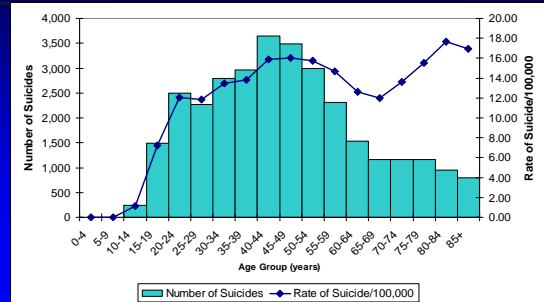


## Evidence-Based Practice with Suicidal Adolescents

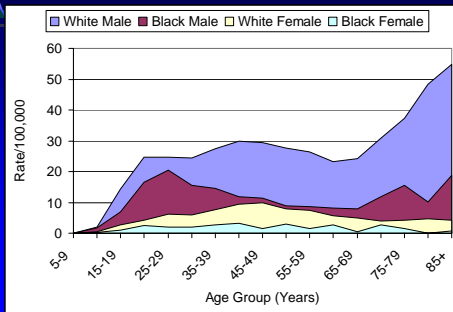
Cheryl A. King, Ph.D., ABPP  
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 University of Michigan  
 Director, Youth Depression and Suicide Prevention Program

## U.S. Suicides by Age



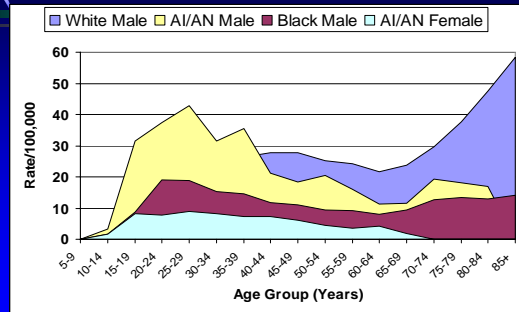
Source: National Center for Health Statistics, 2003

## Suicide Rates by Age, Race, and Gender United States



Source: National Center for Health Statistics, 2002  
 Note: non-Hispanic ethnicity

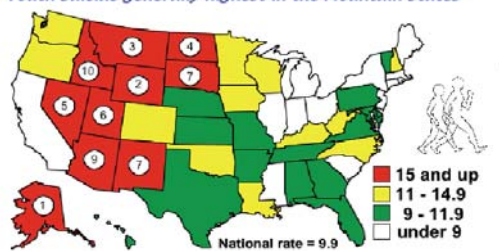
## Suicide Rates by Age, Race, and Gender United States



Source: National Center for Health Statistics, 1999-2002  
 Note: non-Hispanic ethnicity

## Youth Suicide Rates by State

Youth Suicide generally highest in the Mountain States



2003 Data

## Adolescent Suicide Attempts

**In the typical high school classroom...**  
 1 male and 2 females have probably attempted suicide in the past year

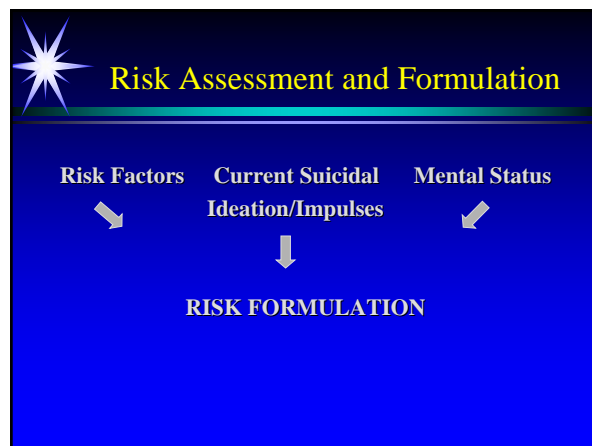
2003 Data

Source: King (1997, p. 66)

**Mental Health Model**  
*Evidence-Based Practice*

- Risk Assessment and Formulation
- Intervention and Care Management

**Limited Evidence for Interventions**



**1. Understand Youth Suicide Risk and Protective Factors**

- History of Suicidality/Current Suicidality
- Psychiatric Disorder
- Psychological Characteristics, Behavioral Patterns
- Family & Interpersonal Stress
- Mental Status
- Availability of Means

**History of Suicidality and Current Suicidality**

- Suicidal Urges, Thoughts, Plans
- Previous Suicide Attempt History (intent, lethality, single versus multiple)
- Exposure to Suicide Attempt/Suicide

**Suicidal Ideation and Attempts**  
*Continuum of Suicidal Behavior*

- Frequent thoughts of suicide best predictor of suicide attempts (Kienhorst et al., 1990: 9,393 students; Netherlands)
- Most adolescent suicide attempters report history of suicidal ideation (Oregon Adolescent Depression Project; OADP; Lewinsohn et al., 1996)
  - 87.8% females
  - 87.1% males

**Suicidal Ideation and Attempts**  
*Continuum of Suicidal Behavior*

- Severity of suicidal ideation increases likelihood of suicide attempt during next year (OADP study)
  - High baseline ideation: 16.7% attempts
  - Moderate baseline ideation: 6.7%
  - Mild baseline ideation: 2.8%
  - No baseline ideation: 0.3%



## Suicidal Ideation and Attempts

*Continuum of Suicidal Behavior*

- History of suicide attempts common among adolescents who complete suicide
  - 44% (Brent et al.; 1988)
  - 34% (Marttunen et al., 1992)



## Suicidal Ideation and Attempts

*Continuum of Suicidal Behavior*

- Outcome of adolescents hospitalized following suicide attempts
  - MALES
    - 8.7% suicide (5 years; Kotila, 1992)
    - 9.0% suicide (4- to 10-years; Motto, 1984)
    - 11.3% suicide (10-15 years; Otto, 1972)
  - FEMALES
    - 1.2% suicide (5 yr follow-up; Kotila, 1992)



## Psychiatric Disorder

- Psychiatric Disorders/Psychopathology
  - Depressive /Bipolar disorder
  - Alcohol/Substance abuse
  - Conduct Disorder (pattern of aggressive impulsivity)



## Depressive Disorders in Youth and Suicidality

- 85% report significant suicidal ideation; 32% attempt suicide by late adolescence
- Past suicide attempt and current depressive disorder strongest predictors of future suicide attempt
- 1/2 adolescent male suicide victims and 2/3 female suicide victims suffered from depressive disorder



## Alcohol/Substance Abuse in Youth and Suicidality

- Adolescents with alcohol abuse/dependence nearly 7X more likely to attempt suicide than others (OADP; Andrews & Lewinsohn, 1992)
- Alcohol abuse predicts eventual suicide in 5-yr follow-up of hospitalized attempters (Kotila, 1992)
- Recent alcohol ingestion common in suicide (28%, Hoberman & Garfinkel, 1988; 51%, Marttunen et al., 1991)



## Antisocial Behavior, Aggression, Impulsivity

- Psychological Autopsy Studies of Completed Suicide
  - 43.4% adolescents displayed antisocial behavior during year (Marttunen et al., 1992)
  - 70% adolescents had hx antisocial behavior (Shafii et al., 1985)



### **Family and Interpersonal Stress**

- Interpersonal conflict/loss is most common precipitant of completed suicide (Martunen et al., 1993)
- Interpersonal conflict/loss and legal/disciplinary problems relate to suicide attempts
- Family loss/instability is nonspecific predictor of suicidality



### **Gay, Lesbian, Bisexual (GLB) Youth**

- General Population Surveys (Garofalo et al., 1998; Remafedi et al., 1998)
  - 42% GLB Youth: Suicidal Ideation past year
  - 28% GLB Youth: Suicide Attempt past year
- Unique Risk Factors
  - Stigmatization, discrimination
  - Double Bind: Disclosure vs. Nondisclosure
  - Struggles with Identity/Intimate Relationships



### **Availability of Means: Firearms**

- Firearms used by 66.4% male suicide victims; 48.3% female suicide victims (McIntosh, 2000)
- Availability of firearms in home differentiates adolescent suicide victims (74.1%) from hospitalized suicidal adolescents (33.9%) (Brent et al., 1998)



### **2. Ascertain Suicidal Ideation and Impulses**

- Manage emotional reactions to suicidal youth; Maintain collaborative, nonadversarial stance
- Obtain shared understanding of youth's suicidality
  - Use interviewing strategies that facilitate discussion
  - Communicate that resolution of problem(s) is key
  - Be familiar with suicide assessment tools, and understand their appropriate use
- Understand functional purpose of suicidality



### **Suicidal Ideation and Impulses Clinically Useful Instruments**

- Suicidal Ideation Questionnaire
  - Self-report; 15-item, 7-point frequency scale (Reynolds, 1988)
  - Excellent psychometric properties
  - Evidence of predictive validity
    - suicide attempts in American Indian adolescents (Keane et al., 1996)
    - post-hospitalization suicide attempts in adolescents (King et al., 1995)



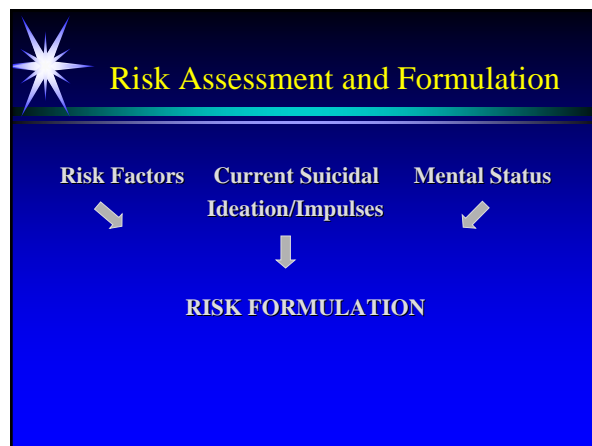
### **Suicidal Ideation and Impulses Clinically Useful Instruments**

- Beck Hopelessness Scale (BHS)
  - Self-report, 20-item true/false scale (Beck et al., 1974; Beck & Steer, 1988)
  - Evidence of predictive validity
    - Higher scores associated with treatment drop-out in adolescents (Brent et al., 1997)
    - Higher scores predict suicide attempts (among adolescents with prior history of attempt; Goldston et al., 2000)

### 3. Mental Status

*Warning Signs of Imminent Risk*

- Threatening to hurt/kill self or talking of wanting to hurt/kill self
- Seeking access to firearm, pills, or other means
- Talking/writing about dying or suicide, when out of ordinary for youth
- Additional warning signs:
  - Hopelessness, rage/uncontrolled anger, recklessness, feeling trapped, increased alcohol/drug use, social withdrawal, anxiety/agitation, no reason for living



### Risk Formulation

- Integrate and prioritize information
  - Warning signs of imminent risk?
  - Examples of moderate/high suicide risk status
    - Plans and preparation for suicide attempt
    - History of multiple suicide attempts plus current alcohol/drug abuse or significant hopelessness
  - Protective factors do not generally counteract risk

### Mental Health Model

*Evidence-Based Practice*

- Risk Assessment and Formulation
- Intervention and Care Management

**Limited Evidence for Interventions**

### Treatment and Care Management

*Evidence-Based "Best Practices" Model*

1. Address safety first
2. Specify interventions
  - Immediate Response
    - Remove accessible lethal means
    - Consider hospitalization; Crisis Response Plan
  - Acute
    - Provide external support
    - Treat illness/symptoms and build individual's resources
  - Continuing treatment/Care management

### Mental Health Model

*Treatment and Care Management*

3. Consider use of Crisis Response Plan or Coping Cards
4. Involve parent/guardian in developing and implementing treatment plan
5. Use evidence-based interventions to impact modifiable risk and protective factors (e.g., Depression, Alcohol Abuse)

**A Crisis Response Plan**  
*Sample Safety Plan*

1. Relaxation technique: \_\_\_\_\_
2. Physical Activity: \_\_\_\_\_
3. Contact family/significant other: \_\_\_\_\_
4. Move to another location away from stressor: \_\_\_\_\_
5. Call my therapist or emergency numbers: \_\_\_\_\_
6. Write in my journal if therapist unavailable or until emergency help arrives: \_\_\_\_\_
7. Eat chocolate \_\_\_\_\_

*The one thing that is most important to me and worth living for is:*


\_\_\_\_\_

*Emergency Numbers:*                      *Therapist:*  
*Crisis Center:*                              *Emergency Room:*

**Crisis Response Plan**  
*Differs from "No Suicide" Contract*

1. A No Suicide Contract
  1. Has not been demonstrated to reduce suicide
  2. May reduce vigilance without reducing suicide risk
  3. Is not recommended with new patients, in ER settings, or with psychotic or impulsive patients
  4. May be useful in understanding:
    1. available support systems
    2. ability to institute change

**A National Imperative**



- Surgeon General: Call to Action to Prevent Suicide (1999)
- National Strategy for Suicide Prevention: Goals and Objectives for Action (2001)
- Institute of Medicine's recent report: "Reducing Suicide: A National Imperative (2002)