Dysfunctional personality disorder beliefs and lifetime suicide attempts among psychiatrically hospitalized military personnel

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Abstract

Background: Personality disorders (PDs) are associated with an increased risk for suicide. However, the association between PDs and suicide risk has not been examined among military personnel. This study evaluated whether endorsement of different PD dysfunctional beliefs was associated with lifetime suicide attempt status.

Methods and materials: Cross-sectional data were collected during the baseline phase of a randomized controlled trial, evaluating the efficacy of an inpatient cognitive behavior therapy protocol for the prevention of suicide. Participants (N = 185) were military service members admitted for inpatient psychiatric care following a suicide-related event. MANOVA and Poisson regression evaluated the association between each type of PD dysfunctional belief and the number of suicide attempts.

Results: Service members’ PBQ subscale scores for borderline (p = 0.049) and histrionic PD dysfunctional beliefs (p = 0.034) significantly differed across those with suicide ideation only, single attempt, and multiple attempts. Upon further analysis, histrionic PD dysfunctional beliefs scores were significantly higher among those with multiple suicide attempts than those with single attempts. One point increase of dependent (Incidence Risk Ratio = 1.04, p = 0.009), narcissistic (IRR = 1.07, p < 0.001), and paranoid PD dysfunctional beliefs (IRR = 1.04, p = 0.002) was associated with a greater number of lifetime suicide attempts.

Conclusions: Assessment and targeting dependent, narcissistic, paranoid, borderline, and histrionic beliefs as part of a psychosocial intervention will be useful.

1. Personality disorders and suicide risk in the military

Given the importance of PDs in understanding, managing, and treating suicide risk, research on PDs and military suicides is much needed. However, the actual prevalence of personality disorders in the military is unknown, as a PD diagnosis has the potential to harm or end a service member’s military career [9]. As a result, research on PDs and suicide risk, within military samples is extremely limited.

1.1. Links between personality disorder types and suicide attempts

Much of what is known about PDs and suicide is based on the civilian literature. Specifically, three types of PDs – borderline, narcissistic, and antisocial – have shown the strongest linkage to suicide. Borderline PD differentiates between individuals with single versus multiple suicide...
When narcissistic PD has been linked to less impulsive and more lethal attempts [14], not much is known about whether or not it differentiates between individuals with single versus multiple suicide attempts [14–17]. Having said that, a recently published 10-year longitudinal study of PD risk factors for suicide attempts has shown that borderline PD is associated with ever attempting while narcissistic PD is associated with increasing number of attempts [15]. Moreover, a limited number of studies have shown modest associations between antisocial PD traits and suicidal behaviors [18–21].

### 1.2. Personality disorder beliefs as a proxy for personality disorders

For the purposes of the current study, PD dysfunctional beliefs were assessed as a proxy for personality disorders, as the beliefs themselves are often what make the personality problematic [22]. PD dysfunctional beliefs are rigid, pervasive, and ego-syntonic, and they drive behavior [23,24]. Dysfunctional personality disorder beliefs reflect a person’s developmental and clinical history and provide reasons for dysfunctional reactions to past and current situations [25,26]. According to the cognitive theory of personality disorders, identification and modification of personality beliefs leads to functional improvements more so than tailoring treatment based on personality disorder diagnoses [25]. In addition, this strategy of assessment provided a layer of protection for active duty service members, whose careers could be potentially comprised by a formal assessment process for a personality disorder (even in the context of a research study). The Personality Beliefs Questionnaire (PBQ; [27]) is a measure commonly used to evaluate the intensity of PD dysfunctional beliefs that are associated with personality disorders without assigning a diagnosis [28]. Thus, as indicated, this measure is helpful in identifying PD dysfunctional beliefs held by military service members without stigmatizing the individual with a PD diagnosis.

### 1.3. The present study

The current study sought to explore commonly reported PD dysfunctional beliefs among psychiatrically hospitalized military service members admitted to the inpatient unit of a military hospital following a suicidal crisis. Identification of such beliefs could be useful in conceptualizing and planning specific treatment goals based on the cognitive behavioral model for suicide prevention [29,30]. More specifically, this study aimed to evaluate whether endorsement of different PD-related dysfunctional beliefs was associated with suicide attempt status (i.e., no attempt, single attempt, and multiple attempts) and also the number of lifetime suicide attempts.

### 2. Methods and materials

#### 2.1. Participants

Participants were recruited from 2013 to 2017 from the psychiatric inpatient units at the Walter Reed National Military Medical Center (WRNMMC) and the Fort Belvoir Community Hospital (FBCH) to be part of a Randomized Controlled Trial (RCT) for prevention of suicide, named Post-Admission Cognitive Therapy [31]. For the purposes of this study, participants were categorized into three groups based on responses on the C-SSRS and more specifically, based on number of lifetime suicide attempts: (1) suicide ideation, SI: those who endorsed no suicide attempts in their lifetime, (2) single attempts, SA: those who endorsed only one suicide attempt in their lifetime, or (3) multiple attempts, MA: those who endorsed two or more suicide attempts in their lifetime.

#### 2.2. Measures

A baseline assessment was generally conducted within the first 72 h of psychiatric admission. Self-report measures were administered by Bachelor’s and/or Masters level research assistants. Clinician-administered measures were administered by doctoral level clinicians. The analyses presented here focused on data extracted from three specific measures, as described below.

##### 2.2.1. Sociodemographic data form

This form was developed by the study investigators and collected data on age, sex, race, marital status, education level, military branch, and military rank.

##### 2.2.2. Columbia suicide severity rating scale (C-SSRS; [32])

The clinician-administered, research version of the C-SSRS was used to assess for suicide ideation and attempts based on definitions from the Centers for Disease Control and Prevention. The C-SSRS is now the gold-standard for suicide risk assessment and its psychometric properties have been documented (http://cssrs.columbia.edu/wp-content/uploads/CSSRS_Supporting-Evidence_Book_2017-08.pdf). For the purposes of this study, participants were categorized into three groups based on responses on the C-SSRS and more specifically, based on number of lifetime suicide attempts: (1) suicide ideation, SI: those who endorsed no suicide attempts in their lifetime, (2) single attempts, SA: those who endorsed only one suicide attempt in their lifetime, or (3) multiple attempts, MA: those who endorsed two or more suicide attempts in their lifetime.

##### 2.2.3. Personality belief questionnaire-short form (PBQ-SF; [27])

The PBQ-SF is a condensed and practical version of the original 126-item scale [33] and has demonstrated reliable and valid psychometric properties [25,27]. Respondents are asked to rate 65 statements on a 5-point scale ranging from 0 (I don’t believe it at all) to 4 (I believe it totally). The PBQ-SF measures beliefs associated with 10 personality disorders: paranoid, schizoid/schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, obsessive-compulsive, and passive-aggressive (see Table 1 for sample items corresponding with each personality disorder). The total scores for each personality belief range from 0 to 28 and higher scores indicate increasing levels of dysfunction. The number of statements is 65, and not 70 because the borderline personality beliefs scale has only two unique questions and shares five questions with the scales assessing avoidant, dependent, and paranoid personality beliefs [27]. While presenting raw PBQ-SF scores aids with the ease of interpretation for clinicians and practitioners, we also reported Z-scores for comparative evaluation with different PD belief scales.

#### 2.3. Procedures

The following Institutional Review Boards (IRBs) provided approval for the study, prior to data collection: WRNMMC; FBCH; Uniformed Services University of the Health Sciences (USUHS); and Human Research Protections Office for the Department of Defense. Those who agreed to participate provided their written informed consent.

#### 2.4. Statistical analyses

The association between PD beliefs and lifetime suicide attempt status was examined in two parts. First, a one-way multivariate analysis of variance (MANOVA) was used to compare lifetime suicide attempt status (SI, SA, MA) on the 10 subscales of the PBQ-SF. The purpose of the MANOVA was to reduce possible Type I errors when comparing 10 outcomes followed by Scheffe post hoc tests. In the second part, we used Poisson regression to evaluate the association between each type of PD belief and the number of suicide attempts, assuming that the number of attempts follow Poisson distribution. The Poisson regression predicts rates, which is the number of events divided by a length of time, termed exposure, hence time in military
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