ADOLESCENTS AT RISK FOR SUICIDE

EARLY RECOGNITION AND INTERVENTION

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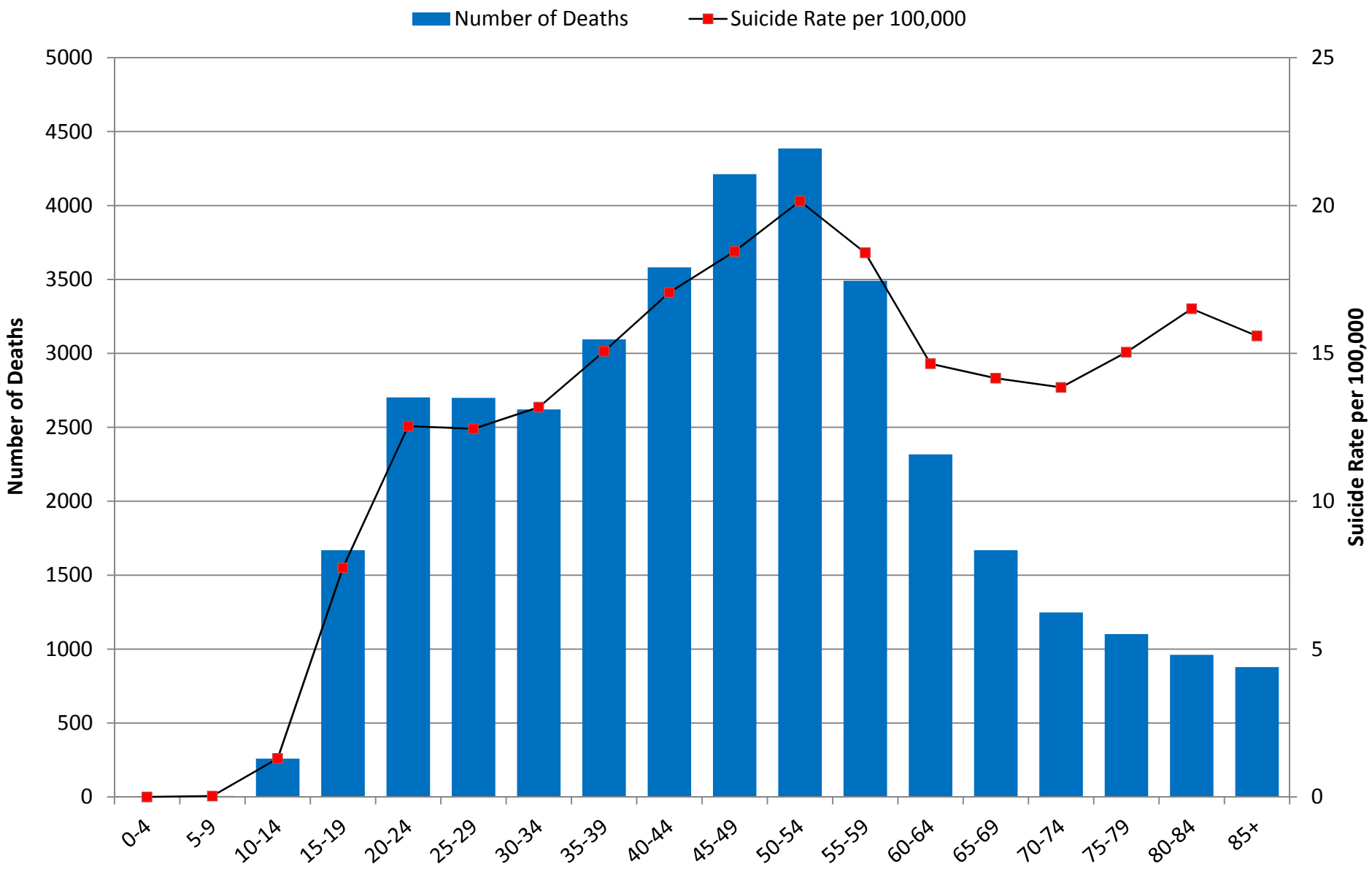
DISCLOSURE

- The content of this presentation does relate to some content in an upcoming book that is co-authored by the presenter, *Teen Suicide Risk*, published by Guilford Press.

- The presenter has nothing else to disclose with regard to commercial relationships.



Centers for Disease Control and Prevention. (2012). *Web-based Injury Statistics Query and Reporting System (WISQARS)* Retrieved September 11, 2012, from www.cdc.gov/ncipc/wisqars

Youth Suicide and Suicide Attempts

- Suicide: 3rd leading cause of death among youth 10 – 19 years

- Suicide Attempts: National Youth Risk Behavior Survey (YRBS) of High School Students

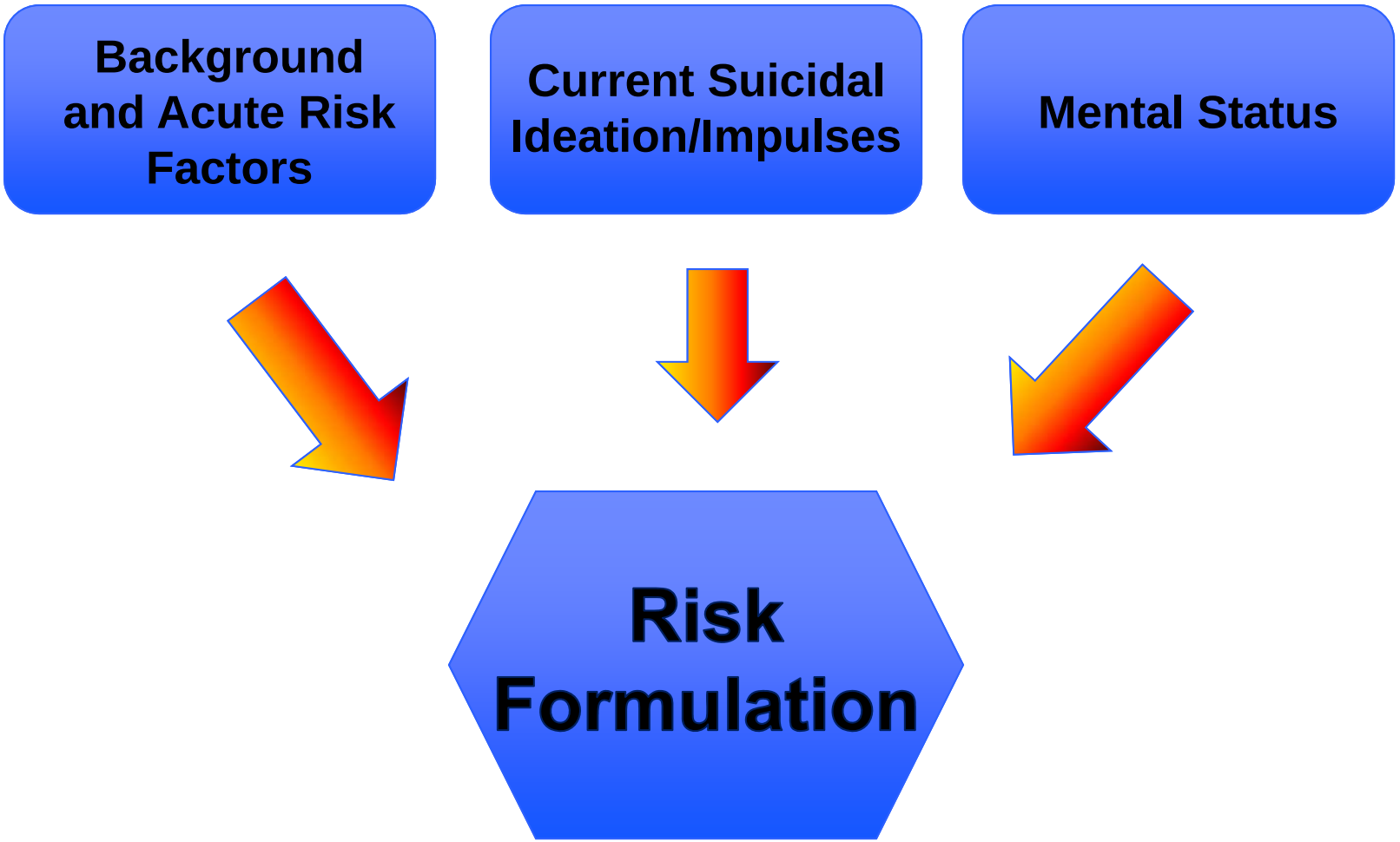
  In Past Year:

  - 15.8%; seriously considered suicide attempt
  - 7.8%; made one or more suicide attempts
  - 2.4%; were medically treated for a suicide attempt

Centers for Disease Control and Prevention. (2012). *Web-based Injury Statistics Query and Reporting System (WISQARS)* Retrieved September 11, 2012, from www.cdc.gov/ncipc/wisqars

Centers for Disease Control and Prevention. (2012). Youth Online: High School YRBS Retrieved May 11, 2012, from http://apps.nccd.cdc.gov/youthonline/App/Default.aspx

Complete Risk Formulation



Adolescent Risk Factors

Suicide Attempts and Suicide

- Individual
- Family
- School/Community/Social Context

Youth Suicide Risk Factors

Suicide Attempts and/or Suicide

- Individual
  - Demographic Risk Factors
  - History of Suicide Attempt/Multiple Attempts
  - History of Nonsuicidal Self-Injury
  - Psychiatric Disorder/Psychopathology

Youth Suicide Risk Factors

Suicide Attempts and/or Suicide

- Individual
  - History of Sexual/Physical Abuse
  - Hopelessness
  - Sleep disturbance
  - Antisocial/Aggressive behavior
  - Sexual Orientation – GLB

Youth Suicide Risk Factors

Suicide Attempts and/or Suicide

- Family
  - Family History of Suicide
  - Family Psychiatric History
  - Family Connectedness/Support
- School/Community/Social Context
  - Social Integration/Isolation
  - Perceived Social Support
  - Bullying Victimization and Perpetration
  - Availability of Means
  - Exposure to Suicide

Individual Risk Factors

Demographic-Gender

Suicidal Ideation, Plans, Attempts

- Youth Risk Behavior Surveillance data from 2011
  High school students- past 12 months

  Females are at greater risk for:

  - Suicide Ideation: 19.3% of females; 12.5% of males
  - Suicide Plan: 15.0% of females; 10.8% of males
  - Suicide Attempt: 9.8% of females; 5.8% of males

Centers for Disease Control and Prevention. (2012). Youth Online: High School YRBS Retrieved May 11, 2012, from http://apps.nccd.cdc.gov/youthonline/App/Default.aspx

Individual Risk Factors

Demographic – Gender

Suicide

- Suicide Rate higher among males than females
  - 10-14 years
    - Males 1.5 per 100,000
    - Females 0.7 per 100,000
  - 15-19 years
    - Males: 11.6 per 100,000
    - Females: 3.0 per 100,000

Centers for Disease Control and Prevention. (2012). *Web-based Injury Statistics Query and Reporting System (WISQARS)* Retrieved September 11, 2012, from www.cdc.gov/ncipc/wisqars

Individual Risk Factors

Demographic - Age

- When are Suicidal Thoughts most common?

Youth Risk Behavior Survey (YRBS):*

- 9th grade: 17.1%
- 10th grade: 16.5%
- 11th grade: 15.5%
- 12th grade: 13.6%

*Data taken from YRBS 2012

Individual Risk Factors

Demographic - Age

- Suicide rate increases across child and adolescent years
  - 10-14 years
    - 1.1 deaths per 100,000 per year
  - 15-19 years
    - 7.4 deaths per 100,000 per year
  - 20 – 24 years
    - 12.7 per 100,000 per year

Centers for Disease Control and Prevention. (2012). *Web-based Injury Statistics Query and Reporting System (WISQARS)* Retrieved September 11, 2012, from www.cdc.gov/ncipc/wisqars

Individual Risk Factors

Demographic – Race/Ethnicity

- American Indian/Alaskan Native adolescents have suicide rate higher than the national average
  - 10-14 years: 5.1 per 100,000
  - 15-19 years: 22.7 per 100,000
- White adolescents have suicide rate approx. 1.5X that of Black adolescents

Centers for Disease Control and Prevention. (2012). *Web-based Injury Statistics Query and Reporting System (WISQARS)* Retrieved September 11, 2012, from www.cdc.gov/ncipc/wisqars

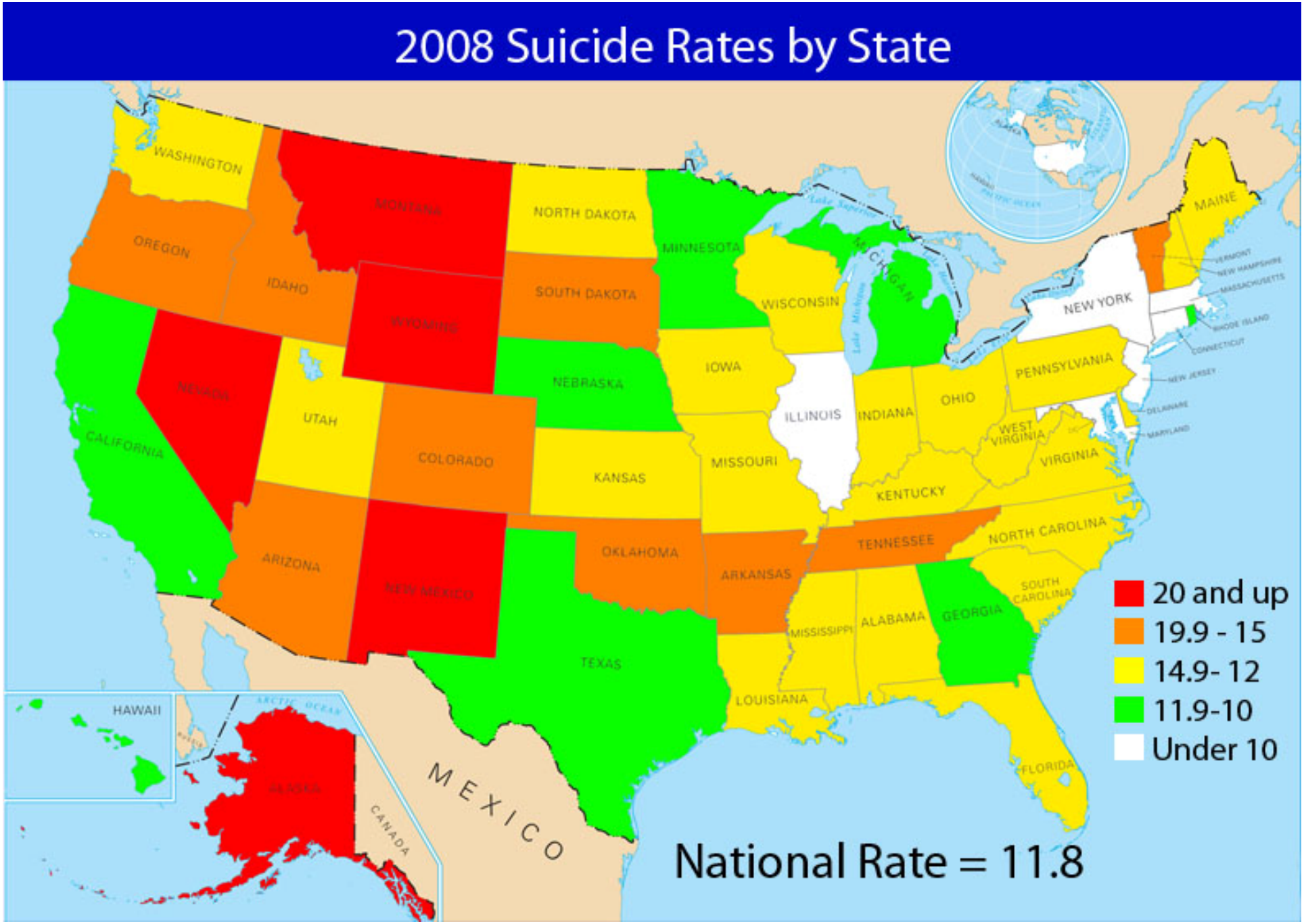
Individual Risk Factors

Suicide Attempts

- Suicide Plan: rates higher among Hispanic (14.3%) than white (12.1%) and black (11.1%) students

- Suicide Attempt: rates higher among black (8.3%) and Hispanic (10.2%) than white (6.2%) students

Centers for Disease Control and Prevention. (2012). Youth Online: High School YRBS Retrieved May 11, 2012, from http://apps.nccd.cdc.gov/youthonline/App/Default.aspx



CDC WISQARS website http://www.cdc.gov/injury/wisqars/index.html

Individual Risk Factors

Severity of Suicidal Ideation

- Severity of ideation increases likelihood of suicide attempt during next year (OADP)
  - High baseline ideation: 16.7%
  - Moderate baseline ideation: 6.7%
  - Mild baseline ideation: 2.8%
  - No baseline ideation: 0.3%

Lewinsohn, P. M., Clarke, G. N., Rohde, P., Hops, H., Hibbs, E. D., & Jensen, P. S. (1996). A course in coping: A cognitive-behavioral approach to the treatment of adolescent depression *Psychosocial treatments for child and adolescent disorders: Empirically based strategies for clinical practice.* (pp. 109-135): American Psychological Association.

Individual Risk Factors

Frequency/Severity of Suicidal Ideation

- Frequent thoughts of suicide best predictor of suicide attempt (Kienhorst et al., 1990: 9,393 students; Netherlands)
- Most suicide attempters report history of suicidal ideation (Oregon Adolescent Depression Project; Lewinsohn et al., 1996)
  - 87.8% females
  - 87.1% males

Individual Risk Factors

History of Suicide Attempt / Ideation / Plan

- History of suicide attempts common among adolescents who die by suicide
  - 44% (Brent et al., 1988)
  - 34% (Marttunen et al., 1992)
  - 33% (Shaffer & Craft, 1999)

Individual Risk Factors

History of Multiple Suicide Attempts

- In community prospective study, multiple attempts predicts re-attempts (Miranda et al., 2008)
- Multiple attempters have significantly more serious past attempts compared to single attempters (Lewinsohn, Rohde, & Seeley, 1996)
- In community study of 16,000 adolescents, multiple attempts assoc. with health risks (Rosenberg et al., 2005):
  - Heavy alcohol use/hard drug use
  - Sexual assault, Violence

Individual Risk Factors

History of Nonsuicidal Self-Injury (NSSI)

- NSSI- intentional destruction of body tissue without suicidal intent and for purposes not socially sanctioned (Klonsky, 2007)
- NSSI and suicide attempts often co-occur
  - Community sample (Muehlenkamp & Gutierrez, 2007)
    - approximately 50% of adolescents who engaged in NSSI also reported at least one suicide attempt
  - Inpatient sample of NSSI patients (Nock et al., 2006)
    - 70% reported a history of at least one suicide attempt
    - 55% reported a history of multiple suicide attempts

Individual Risk Factors

History of Nonsuicidal Self-Injury (NSSI)

- In the Treatment of Resistant Depression in Adolescents study (TORDIA; (Asarnow et al., 2011):
  - NSSI was associated with an increased risk of suicide attempt
  - NSSI was a stronger predictor of a new suicide attempt than was a prior suicide attempt

Individual Risk Factors

Psychiatric Disorder

- Seven psychological autopsy studies (N = 21 to133 suicides)
- Psychiatric Disorders present in 90%- 98%
  - Affective disorders (35%-76%)
  - Substance abuse (26%-66%)
  - Conduct disorder (17%-28%)
- Affective Disorder more common in females; Substance abuse more common in males

[Conwell Y, Brent D (1995). Suicide and Aging I: Patterns of psychiatric diagnosis. International Psychogeriatrics, vol. 7, 149-164.]

Individual Risk Factors

Depressive Disorder

- 85% report significant suicidal ideation; 32% attempt suicide by late adolescence
- Past suicide attempt and current depressive disorder strongest predictors of future suicide attempt
- 1/2 adolescent male suicide victims and 2/3 female suicide victims suffered from depressive disorder

Individual Risk Factors

Alcohol / Substance Use

- Adolescents with alcohol abuse/dependence nearly 7X more likely to attempt suicide than others

  (OADP; Andrews & Lewinsohn, 1992)

- Alcohol abuse predicts eventual suicide in 5-yr follow-up of hospitalized attempters (Kotila, 1992)

- Recent alcohol ingestion common in suicide

  (51%, Marttunen et al., 1991)

- Delaying or preventing alcohol and drug abuse can forestall more serious illnesses and increased risk for suicide. [Center for Substance Abuse Treatment (2008). Substance abuse and suicide prevention: Evidence and implications - a white paper (Vol. DHHS Pub. No. SMA-08-4352)]

Individual Risk Factors

Hopelessness

- Related to suicidal ideation, suicidal intent, and suicide attempts in
  - community-based samples (Mazza & Reynolds, 1998)
  - clinical samples (Reinecke, DuBois, & Schultz, 2001)
- Related to future suicide attempts (Goldston et al., 2001)

Individual Risk Factors

Sleep Disturbance

- In nationally representative database (Add Health): 9.4% of adolescents experienced symptoms of insomnia (Roane & Taylor, 2008)
- Sleep disturbance has been associated with
  - Suicidal ideation and suicide attempts (Roane & Taylor, 2008)
  - Seriously considering making a suicide attempt (McKnight-Eily et al. 2011)
- Psychological autopsy study (Goldstein, Bridge, & Brent, 2008)
  - Adolescents who died by suicide were five times more likely to have struggled with insomnia in the week prior to their death

Individual Risk Factors

History of Sexual / Physical Abuse

- Risk of suicide attempt increases with severity of childhood sexual abuse: (Fergusson, Horwood, & Lynskey, 1996)
  - 2.9X for contact abuse
  - 11.8X for abuse involving intercourse
- Controlling for age, sex, individual and parental psychiatric disorders, risk for suicide attempt increased in adolescence and young adulthood (Johnson et al., 2002)
  - 5.1X for childhood physical abuse
  - 7.2X for childhood sexual abuse

Individual Risk Factors

Psychological Characteristics

- Psychological autopsy studies of completed suicide
  - 43.4% adolescents displayed antisocial behavior during year (Marttunen et al., 1992)
  - 70% adolescents had hx antisocial behavior (Shafii et al., 1985)
- Aggressive-Impulsive behavior associated with increased risk of suicidal behavior

  (Apter, Plutchik, & van Praag, 1993; McKeown et al., 1998)

Suicidality by Sexual Identity

Gay, Lesbian, Bisexual (GLB) Youth

- GLB Youth, on average, are more likely to attempt suicide (YRBS; CDC, 2011)
  - Heterosexual youth: 6.4%
  - Gay or lesbian youth: 25.8%
  - Bisexual youth: 28.0%
  - Questioning youth: 18.5%
- Compared to their heterosexual peers, GLB youth endorse higher rates of suicidality (OR; Marshal et al., 2011)
  - Suicidal ideation: 1.96
  - Plans: 2.20
  - Attempts: 3.18
  - Attempts resulting in injury or medical attention: 4.17

Individual Risk Factors

Gay, Lesbian, Bisexual (GLB) Youth

- GLB youth report greater levels of
  - Proximal risk factors (Mustanski et al., 2011; Marshal et al., 2009, 2011)
    - Provocative behaviors
    - Depression
    - Conduct problems
  - Distal risk factors (Balsam et al., 2009; Austin et al., 2010; Rothman, Exner, & Baughman, 2011)
    - Childhood physical and sexual abuse
    - Homelessness
    - Interpersonal violence
  - Unique Risk Factors
    - Stigmatization, discrimination
    - Double Bind: Disclosure vs. Nondisclosure

Individual Risk Factors

Exposure to Suicide

- Suicide victims more likely to have history of sibling/friend attempt or suicide (Shafii et al., 1985)
- Suicide clusters:
  - 1-2% of teenage suicides occur in clusters (estimates range <1% to 13% by state/year)
    (Gould, Wallenstein, & Kleinman, 1990)
- Mass media, television, and fictional dramatizations of suicide followed by significant increases in number of suicides (Gould, 2003)

Family Risk Factors:
Family History of Suicide

- Family history of suicide:
  - 2.6 times more likely to die by suicide than others (Qin P., Agerbo E., & Mortensen PB, 2002)
  - Even when controlling for poor parent-child relationships and parental psychopathology (Brent et al., 1996; Gould et al., 1996)
- Suicide victims more likely to have family history of ideation, attempt, threat, or suicide (Shafii et al., 1985)

Family Risk Factors

Family Psychiatric History

- 1-Year Longitudinal Study of Suicidal Adolescents
  - Survival analyses to examine time-to-attempt
  - 352 adolescents, 13-17 yrs, psychiatrically hospitalized
    - 72% female; 86.5% Caucasian
    - Mean age = 15.6 years (SD = 1.3)
    - 11% public assistance; broad range parental education

King, CA et al. (2010). One-year follow-up of suicidal adolescents: Parental history of mental health problems and time to post-hospitalization attempt. *Journal of Youth and Adolescence*.

Family Risk Factors

Family Psychiatric History

- Adolescents TWICE as likely to make suicide attempt if at least one biological parent with history of significant mental health problem (23% vs. 10%)
- Incidence of attempts higher for adolescents with histories of multiple suicide attempts, more severe suicidal thoughts, more severe functional impairment
- Adjustment for these adolescent factors had almost no effect on estimated parent history effect – remained significant

Family Risk Factors

Family Cohesion/Support

- In clinical studies, family environment is predictor:
  - Family dysfunction related to severity of suicidal thoughts – mediated by psychopathology (Prinstein et al., 2000)
  - Suicidal adolescent inpatients with mood disorders: less family support than non-suicidal inpatients with mood disorders and non-patients (King, Segal, Naylor, & Evans, 1993)
  - Suicidal adolescent inpatients with less family support more likely to attempt suicide in next 6 months

    (King et al., 1995)

School/Community/Social Context

Social Integration and Social Isolation

- Interpersonal conflict/loss is most common precipitant of suicide (Martunnen et al., 1993)
- Interpersonal conflict/loss and legal/disciplinary problems relate to suicide attempts (Brent et al. 1996)
- In large national longitudinal study

  (ADD Health; Bearman & Moody, 2004):

  - social isolation and intransitive friendships predicted suicidal ideation for girls
  - tightly networked school community protective against suicide attempts for boys.

Social Connectedness and Outcomes Following Hospitalization

- Study Aims:

  Determine if post-hospitalization changes in connectedness with family, peers, non-family adults predict suicide attempts, severity of suicidal ideation, and depression across 12-months

- Sample:
  - 338 psychiatrically hospitalized, suicidal adolescents
  - 13-17 years; 71% female; mean age = 15.6 years (SD = 1.3)

[Czyz, Liu, & King (in press). Social connectedness and one-year trajectories among suicidal adolescents following hospitalization, *JCCAP*.]

Social Connectedness and Outcomes Following Hospitalization

- Design – Longitudinal – 12 months
- Measures
  - DISC-IV suicide items; Suicidal Ideation Questionnaire- JR (SIQ-JR)
  - Children's Depression Rating Scale-Revised (CDRS-R)
  - Perceived Emotional/Personal Support Scale (PEPSS)
- Results
  - Improvements in Peer Connectedness: Lower likelihood of suicide attempt across 12 months; Less severe depression (boys and girls) for initial 3 months only, Less severe suicidal ideation (girls)
  - Improvements in Family Connectedness: Less severe depression across 12 months.

[Czyz, Liu, & King (in press). Social connectedness and one-year trajectories among suicidal adolescents following hospitalization, *JCCAP*.]

School/Community/Social Context:
Bullying

- Bullying after age 8:
  - Males: being a bully (4.7X) or bully-victim (11.8X) have greater odds of suicidal behavior
    - Non-significant after controlling for conduct symptoms
  - Females: frequently victims 4.7X more likely than non-victims to have suicidal behaviors

[Klomek et al., 2009. Childhood Bullying Behaviors as a Risk for Suicide Attempts and Completed Suicides: A Population-Based Birth Cohort Study. *Journal of the American Academy of Child & Adolescent Psychiatry 48*(3), 254-261.]

Acutely Suicidal Adolescents Who Engage in Bullying Behavior: One Year Trajectories

- Study Aims:
  - Characterize differences at time of psychiatric hospitalization between acutely suicidal adolescents classified into bullying perpetrator and non-bully groups
  - Examine the one-year trajectories of these groups adolescents

King, Horwitz, Berona, & Jiang. Acutely Suicidal Adolescents Who Engage in Bullying Behavior: One Year Trajectories. Presented at CDC workshop on youth bullying and suicide, September 2011. (Submitted for Publication).

Acutely Suicidal Adolescents Who Engage in Bullying Behavior: One Year Trajectories

- Design – prospective
  - Assessments at: 6 weeks, 3 months, 6 months, and 12 months
- Sample
  - 433 psychiatrically hospitalized suicidal adolescents
  - 13-17 years; 71% female; mean age = 15.6 years (SD = 1.3)
- Measures
  - Suicidal Ideation Questionnaire- JR
  - Children's Depression Rating Scale-Revised
  - Beck Hopelessness Scale
  - Multidimensional Anxiety Scale for Children
  - Personal Experiences Screen Questionnaire
  - Child and Adolescent Functional Assessment Scale
  - Youth Self Report

King, Horwitz, Berona, & Jiang. Acutely Suicidal Adolescents Who Engage in Bullying Behavior: One Year Trajectories. Presented at CDC workshop on youth bullying and suicide, September 2011. (Submitted for Publication).

Acutely Suicidal Adolescents Who Engage in Bullying Behavior: One Year Trajectories

- Results
  - At hospitalization, adolescents in bully perpetrator group, reported significantly higher
    - levels of suicidal ideation
    - substance use
    - functional impairment.
  - Elevated functional impairment of bullying perpetrator group persisted across 12-month periods

King, Horwitz, Berona, & Jiang. Acutely Suicidal Adolescents Who Engage in Bullying Behavior: One Year Trajectories. Presented at CDC workshop on youth bullying and suicide, September 2011. (Submitted for Publication).

School/Community/Social Context:

Availability of Means - Firearms

- Firearms used by 66.4% male suicide victims; 48.3% female suicide victims (McIntosh, 2000)
- Availability of firearms in home differentiates adolescent suicide victims (74.1%) from hospitalized suicidal adolescents (33.9%) (Brent et al., 1998)
- Keeping firearms locked, unloaded, with ammunition locked in a separate location all have a protective effect for suicide attempts and unintentional injuries. (Grossman et al., 2005)

Protective Factors

- Family Cohesion: students with high degree of mutual family involvement 3.5 to 5.5X less likely to be suicidal
  - Controlled for depression and life stress

    (Rubenstein et al, 1989, 1998)

- Means Restriction: Firearm restriction / locking may prevent suicides
  (Berman and Jobes, 1995; Garland & Zigler, 1993)

- Connectedness: low levels predictive of later suicide attempts
  - Lewinsohn et al. 2001
    - Family support: females
    - Peer support: males
  - Czyz et al., 2012
    - Peer support

IDENTIFYING AND ADDRESSING CHALLENGES IN YOUTH SUICIDE PREVENTION

Finding the Youths Most at Risk: Selective Prevention Strategies

Cheryl A. King, University of Michigan

Suicide Prevention Strategies – Public Health Model

- Universal: Designed for all in population
- Selective: Designed for subgroups at increased risk
- Indicated: Designed for individuals at definite risk

Universal Strategies

Least Stigma

- Fluoride in water; seat belts; pill caps; speed limits; drinking age; liquor licenses; firearm registration; immunizations; blood tests; limits on new drivers

Gun Safety Locks?
Depression Screening?
Bullying Prevention?
Media Coverage?

Indicated Strategies

Individual Youths at Risk

- Case Identification & Referral
- Risk Assessment and Formulation
- Treatment (Hospital, Clinic, Agency)
  - Depression, Bipolar Disorder, Conduct Disorder, PTSD, Alcohol & Substance Abuse
  - Psychache, hopelessness, constricted problem-solving
- Partner with family & school

Selected Strategies

Target High Risk Groups

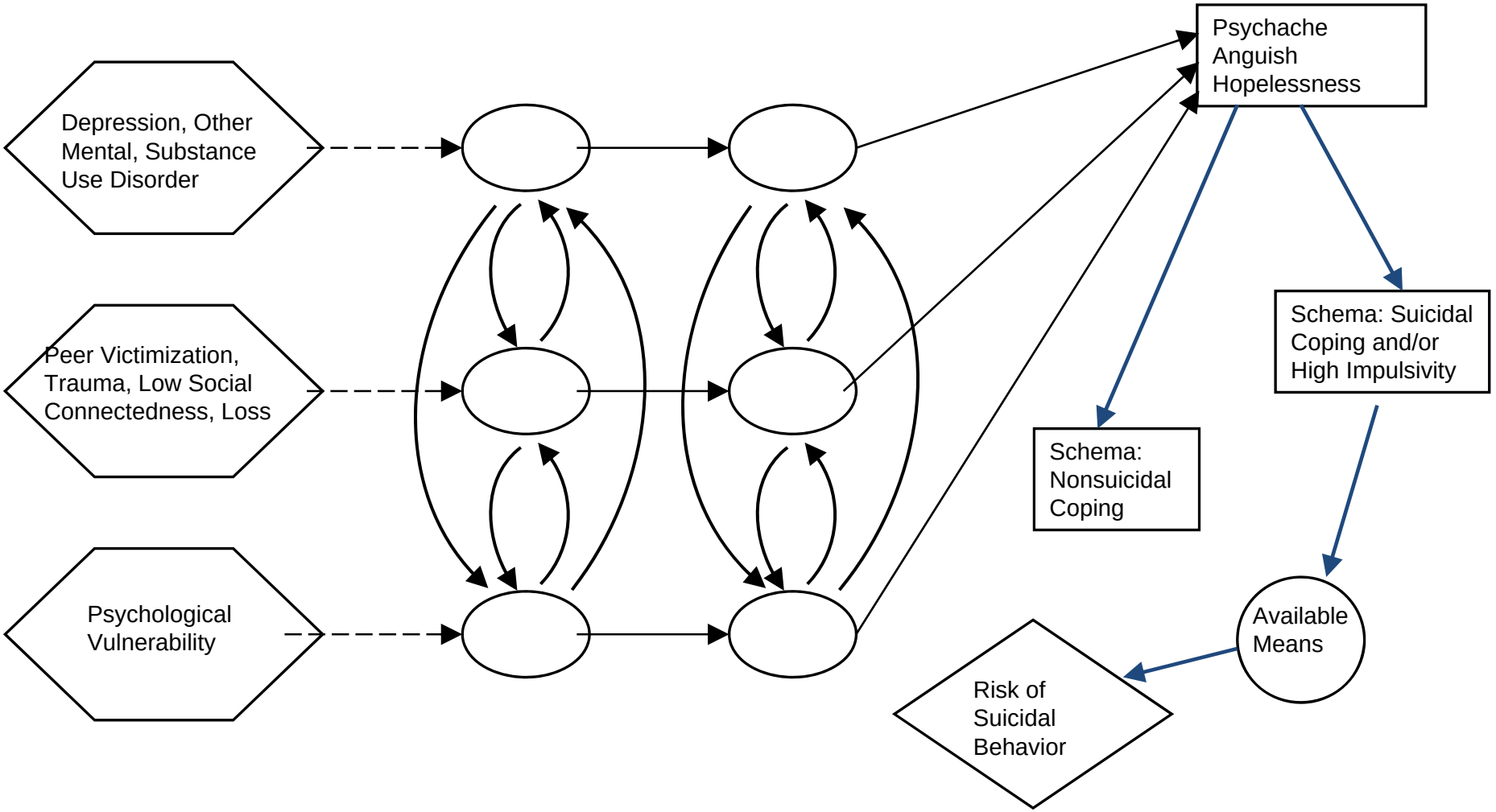
- Consider Multitude of Risk Factors
- Consider a Transactional Model of Development -- Pathways to Prevention
  - Early in course of mental disorder or response to trauma/loss
  - Opportunity to prevent exacerbation and compounding of problems, developmental compromise, unhealthy adaptations

Knowledge of Risk Guides Us

Possible Targets

- Depression/Hopelessness
- Drug/Alcohol use
- Trauma/Abuse
- Bullying/Victimization
- Aggression/Conduct Disorder
- Family history of suicide
- Previous suicide attempt
- Poor Social Connectedness

Suicidal Risk: A Developmental Model



Selective Strategies

Intervene Early

- Target At-Risk Subgroups
  - Victims of bullying
  - Youth reporting depression and/or heavy alcohol use
  - Native American youth
  - Youth suicide survivors

Community Fit, Feasibility
Evidence Base

Selective Strategies

An Example

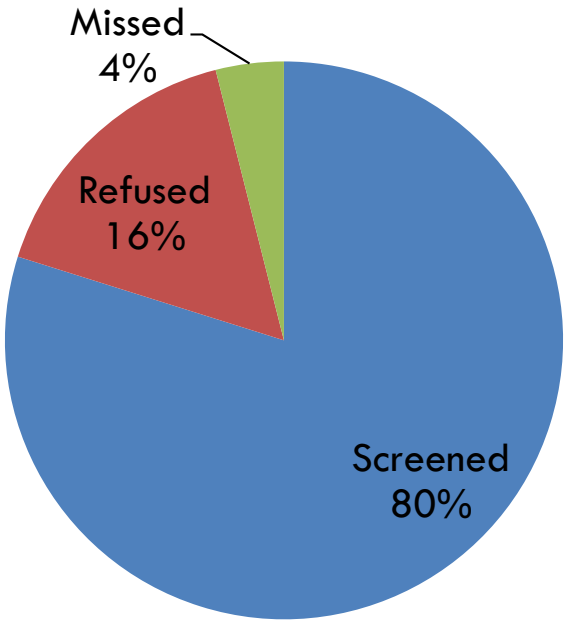
- What intervention? Teen Options for Change
- For Whom? Adolescent Medical Emergency Patients who Screen Positive
  - Depression + Alcohol/Drug Abuse
  - Suicidal Thoughts/Attempt
- What? Personalized Feedback, Adapted Motivational Interview, Action Plan, Services Decision Aid
- Desired Outcomes? Earlier detection of elevated risk, Treatment facilitation, lowered depression, hopelessness, and alcohol/substance abuse

NIMH-Funded

TEEN OPTIONS FOR CHANGE (TOC)

Consent Rates

Total in Age Range:	**828**
Total Eligible (Meet inclusion/exclusion criteria):	660
Total Consented and Screened:	527
Total Refused:	107
Total Missed:	26



TEEN OPTIONS FOR CHANGE (TOC)

Demographics

n	527
Sex	65% Female; 35% Male
Age	Range: 14-19 Mean: 17.3 years
Race/Ethnicity	33% White/Caucasian; 51% Black/African American; 13% Multi-racial; 1% Hispanic; 2% Other

TEEN OPTIONS FOR CHANGE (TOC)

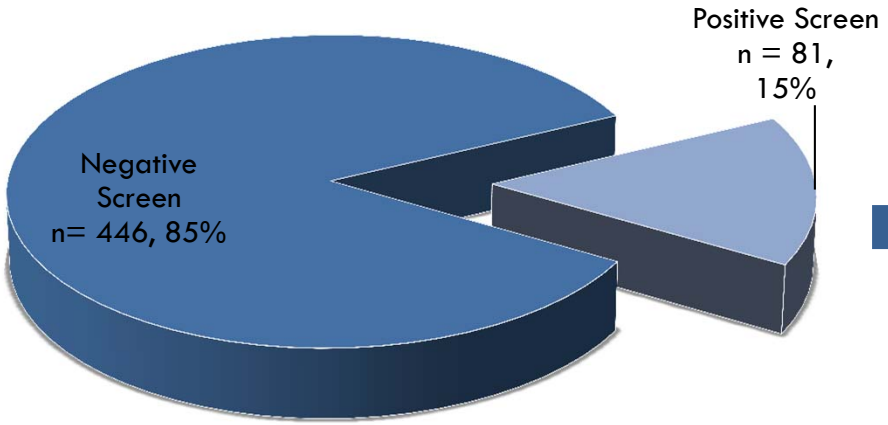
Clinical variables among all screened

Screen Variables	
Suicidal Ideation in past 2 weeks	7.6%
Suicide Attempt in past month	2.3%
Above AUDIT (Alcohol Use) Cutoff	14%
Above CRAFFT (Drug Use) Cutoff	28%
Above RADS-2:SF (Depression) Cutoff	21%
Psychosocial Variables	
Unwed Pregnancy (Both M &F)	23%
Death of Parent	11%
Jail Sentence of Parent	22%
Death of Close Friend	52%

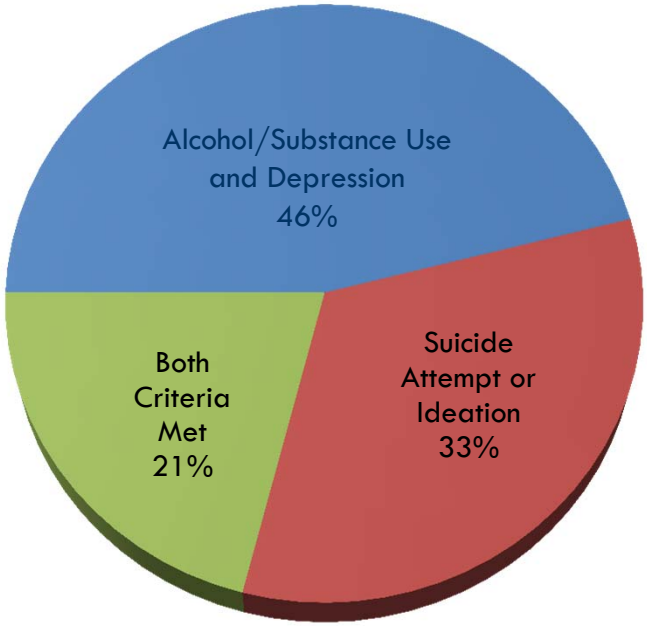
TEEN OPTIONS FOR CHANGE (TOC)

Screening Results

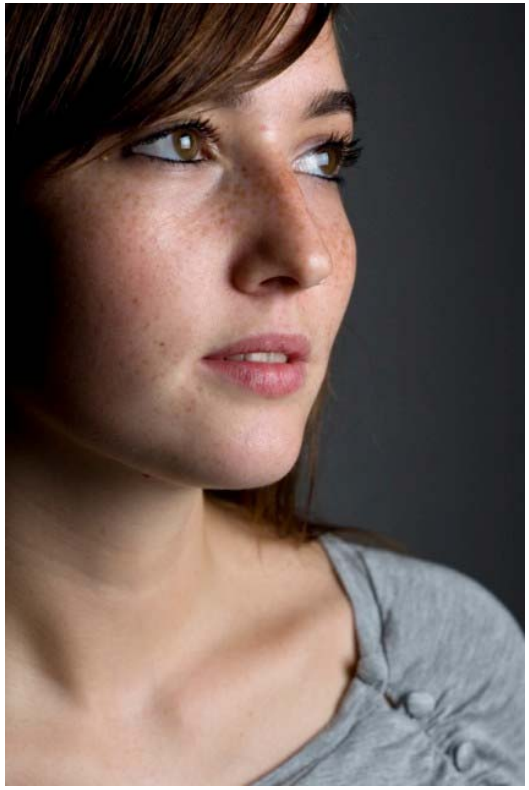
Positive vs Negative Screen for Suicide Risk



Criteria for Positive Screens



PERSONALIZED FEEDBACK



- Details scores on screening measures
- Provides normative data for comparisons to other adolescents of same gender
- Identifies problem areas (i.e. social withdrawal or binge drinking)

TEEN OPTIONS FOR CHANGE (TOC)

RESULTS: Baseline to Follow-Up

	Control (22 Adolescents)			TOC (24 Adolescents)		
	Baseline M (SD)	2M Follow-up M (SD)		Baseline M (SD)	2M Follow-up M (SD)	
Depression (RADS-2:SF)	28.32 (3.4)	30.87 (4.0)		27.25 (4.2)	25.38 (4.7)	
Hopelessness (BHS)	8.79 (5.7)	8.64 (5.7)		7.94 (4.6)	5.66 (5.2)	
Suicidal Ideation (SIQ-JR)	29.40 (24.6)	24.28 (17.3)		31.02 (19.6)	21.46 (17.4)	

DEPRESSION – TOC group showed greater improvement.

Selective Strategies

An Example

- What intervention? *E*-Bridge to Health
- For Whom? College Students
- What?
  - Email invitation to complete online screen for depression, alcohol abuse, lifetime history of suicide attempt, current suicidal thoughts
  - Personalized Feedback, Online "Counseling"
- Desired Outcomes? Linkage to Services, Improved Readiness for Linkage, Improved Well-Being

NIMH-Funded

College Students at Elevated Risk

RCT Recruitment 2010-2011

- Total invited by email invitation = 10,000
- Survey started = 2,593 (25.9%)
- Survey completed = 2,193 (21.9%)
- Eligible for full survey (Elevated Risk) = 183 (8.3%)
- Eligible for intervention (Not in Tx) = 137 (6.2%)
- Randomized to intervention group = 70

SURVEY SUMMARY

Hi There!
Thanks for completing the survey. Here's a brief summary of what you shared and how you compare to other students.

You may have some thoughts, questions, or just want to talk about some of the things you shared with us—either way we'd like to hear from you!

Like other students, you may find it helpful to connect. Our Counselors are available to talk with you privately online about what's on your mind or to brainstorm what you may find helpful.

Pick an option for private conversation with the Counselor:

- Post a private message to the Counselor who will respond to you within 24 hours
- Schedule an appointment to chat privately online with the Counselor.
- I am interested in connecting with the Counselor later but not right now.

GO!

My distress level

My alcohol use level

My goals and values

PRIVATE & CONFIDENTIAL

College Students at Elevated Risk

Dialogue Page Engagement by Class

	Freshmen n = 39	Sophomores n = 31	Total % n = 70
Site Visitors			
Never Visited	11	12	33%
Visited but did not Post	11	14	36%
Site Posters			
Posted	17	5	31%

Selective Strategies

An Example

- What intervention? LET's CONNECT
- For Whom? Youths 12-15 years, Victims of bullying, Bullies, Low Social Connectedness
- What? Natural + Community Mentor to enhance individual & community connectedness
- Desired Outcomes? Reduce initial onset of suicidal behavior in elevated risk group, enhance connectedness

CDC-Funded

LET's CONNECT

Anticipated Participants

- Participants
  - Anticipate 70% informed consent rate
  - Screen 1474 adolescents
    - 35% screen positive
      - 85% continue with baseline and randomization
      - 219 randomized to LET's CONNECT
      - 219 randomized to Control condition
- Sample includes:
  - High proportion economically disadvantaged
  - 44% African American
  - Half male and half female

LET's CONNECT

Mentors

- Adolescent-nominated "natural" mentor and community mentor work to facilitate interpersonal and community connectedness:
  - Shared "action plan" between mentors to promote adolescent connectedness within the community.
  - Facilitate involvement in community activities
  - Regular contact between mentors and adolescent to facilitate connectedness and support participation in community activities.

LET's CONNECT

Community Partner Agencies

- Six community partner agencies:
  - Boys and Girls Club of Greater Flint
  - Genesee Intermediate School District
  - Dort Oak Park neighborhood House
  - Flint Odyssey House-Health Awareness Center
  - Genesee County Community Mental Health
  - Hurley Medical Center

- Roles
  - Aid in recruitment of community mentors.
  - Provide space for staff-- visible community presence
  - Recommend outreach activities for adolescents including before/after school programs.

Selective Strategies

An Example

- What intervention? Coping And Support Training (CAST)
- For Whom?
  - Entire population (as "universal" prevention)
  - High-risk group ("selective" prevention)
  - Specific at-risk students ("indicated" prevention)
- What? Twelve, 55-minute group sessions
  - Skills developed during sessions
    - Building self esteem
    - Decision Making
    - Monitoring and Setting Goals
    - Personal Control

http://www.reconnectingyouth.com/

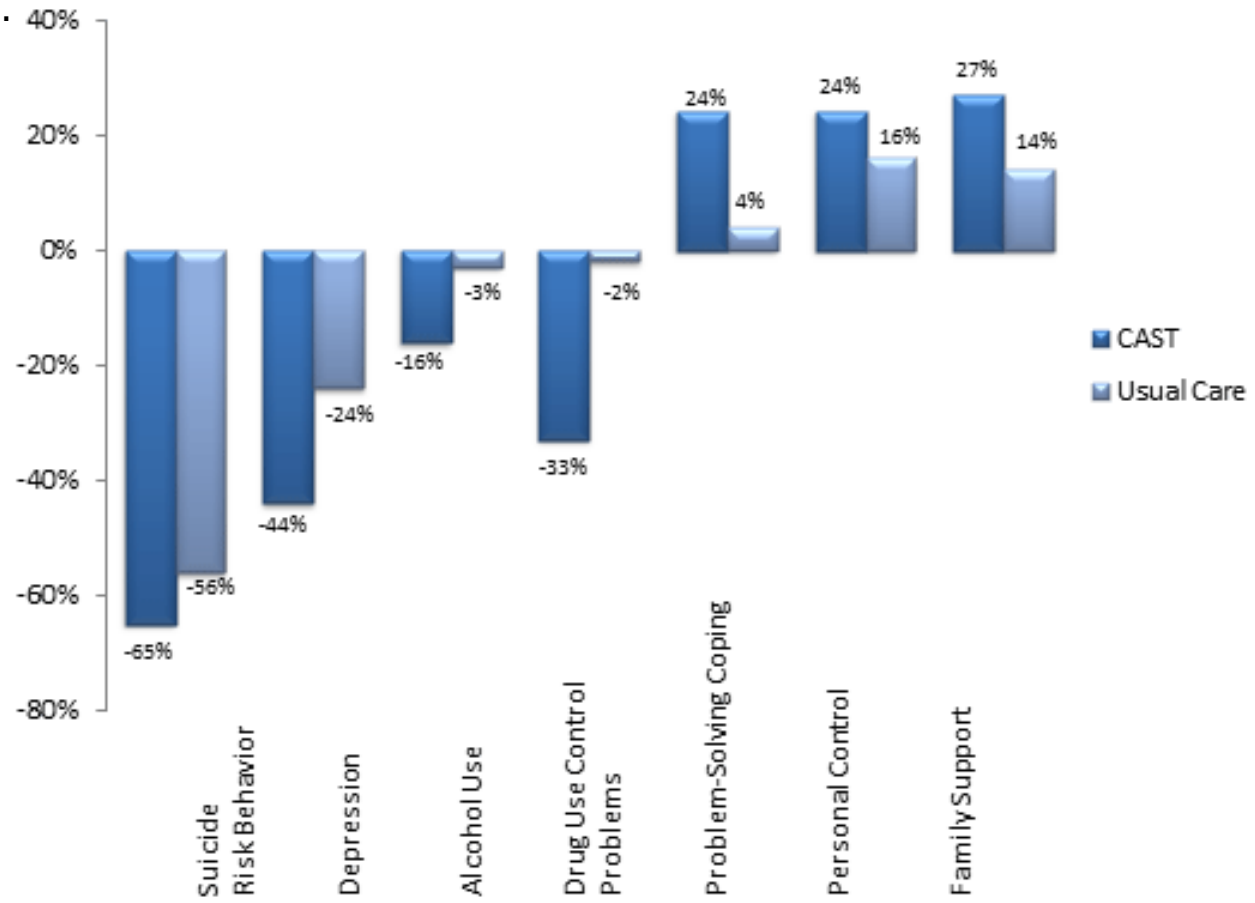
CAST RESULTS

- CAST produced significant changes in the following areas (Thompson, Eggert, Randell, & Pike, 2001)
  - Decreased suicidal ideation ($p<.05$)
  - Decreased depression ($p<.05$); hopelessness ($p<.05$); anger ($p<.01$)
  - Increased personal control ($p<.05$); problem-solving coping ($p<.05$)

CAST RESULTS

Control group (brief assessment and intervention) vs. **CAST group**

- **CAST students** showed decreases in 4 risk factors and increases in 3 protective factors.



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Selective Strategies

What Gaps Addressed?
What Gaps Remain?

- Potential to FIND/IDENTIFY those at elevated risk, INCLUDING THE BOYS, the disadvantaged and disenfranchised (e.g., not attending school)
- Proactive - Does not rely on Gatekeepers to recognize and respond
- Resources can be targeted to risk group
- Research lags – Need to invest proportion of all prevention budgets in quality assurance and evaluation

THANK YOU!

For additional information:
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