



The adolescent emotional coping after an earthquake: A risk factor for suicidal ideation



Paolo Stratta^{a,b,*}, Cristina Capanna^c, Claudia Carmassi^b, Sara Patriarca^c,
Gabriella Di Emidio^c, Ilaria Riccardi^c, Alberto Collazzoni^c, Liliana Dell'Osso^b,
Alessandro Rossi^c

^a Mental Health Center, Department of Mental Health, ASL 1, L'Aquila, Italy

^b Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy

^c Department of Biotechnological and Applied Clinical Sciences, University of L'Aquila, L'Aquila, Italy

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ABSTRACT

The study aims to investigate the relationship of suicidal ideation with coping and resilience in a sample of adolescents who survived an earthquake. Three hundred forty-three adolescents who had experienced the L'Aquila earthquake were investigated for a screening distinguishing Suicidal Screen-Negative (SSN) from the Positive (SSP) subjects. Resilience Scale for Adolescents (READ) and Brief Cope were administered. Emotion-focused coping score was significantly higher in SSP subjects. In the SSN but not in the SSP sample the READ total score correlated with problem-focused total score. A positive correlation was seen between emotion-focused and problem-focused scores in both samples, with a higher coefficient in SSP sample. Externalising problems and maladaptive behaviours can arise in adolescents exposed to traumatic events. Attention should be paid in reducing risk factors and in the development of psychological abilities, improving the coping strategies that can protect from emotional despair and suicidal ideation.

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Introduction

Several psychological consequences, such as suicidal ideation (SI), can arise in the aftermath of natural disasters. There is growing empirical literature on this issue demonstrating that people such as children, adolescents and the elderly are vulnerable groups (Lindsay, 2003; Norris, Friedman, & Watson, 2002; Norris, Friedman, Watson, Byrne, et al., 2002; Ursano, Fullerton, Weisaeth, & Raphael, 2007; Zhang et al., 2010). Several predicting/contributing vulnerability factors seem to be related to the increase of suicidality including major depression and previous mental health problems, as well as severe destruction to property, injuries to relatives, danger to life and economic conditions (Kölves, Kölves, & DeLeo, 2013).

Adolescence is a peculiar period in individual development: it is the only period in life during which the primary causes of morbidity and mortality are directly attributable to overt behaviours, such as suicide and dangerous driving, rather than disease (Patton et al., 2009), as well being the time for onset of mental illness (Kessler et al., 2005). In particular, suicide among

* Corresponding author. Centro di Salute Mentale, Dipartimento di Salute Mentale, Azienda Sanitaria Locale 1, Via Bellisari, 67100 L'Aquila, Italy. Tel.: +39 0862 433602; fax: +39 0862 433523.

E-mail address: psystr@tin.it (P. Stratta).

adolescents has been observed as the single leading cause of death (Griffiths, Rooney, & Brock, 2005). Descriptive epidemiology offers information on risk and protective factors for youth suicide and suicidal behaviour, ensuing as a result of an interaction of socio-cultural, developmental, psychiatric, psychological, and family environmental factors (Bridge, Goldstein, & Brent, 2006). In this landscape a severe stressful event, such as having survived to a calamity is a factor influencing suicidal behaviours (Halligan, 2009; Langlois & Morrison, 2002; Leon et al., 2006; Wenzel, Rushiti, & Aghani, 2010).

Disasters greatly affect the mental health and behaviour of children and adolescents with a wide range of sequels. The nature and extent of such effects is difficult to evaluate due to the complex maturational processes in progress and family and social contexts of subject's lives (Kar, 2009, 2010; Reijneveld, Crone, Verhulst, & Verloove-Vanhorick, 2003). The effects of catastrophic events on children and adolescents necessitate therefore diligent and responsible preparation and implementation of research endeavors (Pfefferbaum, Noffsinger, Sherrieb, & Norris, 2012).

Resilience and coping skills may act as buffers against this extreme dramatic consequence of natural disasters, i.e. as protective factors intervening to mitigate the effect of stressful life events, restraining even at risk subjects from suicide attempts. Recent research on resilience, including ability, perception or set of beliefs which protect individuals from the development of suicidality in the face of risk factors or stressors, suggests that the identification of moderators may improve estimates of suicide risk and the development of key focused interventions (Johnson et al., 2010; Johnson, Wood, Gooding, Taylor, & Tarrier, 2011; Osman et al., 2004). Numerous studies have reported that coping and social skills do play a role in suicidality (Grover et al., 2009; Pollock & Williams, 2001, 2004; Schotte & Clum, 1987).

On April 6th 2009, at 3:32 a.m., an earthquake (Richter Magnitude 6.3) struck L'Aquila, Italy, a town with a population of 72,000 residents and a health district of 105,000 residents. In the town of L'Aquila, many buildings collapsed and large parts of the town were destroyed, 309 people died and more than 1600 were injured, of whom 200 were severely injured and hospitalised and 66,000 individuals were displaced.

In previous studies on adolescents from L'Aquila who were evaluated ten months after the earthquake, high rates of full or partial PTSD were found, with girls being the most affected (Dell'Osso, Carmassi, Massimetti, Conversano, et al., 2011; Dell'Osso, Carmassi, Massimetti, Daneluzzo, et al., 2011; Dell'Osso, Carmassi, Massimetti, et al., 2012; Dell'Osso et al., 2013), particularly when factors such as epicentre proximity, bereavement, and property loss intervened. In another study on resilience and coping skills of an adolescent population, we reported that resilience was 'activated' in face of the traumatic event particularly in males (Stratta et al., 2013). Problem-focused but not emotion-focused coping strategies showed a similar pattern. These findings are compatible with the existence of protective mechanisms related to resilience and coping skills, leading to a successful reaction to stress. On the basis of these findings we hypothesise that the lack of activation of these mechanisms could lead to severe, even extremes, consequences after the earthquake such as suicidal ideation.

In this study, we examined data from suicidal screening performed on a sample of adolescents two years after the event with the aim to investigate the relationship with coping and resilience.

Method

Subjects

High school students from the city of L'Aquila exposed to the earthquake attending the last year were invited to anonymously participate and were investigated for suicidal intention screening. All eligible subjects provided informed consent after receiving a complete description of the study and having an opportunity to ask questions. Data were collected during the month of April 2011. Full data were available for 343 adolescents (95.6% of the overall sample), 137 females and 206 males.

The attending students were between 17 and 18 years of age. The study was approved by the local School Council in accordance with local established rules. Students were briefed on general aims of the research and instructed on how to complete the questionnaires by trained junior researchers (SP, GDE, AC).

Instruments

Resilience Scale for Adolescents (READ) (Hjemdal, Friborg, Stiles, Martinussen, & Rosenvinge, 2006) is a 28-item self-report scale using a 5-point Likert scale with all items positively phrased. Higher scores reflect a higher degree of resilience. It consists of a multidimensional scale with five factors: (1) Personal Competence; (2) Social Competence; (3) Structured Style; (4) Family Cohesion; and (5) Social Resources. The Italian validated translation of the original version was used (Stratta, Riccardi, et al., 2012). The alpha reliability coefficients for the five dimensions and for the total resiliency score were 0.78, 0.80, 0.64, 0.81, 0.89 and 0.92.

The READ scale was derived from the Resilience Scale for Adults (RSA) (Friborg, Hjemdal, Rosenvinge, & Martinussen, 2003) in order to examine resilience and understand stress adaptation across multiple levels and to assess the protective resources of the person (Friborg, Hjemdal, Martinussen, & Rosenvinge, 2009; Hjemdal et al., 2006). The scale received the highest rating for content, construct validity and interpretability among fifteen measures of resilience (Windle, Bennett, & Noyes, 2011). The authors of the scale outline evidence from longitudinal research to identify some of the key features of resilient people. Examples of items used to explore these features are: 'In my family we share views of what is important in life', 'I always have someone that can help me when I need it' (items from family cohesion and social resources constructs respectively).

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