

Substance Abuse and Suicide

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Treating “Tough Kids”

- Thanks David Brent
- Public health issue(s)
- Skills and therapies
- Programs
- *And, of course, research....*



Temporal Trends of Adolescent Suicide in Allegheny County, 1960-1983

-  suicide with detectable BAC (3.6x) 46%
- Completed suicide using firearms ~5x more likely to have been drinking than those using other methods

Brent, Perper and Allman, 1987



Substance Abuse as A Risk Factor for Adolescent Suicide I

- Substance abuse OR = 8.5*
- ↑ when substance abuse combined with mood disorder OR = 17.0*
- SUD more important in young suicides
- SUD may be most significant contributor to increase in young adult suicide rate ^

*Brent et al., 1993

^ Rich et al., 1986



Substance Abuse as A Risk Factor for Adolescent Suicide II

- SUD associated with 6-8.5-fold increase in attempts
- Presence of SUD associated with 5x increase in lethality
- Increase in relationship with increase in severity

Esposito-Smythers & Spirito, 2004

Nock et al., 2009

Goldston, 2004



Risk Factors for Completed Suicide among Adolescents with lifetime History of SUD

- Completers with greater % active SUD
- Comorbid depression
- Prior suicidal ideation
- Family Hx of depression and SUD

Bukstein et al., 1993



Suicide Risk and Mood Disorders

- Major Depressive Disorder
- Bipolar Disorder
- *Disruptive Mood Dysregulation Disorder (?)*



Theoretical Relationship

- Suicidal and SUD behaviors both attempt to deal with stress, overwhelming feelings
- Common health risk behaviors – different manifestation of underlying set of traits and/or deficits in neuropsychiatric functioning
- Substance use lowers threshold for suicidal behavior (via impulsivity, impaired cognitive functioning)

Goldston, 2004



Clinical Management



Assessment

- Be aware of risk
- Comorbidity as the rule (vs exception)
- Clinicians treating youth with SUDs should know how to screen and assess for suicidal behavior, and visa versa
- Broad array of assessment and skills



Targets for Treatment

- Skills – cognitive/behavioral
- Family Functioning
- Motivation/Engagement
- (pro-) Social Functioning

Bukstein et al., 2005



Evidenced-based Approaches

- Limited RCTs for suicidal behavior + SUD
 - Mostly SUD and depression
- CBT-based interventions (also DBT in adults)
- “Strategies” vs narrow or strict protocol-driven interventions



Relevant Studies

- CBT Relapse prevention (ages 13-20) with SUD (alcohol and cannabis), depression and recent suicide attempt (or recent plan) to augment standard care - TAU (Goldston et al 2011)
 - Greater rate of change in SI and depressive SX
 - Less drinking and marijuana use days
- Treatment for Teens With Alcohol Abuse and Depression (T-TAAD) (Curry and Kaminer) – in progress
- DBT- several positive adult studies Linehan et al. 1999 2002, 2006)



RCT: I-CBT vs E-TAU with Suicidality and SUD

- 40 teens with AUD or CUD
- Integrated CBT protocol
 - 6 month acute phase, 3 month continuation, 3-month maintenance; 2 therapists
 - Individual therapy, parent training, and family sessions
- Enhanced TAU (in the community)
- Both can have medications
- I-CBT > E-TAU: fewer suicide attempts, psych hospitalizations, ED visits, heavy drinking days, days of cannabis use (18 month FU)

Esposito-Smythers et al., 2011

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CBT Conceptual Framework

- ABCs or Stimulus-response-consequences
 - Obtain understanding of suicide and SUDs behaviors in context of environmental triggers and consequences and risk/protective factors
- Functional analysis (and chain analysis for suicidal behavior)
 - Use of substance use, mood, and suicidal thoughts as both triggers/antecedents and consequences

Esposito-Smythers et al., 2011



Treatment Menu for I –CBT: Core Individual Skill Modules

- Introduction to treatment/goal setting
- Problem-solving
- Cognitive restructuring
- Increasing healthy pleasant events
- Building healthy social support networks
- Affect regulation: Recognizing and managing negative emotions
- Affect regulation: Deep breathing/progressive muscle relaxation
- training
- Communication: Assertiveness training

Esposito-Smythers et al., 2011



Supplementary Individual Affect Regulation Modules

- Functional analysis of dangerous behavior
- Guided imagery
- Managing aggression Part I
- Managing aggression Part II

Esposito-Smythers et al., 2011



Individual Substance Specific Modules

- Motivational interview for alcohol/drug use
- Coping with cravings
- Alcohol/drug refusal skills
- Planning for emergencies
- Relapse prevention

Esposito-Smythers et al., 2011



Family Modules

- Family problem-solving
- Family communication
- Increasing positive family interactions
- Contingency management/behavioral contracting

Esposito-Smythers et al., 2011



Parent Training Modules

- Motivational interview for treatment engagement
- Parental monitoring
- Parental cognitive restructuring
- Parent emotion regulation
- Parent problem-solving
- Positive attending

Esposito-Smythers et al., 2011



Maintenance/Booster Sessions

- Skill Practice/Review
- Treatment progress and skill review
- Relapse prevention

Esposito-Smythers et al., 2011



Essence of Integrated Approach

- Motivational Interviewing
 - Increase engagement
 - Decrease resistance
- Content delivered collaboratively
- Skills – deficits most strongly related to SI/behavior and substance use
 - CBT
 - Family Interventions



Use of Motivational Interviewing

- Convey therapist understanding of adolescent's feelings/circumstances
- Adolescent may be motivated to address SUD behaviors in service of improving mood
- Allow adolescent to voice incompatibility of SUD behaviors with goals



Medications

- Mixed results in adolescents with depression, ADHD and co-existing SUDs
- Appear to be safe
- SUD should not keep clinician from medication management of someone who you would manage with medication
 - Selection of medication



Summary

- SUD and suicidality commonly co-occur in adolescents
- Clinicians need to develop and utilize a broad array of CBT, motivational and family skills to address this comorbidity

