Recurrent Suicide Attempters: A Unique Population Requiring a Unique Response

Dr Aileen O'Reilly & Dr Evelyn Gordon
School of Nursing & Human Sciences,
Dublin City University
Dr Maeve Kenny, Principal Clinical Psychologist,
St Vincent's Hospital, Fairview

Overview of Presentation

- The problem of recurrent suicide
- Recurrent suicide attempters: A unique population
  - Fluid vulnerability theory (FVT; Rudd, 2006)
- Treatment options for suicidality
  - The PISA intervention: A unique response

The Problem of Recurrent Suicide

- Suicide is major global problem
- Some repeatedly attempt suicide
  - 40% patients presenting for medical care are "repeaters" (Vonk & Conner, 2006)
  - 20% those in Irish A&E "repeaters" (NGR, 2012)
  - Risk of fatal suicide increases 32% with each attempt (LaVeist et al., 1999)

Elevated risk for completed suicide
Recurrence of suicide attempts (RSA): A Unique Population

- Research suggests meaningful differences between single attempters and RSA (Forman et al., 2004; Gibb et al., 2009)
- RSA defined as those with **two or more genuine suicide attempts in lifetime** (Rudd et al., 1996; Rudd, 2006)
- RSA represent "more serious suicide problem" (Laget et al., 2006, p.165) but little research with this specific population

Psychopathological Characteristics of RSA

- Severe and complex psychopathology (Rudd et al., 2004)
  - Psychiatric diagnosis (Forman et al., 2004) with longer duration and earlier onset (Gibb et al., 2009)
  - Depression (Forman et al., 2004)
  - Social phobia, panic disorder, PTSD (Rudd et al., 1996)
  - Anxiety disorders (Pagura et al., 2008)
  - Personality disorders such as BPD (Forman et al., 2004)
  - Psychotic disorders (Forman et al., 2004)
  - Alcohol and drug abuse (Rudd et al., 1996)
  - Childhood history of anxiety disorder/major depression (Rudd et al., 2004)

- Comorbidity more prevalent among RSA (Goldston et al., 2009; Pagura et al., 2008)

Psychological Characteristics of RSA

- Lower perceived support (Merchant et al., 2009)
- Higher levels of interpersonal dependency (Laget et al., 2006)
- Higher level of interpersonal dysfunction (Forman et al., 2004)
- Poor problem solving skills (Rudd et al., 1996)
- Trouble concentrating, understanding or remembering (Hakansson et al., 2011)
- Hopelessness (Esposito et al., 2003)
- Alexithymia (Bergmann & Links, 2005)
More frequent histories of sexual abuse (Mandelli et al., 2011; Sutton, 2011)

Childhood maltreatment
  • Emotional abuse (Forman et al., 2004)

More traumatic life events such as parental loss (De Lao et al., 2002)

Family history of suicidal behaviours (Lizardi et al., 2009) and psychiatric problems (Hakansson et al., 2011)

Core Assumptions of FVT

• Understand chronic suicidality

Predisposing vulnerabilities

Trigger

Suicidal mode
  • Affective
  • Behavioural
  • Cognitive
  • Physiological

Baseline risk

Threshold value = suicidal mode activated

Threshold value
Core Assumptions of FVT

A Core Assumption of FVT

- Chronic suicidality = recurrent and discrete episodes of imminent risk
- Acute risk resolves when aggravating factors are effectively targeted; long-term treatment needed to address chronic risk

Treatment Options for Suicidality: Psychological

- Systematic reviews
  - DBT effective in reducing parasuicide & suicide attempts with BPD (Linehan et al., 1997)
  - CBT effective in reducing suicide attempts (Van der Sande et al., 1997)
  - No psychosocial intervention effective reducing repetition of self-injury (Linehan et al., 1997)
  - BUT problem-solving therapies “hold promise” as they reduce hopelessness and depression (Gray and Otto, 2003; Townsend et al., 2001; Links et al., 2003)
  - Impact on reducing RSA not proven (Links et al., 2003) and CBT gains short-term

- Evidence-based interventions for RSA regardless of diagnosis are lacking (Bergmans & Links, 2003; van der Sande et al., 1997)
### The PISA Intervention

- Psychosocial/psychoeducational Intervention for people with recurrent Suicide Attempts (PISA; Yvonne Bergmans & Paul Links, St. Michael’s Hospital Toronto, Canada)
- A 20 week group intervention (8-12 members, min.6, meet for 1.5 hours)
- Draws on range of social, educational and psychological theories (e.g., Shneidman’s theory of “psychache”)
- Comprises 4 modules of skills and strategies: Emotional literacy; Problem solving; Crisis management; Interpersonal relationships
- Facilitated by 2 trained PISA facilitators
  - Experts by experience involvement

### Aims of PISA Project

- Mixed methods study with three aims:
  1. Explore effectiveness of PISA intervention
  2. Identify individual factors in terms of response/non-response to PISA
  3. Examine acceptability of PISA in an Irish context
Take Home Message

- Recurrent suicide attempters are a unique population
- They require therapeutic responses that take into account their unique profiles

Key References

Thank you for your time

- For more information about the PISA project please visit www.pisa.dcu.ie
- Any questions can be directed to Dr Aileen O’Reilly, School of Nursing, DCU
  - Phone: 01 700 6918
  - Mobile: 087 9806 585
  - E-mail: aileen.oreilly@dcu.ie