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Personality Disorder Service

Can we prevent suicide in BPD and/or Complex PTSD?

Marianne Weddell

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Project ECHO

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A lived experience of suicide

- Marsha Linehan describes the phenomenology of this painful feeling in her autobiography;

“ The suicidal person is like some trapped in a small room with high walls that are stark white. The room has no lights or windows. The room is hot and humid, and the boiling heat of the floor of hell is excruciating painful. The person searches for a door out to a life worth living but can not find it…. The room is so painful that enduring it for even a moment longer appears impossible, any exit will do. The only door out the individual could find is the door of suicide. The urge to open it is great indeed.”

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Parallel process: Changing a mindset

- Working in regional town with a small group of highly suicidal people for a long time
- Their suicidality ebbs and flows throughout treatment
- Parallel process for my own anxiety as “I can feel suicide is not an option and its my responsibility to ameliorate this”

- What I have learnt through great supervision to:
  - Slow things down
  - Regulate my-self and my-countertransference's
  - Sit with people and explore their feelings /behaviours
  - Tolerate and ride the wave of despair
  - A transformation happens – Making meaning together

Suicide, BPD & Complex Trauma

- Suicide is a common reality for people living with BPD and complex trauma (3-10%)
- It can be chronic, acute and often begin in early life.
- Suicide attempts can include:
  - Overdosing (common), Hanging/strangling, Poisoning, Stabbing, gun use & Stepping in front of traffic
- Hard to decipher from Non-suicidal self-injury (NSSI)
  - E.g., overdoses & cutting can range from low to high lethality
  - Hanging and guns almost always indicate high lethality
- Considering lethality & function of behaviour can help us

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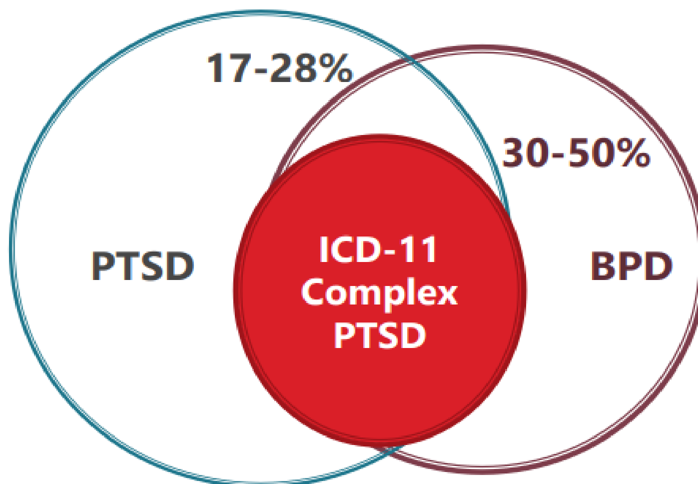
PTSD, Borderline Personality Disorder and Complex PTSD



[Barnicot & Priebe 2013, Cackowski et al. 2016, Grant et al. 2008, Harned et al. 2010, Lenzenweger et al. 2007, Pagura et al. 2010, Yen et al. 2002, Zanarini et al. 2006]

Comorbidity PTSD and BPD

- More suicide attempts increased self-harm
- Higher dissociative features
- Lower social functioning
- Increased chronicity

BPD-Criteria

- **Affect-Dysregulation**
- **Negative Self Concept**
- **Disturbed Relationships**

Can suicide be predicted?

- “In spite of a large body of research on suicide prediction, there is still no effective algorithm that can be used in practice to predict suicide. At best, clinicians are left with guidelines that may be *commonsensical*, but that lack empirical support”

Paris J. Suicidality in Borderline Personality Disorder.

Medicina (Kaunas). 2019 May 28;55(6):223. doi: 10.3390/medicina55060223. PMID: 31142033; PMCID: PMC6632023.

BPD specific risk indicators

- **Sexual abuse**
- **Changes** in the usual pattern or type of self-harm
- **Co-existing mental illness**, e.g., depression, ASPD, SUD
- Repeated **high lethal attempts** in a short period of time
- Severe **abandonment** emotional dynamics
- Emergence of **psychotic states**
- **Severe regression**
- High levels of **impulsivity**
- Chronic severe **emptiness- having no identity**
- Severe **self-loathing**
- Chronic and high levels of **hopelessness**
- Prolonged **dissociation**
- **Access to medications**

Assessing risk

Assess and formulate baseline risk:

- Based on the BPD specific risk factors
- Include the function of NSSI and suicidality for the person

Assess changes in baseline risk:

- Changes in the dynamic and protective factors
- Changes in mental state
- Changes in pattern, lethality, method, frequency
- Assess the function of NSSI/suicidality for this person at this point in time, given the triggers and context for this incident

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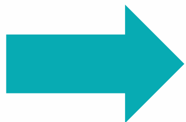
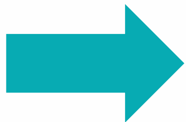
Spectrum's Matrix Method of Risk Analysis

- The risk matrix model works dynamically and therapeutically with risk
- Focus of risk assessment is on **lethality of methods** and **changes in patterns of behaviour**.



High lethality acts (e.g., CO poisoning, hanging)

Low lethality acts (e.g., cutting)



Chronic pattern

Changes in chronic pattern (new pattern)

High Lethality Method

Chronic Pattern

New Pattern

High Chronic Risk

Careful community treatment

High Acute Risk

Increased community supports or consider admission

Low Chronic Risk

Treat as usual

Low Acute Risk

Assess why pattern has changed, work on this with person

Low Lethality Method

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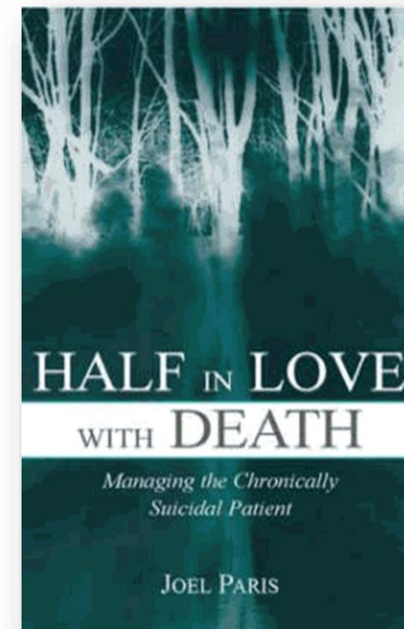
Is suicide the problem or the solution?

- “ There is a dissonance between the reality of those experiencing a crisis, for whom suicide is the perceived solution, and those that are caring , who view suicide as the problem” (Duffy, 2006)

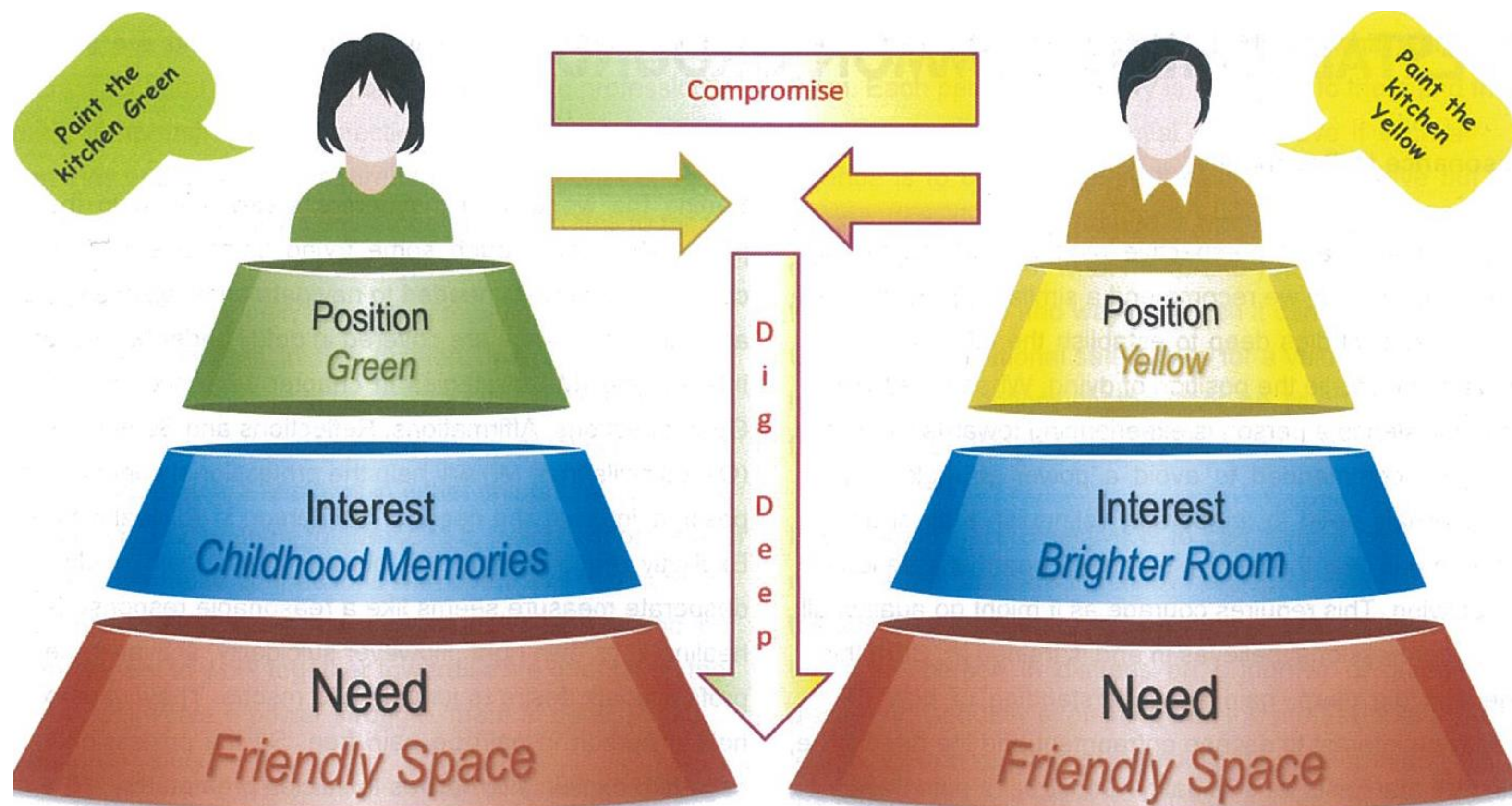
Is suicide the problem or the solution?

- Life feels so painful that person feels 'Half in love with death' (Paris 2007)

- The option of a 'way out' enable the person to go on living



Shared Goal to be pain free



Kar Ray. M., et al (2020) International Journal of Mental Health Nursing

Creating relational safety

" What's the matter with you" vs.

"Understanding what matters to you"

- the first leads to inquiry approach/ fact finding so that I can fix
- the latter leads to relationship building and support to find a solution

- **Creates a relational safety**:

- Courage of be present in the distress without fixing
- Curiosity: take time to listen for emotions & reasons
- Compassion: sharing in the persons darkness without judgment
- Commitment to redefine suicidal thoughts as a desire to be pain free
- Collaboration: respectfully co produce the journey ahead

Kar Ray. M., et al (2020) International Journal of Mental Health Nursing

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'Treatment of BPD with evidence based psychotherapies is perhaps the best risk management we can offer to manage suicidality and NSSI'

Chronically suicidal people recover when their quality of life improves

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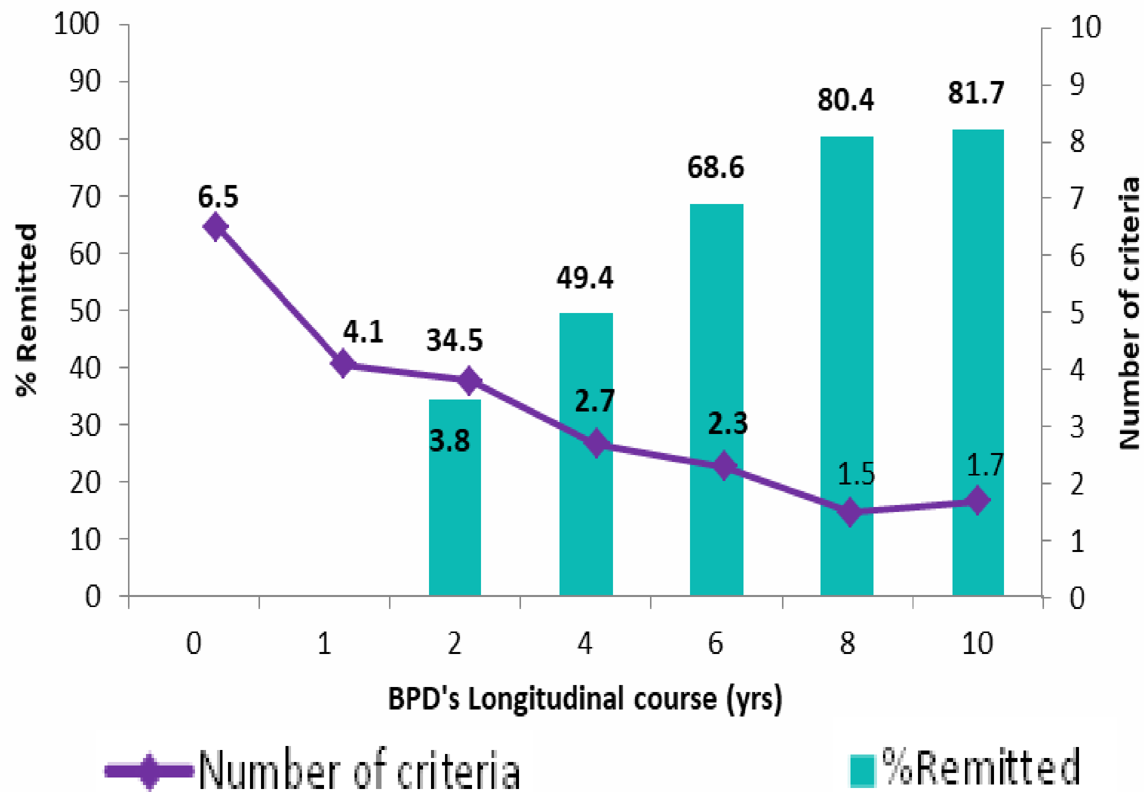
CLPS study

Collaborative Longitudinal Study of Personality disorders Study (CLPS) by Gunderson et al (US study)



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Tailored treatment

- **Formulation**: A process of making sense of a person's mental health presentation in the context of their relationships, social circumstances and life events
- **Treatment framework**
- **Treatment plan:** https://www.nhmrc.gov.au/about-us/publications/clinical-practice-guideline-borderline-personality-disorder
- **Balance of content and process**
- **A coordinated system**
- **Support for all involved**

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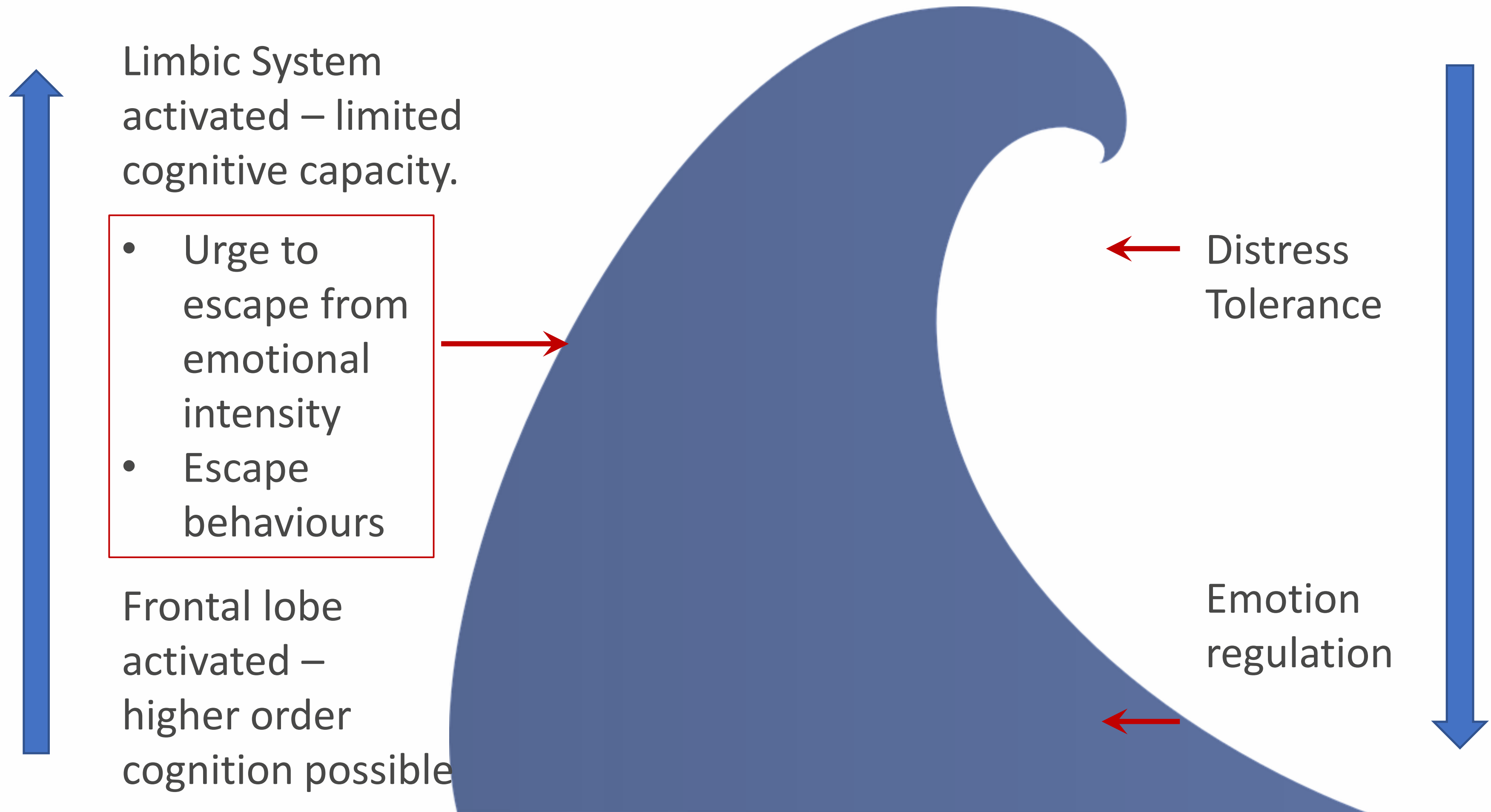
Change of mindset

Question to ask is not:

- “How do we keep you safe tonight?”
- Rather
- “How do we help you tolerate distress and manage the moment right now?”

Wave Model of Emotions

At the peak of the emotion wave - Need high intensity skills, and fast!



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A guide to directly working with crisis

1. Affect focus

When someone is in crisis they are stuck in their emotions

- Aim to de-arouse the emotion underlying communications/ behaviour Use validation, curious stance and grounding techniques to decrease arousal, notice words and tone, soothe, mark their experience
- Avoid conflict and confrontation

2. Exploration

Start to engage frontal lobe/ thinking mind

- put words to experience,
- understand events leading to the crisis
- If the person becomes aroused go back to step one

Crisis guide continued

3. **Move to solutions-focus cautiously**

Once a person's thinking is back on line a person is able to reflect and think

- Problem solve once distress starts to settle – "What can we do now?"
- Be aware of your own pull to "fix it and make it better"
- Give options if unable to generate their own ideas
- Sometimes the solution is to tolerate unbearable emotions without action
- Where possible help them be autonomous and have a sense of competence in coming to a solution
- Often not effective if the person continues to be aroused

Peer Support Space

Doing it differently with the wisdom of lived experience

Safe Havens café (St Vincent's)

Vic: https://finalreport.rcvmhs.vic.gov.au/personal-stories-and-case-studies/safe-haven-cafe/

Alternatives to Suicide

NSW:https://alt2su-nsw.net/about/

WA: https://connectgroups.org.au/alternatives-to-suicide/

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Support Self Agency- restore competence

- Teaching people how to ride the wave of emotions helps them gain a belief that even when stress is high they can tolerate it and get through to the other side
- To support autonomy even when hospitalisation should be used sparingly and the interventions in the unit need to model the capacity to use skills, services and the support of others to get through the wave.
- People who are chronically suicidal do get better
- Hope and optimism have a real place here

Refernces

- Fox V, Dalman C, Dal H, Hollander AC, Kirkbride JB, Pitman A. Suicide risk in people with post-traumatic stress disorder: A cohort study of 3.1 million people in Sweden. J Affect Disord. 2021 Jan 15;279:609-616. doi: 10.1016/j.jad.2020.10.009. Epub 2020 Oct 8. PMID: 33190111; PMCID: PMC7758737.
- Kar Ray. M., et al (2020) International Journal of Mental Health Nursing
- Paris J. Suicidality in Borderline Personality Disorder. Medicina (Kaunas). 2019 May 28;55(6):223. doi: 10.3390/medicina55060223. PMID: 31142033; PMCID: PMC6632023.
- Pinheiro, M., Mendes, D., Mendes, T., Pais, J., Cabral, T., & Rocha, J. (2016). Importance of C-PTSD symptoms and suicide attempt. *European Psychiatry, 33*(S1), S215-S215. doi:10.1016/j.eurpsy.2016.01.523
- Zanarini [40], BPD patients need to “get a life”, which means therapists must work actively to involve them with life goals, such as career and social networks.