

The effect of Mindfulness-Based Cognitive Therapy and Future-Oriented Group Therapy on preventing suicidal thoughts and behaviours: A randomised controlled trial

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Introduction

Evidence on the effectiveness of psychotherapy focusing primarily on the reduction of suicidal ideation is rather limited. There is a need for well-described treatments targeting individuals at risk for suicidal behaviours. As Mindfulness-Based Cognitive Therapy (MBCT) and Future-Oriented Group Therapy (FOGT) focus on key factors within the suicidal process (e.g., hopelessness and impaired positive future thinking), they are potentially promising therapies to mitigate suicide risk.

Aim

To investigate the effects of MBCT and FOGT on reducing suicidal ideation and symptoms associated with suicidal behaviour.

Methods

Study design: Two randomised controlled multicentre trials were conducted, enabling a comparison of both MBCT and FOGT with a treatment as usual (TAU) control group.

Interventions: An adapted version of MBCT was used in which suicide-related content was added. It consisted of 8 weekly group sessions. FOGT combined cognitive and problem-solving principles and was given in 9 weekly group sessions.

Participants: Suicidal outpatients in Flanders (Belgium) were recruited between September 2016 and August 2017.

Assessments: Participants completed online assessments at baseline, after the final training session (post-test), and at 12-weeks after the end of the training (follow-up). The primary outcome was suicidal ideation (Beck Scale for Suicidal Ideation (BSS)). Other outcomes of interest were depression (Beck Depression Inventory (BDI)), hopelessness (Beck Hopelessness Scale (BHS)), worrying (Penn State Worry Questionnaire-Past Week (PSWQ-PW)), defeat, and entrapment. In the trial on MBCT a measure on mindfulness (Five Facet Mindfulness Questionnaire (FFMQ)) was added and in the FOGT trial a measure on future thinking (Future-Oriented Repetitive Thoughts scale (FORT)).

Analyses: Mean changes between baseline and post-test, and between baseline and follow-up were analysed on the intention-to-treat sample using independent samples t-tests. The effects of the intervention were examined between intervention and control group and for both groups separately.

Results

Mindfulness-Based Cognitive Therapy

When comparing the intervention group with the control group, a significant decline was found at follow-up in suicidal ideation ($M=-6.58$ vs. $M=0.69$; $t(758)=2.55$, $p=0.011$), depressive symptoms ($M=-14.81$ vs. $M=-5.52$; $t(689)=2.28$, $p=0.023$) and defeat ($M=-10.19$ vs. $M=-2.58$; $t(406)$, $p=0.035$).

When focussing on the intervention group only, a significant decrease in suicidal ideation was found both at post-test ($t(304)=3.76$, $p < 0.001$) and at follow-up ($t(408)=5.35$, $p < 0.001$) compared to baseline (see fig. 1).

Future-Oriented Group Therapy

The analysis between intervention and control group showed a significant decrease in worrying at post-test ($M=-10.46$ vs. $M=0.86$; $t(198.4)=2.03$, $p=0.043$), and a significant increase in future thinking at follow-up ($M=3.17$ vs. $M=-0.64$; $t(352)=-2.13$, $p=0.034$) in the intervention group compared to the control group.

When focussing on the intervention group only, a significant decline in suicidal ideation was found at post-test ($t(296)=2.21$, $p=0.028$) compared to baseline, which persisted at follow-up ($t(128)=2.36$, $p=0.020$).

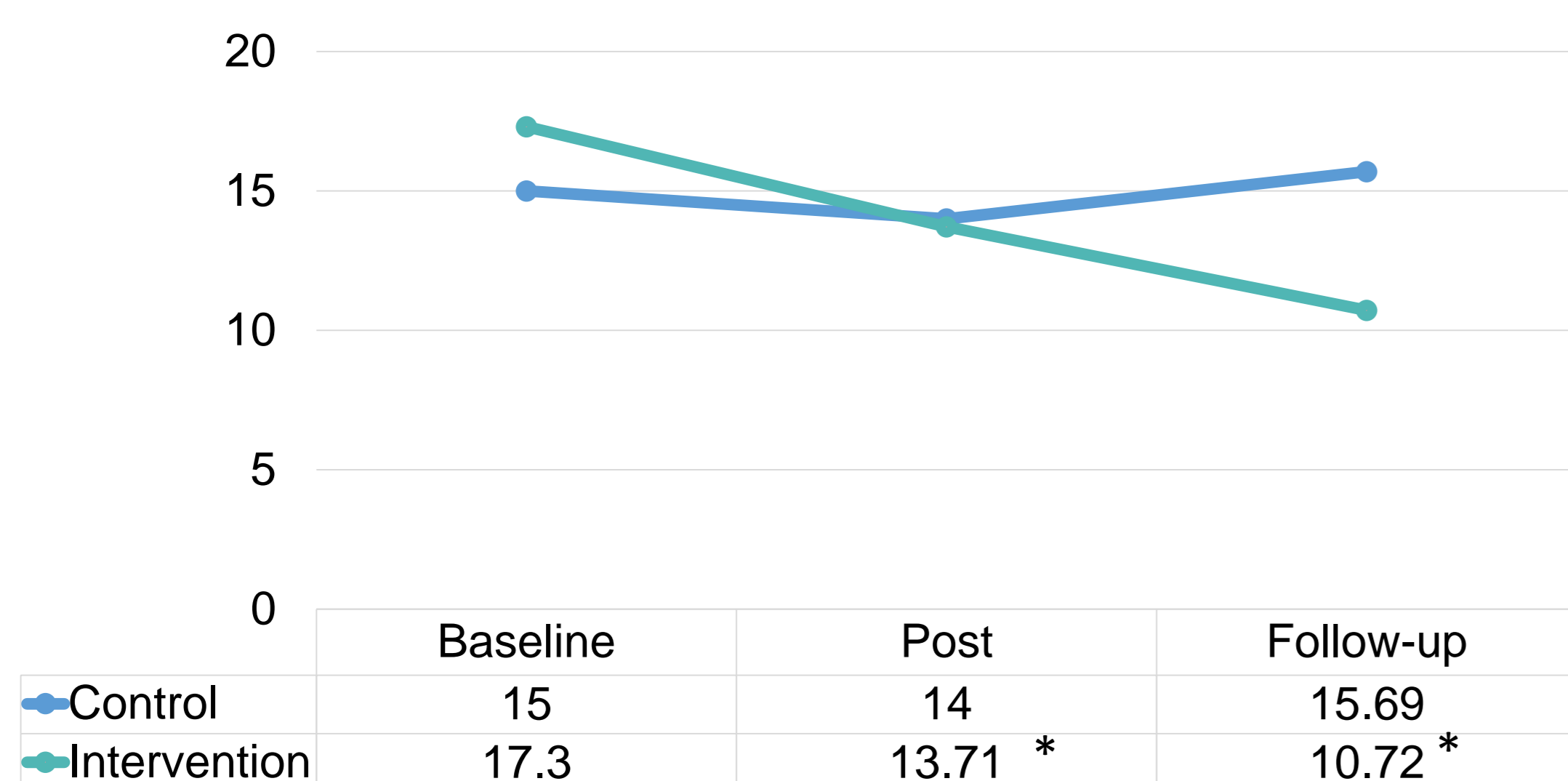


Fig.1 Mean total scores on suicidal ideation (BSS) in MBCT study

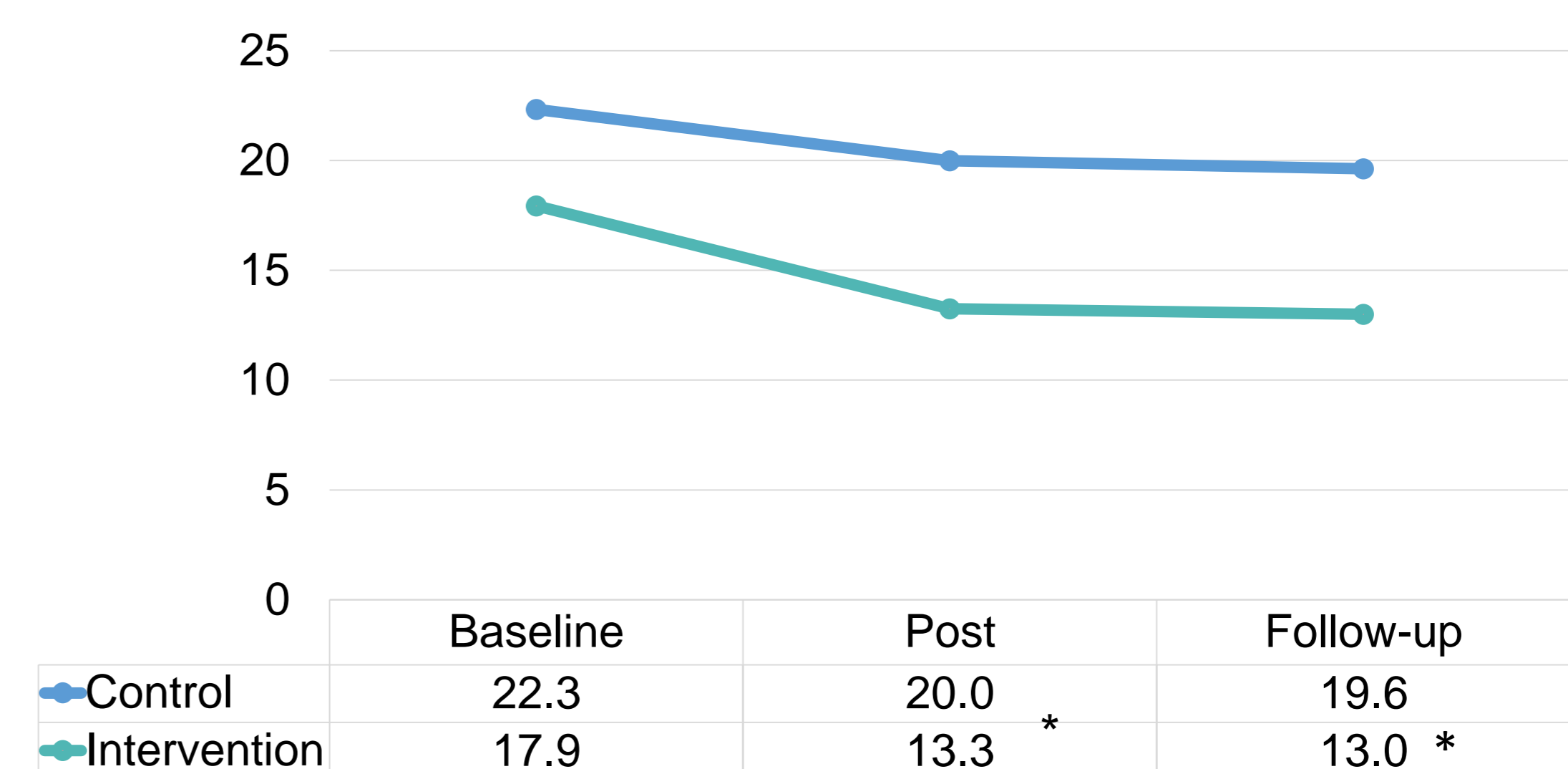


Fig.2 Mean total scores on suicidal ideation (BSS) in FOGT study

For all other outcome measures, a significant reduction was found in the intervention group at post-test compared to baseline, except for mindfulness where there was a significant increase. This effect persisted at follow-up (FU) (see table 1).

For the secondary outcome measures, a significant effect was found in the intervention group both at post-test and follow-up (FU) compared to baseline for depressive symptoms, hopelessness and future thinking. Additionally, a significant decrease was found on worrying and entrapment at post-test compared to baseline in the intervention group (see table 2).

Table 1. Mean changes from baseline to post-test and to follow-up on secondary outcome measures in MBCT study

Measure	Time	Control (n=19)	p	Intervention (n=74)	p
BDI	Baseline – Post	-5.57	.037*	-10.79	.001*
	Baseline – FU	-5.52	.135	-14.81	<.001*
BHS	Baseline – Post	-2.09	.025*	-2.28	<.001*
	Baseline – FU	-2.40	.066	-3.72	<.001*
PSWQ-PW	Baseline – Post	-6.65	.029*	-11.58	<.001*
	Baseline – FU	-4.48	.153	-12.01	<.001*
Entrapment	Baseline – Post	-0.99	.766	-6.05	<.001*
	Baseline – FU	-3.20	.473	-11.73	<.001*
Defeat	Baseline – Post	0.01	.998	-6.11	<.001*
	Baseline – FU	-2.58	.418	-10.19	<.001*
FFMQ	Baseline – Post	7.69	.013*	5.08	.004*
	Baseline – FU	7.19	.012*	6.31	<.001*

*significant

Table 2. Mean changes from baseline to post-test and to follow-up on secondary outcome measures in FOGT study

Measure	Time	Control (n=15)	p	Intervention (n=31)	p
BDI	Baseline - Post	-7.59	.104	-10.97	.003*
	Baseline - FU	-5.54	.108	-10.19	<.001*
BHS	Baseline - Post	-0.80	.470	-2.60	.014*
	Baseline - FU	-2.78	.018*	-1.95	.023*
PSWQ-PW	Baseline - Post	-0.87	.821	-10.46	.009*
	Baseline - FU	1.05	.736	-6.45	.066
Entrapment	Baseline - Post	-5.85	.189	-9.89	.002*
	Baseline - FU	-2.76	.428	-5.34	.069
Defeat	Baseline - Post	-2.34	.490	-4.84	.093
	Baseline - FU	-4.07	.113	-4.13	.075
FORT	Baseline - Post	-0.84	.668	4.02	.030*
	Baseline - FU	-0.64	.586	3.17	.008*

*significant

Conclusion

Our findings suggest that MBCT and FOGT are promising suicide-specific interventions as they may have the potential to reduce suicidal ideation and related components. Further research is needed to strengthen the results of