
Fostering Resilience in Youth: School-Based Strategies

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Agenda

- Youth Depression, Suicide, and Risk and Protective Factors
- How Can I Support a Suicidal Youth?
- Building Resilience through YAM
- UT Southwestern Center for Depression Research and Clinical Care



Youth Depression, Suicide, and Risk and Protective Factors

Youth Depression: The Numbers

- Up to 18% of youth experience depression by age 18
- Rates increase with age; pattern differs by gender
- Increased frequency in girls during adolescence
 - 13-18 yrs girls 5.9%
 - 13-18 yrs boys 4.6%
- Rates approach adult prevalence by end of adolescence

Warning Signs of Youth Depression

- Isolation
- Change in personality or mood
- Drop in grades
- Changing group of friends
- Drop out of extracurricular activities
- Physical complaints
- Low self-esteem
- Argumentative, negative attitude, aggression
- Frequent absences, truancy
- Change in dress or hygiene
- Thoughts or talk of death or suicide

Youth Suicide: The Numbers

- The 2nd leading cause of death in youth ages 15-19 (CDC, 2017)
 - In 15-24 year olds, males are 3.6 times more likely to die by suicide than females.
- In the general population. . .
 - 9% of teens have made an actual suicide attempt
 - 19% of teens have reported suicidal ideation
- In teens with depression. . .
 - 35-50% of depressed teens have made a suicide attempt

Youth Non-Suicidal Self-Injury: The Numbers

- NSSI: direct and intentional self-inflicted injury to one's body without conscious suicidal intent
 - Lifetime prevalence ranging from 13.0-23.2%
 - Average age of onset between ages 12-14
- Common methods: skin-cutting, self-hitting, hair pulling, nail biting, scratching, burning, interfering with wound healing, and pinching

NSSI is . . .

- A response to overwhelming emotion when one has difficulty representing or thinking about emotion and/or using coping skills to self-soothe
- Without the tools to talk/think about emotions, self-injurers demonstrate their distress through behavior
- Many youths who engage in NSSI are not suicidal and may feel even more misunderstood when people assume they are suicidal

Risk Factors for Suicidality

- Current or lifetime psychopathology (mood disorders most common)
- History of previous attempts or self-injurious behavior
- Hopelessness
- Impulsivity
- Lack of affect regulation
- Poor problem-solving skills
- Social skills deficits
- Hostility and aggression
- Drug or alcohol abuse
- High situational stress
- Insomnia
- Parental psychiatric conditions
- Family discord,
- Childhood maltreatment history
- History of peer victimization (bullying)
- Availability of lethal agents
 - Brent et al. (2000) found that suicide completion risk is increased if family has a handgun in the home
- Peer and media influence (“suicide contagion”)

For recent review, see Cha et al., 2018, The Journal of Child Psychology & Psychiatry

Protective Factors for Suicidality

- Positive relationship with family
- Positive connection between child and school; adult and work
- Academic or work success
- Pro social peer group
- Religious affiliation
- Fair number of reasons for living
- Future goals
- Treatment adherence

Common Psychiatric Diagnoses

- Mood disorders
 - Depression
 - Bipolar disorder
- Alcohol/Substance use problems
- Conduct Disorder (pattern of aggressive impulsivity)

LGBTQ Youth

- LGBTQ adolescents report higher rates of suicidal ideation and attempt (Fergusson et al., 1999; Haas et al., 2010)
- Unique Risk Factors (Liu & Mustanski, 2012)
 - LGBT victimization
 - Low social support
 - Childhood gender nonconformity



How Can I Support a Suicidal Youth?

If a youth discloses suicidal thoughts or self-harm behaviors. . .

- Manage own reactions to youth and disclosure of suicidal thinking/behavior/urges
- Maintain collaborative stance
- Assess immediate risk
 - Safety of immediate environment
 - Current suicidal thoughts/urges
- Develop plan with youth to seek support from parents and to get help from mental health professionals

General Approach to Working with a Suicidal Person

- A good alliance is an excellent safeguarding factor
- Helpful therapist/support person characteristics: flexible, attentive, calm, non-judgmental and open, forthright and confident in manner and speech
- Model hopefulness and “dogged” determination
- Emphasize that depressive emotions and suicidal and/or self-harm impulses do not have to be acted upon
- Also, thoughts do not have to be acted upon (i.e., “a thought is a thought”)
- Stress a collaborative approach to the problem(s)

How Mental Health Professionals Assess Imminent Suicidal Risk

Risk Factors

Current Suicidal

Mental Status

Ideation/Impulses



RISK FORMULATION

How Mental Health Professionals Assess Imminent Suicidal Risk

- Proximal Risk Factors: those factors that interfere with youth's ability to adhere to a safety plan
 - Agitation
 - Intent to Die
 - Despair
 - Instability
 - Loss
 - Lethal Method
 - Recent Insomnia
- Distal Risk Factors: Important in treatment planning, but less important in assessing imminent risk
 - Suicide History
 - Anhedonia
 - Difficult Course/Treatment History
 - Abuse and Trauma
 - Disconnection
 - Substance Abuse

What can parents and support people do to help?

- Provide support
 - Ask if you are concerned
 - If suicidal crisis, call 911 or go to the Emergency Department
 - Take child to the pediatrician/family doctor for evaluation and referrals

- Mobilize support
 - Talk to close friends or family about what the youth needs (after discussing this with the youth)
 - Understand how various support systems might help support the youth

What can parents and support people do to help?

- Help reduce stress
 - Collaborate with the youth to assess current schedule/activities and what might need to be adjusted
 - Truce on “hot topics”
 - Reduce negativity and criticism at home/school
 - Lower expectations for the short term
- Discipline Considerations
 - Try not to remove access to mood enhancing coping skills (e.g., don’t take away access to friends)

Supporting Youth's Return to School/Community

- Remember that the time after a suicide attempt (first 3 months) is often a period of high risk
 - Have system for supporting youth who return to school/youth group from treatment facilities
 - Consider having designated counselor or trusted teacher/youth leader to periodically “check-in”
 - Work with youth and family to develop plan
 - Check-in plan and/or ways to support youth’s safety at organization/school
 - Consider if more formalized plan is needed at school (e.g., 504, IEP) and way to make up missed work

Know The School's Policies

- Follow any crisis/safety policies for students who are struggling with self-harm or suicidality
- Remember that the time after a suicide attempt (first 3 months) is often a period of high risk
 - Have system for supporting students who return to school from treatment facilities

Know The School's Policies

- Consider having designated counselor or trusted teacher to periodically “check-in”
- Work with youth and family to develop plan
 - Make-up work timeline
 - Check-in plan and/or ways to support youth’s safety at school
 - Consider if more formalized plan is needed (e.g., 504, IEP)

Safety Plan

- Safety Plan: An agreement and commitment to use skills, safety plan, or seek support before trying to hurt self
- Prioritized and specific set of coping strategies and sources of support
 - Coping and commitment thoughts
 - Internal strategies (distraction, soothing, physiological)
 - External strategies (distraction vs. talk about urges)
 - Clinical contact information
- Often shared with parents/support people to address any obstacles and to identify opportunities for support

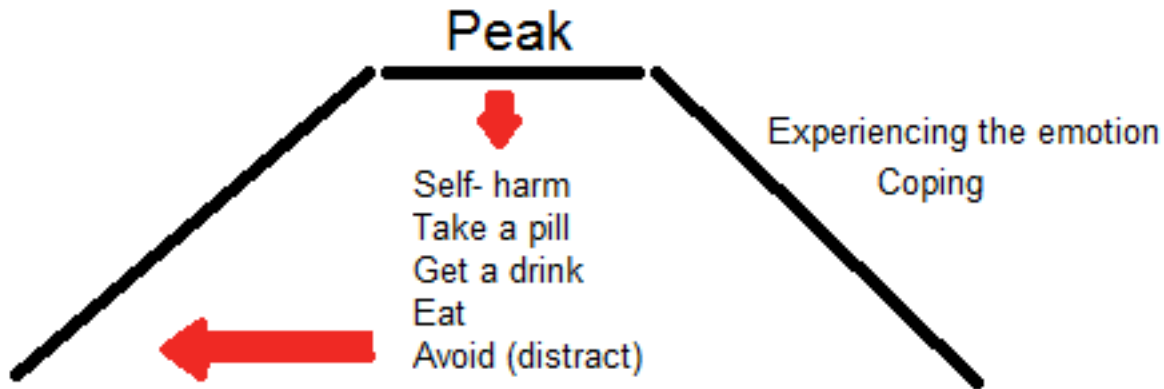
Patient Safety Plan Template

Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:
1. _____
2. _____
3. _____
Step 2: Internal coping strategies – Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):
1. _____
2. _____
3. _____
Step 3: People and social settings that provide distraction:
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____
Step 4: People whom I can ask for help:
1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____
Step 5: Professionals or agencies I can contact during a crisis:
1. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
2. Clinician Name _____ Phone _____ Clinician Pager or Emergency Contact # _____
3. Local Urgent Care Services _____ Urgent Care Services Address _____ Urgent Care Services Phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)
Step 6: Making the environment safe:
1. _____
2. _____
<small>Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bh2@columbia.edu or gregbrow@mail.med.upenn.edu.</small>

The one thing that is most important to me and worth living for is:

Purpose of Safety Plan

- Help get through period of high emotion/distress safely
- Have to get through the peak of wave of emotion



Referral Information

- If emergency, 911 or to nearest ED
- UT Southwestern Center for Depression Research and Clinical Care:
 - www.utsouthwestern.edu/cdrc
 - 214.648.HELP (4357)
- Children's Health System of Texas Outpatient Psychiatry: 214-456-5937
- HereForTexas.com: website for mental health resources
- National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Resources

- Society for Clinical Child and Adolescent Psychology Consumer Website (<http://effectivechildtherapy.org/>)
- American Academy of Pediatrics Parent Website (www.healthychildren.org)
- Suicide Prevention Resources Center (www.sprc.org/)
- American Foundation for Suicide Prevention (www.afsp.org/)
- 13 Reasons Why resources:
 - <http://www.sprc.org/13-reasons-why>
 - <https://www.13reasonswhytoolkit.org/>
 - <https://13reasonswhy.info/>
- Responding to School Shootings Resource: <http://www.apa.org/topics/violence/school-shooting.aspx>



Youth Aware of Mental Health Program

YAM: Youth Aware of Mental Health

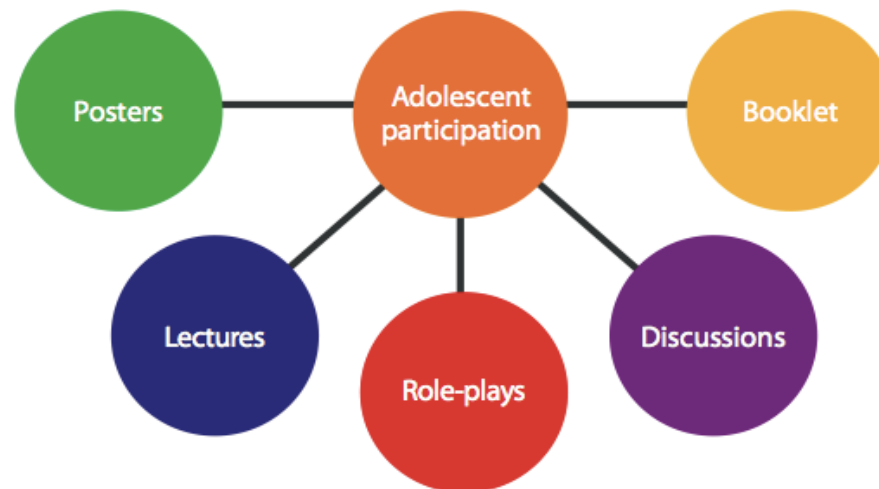
- A 5-hour interactive mental health promotion program, encouraging increased discussion and knowledge about mental health and the development of problem-solving skills and emotional intelligence

YAM YOUTH AWARE
OF MENTAL
HEALTH

Fundamental Components of YAM

- Five interactive sessions
- Delivered over 3 to 5 weeks

YAM is



YAM Content

- Opening Session Lecture, Student Booklet, and Posters

- Themes
 - What is mental health?
 - Self-help advice
 - Stress and crisis
 - Depression and suicidal thoughts
 - Helping a friend in need
 - Who can I ask for advice?

What is Mental Health?

Mental health is how you **think, feel, and act** in everyday life.

Your **mental health is just as important as your physical health.**

Your mental health influences **how you handle stress, make decisions and relate to people.**

No one in the world is free from problems.



YAM YOUTH AWARE OF MENTAL HEALTH

Self-help Advice

What can make me feel better?



Try to have fun and laugh.



Don't drink alcohol or use drugs to try to forget about your problems.



Eat healthy, exercise and get enough sleep.



Spend time with people that you like.



Make sure you find time to do things you love doing every day. For example, listen to music, read a book, play a video game, watch a film, write down your thoughts or simply relax.



Look at your problems for what they are and try to think about how to solve them.

- Some things are out of your control and you can't count on life to always treat you right. But you can make it a habit to treat yourself right!

Be kind to yourself!

- **Think about the decisions you make in everyday life** and how they affect you and others around you.
- Telling others how you feel usually makes problems seem smaller and easier to solve. **Speaking to someone else can actually help you feel better.**
- **You can't solve all your problems by yourself.** By getting to know yourself better you will learn when you need help from others and to ask the right people for help.

YAM YOUTH AWARE OF MENTAL HEALTH

Stress and Crisis

These are some situations that can cause stress:



- Stress affects everyone but different people have different limits. **Only you know your own limit.**
- **Your body reacts to stress** and some people will get headaches, stomach pains, back pain, problems sleeping or other physical signs of stress.

YAM YOUTH AWARE OF MENTAL HEALTH

Depression and Suicidal Thoughts

If you are depressed you may:



- Everyone feels sad sometimes, but there is **a difference between feeling down or sad and being depressed.**
- **Feeling down or ordinary sadness** usually goes away when something fun happens or when you do something that you like.
- You can be depressed **even if something bad did not happen to you.**
- Like with any other illness, **you can get help to recover from depression.** If you think about death or suicide you should seek professional help as soon as possible.



Helping a friend in need

How do you know if your friend needs help?
A friend who is not feeling well and needs help may:



- Helping a friend does not mean that you will solve their problems or advise them exactly on how to get better. **The most important thing is to listen!**
- If your friend has a serious problem, keeping silent doesn't help. **Sometimes really helping a friend means that you will have to tell an adult about their problem.**



Who can I ask for advice?

Your problems can be very real and painful.



If they are, you can get in touch with people who can help you.

These are some healthcare services and organizations close to you that can be of help:



If for any reason you are not happy with the help you get contact another person – **but don't give up!**



YAM Research in Europe

Wasserman et al. *BMC Public Health* 2010, **10**:192
<http://www.biomedcentral.com/1471-2458/10/192>



STUDY PROTOCOL

Open Access

Saving and Empowering Young Lives in Europe (SEYLE): a randomized controlled trial

Danuta Wasserman*¹, Vladimir Carli^{1,13}, Camilla Wasserman¹⁵, Alan Apter², Judit Balazs³, Julia Bobes⁴, Renata Bracale¹³, Romuald Brunner⁵, Cendrine Bursztein-Lipsicas², Paul Corcoran⁶, Doina Cosman⁷, Tony Durkee¹, Dana Feldman², Julia Gadoros³, Francis Guillemin⁸, Christian Haring¹⁰, Jean-Pierre Kahn⁹, Michael Kaess⁵, Helen Keeley⁶, Dragan Marusic¹¹, Bogdan Nemes⁷, Vita Postuvan¹¹, Stella Reiter-Theil¹², Franz Resch⁵, Pilar Sáiz⁴, Marco Sarchiapone¹³, Merike Sisask¹⁴, Airi Varnik¹⁴ and Christina W Hoven¹⁵



School-based suicide prevention programmes: the SEYLE cluster-randomised, controlled trial

Danuta Wasserman, Christina W Hoven, Camilla Wasserman, Melanie Wall, Ruth Eisenberg, Gergö Hadlaczky, Ian Kelleher, Marco Sarchiapone, Alan Apter, Judit Balazs, Julia Bobes, Romuald Brunner, Paul Corcoran, Doina Cosman, Francis Guillemin, Christian Haring, Miriam Iosue, Michael Kaess, Jean-Pierre Kahn, Helen Keeley, George J Musa, Bogdan Nemes, Vita Postuvan, Pilar Saiz, Stella Reiter-Theil, Airi Varnik, Peeter Varnik, Vladimir Carli

Summary

Lancet 2015; **385**: 1536–44

Published Online
January 9, 2015

Background Suicidal behaviours in adolescents are a major public health problem and evidence-based prevention programmes are greatly needed. We aimed to investigate the efficacy of school-based preventive interventions of suicidal behaviours.

YAM Research Outcomes in Europe

- At 12-month follow-up, YAM associated with significant reductions in:
 - Incident suicide attempts
 - Severe suicidal ideation
 - Depressive symptoms

YAM Research in the US

- UT Southwestern CDRC (Trivedi, Hughes) and Montana State University (Byerly)
- In partnership with YAM developers (Wasserman, Carli)
- Adapting YAM to US population, with focus on cultural adaption for indigenous youth in Montana
 - 2016-2017 academic year, delivered YAM to 1400 students in Texas and 1000 in Montana
 - Pre- and 3-month post-intervention surveys (with parental consent) for 700 youth
 - Results to come soon. . .



Center for Depression Research and Clinical Care (CDRC)

Center for Depression Research and Clinical Care

Our Vision

A future free from the burden of depression

Our Mission

- *Improving the lives of people those suffering with depression and mood disorders*
- *Revolutionize our understanding of the biological underpinnings of depression*
 - *Accelerate scientific discovery*
 - *Disseminate advancements*

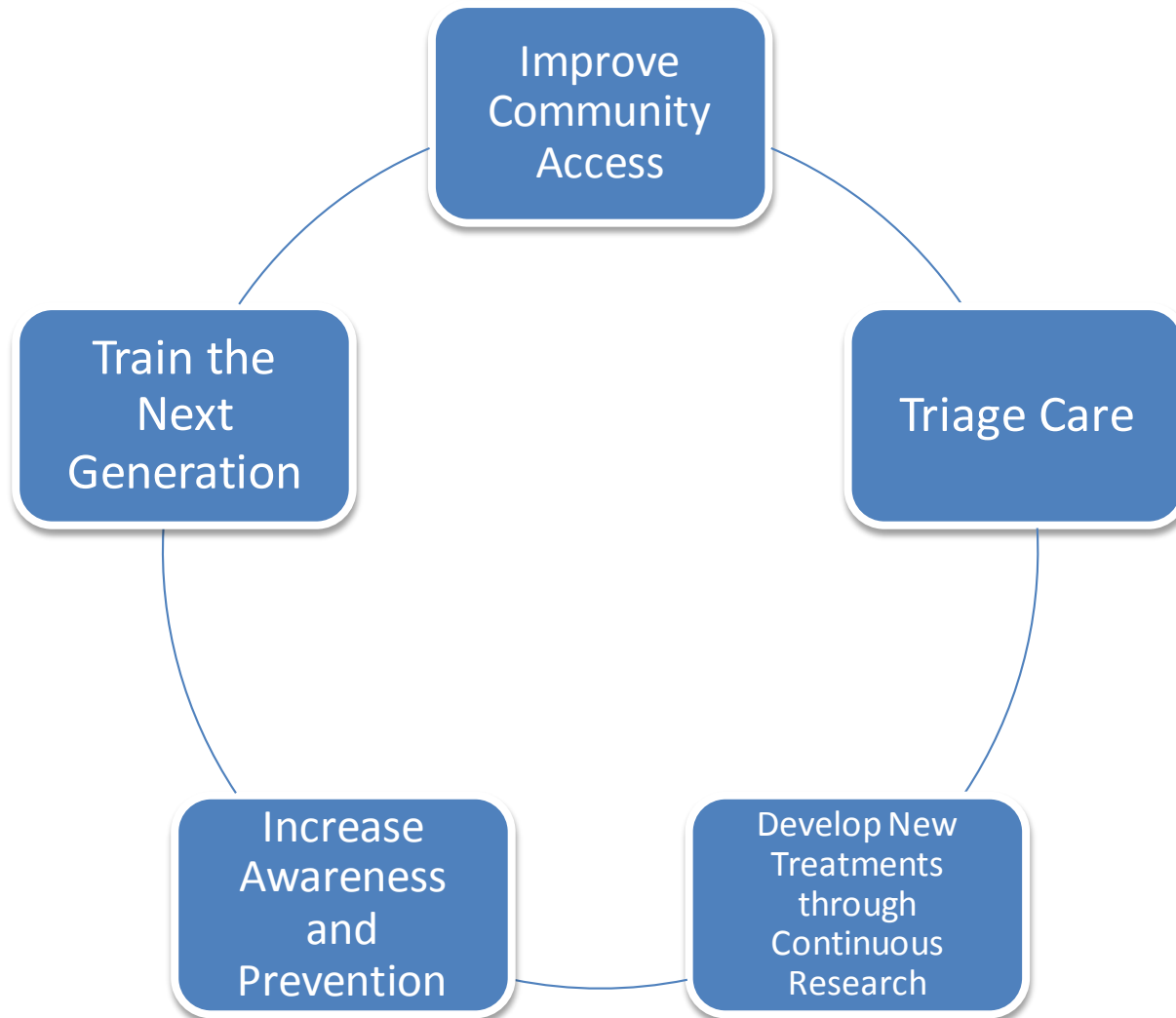
CDRC Director



- Dr. Madhukar H. Trivedi is an internationally recognized expert in depression and mood disorder.
- Published in 450 chapters and papers in journals.
- Principal Investigator in clinical trials funded through the National Institute of Mental Health (NIMH) and the Texas Department of Mental Health
- Developed the established benchmarks now used for treating depression and other mood disorders.

2015 American Psychiatric Association Award for Research

CDRC Goals



Risk and Resilience Network

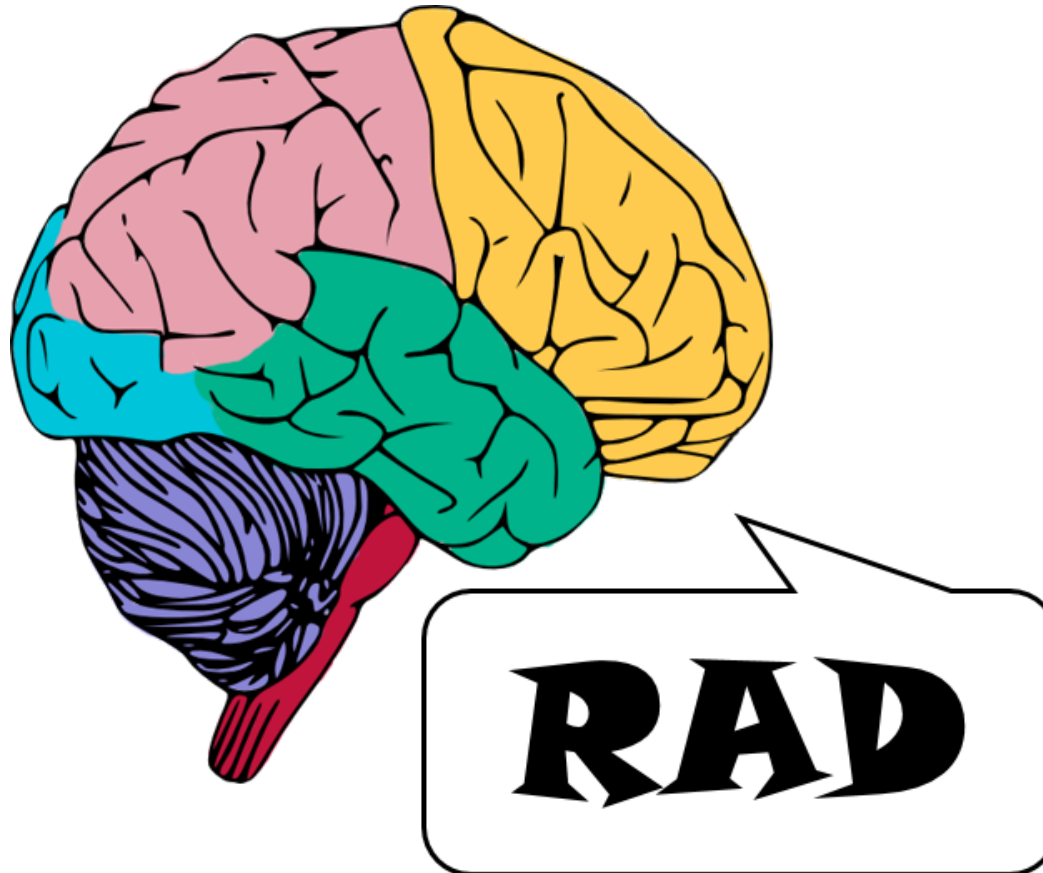
- The Risk and Resilience Network (RRN) creates a connection between the Center for Depression Research and Clinical Care (CDRC) and non-health-related, youth-focused organizations



Risk and Resilience Network

- School-based programs
 - Mental health promotion, such as YAM
 - Resilience-building programs being developed and tested
- Community-based programs
 - Mental health promotion
 - Family events to foster enhanced connectedness

Risk and Resilience Network



Resilience in Adolescent Development (RAD) Study

- 10-year study to better understand resilience in youth and young adults
 - Longitudinal
 - Prospective assessment
 - Recruiting group of 1,500 participants, aged 10-24

Resilience in Adolescent Development (RAD) Study

- Study Aims
 - Aim 1: Examine baseline biosignatures and independent factors (demographic, social, environmental, genetic, EEG, and fMRI) associated with resilience in adolescents and young adults.
 - Aim 2: Examine changes in the biomarker factors annually for 10 years to determine for plasticity of these biomarkers.
 - Aim 3: Examine the interaction between psychiatric symptoms and changes in the biopsychosocial signature

Resilience in Adolescent Development (RAD) Study

- Study visits occur 4 times per year
- You have the opportunity to earn between \$50 and \$200 at study visits (depending on the length and procedures of the study)
- Very cool opportunity to be part of science!

Thank you!

- Thank you for listening!
- To be part of the study or to get more information: 214.648.HELP (4357)
- Questions: Jennifer.Hughes@utsouthwestern.edu