# Suicide Care from the Outside In

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## Abstract

A startling contemporary realization is that suicide prevention has failed miserably in the last twenty years (Nock, et al., 2019), with suicide rates up 37% during this period (Drapeau & McIntosh, 2021). Even with significantly increased spending, suicide rates continue to climb—with alarming increases among risk subgroups and persons of various ethnic backgrounds that have been traditionally low. This has caused clinicians and researchers to call for a complete rethinking of all assumptions about suicide prevention, assessment, and intervention (Bryan, 2021; Nock, et al., 2019). A new form of therapy called Internal Family Systems Therapy affords tremendous promise in sustained diminishment of suicide risk (Anderson, 2021; Schwartz, 2021).

Specific suicide treatments such as CAMS (Jobes), DBT (Linehan) and CBT have demonstrated the ability to variously reduce suicide ideation for a period of time and/or reduce suicide re-attempts by 50% over 18 months. But we do not have a body of research showing randomized controlled trial (RCT) effectiveness to prevent suicide deaths.

Though a form of therapy that is most familiar to trauma therapists, Internal Family Systems Therapy, involving direct work with suicidal parts, is a promising therapy for suicide risk in contemporary times. Developed by Richard Schwartz, Internal Family Systems Therapy proposes that we are all influenced greatly by internal parts, frozen by development adversities, and these often-contradictory parts contribute invisibly to mood, distress and behavior.