Something old, something new, something borrowed ….

Suicidal teens, their parents, and their substance use

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DISCLOSURES

Financial - None

the advertised title of the talk doesn't match the content of the talk!

This is primarily a clinical – not research – presentation with selected reference to research findings

Overview of Today's Talk

Something New about Something Old:

SAMHSA Evidence-based Resource Guide Series

Something Old: Treatment Techniques

Something New: Ketamine, Psychedelics, TMS, EMI

Something Old: Working with Parents at the time of a Teen's Suicidal Crisis

Something Borrowed: Working with Suicidal Teens who are using Substances

SAMHSA EVIDENCE-BASED RESOURCE GUIDE SERIES: Treatment for Suicidal Ideation, Self-Harm, and Suicide Attempts Among Youth

1. Overview of current approaches and challenges to addressing suicidal ideation, self-harm, and suicide attempts among youth.
2. What Research Tells Us: Current evidence on effective treatments
3. Guidance for Selecting and Implementing Evidence-Based Programs
4. Examples of Suicide Treatment Programs
5. Resources for Evaluation and Quality

SAMHSA Programs: Something Old

- Dialectical Behavior Therapy
- Attachment-Based Family Therapy
- Multisystemic Therapy
- Safe Alternatives for Teens and Youth
- Integrated Cognitive Behavioral Therapy
- Youth-Nominated Support Team-Version II.

Something Old: Cognitive Techniques

Re-attribution	**Helping the adolescent modify cognitions such as "it's all my fault" to distribute the responsibility in a more balanced way.**
Problem-solving	Learning how to generate and evaluate options to problems and select the most effective option
Pros and cons	Generating a list of advantages and disadvantages for engaging in behavior (e.g. suicidal behavior, ending romantic relationship)
De-catastrophizing	Identifying catastrophic thinking, and using questioning (e.g. "what is the worst thing that will happen if the feared event occurs) to help the adolescent decide whether they are overestimating the catastrophic nature of the event.
Questioning of evidence	Using Socratic questioning to examine the evidence provided by adolescent to support a negative view.

More Cognitive Techniques

Examination of options and alternatives	**Acknowledging suicide as an option, and non-evaluatively generating alternative options to suicidal precipitant or anticipated stressful event.**
Scaling the severity of the event	Decreasing black and white thinking by having the adolescent rate on a scale of 0-100 the severity of precipitant of suicidal behavior or anticipated stressful event.
Reasons to live	Choosing at least five reasons the adolescent can identify for living.
Chain analysis	Creating a collaborative functional analysis of behavior (e.g. suicide attempt) identifying thoughts, behaviors, body sensations and events leading up to behavior, consequences of the behavior, and vulnerability factors (e.g. lack of sleep) that may have made adolescent vulnerable to behavior. Often followed by solution analysis where problem solving strategies are utilized to replace ineffective behaviors or thoughts with skillful ones.

Something Old: Affect Regulation Techniques

Mindfulness	**Increasing present moment awareness of emotional experience without judgment so as to help make more balanced decisions.**
Distress tolerance	Focusing on surviving crisis situations without making the situation worse (e.g. engaging in suicidal behavior). Techniques include distraction, self-soothing, paced breathing and progressive muscle relaxation.
Emotion regulation	Identifying and labeling emotions, problem solving, acting opposite to emotion urge, reducing emotional vulnerability by increasing positive experience and behaving in accordance with values.
Feelings thermometer	Choosing emotion label and body sensations associated with emotion preceding suicidal behavior, and filling out on a scale of 1 (calm and cool) -10 (extremely upset) body sensations and negative beliefs associated with that emotion at each level. Identifying "danger zone" on thermometer for risk of suicidal behavior.

An Update on the Latest Treatment Approaches with Suicidal Adolescents

Spirito, Webb, Cheek, Wolff, Esposito-Smythers

Current Treatment Options in Psychiatry,

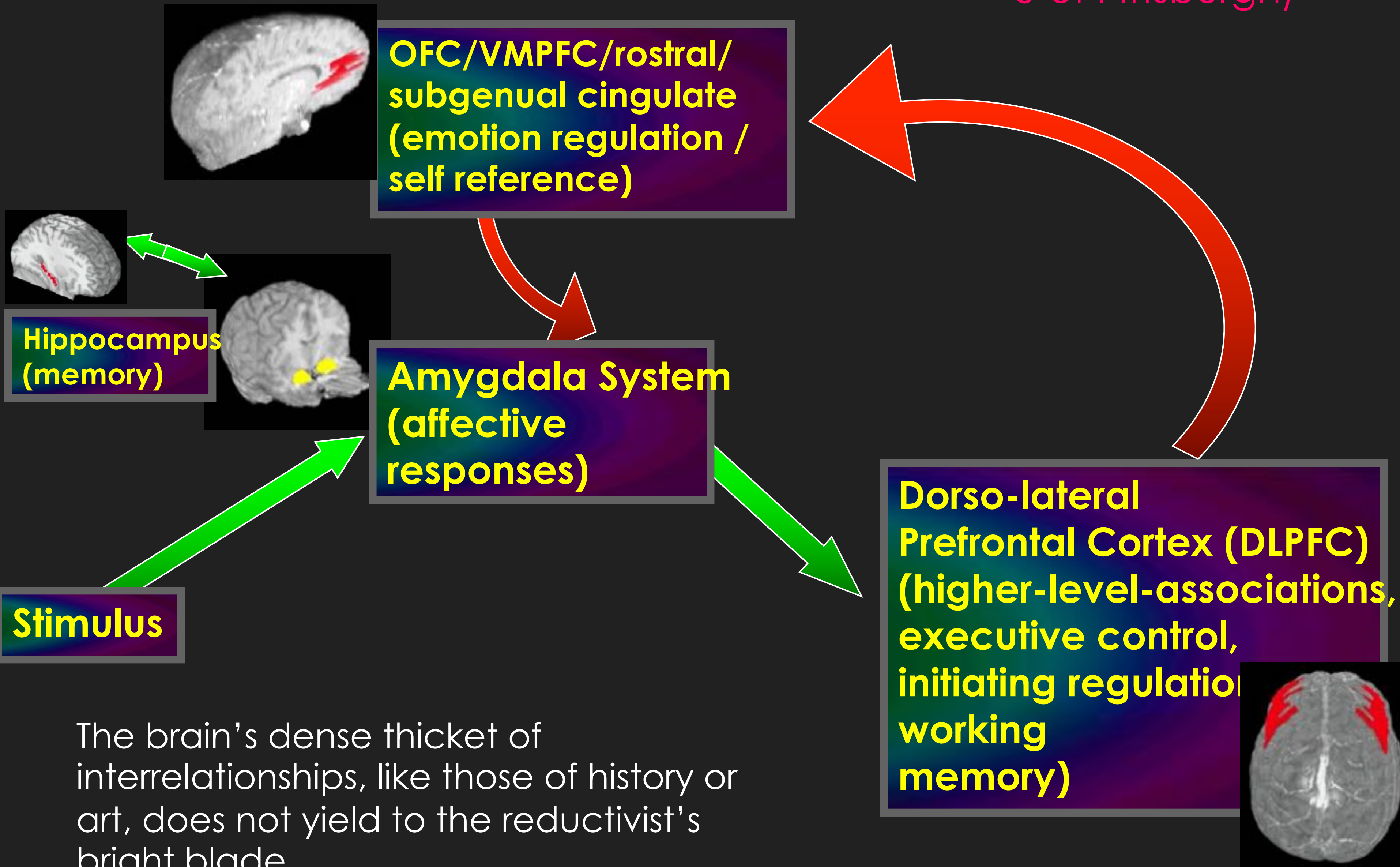
#2, 2021, pp 64- 76

Something new

Experimental medicine:

Only if the intervention adequately engages the target (mechanism), such as a ***neural pathway*** implicated in the disorder, will investigators move on to assess clinical outcomes.

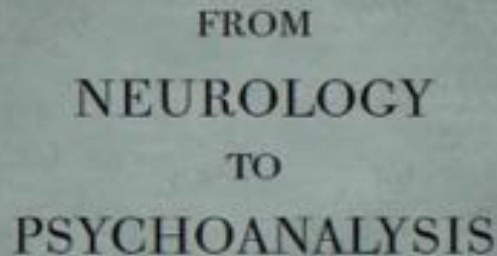
Finding the circuit is no mean feat! (Figure by Rebecca Price, U of Pittsburgh)



The brain's dense thicket of interrelationships, like those of history or art, does not yield to the reductivist's bright blade.

—

Something new?



- Why, anybody can have a brain. That's a very mediocre commodity. Every pusillanimous creature that crawls on the earth or slinks through slimy seas has a brain.

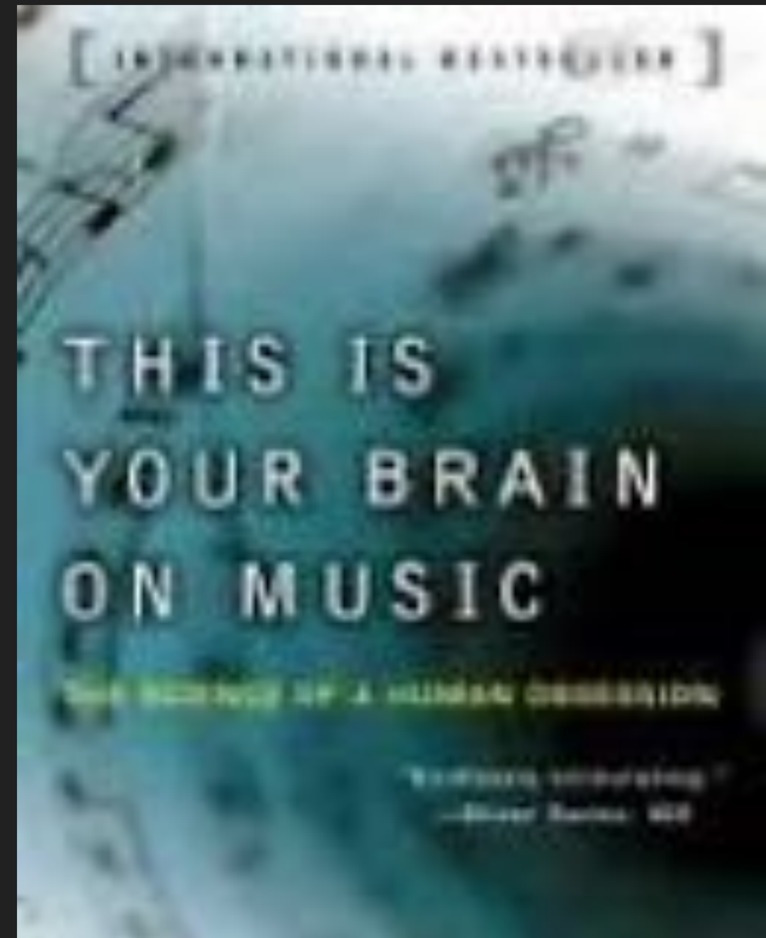
Something new: Transcranial Magnetic Stimulation – and its various offshoots

I can name that ~~tune~~ brain in 3 (4?) ~~notes~~ circuits!

Are all brains alike?

Something Old: There are other ways to engage circuits

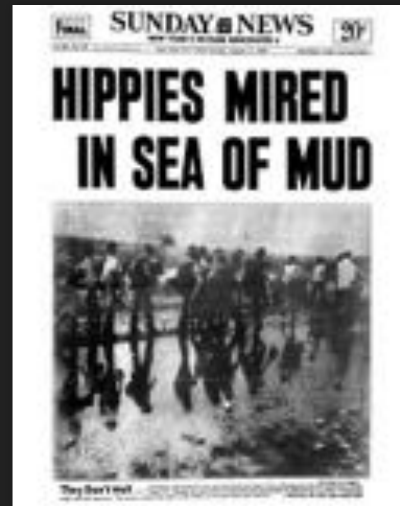
Music can improve verbal IQ, evoke colors in the mind and even help you see happy faces all around



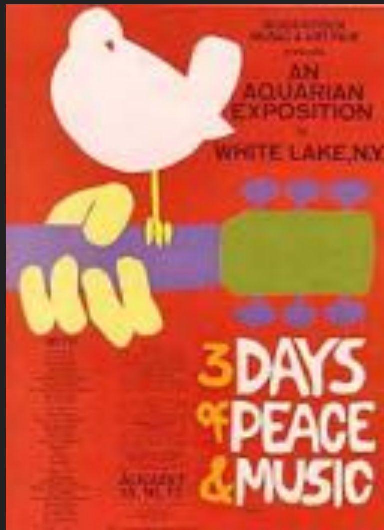
Something New – Psychedelics

- We have plenty of ecologically valid pilot data

It's a little old – more than 50 years


SUNDAY NEWS

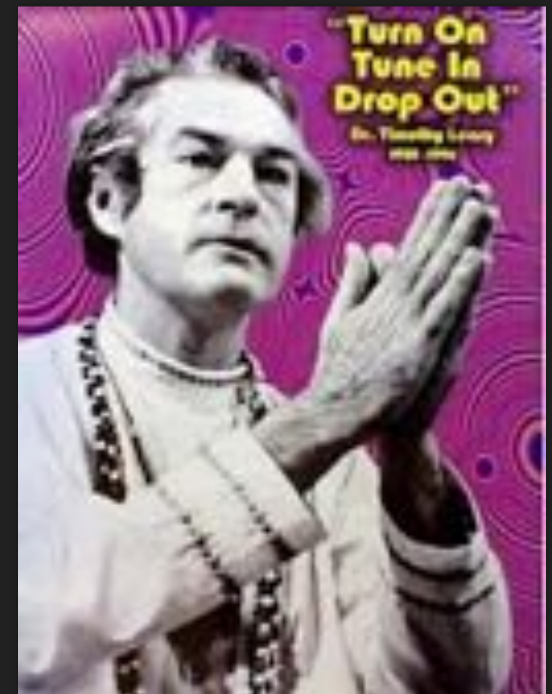
HIPPIES MIRED IN SEA OF MUD



Is it really Something new? :

TIMOTHY LEARY
THE HARVARD YEARS

Early Writings on LSD and Psilocybin with Richard Alpert, Huston Smith, Ralph Metzner, and others



Something new: Ketamine

- Be careful what you wish for

Something Old: Is this more or less important than TMS or Ketamine?

How did the parent(s) respond to a teen's suicidal ideation or attempt?

Positively, neutrally, or negatively?

Something Underemphasized: Assessing the Parent's Role in a Teen's Suicidal Crisis

Key assessment question:

What role do the parent(s) play in providing a protective environment or a stressful environment?

No Need for CAT, or EMA, or fMRI

Assessing Parental Role in Current Suicidal Crisis

Did the parent(s) play a role in triggering a teen's suicidal ideation or suicide attempt?

The parent is often the trigger for the child and sometimes exacerbates the situation

More serious:

- Abuse or neglect
- Parental mental illness or substance abuse

Contemporary triggers

Social Media Reasons for Psychiatric Hospitalizations	n	%
Conflict with Parent: Phone Taken Away	85	24.8
Peer Problems on Social Media	48	14.0
Emotional Reactions to Social Media	40	11.7
Suicide-Related Social Media Engagement	65	19.0
Looked up or discussed suicide or self-injury related topics online	30	8.7
Posted something on Social Media about suicide	17	5.0
Messaged someone about suicide	49	14.3

Nesi, Burke, Caltabiano, Spirito, & Wolff (under review) Digital Media-Related Reasons for Psychiatric Hospitalization Among Adolescents

Assessing Role of Parents in Current Suicidal Crisis

- Assess parental feelings/behavior toward the adolescent following the ED visit or attempt
- Best to do with parents alone

How did you react when you found out about the attempt?

What are your thoughts about it now?

I know that these types of situations can be tough on parents, how are you managing?"

Discharge Assessment of Parents and Home Environment

- Can parents/primary caregiver provide safe keeping?
  - Availability to teen & ability to monitor
  - Quality of relationship
  - Willingness to removal/lock up lethal means (firearms, medications, substances, razors, etc.)

Discharge Assessment

- Parents may not have the energy or ability to provide monitoring and support
- Backup plans sometimes need to be used to identify another adult that the parents and teen could access in emergency situations

Preparing Parents to Meet with Teen Prior to Discharge

- Taking suicidal behavior seriously

"It is <u>very</u> important to take all suicidal statements and behaviors seriously.

Even if you think there are reasons other than wanting to die behind it, it is important to react in a supportive manner and seek help.

Sometimes teens attempt suicide to prove their parents wrong or show their pain when they think their parents do not believe them. So it will be important to show concern and support to your son/daughter.

Is this something that you think that you can do when we meet together? What do you think that you will say?"

Preparing Parents to Meet with Teen Prior to Discharge

- *You will get a chance to ask him/her questions. If he/she does not want to answer, do not push him/her at this time.*
- *You will work on communication around the suicidal thoughts/behavior in therapy.*
- *We will also review your teen's safety/coping plan as well as ways that you can support your teen during this high risk time.*

Working with Parents

Important to make sure that parents are on board with the coping/safety plan

Parents need to be available to monitor their teen's safety

Something old (and borrowed): Parents need to be aware of teen's emotions

Something old: Emotion Coaching

- The goal of emotion coaching is for parents to give the message to their teen that they understand how their teen is feeling.
- This validation of emotion then sets the stage for guidance around adaptive methods for coping with the emotion
- May include feedback about unacceptable parts of the teen's response to emotion (e.g., it is okay to feel mad, but it is not okay to punch a hole in the wall.)

Emotion Validation

- Once teens feel like you understand where they are coming from emotionally, they will very likely be more ready to engage with you to solve the problem that caused the negative emotions in the first place.
- Teens cannot turn off their feelings just because parents tells them to stop (e.g., “Stop that crying”), but they can learn better ways to express their feelings.

Meeting with Teen and Parent(s) Together To Discuss Suicidal Episode

- *Example:. Often, it is not easy for teenagers to share their suicidal thoughts (and/or attempt). It took a lot of courage.*
- *Now that we are aware of it, you can start working on it in treatment.*

Conclude Interview (Teen & Parent)

- Review teen safety/coping plan with parents
- Review importance of supervision
- Review steps for the family to take in the event of increased suicide risk

Something Unknown: How Much Supervision is Enough after a Suicidal Episode?

- How is it done?
- For how long?
- What about access to phone and social media?

Concluding Interview with Parent and Teen: Home Environmental Safety

- Review how to keep home safe and tailor to situation
  - *Remove/lock up all means of attempt (medications, firearms, razors, knives, toxic substances, car keys)*
  - PARENTS give teen all medications.
  - Other temporary changes to address impulsiveness that could result in suicidal ideation or behavior, e.g. removing alcohol from house

Alcohol and Suicidal Behavior

- The relation between suicidality and alcohol appears to strengthen as each problem increases in severity (Esposito-Smythers & Spirito, 2004)

How Might alcohol affect suicidality?

Acute effects of intoxication :

- May heighten psychological distress
- Increase aggressiveness towards self or others
- Enhance suicide-specific expectancies, e.g. "alcohol will give me the courage to kill myself"
- Inhibit the generation and implementation of adaptive coping strategies

How Might Alcohol Affect Depression/ suicidality?

Distal effects of alcohol use:

May lead to substance-related social, academic, and/or legal problems, which in turn lead to :

Development or worsening of psychiatric symptoms , which in turn might lead to more severe depression and suicidal thoughts or behavior

Suicidality and Cannabis

- Modest association between heavy or problematic use of cannabis and depression in cohort and well-defined cross-sectional studies in the GENERAL population
- Little evidence of this link with infrequent cannabis use
- Modest association of early-onset, regular cannabis use and later depression

Why would this association exist?

THC appears to be related to regulation of emotional experience including depression, i.e a neurobiological effect of cannabinoids.

Alternatively, or more likely concurrently, the association is linked to common shared social, personality and environmental risk factors

Goldstein et al (2009)

- MDD response at 12 weeks was greatest for teens with low 12 week substance-related impairment regardless of whether they had high or low baseline substance-related impairment
- MDD response was significantly lower among teens with high 12 week substance-related impairment
- Suggests that it is important to characterize substance-related impairment even among teens with MDD who do not have a SUD

Assessment: Adolescent Substance Use

- Substance use history
- Substance use and Suicidal Ideation and at the time of a suicide attempt
  - Worsening of mood
  - Decrease inhibitions and self control
- Future intent to use and availability
- May not get truthful answers at first

Our Integrated Treatment protocol

- Project TRYADS: **T**reatment of **Y**outh **A**lcohol **A**buse an**d** **S**uicidality (Esposito-Smythers et al, 2011)
- NIAAA-funded Randomized Clinical Trial
- Compares an integrated outpatient CBT protocol for adolescents with co-occurring SUD, depression and suicidality to enhanced standard care

Patient characteristics

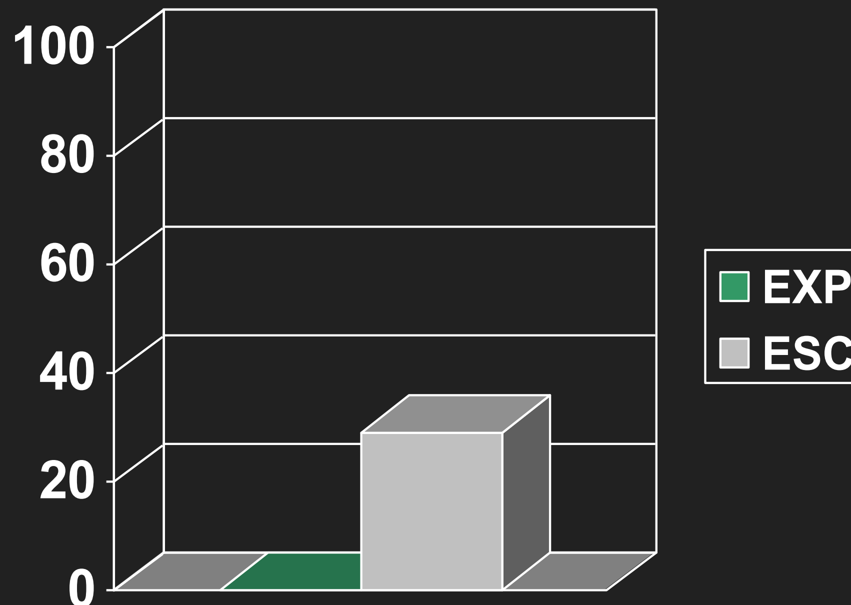
- Suicide
  - 100% suicidal ideation
  - 70% suicide attempt
- Alcohol/Substance Use Disorders
  - 37% alcohol abuse
  - 30% alcohol dependence
  - 4% diagnostic orphan
  - 30% marijuana abuse
  - 56% marijuana dependence

Treatment Arms

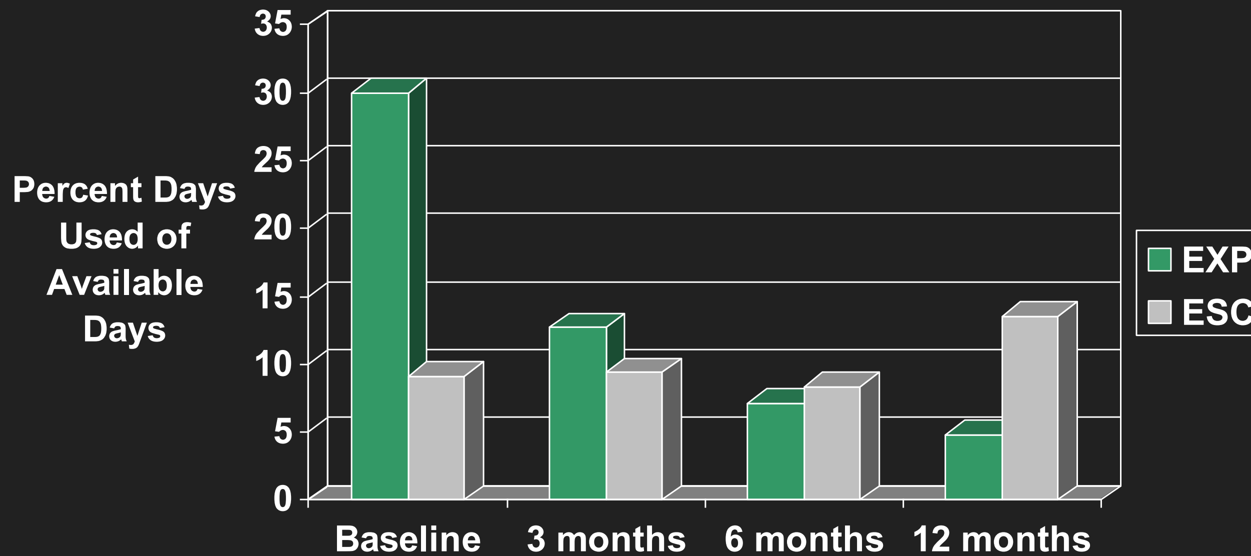
- Experimental (EXP)
  - Medication management
  - Case management
  - Comprehensive baseline assessment and follow-ups
  - Integrated treatment delivered by study staff
- Enhanced SC (ESC)
  - Medication management
  - Case management
  - Comprehensive baseline assessment and follow-ups
  - Treatment as usual in the community

Treatment Outcome

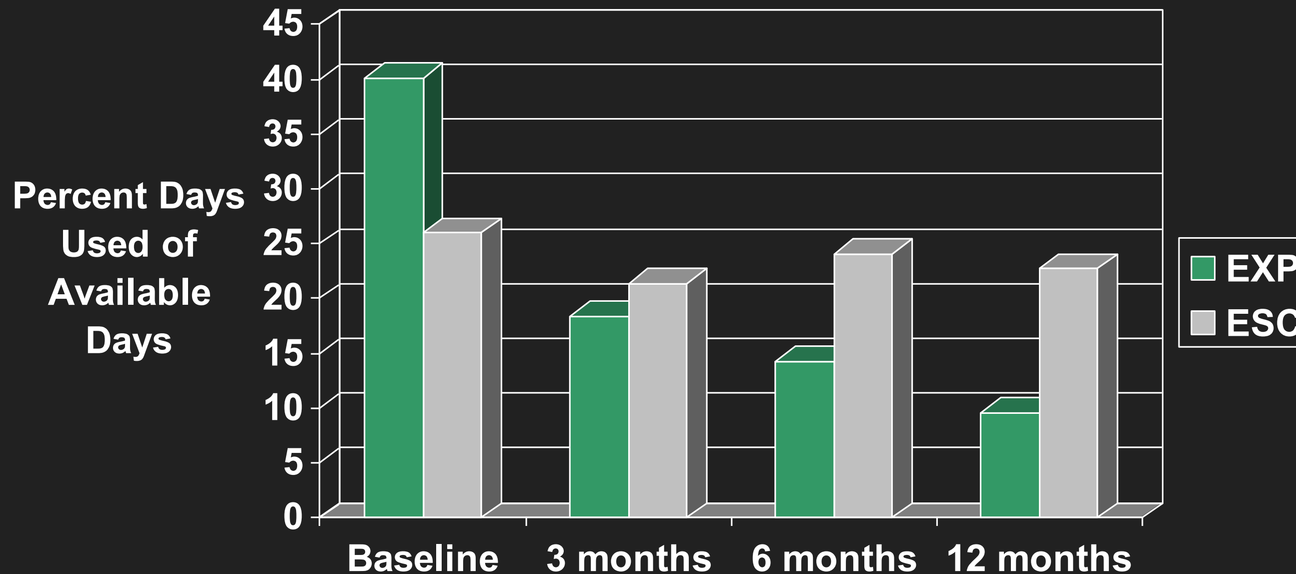
Percentage Attempted Suicide



Average Alcohol Use over Time



Average Cannabis use over Time by Treatment Conditon



Something Borrowed: Addressing Substance Use in a CBT protocol: Alcohol/Drug Refusal Skills

- Provide rationale for improving alcohol/drug refusal skills
- Teach nonverbal alcohol/drug refusal skills
- Teach verbal alcohol/drug refusal skills
- Role play alcohol/refusal skills
- Dispute thoughts that get in the way of using alcohol/drug skills, e.g. "If I don't drink, no one will ask me to do things on weekends".

Why learn alcohol/drug refusal skills ?

- Being offered AOD or being pressured to use them is a common high risk situation
- It is best to avoid these situations but it is not always possible or desirable
- The more quickly you can say "no" when offered AOD, the less likely you are to use

Alcohol/drug refusal skills

- Make eye contact
- Don’t feel guilty about refusing to drink
- Suggesting something fun and safe to do instead
- If pressured, ask him/her to stop asking you to drink/use drugs
- Change the subject
- ”While you guys are drinking and obnoxious, I get to talk to that new “….

Alcohol and Drug Refusal Tips

- My high risk situations are:

____

____

- Things I can tell myself when I think about using alcohol/drugs are:

____

____

COPING WITH CRAVINGS

- Rationale - Psychoeducation
- Identify triggers for urges to drink/use drugs using a drinking/drugs urges thermometer
- Identify alternative ways to cope with urges, e.g. self-talk, talking with friends and family, distraction, relaxation

MY PLAN FOR COPING WITH URGES

- **The easiest thing to do is AVOID triggers,**

  but if that's not possible….

- **Remember, urges are like waves.**

  "They only last about 20 minutes. If I can make it

  through the peak, I am home free."

My Plan for Coping with Urges

- I Can Use My Self- Talk

____

- I Can Talk With My Friends or Family

____

- I Can Distract Myself

____

- I Can Use My Relaxation Techniques

____

Motivational Interviewing Technique

Reasons to Stay the Same:

- What do you like about drinking/using drugs
- What are the not-so-good things that might happen if you cut down or stopped drinking/using drugs?

Reasons to Change:

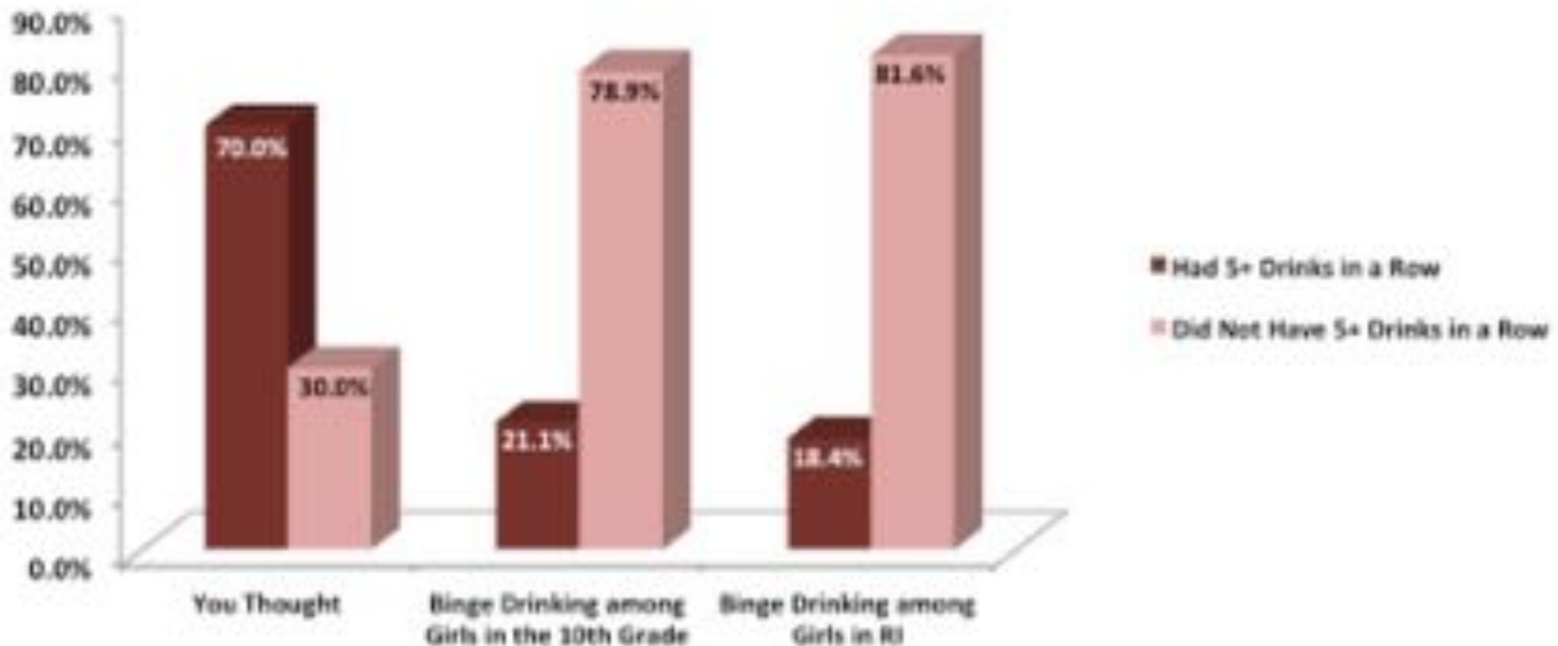
- What do you not like so much about drinking/using drugs?
- What are the good things that might happen if you cut down or stopped drinking/using drugs:

Additional techniques

- We use the following in our brief treatment protocols
- e-CHUG and e-TOKE (adolescent versions)

Normative Feedback

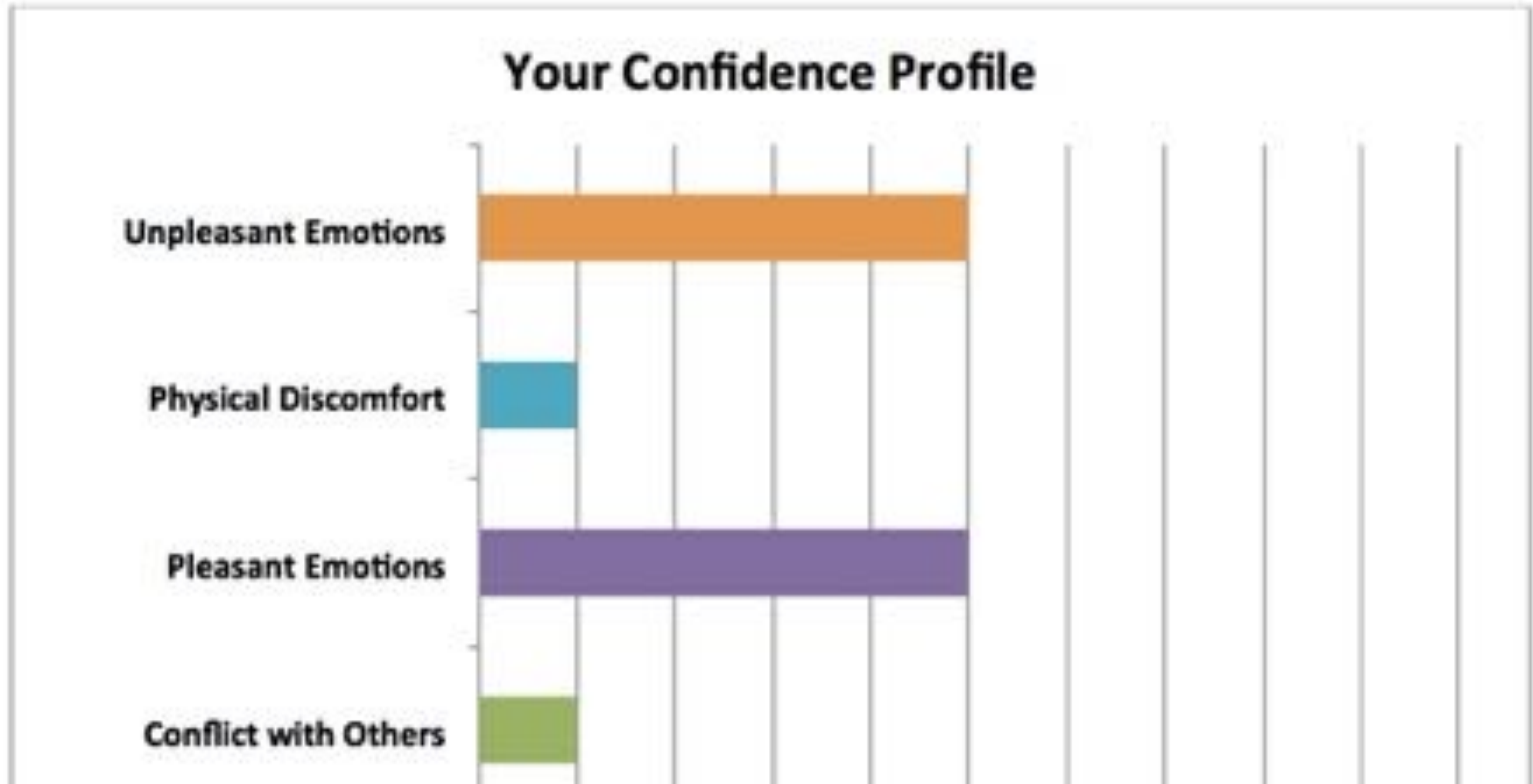
You had 6 occasions where you drank 4 or more drinks in a row in the past 30 days and thought that 70% of people your age engaged in binge drinking at least once a month.



This means that you engaged in binge drinking more often than 78.9% of girls in 10th grade and more than 81.6% of girls in Rhode Island in the past 30 days.

How confident are you about resisting the urge to use alcohol in certain situations?

The following graph shows your confidence that you could resist using alcohol in different situations. Situations where you have low confidence are more likely to pose a risk for you. You may find it particularly helpful to think of ways to identify and plan for these situations in advance.



How does alcohol affect you?

You reported that alcohol makes you...

- ✓ Forget things.
- ✓ Feel less motivated.
- ✓ React slower.

Here are some other ways alcohol can affect you...

•

- ✓ Excess alcohol use can cause or mask other emotional problems, like anxiety or depression.
- ✓ Many teens feel as though alcohol helps their problems go away, or they only feel "normal" when drinking alcohol. But when the "buzz" wears off, teens often feel even more depressed than they did before. These feelings can lead to suicidal thoughts, and even suicide attempts.
- ✓ Intoxication is associated with suicide attempts using more lethal methods, and positive blood alcohol levels are often found in people who complete suicide.

How is your alcohol use putting you at risk for continued suicidal ideation and attempts?

You thought...

- ✓ There is no relationship between your drinking and your suicidal ideation and attempts.

Here are some statistics on alcohol and suicidal ideation and attempts among people your age:

- ✓ Teens who abuse alcohol or drugs are more likely to consider, attempt, or complete suicide than are non-abusers.
- ✓ Teens with an alcohol or other drug use disorder are one and a half times more likely to have a repeated suicide attempt.
- ✓ In teens, having an alcohol use disorder raises the likelihood of a suicide attempt by as much as 25 times.
- ✓ As many as 46% of teens who have attempted suicide reported being under the influence of alcohol at the time of the attempt.

Clinical Decision Point – Cessation or Moderation?

CESSATION:

If You Drink/Use Drugs When Emotional, Create A Different Plan

Plan Ahead Not To Drink/Use Drugs On A Night(s) When You Would Usually Use

Plan Alternative Activities To Substance Use

Avoid Places Where You Will Be Bored Or Uncomfortable If You Don't Drink/Use Drugs

Options for *stopping* your drinking/drug use

- Spend More Time With People Who Don't Drink/Use Drugs
- Prepare An Excuse For Not Drinking/Using Drugs If Asked
- Hold A Non-Alcoholic Beverage In Your Hand
- Volunteer To Be The Designated Driver

OPTIONS FOR *CUTTING DOWN* ON DRINKING/DRUG USE

Moderation:

Keep Track of Number of Drinks/Hits

- Drink Fewer Drinks/Do Fewer Hits
- Drink/Smoke Fewer Days
- Set Number Of Drinks/Hits Ahead Of Time
- Set A Specific Time To Stop Drinking/Smoking

OPTIONS FOR *CUTTING DOWN* ON DRINKING/DRUG USE

Change The Way You Drink/Use Drugs

- Sip Rather Than Chug
- Empty Your Glass Before You Refill It
- Alternate Alcoholic Drinks With Water Or Soda
- Drink Beverages With Lower Alcohol Content
- Avoid Drinking Games
- Eat Before You Drink/Use Drugs
- Avoid Drinking/Using Drugs When Taking Medication

OPTIONS FOR *CUTTING DOWN* ON DRINKING/DRUG USE

Recognize Triggers and Plan Ahead

- Plan Ahead Not To Drink/Use Drugs On A Night When You Would Usually Use
- Plan Alternative Activities To Drinking/Using Drugs
- Avoid Places Where You Will Be Bored Or Uncomfortable If You Don't Drink/Use Drugs
- Spend More Time With People Who Don't Use
- Prepare An Excuse For Not Using, If Asked
- Volunteer To Be The Designated Driver

Conclusions

- Something old – old doesn't necessarily mean worse; we shouldn't abandon our tried and true approaches including thorough interviewing
- Something new - new is not always better – the jury is out on most of the new approaches
- Something borrowed - we can integrate treatment approaches from other specialties – in this case, we don't need to be experts to address substance use in suicidal teens

Clinical References

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