

Characteristics of Patients who Make Repeated Suicide Attempts

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Learning Objectives

- Attendees will learn to identify chronic and acute risk factors and vulnerabilities related to suicide “multiple attempter status.”
- Attendees will understand common vulnerabilities that are related to frequent suicidal behavior.
- Attendees will learn processes of habituation that contributes to increased risk of suicidal behavior.

What’s important about “multiple attempter status”

- Most robust historical factor in predicting outcome.
- High likelihood of eventual death by suicide (up to 50%)
 - Cullberg (1988) found an $x=3.5$ attempts before completion
 - Joiner (2009) relates eventual death to a process of rehearsal and of habituating to the ‘overcoming of the survival instinct’

What's important about "multiple attempter" status

- Differ significantly from single attempters and non-attempters (even those with ideation)
 - Higher enduring risk (Clark & Fawcett, 1992)
- Represent a group of patients with severe psychopathology
 - not explained solely by Borderline Personality Disorder (Forman, et al. 2004)

What's important about "multiple attempter" status

- A study of multiple suicide attempters yielded the predominant recent theories in suicidology
 - **Fluid Vulnerability Theory (FVT)**
 - Rudd (2006)
 - **Interpersonal-Psychological Theory of Suicidal Behavior (ITS)**
 - Joiner et al. (2009)

Major Principles of FVT

- Suicidal crises are time-limited
- Factors that trigger a suicidal crises are fluid in nature and duration
- Vulnerability to suicide is variable but identifiable

Major Principles of FVT

- After resolution of an acute episode, person returns to their baseline risk level
- Severity of suicidal episode depends on interaction between baseline risk and acute aggravating factors

Understanding a Patients Suicide Mode

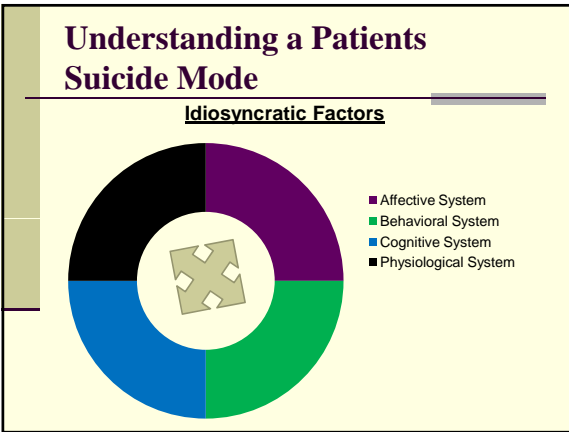
Predisposing Vulnerabilities
Developmental history (e.g. previous trauma), Genetic vulnerability to psychiatric illness

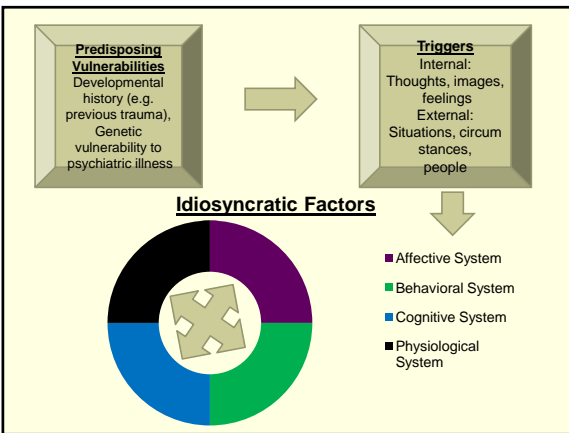
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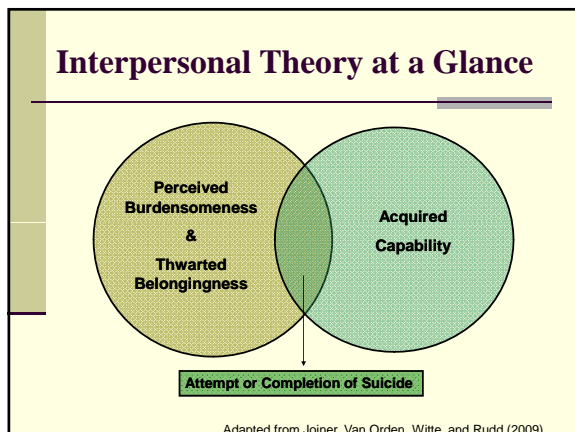
Triggers
Internal: Thoughts, images, feelings
External: Situations, circumstances, people





Interpersonal Theory

- **Acquired Capability**
 - individuals must overcome the instinct to survive in order to die by suicide. They acquire this ability by habituating to pain, habituating to violence, rehearsing suicide, etc.
- **Thwarted Belongingness**
 - The need to belong is dissatisfied
- **Perceived Burdensomeness**
 - Self perceived incompetence/misperception



chronic + acute risk factors related to "multiple attempter status."

- Rudd, Joiner, Rajab (1996)
 - Compared multiple vs. single attempters vs. ideators
 - **Multiple attempters displayed:**
 - Elevated SI
 - Elevated depression
 - Elevated hopelessness
 - Elevated perceived stress and poor coping skills
 - Greater number of Axis I dx and with earlier onset
- Forman et al. (2004)
 - Examined multiple attempters who made an attempt < 48hrs of arriving in ER

chronic + acute risk factors related to "multiple attempter status."

- Forman et al. (2004) and Rudd et al. (1996) findings correspond with earlier axioms
- Reynolds & Eaton (1986)
 - Compared 364 single attempters to 99 multiple attempters
 - **Multiple Attempters were more likely to:**
 - Have reported familial Hx of suicidal behaviors;
 - Have poor coping skills;
 - Have longer duration of psychiatric Sx's, alcohol & drug abuse, and depression

DMH-VPP's Suicide Research

- Our findings suggest that previous research on 'Multiple Attempters' fits well with the population studied within DMH-VPP
- As in other studies of multiple attempters, this group of patients has more chronic suicidal ideation and contemplation, is motivated to make attempts in order to reduce internal anguish, and reports frequent negative emotional experiences (irritability, feelings of worthlessness, etc.).

DMH-VPP's Suicide Research

- In addition, past childhood experiences of abuse, neglect, or observation of domestic violence led to multiple attempter status, as did early and frequent experiences where pain, injury, etc. was likely.
- Poor verbal mediation due to cognitive or developmental disability is also found in repeated suicide attempts and self-injury.

Variables related to Multiple Attempts at VPP

- The Chronic Acute Idiosyncratic Worksheet (CAI)
 - **Chronic Items**
 - Measures factors related to persistent suicidality
 - **Acute Items**
 - Measures factors related to heightened suicidality
 - **Idiosyncratic Items**
 - Measures factors related to individual's unique suicide mode

Early Trauma and Chronic Risk

- Severe, chronic, or on-going childhood traumas relate to the development of :
 - **Negative emotionality**
 - hostility, mistrust, easily angered
 - **Low constraint (impulsive/reactive/easily provoked)**
 - poor impulse control, sensation seeking...irresponsibility
 - **Possible development of conduct disorder/antisocial lifestyle;**
 - high factor 2 (and facet 3) relate to frequent suicide and violence

Chronic Item: Developmental Delays/Cognitive Difficulties

- Indicated by Hx of:
 - Special Education (.16)
 - Head Injury (.19)
 - Seizure, Seizure Disorder, Loss of Consciousness >15 minutes
- Related to inability to verbally mediate aggressive feelings, modulate responses... a pathway common to frequent violence.

Chronic Item: Habituation to pain, death, dying

- Indicated by:
 - History of SIB (.21)
 - Juvenile Criminal Behavior (.17)
 - Substance Abuse (.16)
 - Psychiatric hospitalization (.16)
- Related also to conduct disorder, impulsive/reactive violence, secondary psychopathy
- Also noted in chronically violent individuals

Processes of Habituation

- SIB
 - Behavioral rewards for SIB
 - Suicidal behavior can be summed as occurring for either positive or negative reinforcement, with either internal or external (social) sources of reinforcement (Rudd & Bryan)
- Substance Use (especially IV drug use)
- Engage in risky behaviors (including fights/ gang activities, risky driving)
- Early Suicide attempts

Secondary Psychopathy

- Douglas, et al. (2008) have argued for a secondary variant of psychopathy marked by severe abuse history, psychiatric symptoms, psychosocial immaturity, frequent institutional violence, and high hostility/anger.
 - The variant also has a propensity for suicidal behavior
- Individuals with "secondary psychopathy" also have anxiety, distress, reactivity, etc. unknown to "primary psychopaths" (Kimonis et al., 2010)

**Acute-Critical Items:
Persistent SI**

- Indicated by suicidal cognitions within the last month
- As measured by the Adult Suicidal Ideation Questionnaire (ASIQ)
 - In the VPP sample the mean scores between NAs, SAs, and MAs are statistically significant

**Acute-Critical Items:
Expressed Suicidal Desire/Intent**

- Indicated by expressing a wish to die within the last week
- As measured by the Beck Scale for Suicidal Ideation (BSS)
 - In the VPP sample the mean scores between NAs, SAs, and MAs are statistically significant

**Acute-Critical Items:
Suicidal preparation**

- Indicated by behaviors or cognitions whether observed or stated
- As measured by the multiple surveys such as the BSS and the DMH-Coding sheet
 - In the VPP sample 22.2% of MAs endorse some degree of suicidal preparation as compared to 7.9% of SAs and 4.6% of SIs

**Acute-Critical Items:
Absence of Positive Emotions**

- Indicated by affect within last month:
 - Hopelessness (.26)
 - Depression (.23)
 - Helplessness (.18)
- As measured by the DMH-Coding Sheet
 - In the VPP sample 57.8% and 43.5% of MAs endorse some degree of hopelessness or helplessness as compared to 31.6 and 34.2% of SAs and 21.4 and 14.3% of NAs

**Acute-Critical Items:
Severe Negative Emotions**

- Indicated by affect within last month:
 - Agitation (.13)
 - Fears for Safety (.14)
 - Affective Instability (.16)
- As measured by the DMH-Coding Sheet
 - In the VPP sample the differences amongst the three comparison groups are significant
 - At least 31% of MAs endorse one of the above indicators compared to 18% of SAs, and 14% of NAs

**Acute-Critical Items:
Motivating Anguish**

- Indicated by expressed motivation for suicide:
 - Internal Perturbation: 'Psychache' (.23)
 - Extrapunitive/Manipulative: individual gain
- As measured by the Reasons for Attempting Suicide Questionnaire (RASQ)
 - In the VPP sample the mean scores of internal perturbation based reasons between NAs, SAs, and MAs are statistically significant

**Acute-Critical Items:
Negative view of Self**

- Indicated by affect and cognitions of:
 - Self perceived guilt (.22)
 - Self perceived worthlessness (.20)
- As measured by the DMH-Coding Sheet
 - In the VPP sample the differences amongst the three comparison groups are significant
 - Specifically, 52% of MAs endorse guilt and 46% of MAs endorse worthlessness compared to 32% and 29% of SAs and 14% and 19% of NAs

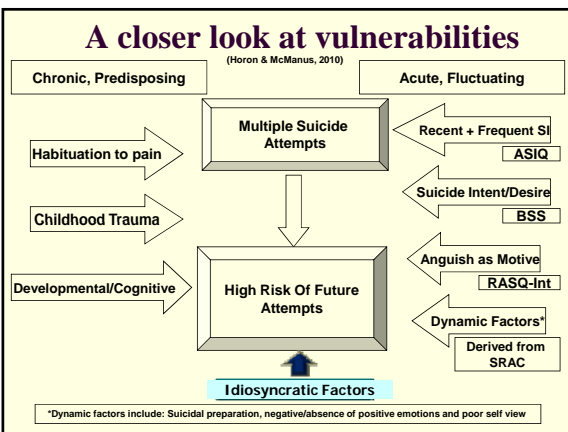
Idiosyncratic Items

- As measured by the DMH-Coding Sheet and/or clinical interview
- 4-Items:
 - **Current/impending triggers:** events or situations which may act as catalysts to the individual's unique suicidal mode
 - **Barriers to Risk Management:** availability and effectiveness of others to deactivate the suicide mode

Idiosyncratic Items

- **Poor participation in/Connection to:** the individual's engagement in treatment or other supportive services
- **Protective Factors:** the individual's protective attitudes/beliefs
 - Religion
 - Suicide affecting the Afterlife
 - Culture
 - Loved ones

**** Idiosyncratic items are infantile and the data regarding them is premature in nature**



Key Points to Take Away

- Suicide Mode
- FVT and IST
- NA v SA v MA
- VPP Sample

QUESTIONS or COMMENTS?

Thank You!
Send Correspondences to:
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