



# Out of the Darkness: Suicide and BED

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April 1, 2011



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# Overview

- **Eating Disorders (EDs) and Suicide**
- **Interpersonal Psychological Theory of Suicide (IPTs) and EDs (Joiner, 2005)**
- **Current Research at Magnolia Creek Treatment Center for Eating Disorders (MCTCED)**
- **Assessments, Interventions, and Outcomes: Case Study**
- **Questions and Comments**

# EDs and Suicide: What We Know

- **Suicide Rates 23% Higher Than in Other Disorders:**
  - AN: Mortality about 10%; most AN deaths due to suicide, not from complications from the disorder
  - BN: Mortality rate about 3%; one-third will attempt suicide
  - ED-NOS: Mortality rate about 5%
    - Suicide risk in ED-NOS similar to that of AN

(Corcos, 2002; Crow et al., 2009; Harris & Barraclough, 1997; Sullivan, 2002)

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# BED and Suicide: What We Know

- **Individuals with BED are at Higher Risk for Past Suicide Attempts Than the Rest of the Population**
- **There is Much More to Learn About BED**

(Grucza et al., 2007)

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# BED and Suicide: What We Don't Know

- **How Much of the High Prevalence of Suicide in ED-NOS is Accounted for by BED?**
  - In the Crow, et. al. (2009) study, obese individuals were referred elsewhere; may have resulted in a skewed sample of ED-NOS (low on BED symptoms)
- **How Does Obesity Impact Suicide Rate in BED?**
  - Some research shows obesity as a protective factor in suicide
  - Other research shows obesity increases risk of depression
  - Other research has not been able to measure impact of obesity due to small sample size

(Crow et al., 2009; Grucza et al., 2007; Mukamal et al., 2009)

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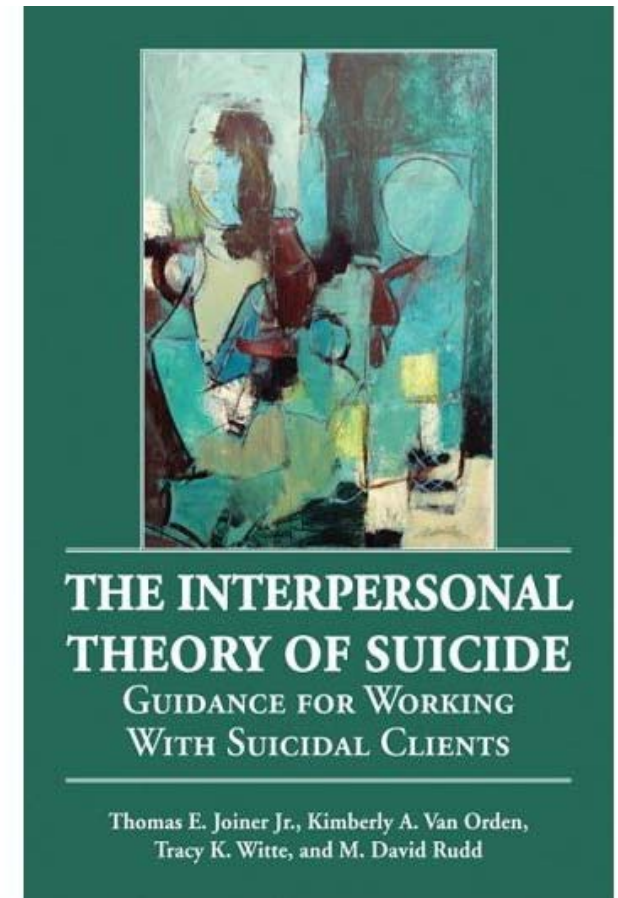
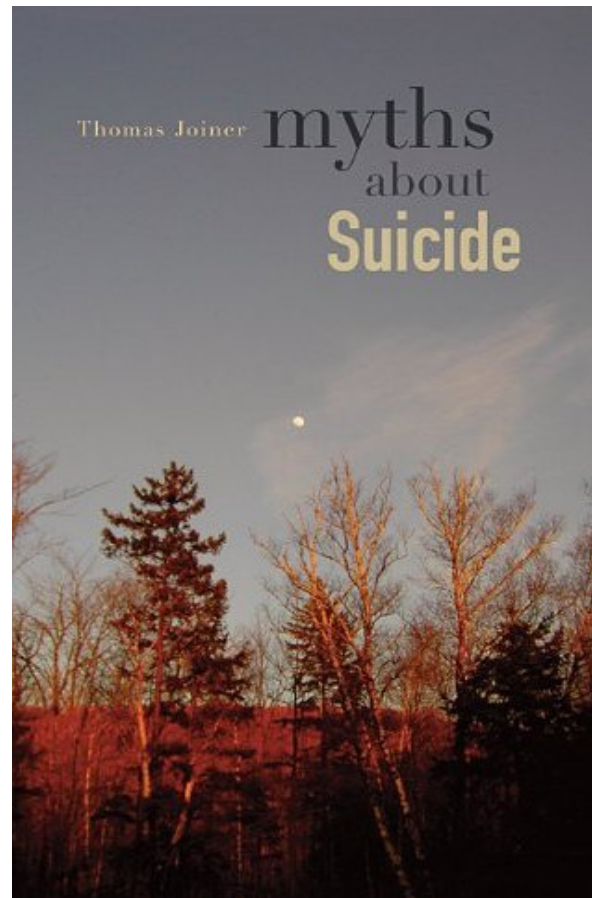
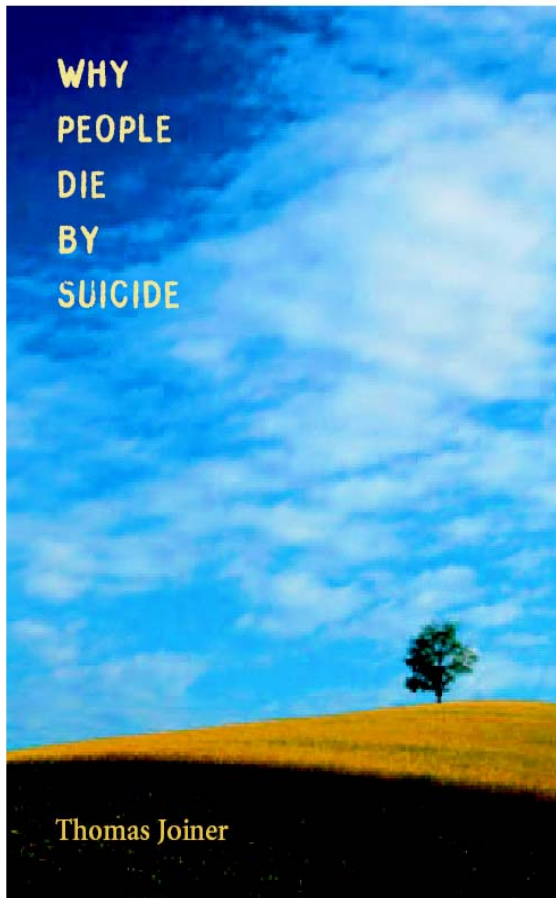
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# Current Studies on EDs and Suicide at Magnolia Creek

- **Collaboration with Dr. Thomas Joiner's Lab at FSU**
  - Investigating Suicidality and Self-Harm in Patients with AN, BN, BED, and ED-NOS
- **Collaboration with Dr. Tracy Witte at Auburn University**
  - Investigating Pain Tolerance as Predictor of Suicidality in Eating Disorders

# Works by Dr. Thomas Joiner

## Singly and in Collaboration

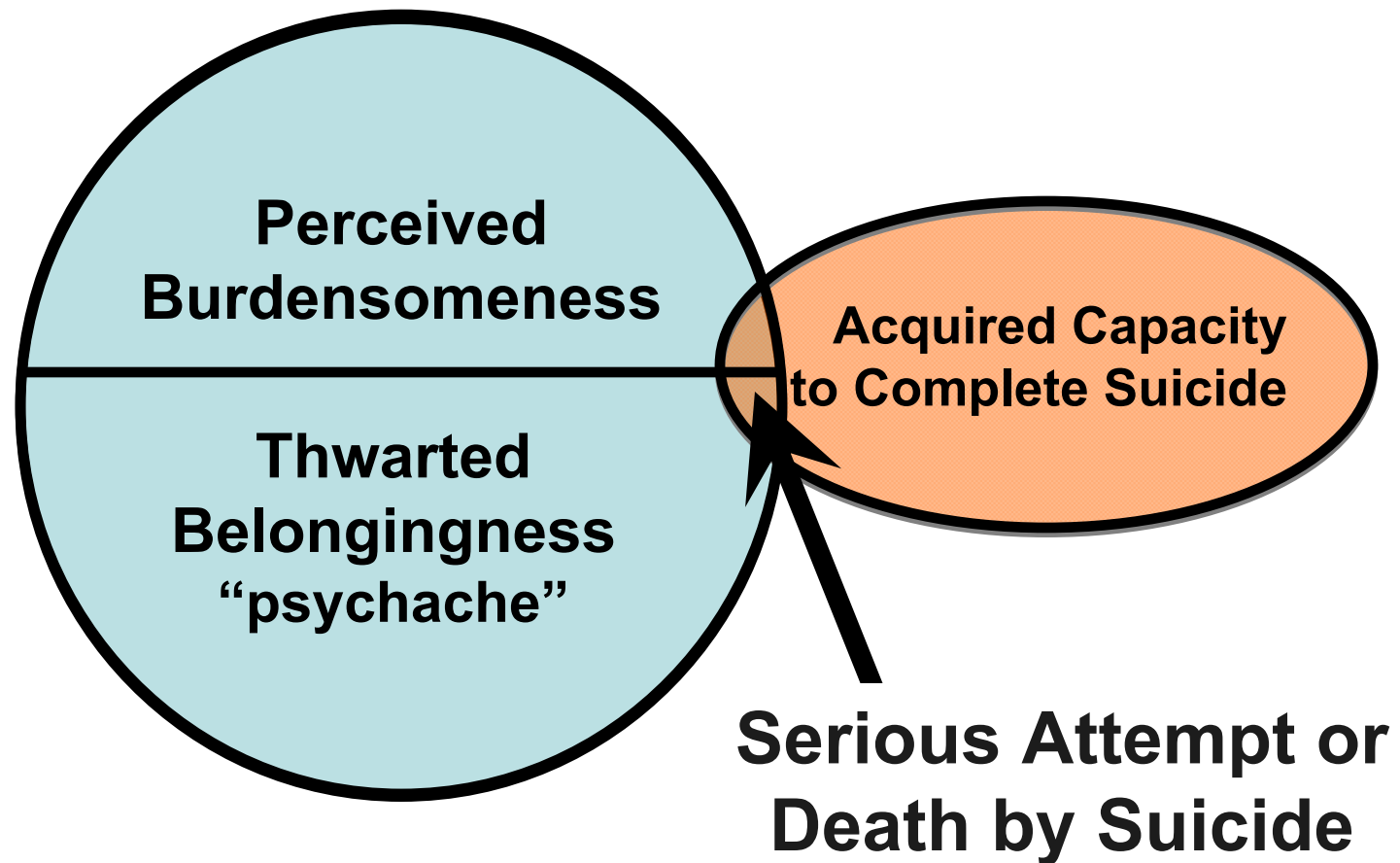


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# IPTS Model



*“Dare to reach out  
your hand into the  
darkness, to pull  
another hand into  
the light.”*

**-- Norman B. Rice**



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# Interventions with Suicidal Clients

- **Exploring Suicidal Thoughts and Thinking**
- **Explore Fear of Suicide to Gauge Lethality Level**
- **Work to Understand the Role of Suicide in Client Life**
- **Validate Symptom and Experience**
- **Explain “Psychache”**
- **Build Resiliency**

# Case Study Overview—Kassie

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- **21-Year-Old Female College Student**
- **Adopted Daughter in Family of Four Children**
  - Other children are not adopted and are much older
  - Adoptive mother has history of depression without suicidality
  - Unclear on history of mental illness in biological parents
- **Dancer since Age 4**
- **History of AN with Onset at Age 12**
- **Struggling with BED Symptoms since Recovery from AN at Age 15**

# Case Study Overview—Kassie

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- **Self-Harm Behavior Begin at Age 15**
  - Includes cutting and burning with cigarettes
- **Three Suicide Attempts since Age 15**
  - Two by overdose; one by cutting wrists
- **Vicodin Dependence at Age 18; Begins Trading Sexual Favors for Drugs**
  - Favors involve males and females
  - Experiences associated with recurrent nightmares and tremendous shame
- **BMI = 25; Chronic Knee Pain; Meds = 40 mg Prozac**

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# Assessments: Case Study—Kassie

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- **Assessments at Admission and Discharge**
  - Depression Screening Index—Suicide Scale (DSI-SS)
  - Eating Disorder Inventory (EDI-3)
  - Interpersonal Needs Questionnaire (INQ)
  - Acquired Capability for Suicide Scale (ACSS)
  - Functional Analysis of Self-Mutilation (FASM)
- **Weekly Assessment of Suicidality and Self-Harm**
  - Depression Screening Index-Suicide Scale (DSI-SS)
  - Deliberate Self-Harm Inventory (DSHI)
- **Link to Download Instruments:**
  - [www.magnolia-creek.com/presentations](http://www.magnolia-creek.com/presentations)

# Assessments: Case Study—Kassie

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- **INQ:**
  - “People would be better off if I were gone” = 6
  - “I feel like I belong” = 0
- **ACSS**
  - “People describe me as fearless” = 5
  - “I tolerate a lot more pain than most people” = 5
- **FASM**
  - Reports that most common forms of self-harm are cutting and burning
  - Reports that most common reason to self-harm is to relieve negative emotion and punish self

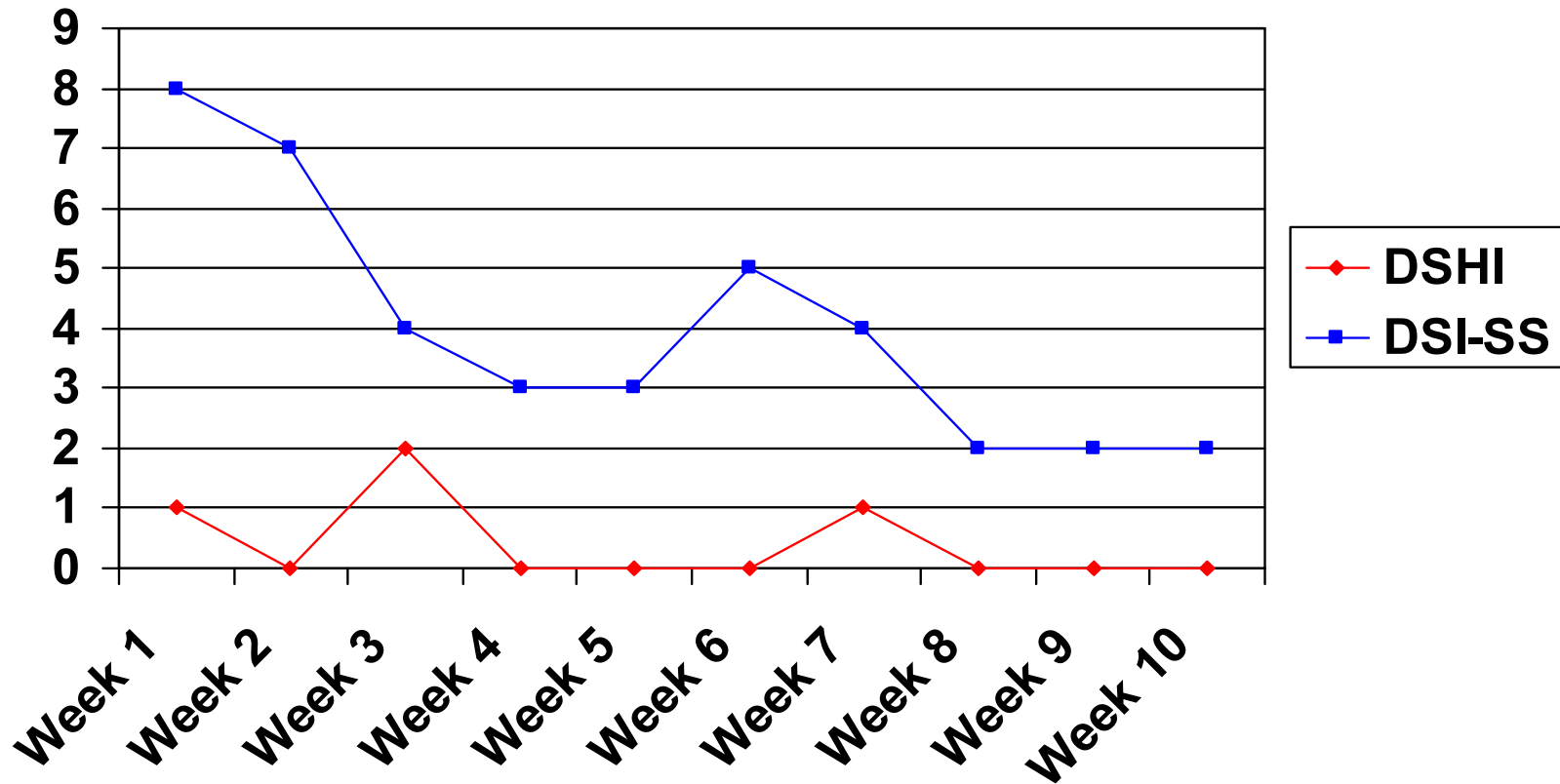
# Interventions: Case Study—Kassie

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- **Emotional Identification and Regulation**
  - Identified suicidality and self-harm as ways to regulate emotion
- **Risk and Protective Factors**
- **Increased Belongingness and Decreased Burdensomeness**
  - “My life is worth more than my death.”
  - Behavioral activation with a “duty to others” focus
  - Behavior activation with an “interpersonal” focus
- **Behavior Chain Analysis**
- **Safety Plan**
- **“Hope Kit”**

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# Weekly Outcomes: Case Study—Kassie



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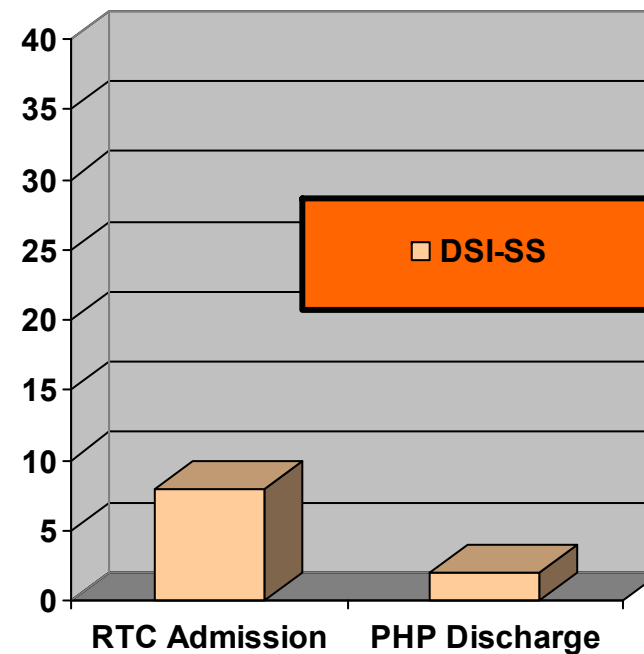
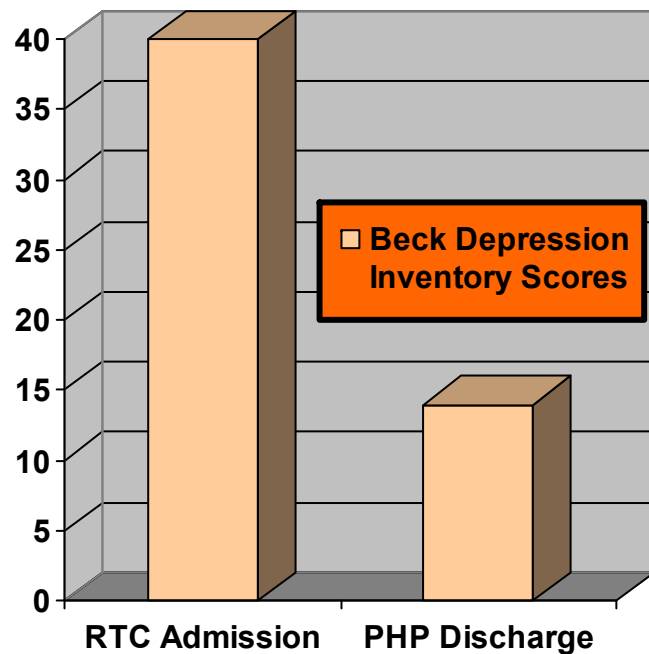
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# Discharge Outcomes: Case Study—Kassie

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## Questions and Comments

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