Evaluation of a Psychoeducational/Psychosocial Intervention for People with Recurrent Suicide Attempts (PISA): A Mixed Methods Study

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Overview of Presentation

- Recurrent suicide attempters: A unique population
- The PISA intervention: A unique response
- Preliminary findings from the PISA project
  - Quantitative findings
  - Qualitative findings
- Conclusions

Recurrent Suicide Attempters (RSA): A Unique Population

- RSA defined as those with two or more genuine suicide attempts in lifetime (Rudd et al., 1996; Rudd, 2006)
- Research suggests meaningful differences between single suicide attempters and RSAs (Forman et al., 2004; Gibb et al., 2008)
Characteristics of RSA

- Psychological
  - Poor problem solving skills (Rudd et al., 1996)
  - Hopelessness (Esposito et al., 2003)
  - Alexithymia (Bergmans & Links, 2002)

- Sociological
  - More frequent histories of sexual abuse (Mandelli et al., 2011; Sutton, 2011)
  - Childhood maltreatment such as emotional abuse (Forman et al., 2004)

- Psychopathology
  - Severe & complex psychopathology (Rudd et al., 2004)
  - Psychiatric diagnosis (Forman et al., 2004), longer duration & earlier onset (Gibbs et al., 2009)
  - Comorbidity (Pagura et al., 2008)

The PISA Intervention: A Unique Response

- Psychosocial / psychoeducational Intervention for people with recurrent Suicide Attempts (PISA) (Bergmans & Links, SSU, St. Michael's Hospital Toronto, Canada)
- Draws on range of social, educational and psychological theories (e.g., Shneidman's theory of "psychache")
- A 20 week group intervention (8-12 members, min.6, meet for 1.5 hours) focusing on crisis management and life skills
- Transdiagnostic, service user involvement, strengths based model
- Facilitated by 2 cofacilitators
  - Train the trainer model
  - Experts by experience involvement – ‘graduates’

The PISA Project

- A mixed methods study with three aims:
  1. Explore effectiveness of PISA
  2. Identify individual response factors to PISA
  3. Examine acceptability of PISA in an Irish context
Methods

- Pilot RCT (PISA + TAU / TAU) with pre, post and 6mth follow-up measures
- Psychosocial profile of PISA participants
- Attendance records
- Client satisfaction
- Subjective experiences of clients and facilitators (individual interviews and focus groups)

Measures

- Effectiveness
  - Suicide Behaviour Questionnaire (SBQ-14; Linehan & Comtois, 1996)
  - Beck Hopelessness Scale (BHS; Beck & Steer, 1988)
  - Toronto Alexithymia Scale (TAS; Bagby et al., 1994)
  - Dysfunctional Attitudes Scale (DAS; Weisman & Beck, 1978)
  - Problem Solving Inventory (PSI; Heppner & Peterson, 1982)
- Individual Profile
  - Millon Clinical Multiaxial Inventory III (Millon et al., 1997)
- Acceptability
  - Client Satisfaction Scale (CSQ; Larsen et al., 1979)

Snapshot of Preliminary Findings

- Hopelessness measure
- Client satisfaction questionnaire
- Qualitative interviews with clients and facilitators
Hopelessness Scores PISA participants Pre- and Post Intervention (n = 16)

- None
- Mild
- Moderate
- Severe

Hopelessness Scores TAU Participants Pre (n = 39) and Post Intervention (n = 25)

- None
- Mild
- Moderate
- Severe

Hopelessness Scores PISA (n = 16) and TAU Participants (n = 25) Post Intervention
Client Satisfaction

Table 1. CSQ Scores at Time 2 (n = 22); Range 1 - 4

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
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<tbody>
<tr>
<td>Rate quality of service</td>
<td>3.64</td>
<td>0.58</td>
</tr>
<tr>
<td>Expectations met</td>
<td>3.58</td>
<td>0.68</td>
</tr>
<tr>
<td>PISA meet needs</td>
<td>3.14</td>
<td>0.58</td>
</tr>
<tr>
<td>Recommend to a friend</td>
<td>3.82</td>
<td>0.66</td>
</tr>
<tr>
<td>Satisfied with help</td>
<td>3.59</td>
<td>0.67</td>
</tr>
<tr>
<td>Deal effectively with problems</td>
<td>3.50</td>
<td>0.60</td>
</tr>
<tr>
<td>Return to PISA for help?</td>
<td>3.73</td>
<td>0.77</td>
</tr>
</tbody>
</table>

Participant Experience

- Connection – safe, belong, talk about IT
- Visible Progress – It works for me and them
- Accepted – being valued and valuing others
- Credible model – makes sense, relevant
- Peer Learning – empathy, advice, support, fun
- “It could have been written about me”

Facilitator Experience - Rewards

- SCARY BUT EXCITING – transformative
- SIMPLE BUT NOT EASY – risks for all
- HUMANE APPROACH – being real
- UNBURDENING – more and less
- MULTILEVEL LEARNING – in all directions
- “OVERALL A GOOD EXPERIENCE”
Facilitator Experience – Challenges

REAL WORLD RESEARCH – conflicting demands and desires

"PRESSURE TO GET IT RIGHT"

YEARNING CLARITY – a manual or guide?

TAking ownership - consolidation and trust

RSAs are a unique clinical group who require a tailored response

PISA makes a difference – it is feasible and acceptable

PISA makes sense but is not easy

PISA has potential to transform thinking and action

Preliminary Conclusions

• RSAs are a unique clinical group who require a tailored response

• PISA makes a difference – it is feasible and acceptable

• PISA makes sense but is not easy

• PISA has potential to transform thinking and action
References


Gable, B. E., Anderson, M. S., Miller, I. W. (2009). Depressive characteristics of adult psychiatric inpatients with a history of multiple versus one or no suicide attempts. Depression and Anxiety, 26, 566-579.


http://www.pisa.dcu.ie

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 & Human Sciences, DCU

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