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# Current Status of Suicide-Focused Assessment and Treatment

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An Online Resource for Clinicians

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# Foreword

I have been in the field of suicide prevention since 1982 when I was a first-year graduate student at American University where I was mentored by the prominent suicidologist Dr. Alan Berman. My first-ever professional presentation was based on my master thesis study of psychological autopsies and Dr. Robert Litman was my discussant. In the first row at my professional debut were Drs. Jerome Motto and Norman Farberow. After somehow surviving my first conference talk, I was warmly congratulated by these famed founding fathers of suicidology, and Bob and Norm invited me to visit the Los Angeles Suicide Prevention Center where I met suicidology icon Dr. Edwin Shneidman. Needless to say, this was an auspicious entry into the field. And for me the die was cast, and I have been immersed in suicidology ever since. I am now a professor of psychology at The Catholic University of America and as the Director of the Suicide Prevention Lab, I have mentored dozens of students in suicidology over three decades. I am also the creator and treatment developer of the Collaborative Assessment and Management of Suicidality (CAMS) which is a suicide-focused clinical intervention supported by multiple randomized controlled trials. I have thus been engaged in clinical research, professional training, systems-level evaluation and intervention, suicide-focused public health, and legislative policy efforts. I have worked extensively within the American Association of Suicidology (AAS) and more recently in the American Foundation for Suicide Prevention (AFSP). Given this exposure, it is fair to say that my decades of work in suicide prevention affords me some measure of perspective on the present resource at hand entitled: “Current Status of Suicide-Focused Assessment and Treatment: An Online Resource for Clinicians.”

To this end, this remarkable online resource that has been painstakingly and expertly created by Drs. Douglas Jacobs and Marci Klein-Benheim is a truly unique and distinctive contribution to the field of suicide prevention in general and clinical suicidology in particular. While some excellent comprehensive textbooks on suicidology have been published over the years, this online effort is special in that it is not static text but *dynamic* online document. Moreover, there is no resource that I know that has more breadth and depth than this particular online document. It expertly traverses virtually every domain of the field from theory, research, to clinical practice. I have been honored to serve on the Advisory Panel along with luminaries across the field who have served as contributors to this document that eloquently covers every major aspect of the field of clinical suicide intervention. Having fully reviewed every nook and cranny of this work I especially appreciate the multidisciplinary approach exhibited throughout this extraordinary contribution to the field. I am satisfied that Drs. Jacobs and Klein-Benheim have turned over every stone to helping us understand, assess, manage, as well as effectively treat patients who struggle with suicidal thoughts and behaviors. This online resource is a virtual cornucopia of information covering additional topics ranging from risk to protective factors, the full range of innovations in assessment including implicit approaches to neurobiological markers. The full spectrum of theoretical approaches is thoughtfully covered from psychodynamic to behavioral to biological approaches. Suicide postvention and special populations round out this comprehensive review of the extant knowledge base.



Admittedly, clinical assessment and treatment of suicidal risk is wrought with challenges; predicting prospective suicidal behavior is elusive and our clinical treatments can too often miss the mark. And yet, progress is being made which is reflected in this remarkable resource. I would argue that changes and innovations of the last decade rival the combined efforts of the previous fifty years. It is not hyperbolic to observe that the field of suicide prevention is exploding, and this burgeoning knowledgebase is fully and faithfully covered and described in this amazing online resource. Moreover, because this resource is online it can and will be updated periodically with our newest innovations and findings that by definition make this resource genuinely unique and valuable. For my part, this document is stored on my laptop as a reliable and definitive resource on the cutting-edge of our field. In this way, it eclipses the many books arrayed on the shelves of my study. And while I have written and love books dedicated to suicidology, this new resource will be my go-to in the years ahead to optimally inform my clinical practice, research, and policy work that is dedicated to saving lives and decreasing suicide-related suffering in all its forms.

— **David A. Jobes, Ph.D., ABPP**  
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# Preface

This online resource was developed with the mission of providing clinicians with information regarding the current status of suicide-focused assessment and treatment. The information has been compiled from a review of available evidence from existing literature and supplemented by clinical consensus, though it is not to be construed as the standard of care.

This online resource is intended to be a free resource, periodically updated. The references identified are available as links to articles that are publicly available or can be accessed through one's institutional affiliation. Interested readers are welcome to make suggestions as to sections that may need to be extended, amplified, and/or revised based upon advances in our field. Suggestions can be sent to [reception@djacobsmid.com](mailto:reception@djacobsmid.com).

Many clinicians and researchers have contributed to this body of information. Our advisors have given so graciously of their time and expertise, greatly improving this resource. We want to specially thank Dr. Ross Baldessarini, Dr. Madelyn Gould, Dr. David Jobes, and Dr. Christine Moutier for serving on our advisory panel. Their knowledge and experience have been invaluable in bringing this project to fruition. We also want to acknowledge important contributors who have served as topic experts, reviewing and commenting on specific sections. We could not have created this online resource without all of their excellent input. We would also like to thank Talia Benheim, who provided important research and technical support throughout this endeavor.

Some of the material in this resource comes from the 2020 National Stop A Suicide Today Town Hall, an event we hosted in collaboration with the American Psychiatric Association, the American Foundation for Suicide Prevention, and McLean Hospital. The town hall addressed the rising suicide rate in our country, with specific attention to why people die by suicide, who is at risk, and what can be done to help mitigate suicide risk. We would like to thank our co-directors, Dr. Tristan Gorrindo and Dr. Christine Moutier, as well as Dr. Jeffrey Geller and all the other speakers who shared their experiences and helped make the 2020 event possible.

Additional material in this resource comes from two workshops we recently conducted titled "Suicide-Focused Assessment and Treatment: An Update for Professionals." These workshops were co-hosted by McLean Hospital and the Stanford Department of Psychiatry and Behavioral Medicine and included speakers from these and other institutions across the United States. I would like to thank co-director, Dr. Alan Schatzberg, the expert panel, and the respective staffs at McLean and Stanford for all the time and effort they put into making these events both successful and informative.

— Douglas Jacobs, M.D. and Marci Klein-Benheim, Ph.D.

# Statement of Intent

The information in this online resource is not to be construed or to serve as the standard of care. Standards of psychiatric care are determined on the basis of all clinical data available for an individual patient and are subject to clinical change as scientific knowledge and technology advance and practice patterns evolve. Adherence to the information presented will not ensure a successful outcome for every individual. Moreover, this online resource does not include all proper methods of assessment/treatment and may exclude other acceptable methods aimed at the same results. The ultimate judgment regarding a particular suicide assessment, treatment plan, or clinical procedure must be made by the clinician, treatment team, and consultant (if indicated) in light of clinical data presented by the patient and the diagnostic and treatment options available at the time of evaluation.

Adapted from [APA, 2003](#)



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