Evaluation of a Psychoeducational/Psychosocial Intervention for People with Recurrent Suicide Attempts (PISA): A Pilot Randomised Control Trial

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Overview of Presentation

• Background

• Overview of the project

• Some challenges encountered

• Potential benefits of project

Background
The Problem of Suicide

- Suicide major social, political and health problem
  - Suicide claims life once every 40 seconds (WHO, 2010)
  - 10-20 others attempt suicide (WHO, 1999)

- Repetition of attempts common
  - 1/3 will repeat attempt (New York Times, 2010)
  - History of attempted suicide strongest predictor of eventual suicide (Hawton, 2005; Maris et al., 2000)
  - 10-15% of those who attempt suicide die by suicide (Qin et al., 2005; Pope & Vasquez, 2007)

Repeat Suicide Attempters

- Recurrent suicide attempts (RSAs): 2 or more suicide attempts (Rudd, 2006)
  - History of childhood maltreatment
  - Trauma/abuse (Rudd, 2006)
  - Variety of comorbidities including alcohol and substance misuse, depression, anxiety disorder, BPD and/or bipolar disorder (Horesh et al., 2003; Michaelis et al., 2003)

Interventions: An Overview

- RSA effective treatments
  - Problem-solving interventions, DBT, CBT, home visits, maintaining contact (e.g., Comnin, 2002; Leitner et al., 2008)

- Mixed evidence regarding efficacy of interventions
  - Hawtown et al. (1998) – few significant differences experimental and standard approaches to care
  - Lack of evidence to prevent actual suicides

- Call for practical, comprehensive interventions for RSA (Bergmans & Links, 2009)
The PISA Intervention

- Psychosocial/psychoeducational Intervention for people with recurrent Suicide Attempts (PISA)

- A 20 week group intervention (8-12 members, min.6, meet for 1.5 hours)

- Draws on range of social, educational and psychological theories

- Comprises 4 modules of skills and strategies:
  - Emotional literacy
  - Problem solving
  - Crisis management
  - Interpersonal relationships

- Facilitated by 2 trained PISA facilitators

The PISA Intervention Contd.

- Existing evidence to suggest PISA is effective
  - Improved social and psychological functioning (e.g., problem solving, emotional literacy), reduced suicidality, increased hopefulness and openness to other treatments (e.g., Bergman & Links, 2009; Strike et al., 2006)

  - PISA group process contributes significantly to its effectiveness and maps onto known models of sustainability (e.g., Franklin, 2003)

Overview of PISA Project
Partnerships

The PISA project is a partnership between:

• Dublin City University (DCU) – Suicide Research Team
  [Primary Investigator, Dr Evelyn Gordon]

• Toronto Suicide Studies Unit (TSSU) – developers of
  PISA (Prof. Paul Links & Yvonne Bergmans)

• 4 Clinical sites – HSE Wexford, Waterford, South
  Tipperary & St. Vincent’s/ Mater Hospitals, Dublin

• Health Research Board (Funders)

• International Collaborative Interdisciplinary Suicidology
  Research Team (ICISRT) – US, NI, Canada

Aims of PISA Study

• Three aims:

  1. Explore PISA effectiveness (on suicide related
     behaviour and psychosocial factors – hope, PS,
     emotional literacy, attitudes)
     • Pilot Randomised Control Trial (RCT)

  2. Identify individual factors in terms of
     response/non-response to PISA (demographics such
     as age, sex, personality)
     • Single case design

  3. Examine acceptability of PISA in an Irish context
     (client and facilitator satisfaction and experiences of
     PISA)

Participants

• Over age of 18

• Linked in with mental health services at time of
  referral

• At least 2 SA over lifetime (Rudd, 2006)
PISA: The Study Process

- Referral and Screening
  - Ensure fit with criteria, administering of psychometric assessments pre-intervention

- Randomisation
  - Central random assigning of participants by site to PISA and TAU or TAU, participate in arm of study assigned to

- Evaluation
  - Measuring of treatment effectiveness post and follow-up phases, stay in regular contact with researcher

Progress to Date

- Referrals: \( n = 74 \)

- Drop-out after referral
  - Uncontactable = 5
  - Lack of interest in project = 4
  - Change in personal circumstances = 5
  - Died by suicide = 1

- Completed baseline assessment: \( n = 46 \)
  - Note: 9 participants to complete assessments

- Drop-out after randomisation \( n = 4 \)

Challenges in Project

- Ethical concerns – potential to cause distress to participants

- Negotiating gate-keeping in accessing and engaging with participants
  - Interacting with high-risk clients
  - Wariness research would generate crises

- Stigma around “sensitive” topic and “vulnerable” population
Overcoming Barriers

• Potential to cause distress
  ▫ Highlight benefits of participation
  ▫ Contact in context of care and respect does not increase risk of suicide or DSH (Boland, 1985; Masise et al., 1994)

• Negotiating gate-keeping
  ▫ Develop protocols in consultation with clinicians
  ▫ Multidisciplinary team aware of sensitive to potential vulnerability of group

Benefits of PISA Project

• Service Users
  ▫ Improved social and psychological functioning (e.g., problem solving, emotional literacy), reduced suicidality, increased hopefulness and openness to other treatments (Bergman & Links, 2009; Strike et al., 2006)

• Staff
  ▫ Cross-disciplinary response
  ▫ Facilitators equipped with knowledge about client group and group therapy
  ▫ Opportunity to adapt intervention
Benefits of PISA Project Contd.

- **Clinical Practice/Services**
  - Sustainability - training of trainers
  - Benefits vs. other treatments: not dependent on diagnosis (DBT), resource building vs. skills deficit (DBT)

- **Policy**
  - Putting suicide on the agenda

- **Community**
  - Addressing the impact of suicide and suicidality

References


Thank you for your time

- For more information about the PISA project please visit [www.pisa.dcu.ie](http://www.pisa.dcu.ie)
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