

# The Role of Communication in Suicide Prevention

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## Essential Questions

- What do we know about how teens communicate their suicidal intent?
- How do communications at home and at school increase or decrease suicide risk?
- How do communications within our culture affect suicide risk?
- How can interventions address communications?

## The literature we reviewed

- Studies published between 1998 and 2008 that included as keywords:
  - Communications
  - Parent-child conflict
  - Interpersonal conflict
  - Suicide or suicidal behavior
  - Adolescent
  - Children (ages 12-17)
- Selected reports regarding media coverage of suicide.

First, let's take a look at how adolescents communicate their suicidal intent.

- Eighty per cent of teens who attempt or complete suicide do communicate their intent with someone prior to their actions (Brent et al., 1988; Berman and Jobes, 1991).

“Though suicide attempts are often preceded by suicidal communication, there has been little empirical research conducted to understand the relevant characteristics of such communication.”

Handwerk, Larzelere, Friman, and Mitchell, 1998, p. 407.

- Early studies showed mixed results when communications of attempters and completers were compared (Beck Lester, 1976; Joiner et al, 1997; Kovacs et al., 1976).
- Adolescents usually do *not* leave suicide notes (Posener *et al.*, 1989; Leenaars, 1992)

## How Teens Communicate

Females	Males
➤ Display more internalizing behaviors (Depression)	➤ Display more externalizing behaviors (Conduct Problems)

(Flouri & Buchanan, 2002)

- Some teens may use direct statements about suicide  
Examples: "I want to hurt myself; I want to sleep forever."
- Some may communicate through indirect behavior  
Examples: Self-destructive behavior, hyperactivity, irritability, attempt to hurt other children

(Jackson & Nuttall, 2001, p. 195)

## Communications to Crisis Lines

- Females tend to use such services, while males do not.

At least one study suggests that teens who make *fewer* suicidal communications before they act tend to make more *lethal* attempts.

Handwerk, et al., 1998, p. 412

What does this mean for us?

## How a teen's suicide attempt affects family communications

Usually elicits positive concern from parents.  
May also elicit a hostile reactions, though parent do not make such comments at the time. (Wagner, et al., 2000)

## What does all this mean for us?

- We need more research on how teens communicate about suicide.
- Teach others in the home, school, and community to be alert for both direct and indirect expressions of suicidality.
- Don't place emphasis on suicide notes.
- Market crisis lines differently to males.
- Take any talk of suicide seriously, as there may not be another warning.
- Address parents' anger towards a suicidal teen, and encourage positive communications.

Now, let's turn to parent-child communications

## Parent-Child Interactions

- Suicidal youth have less frequent communications with their parents (Hollenback, Dyl, & Spirito, 2003).
- Suicide risk increases when both parents are *perceived* as distant, yet many families do not have a larger social network for supporting them in a crisis (Donaldson, Spirito, & Overholser, 2003).
- This problem is exacerbated when a parent or significant family member leaves or dies. (Wagner et al., 2000)
- Connor and Rueter (2006) found that a warm and supportive relationship, esp with father, shielded a teen from emotional distress and suicidality. Unavailable or distant father seems more detrimental to an adolescent's suicidal behavior than a distant mother.

## Family communications that increase risk

- Lack of support or perceived lack of support (or loss of significant other/family member)
- Poor problem solving skills
- Indirect communication style (secretive)
- Less frequent communication
- Family conflict (scapegoating, domestic violence, abuse)

(Donaldson et al., 2003; Hollenback et al., 2003)

## Attachment Theory

- Child who is insecurely attached may attempt to receive attention from parent by displaying “distress signal.”
- These children also may attempt to punish their perceived neglectful parent.

## Family Coercion Theory

- Children may display aggressive or aversive behavior to gain negative attention from parents
- Parent’s negative behavior is reinforced when the child quits “acting out,” so the parent maintains this coercive pattern.

(Wagner et al., 2000)

## What about ethnic background?

- One study found that family conflict may be heightened in Asian American youth if their parents do not approve of acculturation of American values (Lau et al., 2002)
- Parents may not communicate clearly about their child's behavior and values, sending the child an ambivalent message.

## What about sexual orientation?

- Lesbian, gay, or bisexual teens may fear rejection or victimization from family members when they communicate their sexual orientation for the first time.
- If one parent is accepting, the risk for mental health problems is reduced (D'Augelli, 2008)

## What does this mean for us?

- Help parent understand how their communications affect their child's risk.
- Clarify the need for attention from fathers as well as from mothers.
- Role model and teach daily positive interaction between both parents and teen, focusing on positive and constructive feedback and limiting hostile remarks.
  - Practice problem solving (role-plays, modeling, and feedback)
  - Coping skills, negotiating, and active listening
- Teach family members to monitor and modulate their affective arousal (feeling thermometers).
- Engage extended family and friends to develop a support network.

(Donaldson et al., 2003)

## What about communications at school?

## Peer Communications at School

- Acceptance by peers is critical for teens.
- One study indicated that females tend to rely on peers for their support more than males.
- Males can be protected against poor peer relations by a strong parental relationship.  
(Kidd, Henrich, Brookmeyer, Davidson, King & Shahar, 2006)

## Peer rejection at school may lead to:

- victimization and subsequent depression and anxiety (D'Augeli, 2002)
- a negative attribution style, with depression and poor problem-solving skills (Prinstein, 2003)
- peer pressure to affiliate with deviant peers with whom the teen may engage in more risky behaviors (e.g., substance abuse, risk-taking games, self-harm) (Reifman & Windle, 1995)

## School factors that can increase risk:

- Teacher-student communications that are not supportive.
- Lack of enjoyment in school can lead to academic failure and even depression or suicidal behavior.
- Teachers and counselors are not always trained to spot and assess suicidal behavior.

(Jackson & Nuttall, 2001)

## Classroom practices that undermine perceptions of competence and control:

- Adults at school who “don’t notice” poor or incomplete work (Cushman, 2002)
- Negative comments about their ability (reported disproportionately by students of color, according to Davidson, 1999)
- Non-verbal messages that attribute low expectations to a particular student, neighborhood or ethnic group: *“When he talks about people that will end up on the streets. . . And then he turns to look at all the Mexicans. I want to get up and tell him off or just walk out”* (p. 41).

## Students stressed two teacher behaviors that were important:

- Learning something about their lives outside of school.
- Communicating directly and regularly with them about their academic progress as well as subtle indicators such as noticing when students were confused, disagreed with an idea, or were late to class.

(Davidson and Phelan, 1999)

## School-Wide Interventions:

- Have proven successful even to those not directly participating.
- Anti-harassment and bullying programs.
- Parent networks to increase awareness on suicide risk factors and promote positive communication.
- Professional-led interventions showed improvement in communication and relationships between parents and adolescents.

(Toumbourou & Gregg, 2002)

Finally, let's take a look at the messages teens get from the larger society.

## Media coverage that increases risk

- Covered on the front page
- Large headlines
- Heavily publicized
- Dramatizations of suicide are shown
- Story presented without information on mental illness or the impact on family

(Gould & Shaffer, 1986; Gould, 2001)

## Media coverage that can decrease risk:

- Use of films and movies to educate teens on mental illness
- Information regarding how and when to get help for one's self or a peer
- Use of media to share accurate information with parents on high-risk behaviors
- Promotion of stigma reduction

(Kerr, 2009; Stigma, 2007)

## Stigma

- Leads at-risk adolescents to avoid help-seeking behavior
- Teens may perceive treatment as ineffective (Evans et al., )
- Social marketing is essential
- See chapter on stigma in D.L. Evans et al. (Eds.), *Treating and preventing adolescent mental health disorders: what we know and what we don't know* (pp. 530-534) Oxford University Press.

“The importance of increased understanding of the relationship between suicidal ideation, communication of ideation, and associated suicide risk is hard to overstate, especially for those working with youth at risk.”

Handwerk, Larzelere, Friman, and Mitchell, 1998, p. 408.

## In summary. . .

- Promote broad awareness about suicide risk and protective factors.
- Encourage those around teens to report any worrisome communications, because teens may not offer multiple communications.
- Clinical interventions should improve communication skills such as listening and problem solving.
- School interventions should include supportive communications, especially for LGBT students and students of different ethnic backgrounds.
- Media reports should conform to guidelines, and spokespersons should frame their comments carefully.
- Stigma reduction and social marketing for resources can help.

We communicate like the burrows of foxes, in silence and darkness, under ground. We are undermined by faith and love.

Henry David Thoreau

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For additional  
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## Risk Factors

- Many are also associated with depression
- Include:
  1. Impaired cognitive and interpersonal functioning
  2. Maladaptive attributional style
  3. Negative life events
  4. Low social support

(Schwartz et al.)

## Risk Factors (continued)

5. Family stress factors
6. Child psychopathology
7. Stigma

(Breton et al., 2002; Jackson & Nuttall, 2001; Stigma, 2007)

# Protective Factors

- Include:
  1. Supportive and warm parenting
  2. Supportive adults in community
  3. School-wide interventions
  4. Media as a source of education

(Connor & Rueter, 2006; Toumbourou & Gregg, 2002)