



# YOUTH SUICIDE PREVENTION

Mary Cwik, PhD

March 30, 2021

# YOUTH SUICIDE PREVENTION

This webinar is offered by the  
**Florida Certification Board**  
and supported by funding from the  
**Florida Department of Children and Families,  
Office of Substance Abuse and Mental Health**  
(Contract #LH290).



# OBJECTIVES

- Identify the leading evidence-based treatment programs for suicide-related thoughts and behaviors among youth.
- Understand the main areas of focus for each treatment and settings for implementation.
- Identify the main considerations when selecting and implementing an evidence-based treatment program and learn the eight steps of the ADAPIT-ITT model.



# THE NEEDED FOCUS ON YOUTH SUICIDE

## CONSIDERATIONS AND RESPONSES

## YOUTH SUICIDE STATISTICS

- Suicide is now the *2nd leading cause of death* for ages 15-24 in the U.S. and suicide attempts are significantly higher among youth than adults.
- In 2019, approximately 19% of high school students reported suicidal ideation and 9% percent a suicide attempt in the past year.
- Prevalence is higher in certain at-risk groups, including LGBTQ+ youth and racial and ethnic minorities, particularly Native and bi/multi-racial youth.

# WHY MUST WE ADDRESS YOUTH SUICIDE NOW?

- There was a 57.4% increase from 2007-2018 in the suicide rate among those aged 10–24 in the US and among subgroups of children, girls ages 10-14, and Black youths ages 5-11 years old.<sup>1-2</sup>
- The suicide rate for girls ages 10 –14 has tripled from 0.5/100,000 in 1999 to 1.7 in 2017.<sup>2</sup>
- Youth self-inflicted injury ED visits also increased substantially during a similar time period especially in girls ages 10 – 14.<sup>3</sup>
- From 2001-2015, Black children under ages 13 had a suicide rate 2x greater than that of their White peers, with the suicide rate among Black<sup>6</sup> youth increasing faster than any other racial/ ethnic group.

# WHY PROMOTE EVIDENCE-BASED PROGRAMS?

- Suicidal behaviors can be complex, and comprehensive approaches are needed including evidence-based suicide treatment for individuals.
- Evidence-based programs target the risk and protective factors that are crucial to preventing youth suicide.
- Non-evidence-based programs have the potential to do harm.
- Many youth and families have limited knowledge of treatment options and which of these are considered evidence-based, which can lead to less engagement in treatment and less adherence to treatment plans.
- Providers are often uncomfortable with and do not have training in treating suicidal youth.



# **CRITERIA FOR EVIDENCE-BASED PROGRAMS**

## **THE REVIEW PROCESS AND RATINGS**

# THE REVIEW PROCESS – PART I

- First and foremost, the research literature was reviewed for programs that met the following criteria:
  - Clearly defined and replicable
  - Address suicidal ideation, self-harm, suicide attempts, and/or death by suicide
  - Developed or adapted specifically for youth
  - In use currently
  - Report evidence of impact on the above targeted outcomes
  - Have accessible implementation resources

## THE REVIEW PROCESS – PART 2

- Second, after using the previous criteria, trained reviewers used a two-step process to evaluate the rigor of each study's methods and the overall level of causal evidence associated with each program.
- Each study was rated as **low, moderate, or high** based on the research methods.
- Only randomized controlled trials, quasi-experimental designs, and epidemiological studies with a strong comparison could receive a high or moderate rating.

## THE REVIEW PROCESS – PART 3

- The programs were then given a rating based on the overall evidence:
  - **Strong:** at least two RCTs, quasi-experimental trials, or epidemiological studies with a strong or moderate rating
  - **Moderate:** at least one RCT, quasi-experimental trial, or epidemiological study with a strong or moderate rating
  - **Emerging:** No study received a high or moderate rating

## THE REVIEW PROCESS: RESULTS

- A review of the research identified six evidence-based programs for treating suicidal thoughts and behaviors:
  - Dialectical Behavior Therapy (DBT)\*\*
  - Attachment-Based Family Therapy (ABFT)\*
  - Multisystemic Therapy-Psychiatric (MST-Psych)\*
  - Safe Alternatives for Teens and Youth (SAFETY)\*
  - Integrated Cognitive Behavioral Therapy (I-CBT)\*
  - Youth-Nominated Support Team-Version II (YST-II)\*



# EVIDENCE-BASED TREATMENT PROGRAMS

## INCLUDING IMPLEMENTATION SETTINGS

# DIALECTICAL BEHAVIOR THERAPY (DBT)

- DBT was designed for treatment of adults with borderline personality disorder (BPD) who often typically display chronic suicide ideation.
- It is a manualized, cognitive-behavioral intervention that includes individual therapy, family therapy, multifamily skills training, and telephone coaching.
- DBT providers hold regular team meetings that emphasize treatment adherence, training, caseloads and burnout.
- DBT is focused on the development of four skills:
  - mindfulness; interpersonal effectiveness; emotion regulation; and distress tolerance

# OUTCOMES ASSOCIATED WITH DBT

- Studies included in this evidence review demonstrated that use of DBT for youth was associated with reductions in the following outcomes:
  - Suicidal ideation
  - Self-harm (*non-suicidal*)
  - Self-harm (*intent unknown*)
  - Suicide attempts
- Studies also showed improvements in BPD and treatment completion, as well as reductions in psychiatric hospitalizations and depressive symptoms.

## TYPICAL SETTINGS FOR DBT-A

- Outpatient settings
- Community clinics mainly serving ethnic minority youth with low income
- Benefits among non-white youth and Latino youth
- Also used in intensive outpatient programs and psychiatric inpatient units

# ATTACHMENT BASED FAMILY THERAPY (ABFT)

- ABFT is a manualized family therapy designed to treat depression and suicidal ideation and behaviors in teens.
- The manual outlines five sequential tasks the therapist will lead the client and family during treatment, with each task building upon the one preceding it, to reach the desired treatment outcome.
  - *Relational Reframe Task; Adolescent Alliance Task; Parental Alliance Task; Attachment Task; and Autonomy Promoting Task*
- Early sessions focus on repairing or building attachment relationships, and later sessions on promoting teen autonomy.

## OUTCOMES ASSOCIATED WITH ABFT

- Some studies included in the evidence review demonstrated that use of ABFT was associated with reductions in:
  - Suicidal ideation
- Studies also demonstrated improved treatment retention and attachment-related anxiety and avoidance, as well as decreased depressive symptoms.

## TYPICAL SETTINGS FOR ABFT

- Inpatient or outpatient treatment facilities
- Family home, hospitals, outpatient clinics
- Community-based organizations
- Group or residential care facilities
- Schools

## MULTISYSTEMIC THERAPY - PSYCHIATRIC (MST-PSYCH)

- MST is an intensive manualized intervention for youth ages 12-17 with serious antisocial behavior and often involvement with the criminal justice system.
- MST is based on a social-ecological model, which emphasizes that interventions need to include the systems with which youth interact (e.g., *family, peer, school, society*).
- MST-Psych is an adaptation of MST for teens with suicidal, self-injurious, and aggressive behavior.

## TYPICAL SETTINGS FOR MST-PSYCH

- Home
- Community-based settings

## OUTCOMES ASSOCIATED WITH MST-PSYCH

- The study included in the evidence review demonstrated that use of MST-Psych was associated with reductions in:
  - Suicide attempts
- It is important to note that youth in the MST-Psych group had *a history of more suicide attempts* on average than did youth in the hospitalization group, which may have affected the results.

# SAFE ALTERNATIVES FOR TEENS AND YOUTH (SAFETY)

- SAFETY is a 12-week family-oriented, cognitive-behavioral intervention for building skills, increasing safety, and reducing risk of future attempts.
- This program is grounded in a social-ecological model with the goal of addressing protective and risk factors within individual, family, and other social systems.
- Elements include:
  - One therapist for youth and a different therapist for parents
  - Joint parent-youth sessions to practice skills to prevent suicide re-attempts
  - In certain circumstances, may include other protective adults in the intervention

# OUTCOMES ASSOCIATED WITH SAFETY

- Studies included in the evidence review demonstrated that use of SAFETY was associated with reductions in:
  - Suicidal ideation
  - Self-harm (*non-suicidal*)
  - Suicide attempts
- One study also showed decreases in youth depression and hopelessness, as well as decreases in parent depression.

## TYPICAL SETTINGS FOR SAFETY

- Community-based treatment
- Outpatient settings
- Client's home
- With recent emergency, hospital, or crisis visits for suicide attempts and/or self-harm.

# INTEGRATED COGNITIVE BEHAVIOR THERAPY (I-CBT)

- I-CBT is a 12-month intervention with three treatment phases involving individual, family, and parent training sessions.
- A key component of I-CBT is that it addresses thoughts and behaviors that are common to substance use, suicidal ideation/behaviors, and comorbid mental health problems.
- I-CBT helps youth develop the self-efficacy to regulate their emotions, change negative thoughts, solve problems, and communicate effectively.
- Parents also learn the above skills to help their teens and improve family relationships, in addition to monitoring.

## OUTCOMES ASSOCIATED WITH I-CBT

- Studies included in this evidence review demonstrated that use of I-CBT for youth was associated with reductions in:
  - Suicide attempts
- One study also showed decreases in the frequency of marijuana use and heavy drinking days, in addition to the number of inpatient hospitalizations, ED visits, and arrests.

## TYPICAL SETTINGS FOR I-CBT

- Outpatient settings
- *May be suitable for use in other settings*

## YOUTH NOMINATED SUPPORT TEAM INTERVENTION FOR SUICIDAL ADOLESCENTS (YST-II)

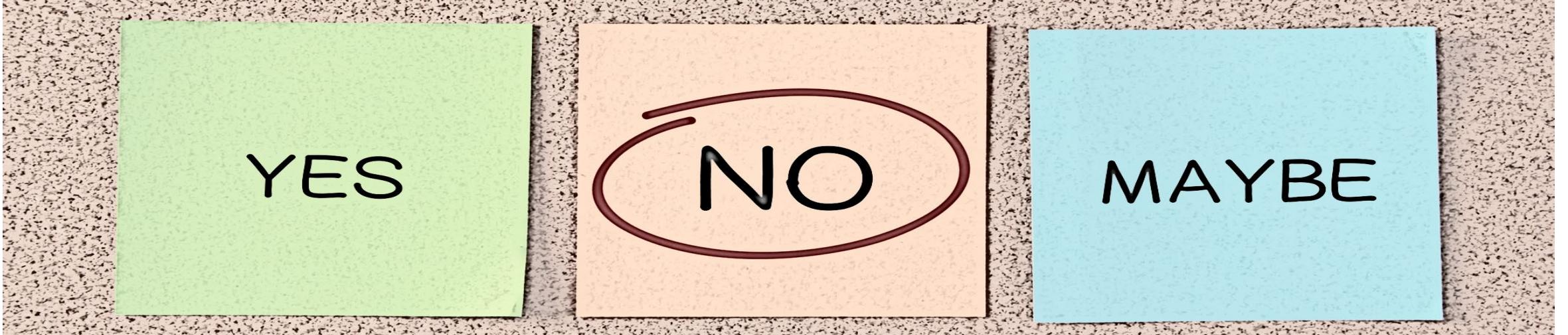
- YST-II is a program for hospitalized teens with a suicide attempt or serious suicidal ideation designed to supplement treatment by increasing support from caring adults.
- Adolescents nominate 3-4 adults from family, school, and community settings to serve as their support persons after hospitalization, and who will attend psychoeducational sessions.

## YOUTH NOMINATED SUPPORT TEAM INTERVENTION FOR SUICIDAL ADOLESCENTS (YST-II)

- Adults also receive weekly, supportive telephone calls from YST-II staff for 3 months.
- Caring adults make regular contacts with the teen to:
  - Support their involvement in healthy activities
  - Engage in collaborative problem-solving about concerns
  - Support treatment adherence
  - Reinforce hopefulness

## OUTCOMES ASSOCIATED WITH YST-II

- The study included in the evidence review demonstrated that use of YST-II was associated with reductions in:
  - Suicidal ideation
- One study also found better attendance for outpatient therapy and medication follow-up sessions, in addition to increased participation in outpatient substance abuse treatment during the following 12 months.



## **SELECTION AND IMPLEMENTATION CONSIDERATIONS**

**INCLUDING THE ADAPT-ITT FRAMEWORK**

# SELECTION AND IMPLEMENTATION CONSIDERATIONS



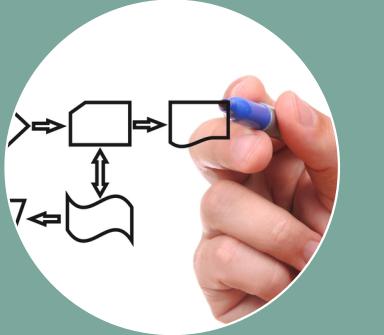
**I. Plan**



**2. Engage youth with lived experience**



**3. Build buy-in and capacity**



**4. Implement**



**5. Evaluate**



## SELECTION AND IMPLEMENTATION CONSIDERATIONS

- There were common elements of the evidence-based programs:
  - Comprehensive assessment
  - Safety planning
  - Family involvement
  - Coping skills training
  - Continuity of care

# OTHER IMPLEMENTATION CONSIDERATIONS

- Treatment fidelity
- Adaptation of programs (see next slides)
- Treatment adherence and retention in care
- Program sustainability
- Program resources

## ADAPTATION CONSIDERATIONS

- ADAPT-ITT is a systematic framework for adapting evidence-based interventions.
- ADAPT-ITT consists of eight sequential phases (see next slide)
- While it was originally designed for HIV-related interventions, the process is applicable to many other types of programs.

# ADAPT-ITT STEPS

- Assessment
- Decision
- Adaptation
- Production
- Topical experts
- Integration
- Train
- Test

## CONCLUSION

ANY  
QUESTIONS  
?

# RESOURCES

- **ADAPT-ITT**
  - <https://www.nccmt.ca/registry/resource/pdf/285.pdf>
- **American Association of Suicidology (AAS)**
  - <https://suicidology.org/>
- **Attachment-Based Family Therapy (ABFT)**
  - <https://drexel.edu/familyintervention/abft-training-program/overview/>
- **Dialectical Behavior Therapy (DBT)**
  - <https://behavioraltech.org/research/how-dbt-helps/>

# RESOURCES

- **Florida Certification Board's (FCB) Online Education Platform**

Free online courses on a wide-range of behavioral health topics including; *suicide assessment, suicide prevention, peer services, multi cultural counseling, clinical evaluation, mobile response teams, opioid overdose prevention, telehealth, as well a variety of targeted Marchman Act and Baker Act presentations.*

- <https://fcbonline.remote-learner.net/>

- **Florida Certification Board's Certification/Primary Website**

- <https://flcertificationboard.org/>

- **Florida Department of Health Suicide Prevention**

- <http://www.floridahealth.gov/programs-and-services/prevention/suicide-prevention/index.html>

# RESOURCES

- **Florida Initiative for Suicide Prevention**
  - <https://fisponline.org/>
- **Florida Statewide Office of Suicide Prevention within the Florida Department of Children and Families**
  - <https://www.myflfamilies.com/service-programs/samh/prevention/suicide-prevention/>
- **Florida Suicide Prevention Coalition**
  - <http://floridasuicideprevention.org/>
- **Integrated Cognitive Behavioral Therapy (I-CBT)**
  - *Esposito-Smythers, C., Spirito, A., & Wolff, J. (2019). CBT for co-occurring suicidal behavior and substance use (I-CBT). In M. Berk (Ed.) Evidence-Based Treatment Approaches for Suicidal Adolescents: Translating Science into Practice. American Psychiatric Publishing.*

# RESOURCES

- **Multisystemic Therapy-Psychiatric (MST-Psych)**
  - <https://www.mstservices.com/>
- **NAMI Florida**
  - <https://namiflorida.org/>
- **National Suicide Prevention Lifeline**
  - <https://suicidepreventionlifeline.org/>
- **Safe Alternatives for Teens and Youth (SAFETY)**
  - <https://asapnctsn.org/>

# RESOURCES

- **Substance Abuse and Mental Health Services Administration (SAMHSA): Help Prevent Suicide**
  - <https://www.samhsa.gov/suicide>
- **Substance Abuse and Mental Health Services Administration (SAMHSA): Treatment for Suicidal Ideation, Self-harm, and Suicide Attempts Among Youth**
  - <https://www.samhsa.gov/resource/ebp/treatment-suicidal-ideation-self-harm-suicide-attempts-among-youth>
- **Suicide Prevention Resource Center**
  - <https://www.sprc.org/>

# RESOURCES

## ■ **The Trevor Project**

The leading national organization providing crisis intervention and suicide prevention services to LGBTQ youth

- <https://www.thetrevorproject.org/about/>

## ■ **Youth-Nominated Support Team-Version II (YST-II)**

- <https://medicine.umich.edu/sites/default/files/downloads/YST%20Manual%202001.pdf>

## SELECTED REFERENCES

- Adrian, M., McCauley, E., Berk, M. S., Asarnow, J. R., Korslund, K., Avina, C., Gallop, R., & Linehan, M. M. (2019). Predictors and moderators of recurring self-harm in adolescents participating in a comparative treatment trial of psychological interventions. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 60(10), 1123- 1132. <https://www.doi.org/10.1111/jcpp.13099>
- Asarnow, J. R., Hughes, J. L., Babeva, K. N., & Sugar, C. A. (2017). Cognitive-behavioral family treatment for suicide attempt prevention: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 56(6), 506-514. <https://doi.org/10.1016/j.jaac.2017.03.015>
- Asarnow, J. R., Berk, M., Hughes, J. L., & Anderson, N. L. (2015). The SAFETY Program: A treatment-development trial of a cognitive- behavioral family treatment for adolescent suicide attempters. *Journal of Clinical Child & Adolescent Psychology*, 44(1), 194-203. <https://doi.org/10.1080/15374416.2014.940624>

# SELECTED REFERENCES

- Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. (2019). *Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health.* (HHS Publication No. PEP19-5068, NSDUH Series H-54). <https://www.samhsa.gov/data/>
- Diamond, G. M., Diamond, G. S., Levy, S., Closs, C., Ladipo, T., & Siqueland, L. (2012). Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings. *Psychotherapy*, 49(1), 62-71. <https://doi.org/10.1037/a0026247>
- Diamond, G. M., Diamond, G. S., Levy, S., Closs, C., Ladipo, T., & Siqueland, L. (2013). Attachment-based family therapy for suicidal lesbian, gay, and bisexual adolescents: A treatment development study and open trial with preliminary findings: Correction to Diamond et al. (2011). *Psychotherapy*, 50(4), 596-596. <https://doi.org/10.1037/a0034920>

## SELECTED REFERENCES

- Diamond, G. S., Kobak, R. R., Krauthamer Ewing, S., Levy, S. A., Herres, J. L., Russon, J. M., 33 Gallop, R. J. (2019). A Randomized Controlled Trial: Attachment-Based Family and Nondirective Supportive Treatments for Youth Who Are Suicidal. *Journal of the American Academy of Child & Adolescent Psychiatry*, 58(7), 721-731.  
<https://doi.org/10.1016/j.jaac.2018.10.006>
- Diamond, G. S., Wintersteen, M. B., Brown, G. K., Diamond, G. M., Gallop, R., Shelef, K., & Levy, S. (2010). Attachment-based family therapy for adolescents with suicidal ideation: A randomized controlled trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(2), 122-131. <https://doi.org/10.1097/00004583-201002000-00006>
- Esposito-Smythers, C., Spirito, A., Kahler, C. W., Hunt, J., & Monti, P. (2011). Treatment of co-occurring substance abuse and suicidality among adolescents: A randomized trial. *Journal of Consulting and Clinical Psychology*, 79(6), 728-739. <https://doi.org/10.1037/a0026074>

# SELECTED REFERENCES

- Esposito-Smythers, C., Wolff, J. C., Liu, R. T., Hunt, J. I., Adams, L., Kim, K., Frazier, E. A., Yen, S., Dickstein, D. P., & Spirito, A. (2019). Family- focused cognitive behavioral treatment for depressed adolescents in suicidal crisis with co-occurring risk factors: A randomized trial. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 60(10), 1133-1141. <https://doi.org/10.1111/jcpp.13095>
- Fleischhaker, C., Böhme, R., Sixt, B., Brück, C., Schneider, C., & Schulz, E. (2011). Dialectical behavioral therapy for adolescents (DBT-A): A clinical trial for patients with suicidal and self-injurious behavior and borderline symptoms with a one-year follow-up. *Child and Adolescent Psychiatry and Mental Health*, 5(3). <https://doi.org/10.1186/1753-2000-5-3>
- Huey, S. J., Jr., Henggeler, S. W., Rowland, M. D., Halliday-Boykins, C. A., Cunningham, P. B., Pickrel, S. G., & Edwards, J. (2004). Multisystemic therapy effects on attempted suicide by youths presenting psychiatric emergencies. *Journal of the American Academy of Child and Adolescent Psychiatry*, 43(2), 183-190. <https://doi.org/10.1097/00004583-200402000-00014>

# SELECTED REFERENCES

- Ivey-Stephenson, A. Z., Demissie, Z., Crosby, A. E., Stone, D. M., Gaylor, E., Wilkins, N., Lowry, R., & Brown, M. (2020). Suicidal Ideation and Behaviors Among High School Students — Youth Risk Behavior Survey, United States, 2019. *Morbidity and Mortality Weekly Report*, 68(Suppl 1), 47- 55.  
<https://www.cdc.gov/mmwr/volumes/69/su/su6901a6.htm>
- King, C. A., Klaus, N., Kramer, A., Venkataraman, S., Quinlan, P., & Gillespie, B. (2009). The youth- nominated support team-version II for suicidal adolescents:A randomized controlled intervention trial. *Journal of Consulting and Clinical Psychology*, 77(5), 880-893. <https://doi.org/10.1037/a0016552>
- King, C. A., Arango, A., Kramer, A., Busby, D., Czyz, E., Foster, C. E., & Gillespie, B. W. (2019). Association of the youth-nominated support team intervention for suicidal adolescents with 11- to 14-year mortality outcomes: Secondary analysis of a randomized clinical trial. *JAMA Psychiatry*, 76(5), 492-498.  
<https://doi.org/10.1001/jamapsychiatry.2018.4358>

## SELECTED REFERENCES

- Littell, J. H. (2005). Lessons from a systematic review of effects of multisystemic therapy. *Children and Youth Services Review*, 27(4), 445-463. <https://doi.org/10.1016/j.childyouth.2004.11.009>
- McCauley, E., Berk, M. S., Asarnow, J. R., Adrian, M., Cohen, J., Korslund, K., Avina, C., Hughes, J., Harned, M., Gallop, R., & Linehan, M. M. (2018). Efficacy of dialectical behavior therapy for adolescents at high risk for suicide: A randomized clinical trial. *JAMA Psychiatry*, 75(8), 777-785. <https://doi.org/10.1001/jamapsychiatry.2018.1109>
- Mehlum, L., Ramberg, M., Tørmoen, A. J., Haga, E., Diep, L. M., Stanley, B. H., Miller, A. L., Sund, A. M., & Grøholt, B. (2016). Dialectical behavior therapy compared with enhanced usual care for adolescents with repeated suicidal and self-harming behavior: Outcomes over a one-year follow-up. *Journal of the American Academy of Child and Adolescent Psychiatry*, 55(4), 295-300. <https://doi.org/10.1016/j.jaac.2016.01.005>

# SELECTED REFERENCES

- Mehlum, L., Ramleth, R.-K., Tørmoen, A. J., Haga, E., Diep, L. M., Stanley, B. H., Miller, A. L., Larsson, B., Sund, A. M., & Grøholt, B. (2019). Long term effectiveness of dialectical behavior therapy versus enhanced usual care for adolescents with self-harming and suicidal behavior. *Journal of Child Psychology and Psychiatry and Allied Disciplines*, 60(10), 1112-1122. <https://www.doi.org/10.1111/jcpp.13077>
- Mehlum, L., Tørmoen, A. J., Ramberg, M., Haga, E., Diep, L. M., Laberg, S., Larsson, B. S., Stanley, B. H., Miller, A. L., Sund, A. M., & Grøholt, B. (2014). Dialectical behavior therapy for adolescents with repeated suicidal and self-harming behavior: A randomized trial. *Journal of the American Academy of Child and Adolescent Psychiatry*, 53(10), 1082- 1091. <https://doi.org/10.1016/j.jaac.2014.07.003>
- National Centers for Injury Prevention and Control, Centers for Disease Control and Prevention. (2018). Web-based injury statistics query and reporting system (WISQARS). [www.cdc.gov/injury/wisqars](http://www.cdc.gov/injury/wisqars)

## SELECTED REFERENCES

- Rowland, M. D. (2019). A psychiatric adaptation of multisystemic therapy for suicidal youth. In M. Berk (Ed.), *Evidence-based treatment approaches for suicidal adolescents: Translating science into practice* (pp. 191-228). American Psychiatric Association Publishing.
- Substance Abuse and Mental Health Services Administration (SAMHSA): Treatment for Suicidal Ideation, Self-harm, and Suicide Attempts Among Youth. SAMHSA Publication No. PEP20-06-01-002 Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2020.