asian Journal of Psychiatry*, 39, 58-62.

<https://doi.org/10.1016/j.ajp.2018.12.001>

Rudd, M. D., Mandrusiak, M., & Joiner, T. E., Jr. (2006). The case against no-suicide contracts: The commitment to treatment statement as a practice alternative. *Journal of Clinical Psychology*, 62(2), 243–251. <https://doi.org/10.1002/jclp.20227>

Silver, M. A., Bohnert, M., Beck, A. T., & Marcus, D. (1971). Relation of depression of attempted suicide and seriousness of intent. *Arch Gen Psychiatry*, 25(6), 573-576.

<https://doi.org/10.1001/archpsyc.1971.01750180093015>

Stanley, B., & Brown, G. K. (2012). Safety planning intervention: A brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice*, 19(2), 256–264. <https://doi.org/10.1016/j.cbpra.2011.01.001>

- Stanley, B., Brown, G. K., Brenner, L. A., Galfalvy, H. C., Currier, G. W., Knox, K. L., Chaudhury, S. R., Bush, A. L., & Green, K. L. (2018). Comparison of the safety planning intervention with follow-up vs usual care of suicidal patients treated in the emergency department. *JAMA Psychiatry*, *75*(9), 894–900.  
<https://doi.org/10.1001/jamapsychiatry.2018.1776>
- Stanley, B., Brown, G. K., Currier, G. W., Lyons, C., Chesin, M., & Knox, K. L. (2015). Brief intervention and follow-up for suicidal patients with repeat emergency department visits enhances treatment engagement. *American Journal of Public Health*, *105*(8), 1570–1572.  
<https://doi.org/10.2105/AJPH.2015.302656>
- Stewart, K. L., Darling, E. V., Yen, S., Stanley, B., Brown, G. K., & Weinstock, L. M. (2020). Dissemination of the Safety Planning Intervention (SPI) to university counseling center clinicians to reduce suicide risk among college students. *Archives of Suicide Research*, *24*(sup1), 75–85.  
<https://doi.org/10.1080/13811118.2018.1531797>
- The National Health Service. (2022, November 10). *Overview - Cognitive behavioural therapy (CBT)*. NHS.  
<https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/>
- Trout, D. A. (1980). The role of social isolation in suicide. *Suicide and Life-Threatening Behavior*, *10*(1), 10–23. <https://doi.org/10.1111/j.1943-278X.1980.tb00693.x>
- Van Orden, K. A., & Smith, P. N. (2016). A case controlled examination of the interpersonal theory of suicide in the second half of life. *Archives of Suicide Research*, *20*(3), 323–335.  
<https://doi.org/10.1080/13811118.2015.1025121>
- Van Orden, K. A., Lynam, M. E., Hollar, D., & Joiner, T. E. (2006). Perceived burdensomeness as an indicator of suicidal symptoms. *Cognitive Therapy and Research*, *30*, 457–467.  
<https://doi.org/10.1007/s10608-006-9057-2>
- Van Orden, K. A., Witte, T. K., Cukrowicz, K. C., Braithwaite, S. R., Selby, E. A., & Joiner, T. E., Jr (2010). The interpersonal theory of suicide. *Psychological Review*, *117*(2), 575–600.  
<https://doi.org/10.1037/a0018697>
- Van Spijker, B. A. J., Van Straten, A., & Kerkhof, A. J. F. M. (2014). Effectiveness of online self-help for suicidal thoughts: Results of a randomised controlled trial. *PLoS ONE*, *9*(2), e90118.  
<https://doi.org/10.1371/journal.pone.0090118>
- Wenzel, A., Brown, G. K., & Beck, A. T. (2009). Cognitive therapy for suicidal patients: Scientific and clinical applications. American Psychological Association.