

QC18 Suicide Prevention Skills: Core

Instructional video transcript: Integrated Motivational Volitional Model

Video link: https://youtu.be/FP0qfaxhttU?si=ZXRgX6l20_PdYuK9

Speaker (Mel): Hi, I'm Mel. In this video, I'm going to explain the integrated motivational volitional model, IMV for short, of suicidal behaviour. Professor Rory O'Connor and Dr. Olivia Kirtley developed this three-phase model to help clinicians understand how someone becomes suicidal.

This model views suicide as a behaviour and teases apart the predisposing or pre-motivational factors from factors that lead to the development of suicidal thinking, otherwise known as motivational factors, followed by what causes a person to move from thinking about suicide into acting on their thoughts known as volitional factors.

To identify whether a person may be vulnerable to suicide, it can be helpful to draw upon what has been found in the research. The first phase of the IMV model helps us understand this.

Phase 1 is called the pre-motivational phase. This phase considers the predisposing factors for suicide. These include the biological, psychological, social, and environmental factors that increase vulnerability to suicide.

An individual's personality traits, genetic and biological makeup such as a family history of suicide or having a mental illness, and low levels of optimism can increase a person's vulnerability as does the environmental context or social relationships they are situated within. Environmental, social, or cultural issues which can increase vulnerability include trauma, violence, poverty, isolation, and discrimination.

The pre-motivational phase also recognises that life events or psychosocial stressors can set the scene for the onset of suicidal thinking. Let me give you an example to help explain this.

Charlie is a 19-year-old single male of Chinese ancestry who migrated with his family from mainland China when he was nine years old. He has an older brother, Leo, who is 21 years old and works as an accountant. His parents have high expectations for their children as they moved here seeking better opportunities for them.

Charlie's in his first year of university, where he's struggling to keep up with his work. He has just found out he has failed an assignment. He reports feeling tired and having no energy. During year 12 last year, he was diagnosed by the GP with depression and anxiety and prescribed some melatonin and sertraline.

He felt uncertain about whether to take the medication as his family don't believe depression and anxiety are medical conditions and would disapprove of him taking them. He has a couple of close friends from high school who he spends time with online gaming. Often he gets to bed very late at night, around 2:00am. He would like to make more friends at uni, but he feels shy and lacks confidence.

He doesn't feel very emotionally close to his parents. In fact, he has some mixed feelings about migrating to Australia as he struggled for several years being bullied at school but worked hard to obtain good grades.

His parents speak English, although limited, and insist they all speak Mandarin at home. He replies to them in English, which causes tension.

Mel cont'd:	<p>When we apply this model to Charlie's story, we can see that there are a number of vulnerability factors that are biological such as his gender, possible untreated symptoms of depression and anxiety, disruptions to sleep pattern, and some personality related vulnerabilities such as feeling the need to be perfect to meet his parents' expectations. He's also experiencing a number of environmental stressors including difficulties within his relationship with his parents and some social isolation. Life stressors that he's dealing with include a failed university assignment, ongoing demands of university studies, and conflict with his parents.</p> <p>Do you think Charlie's thinking of ending his life? Well, in fact, he does develop suicidal thinking, and we'll explore the reasons for this shortly. But why do some people develop suicidal thinking when they're in a vulnerable situation and others don't? The pre-motivational phase of this model helps us understand that although vulnerability factors and environmental stressors set the scene for the development of suicidal thinking, they don't cause suicidal thinking as such.</p> <p>The second phase of this model will help explain why some people develop suicidal thinking and others don't. When someone with vulnerability factors experiences a life stressor or an accumulation of stressors, they are more likely to feel that their situation is insurmountable and may even feel defeated. It is common for many people to have personal vulnerabilities and difficult social relationships. Perhaps you've even felt defeated when life takes a turn and things don't work out the way you'd planned, but feeling defeated doesn't automatically create suicidal thinking.</p> <p>Certain circumstances must be present. These are called moderating factors or more specifically threat to self moderators. For example, if a person lacks the skills to solve their problems or manage painful feelings or uses poor coping strategies like substance use and avoidance, they are more likely to feel not only defeated but trapped in their emotional pain.</p> <p>Ruminating about one's circumstances and only remembering mistakes or misfortune can also increase the feeling of being trapped. Alternatively, a person is less likely to feel trapped in their distress if they had the skills to find a solution to their problem, engage in help seeking behaviours, or can recall helpful strategies they've used in the past. Feeling trapped is a state of mind that if persists may lead to the person viewing that suicide is the only way out of their emotional pain or difficulties. It is the key driver for the development of suicidal thinking. Let's return to Charlie's story.</p> <p>In our example of Charlie, you can see that his failed uni assignment and the ongoing demands of studying has led him to feel very defeated, even humiliated. He struggles to identify how to manage these challenges and instead avoids the issue as much as possible by increasing his gaming and using substances such as alcohol. His use of substances, poor sleep, and avoidance of these issues will only intensify his distress. Can you see that he is starting to feel trapped?</p> <p>Once a person feels trapped, they may start seeing suicide as the only way out of their pain when certain circumstances are at play. These are also moderators and are called motivational moderators. Let's take a look.</p> <p>When a person feels trapped in their emotional pain without a sense of belonging, connection, and support from others or feels like a burden to others, they are more likely to transition from feeling trapped to developing thoughts of ending their life.</p> <p>If they believe that suicide is acceptable or has been modelled as a way of dealing with emotional pain and they are unable to identify new goals or a way to move forward, suicide is also more likely to be seen as the only option available to them.</p>
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<p>Mel cont'd:</p>	<p>Alternatively, a person is less likely to develop suicidal thinking or an intention to die if they have loved ones showing they care, are resilient, can see that their existence is valuable, and are able to cope with setbacks by identifying new goals and hopes for the future.</p> <p>When we identify the factors intensifying a person's distress, we can address these in our care planning with them. This might include encouraging family members to reach out to the person if they're feeling isolated or disconnected. Let's return to Charlie's story to see these moderating factors in action.</p> <p>Charlie feels very alone and unable to reach out to his family for help. He feels like a burden to his family and a disappointment to them. This is further reinforced when his parents compare him to his brother, Leo.</p> <p>Although it's unclear as to what his attitude towards suicide might be or whether he's had suicidal behaviour modelled by others, there are enough moderators present for Charlie to develop thoughts of suicide. He just can't see any way to move forward, and he feels his future is ruined.</p> <p>In summary, the motivational phase of this model reminds us that it's not inevitable that a person will develop suicidal thinking even in the context of pre-existing vulnerabilities and difficult life events. Many factors interact to create or prevent suicidal thinking. Moderating factors, however, can transition a person from a sense of defeat to feeling trapped and from feeling trapped to suicidal thinking and intention. Once we understand how and why the person has developed suicidal thoughts, desire, and intention, we can work with them to resolve these issues and see a way forward.</p> <p>The third and final phase of this model, the volitional phase, is understanding how a person goes from developing suicidal thinking to acting on these thoughts. The word volitional might be unfamiliar to you, but it relates to the factors that support action. These factors are distinct and separate from those that create suicidal thinking.</p> <p>While suicidal thinking can be common within the general community, suicidal behaviour, thankfully, is less common. So why do some people transition from thinking about suicide to acting on their thoughts.</p> <p>Firstly, having a plan is a well known factor that increases the likelihood of suicidal behaviour. The plan might not always be about a specific day or location for a person to take their life. A plan can be linked to a specific circumstance such as if we break up, I'll kill myself. These are called if-then plans.</p> <p>We also need to consider the person's access to means and the steps they have taken to acquire these. The more accessible the means are, the easier it becomes for them to act on their thoughts. It is also important to assess the person's level of impulsivity. Can they restrain their urge to act, or is the influence of alcohol or substance use, irritability, agitation, or sleep deprivation reducing their ability to control the urge to act on their suicidal thinking? What imagery have they had about suicide such as visualising the steps they will take, who will find them, what their loved ones will say, how desensitised is the person to death and dying?</p> <p>Often people who have no fear of dying or who have a high tolerance for pain have a greater ability to act on their thoughts. Had they been exposed to a loved one's suicide, having a loved one or a friend die by suicide increases the risk of action due to the heightened focus on suicide in the minds of those bereaved. Have they had past attempts and what stopped them?</p>
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Mel cont'd:	<p>Previous attempts increase the likelihood of acting on suicidal thoughts by building one's tolerance for pain and reducing the person's fear of death.</p> <p>Charlie's suicide attempt occurred three weeks after receiving his failed grade and involved him taking six sertraline tablets and consuming half a bottle of vodka. When we consider Charlie's suicide attempt, several volitional factors increase the likelihood that he would act on his thoughts of suicide.</p> <p>He explained that he'd had access to tablets his parents had bought him after the appointment with the GP last year, and he had vodka in his bedroom. He'd engaged in planning to some degree. He told himself that if he failed another assessment or heard his parents talk about how amazing his brother was once more, he'd kill himself.</p> <p>When this happened, he consumed a significant amount of alcohol, which gave him the nerve to act by increasing his impulsivity, and he took the tablets. His sleep deprivation, agitation, and stress also eroded his ability to curb the strong impulse to act on his thoughts. He also confided in the clinician that he'd been experiencing intrusive images of his parents finding his body several days prior to his attempt. Charlie also revealed that he had attempted suicide three weeks ago after he'd received his first failed grade, but no one knew.</p> <p>In summary, the volitional phase of this model helps us to identify whether someone is readying themselves to transition from thinking to action. This IMV model provides you with an evidence informed framework to understand a person's suicidal journey. This journey begins with considering the pre-motivational or predisposing factors for suicidal thinking. Motivational factors like poor coping and rumination create feelings of entrapment. A lack of belonging, feeling like a burden, and pro-suicide attitudes or norms can intensify feelings of entrapment, driving a person towards suicidal thinking. Eight factors have been found to influence the transition of a person from suicidal thinking to action.</p> <p>If you want to know more about the IMV model, download the article by clicking on the link below.</p>
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