

# SUICIDE MANAGEMENT PROTOCOL: LINEHAN RISK ASSESSMENT AND MANAGEMENT PROTOCOL (LRAMP)

Suzanne Witterholt, M.D.  
Medical Director for Consultation and Complex Care  
Allina Health

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## DISCLOSURE

- None

## OBJECTIVES

- Understand the importance of suicide management and intervention, not just screening
- Learn about the Linehan Risk Assessment And Management Protocol - being implemented at Allina Health
- Review details of managing an imminently suicidal patient (Sam)

## *“A Crisis is a Terrible Thing to Waste”*

For the person in crisis; Suicide is the **Solution** NOT the problem:

- Intense misery and pain
- Thoughts that death could relieve the pain
- Intense Pain causes ANY of us to lose the capacity to problem solve

The clinician intervening must identify and help them solve the **Problem**:

- Maintain the stance that suicide is a maladaptive and/or ineffective solution
- The crisis of the patient demands THE CLINICIAN actively work to 'solve the problem'
- Determine if the patient HAS skills to manage/tolerate crises AND/OR are they *able to use them*

## Beyond 'Screening' and 'Assessment'

- Assessment and Screening are NOT to “predict”
- Assessment and Screening are to INTERVENE
- Assessment without Management is not a clinical approach.

## *Treatments with Research Support: interventions that reduce risk of suicide*

- 2 of 6 pharmacotherapy trials
- 0 of 2 hospitalization trials
- 0 of 2 inpatient treatments
- 1 of 3 green card trials
- 0 of 2 continuity of care trials
- 4 of 7 *caring letters trials*\*
- 2 of 4 *caring phone calls trials*
- *Interventions that have been* 2 of 4 3 of 9 brief, problem-focused trials
- 2 of 9 intensive, problem-focused trials
- 1 of 3 intensive, plus outreach trials
- 4 of 5 *DBT trials*\*

= 20 of 52 trials (39%) where experimental condition outperformed control condition; 2 of 10 treatment approaches (2%) replicated

2032  
KW10**Suicidal Behaviors Crisis Protocol: LRAMP**

1. Assess Imminent risk of suicide
2. Focus on the present
3. Problem solve current problem
4. Reduce high risk environmental factors
5. Reduce high risk behavioral factors
6. Commit to a plan of action
7. Trouble shoot the plan
8. Anticipate a recurrence of crisis response
9. Re-assess suicide potential

**DEMO!**


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Saving Mirza, AKA, "Sam"

2034  
KW12**Focus on the Present**

- Explore the Problem NOW!
- Identify events which set off the current crises
- Identify vulnerability factors
- Identify variables that influence/maintain suicide solutions
- Formulate and summarize the problem situation with the person

**Reduce High Risk Environmental Factors**

1. Reduce availability of lethal means
  - Remove or convince the person to remove lethal items
2. Remove or counter-act suicidal models
3. Increase social support
  - Keep (or arrange) contact with the person
  - Contact professional and personal network
  - Restrict confidentiality
4. Remove or reduce stressful events and demands
  - Stop on-going uncontrollable precipitating events
  - Remove person from the environment if needed

**Reduce High Risk Behavioral Factors:**cognitive(content/process), emotion(physiology), overt actions

1. Pay attention to affect, rather than content
  - Validate and soothe "in the moment"
  - Try cognitive restructuring, cheerleading ("You can do this!")
  - Instruct in immediate emotion regulation techniques (e.g., deep breathing, relaxation, ice, exercise)
  - Focus on affect tolerance ("Let's get through this without making things worse")
2. Generate (randomly if necessary) hope and reasons for living
3. Activate behavior
4. Block immediate maladaptive responses

**Problem Solve the Current Problem**

1. Emphatically tell the person not to commit suicide or self-injure.
  - Persist with statements that suicide is not a good solution, that a better one can be found
  - Predict consequences of various plans of action
  - Confront the person's ideas or behavior directly
2. Give advice and make direct suggestions
  - If the person is in treatment, offer solutions from the skills they are learning in therapy
3. Clarify and reinforce adaptive responses

**Slide 7**

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**TD23** mml  
Tony DuBose, 8/10/2017

**KW10** Done  
Katie Wells, 8/10/2017

**Slide 9**

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**TD24** "In a Crisis" slides- MML  
Tony DuBose, 8/10/2017

**KW12** Done  
Katie Wells, 8/10/2017

### ***Develop the Safety Plan and get a commitment to use it:***

1. Explicitly ask for a commitment to act
2. Sell action plan
3. Lightly argue against commitment to develop stronger reasoning for action
4. Ask for a lot, take a little
5. Get a little then ask for more
6. Remind person of previous commitments
7. Highlight freedom to choose to do the plan versus negative consequences of not doing the plan

### ***Troubleshoot the Action Plan***

1. Identify factors that will interfere with immediate (next few hours) and longer term (next few days) crises plans
2. Come up with new revised plan

### ***Anticipate a Recurrence of the Crisis Response***

1. Ask "What if?"
2. Instruct in staying aware of crisis cues
3. Develop a back-up crisis plan
4. Schedule a check-in

### ***Re-assess Suicide Risk***

#### **Don't Assume:**

1. Suicide ideation is gone
2. Suicide risk has gone down
3. Suicide risk won't come back up

**Assess Risk at End of Interaction!**

### ***The Importance of Documentation***

- Documentation is critical in reducing the risk of suicide-related litigation.
- Documentation should:
  - Be completed immediately after the interaction
  - Specify a reason for conducting the assessment
  - Review chronic and acute risk factors
  - Provide a rationale for the actions taken (or not taken)
  - Include a clinical conclusion

**SWP**

### ***LRAMP as a Documentation Template:***

- Developed at the University of Washington to document the suicide management protocol when completed
- <http://depts.washington.edu/uwbtrc/wp-content/uploads/LSSN-LRAMP-v1.0.pdf>
- The L-RAMP has 4 sections that follow best practice guidelines for documentation:
  1. Reasons for Completion
  2. Suicide Risk Assessment
  3. Suicide Risk Management
  4. Final Disposition

**Slide 18**

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**KW13** This is a repeated slide (same as slide 57)  
Katie Wells, 8/10/2017

### Coming down the pike:

- **Computer Assisted Treatment in the ED: "Virtual Collaborative Assessment and Management of Suicidality"** Dimeff, Jobes, Koerner, et. Al. "in print" General Hospital Psychiatry 17 May 2018
- **Identifying Behavioral Markers for suicide risk using an Implicit Association Test: "Measuring the Suicidal Mind: Implicit Cognition Predicts Suicidal Behavior"** Nock, Park, et. Al. 2010 *Psychological Services* 21(4) 511-517

### REFERENCES

- "Special Treatment Strategies" pg. 462-519
- **COGNITIVE-BEHAVIORAL TREATMENT OF BORDERLINE PERSONALITY DISORDER**
- Marsha Linehan, Ph.D. Guilford Press, 1993

### TO CONTACT ME

- Suzanne.Witterholt@Allina.com

