

# Towards an Integrated Motivational– Volitional (IMV) Model of Suicidal Behaviour

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# Understanding the suicidal mind...

HATE  
PAIN  
FEAR  
BURDEN  
HOPELESS  
FAILURE  
DESPERATION  
SHAME  
LET DOWN  
HURT  
BLAME  
NO WAY OUT  
HUMILIATED  
TRAPPED  
OUT OF CONTROL  
SADNESS  
OVERWHELMED  
ALONE  
DISAPPOINTMENT

# Overview

## ➤ Intuition:

- Integrated Motivational–Volitional Model of Suicidal Behaviour (IMV; O'Connor, 2011)

## ➤ Innovation:

- Distinguishing between 'ideators' and 'enactors'

## ➤ Imagination:

- Volitional Helpsheets (VHS): A pilot study

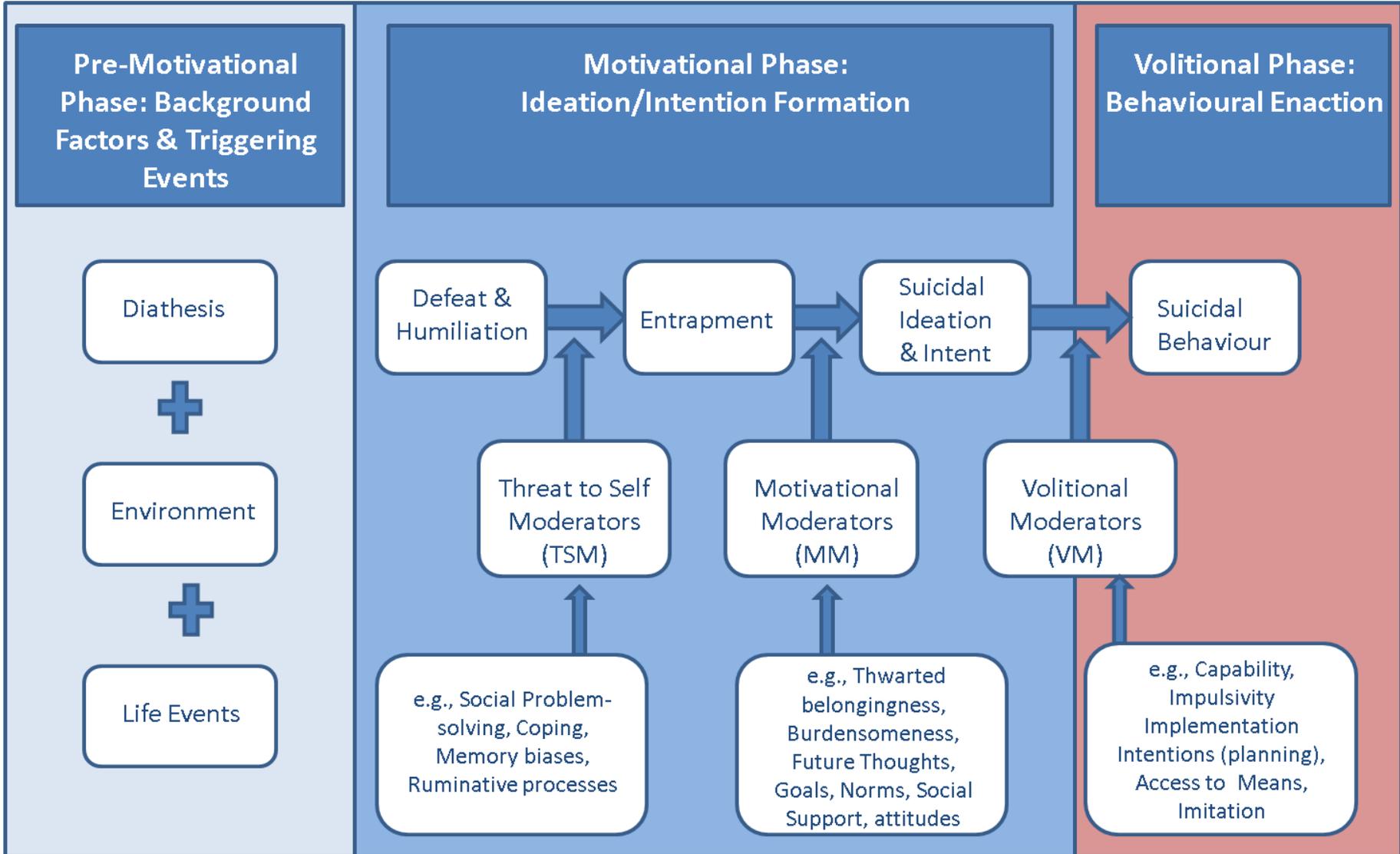
# Intuition

# Rationale for Developing New Model of Suicidal Behaviour

- Many models
  - Have adopted a narrow focus
  - Failed to build on the growing evidence base
  - Failed to differentiate between prediction of suicidal ideation vs. suicidal behaviour
- Aimed to develop a new integrated model to synthesise the evidence from other predominant models

# Key influences on IMV model development

- Theory of Planned Behaviour (TPB; Ajzen, 1991)
  - Attitudes, subjective norms, perceived control and intention (see O'Connor et al., 2006)
- Diathesis–stress hypothesis (Schotte & Clum, 1987)
  - Vulnerability (e.g., perfectionism) + stress (see O'Connor et al., 2008)
- Arrested Flight/Entrapment (Williams, 2001)
  - Defeat, entrapment, no rescue (see O'Connor, 2003; Rasmussen et al., 2010)



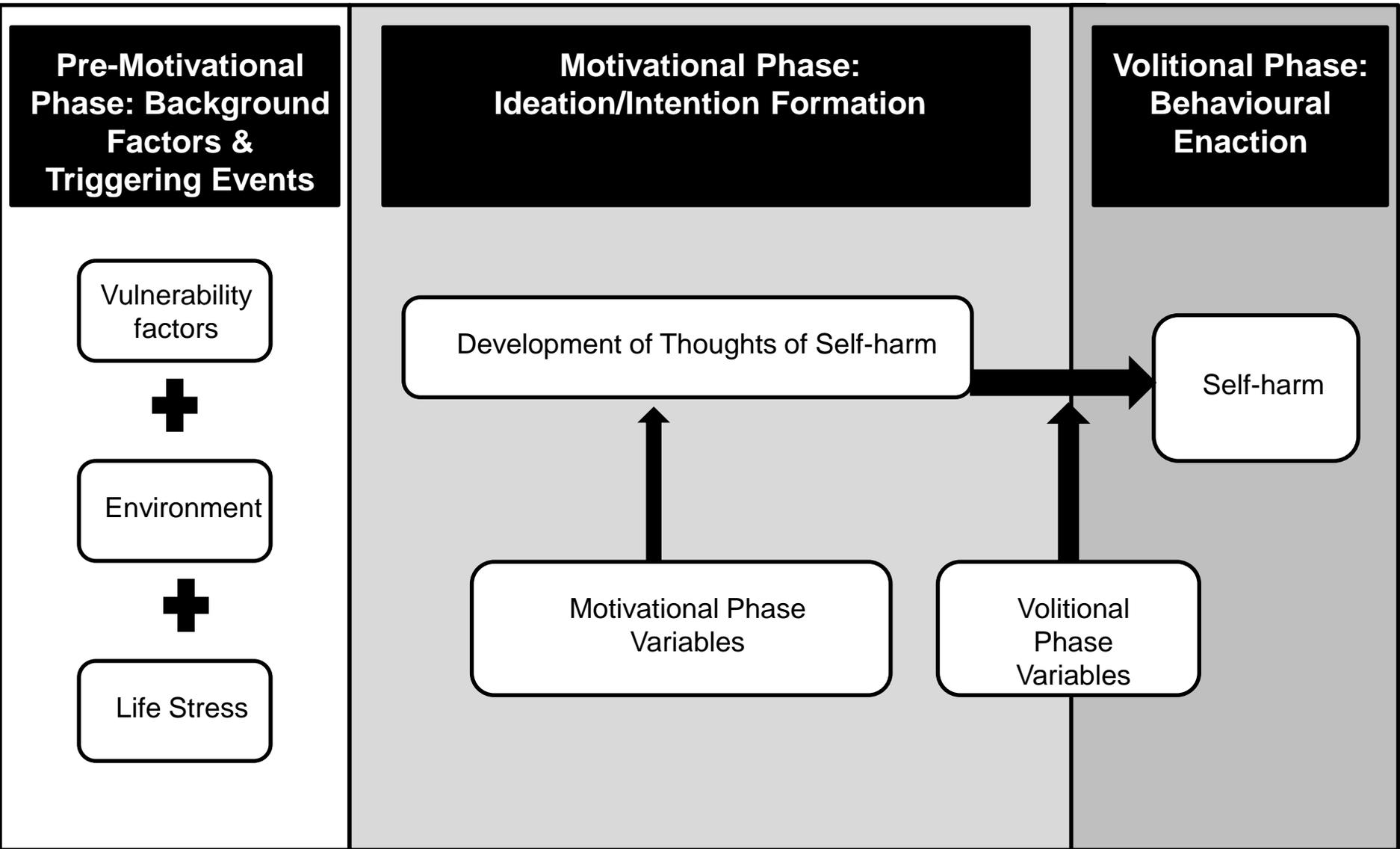
## Integrated Motivational–Volitional Model (IMV)

O'Connor (2011). In O'Connor, Platt & Gordon (Eds.). *International Handbook of Suicide Prevention: Research, Policy & Practice* WileyBlackwell

# Innovation

- Although recent evidence for components within the model
  - Goal regulation:  
(O'Connor et al., in revision)
  - Stress-threshold lowering effect:  
(O'Connor et al., 2009, *Behaviour Research & Therapy*)
  - Future thinking:  
(O'Connor et al., 2008, *Journal of Affective Disorders*)
- No evidence differentiating between **motivational** versus **volitional** phases

# Simplified Integrated Motivational–Volitional (IMV) Model Applied to Self-harm (O'Connor et al., 2011)



# Sample

- A representative sample of 5,604 school pupils
- 15-16 years from Northern Ireland and Scotland
- A range of variables which tap pre-motivational, motivational, volitional phase variables and self-harm (SH) thoughts and behaviour
- SH Ideators vs SH Enactors vs controls

O'Connor, Rasmussen & Hawton (submitted)

# Research hypotheses

- Ideators and enactors **would not differ significantly** from each other on the **pre-motivational phase personality measures and motivational phase measures**
- Ideators and enactors **would differ significantly** from each other on the **volitional phase measures**
- **Volitional Factors bridge the Intention–Behaviour Gap**

O'Connor, Rasmussen & Hawton (submitted)

# Key Findings

- Ideators and Enactors did not differ significantly on the motivational and pre-motivational (personality) variables
- Ideators and Enactors differed on all volitional phase variables and negative life stress
- Ideators and Enactors differed significantly from Controls on all measures

# Imagination

# Rationale for Volitional Helpsheet (VHS) intervention

- To develop an innovative brief low-intensity psychosocial intervention delivered in hospital within 24 hours of a SH episode
  - Addressing the Volitional Phase
- Very difficult to retain suicidal patients in treatment (e.g., Evans et al., 1999)
- Some evidence for utility of brief ‘low-intensity’ interventions (e.g., postcard interventions) to reduce self-harm (Carter et al., 2005)

# The intervention

- The concept of **implementation intentions** ('if-then plans', Gollwitzer & Sheeran, 2006) to promote the reduction of SH
- IMV to identify critical situations when SH is more likely
- It uses **processes of change** derived from Prochaska and DiClemente's (1983) **transtheoretical model** to identify more adaptive alternative solutions to SH
- Aimed at Intention – Behaviour Gap (Volitional Phase)

# Pilot Study Design: Two conditions

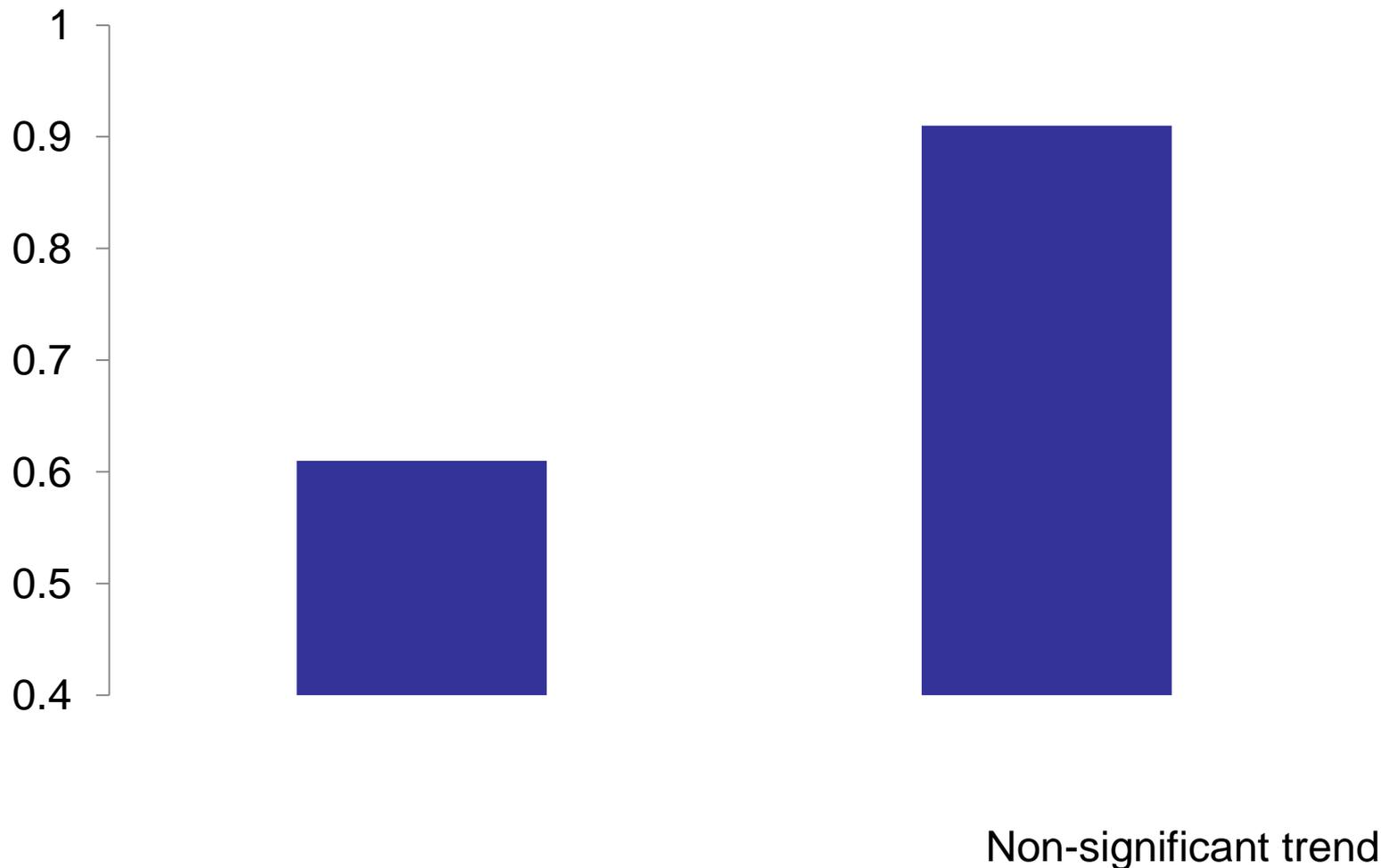
- Experimental Condition (n=23)
- Control Condition (n=22)
- Patients admitted to Emergency Department following SH (90% overdoses)
- Follow-up (3-5 months later)

# Percentage of participants of self-reported self-harm in the 5 months following index self-harm episode



OR=1.56, 95%CI = .47-5.19), *ns*

# Mean number of episodes of self-reported self-harm in the 5 months following index self-harm episode



- ❑ Although findings are encouraging
- ❑ Small numbers
  - ❑ Large scale RCT
- ❑ Objective measure of SH
- ❑ Longer term follow-up
  - ❑ 12 months

# Conclusions: 3 IIs

- Intuition: Fruits of integrating different perspectives within theoretical models
- Innovation: Volitional phase variables associated with enaction of self-harm/suicidal behaviour
- Imagination: Promising pilot evidence for brief, low intensity intervention
  - Psychotherapeutic vs psychosocial interventions

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