

NASW Specialty Practice Section
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Prevention and Intervention with Suicidal Youth: Schools, Hospitals, and Outpatient Settings

Jonathan B. Singer, PhD, LCSW
Temple University

Kimberly H. McManama O'Brien, PhD, LICSW
Simmons School of Social Work

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- Aging
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What you will learn

- By the end of the hour you will be able to:
 - Understand key components of suicide risk assessment in youth
 - Differentiate between universal, selective, and indicated prevention practices
 - Name and describe empirically-based suicide prevention programs and interventions used in school, hospital, and outpatient settings

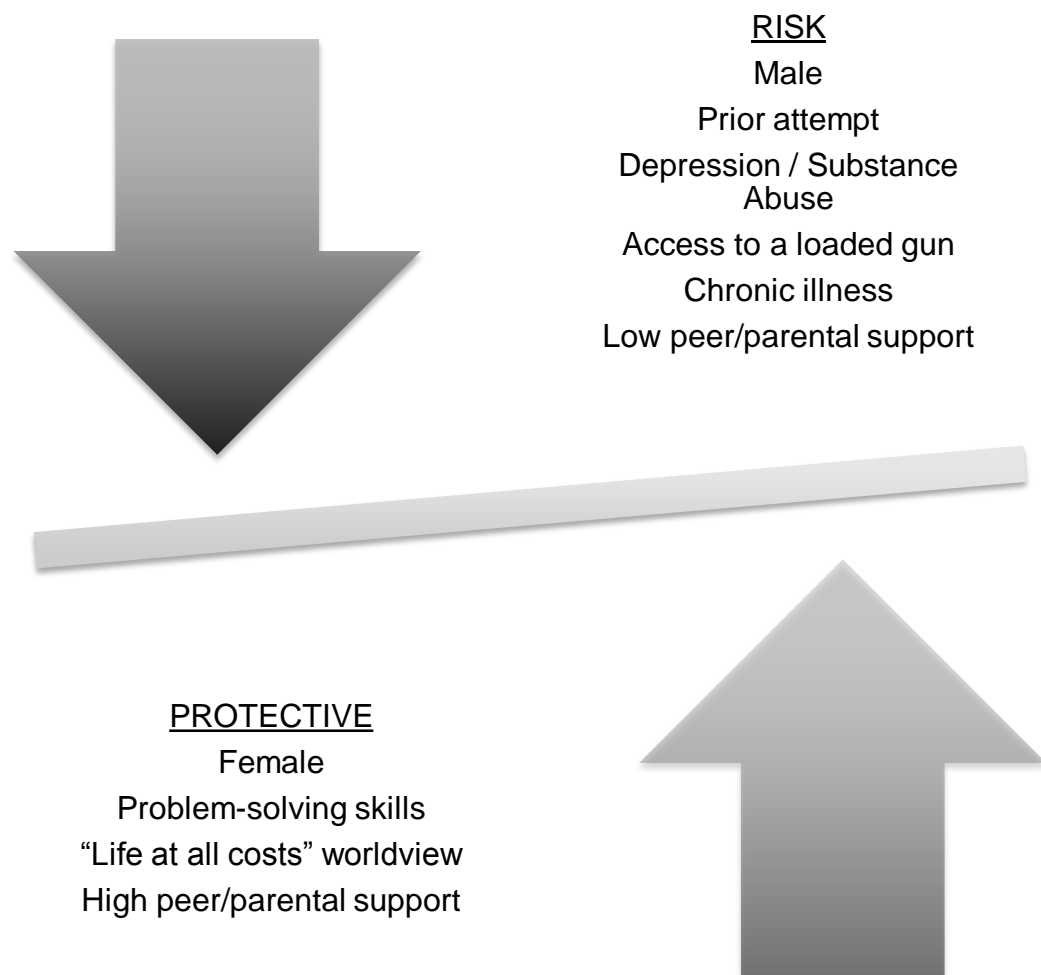
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Term	Definition
Suicide ideation	Thoughts of ending ones' own life
Suicide attempt	A nonfatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury
Suicide	Death caused by self-directed injurious behavior with any intent to die as a result of the behavior
Non-suicidal morbid ideation	Thoughts about one's death without suicidal or self-enacted injurious content
Non-suicidal self-injury	Deliberate direct destruction or alteration of body tissue without a conscious suicidal intent

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Assessment: Risk and Protective Factors



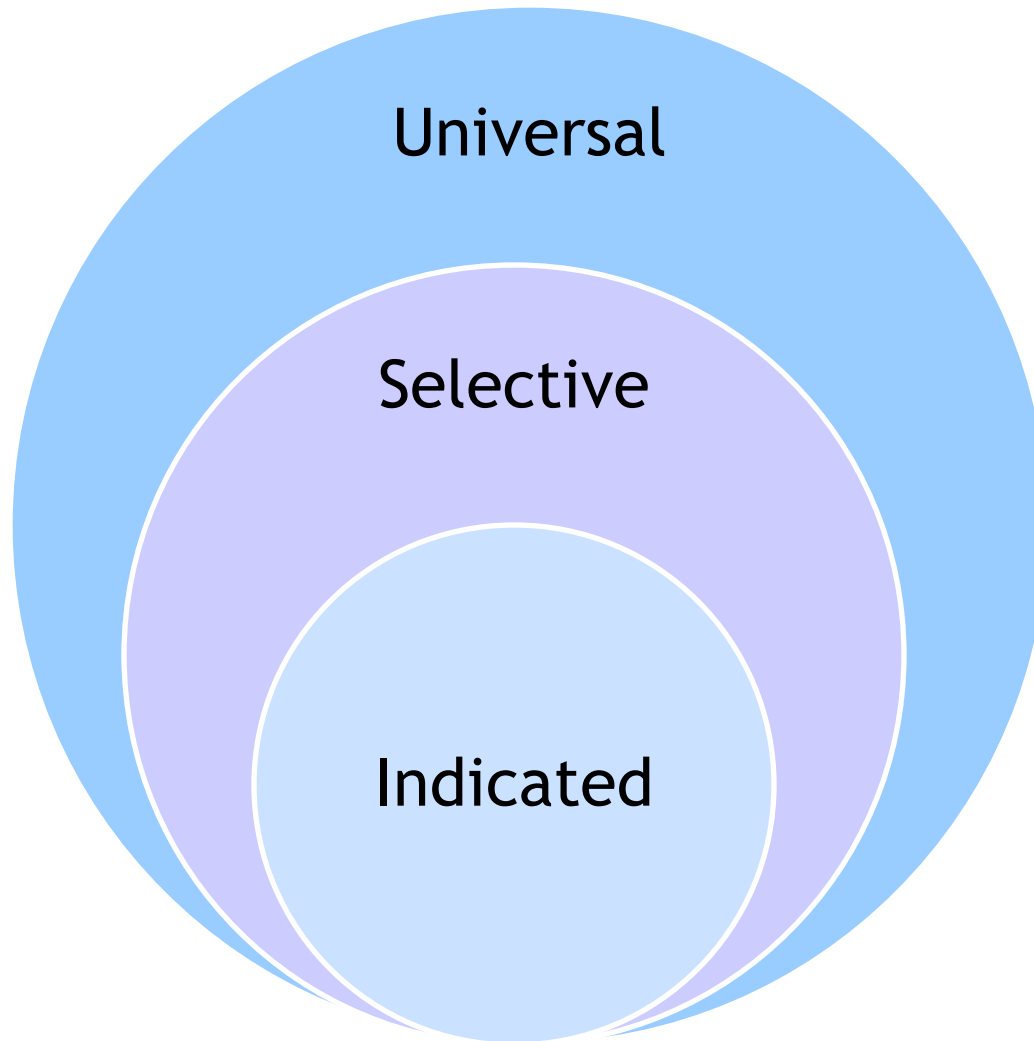
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Assessment: Suicide Inquiry

- Specific suicide inquiry including the who, what, where, when, why, how
- This inquiry includes specific questioning about ideation, plan, access, intent
- Suicide risk can only be evaluated in the context of a broader biopsychosocial evaluation

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Prevention



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Prevention programs and intervention practices: What works where?

Schools, Hospitals, and
Outpatient Settings

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Schools

Primarily seen as providing universal and selected prevention, although targeted suicide assessment and intervention also occur in schools.

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Prevention: Suicide awareness and education

- **Signs of Suicide** (SOS; Asetine et al., 2007)
 - Combines video-based education, classroom discussion, and a depression screen.

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Prevention: Screening

- The only screening program with empirical support, TeenScreen, was discontinued in 2013.

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Prevention: Gatekeeper training

- Question, Persuade, and Respond (QPR; Wyman et al., 2008)
 - Teach students and staff how to identify suicidal students and make appropriate referrals to mental health services.

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Prevention: Peer leadership training

- Sources of Strength (Wyman et al., 2010)
 - Youth are more likely to reach out to peers rather than adults during a suicidal crisis. Trains peer leaders to establish a safe and nurturing school environment.
 - Location: middle and high school.

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Prevention: Skills training

- **Good Behavior Game (GBG; Kellam, Reid, & Balster, 2008)**
 - Goal: create a safe, nurturing school environment that will foster positive social networks and reduce aggressive and disruptive behavior.
 - Location: Elementary schools
- **Reconnecting Youth (RY).**
 - RY is a selected school-based suicide prevention program that targets students who have poor academic achievement and are at risk for dropping out of school.

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Hospitals

Targeted intervention. Interventions occur primarily in an emergency department (ED), however there are some targeted interventions for youth in inpatient settings.

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Intervention: Hospitals

- Psychiatric assessment and brief intervention
- Inpatient psychiatric admission
 - primary goals include safety and containment, mood stabilization, and follow-up care coordination
- No evidence that hospitalization keeps youth safe or improves psychosocial outcomes

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Intervention: Emergency Departments

- **Family-Based Crisis Intervention** (FBCI; Wharff, Ginnis, & Ross, 2012)
 - Goal: decrease acute symptoms in the suicidal adolescent so that he/she may return home safely with the family
- **Family Intervention for Suicide Prevention** (FISP; Hughes & Asarnow, 2013)
 - Goal: improve continuity of care between hospital and community mental health services

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Outpatient

Mostly targeted intervention: crisis intervention, individual, family, and group therapy.

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Dialectical-Behavior Therapy for Adolescents

- Goal: to improve a person's ability to regulate his or her emotions by reducing distress associated with moving between opposing, or dialectical, thoughts, emotions, and behaviors.
- Evidence: youth improve, but not more than a control condition
 - DBT-A; Fleischhaker et al., 2011

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Mentalization-Based Therapy for Adolescents

- Goal: to improve adolescents' ability to accurately represent their own and others' emotions and behaviors during times of stress and conflict.
- Evidence: Year-long RCT found lower scores on a self-harm scale for youth who received MBT-A vs. TAU.
 - MBT-A; Rossouw & Fonagy, 2012

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Cognitive Behavior Therapy for Suicide Prevention

- Goal: to address suicide risk and prevent future suicidal behavior by identifying and implementing suicide risk reduction strategies and developing or bolstering existing strengths.
- Evidence: as effective as psychopharmacotherapy in treating suicide attempters in a 6-month open trial (Brent et al., 2009), and reported fewer reattempts than in comparable studies (Goldston et al., 1999).
 - CBT-SP; Stanley et al., 2009

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Attachment-Based Family Therapy

- Goal: to repair interpersonal ruptures and rebuild an emotionally protective, secure-based, parent-child relationship.
- Evidence: demonstrated reduction in suicidal ideation in two clinical trials with a range of youth, including those with a history of trauma, LGB youth, youth with depression and anxiety, and has been evaluated primarily with low-income, multi-problem urban families
 - ABFT; Diamond et al, 2010, 2012, 2013

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Integrated CBT

- Goal: Target substance abuse and STB through individual CBT and family therapy focusing on skills training, monitoring, and behavioral contracting.
- Evidence: fewer suicide attempts, inpatient psychiatric hospitalizations, emergency department visits, heavy drinking days, and days of marijuana use.
 - I-CBT; Esposito-Smythers, Spirito, Kahler, Hunt, & Monti, 2011

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Implications for Practice

- Know how to do a suicide assessment
- Understand your systems of care
 - How do schools, hospitals, and outpatient settings interface (or not)?
- Maintain your skills in the assessment and treatment of suicide risk by participating in trainings like this one 😊

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Resources

- The National Center for the Prevention of Youth Suicide:
<http://www.suicidology.org/ncpys>
- American Foundation for Suicide Prevention: <http://www.afsp.org>
- American Association of Suicidology:
<http://www.suicidology.org>
- Suicide Prevention Research Center:
<http://www.sprc.org>

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Resources

Social media resources:

- Podcasts on suicide assessment:
<http://www.socialworkpodcast.com>
- Suicide resource blog:
<http://www.speakingofsuicide.com/>
- Attempt survivor's blog
<http://attemptsurvivors.com/>

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Measures

Screening

- Ask Suicide-Screening Questions (ASQ)
 - 4 items (derived from SIQ)

Assessing ideation:

- Suicide Ideation Questionnaire (SIQ)
 - 30 items
- Suicide Status Form (SSF-II)
 - Ideation (combines quantitative and qualitative data)

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Suicide Measures

Multidimensional risk assessment

- Columbia Suicide Severity Rating Scale (C-SSRS)
 - Ideation, attempt and plan
- Scale for Impact of Suicidality - Management, Assessment and Planning of Care (SIS-MAP)
 - Predict level of care

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Thank You!

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Temple University
jbsinger@temple.edu

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kimberly.obrien@simmons.edu

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Q & A

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