

4TH AESCHI CONFERENCE 1. – 4. MARCH, 2006

EFFECTIVE TREATMENTS FOR
SUICIDAL INDIVIDUALS:
WHAT ARE THE COMMON PATHWAYS?

ABSTRACTS

PLENARY SESSIONS

THURSDAY, 2. MARCH, 2006

“One size fits all”: Assessment and Intervention after Attempted Suicide

James R. Rogers

The primary thesis of this plenary session is that the application of the typical crisis intervention approach when working with suicidal individuals has not been shown to be effective in preventing eventual suicide and, in fact, may be seen as exacerbating the very characteristics that contribute to suicidal behavior. These characteristics include a sense of shame, guilt, helplessness, hopelessness, isolation, marginalization, and the reinforcement of suicidal communications as taboo. An approach to assessment, intervention, and prevention grounded in an existential-constructivist perspective will be presented that focuses on developing a meaning-based and co-constructed narrative of the client's suicidal experience that has the potential to be empowering and growth promoting as opposed to distancing, marginalizing, and stigmatizing. The overarching goal of this process is to humanize the suicidal experience and the assessment, intervention, and prevention process by focusing on the following three areas:

The development of a narrative understanding of the client's suicidal ideation and behavior from his or her own perspective unconstrained by the clinician's expectations based on risk factor models of suicide assessment.

Understanding the client's construction of his or her past experiences and view of him or herself, others, and the world in general, as providing the context for the suicidal ideation and behavior.

Helping the client recognize the impact of the suicidal experience on his or her self-concept and identify alternative self-constructions that may help the client move from hopelessness to hope and avoid the self-referent stigma and taboo that may result from engaging in suicidal behavior.

By humanizing the suicidal experience and the process of assessment, intervention and prevention, the idea of suicide may be one that results in saving lives as Nietzsche suggested rather than one that leads to continued negative outcomes such as poor self-esteem, interpersonal stress, repeated ideation and attempts, and suicide.

Mindfulness-based Cognitive Therapy: What Is It, and How Might It Help?

J. Mark G. Williams

In previous work, we have developed a new psychological treatment (mindfulness-based cognitive therapy - MBCT) that has been shown in two randomised controlled trials to reduce risk of recurrence in major depression. MBCT is now included in the UK Government's *National Institute of Clinical Excellence (NICE)* Guidelines for prevention of recurrence for patients who have suffered three or more previous episodes. This talk will examine whether the same approach can be adapted for the treatment of those at risk of suicide.

Mindfulness-based cognitive therapy (MBCT) combines Jon Kabat Zinn's Mindfulness-based Stress Reduction program with techniques from Cognitive Therapy and is offered, in an eight week 'class' format, to patients who have recovered from their depression or suicidal crisis. It aims to teach participants how to become aware of early warning signs of relapse, and to reduce tendencies to avoid these early signs. It includes breathing meditation and yoga practice to help participants become more aware of moment-to-moment changes in the mind and the body. It also includes basic education about depression, and exercises from cognitive therapy that emphasise the links between thinking and feeling. The talk will focus on whether the mindfulness approach can help people who become severely suicidal during episodes of depression.

Review of Psychosocial Interventions for Suicide Prevention

Gregory K. Brown

An overview of the effectiveness of psychosocial interventions for preventing completed suicide and suicide attempts will be described. The presentation will highlight the results of a recently conducted study demonstrating that recent suicide attempters treated with cognitive therapy were 50 percent less likely to try to kill themselves again within 18 months than those who did not receive the therapy. The clinical and methodological challenges in working with suicidal individuals in the community will be addressed.

FRIDAY, 3. MARCH, 2006

Psychotherapy with Suicidal People: Commonalities

Antoon A. Leenaars

This presentation outlines the research basis for an effective approach to psychotherapy with suicidal people. It answers the question, "Is psychotherapy effective with suicidal people?" Based on the notable historical publications and the most recent (Lambert, 2004), it is shown that psychotherapy works, largely because there are commonalities (i.e., common factors) that may be the overriding important factor in all forms of psychotherapy. The therapeutic relationship is primary; this and other common factors are illustrated with suicidal people. Edwin Shneidman's writings and stories will be presented to highlight the implications and applications to suicidal people (Shneidman, 1985; Leenaars, 2004). Patient qualities, therapist qualities, ethics, and a multi-modal or multi-component approach (medication, hospitalization, environmental control) are reviewed. On an empirical basis, it is concluded that one has to be person-centred (or patient centred): You have to know whom you are treating.

Rethinking the Therapeutic Relationship in CBT

M. David Rudd

This session will describe and discuss a CBT approach and framework to understanding and targeting the therapeutic relationship in working with suicidal patients, the therapeutic belief system. The approach will be contrasted and compared to other theoretical orientations. The therapeutic belief system provides a means for understanding and addressing relationship variables in CBT without defaulting to more traditional psychoanalytic constructs. In particular, the therapeutic belief system provides a means to help patients identify, understand and target potentially disruptive beliefs about self, therapist and the treatment process in general. Although interpersonal process has long been emphasized in CBT, a guiding theoretical framework consistent with cognitive theory has yet to be offered.

CAMS-PST: Developing a New Treatment for Suicidality

David A. Jobes

The Collaborative Assessment and Management of Suicidality (CAMS) is a novel clinical framework that guides the identification, assessment, treatment, and tracking of suicidal outpatients (Jobes, 2000; Jobes & Drozd, 2004). A recent retrospective study of CAMS care vs. treatment as usual in two US Air Force outpatient mental health clinics provided encouraging results related to the rapid and cost-effective resolution of suicidal ideation (Jobes et al., 2005). This archival study sets the stage for the pursuit of prospective randomized clinical trial studies of CAMS. The CAMS approach was designed to be an eclectic clinical framework that could be used with a range of theoretical approaches and clinical techniques (Jobes, in press). However, this eclectic version of CAMS is not suitable for the rigors of prospective clinical trial research. To this end, a new 12 session treatment is being developed to pursue clinical trial research. This new treatment—CAMS-Problem-Solving Treatment (CAMS-PST)—is based on a five-stage model of clinical care that emphasizes collaborative assessment, collaborative treatment planning, collaborative deconstruction of suicidal etiology, collaborative problem-solving, and finally the collaborative development of reasons for living.

SATURDAY, 4. MARCH, 2006

Effective Therapies for Suicidal People Change the Brain

Konrad Michel

Neuroscience has taught us that learning processes go along with the reshaping of neuronal synaptic connections. Eric Kandel maintains that “...when a therapist speaks to a patient and the patient listens, the therapist is not only making eye contact and voice contact, but the action of neuronal machinery in the therapist's brain is having an indirect and, one hopes, long-lasting effect on the neuronal machinery in the patient's brain; and quite likely, vice versa“. A model of suicide in which mental pain – as a traumatic state of mind - is associated with an immediate urge to escape, and, consequently, a goal-directed suicidal action, implies that suicide will be stored in the neuronal circuitry as a conditioned response to (future) states of mental pain. From neuroimaging studies of anxiety disorders we know that successful therapy (psychotherapy as well as pharmacotherapy) alters brain activity patterns in cortical and subcortical areas. We must therefore ask the question if and how successful treatment of suicidality can leave long lasting effects in neuronal connectivity. Memories of traumatic states are generally resistant to extinction. It may well be that for a long-term reduction of the suicide risk – and to maintain the effect on the “neuronal machinery” - a long-term therapeutic contact is needed.

EARLY BIRD SESSIONS

FRIDAY, 3. MARCH, 2006

Video-Self-Confrontation as a Therapeutic Tool

Richard A. Young & Ladislav Valach

It has been suggested that suicidal patients have a powerful story to tell and that it is important to facilitate such a narrative construction in terms of patients' goals. Thus, many other classical goals and techniques of the psychotherapeutic interview with suicidal patients cannot be catered to, such as the psychotherapist's redirecting of the narratives, interrupting the patients, often changing the levels of reference, as well as other interventions might be detrimental to the construction of a meaningful story. Working within the conceptual frame of action theory, we, with some of our colleagues, are working with a video supported interview called the "self-confrontation interview". Having used it at first to obtain information on the subjective processes of ongoing actions, we became aware of the impact such a video review had on patients. The patients indicated impacts such as:

- increased awareness of the relevance of a relationship or other processes described in the interview
- a Socratic dialogue was achieved through the patient's evaluation of the statements during the interview
- changing a perspective (from internal to external)
- experiencing of the impact of emotional memory
- distancing themselves from the told story
- desensitizing (such as in E. Foa: PTSD treatment)
- patients' disclosure of their views and expectations of the interaction partners
- patients' disclosure of how comfortable they feel with what they describe
- patients' disclosure of knowledge and acceptance of oneself
- patients' realization of the discrepancy between their feelings and their behavior

We suggest that this technique should be used in various stages of working with clients.

The participants of the workshop will learn in a 'hands on' format this procedure and experience its impact. They will have the opportunity to reflect on the possibilities of using this technique in their work.

This workshop is intended both as an introduction to the use of the self-confrontation in therapy and for those who are familiar with this procedure, who have reflected on and can address its use in practice.

The Initial Interview with a Suicidal Patient

David A. Jobes

Even for experienced clinicians an initial interview with a seriously suicidal patient can be extremely challenging both professionally and personally. This presentation will examine a new training DVD developed by the American Association of Suicidology. The clinical case example depicted in this DVD emphasizes a number of key points related to: (a) forming a therapeutic alliance with a highly ambivalent patient, (b) the elicitation of suicidal ideation, and (c) the collaborative development of a treatment plan that effectively manages suicidal risk. This case example interview will emphasize the importance of therapeutic honesty, transparency, the use of paradox, and the fundamental importance of what Israel Orbach (2001) refers to as "empathy with the suicidal wish."

SATURDAY, 4. MARCH, 2006

Anatomy of a Suicide Attempt: An in Depth Interview

Lisa A. Firestone, The Glendon Association

This workshop will illustrate the role of negative thoughts or "voices" in the suicidal process. The new video *Anatomy of a Suicide Attempt: An In Depth Interview* will be screened.

In this interview, Trish, a woman who attempted suicide by shooting herself, talks about the life events that contributed to her suicidality as well as the thoughts that precipitated her attempt. She reveals the contents of an insidious thought process – the "inner voice" – and how these thoughts drove the suicidal process.

Because of the shame surrounding the topic of suicide, there is little information from those who survive this frequently irreversible action, especially about their thoughts prior to the actual attempt. For this reason, the filmed interview, which examines the pattern of thoughts underlying Trish's suicidal behavior, provides a valuable window into the suicidal process.

This interview furthers our understanding of suicide, and the role of negative thoughts or "voices" in suicide. This knowledge allows clinicians to better understand their clients, evaluate their risk of suicide and intervene effectively.

Following the video there will be time for questions and discussions.

The Hypothalamic Adrenocortical (HPA) Axis in Suicide: The Interface between Neurobiology and Psychology

Michael Bostwick

The Hypothalamo-Pituitary-Adrenocortical (HPA) Axis has long been implicated for its contribution to depressive disorders, particularly those with anxious features. More recently, perturbation in the normal function of this endocrine system have come under scrutiny as a risk factor for completed suicide. Small but tantalizing studies implicate HPA Axis dysregulation as a potential predictor of eventual suicide, using the Dexamethasone Suppression Test as a marker of such dysregulation. This session will review evidence for the role of hypercortisolemic states, including those induced by HPA Axis abnormalities, in agitated depression and suicide.

