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## Suicide Prevention with Alaskan Youth: Mentoring for Resiliency, Hope, and Purpose

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Suicide prevention in Alaska communities must continue to be a high priority for all professionals who routinely come into contact with children and adolescents. Suicide remains one of the leading causes of death for children and adolescents between the ages of 6 and 18 years in Alaska.

Suicidal behaviors, para-suicidal behaviors, and self-mutilation all are leading causes for inpatient psychiatric treatment of children and adolescents in Alaska. Children who demonstrate suicidal desires often feel helpless, hopeless, and endure profound psychological pain. These children frequently describe feeling trapped and feeling as though they are intolerably alone.

### Suicide Risk Factors

Youth workers, teachers, counselors, coaches, and youth activity leaders frequently come into contact with children who demonstrate high risk factors thought to be leading causes of suicide. Risk factors for suicide include, and at times are inseparable from, substance abuse and alcohol abuse disorders, history of trauma and abuse, mental disorders (particularly mood disorders), and a family history of suicide. Furthermore, in addition to these biopsychosocial risk factors, there are environmental risk factors, which include relational and/or social losses, local clusters of suicide that have a contagious influence, easy access to lethal means including firearms, and profound financial deprivations. Sociocultural risk factors, particularly in rural Alaska, include lack of social supports for many displaced children, lack of supervision, and an overwhelming sense of social isolation, particularly for children who have been the persistent victims of teasing, bullying, social isolation, and at times even ostracization. Furthermore, in small rural Alaska settings, there is frequently a stigma associated with help-seeking behaviors such that many children and adolescents eschew any form of counseling or supportive care. Adding to these problems and risk factors are barriers to accessing health care, especially mental health and substance abuse treatment in remote settings.

### Suicide Protective Factors

Protective factors that seem to contribute to greater adaptability to social, emotional, and biopsychosocial risk factors include effective clinical care for mental, physical, and substance abuse disorders. Additionally, protective factors include intact families with empathic, reliable, emotionally mature, and supportive family members and community supports. Additional protective factors to evaluate when assessing for potential suicidality includes restricted access to highly lethal means of suicide, such as firearms, potentially lethal medication dosages, etc. Additional factors that have been identified and determined to be protective factors for reducing suicide potential include support through ongoing medical and mental health care relationships, skills and problem solving, conflict resolution skills, and supervising adult guardians who are skilled in the nonviolent handling of disputes. Cultural and religious beliefs that discourage suicide and support self-preservation are also protective factors for reducing suicidality.

Teachers, counselors, group leaders, and family members all have the capacity to be significant protective factors for children who feel isolated, lonely, hopeless, and helpless to change their circumstances. Most importantly, children seek out and benefit from responsible, mature, and resilient adult role models who, even though they may have a tangential role in that child's life, may be the only voice of reason, equanimity, and resilience that that child has ever been exposed to.

## Attributes of Emotional Resilience

One of the most important components of resilience, which is often defined as the ability to overcome adversity and proceed through normal development, includes the capacity of an individual to navigate their way to the psychological, social, cultural, and physical resources necessary to sustain their wellbeing. Resilience includes an individual's ability to overcome adversity. Components of resilience include assertiveness and the ability to solve problems. Children and adolescents, especially raised in dysfunctional families of origin, often are unable to live with uncertainty. They lack self-awareness and develop a negativistic outlook on life. Children who tend to engage in lethal suicidal acts, whether intentional and well-planned or emotionally reactive acts of impulsivity, tend to have a negative outlook on life and essentially no sense of self-awareness and therefore little empathy for others. These children tend to lack goals and aspirations. A crucial aspect of helping children develop resiliency in their ability to cope with uncertainty and adversity is teaching them to develop goals and aspirations and teaching them the ups and downs of achieving those goals. Developing a sense of humor, teaching substance abuse abstinence, and helping children develop a balance between independence and dependence on others are crucial developmental steps in the achievement of psychological health, autonomy, and trust in oneself.

Additional contributing factors to the development of resiliency include relationship factors that provide the child with the ability to appropriately express themselves emotionally when distressed, disillusioned, discouraged, or defeated. Parental monitoring within the family of origin is a crucial positive protective factor that contributes to wellbeing and reduces the likelihood of an eventual suicidal act. When responsible, vigilant, and/or competent parenting is unavailable, teachers, counselors, coaches, and youth leaders all can and frequently do fulfill these roles. The presence of a positive mentor and/or role model in a child's life is an obvious, constant, and common protective factor in children who develop resiliency. Furthermore, developing meaningful relationships with others at school, home, and within the perceived social support network is crucial. Children who have positive peer group acceptance tend to develop resiliency as a protection against suicidal acts.

Additional factors that contribute to resiliency in children and adolescents include community factors that include opportunities for age appropriate and structured recreation, work, and/or substantive activities that permit children to feel as though they are important, contributing, and valuable. For example, children who contribute to the health and wellbeing of elders by gathering, collecting, and stacking firewood tend to feel proud of this accomplishment and to feel as though they are important members of their community. Avoidance of exposure to recurrent violence in one's family, community, and with peers is also a protective factor for reducing potential suicidality. Having a home that is safe, predictable, and secure adds to a sense of stability and protection against potential suicide.

Finally, cultural factors associated with the development of resilience include cultural mindsets that encourage self-improvement, spiritual identification, and cultural grounding that provides children and adolescents with a knowledge of where they have come from, what part of the cultural tradition they belong to, and where their culture fits into their own future. Helping immediate and extended family members with subsistence hunting, fishing, and gathering teaches children the values of a strong work ethic, perseverance, perspective, purpose, responsibility, and planning while at the same time promoting an internal locus of control.

## Principles of Suicide Prevention

As professionals who provide a great deal of support, encouragement, influence, and mentoring to children, it is important to understand basic principles that contribute to the accurate assessment and management of potentially suicidal individuals. In general, suicidal behavior is an attempt to solve problems that the individual views as inescapable. It is crucial that children and adolescents understand

that their problems are not inescapable, but can be solved. Their problems are not interminable. It is important that children are made aware that eventually, the negative feelings that they experience will end. Furthermore, it is important that children understand that the emotional triggers that have provoked their suicidal thoughts and intentions are not intolerable. Children have to know and be taught that they can tolerate negative feelings.

An additional point to be made with children and adolescents who may harbor suicidal thoughts is to point out that not only is suicide not effective in solving problems, rather it generally increases their problems and often brings about new problems. It is important to stress with these children that suicide is a permanent solution to what is most often a very temporary problem. Although, feeling suicidal is a valid and understandable response to emotional pain, it is crucial that as potential mentors with these troubled children, that we focus heavily upon understanding statements about the individual's pain. As such, it is crucial to establish the fact that it is acceptable to talk openly and honestly about suicide, emphasizing the ability to be matter of fact in the discussions, informal, consistently assessing for suicidal ideation and self-injurious behavior, and avoiding value judgments about the act of suicide. Specifically, it is not helpful to describe suicide as a cowardly, sinful, or vengeful act. Rather, it is much more instructive and therapeutic to take a collaborative rather than confrontive approach to the issue of suicide behavior. At all times, it is important to be aware of power struggles over the occurrence of suicidal behavior, offering assistance on how to solve the problems; but also being aware of will power type advice.

It is also crucial when dealing generally with suicidal behavior to offer attention and caring that is not contingent on the suicidal behavior. Making random support phone calls, providing positive behavior assignments, and helping children develop and cope with stress cultivates behaviors such as optimism, social empathy, and a sense of humor.

Certainly, it is possible as adults and professionals who come into contact with children to have an extraordinarily positive effect upon their future development, even when we have just limited contact with the child. Inspiring children and helping them develop an attitude that life's difficulties are challenges that can be overcome is crucial. Teaching children how to overcome adversity, rather than give in to fear, self-pity, blame, or a victim mentality, is a crucial aspect to demonstrating a healthy role model for the children we come into contact with. An important part of developing hope and resiliency in children is to teach them that while life can be very challenging, an important step in becoming more resilient is to develop more positive self-talk and to remind one's self that you are strong and can grow stronger and wiser as you handle life's challenges. Metaphorically, no one can learn to swim in ankle-deep water, rather we become stronger swimmers when the waters are deep and the currents are swift and challenging.

Developing resilience requires becoming more aware of one's emotional functioning. It is important to help despondent and discouraged children understand that what they are feeling is normal and to explain why what they are feeling is normal. Sometimes, children and adolescents in particular feel overwhelmed with their emotions and this frightens and immobilizes them. Many children have only seen negative adult role models who, when they deal with strong emotions honestly, become enraged, violent, unpredictable, and unstable. Teaching children to know why they feel upset can provide them with valuable information about what needs to change in their life. It is also important to teach children how to understand and research the challenges that they face. Teaching children to look beyond the immediate and to recognize the logical sequence of events that leads to their social and personal dilemmas is an important part of helping them develop an internal locus of control, which is another important protective factor in suicide prevention. Resilient people generally believe that they are in control of their lives, and although it is true that we cannot control our circumstances, we can control how we respond to our circumstances, which makes a big difference in our attitudes and in the

course our lives take. All of this is necessary in order to cultivate a sense of optimism and hope, which essentially consists of helping discouraged or disillusioned children and adolescents look on the bright side of their circumstances. In this way, we can teach children to view the world in such a way that they maximize their strengths and accomplishments, and learn from and therefore minimize their weaknesses and setbacks. Developing a more optimistic world view promotes resilience.

In addition to these factors, it is crucial that children and adolescents participate in structured and well-supervised activities that provide them with a very real sense of achievement, purpose, and accomplishment. For some children, this may be learning performing arts, such as music lessons, drawing skills, carving wood or ivory, sewing, or dance. For other children, these activities may consist of sports-related activities in which exercise, cooperation with teammates, and structured group activities and competition all promote stronger levels of resilience. Physical exercise as well as cultural arts all contribute to the effects of endorphins on one's mood, which promotes physical health benefits to those who exercise and/or routinely engage in effortful physical, cognitive, and/or, sensorimotor activities.

Finally, studies have shown that those who are more spiritual tend to be more resilient as well. This does not mean that you cannot be resilient if you are an atheist or agnostic, but if one is open to spiritual and/or cultural beliefs that promote a connection of strengthening of one's spiritual side, this has been found to contribute to a sense of strength to overcome adversities and challenges.

All of us who have the privilege of caring for and positively influencing Alaskan youth recognize that with this privilege comes great responsibilities. Advocating for stronger families, social supports, medical and mental health benefits, educational opportunities, and community resources devoted to children is a fundamental investment in Alaska's future.

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Sincerely,

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