

Efficacy of Dialectical Behavior Therapy for the Management of Suicidal Ideation & Deliberate Self-Harm: A Case Study from the Clinical Population in Lahore, Pakistan

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Abstract

Background: Suicidal behavior is one of the serious consequences of depression. Depression disrupts the daily life functioning including ability to think properly, planning, problem solving and decision-making. This happens because of excessively experiencing the negative emotions. Since decades several therapeutic interventions have been used for suicidal ideation and self-harming behavior management. This case study utilized a form of therapy that is useful for the controlling suicide. A sample was taken for voluntary sessions to determine the efficacy of the dialectical behavior therapy (DBT) intervention in Pakistan. One of the patients was asked to participate as a case study for this qualitative study using a research method called case study after an informed consent. S.B was referred for assessment and treatment of a tendency for a suicidal attempt. The history of the presenting problem and suicidal urges were explored during an initial consultation. A considerable number of factors came into the surface that predicted the trend of suicide in the patient. Within three months, the patient reported decrease in suicidal ideation and self-harming behavior. Dialectical behavior therapy sessions were planned including skills training for emotional stability, obsessions and impulse control. Evaluation of the behavior at the end of this intervention had fruitful outcomes and better change in the patient's condition. Columbia Suicide Severity Rating Scale was used to measure the change after ten sessions, once a week of one hour each.

Key words: Suicidal attempt, dialectical behavior therapy, emotion regulation, distress tolerance, depression, mindfulness, interpersonal effectiveness.

Introduction

Depressive disorders are amongst the most prevalent mental health diseases worldwide.¹ According to the DSM-5, loss of interest in daily life activities i.e. socialization and low mood are the two key symptoms that are present in depressive patients most of the time in a day for at least two weeks. The presence of psychopathology increases

the risk of suicidal ideation and attempts.² Various biological and environmental factors explain suicidal behaviors including emotional distress, substance use and environmental stress.^{3,4}

Different treatment methods have been effective in the management of suicidal tendencies. These include pharmacological treatment, brief cognitive behavioral therapy, dialectical behavior therapy, music therapy and many more.⁵⁻⁷ Various clinical trials have been suggested that dialectical behavior therapy is most suitable for the prevention of suicidal behavior. Dialectical behavior therapy (DBT) is emerged as one of the important type of cognitive-behavioral therapy. The purpose of DBT was to prevent suicidal attempts and control on suicidal thoughts.⁸ There are four skills of dialectical behavior therapy including mindfulness, distress tolerance, interpersonal effectiveness, and emotion regulation that are used in therapy sessions for helping the patients in building resilience against suicidal ideation and attempts.⁹

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In recent research, 173 adolescents were given dialectical behavior therapy for six months. The results showed a significant decline in the suicidal behaviors of the participants.¹⁰ Different techniques help to distract individuals from suicidal thoughts and self-harming actions. According to the dialectical behavior theory by Linehan, the model suggests the importance of balance between the wise mind and the emotional mind.¹¹ (Figure). According to the model, excessive emotionality in the mind increases the risk of suicide.¹² The proposed intervention recommends the strategies to create a balanced emotional state of mind to reduce the presenting symptoms among suicidal patients.

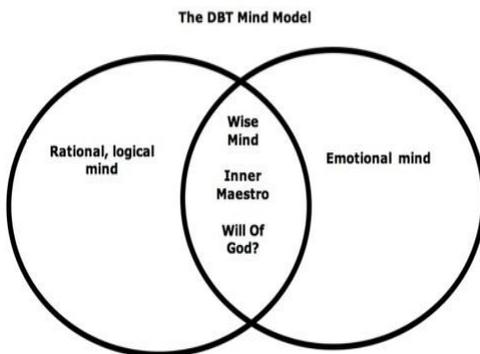


Figure: Dialectical behavior therapy model of mind.

Case Report

A 16 years old girl was referred to the physician for assessment and management of suicidal ideation and attempts. The reported symptoms were low mood, irritation, anger, physical and verbal attacks, impulsivity and self-harm using a knife and blades since last two weeks. She was taking sedatives and anti-depressants for temporary relief.

History of the patient included traumatic experiences following domestic violence, relationship failure, and substance use. Her parents had poor relationships with each other and they continued to abuse her and other children. After assessing through Columbia Suicide Severity Rating Scale (C-CRS), the intervention with 10 sessions of one hour each for skills training was planned to reduce the frequency and intensity of the suicidal ideation and attempts.

Management Plan

To manage the suicidal behavior and related symptoms, the following techniques were used within 10 sessions and post-testing was done using the same suicide assessment scale. Written informed consent was taken from the patient and her parents regarding their agreement to voluntarily

take part in the therapy. After a detailed history and assessment, the intervention plan was introduced and discussed with the patient. Following are the details of the sessions conducted using the dialectical behavior intervention:

Session 1

Psycho-education and counseling were given including the explanation of some quick strategies to manage suicidal thoughts and impulse control to prevent self-harm. A distractions list was given to the patient as a reminder for help to get rid of sudden actions and emotional intensity. Relaxation training including deep breathing and counting breaths were provided as well.

Session 2

The distraction list was reviewed to find out how many strategies and which ones were adopted and used by the patient in between the sessions. The patient was trained for mindfulness using imagery and half-smile skills.

Session 3

Lifestyle modifications were suggested. In daily routine, tips for positive feelings, healthy sleeping, mindful eating, and nutritional assistance along with certain worksheets illustrating their importance were also provided.

Session 4

After the validation of patients distress in initial sessions, there was the phase of emotional regulation. Primary and secondary emotions were described to the patient using the list of emotions, resulting in increase in awareness about patients own emotional experiences that helped in the management of emotions and thoughts.

Session 5

In this session "coping thoughts" technique was used that helped the patient in developing two-three opposite thoughts so as to replace suicidal thoughts.

Session 6

DEAR MAN skills were covered during this session.

Session 7

A list of pleasurable activities was presented to the patient so that she can engage herself in daily in such activities that made her to experience positive emotions i.e. happiness, joy, and excitement. This was also combined with obsessions and urge management training.

Session 8

The patient continued to work on specific worksheets. The practice of the previously learned skills was continued. Meanwhile, the techniques used were pros and cons of coping ahead of time, doing opposite action and building mastery.

Session 9

GIVE FAST skills were taught to the patient during this session.

Session 10

Post-testing was completed. Then skills learned by the patient during this intervention were revised along with relapse prevention plan, feedback of outcomes and change and termination has occurred.

Discussion

In this case study, results have shown the effectiveness of dialectical behavior therapy for controlling the suicidal behavior. There was a significant change in the thinking and actions of the patient throughout the sessions. After the first session, the patient however, tried once again to cut her wrist but stopped in the middle of the activity. Then, there was no self-harm repeated by the patient till termination and she set some goals related to her life about education and future relationships. Distraction methods and coping thoughts seemed to provide her with useful ways in handling emotions.¹³ The emotions were gradually directed from negative to positive as the patient started some of the pleasurable activities in her daily routine i.e. exercise, video gaming and healthy diet.¹⁴

This elaborates that the dialectical behavior therapy skills training leads to the acceptance of own inner experiences for a change. The model of mind presented by Linehan implies balancing one's rational mind and the emotional mind for healthy behaviors.¹⁵ As an evidence-based approach, dialectical behavior therapy has proved to be a quick way to eliminate suicidal thoughts and behaviors and to create healthy life functioning i.e. setting goals, taking healthy social interactions and pleasure-seeking activities.¹⁶

The outcomes were gained through detailed exercises, worksheets, and self-help materials. Regular practice, relaxation, and mindfulness attitude enabled the patient to think wisely about the future.¹⁷ This kicks off the depressive symptoms and shackles of the past were removed. The patient recognized and managed the emotional reactions. Delaying negative emotions driven actions i.e. anger leading to self-harm and replacing them with an

opposite feeling i.e. an effort to smile was the most useful options amongst emotional regulation component of dialectical behavior therapy.¹⁸

As the existing relevant literature claimed that suicidal behavior is caused due to emotion dysregulation, the dialectical behavior therapy component of emotion regulations fits here to adjust the emotional intensity. As a result, negative emotions that were perceived intensely now possibly managed and replaced by positive emotions for productive outcomes.¹⁹ The role of biosocial theory is the foundation of dialectical behavior therapy model. This states that biological and social factors have an impact on the mind. Psychological vulnerability aids in the development of mental illness when interacted with stress in the external environment or genetic disposition.²⁰ This justifies the occurrence and reoccurrence of suicidal behavior and that is why mindfulness exercises and distress tolerance techniques must be continued in daily life to reduce the risk of relapse in the future.

Dialectical behavior therapy delivered expected outcomes for a suicidal patient. However, the follow-up sessions once a month is recommended. There is always a risk of experiencing stress due to environmental, biological and psychological vulnerabilities. For immediate management and crises intervention, this therapy is a choice to save lives.

Conflict of interest: None declared.

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