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April 2013

Suicide (Prevention) Notes *Vol. 1, No. 6*

RISK FACTORS FOR MEDICALLY SERIOUS SUICIDE ATTEMPTS: EVIDENCE FOR A PSYCHODYNAMIC FORMULATION OF SUICIDAL CRISIS

Fowler, J. C., Hilsenroth, M. J., Groat, M., Biel, S., Biedermann, C., & Ackerman, S. *Journal of The American Psychoanalytic Association.* 2012 June;60(3):555-76. (Online First Version of Record - Apr 19, 2012)

This study explored a psychodynamic model for suicide risk by examining risk factors for medically serious suicide attempts following a model proposed by Maltsberger (2004). He proposes a psychodynamic model of suicide crisis that includes assessments of affect flooding, alterations in the self-concept that lead to preoccupation with negative qualities that override the positive, and impaired reality testing. Several common stressors often trigger a suicidal crisis, including real or imagined loss of a close attachment figure, narcissistic injury, and failure to live up to perfectionist standards. Exploring potential psychological vulnerabilities predisposing some individuals to react catastrophically to such stressors is critical in assessing suicide risk.

This study operationalized these core psychological vulnerabilities proposed by Maltsberger, using a scale derived from Rorschach data (The Implicit Risk for Suicide Index) that had previously been demonstrated to correctly identify 87 percent of inpatients who had made a serious suicide attempt within sixty days after the administration of the Rorschach. This current study extended the time frame to a period of one year following the administration of the Rorschach. In addition to Rorschach data (**IRSI**), the following risk factors were also included in the analyses: (1) demographic features; (2) psychiatric diagnoses; (3) high-risk behaviors including recent suicide attempts, suicidal ideation, nonsuicidal self-injury, deterioration in functioning, and recent hospitalization.

Results

The IRSI is a strong predictor of which patients are at high risk for medically serious suicide attempts, being three times more predictive than knowing if a patient is experiencing suicidal ideation and 2.5 times more predictive than knowledge of prior suicide attempts.

Questions for Discussion: Implications for Clinical Practice

1. How can you build into your mental status exams questions addressing ability to manage or “survive” affect storms, difficulty holding onto positive aspects of self and reasons for living, and impairments in reality testing? The current study contributes to the evidence suggesting that psychodynamic concepts can be effectively studied to better understand and assess patients at risk for serious suicide attempts.

2. Research has indicated that a significant percentage of patients deny the presence of suicidal ideation or intent prior to acting, (thus raising serious concerns about the validity of self-report measures when assessing for risk). Should we continue to use “contracting for safety” type interventions in our treatment planning?

3. Clinicians should focus particular attention on interventions that enhance a patient’s capacity for (1) improving affect modulation and containment of impulsivity during affect storms, (2) help patients recognize that affects are temporary and can be survived, (3) help shore up ego boundaries and improve reality testing, and (4) help patients to strengthen the ability to remain connected to positive aspects of self even when experiencing the negative.

NOTE: Each issue of “Suicide (Prevention) Notes” is prepared by a member of the IOL’s Executive Committee. This issue was prepared jointly by Dr. Ted Mucha, Medical Director, and Dr. Jim DeGiovanni, Director of Psychology and Training.