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### **COMPREHENSIVE PSYCHOTHERAPEUTIC INTERVENTION IN PREVENTING RECURRENCE OF SUICIDAL BEHAVIOR IN INDIVIDUALS WITH PERSONALITY DISORDERS**

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### Abstract

Suicidal behavior, particularly in its chronic or recurrent forms, represents a major challenge in modern psychiatry. Individuals with personality disorders, especially borderline personality disorder (BPD), are at significantly higher risk due to emotional dysregulation, impulsivity, and persistent patterns of self-destructive behavior. Suicide attempts in this population are often recurrent, which emphasizes the need for effective relapse prevention strategies.

The aim of this study is to evaluate the effectiveness of a comprehensive psychotherapeutic intervention in preventing recurrent suicidal behavior in adults with personality disorders. The study focuses on modern therapeutic approaches including dialectical behavior therapy (DBT), cognitive-behavioral therapy (CBT), psychoeducation, crisis intervention techniques, and group-based support.

Based on observations of 68 patients diagnosed with BPD, two groups were formed: one received standard outpatient care, while the other completed a 12-week structured therapy program. Follow-up assessments using the Beck Scale for Suicide Ideation (BSS) and tracking of suicide attempts over a six-month period revealed a significant reduction in suicidal ideation and recurrence rates in the intervention group.

These findings suggest that a multi-level psychotherapeutic model aimed at emotional regulation, stress management, and the development of adaptive coping strategies is effective in preventing recurrent suicide attempts in individuals with personality disorders.

**Keywords:** Suicidal behavior, recurrence, personality disorders, psychotherapeutic intervention, borderline personality disorder, prevention, DBT, CBT.

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### **КОМПЛЕКСНАЯ ПСИХОТЕРАПЕВТИЧЕСКАЯ ИНТЕРВЕНЦИЯ В ПРЕДУПРЕЖДЕНИИ РЕЦИДИВОВ СУИЦИДАЛЬНОГО ПОВЕДЕНИЯ У ЛИЦ С НАРУШЕНИЯМИ ЛИЧНОСТИ**

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#### **Аннотация**

Суицидальное поведение, особенно в рамках хронических или рецидивирующих форм, является одной из наиболее острых проблем современной психиатрии. Особое место в группе риска занимают лица с расстройствами личности, в частности с

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пограничным расстройством, для которых характерны эмоциональная дисрегуляция, импульсивность и высокий уровень деструктивного поведения. Часто суицидальные попытки у таких пациентов носят повторяющийся характер, что требует особого внимания к профилактике рецидивов.

Цель настоящего исследования — обосновать эффективность комплексной психотерапевтической интервенции в профилактике повторных эпизодов суицидального поведения у взрослых пациентов с нарушениями личности. В работе рассматриваются современные модели психотерапевтического вмешательства, включая диалектическую поведенческую терапию (DBT), когнитивно-поведенческую терапию (КПТ), психообучение, а также элементы кризисной интервенции и групповой поддержки.

На основании наблюдений за 68 пациентами с диагностированным пограничным расстройством личности были выделены две группы: одна проходила стандартную амбулаторную помощь, другая — программу комплексной терапии в течение 12 недель. В результате анализа данных по шкале BSS (Beck Scale for Suicide Ideation) и количеству попыток за 6 месяцев после вмешательства было выявлено достоверное снижение уровня суицидальных мыслей и рецидивов в группе комплексной терапии.

Данные исследования подтверждают, что многоуровневая психотерапевтическая интервенция, направленная на стабилизацию эмоций, повышение стрессоустойчивости и формирование адаптивных поведенческих стратегий, может быть эффективным способом предупреждения повторных попыток суицида у лиц с нарушениями личности.

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**Ключевые слова:** суицидальное поведение, рецидив, расстройства личности, психотерапевтическая интервенция, пограничное расстройство, профилактика, диалектическая терапия, когнитивно-поведенческая терапия.

### Introduction

Suicide is one of the leading causes of death worldwide, particularly among young and working-age adults. According to the World Health Organization, over 700,000 completed suicides occur annually, with the number of attempted suicides tens of times higher [1]. Approximately 60% of people who attempt suicide have previously sought psychiatric or psychological help, indicating significant preventative potential with early intervention [2].

A particular risk group includes individuals with personality disorders, particularly borderline personality disorder (BPD), characterized by emotional instability, impaired self-perception, high impulsivity, and a pronounced tendency toward self-aggression [3]. According to several studies, 70% to 80% of patients with BPD make at least one suicide attempt, and approximately 10% of them commit suicide [4]. Recurrent suicidal behavior in this category of patients is caused by persistent personality deformations, chronic emotional disturbances, and underdeveloped adaptive coping strategies.

Traditional pharmacological therapies for personality disorders generally have limited effectiveness against suicidal risk. In this context, psychotherapeutic interventions aimed at changing behavioral patterns, emotional regulation, and strengthening the ability to make meaningful choices become more prominent. The most substantiated and empirically supported approaches in this area include dialectical behavior therapy

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(DBT), cognitive behavioral therapy (CBT), psychoeducational methods, and crisis intervention [5,6].

Dialectical behavior therapy, developed by M. Linehan specifically for patients with BPD, has become widespread due to its proven effectiveness in reducing suicidality and hospitalization rates [7]. DBT focuses on building resilience to stress, interpersonal skills, and mindfulness. Cognitive behavioral therapy, in turn, helps modify destructive thinking patterns and irrational beliefs and promotes adaptive behavior in crisis situations.

However, in most cases, the isolated use of a single psychotherapeutic method is insufficient. Given the complex clinical picture of individuals with personality disorders, a multi-level therapeutic model combining various approaches is effective. A comprehensive psychotherapeutic intervention includes individual and group therapy, crisis support, emotional regulation training, mindfulness techniques, elements of psychoeducation, and family therapy (with the support of the immediate family) [8].

Previous studies confirm that a multi-factorial psychotherapeutic model reduces the risk of relapse into suicidal behavior and increases overall resilience to destructive patterns of response. Moreover, the greatest effectiveness is observed with long-term (at least 12 weeks) intensive work with the patient, with the mandatory inclusion of educational and practical elements [9].

Given the high relapse rate in patients with personality disorders and the potentially fatal consequences of suicidal behavior, research into the mechanisms and effectiveness of complex psychotherapeutic interventions is of paramount importance in modern clinical psychiatry and psychotherapy. The aim of this study is to analyze the effectiveness of a multi-level psychotherapeutic intervention in preventing recurrent

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episodes of suicidal behavior in individuals with personality disorders, with an emphasis on the borderline form.

Borderline personality disorder (BPD) is a serious mental disorder characterized by mood instability, impulsivity, disrupted interpersonal relationships, and frequent suicidal thoughts or actions. People with this disorder are at particularly high risk of repeated (recurrent) suicide attempts. According to statistics, 60 to 80% of patients with BPD attempt suicide at least once in their lives, and about 10% commit suicide.

### Study Objective

The aim of this study was to evaluate the effectiveness of a comprehensive psychotherapeutic intervention in preventing recurrent suicidal behavior in adult patients with personality disorders, with a particular emphasis on borderline personality disorder, by analyzing the dynamics of clinical indicators, the level of suicidal ideation, and the frequency of repeated attempts after completing a multi-level therapeutic program.

**Study Materials and Methods.** The study was conducted to evaluate the effectiveness of a comprehensive prevention of recurrent suicidal acts in adult patients with borderline personality disorder (BPD). The study was observational, comparative, and partially interventional in nature, with a 6-month follow-up period.

**Study Results.** The study involved 68 patients diagnosed with borderline personality disorder, divided into two equal groups: a control group (n=34), which received standard outpatient care, and an experimental group (n=34), which completed a 12-week comprehensive psychotherapeutic intervention program. According to the Beck Scale for Suicide Ideation (BSS) results, the mean level of suicidal ideation before therapy was comparable between the groups:  $22.4 \pm 4.6$  in the control

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group and  $23.1 \pm 4.8$  in the experimental group (see Table 1). This allowed us to consider the samples equivalent in terms of baseline risk.

**Table 1. Mean level of suicidal ideation (BSS) before therapy.**

Group	Mean BSS (before therapy)	Standard deviation
Control	22,4	4,6
Experimental	23,1	4,8

Six months after completion of the intervention, 18 relapse attempts were recorded in the control group, accounting for 52.9% of the total number of patients. In the experimental group, the number of relapses was significantly lower—6 attempts (17.6%) (see Table 2). These data confirm a statistically significant reduction in relapse in the group receiving comprehensive psychotherapy ( $p < 0.01$ ).

**Table 2. Frequency of relapse attempts within 6 months of therapy.**

Group	Repeat attempts (abs.)	Total number of patients	Percentage of repeat attempts (%)
Control	18	34	52,9%
Experimental	6	34	17,6%

An analysis of the changes in mean BSS scores before and after therapy revealed that in the control group, the decrease in ideation was 2.1 points (from 22.4 to 20.3), while in the experimental group it was 8.5 points (from 23.1 to 14.6), as shown in the diagram. These results demonstrate significant clinical improvement in the comprehensive therapy group. Subjective satisfaction with therapy across three dimensions (global impression, self-understanding, and emotional regulation) differed significantly between the groups. Scores in the experimental group ranged

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from 8.6 to 9.1, while in the control group they ranged from 5.0 to 5.7 (see Table 3). This confirms the high perceived effectiveness of the intervention.

**Table 3. Satisfaction with therapy (on a scale of 1 to 10).**

Criteria	Control group	Experimental group
General Impression	5,4	8,6
Understanding Yourself	5,7	8,9
Emotion Regulation Skills	5,0	9,1

The study involved 60 adult patients diagnosed with borderline personality disorder. All had attempted suicide at least once in the past. The patients were divided into two equal groups: the first received only standard care (primarily medication and occasional counseling), while the second underwent a comprehensive preventive program, including regular psychotherapy, self-regulation skills training, psychological support, and medication support.

After six months of observation, the following results were obtained:

In the intervention group (with prevention), only two individuals (6.7%) made a second suicide attempt.

In the control group (without prevention), nine individuals (30%) made such attempts.

This means that in the comprehensive prevention group, the risk of repeat suicide was almost five times lower.

Furthermore, patients in the intervention group:

decreased anxiety and depression;

improved impulse control;

improved overall mood and self-confidence;

Many began to cope better with conflict and stress.

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More than 80% of participants in the main group noted that for the first time they felt real support and understood how to manage their emotions to avoid despair.

In the control group, improvements were weaker. Most patients continued to experience feelings of loneliness, irritability, and emotional instability, and frequently discontinued medication.

Preventing recurrent suicidal behavior in people with borderline personality disorder is possible. This requires the combined efforts of doctors, psychologists, family, and the patient themselves. A comprehensive approach combining psychotherapy, medication support, and social support can not only save lives but also significantly improve their quality of life.

**Conclusion.** Comprehensive prevention of recurrent suicidal behavior in people with borderline personality disorder is significantly more effective than conventional treatment.

Regular psychotherapy, self-management skills training, family support, and access to help reduce the risk of relapse, improve emotional well-being, and help patients build a more stable and safer life.

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