# Suicide Prevention Across the Educational Continuum

## 6-Part Webinar Series

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
PTTC Prevention Technology Transfer Center Network
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# Suicide Prevention:

## Suicide Interventions and Response for Youth Experiencing Serious Emotional Disturbance

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SAMHSA
Substance Abuse and Mental Health Services Administration

# Severe Emotional Disturbances

- **IDEA defines emotional disturbance as follows:**

"…a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance:

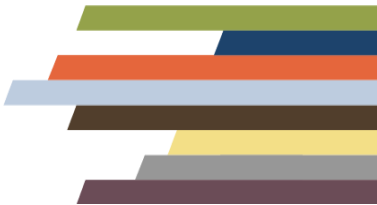
(A) An inability to learn that cannot be explained by intellectual, sensory, or health factors.

(B) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.

(C) Inappropriate types of behavior or feelings under normal circumstances.

(D) A general pervasive mood of unhappiness or depression.

(E) A tendency to develop physical symptoms or fears associated with personal or school problems."



# Developmental Psychopathology and Suicide

2nd leading cause of death among individuals in the US between the ages of 10 and 34

According to a recent article published in the Journal of Abnormal Psychology, between 2009 and 2017

- rates of depression among kids ages 14 to 17 increased by more than 60%,
- The increases were nearly as steep among those ages 12 to 13 (47%) and 18 to 21 (46%), and rates roughly doubled among those ages 20 to 21.
- In 2017—more than one in eight Americans ages 12 to 25 experienced a major depressive episode, the study found.

**Gender differences**

- Female children and teens 2-3 times more likely to engage in suicidal ideation or make attempts than their male counterparts.
- Male children and teens however are twice more likely to die from suicide than girls.

# Suicide

- Ideation
  - Often once per week (among these with suicidal ideation)
  - Last longer and leads to self-injuring less often than NSSI

- Suicidal Plan
  - Serious considerations
  - Taking preparatory actions
  - More closely associated with suicidal intent that ideation

- Suicidal Gestures
  - Taking actions to make others believe they want to kills themselves when there is no intention

- Suicidal attempt
  - Self-injury with at least some intent to die.
  - Among first timers, most are planned and 40% unplanned.
  - Common method: over-the-counter meds.

# Risk factors associate with suicide

**Major risk factors associate with suicide.**

- Social withdrawn, changes in sleep habits, and lack of interest may be symptoms of a depressive disorder.
- History of suicide attempts.
- Openly suicidal statements or comments such as, "I wish I was dead," or "I won't be a problem for you much longer."
- Depression is commonly associated with suicide and suicidal ideation.

**Additional risk factors:**

- exposure to violence
- impulsivity
- aggressive or disruptive behavior
- family history of suicide attempts
- access to firearms (leading means of suicide completion)
- feelings of hopelessness or helplessness
- Interpersonal difficulties, bullying, and/or rejection

# Co-Morbidity

Table 1

Comorbidity differences in major depression and dysthymic disorder in children and adolescents

| | Major Depression Turgay, et al.[11] *N*=365 | Dysthymic Disorder Turgay, et al.[17] *N*=240 |
|---|---|---|
| Major Depression or Dysthymic Disorder only | 28.4% | 8.72 % |
| Attention Deficit/Hyperactivity Disorder | 34.24% | 62.9% |
| Oppositional Defiant Disorder | 26.84% | 41.7% |
| Generalized Anxiety Disorder | 30.68% | 28.3% |
| Conduct Disorder | 12.32% | 29.2% |

Turgay, A., & Ansari, R. (2006). Major depression with ADHD: In children and adolescents. *Psychiatry (Edgmont)*, *3*(4), 20.

# Protective Factors

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

# Intervention Approaches for Depression-related suicide

# *Individual and Group Interventions for Depression*

Evidence-Based Treatment Interventions

- Cognitive Behavioral Therapy (CBT)
- Interpersonal Psychotherapy (IPT) for Adolescents

# CBT for Depression

- Cognitive Behavioral Therapy (CBT)

Wolff, J., Frazier, E., Davis, S., Freed, R. D., Esposito-Smythers, C., Liu, R., & Spirito, A. (2017). Depression and suicidality. *Clinical handbook of psychological disorders in children and adolescents: A step by step treatment manual*, 55-93.

# CBT Treatment Protocol Outline

| Name of session | Type of Session |
| --- | --- |
| Introduction to treatment | Family |
| Behavioral activation | Teen, Parent |
| Problem solving | Teen, Parent, Family |
| Cognitive restructuring | Teen, Parent |
| Affect regulation | Teen, Parent |
| Skills practice | Teen, Parent, Family |

# CBT Treatment Protocol Outline (continued)

| Name of session | Type of Session |
|---|---|
| Emotion coaching | Parent |
| Contingency management | Parent, Family |
| Distress tolerance | Teen, Parent |
| Relaxation | Teen, Parent |
| Behavioral chain | Teen, Parent |
| Increasing social support | Teen |
| Relapse prevention | Family |

# *IPT for Depression*

- Interpersonal Psychotherapy with Adolescents

Mufson, L. (Ed.). (2004). *Interpersonal psychotherapy for depressed adolescents*. Guilford Press.

# IPT Treatment Overview

- Initial Stage
- Intermediate Stages
- Final Stages

# Intermediate Stage & Focus of IPT

| Foci | Goals of Treatment |
|---|---|
| Grief | Facilitation of the grieving process, the client's acceptance of difficult emotions, & their replacement of lost relationships. |
| Role Disputes | Understanding the nature of the dispute, the current communication difficulties, and working to modify the client's communication strategies while remaining in accord with their core values. |
| Role transitions | Facilitation of the client's giving up of the old role, expressing emotions about this loss, & acquiring skills and support in the new role they must take on. |
| Interpersonal deficits | Analysis of their communication patterns, participate in role playing exercises with the therapist, and work to reduce their overall isolation, if applicable. |

# *Psychopharmacological Interventions for Depression*

- tricyclic antidepressants (TCAs)
- selective serotonin reuptake inhibitors (SSRIs)

*A note about black box warnings*

# CASE Study: Billy*

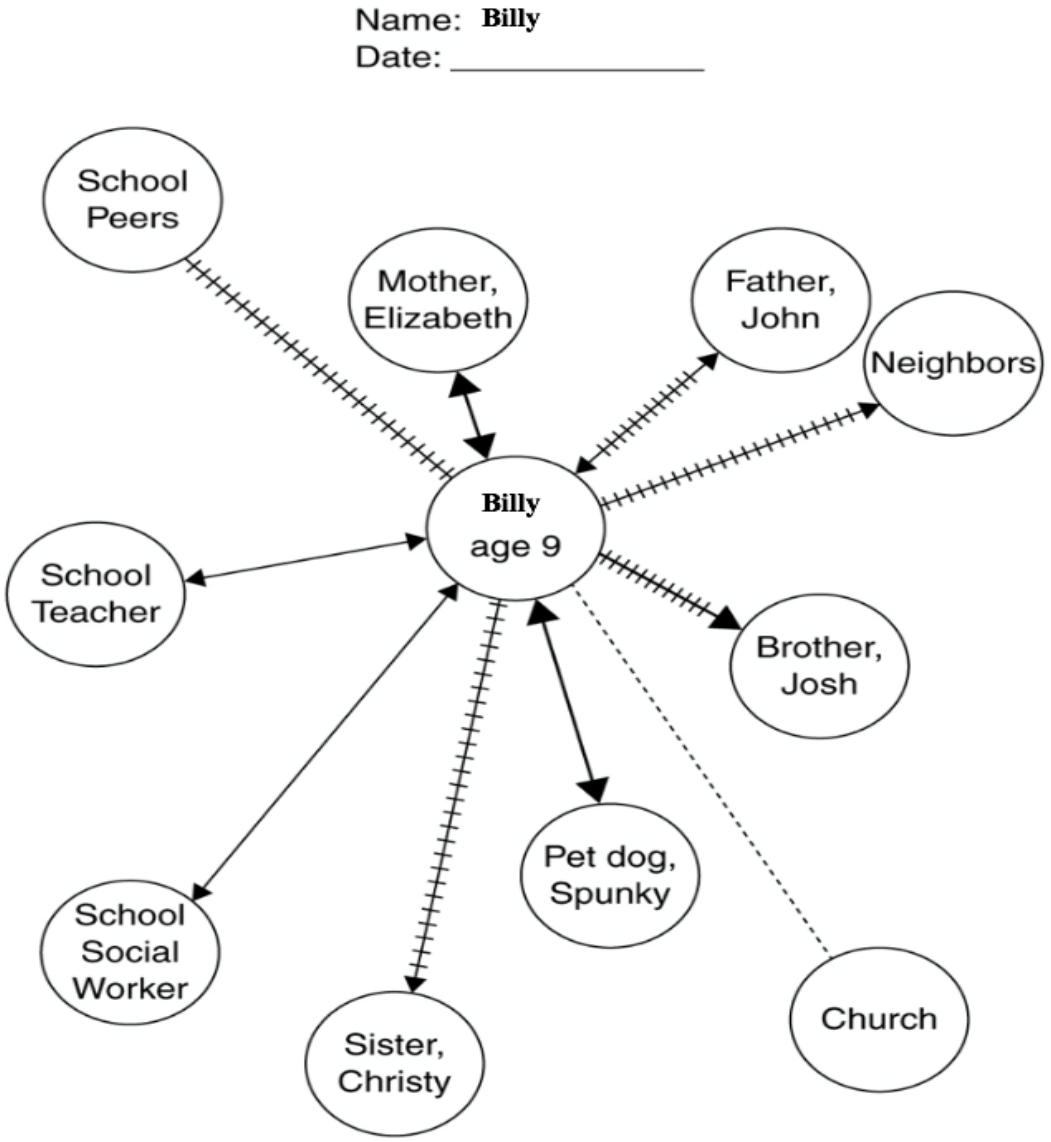

** Billy is a fictional client and reflects a composite of child clients I've worked with over the years*

# Diversity/Resiliency Formulation

In outline form:

- *Intrapersonal*: average intelligence, likes active sports, lack of complete indifference—demonstrates jealousy of siblings; responds to one-on-one tutoring and attention; likes music, especially percussion
- *Interpersonal*: loving, intact family; positive teacher and school setting; parents can afford treatment
- *Community*: upper-middle-class community has many extracurricular activities; few negative community role models, such as gangs
- *Spiritual*: family attends local Presbyterian church
- *Cultural/ethnic*: White family with Scotch-Irish origins

# Eco Map


Name: Billy
Date: _____
School Peers
Mother, Elizabeth
Father, John
Neighbors
Billy
age 9
School Teacher
Brother, Josh
School Social Worker
Pet dog, Spunky
Sister, Christy
Church

# Billy

As you consider Billy's current circumstances, how would you respond to the following questions?

- What factors may place Billy at risk for depression?
- How might you alter Billy's treatment plan to address these depressive symptoms?
- Should you discontinue the parent skills training program to address Billy's conduct-related problems?

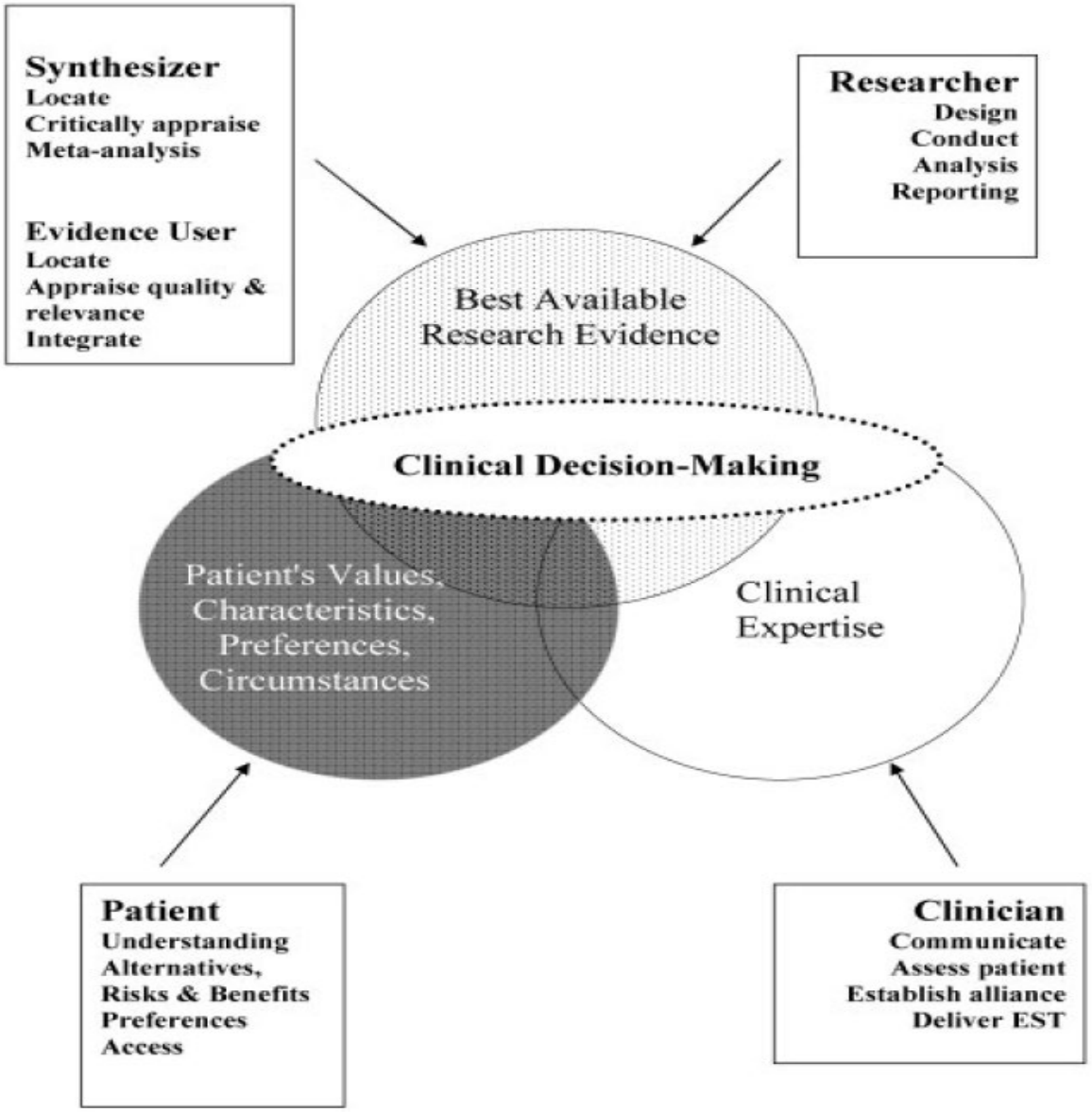



*Figure 1.* The three circles of evidence-based clinical practice.

**APA Presidential Task Force, 2006 & Spring, 2007**

# A MODULAR TRANSDIAGNOSTIC TREATMENT APPROACH

MATCH-ADTC (Chorpita, & Weisz, 2009)

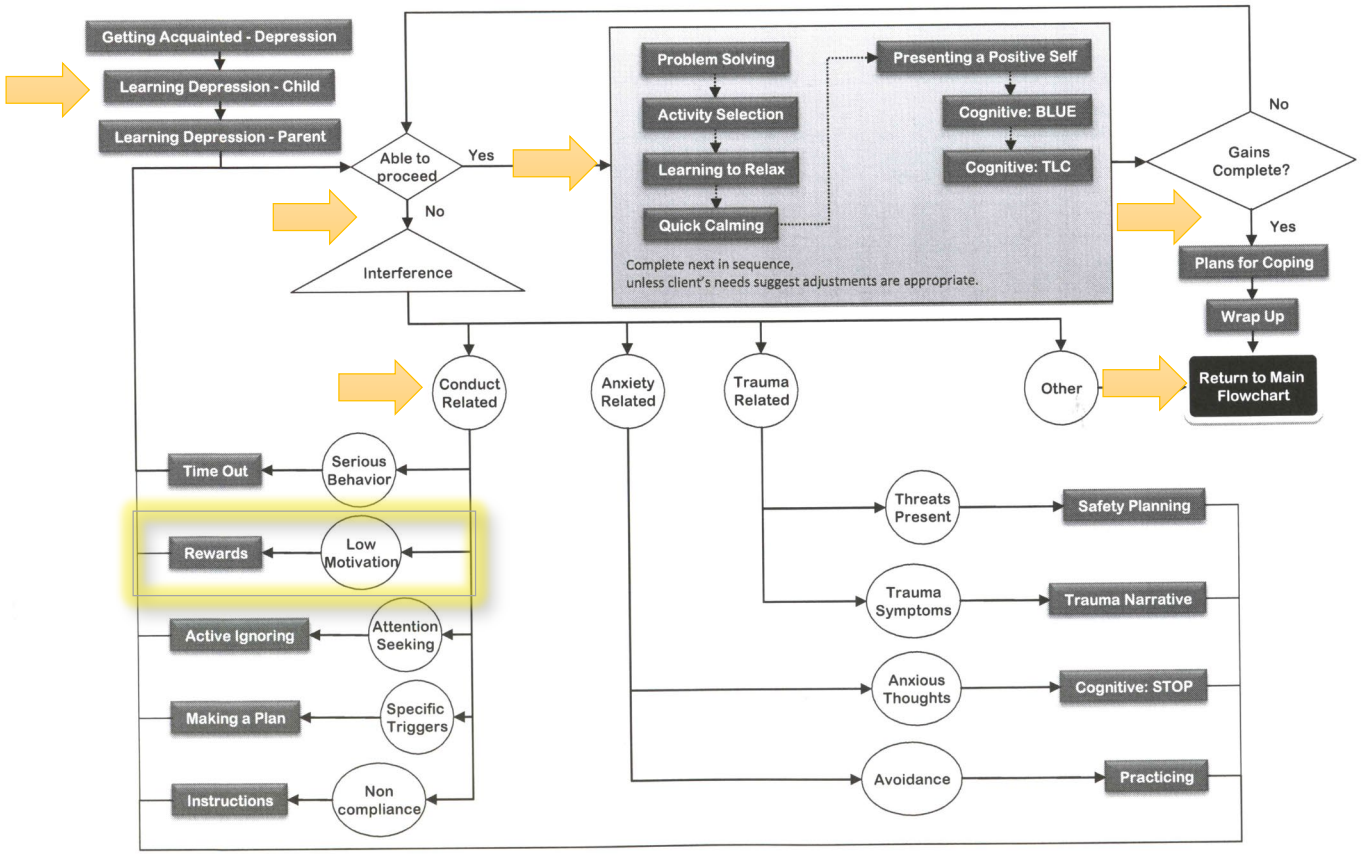
Chorpita, B. F., & Weisz, J. R. (2009). *MATCH-ADTC: Modular approach to therapy for children with anxiety, depression, trauma, or conduct problems*. PracticeWise.

# What is MATCH-ADTC?

Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct problems

- Individualized, evidence-based therapy for children

# Depression


Getting Acquainted - Depression
Learning Depression - Child
Learning Depression - Parent
Able to proceed
Yes
No
Interference
Problem Solving
Activity Selection
Learning to Relax
Quick Calming
Presenting a Positive Self
Cognitive: BLUE
Cognitive: TLC
Complete next in sequence,
unless client's needs suggest adjustments are appropriate.
Gains Complete?
No
Yes
Plans for Coping
Wrap Up
Return to Main Flowchart
Conduct Related
Anxiety Related
Trauma Related
Other
Serious Behavior
Time Out
Low Motivation
Rewards
Attention Seeking
Active Ignoring
Specific Triggers
Making a Plan
Non compliance
Instructions
Threats Present
Safety Planning
Trauma Symptoms
Trauma Narrative
Anxious Thoughts
Cognitive: STOP
Avoidance
Practicing

# *MATCH-ADTC Summary* & Anecdotal Impressions

| ***Benefits*** | ***Limitations*** |
| --- | --- |
| • *Addresses many **EBTs** concerns*<br>• *Empirical support*<br>• *Comprehensive "toolbox"*<br>• *Flexible*<br>• *Spanish Translation*<br>• *Accessible Online* | • *Cost of the Manual*<br>• *Some training needed*<br>• *Not designed for all disorders* |

# Additional Treatment Resources

- Garcia, B., Nedegaard, R., & Legerski, J.P. (In press). *Strengthening the DSM: Incorporating resilience and cultural competence*. Springer Publishing Co.

- Schroeder, C. S., & Smith-Boydston, J. M. (2017). *Assessment and treatment of childhood problems: A clinician's guide*. Guilford Press.

- National Child Traumatic Stress Network
  - https://www.nctsn.org/resources

# Thank you!

Presenter Contact Information: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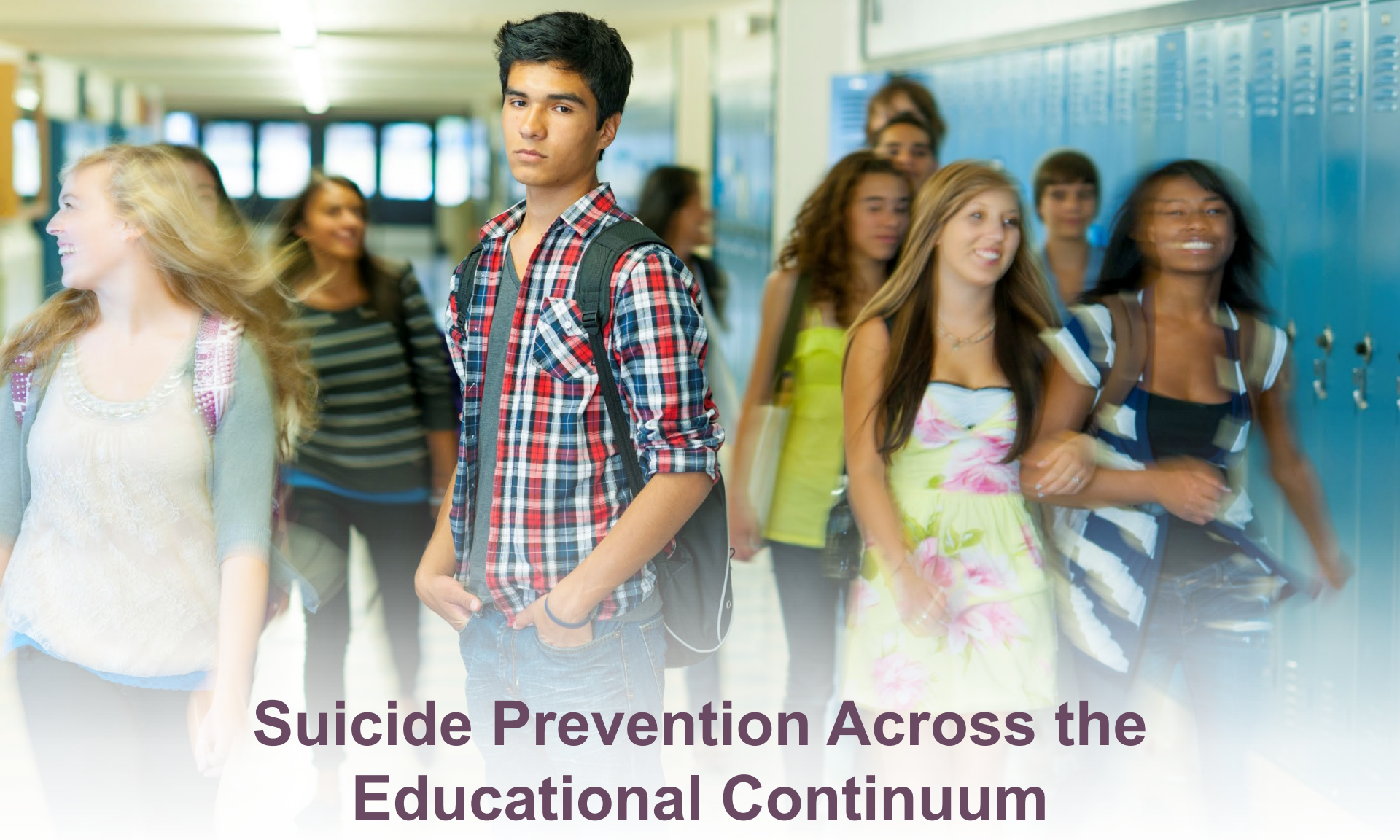

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