

Predicting adolescent suicidality: Comparing multiple informants and assessment techniques

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Abstract

Adolescent suicidality is a serious problem among American youth. Common risk factors for adolescent suicidality include depression and conduct problems but there is little agreement on the best means to assess these factors. We compared multiple informants (mothers, fathers, the adolescent and a sibling) and multiple assessment techniques using a sample of more than 460 families. Assessment techniques included paper–pencil instruments, observer ratings, and diagnostic interviews. Suicidality was assessed concurrently and two years after the risk assessment. Adolescent-reported paper–pencil instruments and diagnostic interviews were strongly associated with concurrent and future suicidality. Parents' report of adolescent feelings and behaviors were also useful. Observed behaviors were not useful in assessing suicidality risk factors. Clinical recommendations include utilizing paper–pencil and diagnostic adolescent risk factor assessment and focusing on emotions.

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Suicide rates among US adolescents continue to alarm mental health therapists, policy makers, and families. Approximately 8% of US adolescents attempt and 17% consider suicide annually

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(Eaton et al., 2006). Accurate suicidal assessment is needed to reduce these rates (Pfeffer, 2001; Sommers-Flanagan & Sommers-Flanagan, 1995). However, accurate assessment is challenging as many adolescents are not forthcoming with their suicidal inclinations; therefore risk factor assessment is necessary.

Risk factors most consistently linked to adolescent suicidality include internalizing risks such as depressive symptoms and disorder and behavior problems including delinquency and conduct disorder (e.g., Boergers, Spirito, & Donaldson, 1998; Brent, Kolko, Allan, & Brown, 1990; Fleischmann, Bertolote, Belfer, & Beautrais, 2005). Various depression and conduct disorder assessment techniques exist such as paper–pencil symptom inventories, diagnostic interview, and behavioral observation. Multiple informants including adolescents, parents, or other family members can also be used.

To date, there is no consensus on the most accurate means of evaluating adolescent suicidal risk factors. Most suicidal risk factor assessments are designed for adult populations (Guitierrez, 2006; Velting, Rathus, & Asnis, 1998). Also, adolescents report suicidal behaviors differently depending on how information is gathered, e.g., paper–pencil inventory versus diagnostic interview (Prinstein, Nock, Spirito, & Grapentine, 2001), and informant usefulness varies (Breton, Tousignant, Bergeron, & Berthaume, 2002). The professional setting can also affect the outcome. For example, psychiatric risk assessments are more predictive of future self-harm than risk assessments done by emergency room staff (Kapur et al., 2005).

Informant usefulness may vary because informants tap into different symptoms (Achenbach, McConaughy, & Howell, 1987). For example, diagnoses vary by informant because informants endorse different symptoms (Grills & Ollendick, 2002; Jensen et al., 1999). Within families, parents agree more with other informants on externalizing symptoms (Achenbach et al., 1987), but adolescents more accurately report depression (Rubio-Stipec, Fitzmaurice, Murphy, & Walker, 2003). Siblings often agree on depression symptoms but disagree on externalizing (e.g., aggression) (Epkins & Dedmon, 1999). However, this research gives little information about the specific link between risk factor informant and adolescent suicidality.

There is also no agreement on the best technique for assessing suicidal risk factors. Techniques differ conceptually and can provide unique information (Kasius, Ferdinand, van den Berg, & Verhulst, 1997). For example, paper–pencil inventories often produce normed quantitative data whereas diagnoses are categorical (Kasius et al., 1997). Diagnostic interviews and observer ratings typically focus on behavior whereas paper–pencil instruments assess global interactions and emotions (Darling & Steinberg, 1993). Paper–pencil and diagnoses are commonly used, but observation can allow a naturalistic, unobtrusive assessment of adolescent behavior (Kaminer, Feinstein, & Seifer, 1995), especially when suicidal individuals are withholding their true intentions (Brent, 2001).

Given the lack of consensus on the most useful means of evaluating adolescent suicidality risk factors, we examined the utility of various techniques and informants. We defined suicidality as suicidal ideation, planning, and attempts. We assessed adolescent internalizing risk (depression) using adolescent, parent, and sibling reports from paper–pencil surveys, independent observer ratings and a diagnostic structured interview. The same informants and mix of techniques were used to assess externalizing risk factors (behavioral problems).

Usually clinicians want to know if the adolescent is currently suicidal, making a concurrent analysis useful. However, understanding future risk can also be beneficial. Therefore, we

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