

# Suicide Interventions Targeted Toward At-Risk Youth

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## Abstract

Suicide is currently the third leading cause of death among youth; it has been named a public health concern. A number of programs have been developed to prevent suicide; many of these involve intervening with youth who are known to be at-risk because of their depression, expressed suicide ideation, or previous suicide attempts. This paper serves as a qualitative review of existing interventions for adolescent suicide. Long-term outcome data on existing programs are relatively scarce. However, promising current interventions include strategies to help youth tolerate intense negative affect and maintain emotional regulation. Individual psychotherapy for suicide prone youth is often conducted in conjunction with pharmacological treatments. Other noteworthy suicide interventions address the family dynamics surrounding suicidal youth, often by including the family in treatment. Interventions that increase the adolescent's motivation for treatment and likelihood of treatment compliance are also under current investigation. Modes of delivery for suicide interventions may also be changing with the inclusion of technology in service access and provision. Essential elements of effective suicide prevention programs and concerns with existing suicide-related interventions are also summarized.

## Suicide Interventions Targeted Toward At-Risk Youth

Suicide is the third leading cause of death among both 10-to 14-year-olds and 15-to 19-year olds in the United States (Centers for Disease Control and Prevention [CDC], 2008). According to their self-report, approximately 15% of high school students have seriously contemplated suicide in the past 12 months while 7% indicated they had made an actual suicide attempt (Eaton et al., 2006). Suicidal ideation is a precursor of later suicide-related behavior (Crosby, Cheltenham, & Sacks, 1999), as 34.7% of life-time suicide ideators eventually make a suicide attempt (Kessler, Borges, & Walters, 1999). Although most adolescents who contemplate completing suicide will never act on those thoughts, the presence of suicide ideation is one of the most significant risk factors for subsequent suicide attempts in youth (Pinto, Whisman, & McCoy, 1997; Suominen et al., 2004) and thus it is often a focal point of adolescent suicide intervention and prevention efforts.

Suicidal behavior has been frequently considered to be defined along a continuum of severity (Mazza, 2006). One end of the continuum begins with thoughts of death and dying. Next is suicidal ideation, followed by plans to attempt suicide, and then suicide attempts. The final node of the continuum consists of suicide completion (Barrios, Everett, Simon, & Brener, 2000; Hovey & King, 2002; Scocco & De Leo, 2002). Recently, researchers have added risk-taking and self-injurious behaviors as initial points on the continuum (Ellis & Trumppower, 2008; Langhinrichsen-Rohling & Lamis, 2008), as these less overtly suicidal behaviors have been shown to constitute a component

of suicide proneness and may serve as another focus of early intervention and/or suicide prevention efforts (Langhinrichsen-Rohling & Lamis).

### **Gender, At-risk Populations, and Youth Suicidal Behavior**

Even less is known about the degree to which existing suicide interventions may be differentially effective for male versus female adolescents or for youth who are embedded in an at-risk population or culture (Langhinrichsen-Rohling et al., 2009). However, we do know that the prevalence and expression of various types of suicidal behaviors are impacted by gender, age, race, sexual orientation, and culture. It stands to follow existing interventions may need to be modified to be well-suited for delivery in particular contexts and with particular subgroups of individuals (Langhinrichsen-Rohling, O'Brien, Klibert, Arata, & Bowers, 2006).

For example, a gender paradox has been demonstrated such that women are more likely than men to express suicide ideation and make non-fatal suicide attempts, whereas men complete suicide at higher rates than women (Canetto & Sakinofsky, 1998). In keeping with this paradox, a recent review of 128 studies of 513,188 adolescents indicated that girls engage in suicide ideation, plans and attempts at higher rates than do boys (Evans, Hawton, Rodham, & Deeks, 2005). At the same time, however, within the United States, male adolescents have been shown to complete suicide at higher rates than female adolescents (American Association of Suicidology [AAS], 2010) and the rate at which male youth commit suicide increases from ages 11 to 21 (Conner & Goldston, 2007).

In addition, two important risk factors for suicide are known to have gender-specific components to their prevalence and expression. The first is depressive symptomology, which tends to be more frequently reported by girls (Blair-West & Mellsop, 2001; Lamis et al., 2010). The second is alcohol and substance use (see Bagge & Sher, 2008 for a review) which tends to be more frequently reported by boys. Across these two risk factors, cross-gender behavior may signal greater risk. For example, depression is more commonly diagnosed in women than in men. However, the risk of suicide may be as much as ten times higher for men with depression than women with depression (Blair-West & Mellsop, 2001). Similarly, although mood variability is more common for college women than men, emotional dysregulation or variability was a better predictor of the suicide attempts of college men than of college women (Witte, Fitzpatrick, Joiner, & Schmidt, 2005).

Conversely, boys have been shown to have higher rates of conduct disorder and to engage in more frequent acts of delinquency than girls. However, higher levels of delinquency were more associated with suicide proneness for female than male college students (Langhinrichsen-Rohling et al., 2004). Likewise, recent alcohol consumption was a unique predictor of suicide ideation for college women but not for men (Stephenson, Pena-Shaff, & Quirk, 2006), even though alcohol abuse disorders are more common among men than women (Canetto, 1991).