

## Review Article

# Suicidal Ideation and Treatment Options

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### Introduction

Adolescents in general, may tend to go through physical changes and can have mood changes in order to adjust. One of the most physical changes that adolescents go through is puberty. During puberty, boys and girls develop physical changes that can be challenging and at times seem overwhelming. Hence, some of the mood changes can be expressed in severity and adolescents may develop self-harm behaviours. Other severity of mood changes may pertain to anger management issues, interacting with negative peers, sibling rivalry and having poor grades. For instance, adolescents may yell at their teachers when receiving poor grades or being reprimanded.

Another instance is that adolescents may yell at their parents while at home or hit their siblings. Adolescents may also decide to behave similarly to their peers in believing that their behaviours are normal and will assist in some way in the future. Some negative peer interactions may relate to, gangs, using illegal substances and physical fights. In some cases, parents may not view them as major issues, yet when isolation becomes one of the characteristics, it can worsen the situation and affect the relationships. Once the behaviours interfere with family relationships, then the parents may become concerned and suggest possible solutions. On another note, this paper will expand on suicidal ideation in children and/or adolescents, particularly within the Hispanic culture. In the Hispanic culture, there has seemed to be an increase in attempting suicide and committing suicide in other cases [1]. It is imperative to expand on the stressors and triggers such as, child abuse, cultural concerns, educational stressors, family dynamics, financial stressors, and negative peers. Nevertheless, it is also essential to discuss depression as it relates to the diagnosis, ethical concerns and treatment options [2]. To note, the Substance Abuse and Mental Health Services Administration's (SAMHSA) main protocol for psychologists, clinicians, and/or health personnel when patients disclose suicidal ideation are to, gather information, access and consult with another clinician, take action in ensuring safety and extend the action by promoting safety and further treatment [3]. If the patient still does not feel safe, then the clinician can breach confidentiality and contact the local emergency room, and/or emergency hotline. In addition, the treatment options that will be discussed are, Cognitive-Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), and Trauma-Focused CBT (TF-CBT). These may not be the solution for all children and/or adolescents who may have suicidal ideation, yet it may help some. In most cases, clinicians apply a form of CBT with a combination of antidepressant medications for treatment of suicidal ideation as well as other depressive symptoms.

### Child Abuse

There are different types of child abuse being by, neglect, physical, emotional, and/or sexual [4]. Sadly, to say there

continue to be more cases of child abuse, children being placed into foster care due to the abuse, and families being broken apart, particularly in the Hispanic culture [5]. Rodriguez-JenKins, [6] explained that there are some key factors when providing care to children being through providing structure, support, and safety. When parents decide to leave children alone, without any supervision, it may be considered a type of neglect because there is a lack of safety. Children may do things such as turning on the stoves and possibly starting fires within the homes or using knives and accidentally cutting themselves. Providing safety for children is a part of parenting and it important to have safeguards within the home, so that there will be fewer chances for children to hurt themselves.

In the Hispanic culture, statistics have shown that there are less cases of children being neglected, yet emotional abuse seems to have high rates [7]. Emotional abuse cannot be reported in a sense because there is not a real way to prove this type of abuse. When children are emotionally abused it generally means that the caregiver(s) are yelling at the children and calling them names that are degrading. Emotional abuse can make children feel saddened, worthless and have low self-esteem. In many instances, children take to heart what their parents say and may have negative thoughts about themselves because of what their caregiver(s) says. In relation to physical abuse, [8] through their research identified a strong correlation between physical abuse and suicidal ideation in children. Coêlho, et al. [8] used the Conflict Tactics Scale and focused on certain types of child abuse such as, pushing, shoving and beating. In Mexico and Brazil, there were high rates of family violence and physical abuse among children and their families [8]. Nevertheless, being abused can be a major stressor in a child's life and with the heightened low self-esteem and possible physical injuries, children may believe that suicide is the only solution.

### Children in the Hispanic Culture

Over the years, cultures have changed and have become more developed within the United States [9]. For instance, children within the Hispanic culture tend to learn about cooking and how to make certain recipes that have been developed within their own families. Yet, one of the major concerns within this culture pertains to the children's health. Obesity seems to be increasing within the Hispanic culture and due to obesity children may have other health issues as well. Children and their family members may be unable to obtain nutritious foods because of language barriers, and/or financial stressors [10].

Hence, when children migrate to the United States from a foreign country being Mexico, Guatemala, or other based Spanish countries, they may lose support from family. If the families had the needed support then they may be supplied with healthy food options and/or other necessary items. Nevertheless, some of the health concerns that can occur due to

obesity are high glucose levels, heart issues, and/or heightened blood pressure levels [11]. It can also be noted that during a study completed by National Health and Nutrition Examination Survey, the participants of Hispanic descent ranging from ages 6 to 11 during 2014, showed high levels, of Body Mass Index (BMI) [11]. It seems that males within the same age group were more likely to be overweight than female children. When the BMI is past the normal levels then the child would be considered to be overweight. To correlate, Zeller, et al. [12] discovered an association between obesity in Hispanic adolescents and suicidal ideation. In this particular study, it was further explained that, Hispanic adolescents who were extremely overweight showed high levels of attempting suicides [12]. If children continue to have issues with their physical weight and/or stay significantly overweight, then they will be at risk for suicidal ideation [12]. Therefore, children's physical weight has been one of the major concerns within the Hispanic culture and when children have issues pertaining to their weight, it can overtime become more difficult to have healthy weight levels and become healthy in general.

### **Educational Stressors**

In school, there can be challenges pertaining to learning and the abilities to understand particular information. Children of Hispanic descent may not learn English until they start school and there may be other issues in relation to speech. Hence, children may also not be able to have assistance from their caregivers when trying to complete homework assignments, because the caregivers might only speak Spanish. Some of the documents that may be for the caregivers, such as information about science projects may be in English and the caregivers will have the inability to assist. Smith, et al. [13] explored that certain American schools at time do not involve caregivers who are Spanish-speaking because they do not have documents in Spanish and/or parent meetings with translators. Due to this and other reasoning, Hispanic children may be undereducated, and in a previous study conducted in 2002 it showed that they had the highest levels of school drop-outs [13].

Some of the correlations that relate to the lack of achievement in school are language barriers, lack of parent advocacy, and lack of support from teachers [13]. It can be understood that language barriers may be one of the major issues within American schools and the caregivers may not have resources, such as English classes for adults. Nevertheless, caregivers and/or parents may feel uncomfortable or feel intellectually inclined to confront the teachers about their child's educational issues. There have been instances when caregivers did speak to the teachers and later decided to send their children to different schools, because they were still not receiving assistance from the schools [13]. In Hispanic children having educational restraints it can appear to be a stressor and make it challenging for them to succeed.

### **Family Dynamics**

The Hispanic cultures seem to have strong family relationships and interactions with their families. Yet often times, children strive to please their parents and it may influence the

relationships with their parents as well as their siblings. When children are trying to please their parents through variations of success, they may become jealous of their sibling(s) if their sibling(s) are more successful than them. Tucker, et al. [14] explored the relationships within families and focused on family violence, interpersonal conflict, and parenting. It was identified that within the Hispanic culture, as well as in other minority groups, the majority of the cases had some form of sibling victimization [14].

Therefore, due to jealousy and/or other triggers, children may physically harm their sibling(s) or make cruel comments. These types of behaviours may be learned from their parents, if there is violence within the homes. Children may witness their parents abusing each other physically and/or verbally. Hence, without the lack of healthy relationships within the homes, children will not learn how to solve problems and/or express their feelings in a peaceful manner. Some of the factors that can be correlated with violence within the home are a lack of well-being, low self-esteem, and poor interpersonal relationship skills. Another dynamic within the Hispanic culture is related to parents within the homes. It seems that a large group of this population tend to have two-parent homes, being a father and mother [14]. Even though the parents may be having physical disputes and/or other relationship issues, parents may opt not to get divorced because of their belief systems and/or concerns of custody of the children. Family dynamics can strongly affect how children feel about themselves and how they may respond to negative feelings about themselves.

### **Financial Stressors**

In times when families migrate to the United States, parents may lose their jobs, have challenges with finding employment, and/or other financial stressors. When parents are unable to obtain employment, then families may have difficulty with other items such as, providing shelter and/or paying other bills. At times parents may be medical doctors within foreign countries, yet when they move to the United States with their children, they most likely will have to go through medical school again and may have the inability to pay for schooling. Currently, most employment options require that the individual has at least a high school diploma and/or a college degree. Hence, if the parents do not have college degrees, then they may have challenges with identifying employment and being able to stabilize employment.

The main factors in financial stressors as it relates to Hispanic cultures are demographics, wealth inequality, and lack of education [15]. Depending on where individuals live, they may be paid less, and there continues to be competition between individuals within the economic world. Individuals may also be paid less because of their ethnicity, even though it is against the law as well as discriminatory. Discrimination and racism still occurs and can become major issues within the workplace. Moreover, Maroto, [15] expanded on these thoughts by discussing racial wealth inequality. In America there have been recessions, one recently in 2007, and it has affected employment opportunities for individuals, especially within Hispanic families

[16]. Therefore, it was difficult to clarify the connection between suicide rates and unemployment in the Hispanic culture, yet it was determined that Hispanics who are unemployed are more likely to have depression and/or anxiety [17].

### **Negative Peers**

At times, children may be bullied in while school by other peers and sometimes the bullying can be exacerbated into physical harm. Children may be bullied by multiple peers and if it is not stopped by administrators and/or other school staff members then it will continue to worsen. Hence, when children are bullied it can lead to feelings of hopelessness, helplessness, and distress [18]. Due to the severity of being bullied and how it can emotionally affect children, it can be correlated with depressive symptoms. An additional form of bullying is cyberbullying. When a child is being bullied via internet, his/her peers may be spreading rumours about him/her and/or post messages online about his/her gender preferences.

Children and adolescents may be influenced by peers in negative ways when they are pressured into joining gangs. There are many Hispanic gangs particularly within California and Illinois. Hence, an adolescent may decide to join a gang for various reasons, and once he/she is a part of the gang, it can be challenging to leave the gang because he/she might be beaten-up and/or killed by other gang members [19]. Some may choose to join a gang in order to gain a closer bond with their peers and familial relationships. Another reasoning behind joining might be because other family members are a part of a certain gang and to not join would be dishonouring the family. Pyrooz, et al. [20] expanded on adolescents, gangs, and violent behaviours. Adolescents who are in gangs, may use illegal substances, destroy property, continuously get into physical fights with others and/or use lethal weapons. Therefore, when a child is influenced by peers either by being bullied or because of gang affiliation it can detrimental for his/her life and future aspirations.

### **Depression and Suicidal Ideation**

During childhood, children may express depressive symptoms by having crying spells, displaying self-injurious behaviours, and/or isolating self from others, to name a few. Children may also lose interest in certain activities and their grades may be affected as well. Gloria, et al. [21] explored other symptoms of Major Depressive Disorder as it relates to the Diagnostic and Statistical Manual for Mental Health Disorders (DSM) being, difficulty with concentration, Anhedonia, and feelings of worthlessness. For instance, children may have feelings of worthlessness because of how they are treated by their peers. When diagnosing a child and/or adolescent the symptoms must be persistent and severely interfere in his/her own life.

Suicidal ideation can be correlated with depression because there are times when a child may have feelings of depressions and thoughts about harming himself/herself. Hence, suicidal ideation is also one of the key symptoms of Major Depressive Disorder. There are multiple ways that children may attempt suicide being by, cutting self with sharp objects, drinking

bleach, overdosing on medications, and/or other formalities. In association with the Hispanic culture, during the year 2007, the Centers for Disease Control and Prevention (CDC) identified that Hispanic adolescent females were more likely to attempt suicide than other minority groups [22]. One of the main factors within this culture that is connected to suicidal ideation is gender roles. Within the Hispanic culture males are supposed to have dominant roles, while the females are supposed to become homemakers [22]. When the adolescents change these gender roles within the families, then it can alter their family relationships. As a result, the adolescents may have feelings of loneliness, and even guilt. Due to the lack of coping skills and not seeing any other way to resolve the issues, the adolescents may choose to cope by attempting and sometimes completing suicide.

### **Ethical Concerns**

When a child is in therapy, a concern that may be expanded upon is confidentiality. The child may not want his/her parent(s) to know the certain topics that are discussed within therapy, yet if the child expresses suicidal ideation, the clinician is required to inform the child's parent(s). Confidentiality and other ethical regulations should be discussed with the child and family members who are participating in the therapeutic process prior to starting therapy. It is imperative for the clinician to also take into account the clinician-patient relationship, and develop an appropriate way to approach the situation. In rare cases, a child might decide to inform his/her parent(s) about the suicidal thoughts within the family session and discuss some of the stressors. Nevertheless, the clinician needs to have a clear understanding of the ethical principles within counseling and have documentation that can be comprehensible for the patient and their families [23].

### **Sample Case**

As a hypothetical case, there was a patient named Jennifer and she was 12-years-old. She was living with her mother, father, and older brother, who tried to be supportive and nurturing. Yet while she was at school, her peers were bullying her practically every day. In one instance, a peer had taken a picture of her while she was wearing a bathing suit and posted it online with cruel comments. Jennifer also had bruises on her arms and legs because she was getting beaten up by her peers. She was overweight for her age group and was prediabetic. Over time, her grades began to become worse, she stopped attending her classes, had crying spells, and was cutting herself with razors. A couple of times she had thoughts about attempting suicide, yet she did not inform anyone of these thoughts. After a little while, Jennifer attempted suicide by taking a large amount of tylenol with codeine tablets. Her parents rushed her to the hospital and after being inpatient for seven days she was cleared to go home. Due to this event, Jennifer started seeing an outpatient clinician and the clinician decided to use CBT within the therapeutic process.

### **Therapeutic Treatment Options**

For Jennifer and other children who have been diagnosed

with Major Depressive Disorder and/or have had suicidal ideation, a form of therapy that can be helpful is CBT. Through CBT, the patient will learn about his/her thoughts and how it relates to his/her behaviours, which will be important when identifying the stressors. It can be understood that CBT can assist a patient after he/she has recently been discharged from the psychiatric hospital and it can also help in reducing self-harm behaviours [24]. Hence, Dubicka, et al. [24] further identified that CBT has been effective when implementing it into therapy for adolescents who have suicidal thoughts. In CBT, another entity that is developed and applied to a patient's life is positive coping skills. The coping skills need to be practiced within the home and discussed on a regular basis to see if it is being effective with reducing the depressive symptoms.

DBT was first developed in order to assist patients who had personality disorders, however it can currently also assist in treating other mental health disorders. In DBT, patients learn psychoeducational techniques, and engage in developing social skills, which can be valuable particularly with providing counselling services to adolescents [25]. Sometimes adolescents may have challenges with socializing with their peers, and become isolative, in turn DBT can be beneficial in gaining adequate social skills. When children and/or adolescents learn the social skills, it can assist in obtaining healthy relationships and in understanding ways to solve conflict with peers. Through their research, Gervytė et al. [25] discovered that DBT might be more effective when using it with boys, rather applying these techniques to girls. Therefore, DBT can also assist in reducing poor behaviours, as it relates to aggression or other harmful behaviours, which may be seen in children and/or adolescents who are members of gangs.

Unfortunately, children may be abused by family members, family friends, and/or strangers. As a result, they may turn to suicidal ideation, yet with the implementation of TF-CBT children can discuss the past in a safe environment. TF-CBT can also be applied to family therapy, and promote alliance within the families as well as implementing parenting skills [26]. When there are traumatic experiences within the families, TF-CBT is appropriate in developing healthy relationships, lessening anxiety, and behavioral issues [26]. Hence, the goals and/or objectives that can be related to TF-CBT are, encouraging safety, discussing negative beliefs about oneself and reducing negative behaviours, such as attempting suicide [26]. TF-CBT is a practical form of therapy and can be used with children who have been abused, and might be implemented into the family sessions if the parent(s) are not the perpetrators.

## Summary

In conclusion, children and/or adolescents may have suicidal thoughts for various reasoning being because of, being abused by others, educational stressors, family concerns, being influenced by peers and/or financial issues. Often times children and/or adolescents may have difficulties with coping with different stressors and impartially use negative behaviours instead. Suicidal thoughts can be considered a negative behaviour and it can become worse if therapeutic treatment is not implemented.

In the Hispanic culture, there are high-risk rates for suicidal ideation in children and/or adolescents. CBT is a good approach to use with children and/or adolescents who have behavioral issues and lack coping skills, yet DBT has been shown to be more effective when used with the male populations [25]. In addition, TF-CBT is predominantly used with children and/or adolescents who have had traumatic experiences, such as forms of abuse. CBT, DBT, and TF-CBT may use different techniques, yet still can assist in minimizing suicidal ideations.

## REFERENCES

1. Supple AJ, Graves K, Daniel S, Kiang L, Su J, et al. Ethnic, Gender, And Age Differences in Adolescent Nonfatal Suicidal Behaviours. *Death Studies*. 2013; 37: 830-847.
2. Ng C, How C, Ng Y. Major depression in primary care: Making the diagnosis. *Singapore Medical Journal*. 2016; 57: 591-597.
3. Substance Abuse and Mental Health Services Administration. Addressing Suicidal Thoughts and Behaviours in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 50. HHS Publication No. (SMA) 09-4381. Rockville, MD. 2009.
4. Biçakçı MY, Er S, Aral N. An Overview of Child Neglect and Abuse: Types, Causes, Impact and Prevention. *Ethno Med*. 2016; 10: 221-228.
5. Murphey D, Guzman L, Torres A. America's Hispanic Children: Gaining Ground, Looking Forward. *Child Trends Hispanic Institute*. 2014; 38: 1-36.
6. Rodriguez-JenKins J. Complex inequality: A contextual parenting framework for Latino Infants. *Child Youth Serv Rev*. 2014; 44: 317-327.
7. Finkelhor D, Vanderminden J, Turner H, Hamby S, Shattuck A. Child maltreatment rates assessed in a national household survey of caregivers and youth. *Child Abuse Negl*. 2014; 38: 1421-1435.
8. Coêlho B, Andrade L, Borges G, Santana G, Viana M, et al. Do Childhood Adversities Predict Suicidality? Findings from the General Population of the Metropolitan Area of São Paulo, Brazil. 2016; 11: 1-18.
9. Greenfield P. Social change, cultural evolution, and human development. *Current Opinion in Psychology*. 2016; 8: 84-92.
10. Gerchow L, Tagliaferro B, Squires A, Nicholson J, Savarimuthu SM. Latina Food Patterns in the United States: A Qualitative Metasynthesis. *Nursing Research*. 2014; 63: 182-193.
11. Ogden CL, Carroll MD, Lawman HG, Fryar CD, Kruszon-Moran D. Trends in Obesity Prevalence Among Children and Adolescents in the United States, 1988-1994 Through 2013-2014. *JAMA*. 2016; 315: 2292-2299.
12. Zeller MH, Reiter-Purtill J, Jenkins TM, Ratcliff MB. Adolescent Suicidal Behaviour Across the Excess Weight Status Spectrum. *Obesity*. 2013; 21: 1039-1045.

13. Smith J, Stern K, Shatrova Z. Factors Inhibiting Hispanic Parents' School Involvement. *The Rural Educator*. 2008; 1: 8-13.
14. Tucker CJ, Finkelhor D, Turner H, Shattuck AM. Family Dynamics and Young Children's Sibling Victimization. *Journal of Family Psychology*. 2014; 28: 625-633.
15. Maroto M. Growing Farther Apart: Racial and Ethnic Inequality in Household Wealth Across the Distribution. *Sociological Science*. 2016; 3: 801-824.
16. Tuman J, Damore D, Agreda M. The Impact of the Great Recession on Nevada's Latino Community. *Brookings Mountain West*. 2013; 1: 1-14.
17. Caicedo M, Vangamren E. Unemployment and Mental Health among Mexican Immigrants and other Population Groups in the United States. *International Migration*. 2016; 8: 1-25.
18. Ybarra ML, Espelage DL, Mitchell KJ. Differentiating youth who are bullied from other victims of peer aggression: the importance of differential power and repetition. *J Adolesc Health*. 2014; 55: 293-300.
19. Taylor S. Why American boys join street gangs. *International Journal of Sociology and Anthropology*. 2013; 5: 339-349.
20. Pyrooz DC, Decker SH, Webb VJ. The Ties That Bind: Desistance from Gangs. *Crime & Delinquency*. 2010; 2: 1-26.
21. Gloria AM, Castellanos J, Kanagui-Muñoz M, Rico MA. Assessing Latina/o Undergraduates' Depressive Symptomatology: Comparisons of the Beck Depression Inventory-II, the Center for Epidemiological Studies-Depression Scale, and the Self-Report Depression Scale. *Hispanic Journal of Behavioral Sciences*. 2012; 34: 160-181.
22. Vega D. The relationship between familism and suicide attempts among Latina adolescents: Prevention and intervention efforts. *Journal of Research on Women and Gender*. 2014; 5: 62-70.
23. Forester-Miller H, Davis T. Practitioner's Guide to Ethical Decision Making. Alexandria, VA: American Counselling Association. 2016.
24. Dubicka B, Elvins R, Roberts C, Chick G, Wilkinson P. Combined treatment with cognitive-behavioural therapy in adolescent depression: meta-analysis. *Br J Psychiatry*. 2010; 197: 433-440.
25. Gervytė J, Grigaliūnas A, Grigaliūnienė V. Changes in Children Suffering from Emotional and Behavioral Disorders After Dialectical Behaviour Therapy. *Journal of Nursing Education*. 2014; 4: 17-23.
26. Woodson-Campbell A. Comparative Analysis of Trauma Focused-Cognitive-Behavioral Therapy (TF-CBT) and Adlerian Therapy. *Journal of Trauma & Treatment*. 2014; 3: 1-6.

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*Submitted 02 May, 2017*

*Accepted 27 July, 2017*