A Manual for Counsellors: Group Therapy for Post-Crisis Suicidal Adolescent Clients

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Final Project: Letter of Intent

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Problem Statement

Suicide is an ongoing concern within all communities, and it is important to respond immediately to suicide concerns or threats (Orbach, 2006). Suicide affects people of all ages and from various backgrounds and cultures (Johnstone, 1997; Ramsay, Tanney, Lang, & Kinzel, 2004). While suicide death rates in North America have remained fairly static (Ramsay et al, 2004; Stanley et al., 2009), White (2003) noted that the rates of adolescent suicides have increased over the last forty years. In 2005, suicide was the second leading cause of death for adolescents ages 15-19 with a total of 213 suicides. Suicide was the third leading cause of death for children ages 10-14 with a total of 43 suicides (Government of Canada, 2005).

Sockalingamm, Flett, and Bergmans (2010) identified that “although much effort has been targeted at postvention programs to support [staff] after a suicide has occurred, little is available to assist with the assessment and management of suicidal individuals in a preventative manner” (p. 134). Worchel and Gering (2010) explained that suicidal ideation is far more common than active suicidal behaviours such as intentional self-harm, suicide attempts, or establishing suicide plans. These authors also noted that while not all suicide behaviours lead to death, it is imperative to recognize that suicidal behaviours are more frequent than deaths by suicide (Worchel & Gearing). Pagura, Fotti, Katz, and Sareen (2009) found that while adolescents experiencing suicidal ideation are likely to seek help, they often believe that their mental health needs are not adequately met. White (2005) noted that adolescent youth face high risk of experiencing suicidality. Joshi, Damstron-Alback, Ross, and Hummel (2009) explained that British Columbia statistics indicated that 12% of adolescents have experienced suicidal ideation while 5% have engaged in suicidal behaviour. Friends, families, communities, and
health professionals can benefit from gained understanding of an individual’s motives, predictors, and any warning signs (White). That said, there is a need for thorough evaluations of current suicide prevention strategies (Stanley et al., 2009), as well as a need for effective therapeutic interventions for post-crisis suicidal adolescents.

The purpose of this letter of intent is to propose a group therapy manual for counsellors intervening with post-crisis suicidal adolescents. The manual will help adolescent clients move from hopelessness to hopefulness, to be able to seek supports, identify triggers, and shift toward healthy thinking patterns. The goal is to effectively reduce clients’ suicidal behaviours and/or ideation.

**Definitions and Terminology**

Suicidal individuals experience an intense sense of hopelessness, often leading to thoughts and behaviours associated to death by suicide. For the purpose of this project, the term *suicidal ideation* will define thoughts and behaviours associated to suicide. The term *suicidal ideation* will define self-reported thoughts associated to self-inflicted death. For the purpose of this paper, *suicidal behaviour* will be the term used to describe an individual’s intentional harm to self. This includes suicide attempts, plans, and intention of death (Ramsay et al., 2004). Lastly, the term *post-crisis suicidal client* will refer to an individual who have previously experienced severe suicidal ideation and/or previous suicidal behaviour(s) and who is no longer in imminent danger.

**Project Rationale**

Suicide education provides individuals with increased awareness of suicidal behaviour, identifying risk, suicide prevention, and suicide intervention (Aldrich & Cerel, 2009). Ramsay et al., (2004) pinpointed that suicide is rarely discussed within schools, families, and communities.
However, Westefeld, Range, Rogers, Maples, Bromley, and Alcorn (2000) explained that adolescents experiencing suicidal ideation will seek support if they are encouraged to talk about their suicidal ideation and/or behaviours. For this reason, it is imperative to increase education about suicide prevention and awareness. King (2006) noted that discussing suicide does not encourage it. Thus, the group structure will focus on allowing all individuals to express themselves through discussions around morbidity.

It is imperative that adolescents are provided with adequate support. Corey, Corey, and Corey (2010) noted that adolescents thrive on peer connections and thus often benefit from a group therapy intervention model. Psychoeducation can benefit adolescents by encouraging personal control and involvement from family and friends.

**Supporting Literature**

Ramsay et al. (2004) noted that suicide is often overlooked as a leading cause of fatalities within our Canadian communities and across the world. Suicide has been disregarded as a general health concern as suicidality has frequently been identified as being solely psychological concern (White, 2003). I believe that suicidality must be considered a general health concern as it affects more than just the suicidal individual (Westefeld et al.2000). Orbach (2006) stated that suicide is a recurrent public and community concern that should not be taken lightly.

Worchel and Gearing (2010) noted an alarming link between suicidal ideation and depression in adolescents. They noted that 90% of people experiencing suicidal ideation, suicidal behaviour, or ultimate death by suicide have a minimum of one mental health concern, most often depression. Depression is defined as a mood disorder which often is experienced through feelings and thoughts of hopelessness, loneliness, worthlessness, intense sadness, and a decrease in personal interests (Schab, 2008). Thus, it is important for adolescents to identify the
differences between feeling sad or down and depression through support from counsellors, family, or other health practitioners. Psychoeducation can be effective in allowing adolescents the opportunity to identify and learn to use effective coping methods.

**Suicidal Behaviours**

Aldrich and Cerel (2009) as well as Coy (1995) noted that suicide is the second leading cause of death among adolescents. Hepp, Wittman, Schnyder, and Michel (2004) and Betolote et al. (2010) stated that previous suicide attempts are the best indicator of deaths by suicide. Hepp et al. noted that up to 13% of participating individuals, in a nine year longitudinal study had died by suicide after previous attempts. Bertolote et al. also explained that statistically, suicide attempts are forty times as frequent as deaths by suicide. These authors indicated that this statistic is likely underreported because suicide attempts are not consistently reported.

**Predictive factors.** Johnstone noted that suicidal ideations and suicidal behaviours may be intensified if health professionals working with a suicidal person begin to label the individual as mentally unbalanced. It is important to recognize that there can be numerous factors contributing to an individual’s suicidal ideation. Some factors include: family dynamics, interpersonal relationships, culture, attachments, self-care, financial stress (Johnstone, 1997; Orbach, 1996; Westefeld et al., 2000). Thus, as noted previously, suicidal individuals can benefit from gaining new coping skills and learning how to apply them when they are experiencing suicidal ideations or suicidal behaviours.

**Coping and supports.** Gratz and Chapman (2009) explained that suicidal individuals will benefit from being open and honest about their suicidal ideation. This can happen through seeking support from family, friends, or health professionals. Such conversations can empower clients to keep themselves safe, as they may encourage personal accountability (Gratz &
Schab (2008) explained that identifying personal support networks is an excellent starting point. This author noted that individuals should evaluate their supports to ensure they are capable individuals, willing to be available in times of need.

**Group Intervention**

Corey, Corey, and Corey (2010) identified that the facilitator is an essential aspect of group therapy as he or she can encourage emotional expression, and that group therapy is most effective when an emotionally and physically safe environment is created. This allows clients to feel comfortable when sharing personal experiences and perspectives. Also, psychoeducation in a group setting can encourage members to step outside of their comfort zone (Corey et al.). Stanley et al. (2009) explained that psychoeducation is facilitated by the therapist by educating the client about suicide, suicidal ideation and behaviours, the potential link with depression, and safety.

Ramsay et al. (2004) created an intervention handbook and training component called the Applied Suicide Intervention Skills Training (ASIST). ASIST has provided thousands of Canadians with essential information regarding suicide prevention, intervention, and crisis response. Westefeld et al. (2000) provided an overview of the research, education, and awareness of suicide across various disciplines. These authors noted that research is limited in regards to suicide interventions for post-crisis clients. Thus, group therapy may be an effective means of reaching a greater number of adolescents in need when compared to individual counselling. This could be especially useful in a high school setting.

**Ethical Concerns**

Suicide is a topic that is not to be taken lightly. Farrow and O’Brien (2003) explained that ethically, it is a professional requirement to breach confidentiality when a person’s life is at risk.
Article I.45 of the Canadian Code of Ethics for Psychologists requires that if at any time a person is at risk of physical harm or death, confidential information must be disclosed and shared to ensure protection of the client (CPA, 2000). Thankfully these ethics protect not only the client but also the professional in the event that a client’s life is in danger.

**Project Procedures**

The development of this final project is twofold. First, I will review the literature on adolescent suicide and intervention models currently available to counsellors. Second, based on the literature, I will develop an intensive manual for counsellors, focused on an eight week group therapy program for post-crisis suicidal adolescent clients.

**Research and Literature Review**

In order to find relevant resources, the terms “adolescent suicide,” “suicidal ideation,” “post-crisis suicide,” “suicide intervention,” “suicide attempts,” “suicide prevention,” and “adolescent depression” will be searched within the Athabasca University’s psychology, nursing, and social work databases. The specific databases included (a) Proquest Dissertations and theses, (b) PubMed Central, (c) PsycCRITIQUES, (d) PsycARTICLES, (e) SAGE Journals Online, and (f) PsycINFO. Within each search, I will limit resources ranging from years 1995-2010 with a greater emphasis on 2005-2010.

Within the literature review, I will: (a) review relevant academic contributions focused on adolescent suicidal ideation and suicide risk, (b) review available suicide interventions, and (c) propose future directions for suicide prevention and intervention with adolescent populations. This review will establish a basis for the development of a counsellor’s manual.

**Manual**

Adolescent suicide is complex and high risk behaviour (Aldrich & Cerel, 2009; Brent et
al., 2009); thus I believe counsellors will benefit from having a ready to use group format. Based on the literature, I will develop a group therapy manual to assist counsellors who are working with post-crisis suicidal adolescents. The manual will offer counsellors a succinct eight week program.

The manual will be comprised of eight session plans to be used over the course of four to eight weeks to ensure time for participants to process the group discussions and content. The manual will be approximately fifty pages in length with attached appendixes including the consent forms, group announcement poster, and all necessary worksheets. The eight sessions will be divided by themes including, but not limited to: (a) ethical concerns, group norms, and safety, (b) understanding suicide, suicidal ideation, and self-harm (c) understanding thinking patterns, (d) peer and family conflict, (e) building hope, (f) self-awareness (g) support networks, and (h) bringing it all together.

**Potential Implications of the Project**

This project is intended for counsellors who are eager to move forward in adolescent suicide prevention and intervention. It will be helpful to counsellors who work in schools, agencies, or private practice. The group format is intended to be facilitated by counsellors holding a graduate degree in counselling, psychology, or social work. Debski, Spadafore, Jacob, Poole, & Hixson (2007) explained that training is essential to prepare counsellors for prevention, crisis response, and post-crisis response. Moreover, Sprague (1997) noted the importance of professionals reaching out for support when working with high risk clients. It is unrealistic to believe that alone we are capable of ensuring safety for those who are presenting with suicidal ideation.

This manual will provide counsellors with the tools and direction to effectively intervene
with post-crisis suicidal clients in a group format. The group format will be aimed at providing adolescent clients with the tools necessary to move forward in life more positively. It will also provide participants the opportunity to connect with other adolescents who have experienced suicidal behaviours. This will increase the size of each teenager’s social network and support system.
References


