From Lab to Clinic:
Using our knowledge to advance evidence -based and best suicide prevention practices

מהמעבדה אל הקליניקה: שימוש בידע לקידום מעשי של מניעת אובדנות מגובה מחקר

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Suicide rates have reached epidemic proportions, requiring a multi-level approach to suicide prevention efforts. At each level of intervention, research is taking place to evaluate effectiveness and to answer the elusive question – what works to prevent suicide? And, when we know what works, how can we implement it? In the U.S., the Zero Suicide initiative promotes the dissemination of evidence -based and best practices for suicide prevention. This requires the conduct of evaluation research to determine efficacy and effectiveness, and then the dissemination of these best practices to clinicians in the field. In this presentation, data from a clinical trial and a longitudinal study at Columbia University will be presented to illustrate laboratory findings regarding the fluctuations in suicide risk over time in individuals with borderline personality and major depressive disorder. Innovative methodology involving Ecological Momentary Assessment to rate suicidal ideation and coping strategies in and across real time will be described. Given that these fluctuations in suicidal ideation present the central challenge in working with individuals at chronic risk for suicide, the presentation will then address how these findings can be applied to enhance clinical practice to manage suicidal risk and behaviors. The Zero Suicide model of Assess, Intervene and Monitor (AIM), based on evidence based and best suicide prevention practices, will be presented. Ten basic steps for clinical management informed by the AIM model will be described. These basic steps are designed to be easily incorporated into standard clinical practice to enhance suicide risk assessment, brief interventions to increase safety and teach coping strategies, and to adjust the standard frame of care to improve ongoing contact and monitoring of high risk individuals during transitions in care and high risk periods. Resources for support and continued training in the AIM model and these interventions will be provided.