

A Treatment Study of Suicidal Adolescent with Personality Disorder or Traits: Mode Deactivation Therapy as compared to Treatment as Usual

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Abstract

This treatment research compares Mode Deactivation Therapy(MDT) to Treatment as Usual (TAU) with suicidal adolescents. This treatment research study examines the effects of MDT vs. TAU on adolescents who had co-morbid mental health issues as well as, personality disorders and traits. MDT was shown to be more effective in reducing suicidal thoughts and behavior as measured by the Beck Depression Inventory II and the Reynolds SIQ-HS.

Keywords: Mode Deactivation Therapy, Suicidal Adolescents, Treatment as Usual.

Introduction

Adolescent suicides continue to be a leading cause of death in North America (Links, Gould, Ratnayake (2003). Links et. al. report a 5 to 1 ratio of males to females of suicide in adolescents in Canada. Arnett (1999), reports that adolescents have the highest prevalence of risk behaviors including lethal suicides. Peters, Kochenek and Murphy (1998) report that completed suicide for adolescents between the ages of 15 and 19 rose 24.5 % between 1956 and 1994. During the past 30 years there has been an increase in the number of incidences of suicide in adolescents ages, 15-19 years of age, and data has shown important ethnic variations as well. The rate of adolescent suicides in males has risen from just under 6 per 100,000 to 17.8 per 100,000 in 1992 (Shaffer, Gould, & Hicks 1994). Between the ages of 15 and 9, suicide is the second leading cause of death for white males and the third leading cause of death among African American males (Shaffer and Hicks, 1993). The rates of suicide among adolescents is rising at an alarming rate over the past ten years according to (Shaffer, et. al., 1994).

Marttunen, Aro, Henriksson, Lonnqist (1991, 1994) found that 17% of adolescents aged 13 to 19 years met criteria for conduct disorder or antisocial personality disorder (APD). When Marttunen et. al. (1994) studied non lethal suicide attempts they found that 45% of the males had significant symptoms of APD.

Adolescents with borderline personality disorder (BPD) represent 9% to 33% of all suicides, (Runesson, Beskow (1991). Narcissistic personality disorder (NPD) or traits was found in 14% of lethal suicides in a 15 year study of suicide by Stone (1989).

Apsche and Siv (2005) completed a case study with an adolescent male with conduct and personality disorders who was actively suicidal. They found in this case study that MDT was effective in reducing suicidal attempts, thoughts and ideation in this adolescent. This study is the first attempt to test the effectiveness of MDT on suicidal adolescents in a larger group setting.

A history of suicidal behavior is found in 55% to 70% of individuals with personality disorders (Gunderson (1984); Kjellander, Bonger, King (1998); Links, Gould, Ratnayake, (2003)). The recent study compared adolescents who had many of these personality disorder or traits. This study examines the effects of Mode Deactivation Therapy (Apsche, Bass, Siv (2005; 2006) on a population of

adolescents with a variety of personality traits, a decrease in their suicidal ideation and cognition are measured by the Beck Depression Inventory II and the Reynolds Suicidal Ideation Questionnaire.

Characteristics and Results

The sample comprised of 20 male adolescent residential patients. All subjects were referred to the same residential treatment facility for the treatment of aggression. In this study, subjects were randomly assigned to one of the two treatment conditions at the time of admission based on available openings in the caseload of the participating clinicians. The two treatment conditions showed similarity in terms of the frequency of Axis I and Axis II diagnoses, age, and racial background. To ensure consistency in the delivery of the two respective treatments, therapists were specifically trained in one of the three treatment curriculums/methods. The average length of residential treatment across all conditions was one year.

Treatment As Usual (TAU): A total of ten male adolescents were assigned to the TAU condition. The group was comprised of 4 African Americans, 3 European Americans, 1 Hispanic American and 1 Asian American with an average age of 15.3. The principal Axis I diagnoses for this group included Conduct Disorder (4), Oppositional Defiant Disorder (3), and Post Traumatic Stress Disorder (7). Axis II diagnoses for the group included Mixed Personality Disorder (3), Borderline Personality Disorder (3), Narcissistic Personality Disorder (1) and Dependent Personality Disorder (1).

TAU consisted of a bi-weekly psychodynamic psychotherapy group or Dialectical Behavioral Therapy (DBT) skills group, individual psychodynamic psychotherapy or individual DBT at least once per week, Psychoeducational oriented milieu based on “The Boys and Girls Town’s Psychoeducational Model”. Seven of the ten TAU group patients participated in DBT. Individual Components of this psychoeducational treatment curriculum included daily recording of training in social skills placed on point card sheets. All clinicians were trained in adolescent psychodynamic therapy. The TAU team met regularly to discuss treatment concerns.

Mode Deactivation Therapy (MDT): A total of ten male adolescents were assigned to the MDT condition. The group was comprised of 5 African Americans, 3 European Americans and 2 Hispanic Americans with an average age of 15.7. The principal Axis I diagnoses for this group included Conduct Disorder (5), Oppositional Defiant Disorder (3), Post Traumatic Stress Disorder (7), and Major Depressive Disorder, primary or secondary (2). Axis II diagnoses for the group included Mixed Personality Disorder (6), Borderline Personality Traits (3), and Narcissistic Personality Traits (2). The MDT condition used the methodology described earlier in this paper.

TABLE 1. Composition of both treatment groups

Axis I	TAU	MDT
Conduct Disorder	6	8
Oppositional Defiant Disorder	3	3
Post Traumatic Stress Disorder	7	7
Major Depression	0	2
Axis II		
Mixed Personality Disorder	3	6
Borderline Personality Traits	3	3
Narcissistic Personality Traits	1	2

Dependent Personality Traits	1	0
Avoidant Personality Traits	0	0
Race		
African American	4	5
European American	4	3
Hispanic/Latino American	1	2
Asian American	1	0
Total	10	10
Average Age	15.3	15.7

TABLE 1

Means and Standard Deviations on Assessment Measures at Three Time Points By Treatment Groups

	MDT						TAU					
	Baseline		3 Months		6 Months		Baseline		3 Months		6 Months	
	M	SD	M	SD	M	SD	M	SD	M	SD	M	SD
BDI-II	34.2	14.65	14.6	9.54	9.9	6.18	26.8	20.62	17.5	14.37	12.7	12.91
SIQ-HS	57.2	29.29	10.9	14.43	7.2	7.37	55.4	49.34	18.6	18.90	12.9	13.66

Note: All baseline comparisons between groups were non-significant ($p > .05$)

BDI-II = Beck Depression Inventory 2nd Edition; SIQ-HS= Suicidal Ideation Questionnaire High School Form; MDT= Mode Deactivation Therapy; TAU= Treatment as usual

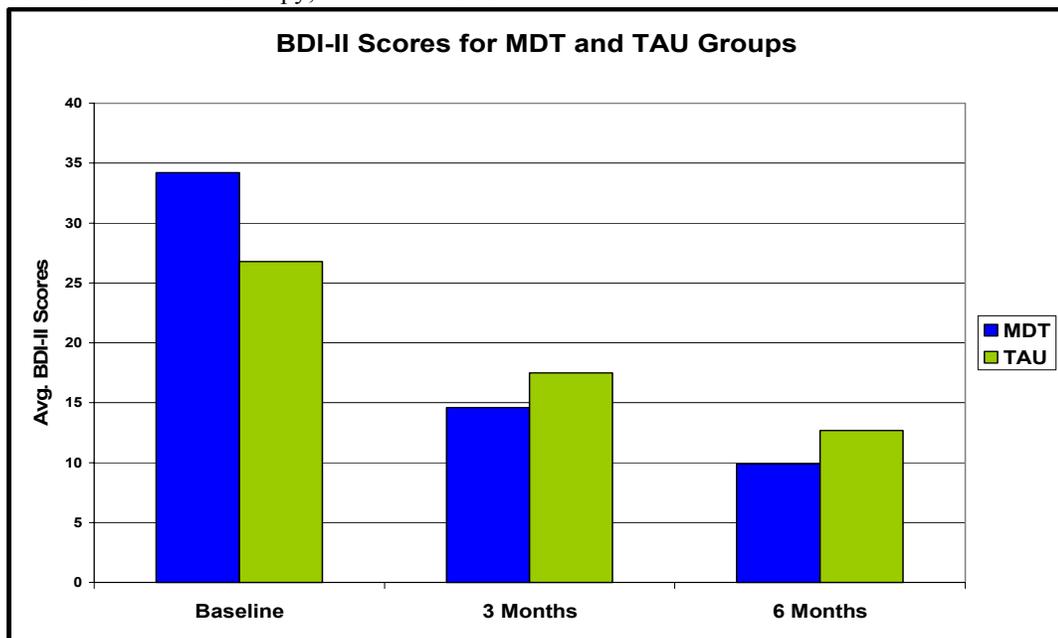


Figure 1: Means scores for BDI- II at three time points. Note: All baseline comparisons between groups were non-significant ($p > .05$) BDI-II = Beck Depression Inventory 2nd Edition; MDT= Mode Deactivation Therapy; TAU= Treatment as usual

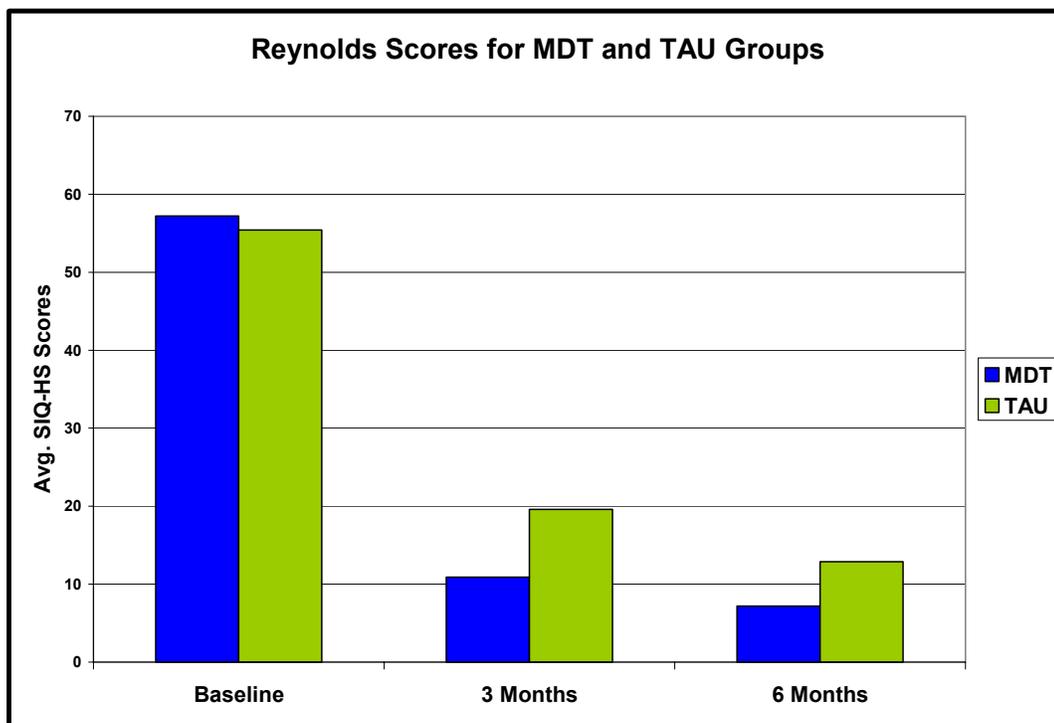


Figure 2: Mean Scores for SIQ-HS at three time points. Note: All baseline comparisons between groups were non-significant ($p > .05$) SIQ-HS= Suicidal Ideation Questionnaire High School Form; MDT= Mode Deactivation Therapy; TAU= Treatment as usual

Because the clinicians followed protocol of MDT, the fidelity was measured by review of video typed session and with the MDT clinician and the client's workbook. The MDT group achieved a 98% score of adherence by these measures.

Summary

MDT has shown evidence of promise as a effective treatment in adolescents with conduct disorder, and personality disorder or traits (Apsche et. al. 2004, 2005, 2006). This study suggests that MDT might be effective in treating these adolescent with suicidal ideation, cognitions or beliefs.

Discussion

It appears that MDT reduces the suicidal risk in this study as measured by the BDI-II and SIQ-HS assessments. MDT's effectiveness might be effective because it addresses both the personality disorder or traits and the axis I disorders. MDT was significantly more effective then TAU by over 1 SD per category.

These data suggest that MDT might be an effective methodology in reducing suicidal beliefs or traits in adolescents with axis I disorders, and personality disorders or traits.

There were several limits to this study. First as all of the MDT studies thus far, it was completed in a clinical residential setting, although all assignments to caseloads are random by assignments these are limits in this randomization, although the limits are also the strengths. The effects of MDT in less controlled setting suggest that the fidelity to the model might be more effective than more controlled studies.

There are several limits to any clinical study that must be identified. Random assignments were made as openings occurred within the therapists caseloads. These openings were often more controlled by the availability of aftercare services arranged by the referral source, than by the specific skills of the individual therapists.

The authors hope that this treatment research might lead to another possible treatment of suicidal adolescents in the future.

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