

Suicidal Ideation/Behavior in Younger Children (under 12)

The key takeaway is that this is still a much undeveloped area. There are no clear evidence-based interventions, but there is some reason to believe the adaptations of interventions used with adolescents can be effective. There are screening tools that can be utilized with this population and there are some things understood about risk factors and how they differ for younger children.

I. Overview/Risk Factors

Understanding and Treating Suicidal Risk in Young Children; Anderson, AR, Keyes, Grace M. and Jobes, David A., Practice innovations, 2016, Vol. 1, No. 1. 3-19

This article reviews the existing literature on prevalence rates and risk factors for suicidal thoughts and behaviors in children under the age of 12. This review is followed by a discussion of important considerations for assessment and treatment and an overview of 1 potential treatment option (the Collaborative Assessment and Management of Suicidality) and its use in 3 case study examples. Although completed suicides are rare in this population, they do occur. Furthermore, a significant number of children in both clinical and community samples experience suicidal ideation and verbalize thoughts of suicide and death. Risk factors include symptoms of psychopathology (e.g., depression, ADHD, aggression), feelings of worthlessness, parental psychopathology, family conflict, and a history of abuse. There are no evidence-based treatments for suicidality in children under 12; however, there are guidelines for developmentally appropriate assessment. Researchers and clinicians are encouraged to turn their attention and efforts to developing evidence-based treatments for suicidal children.

Scope:

- In a 20 year period 657 children aged 5-11 took their lives; 80% by hanging or suffocation.
- Rates of suicidal ideation are found at 6-14.9% in community samples.
- 71% of children 6-12 understood death is final.
- 100% of 3rd grade children may have seen reference to suicide on TV.

Risk Factors:

- Depressive symptoms
- A surprising number of studies have found significant associations between suicidal ideation and ADHD or other disruptive disorders
- Worthlessness and negative automatic thought processes are strongly related to childhood suicidality
- Hopelessness may be specific to suicidal ideation rather than suicidal behaviors
- Intense feelings of anger or sadness as well as expectations of an upcoming loss or abandonment
- Aggressive behavior
- Irritability
- Sleep disturbance, bed-wetting

- Impulsivity, sensation seeking
- Frequent somatic complaints

Family Variables:

- 22% of children with suicidal ideation under 12 had experienced conflict at home prior to hospitalization.
- Family history of depression was present in 36.8% of children under 12 who had been admitted to an emergency room for suicidal behaviors.
- Children who have experienced abuse are at particularly high risk for suicidal ideation.

Also notable - peer relationships are not as salient for younger children.

In Young Children, Suicide is More Often Linked to ADHD Than to Depression

<https://www.additudemag.com/suicide-linked-to-adhd-more-than-depression-in-children/>

“Approximately one-third of the children overall had a documented mental health diagnosis, the researchers noted. In adolescence, children who committed suicide were most likely to be suffering from depression — nearly two-thirds of teens who took their own lives showed depressive symptoms before their deaths. But in children under the age of 12, depression only showed up in a third of the children. An overwhelming majority — more than 60 percent — had ADHD (primarily hyperactive type).”

II. Screening

CSSRS

<http://cssrs.columbia.edu/>

You can select setting and “children” to access the pediatric version. There is research data on the use of the scale across various medical and psychiatric conditions with patients as young as 5.

Ask Suicide-Screening Questions

<https://www.nimh.nih.gov/labs-at-nimh/asq-toolkit-materials/index.shtml>

The Ask Suicide-Screening Questions (ASQ) Toolkit is a free resource for medical settings (emergency department, inpatient medical/surgical units, outpatient clinics/primary care) that can help nurses or physicians successfully identify youth at risk for suicide. The ASQ is a set of four screening questions that takes 20 seconds to administer. In an NIMH study, a “yes” response to one or more of the four questions identified 97% of youth (aged 10 to 21 years) at risk for suicide. By enabling early identification and

assessment of young patients at high risk for suicide, the ASQ toolkit can play a key role in suicide prevention.

III. Treatment Options

Can family-focused cognitive behavior therapy reduce suicidal ideation in young children with bipolar disorder?

<https://afsp.org/can-family-focused-cognitive-behavior-therapy-reduce-suicidal-ideation-in-young-children-with-bipolar-disorder/>

69 youths ages 7-13 (average age 9) diagnosed with Pediatric Bipolar Disorder were studied. 41 percent of the children had current thoughts about taking their lives, and almost a third had suicidal ideation that included a method and/or intent to die. Problems with self-esteem were a primary factor. In terms of family relations, the strongest factors contributing to ideation were parental stress and family rigidity (i.e. being overly rules-bound). Family rigidity remained the most consistent predictor of suicidal ideation. Thus, two potential target factors for treatment were low self-esteem in the youth, and rigidity among their parents. While suicidal ideation was reduced for youth in both groups, the effect was stronger among youth in the Child and Family-Focused Cognitive Behavioral Therapy (CFF-CBT) group. In addition, treatment completion and satisfaction was greater in the CFF-CBT group.

Attachment-Based Family Therapy is designed for 12 and older but has been used with younger kids.

<http://drexel.edu/familyintervention/attachment-based-family-therapy/overview/>

Attachment-Based Family Therapy (ABFT) is the only manualized, empirically supported family therapy model specifically designed to target family and individual processes associated with adolescent suicide and depression. ABFT emerges from interpersonal theories that suggest adolescent depression and suicide can be precipitated, exacerbated or buffered against by the quality of interpersonal relationships in families. It is a trust-based, emotion-focused psychotherapy model that aims to repair interpersonal ruptures and rebuild an emotionally protective, secure-based parent-child relationship.

Randomized Clinical Trial of Dialectical Behavior Therapy for Pre-Adolescent Children With Disruptive Mood Dysregulation Disorder: Feasibility and Outcomes (Accepted Manuscript).

Francheska Perepletchikova, PhD, Donald Nathanson, LCSW, Seth Axelrod, PhD, Caitlin Merrill, BA, Amy Walker, PhD, Meredith Grossman, PhD, James Rebeta, PhD, Lawrence Scahill, MSN, PhD, Joan Kaufman, PhD, Barbara Flye, PhD, Elizabeth Mauer, MS, John Walkup, MD

ABSTRACT

Objective: Persistent irritability and behavior outbursts in disruptive mood dysregulation disorder (DMDD) are associated with severe impairment in childhood, and negative adolescent and adult outcomes. There are no empirically established treatments for DMDD. This study examined the feasibility

and preliminary efficacy of dialectical behavior therapy adapted for pre-adolescent children (DBT-C) with DMDD.

Method: Children ages 7-12 with DMDD (N=43) were randomly assigned 1:1 to DBT-C or treatment as usual (TAU). The six domains of feasibility included: recruitment, randomization, retention, attendance, participants' satisfaction, and therapist adherence. Blinded raters assessed participants at baseline, 8, 16, 24, 32 weeks and 3-month follow-up. The primary efficacy outcome was the positive response rate on the Clinical Global Impression–Improvement scale. Improvements in behavior outbursts and angry/irritable mood were assessed by the Clinical Global Impression–Severity scale.

Results: Mean number of participants randomized per month was 2.53 ± 2.72 . Participants in DBT-C (n=21) attended 89% of sessions compared to 48.6% in TAU (n=22). Eight TAU participants (36.4%) dropped out, compared to none in DBT-C. Parents and children in DBT-C expressed significantly higher treatment satisfaction than those in TAU. The rate of positive response was 90.4% in DBT-C compared to 45.5% in TAU, despite three times as many participants in TAU receiving psychiatric medications. Remission rates were 52.4% for DBT-C and 27.3% for TAU. Improvements were maintained at 3-month follow-up. Therapist showed adherence to the DBT-C.

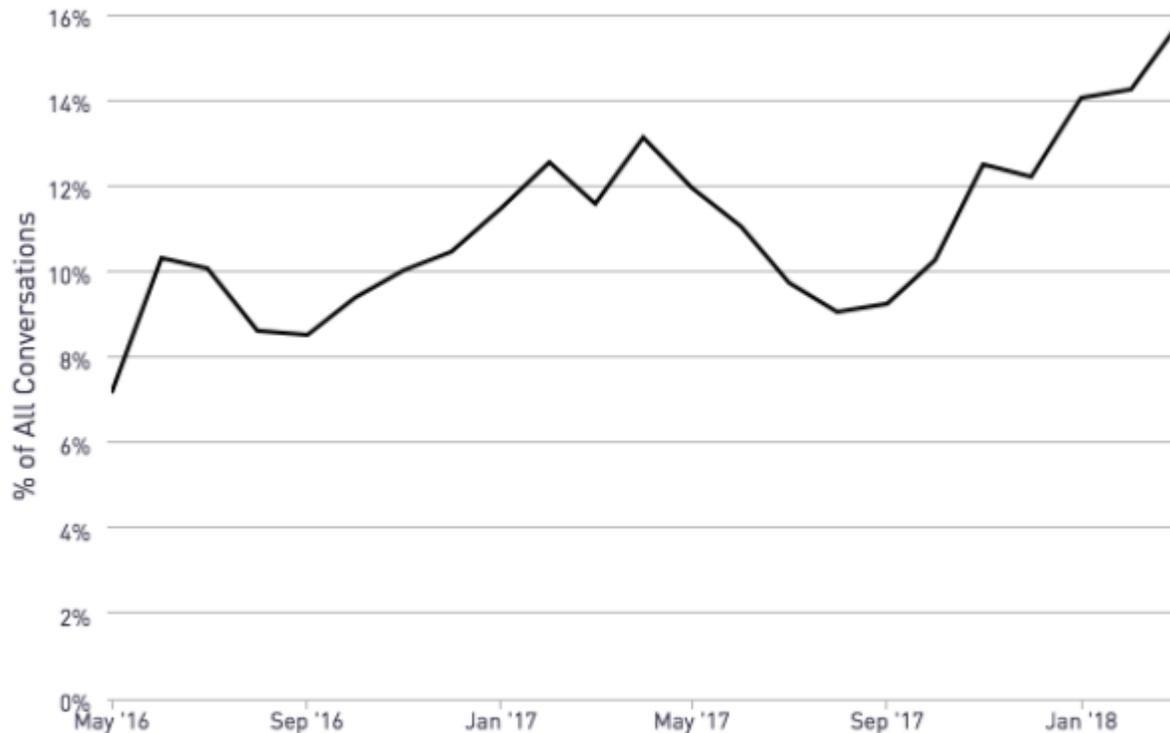
Conclusion: DBT-C demonstrated feasibility in all of the pre-specified domains. Outcomes also indicated preliminary efficacy of DBT-C.

[This link](#) will take you to a filtered search on the Suicide Prevention Resource Center (SPRC) [website](#) for treatment/service programs with evidence of effectiveness, including some that are specifically for children and adolescents.

http://www.sprc.org/resources-programs?type=70&program_evidence%5b%5d=1&populations=All&settings=All&problem=All&planning=All&strategies=All&state=All

IV. From Crisis Text Line

We have **twice as many texters under the age of 13** today as we did two years ago. That's the single largest demographic shift we've seen in our texter population.



- About 1 in 6 people who text in are under the age of 13.
- These texters are...
 - More likely to message in **during** the school year.
 - More likely to text **after school** hours and evenings.
 - **More diverse.** 56% identify as LGBTQ+ (vs. 44% avg.), 24% as Latinx (vs. 19% avg.), and 2% as Middle Eastern, North African, or Arab (vs. 1.4% avg.)
 - More likely to use the words “rumors,” “gossip,” and “panic”.
- Nearly 20% of this demographic will share they feel the urge to self harm.
- Two of CTL’s biggest **partners** are driving the rate of younger texters: YouTube and the state of Ohio. More than 20% of texters from their outreach have been 13 or younger in the last 2 months.

How We Support Them.

- 91% of these texters rate their convos as helpful.
- We see the highest quality ratings when Crisis Counselors use a combination of “deserve” and “comfortable.”

Ex: “You deserve to feel comfortable in your environment.”

[CTL Video Tip of the Week](#) on resources for youth under 13:
https://www.youtube.com/watch?v=kF_4Qn3kNvk&feature=youtu.be

These are recommended resources by CTL, but not “evidence-based” programs:

- [TeenTribe](#), peer to peer online support groups for teens:
<https://support.therapytribe.com/teen-support-group/>
- [Your Life Your Voice](#) has a [Tips tab](#) with [99 Coping Skills](#):
<http://www.yourlifeyourvoice.org/Pages/home.aspx>

[SuperBetter](#), is “a tool created by game designers and backed by science. Playing SuperBetter helps build personal resilience: the ability to stay strong, motivated, and optimistic even in the face of difficult challenges. Resilience has a powerful effect on health—by boosting physical and emotional well-being.”