Adapting Interpersonal Psychotherapy for Older Adults at Risk for Suicide

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Objective: *To pilot a psychological intervention adapted for older adults at risk for suicide.* **Design:** *A focused, uncontrolled, pre-to-post-treatment psychotherapy trial. All eligible participants were offered the study intervention.* **Setting:** *Outpatient mental health care provided in the psychiatry department of an academic medical center in a mid-sized Canadian city.* **Participants:** *Seventeen English-speaking adults 60 years or older, at risk for suicide by virtue of current suicide ideation, death ideation, and/or recent self-injury.* **Intervention:** *A 16-session course of Interpersonal Psychotherapy (IPT) adapted for older adults at risk for suicide who were receiving medication and/or other standard psychiatric treatment for underlying mood disorders.* **Measurements:** *Participants completed a demographics form, screens for cognitive impairment and alcohol misuse, a semi-structured diagnostic interview, and measures of primary (suicide ideation and death ideation) and secondary study outcomes (depressive symptom severity, social adjustment and support, psychological well-being), and psychotherapy process measures.* **Results:** *Participants experienced significant reductions in suicide ideation, death ideation, and depressive symptom severity, and significant improvement in perceived meaning in life, social adjustment, perceived social support, and other psychological well-being variables.* **Conclusions:** *Study participants experienced enhanced psychological well-being and reduced symptoms of depression and suicide ideation over the course of IPT adapted for older adults at risk for suicide. Larger, controlled trials are needed to further evaluate the impact of this novel intervention and to test methods for translating and integrating focused interventions into standard clinical care with at-risk older adults.* (Am J Geriatr Psychiatry 2014; ■:■−■)

Key Words: Interpersonal Psychotherapy, suicide, suicide ideation, psychotherapy, treatment, IPT, psychological well-being, meaning in life

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Older adults have high rates of suicide,[1,2] necessitating focused clinical risk assessment and intervention.[3,4] Older adults are amenable to and respond well to psychological interventions;[5–8] however, only one trial of psychotherapy to date has been conducted exclusively targeting suicidal older adults.[9] We specifically conducted a small focused trial of Interpersonal Psychotherapy (IPT) adapted for older adults at risk for suicide by virtue of expression of current suicide ideation, death ideation, or recent self-injury. Preliminary findings suggested that this intervention is feasible, tolerable, and safe, and has a positive impact on therapeutic change.[9] Significant reductions were observed in suicide ideation, death ideation, and depressive symptom severity.[9] We now extend and expand upon these preliminary findings by reporting complete study findings on primary (suicide ideation and death ideation) and secondary (depressive symptom severity) outcomes and therapeutic process variables (working alliance and treatment satisfaction) across pre- to post-treatment assessments, and investigating the stability of change over a 6-month follow-up period.

We have adapted IPT for the treatment of at-risk older adults, given empirical findings supporting its efficacy as an active or maintenance treatment for depression and in enhancing social adjustment among older adults,[7–11] negative findings notwithstanding.[12] Findings from a secondary analysis of data from three treatment studies of late-life depression in mental health care settings[13,14] and from the multi-site PROSPECT study[15,16] demonstrated significant reduction or resolution of suicide ideation with standard IPT and/or antidepressants. Resolution of suicide ideation was slower and treatment less effective for individuals with a history of suicidal behavior or more severe suicide ideation, necessitating adaptation of IPT for at-risk individuals.[13,16]

IPT is a conceptually relevant intervention for suicidal older adults, given the salience of interpersonal problems, perceived social support deficits, and difficulty adjusting to life transitions in the onset, exacerbation, and potential resolution of suicide risk in later life.[17–19] Theory and research suggest that attention to suicide risk factors may be insufficient to identify and intervene effectively with at-risk individuals. Following the call for a complementary focus on resiliency,[20] we demonstrated that older adults expressing greater perceived meaning in life (MIL) and life satisfaction reported significantly less suicide ideation.[21] The positive effect of MIL was most robust at higher levels of depressive symptom severity.[22] IPT problem areas regarding death, losses, and transitions are consistent with existential concerns that may engender perceptions of meaninglessness.[21–23] We thus adapted IPT from existing treatment manuals[24,25] incorporating lessons learned from reports of suicide during psychotherapy,[26,27] by making suicide a central focus of clinical discourse and incorporating safety precautions and ongoing surveillance of suicide risk and resiliency factors, including MIL and additional psychological well-being variables.[9] We further sought to individually tailor treatment to participants' emotional and existential concerns, helping them attend to remaining sources of MIL, emphasizing enhancing, rebuilding, or cultivating meaningful relationships. Given that suicide ideation can wax and wane[13,28] and that risk for suicide is high following changes or discontinuation in depression care,[29–31] we additionally investigated maintenance of therapeutic change over a 6-month follow-up period.

METHODS

Procedures

Potential study participants were referred for eligibility assessment by clinical staff in inpatient, outpatient, and outreach geriatric psychiatry, consultation liaison, and medical services in London, Ontario, a Canadian city with a population over 350,000, 18% over 60 years of age.[32] Clinicians facilitated introductions to potential participants, consistent with a study protocol approved by The University of Western Ontario's Health Sciences Research ethics board. Eligible individuals were 60 years or older, spoke English, and reported current suicide ideation and/or death ideation to a referring clinician or had engaged in clinically documented self-injury within the prior two years. Exclusion criteria included moderate to severe cognitive impairment (<23 on the Mini-Mental State Examination)[33] and/or advanced-stage dementia, a lifetime history of schizophrenia (SCID-I),[34] and an active substance misuse disorder that commenced