Suicide in Children and Adolescents

In an epoch when rates of death and illness among the young have steadily decreased in the face of medical progress, it is a tragic irony that persistently high rates of youth suicide and suicide attempts remain among the leading causes of death and morbidity in this otherwise vigorous age group. This worrisome trans-national pattern poses both an urgent clinical and theoretical challenge.

How can these deaths be prevented? Can they be anticipated? Are there perceptible patterns of risk and vulnerability? What role do families, gender, culture, and biology play? What are the treatments for and outcomes of suicide attempters?

To address these questions, experts from around the world in all areas of psychiatry, including epidemiology, neurobiology, genetics and psychotherapy, have brought together their current findings in *Suicide in Children and Adolescents*.

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Cambridge Child and Adolescent Psychiatry

Child and adolescent psychiatry is an important and growing area of clinical psychiatry. The last decade has seen a rapid expansion of scientific knowledge in this field and has provided a new understanding of the underlying pathology of mental disorders in these age groups. This series is aimed at practitioners and researchers both in child and adolescent mental health services and developmental and clinical neuroscience. Focusing on psychopathology, it highlights those topics where the growth of knowledge has had the greatest impact on clinical practice and on the treatment and understanding of mental illness. Individual volumes benefit both from the international expertise of their contributors and a coherence generated through a uniform style and structure for the series. Each volume provides firstly an historical overview and a clear descriptive account of the psychopathology of a specific disorder or group of related disorders. These features then form the basis for a thorough critical review of the etiology, natural history, management, prevention and impact on later adult adjustment. Whilst each volume is therefore complete in its own right, volumes also relate to each other to create a flexible and collectable series that should appeal to students as well as experienced scientists and practitioners.

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Suicide in Children and Adolescents

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and

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This volume is dedicated to the memory of our friends and teachers
Donald J. Cohen, M.D. and Joseph D. Noshpitz, M.D.

M’dor l’dor
From one generation to the next
## Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>The epidemiology of youth suicide</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Madelyn S. Gould, David Shaffer, and Ted Greenberg</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Suicide and the “continuum of adolescent self-destructiveness”: is there a connection?</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td>Robert A. King, Vladislav V. Ruchkin, and Mary E. Schwab-Stone</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Adolescent attempted suicide</td>
<td>63</td>
</tr>
<tr>
<td></td>
<td>Alan Apter and Danuta Wasserman</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Familial factors in adolescent suicidal behavior</td>
<td>86</td>
</tr>
<tr>
<td></td>
<td>David A. Brent and J. John Mann</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Biological factors influencing suicidal behavior in adolescents</td>
<td>118</td>
</tr>
<tr>
<td></td>
<td>Alan Apter</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Psychodynamic approaches to youth suicide</td>
<td>150</td>
</tr>
<tr>
<td></td>
<td>Robert A. King</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Cross-cultural variation in child and adolescent suicide</td>
<td>170</td>
</tr>
<tr>
<td></td>
<td>Michael J. Kelleher and Derek Chambers</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>An idiographic approach to understanding suicide in the young</td>
<td>198</td>
</tr>
<tr>
<td></td>
<td>Alan L. Berman</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Assessing suicidal behavior in children and adolescents</td>
<td>211</td>
</tr>
<tr>
<td></td>
<td>Cynthia R. Pfeffer</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Suicide prevention for adolescents</td>
<td>227</td>
</tr>
<tr>
<td></td>
<td>Israel Orbach</td>
<td></td>
</tr>
</tbody>
</table>
## Contents

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Title</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>Cognitive behavioral therapy after deliberate self-harm in adolescence</td>
<td>251</td>
</tr>
<tr>
<td></td>
<td>Richard Harrington and Younus Saleem</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Follow-up studies of child and adolescent suicide attempters</td>
<td>271</td>
</tr>
<tr>
<td></td>
<td>Julie Boergers and Anthony Spirito</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Children and adolescents bereaved by a suicidal death: implications for</td>
<td>294</td>
</tr>
<tr>
<td></td>
<td>psychosocial outcomes and interventions</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cornelia L. Gallo and Cynthia R. Pfeffer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Index</td>
<td>313</td>
</tr>
</tbody>
</table>
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Preface

In an epoch when rates of death and illness among the young have steadily decreased in the face of medical progress, the persistently high rates of youth suicide and suicide attempts in the West remain a tragic irony and a challenge to both our clinical practice and theoretical understanding. The purpose of this monograph is to present the current state of scientific and clinical knowledge regarding suicidal behavior in children and adolescents.

Clinical epidemiology now makes it possible to examine rates of completed suicide, as well as rates of suicidal ideation and attempts of varying degrees of severity in defined community populations of adolescents and children. Beyond prevalence rates, these studies provide important data on the demographic and psychosocial correlates of suicidal behavior, uncontaminated by the selection biases inherent in clinical samples. Despite the innate limitations posed by the unavailability of the key informant, modern postmortem psychological autopsy techniques also now give us systematic information concerning psychopathology and other risk factors in young suicides.

Although no single factor explains youth suicide, progress has been made in beginning to tease apart the tangle of intersecting domains of vulnerabilities that are associated with suicidal behavior in the young. Suicide is the most dramatic of the spectrum of self-destructive and health-endangering behaviors that unfortunately characterize adolescence. One of the editors’ goals is to examine youth suicidal behavior in the context of this spectrum. The perspective of developmental psychopathology emphasizes the interaction of risk and protective factors over the life span and we discuss the importance of this perspective for understanding the shared and distinctive factors that confer resilience or vulnerability to suicidal and other risk behaviors. Separate chapters describe our current understanding of predisposing genetic, neurobiological, cultural, and psychodynamic factors. A chapter on the case study method underlines the challenge of understanding how these various factors intersect in the life story of any given individual.
This volume also addresses the clinical challenges posed by youthful suicidal behavior. Despite the clear need for effective interventions to prevent these avoidable forms of mortality and morbidity, the wide prevalence of risk factors for suicide in adolescents (depression, impulsivity, affective lability, substance use), as well as the frequency of suicidal ideation make it difficult to target preventive programs effectively and efficiently. Although suicidal ideation and attempts in the young are dismayingly common, completed suicide is statistically rare, making outcome studies of community suicide prevention programs difficult.

Careful evaluation of suicidal children and adolescents is a crucial prerequisite for effective treatment and a chapter is devoted to the special assessment issues posed by such youngsters. Systematic treatment studies dealing with suicidal behavior in children and adolescents are only recently beginning to be available. The adaptation of cognitive behavioral treatment and related approaches to suicidal youngsters is described, as well as the special issues involved in treating this age group. Adolescent suicide attempters are notoriously difficult to engage effectively in treatment. A review of follow-up studies of adolescent attempters suggests that many such youngsters remain at risk for repeat attempts, as well as a host of other difficulties. In light of these worrisome findings, methods of improving treatment adherence and other elements of after-care are discussed, as well as cross-national patterns of after-care.

Finally, all too often, treatment is not sought or fails, resulting in a completed suicide, with devastating consequences for surviving family members. These consequences may be particularly ominous for children. The suicide of a family member appears to place young close relatives at increased risk for subsequent suicide, most likely for experiential as well as genetic reasons. A final chapter therefore discusses methods of postvention to help children and families cope with the suicide death of a family member.