A Guide to Depression and Suicide in Adolescents (Study Guide)

To answer the following questions refer to the slide presentation *Depression and Suicide: Adolescents*.

Depression: Depressive disorder is one of _____types of mood disorders. It is characterized by periods of sadness, lasting at least _____ in addition to four or more associated features such as weight loss, insomnia, fatigue, feeling of worthlessness, or inability to concentrate.

Glossary:

- MDD: Major Depressive Disorder
- DD: Dysthymic Disorder
- DDNOS: Depressive Disorder not otherwise specified
- Anhedonia: inability to experience pleasure in normally pleasurable acts
- Suicide Threat: Verbal or non-verbal communication, intended harm to self
- Suicidal act: (a.k.a. suicide attempt): Potentially a self-injurious behavior, Intention to kill self or self-inflicted, only coroner or medical examines can confirm.
- Suspected suicide: Death from injury, poisoning, or suffocation. Self-inflicted
- SOS: Signs of Suicide
- CARE: Care, Assess, Respond, Empower
- CAST: Coping and Support Training

Define the three different types of Depressive disorders:

- Major Depressive Disorder:

- Dysthymic Disorder:

- Depressive Disorder not otherwise specified:

Match the Parent/child interactions

- Concealing Breaking Through

- Reaching Out "Kind of" Knowing

- Hinting Blocking out

What are the three forms of psychosocial treatments?

- Psychosocial Treatments
  - _____
  - _____
  - _____

What three categories are medications divided into?

- Psychopharmacology
  - _____
  - _____
  - _____

Fill in the Blank: 10 tips for starting a conversation with an adolescent suffering from depression

- If adolescent hesitates offer an example of a _____behavior
- Resist urge to _____the symptom and/or offer advice.
- Be a good _____
- Do not badger!
- If the adolescent does not want to talk, _____
- Be Patient!
- Avoid _____
- Name actions you can take with the adolescent
- End the conversation with _____
- Follow up on your commitment

What does research tell us about suicidal youth?

- Suicide is _____ leading cause of death
- 85% of suicide decedents are _____

- Referral to _____ is a risk factor
- ___% had a referrals for substance abuse, use, or possession
- ___% had a special education evaluation
- ___% had been suspended or expelled from school
- Only ___% were in public mental health treatment

Which of the following are basic risk factors for suicide:

- a.) Family Mental Illness
- b). Depression
- c). Substance Abuse
- d). Exposure to suicide
- e). All of the above

Name 5 or more suicide warning signs:

Name 5 forms of social influence:

What are the seven critical elements for the prevention model?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Name four validated programs for Mental Health:

1. _____
2. _____
3. _____
4. _____

Some actions to avoid are…

- Increase in risk of contagion
- Promotion of discrimination or cultural bias
- Depicting suicide via media
- Should be endorsed by experts in suicide treatment and prevention
- Deliver the message that adolescents are responsible for "saving their friends"
- Involve large student assembly formats and public announcement

Resources

- 1-800-273 Talk
- 1-800-SUICIDE
- The STAR-Center
    - http://www.starcenter.pitt.edu

FAQ's

- Q: What are things that should be avoided when interacting with at risk teens?
- A: Some actions that should be avoided are the increase in risk of contagion, the promotion of discrimination or cultural bias, depicting suicide via media (media should be endorsed by experts in suicide treatment and prevention first), delivering the message that adolescents are responsible for "saving their friends", and avoid involving large student body assembly formats and public announcements.

- Q: What do I do when encountered with a suicidal teenager?
- A: When you encounter a suicidal teenager keep them near you and talking. Reach their emergency contact as soon as possible and later you can call one of the following hotlines for reinforcement: 1-800-273-TALK or 1-800-SUICIDE. Keep contact with others to a minimum, suicide is contagious. Also be familiar with 302 procedures. The following link provides information on 302
    - http://www.alleghenycounty.us/dhs/commitment.aspx

- Q: Whom can I call for help?
- A: Call 1-800-273-TALK or 1-800-SUICIDE

- Q: Where can I get more information on at risk adolescents
- A: You can find more information at the Services for Teens At Risk (STAR-Center)

  http://www.starcenter.pitt.edu/Home/1/Default.aspx

Case Study

Molly was a typical "happy" high school student. She came from a good home with caring parents. She was an honor student, a school cheerleader, and an active athlete. Molly participated in several clubs and activities. On the outside, Molly loved high school and nothing appeared to be wrong. However, it was Molly's façade that kept everyone in this belief. Molly began to decline in her academics, failing math (her favorite subject), and having to go to summer school to make it up. At home, she would lock herself in her room and claim to be studying while listening to music, when instead she was crying in a corner for the majority of her time there. Her parents would fight with her and blame her strange behavior on her friends and school activities, instead of seeing there was more going on. Molly began to skip classes and athletic practices to be with new peers and drink and smoke. Molly's wardrobe began to change, from bright and colorful clothing to dark and grungy. Her parents took her to therapy in order to "fix her," thinking she was just being a rebellious adolescent. The truth was Molly was crying for help but was scared and didn't know what was going on. She felt sad and angry at the world, alone, and started listening to dark and depressing music. One day, her dad left his pistol in its case, thrown on the bed. Molly saw this and froze. She sat on the bed and stared at the case for sometime. She slowly sat with the pistol in her hands. After taking a feel for it, its texture, its weight, its power, she tilted the pistol towards her. She began to cry to the point of exhaustion; she felt numb. Suicidal thoughts pierced through her body. She didn't want to live anymore; she was looking for a way out of the pain she felt. The front door to the house opened… She jumped up, as she knew someone was home, put the pistol back in its place and ran to her room…

- **Discussion questions:**
  - What if no one had come home at that moment?
  - What if Molly didn't have a gun in the home?
    - Would suicide have become an option?
  - How could her parents have noticed her situation earlier?
  - Who or where could have Molly gone to for help?
  - How could the school faculty have helped?

References

Austin, V.L., & Sciarra, D,T. (2010). Depressive disorders, bipolar disorder, and suicide prevention in school-age children and youth. In Bennett, P.D., & Burleson, P (Eds.), ***Children and Adolescents with Emotional and Behavioral Disorders*** **(pp. 229-263). Upper Saddle River, NJ: Pearson Education, Inc.**

The *Children and Adolescents with Emotional and Behavioral Disorders* textbook, focuses on the most prevalent behavioral disorders encountered by school professionals. Each disorder is addressed by type and includes a discussion of the relevant characteristics, causes, prevalence, and current references, and treatment strategies. Chapter 8 of this text by Austin and Sciarra focuses on depressive disorders, bipolar disorders, and suicide prevention in school-aged children and youth. For the purposes of this presentation we will focus on the areas pertaining to mood disorders on pages 231-245 and adolescent suicide on pages 252-257. This resource is important as it informs us with the characteristics, prevalence, assessment, and treatments for mood disorders as well as the prevalence and warning signs of adolescent suicide. This chapter also offers examples of cases and their school-bases interventions.

Bearman, P.S., & Moody, J. (2004). Suicide and friendships among American adolescents. ***American Journal of Public Health, 94,*** **89-95.**

Peter S. Bearman, Professor, and Social Sciences Director at Columbia University, conducted this research alongside of James W. Moody, professor and director of graduate studies at Duke University. This study focuses on the role that friendship plays in suicide. Suicide is now the third leading cause of death among adolescents and young adults between the ages of 15 and 24. Research has indicated that 20% of adolescents reported having a friend who had attempted

suicide within the past year, and 60% knew a teenager who had ever attempted suicide. The following are basic risk factors for adolescent suicide: depression, exposure to suicide by family and/or friends, substance or alcohol abuse, and guns in the home. This study assessed the role that friends have in shaping adolescent suicidality. An adolescent's well-being is product of the interactions they encounter in the various contexts of their lives. Such as family, friends, relationships, peer groups, and social networks. Research has shown that isolation from peers can lead to lower self-worth and self-confidence. Participants included adolescents ranging from 7th to 12th grade. Results concluded that adolescent females, who tend to be isolated, are at greater risk for suicide. Males who attended schools that lacked in social ties were at a higher risk for suicide than those who attended schools with tightly knit peer networks. In addition, for both boys and girls, knowing someone who had attempted suicide was significant in predicting the transition from "thought to action". Results also suggested the possibility that males have a preference for lethal means of suicide. Therefore, the presence of a gun in the home increases the odds of suicide attempts. This research area is important to know and understand for not only parents, but also teachers, health care providers, and school professionals. It is important to respond to any and every report of suicide ideation because "a false positive is preferable to a false negative".

Draucker, C. B. (2005). Interaction patterns of adolescents with depression and the important adults in their lives. *Qualitative Health Research, 15(7),* 942-963.

Dr. Claire B. Draucker is a professor of nursing at Kent State University. Draucker has conducted research in the areas of the psychology of adolescent depression, childhood sexual abuse, violence against women and incest. This study focuses on common interaction patterns between adolescents who are depressed and the important adults in their lives. Depression in

adolescents is prevalent but often goes untreated. According to research, it is believed that the interaction between adolescents and the adults has a significant influence on the course of depression. Draucker displays three main interactions. The first interaction consists of concealing and blocking out. The adolescent conceals his or her depression by holding it in and/or pretending to be happy, while the adult blocks it out by not paying attention or squelching the adolescent's voice and/or actions. The next interaction discussed is that of hinting and "kind" of knowing. As the adolescent hints by raising red flags and dropping clues, the adult engages in "kind" of knowing by picking up on something, but missing the mark. The last interaction discussed by Draucker is reaching out and breaking through. Adolescents reach out as they tell adults the truth about what they are going through. Adults then break through, as they keep "an open eye, an open door, and an open ear" and steadily push the adolescent to get help. It is important to create opportunities for adolescents to discuss their problems and how they feel. Knowing how adolescents interact with adults is also important, it allows school leaders and/or adults who interact with at risk youth to be aware and have some insight. Combating adolescent depression involves awareness; this model can be used as a guide to assess how adolescents and adults interact with one another during the course of depression.

Fisher, D. (2006). Keeping adolescents 'alive and kickin' it': Addressing suicide in schools. *Phi Delta Kappan, 87.10,* p784.

Douglas Fisher, Ph.D., is professor of Language and Literacy Education in the department of Teacher Education at San Diego State University and a classroom teacher at Health Sciences High & Middle College. Fisher's article provides school professionals as well as parents with signs that can lead to suicide. As an adult we must all know how to respond when faced with an adolescent at risk. This article also emphasizes the importance of providing students with a place

where they feel safe to disclose their feelings to a trusting adult. Together, social services, healthcare providers, and school professionals can help reduce adolescent suicide. Fisher indicated some of the following as warning signs for suicide: talking about committing suicide, having trouble eating and/or sleeping, giving away prized possessions, taking unnecessary risks, increasing substance abuse, etc. Another important factor that may increase adolescence's suicide risk is being gay, lesbian, bisexual, or transgender. It is important to be attentive to students, they disclose information about themselves in various ways, for instance through conversation with peers and/or adults. Teachers and administration can be an early warning system for the social and health services system. This article is important as it shows teachers and administrators simple warning signs they can look out for on a daily basis in their schools. Professionals can also gain ideas such as making their schools a place where students can feel safe to disclose their feelings as well as not avoid these topics when they are present. It is important to recognize the pain these students are feeling and offer help and professional assistance.

Kerr, M.M. (2011). School mental health recommendation for school districts: A focus on suicide and related risk behaviors.

Professor Mary Margaret Kerr, EdD, is Chair of Administrative and Policy Studies, and professor of Psychology in Education, and Child Psychiatry at the University of Pittsburgh. Dr. Kerr's career focus has been the improvement of services for students with emotional and behavioral problems. Throughout this reference, school mental health recommendations will be provided for school districts on suicide and related risk behaviors. Focusing on seven critical elements for a school-based suicide and risk prevention model. The following seven critical elements will be discussed: Policy and procedures, data collection, staff development, Mental

Health promotion, interagency collaboration, public awareness, and postvention. Suicide is the third leading cause of death for individuals between the ages of 10 to 14 and 15 to 19, killing approximately 1,600 adolescents a year in the United States. Therefore, having prevention models and programs within school districts is very important. This resource provides information on several validated programs, such as TeenScreen; SOS, Signs of Suicide; CARE: Care, Assess, Respond, Empower; and CAST: Coping and Support Training.

Shafii, M., & Shafii, S.L. (2003). School violence, depression, and suicide. ***Journal of Applied Psychoanalytic Studies, 5,*** **155-169.**

Mohammad Shafii, M.D., professor of psychiatry and child psychiatry at the University of Louisville school of medicine, and Sharon Lee Shaffi, R.N., B.S.N., assistant head nurse of adolescent service at the University of Michigan Medical Center wrote this article focusing on school violence, depression and suicide. It informs its readers on the different types of school violence and its effects on suicidal behaviors and depression. In addition, it offers risk factors, specific guidelines for clinical assessment, and specific stages of development issues. Research has stated that the most common types of violence among youth in schools are vandalism, physical and sexual assault, rape, physical injury and homicide. In addition to violence that is being reported, unreported forms of violence involve fighting, cursing, name calling, bullying and harassment. “Violence against the self and violence towards others are opposite sides of the same coin”. Research conducted on children and adolescents, who have committed violent acts in school, have shown to have a strong relationship between acts of school violence and psychiatric disorders with depression and suicide. School violence, similar to student suicide, both have shown that friends and peers know significantly more about the feelings, thoughts, and plans their peers had but did not convey the information. It is important to inform not only

students but faculties about the importance in preventing these incidents; they can make a huge difference. “Friends, peer and others should be encouraged to report any sign or suspicion of the potential for school violence, and or suicidal ideation to a responsible adult or authorities (Shafii & Shafii, 2003). The code of silence must be made something of the past. This article provides risk factors in the following categories: reoccupation with violence and death, alcohol and drug abuse, personality profile, psychiatric and neurological disorders, and family characteristics. “Failure in human contact is the most significant contributing factor to the development of violent, homicidal, and/or suicidal behaviors”.

Ward, S., Sylva, J., & Gresham, F.M. (2010). School-based predictors of early adolescent depression. *School Mental Health, 2,* 125-131.

Sharon Ward, PhD and Judith Sylva, PhD., associate professors at California State University, and Frank M. Gresham, PhD associate professor at Louisiana State University conducted the following study on school-based predictors of depression in early adolescents. Research has shown that the most common behaviors that are observed by teachers and parents are externalizing behavior problems. Internalizing behaviors tend to go unnoticed, especially in school classrooms. Although school professionals are usually the first to notice depressive symptoms, they under-refer them for treatment and interventions. Research has indicated the following correlations with depression: negative peer status, reduced achievement, cognitive task impairment, social skills impairment, loneliness, and acting out in class. In addition, self-esteem and self-concept are also relevant in preadolescence. Loneliness and/or perceived isolation are also found to be related to social behavior and self-concept, making them relevant to depression. This study consisted of 244 sixth graders with the average age of 12 years and 9 months. The following measures were studied: social skills, critical events, peer measurements, child

depression, students' self- concept, loneliness, and student's school archival records. Results indicated the best academic, social, and affective predictors of early adolescent depression for third, forth, and fifth graders. Overall, this source will help school professionals identify adolescent predictors for depression allowing them to possibility to make a difference. It has been found that early adolescents may have greater risk for depression in late adolescence and adulthood.