



Adolescent inpatient girls' report of dependent life events predicts prospective suicide risk



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ARTICLE INFO

Article history:

Received 22 August 2013

Received in revised form

6 May 2014

Accepted 12 May 2014

Available online 17 May 2014

Keywords:

Suicide

Adolescence

Life stress

Gender differences

ABSTRACT

Adolescents with a history of suicidal behavior are especially vulnerable for future suicide attempts, particularly following discharge from an inpatient psychiatric admission. This study is the first to test whether adolescents' tendency to generate stress, or report more dependent events to which they contributed, was predictive of prospective suicide events. Ninety adolescent psychiatric inpatients who were admitted for recent suicide risk, completed diagnostic interviews, assessments of history of suicidal behavior, and a self-report questionnaire of major life events at baseline. Participants were followed over the subsequent 6 months after discharge to assess stability vs. onset of suicide events. Cox proportional hazard regressions were used to predict adolescents' time to suicide events. Results supported hypothesis, such that only recent greater dependent events, not independent or overall events, predicted risk for prospective suicide events. This effect was specific to adolescent girls. Importantly, dependent events maintained statistical significance as a predictor of future suicide events after co-varying for the effects of several established risk factors and psychopathology. Results suggest that the tendency to generate dependent events may contribute unique additional prediction for adolescent girls' prospective suicide risk, and highlight the need for future work in this area.

Published by Elsevier Ireland Ltd.

1. Introduction

Adolescents with a prior suicide attempt are 8.1 times more likely to make a future attempt compared to peers (Lewinsohn et al., 1993). These youth are particularly vulnerable during the 6–12 months following discharge from hospital (e.g., Spirito et al., 1992; Brent et al., 1993a; Prinstein et al., 2008). Thus it is crucial to find risk factors that both identify vulnerable youth in this high risk population, and indicate intervention targets to decrease prospective risk.

The link between recent life events coinciding with adolescents' suicide attempts has been well established (cf. Overholser, 2003), but the role of life events for predicting future suicide risk is less certain. To date, the majority of studies assessing life events and adolescents' suicide risk have been cross-sectional or retrospective (for a review, see Liu and Miller, 2014), or were conducted on community samples (e.g., Lewinsohn et al., 1994), which limits the ability to discern the extent to which results are driven by psychopathology. Studies with psychiatric samples though have often been limited by methodology (e.g., chart review) or assessment range, examining only one or a few stressors (Overholser,

2003). Further, despite mounting evidence that the tendency to generate stress (or experience greater dependent events to which an individual contributes) predicts prospective maintenance and exacerbation of psychopathology highly co-morbid with suicide (Hammen, 1991; Liu and Alloy, 2010), this distinction from independent (or fateful events) has yet to be extended to predicting suicide risk. The primary aim of the current study, therefore, was to address the following limitations, by testing whether dependent, as opposed to independent events, exhibits utility in predicting adolescent inpatients' risk for prospective suicide events across the first 6 months following hospital discharge.

According to the stress generation theory (Hammen, 1991), psychopathology such as depression coincides with greater negative events not only through exposure to stress outside one's control (fateful or independent events), but also through the tendency to 'generate' events that are dependent on one's actions (e.g., conflicts with parents or peers, failing a test). In turn, the tendency to generate stress prospectively is hypothesized to predict future risk. That is, the impact of ongoing dependent events, which involves a greater, consistent presentation of (a) environmental stressors to navigate and (b) internal reactions (or distress) with which to cope, serves to maintain or exacerbate risk prospectively. In contrast, although independent life events are also associated with depression onset (stress exposure model),

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the random inconsistent nature of independent events (e.g., medical illness of self or relative, friend moving away) make them less likely to consistently recur to maintain external stress and internal distress to impact risk prospectively.

To date, research supports that the tendency to generate stress increases in adolescence (Rudolph and Hammen, 1999), and is associated with primary depression and borderline personality disorder (Daley et al., 2000; cf. Liu and Alloy, 2010), two of the most common diagnoses associated with suicidal acts. Critically, the tendency to generate stress appears to reflect a stable trait, such that adolescents' baseline interpersonal stress has been found to predict greater dependent, but not independent events, prospectively (Daley et al., 1997). Finally, research also supports that dependent events in turn maintain and exacerbate adolescent depression prospectively (e.g., Kercher and Rapee, 2009; Wetter and Hankin, 2009; Hankin et al., 2010).

Research on adolescent suicide attempts has largely focused on a stress exposure model, and supports that suicide attempts coincide with events that may be presumed to be both independent, (e.g., chronic illness, Hawton et al., 1996; de Wilde et al., 1992) and dependent (e.g., interpersonal conflict, Hawton et al., 1996; Beautrais et al., 1997; Overholser, 2003). There is some evidence that specific events predict prospective suicide attempts (Brent et al., 1993a), but an assessment of the relative contribution of independent vs. dependent events in prospective suicide risk in adolescents has yet to be undertaken. We propose that dependent events may be a critical predictor of chronic risk seen with multiple attempters in adolescence. Specifically, we hypothesized that adolescents' who exhibit suicidal behavior in the context of more dependent events should be at greater imminent risk for future suicide events once they return to the environments where they tend to generate stress. We did not anticipate a link between independent events and risk for prospective suicide events.

As a secondary aim, we also considered the role of gender. The tendency to experience greater dependent events is more common of adolescent girls than boys (Rudolph and Hammen, 1999; Shih et al., 2006). Thus, this greater stress generation tendency may mediate adolescent girls' greater rates of suicide events (Lewinsohn et al., 2001). Alternatively, research to date also supports gender moderation, such that girls' exhibit greater reactivity to stress (Hankin and Abramson, 2001), particularly interpersonal events (Rudolph, 2002) which are largely dependent in nature. Dependent events, as a stronger predictor of maintenance effects of psychopathology among girls' (Liu and Alloy, 2010), may also extend to predicting stronger effects on girls' suicide risk as well. An initial study based on inpatient chart reviews supports this trend, with rates of recent interpersonal conflict associated with suicide attempts among girls but not boys (Kotila and Lonnqvist, 1988). The current study builds on this work with a more encompassing assessment of life events to test gender mediation and moderation models of dependent events and adolescents' risk for future suicide events. We did not anticipate significant gender mediation or moderation models between independent events and future suicide events.

Finally, to determine the clinical utility of dependent life events as a predictor of prospective suicide events, we also covaried for the effects of established risk factors: diagnoses of major depressive disorder (MDD), substance abuse, and borderline personality disorder (BPD), adolescents' and family history of suicide attempts (Brent et al., 1993b, 1996), and current symptom severity (symptoms of anxiety and depression). Additionally, we also covaried for risk factors previously found to predict adolescents' prospective suicide events in this sample: black ethnicity, current diagnosis of post-traumatic stress disorder (PTSD), suicidal ideation at baseline, history of childhood sexual abuse, lower positive affectivity, and higher levels of aggression (Yen et al., 2012). While other studies

have analyzed data from this sample (Lipschitz et al., 2012; Selby and Yen, 2014; Selby et al., 2013; Yen et al., 2013) none have examined life events.

2. Methods

2.1. Participants

Participants consisted of 119 adolescents and their legal guardians/primary caregivers, who were recruited from an adolescent inpatient psychiatric unit on the basis of having been recently admitted for elevated suicide risk (i.e., recent suicide attempt, or suicidal ideation with or without self-injury). The present study is based on data from the 90 adolescents who completed both the self-report measures at baseline, and the final 6 month assessment. Of the 90 participants, 59 were female; 80% of youth were Caucasian, 10% African American, 2% Asian/Pacific Islander, and 8% identified as 'other', and 17% reported Hispanic ethnicity.

2.2. Procedure

Baseline assessments were conducted during adolescents' hospitalization stay (or shortly thereafter). At that time parental consent and adolescent assent were obtained and participants completed diagnostic interviews and self-report instruments on symptomatology and life events. Following the baseline assessments (Time 0), patients were contacted every two months via phone over the subsequent 6 months (26 weeks), at which time participants reported on mood and psychiatric status. Data in the current study reflect baseline measures, except for the LIFE interview which was administered at the 6-month follow-up to assess the presence and timing of prospective suicide events.

2.3. Measures

2.3.1. Schedule for Affective Disorders and Schizophrenia for School Aged Children – Present and Lifetime versions (K-SADS-PL)

The K-SADS-PL (Kaufman et al., 1997) is a semi-structured interview that was administered to adolescents and their caregivers individually. The K-SADS-PL was used to obtain demographics, adolescents' psychiatric diagnoses, and history of childhood sexual abuse (reported for 21 youth), and the suicide module assessed both adolescents' and family history of suicidal behavior. Consensus ratings were used to establish presence or absence of Axis I diagnoses (κ ranged 0.61–1.00 for disorders endorsed by at least 15% of the sample).

2.3.2. Childhood Interview for Borderline Personality Disorders (CI-BPD)

The CI-BPD, a subsection of the Diagnostic Interview for DSM-IV Personality Disorders (DIPD-IV; Zanarini et al., 1996), is a semi-structured diagnostic interview that assesses for borderline personality disorder according to DSM-IV criteria in adolescents. Inter-rater reliability in the current study was satisfactory ($\kappa=0.82$).

2.3.3. Adolescent – Longitudinal Interval Follow-Up Evaluation (LIFE)

The LIFE (Keller et al., 1987) is a semi-structured interview assessing the longitudinal course of psychiatric disorders and functioning including suicidal behaviors. The LIFE was administered at the 6-month assessment to assess for the occurrence and timing of prospective suicide attempts or treatment utilization due to suicide risk (ER visits, inpatient hospitalization or residential placements). In the current study suicide attempts as well as emergency interventions to intercede a potential suicide attempt were counted as a suicide event, in weeks since adolescents' discharge from baseline hospital stay.

2.3.4. Life Events Checklist – Child Form (LEC-C)

The LEC-C (Johnson and McCutcheon, 1980) is a widely used self-report questionnaire that lists 46 major life events relevant to children and adolescents. Regarding validity, the LEC-C has been used as a measure of convergent validity to establish alternative life-stress interviews (Williamson et al., 2003). At baseline, adolescents provided objective ratings of which life events they had experienced over the past 6 months. To distinguish dependent from independent life events, three independent clinicians rated each event as mostly dependent (e.g., trouble with sibling; failing a grade) or independent (e.g., major personal injury or illness; parent going to jail) of the individual's behavior, with discordant ratings being resolved by consensus between the raters. Excellent inter-rater reliability was found (ICC=0.99). The final set of items included 27 dependent (52% of which were interpersonal), and 18 independent events (50% interpersonal).

2.3.5. Suicide Ideation Questionnaire (SIQ)

The SIQ (Reynolds, 1985) is a 30-item self-report instrument that was administered at baseline to assess the frequency of adolescents' suicidal thoughts during the prior month ($\alpha=0.97$).

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