Cognitive Reappraisal Intervention for Suicide Prevention (CRISP) for Middle-Aged and Older Adults Hospitalized for Suicidality

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Middle-aged and older adults constitute a high suicide-risk group. Among adults aged 50 years old and older, suicide rates increased and suicide deaths almost doubled during the period from 2000 to 2015. Suicide rates are elevated for patients hospitalized for suicidality (i.e., active suicidal ideation or suicide attempt) and the 3 months post-hospitalization is the time of the highest suicide risk. Psychosocial interventions for middle-aged and older adults hospitalized for suicidality are sparse. In this article, we present the main aspects, stages, techniques and a clinical case study of Cognitive Reappraisal Intervention for Suicide Prevention (CRISP), a psychosocial intervention targeting cognitive reappraisal to reduce suicide risk in middle-aged and older adults who have been recently hospitalized for suicidal ideation or a suicide attempt. CRISP is based on the theory that hospitalization for suicidality is preceded by an emotional crisis (“perfect storm”); this emotional crisis is related to personalized (patient- and situation-specific) triggers; and identifying these personalized triggers and the associated negative emotions and providing strategies for an adaptive response to these triggers and negative emotions will reduce suicidal ideation and improve suicide prevention. CRISP therapists identify these triggers of negative emotions and use cognitive reappraisal techniques to reduce these negative emotions. The cognitive reappraisal techniques have been selected from different psychosocial interventions and the affective neuroscience literature and have been simplified for use with middle-aged and older adults. CRISP may fill a treatment need for the post-discharge high-risk period for middle-aged and older adults hospitalized for suicidality. (Am J Geriatr Psychiatry 2018; 26:494–503)
Suicide rates in the US have steadily increased from 2000 through 2015, from 10.4 per 100,000 in 2000 to 13.7 per 100,000 in 2015. Middle-aged and older adults constitute a high suicide-risk group. Among adults aged 50 years and older, suicide rates increased from 13.9 per 100,000 in 2000 to 18.4 per 100,000 in 2015 and suicide deaths almost doubled during the same period. The highest risk group for suicide is among white men aged 85 years or older (suicide rate in 2015: 52.5 per 100,000). The increase in suicide rates of middle-aged and older adults (50 years and older) may be a cohort effect, because “baby boomers” have had traditionally higher rates of suicide than previous or subsequent birth cohorts. As a result, the suicide rates of middle-aged and older adults may increase as this cohort becomes older.

Suicide rates are significantly elevated in patients who have been recently discharged from a psychiatric hospital. Across all age groups, recently hospitalized patients are at high suicide risk during the early post-discharge period, especially within the first 3 months after discharge. In a recent study of 1,861,194 young adults (18–64 years old) of the Center for Medicare and Medicaid Services, the suicide rates for 3 months after hospital discharge were alarmingly high—235.1 per 100,000 (0.235%) for patients with a diagnosis of a depressive disorder and 216 per 100,000 (0.216%) for bipolar disorder. Suicide risk is even higher in those who have been hospitalized for suicidality (i.e., suicidal ideation or suicide attempt). The risk of suicide after hospitalization also increases in middle-aged and older adults. In a meta-analysis of 177 studies of suicide risk after hospitalization in North and South America, the risk of suicide was 1.8% (95% confidence interval [CI]: 1.5%–2%) and the risk of non-fatal repeat self-harm after hospitalization was 15.1% within one year. In a study of 564 adults aged 50 years and older who died by suicide, 86 (15%) died during the first week and 154 (27%) during the first month after hospitalization. Considering the increase in suicide rates in hospitalized patients within the 3 months of hospital discharge, it is important to develop interventions to reduce suicide risk during the early post-discharge period. The need is pressing for middle-aged and older adults, who have increased suicide mortality.

Despite the need for psychosocial interventions for suicide prevention for middle-aged and older adults hospitalized for suicidality, randomized controlled trials (RCTs) of psychotherapies or psychosocial interventions aimed specifically at reducing suicide risk after a suicide-related hospitalization for middle-aged adults are sparse, and to our knowledge there are no RCTs focusing on older adults. Most psychosocial interventions that have shown efficacy in reducing suicide risk focus on young adults and have been developed to treat mental disorders associated with suicide (e.g., depression, borderline personality disorder) rather than suicide risk per se. Even though treatment approaches for older adults may include psychotherapeutic techniques found effective in young adults, the presence of increased medical comorbidity and disability, decreased cognitive and physical functioning, and adjustment to significant losses of late-life highlight the need for psychotherapeutic techniques specifically for older adults. Our article attempts to address this treatment gap by describing a post-discharge psychosocial intervention for middle-aged and older adults who have been hospitalized for suicidality.

Following the model of neurobiologically informed psychotherapy development of Alexopoulos and Arean, we relied on advances in affective neuroscience to develop a novel psychosocial intervention for suicide prevention for this population. Our intervention, named Cognitive Reappraisal Intervention for Suicide Prevention (CRISP), is based on the insight that the way people think about the situations they encounter shapes their emotional response.

Cognitive reappraisal is the ability to modify the individual’s appraisal of a situation, emotional state, or event to alter its emotional significance. Biologically, cognitive reappraisal is presumed to be a behavioral expression of the cognitive control construct of the Research Domain Criteria (RDoC) framework and to depend on an interaction between the dorsolateral prefrontal cortex, implicated in the governance of emotional functions, and the subcortical circuits associated with emotion processing.
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