



Youth Suicide Research Consortium



FIRST NATIONAL CONFERENCE

June 11-12, 2020



YSRC Mission

The Youth Suicide Research Consortium is an interdisciplinary network of researchers dedicated to the study of youth suicidal behavior among diverse populations (i.e., diversity based on race, ethnicity, socioeconomic status, gender, sexual orientation, and ability), with an emphasis on understanding and decreasing disparities. Recognizing that contemporary models of suicide tend to rely on research with adult populations – despite a higher onset and growing prevalence of suicidal behavior in adolescence and emerging adulthood – our first goal is to leverage our collective expertise to improve research on youth suicidal behavior, suicide prevention, and treatment. Furthermore, the increasing diversity of the US population, particularly among youth, suggests a pressing need for theories and research that address issues of diversity. Thus, our second goal is to increase research on suicide among underrepresented populations of youth by fostering multilevel and cross-disciplinary conceptualizations of youth suicide and self-harm in the United States and other parts of the world. Additionally, we want to disseminate what we know among families, teachers, clinicians, youth, policy makers, media, and other consumers who are not researchers or academics but for whom suicidal behaviors are of concern. Lastly, we seek to empower researchers from a variety of backgrounds and disciplines to advance in their careers by mentoring aspiring and junior researchers interested in the study of youth suicidal behavior. We will accomplish these goals by: 1) helping to increase the diversity of researchers conducting studies of youth suicide; 2) developing multi-site collaborations among researchers with diverse areas of expertise; 3) providing professional development opportunities to researchers to increase the impact of their work; and 4) connecting with community-based providers who serve diverse youth at risk for suicidal behavior.

For more information, see www.youthsuicideresearch.org



JUNE 11

11:00 AM (EST) - Welcome Remarks

11:15 AM-12:30 PM - Suicidal Behaviors among Black Youth: What We Know and What Research Needs to Happen

12:30 PM -12:40 PM - Break

12:40 PM-1:40 PM - Concurrent Sessions

Session 1: Sexual and Gender Minority Youth

Session 2: Emerging Adults & College Students

Session 3: Family, Community, & Treatment

Session 4: Innovative Research Methods

1:40 PM-2:55 PM - Collaborative Teams Approach to Youth Suicide Prevention

2:55 PM-3 PM - Break

3:00 PM- 4:15 PM - Applied Research Methods to Understand Minority Youth Suicide

4:15 PM- 5:00 PM - YSRC Networking



JUNE 12

11:00 AM (EST) - Welcome Remarks

11:10 AM- 12:25 PM - Suicidal Behaviors among Sexual and Gender Minority Youth

12:25 PM- 12:35 PM- Break

12:35 PM- 1:40 PM- Culturally-informed Suicide Prevention in Schools

1:40 PM- 2:55 PM- Suicidal Behaviors among Latinx Youth: What We Know and What We Need to Do to Reduce their Prevalence

2:55 PM- 3 PM- Break

3:00 PM- 4:15 PM- Leveraging Technologies to Study Suicide-Related Disparities among Diverse Youth

4:15 PM- 5 PM- YSRC Members Meeting



Suicidal Behaviors among Black Youth: What We Know and What Research Needs to Happen (Thurs., 11:15 AM-12:30PM EST)



Rhonda Boyd, Ph.D., Children's Hospital of Philadelphia

Alfiee Breland-Noble, Ph.D., MHSc, The AAKOMA Project

Anna Ortega-Williams, Ph.D., LMSW, Hunter College, City University of New York

Arielle Sheftall, Ph.D.,

The Abigail Wexner Research Institute at Nationwide Children's Hospital

Summary. This panel will discuss the findings of the report by the Congressional Black Caucus's Emergency Taskforce on Black Youth Suicide and Mental Health. The panel discussion will focus on identifying research strategies and opportunities to help reduce the rates of suicide among Black children and teenagers in the United States.



Concurrent Sessions (Thurs., 12:40 PM - 1:40 PM EST)

1. Sexual and Gender Minority Youth (12:40-1:40 PM)

- Examining Risk and Protective Factors for Suicidality among LGBTQ Youth (Myeshia Price-Feeney)
- An Examination of Suicidal Ideation and Bullying among Sexual Minority Youth (Jennifer Koide)
- Suicide Ideation and Behavior Among Sexual Minority and Heterosexual Youth: 1995 and 2017 (Ana Sheehan)

2. Emerging Adults and College Students (12:40-1:40 PM)

- Co-occurring Physical Dating Violence and Suicide Attempt: The Role of Childhood Physical Abuse (Megan Chasin)
- Risk Factors for Self-Injurious Behaviors Vary Across Race (Sashana Rowe Harriott)
- The Impact of Acculturation on Suicide Literacy among College Students (Tanya Singh)
- CALM Gatekeeper Training is Associated with Increased Confidence in Utilizing Means Reduction Approaches to Suicide Prevention among College Resident Assistants (Melanie Rosen)

3. Family, Community, and Treatment Considerations (12:40-1:40 PM)

- Suicidal Thoughts and Behaviors in Preadolescent Children: Findings and Replication in Two Population-Based Samples (Rachel Walsh)
- Understanding Children as a Reason for Living within a Suicide Prevention Group (Sarah Sullivan)
- Collaborating with Pediatric Primary Care to Address Suicidality in Adolescents (Farah Mahmud, Emily Kline)
- Presentation of Suicidal and Self-Injurious Behaviors Upon Admission to an Adolescent Residential DBT Program (Emily Kumpf)
- Outcomes of Dialectical Behavior Therapy Residential Treatment Program for Female Adolescents (Kelly Klein)

4. Innovative Research Methods (12:40-1:40 PM)

- The Role of Attentional Bias in the Relation Between Ruminative Thinking and Suicide-Specific Rumination (Beverlin Rosario-Williams)
- Incongruities Between Behavioral and Self-Report Measures in the Assessment of Reward Responsivity in Non-Suicidal Self-Injury (Julia Case)
- Sleep Predicts Next-Day Distress to Social Stress among High-Risk Adolescents in an Intensive Outpatient Program for Depression and Suicidality (Jessica Hamilton)
- Supporting Our Children's Knowledge of Suicide (Angela Spears)
- Interpersonal Emotion Regulation, Suicide Attempts, and Self-Injurious Behavior (Mariah Xu)

Collaborative Teams Approach to Youth Suicide Prevention (Talk 1)

(Thurs., 1:40 PM - 2:15 PM EST)



It's All in the Community: Suicide Prevention Using a Collaborative Teams Approach

Ellen-ge Denton, Psy.D., College of Staten Island, City University of New York

Kiara Alvarez, Ph.D., Massachusetts General Hospital, Disparities Research Unit

Moving towards health equity in suicide prevention requires the integration of perspectives from multiple stakeholders, including community, clinical, and academic partners. However, balanced engagement of multiple and valued perspectives is often a challenge. This presentation focuses on the development of community collaborations in suicide prevention via a participant-relevant research partnership in Guyana and community-clinical training efforts in Puerto Rico. We will particularly focus on practitioner-led initiatives as a means for capacity building and research collaboration. First, we will describe an established partnership with the Guyana government and clinical partners to conduct youth suicide prevention research. Two major areas of focus in the partnership – the research study conducted and the professional training developed in response to local partner priorities – will be discussed. Second, we will discuss new collaborations in Puerto Rico developing in response to training needs related to mental health and suicide prevention, leading to identification of locally relevant prevention needs and research questions. By comparing the development of a long-term partnership and the early stages of a more recent collaboration, we will touch upon different approaches to the process of developing cross-cultural relationships that enable community-based scientific work.

Collaborative Teams Approach to Youth Suicide Prevention (Talk 2)

(Thurs., 2:15 PM - 2:55 PM EST)



Qungasvik (Tools for Life): An Indigenous, Strengths-Based Model to Reduce Risk for Suicide and Alcohol Misuse in Yup'ik Alaska Native Youth

Billy Charles, Georgianna Ningelook, Stacy Rasmus, Ph.D.

Suicide, often accompanied by alcohol use, is a significant public health concern for Alaska Native people, with youth at highest risk. Supported in its development by research grants from the National Institutes of Health, the Qungasvik (kung-ahz-vick, Toolbox) prevention model is designed to build childhood protective factors and reduce risk for alcohol misuse and suicide in Yup'ik Alaska Native young people 12-18 years old. The Qungasvik prevention approach is the product of a long-term Tribal-academic partnership that has developed collaborative and self-determined strategies for delivering Indigenous interventions that are strengths-based and locally sustainable. This presentation will overview the process of creating the Qungasvik/Toolbox through a community-based participatory research (CBPR) collaboration and will showcase the ways that Yup'ik Indigenous knowledge and culture drive the implementation and delivery of preventative activities. Presenters include Yup'ik community leaders of Qungasvik along with a university partner who will overview the process of documenting the efforts, and demonstrating the outcomes for the 302 Alaska Native youth currently engaged in the program.

Applied Research Methods to Understand Minority Youth Suicide

(Thurs., 3:00 PM - 4:15 PM EST)



Randy Auerbach, Ph.D., Columbia University Medical Center

Christine Cha, Ph.D., Teachers College, Columbia University

Richard Liu, Ph.D., Alpert Medical School of Brown University

Anna Mueller, Ph.D., Indiana University Bloomington

Lisa Wexler, Ph.D., MSW, University of Michigan

Summary. This panel will discuss innovative methodological approaches to study minority youth suicidal behaviors and help reduce suicide-related disparities. Panel presenters will discuss quantitative, qualitative, mixed-methods, as well as community-based participatory approaches and emphasize what needs to be taken into consideration when developing and implementing suicide research with minority youth to understand both the universal and group-specific dimensions of their suicidal thoughts and behaviors.

Suicidal Behaviors among Sexual and Gender Minority Youth

(Friday, 11:10 AM - 12:25 PM EST)



Amy Green, Ph.D., The Trevor Project

Jama Shelton, Ph.D., MSW, Hunter College, City University of New York

Lindsay Taliaferro, Ph.D., University of Central Florida

Summary. This panel will discuss what is known about suicidal behaviors among sexual and gender minority youth (SGMY). The presenters will discuss diversity-affirming research on the suicidal disparities reported among this group, with a focus on (a) including intersectional perspectives that result in compounded suicide disparities vulnerabilities; (b) investigating the role of identifying as a sexual and/or gender minority in suicidal behaviors; and (b) advancing inclusive prevention, assessment, and treatment approaches to address SGMY suicide risk..

Culturally-informed Suicide Prevention in Schools (Talk 1)

(Friday, 12:35 PM-1:05 PM EST)



School as a Critical Context for Suicide Prevention in Indigenous Adolescents

Teresa LaFromboise, Ph.D.,
Stanford University

Suicide disproportionately affects American Indian/Alaska Native (AI/AN) youth and early adults. The development and evaluation of the Zuni Life Skills (ZLS) intervention, an effective community-initiated suicide prevention intervention situated in the school context, will be described. Then a tribally-diverse model of ZLS -- American Indian Life Skills (AILS) -- will be presented to illustrate a hybrid approach to the culturally tailoring of AI/AN mental health interventions. AILS is broad enough to address concerns across diverse AI/AN groups yet respectful of distinctive and heterogeneous cultural beliefs and practices and has shown positive outcomes for suicide prevention across an array of settings. However, issues associated with stabilizing AILS (e.g., community capacity building, local cultural adaptations) have challenged its wide-scale implementation. Most recently, suicide prevention interventions that more prominently attend to certain aspects of traditional Indigenous Knowledge and use locally sustainable strategies for the promotion of health and well-being have been developed. To that end, research focusing upon those strategies and investigating protective factors associated with AI/AN youth suicide prevention such as cultural continuity, cultural identity, and relational repair are being studied at Stanford University. Recommendations for strengths-based classroom practices and teacher-family partnerships for suicide prevention emerging from this work will be provided.

Culturally-informed Suicide Prevention in Schools (Talk 2)

(Friday, 1:05 PM-1:40 PM EST)



Collaborations to Prevent LGBTQ Youth Suicide by Implementing Evidence-Based Strategies in School Settings

Amy Green, Ph.D., The Trevor Project, & Cathleen Willging, Ph.D.,
Pacific Institute for Research and Evaluation

Reducing youth suicide in the United States (U.S.) is a national public health priority, and lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ) youth are at significantly elevated risk. The Centers for Disease Control and Prevention (CDC) endorses six evidence-based strategies to address the wellness needs of LGBTQ youth in schools; however, few U.S. schools implement all of them. The RLAS intervention model—Implementing School Strategies to Reduce LGBTQ Adolescent Suicide—employs implementation science and multi-disciplinary collaborations to promote strategy uptake and sustainment as part of an NIH-funded cluster randomized controlled trial across 40 high schools in New Mexico. The interdisciplinary study team features a medical anthropologist, clinical psychologist, pediatrician, and public health nurse with expertise in implementation science, mental health services research, child and adolescent health, suicidality and suicide prevention, and school-based healthcare. The team's work is scaffolded by a robust support infrastructure led by a community action board of school health professionals, educators, state officials, and local leaders of intermediary organizations specializing in LGBTQ advocacy and technical assistance. The team aims to build upon the strengths of communities to assist schools in preparing for, implementing, and sustaining the strategies to create safe and supportive environments for LGBTQ students. This presentation details the ways in which this multifaceted collaboration has generated local buy-in and enthusiasm; facilitated recruitment and provision of technical assistance and resources to schools; and enabled the application of mixed-methods procedures to capture process and outcomes related to decreasing suicide risks for LGBTQ youth. Through its participatory processes and use of implementation science to refine and sustain the evidence-based strategies to support sexual and gender minority students in high schools, this study is designed to overcome the research to practice gap while also representing a novel contribution to efforts to reduce and prevent LGBTQ youth suicide.

Suicidal Behaviors among Latinx Youth: What We Know and What We Need to Do to Reduce their Prevalence

(Friday, 1:40 PM - 2:55 PM EST)



Kiara Alvarez, Ph.D., Massachusetts General Hospital

Yovanska Duarte-Velez, Ph.D., Alpert Medical School of Brown University

Carolina Hausmann-Stabile, Ph.D., MSW, Bryn Mawr College

Lillian Polanco-Roman, Ph.D., Columbia University Medical Center

Summary. This panel will discuss what is known about suicidal behaviors among Latinx youth. The presenters will review culturally-informed models to prevent, identify, treat, and study suicidal behaviors among Latinx youth in the United States, with a focus on reducing racial, ethnic, and gender disparities.

Leveraging Technologies to Study Suicide-Related Disparities among Diverse Youth

(Friday, 3:00 PM - 4:15 PM EST)



Michelle Carlson, MPH, Teen Line

Tracy Dennis-Tiware, Ph.D., Hunter College and The Graduate Center, CUNY

Catherine Glenn, Ph.D., Old Dominion University

Madelyn Gould, Ph.D., MPH, Columbia University Medical Center

Emily Moser, MAT, MPA, Oregon YouthLine

Eric Murphy, Ph.D., National Institute of Mental Health (NIMH)

Jazmin Reyes-Portillo, Ph.D., Montclair State University

Hannah Szlyk, Ph.D., MSW, Washington University, St. Louis

Summary. This panel will discuss technology-based strategies to identify, assess, prevent, and treat youth suicidal behaviors. Among the technologies discussed here will be mobile and online interventions, real-time monitoring techniques (ecological momentary assessment and wearable sensors), as well as the use of chat, text, or Facebook messenger in suicide crisis intervention. NIMH funding priorities in these areas will also be highlighted.

Concurrent Session Presenters



Julia Case, MA



Megan Chasin, Ph.D.



Jessica Hamilton, Ph.D.



**Emily Klein,
MA**



Kelly Klein, BS



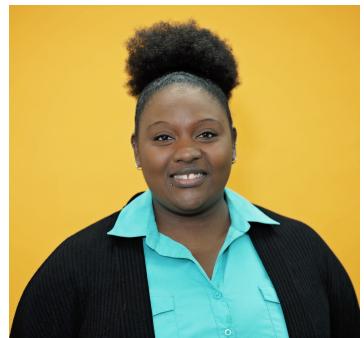
Jennifer Koide, BA



Emuly Kumpf, BA



Farah Mahmud, MS



Myeshia Price-Feeney, Ph.D.

Concurrent Session Presenters (continued)



**Beverlin Rosario-
Williams, MA**



Melanie Rosen, MA



**Sashana Rowe-
Harriott, BA**



Ana Sheehan, BA



Tanya Singh, MA



Angela Spears, BS



Sarah Sullivan, MS



Rachel Walsh, BS



Mariah Xu, MA

Concurrent Session Abstracts (alphabetical by author)

Incongruities Between Behavioral and Self-Report Measures in the Assessment of Reward Responsivity in Non-Suicidal Self-Injury

Julia A.C. Case, and Thomas M. Olino, Ph.D., Temple University

Introduction. Individuals with non-suicidal self-injury (NSSI) characteristically report experiencing heightened responses to rewards across domains, including for both monetary and social feedback. Here, we examine this hyper-responsivity to rewards using both behavioral tasks and self-report measures. **Method.** We used two novel versions of the Iowa Gambling Task to examine reward learning patterns using monetary and social feedback, respectively, in a sample of 191 undergraduate students, 42 of whom endorsed cutting, burning, or scratching behaviors. Multilevel models estimated relationships between NSSI and changes in approach towards advantageous and avoidance of disadvantageous decks for both monetary and social feedback. ANOVAs compared mean levels of self-reported general anhedonia and social anhedonia between individuals with NSSI and individuals without NSSI. **Results.** There was a significant effect of NSSI for the task utilizing monetary feedback on both block ($b=-0.108$, $SE=0.053$, $p=0.043$) and on deck type ($b=0.108$, $SE=0.055$, $p=0.047$), whereby individuals with NSSI learned to play on the good decks and avoid the bad decks faster than individuals without NSSI. No significant effects of NSSI were found for the task utilizing social feedback. Individuals with NSSI reported significantly greater levels of both general anhedonia [$F(1,189) = 6.31$, $p = .013$] and social anhedonia [$F(1,188) = 11.05$, $p = .001$], compared to individuals without NSSI. **Discussion.** Although individuals with NSSI endorse greater experiences of both general anhedonia and social anhedonia compared to individuals without NSSI on self-report measures, these results are only seen on behavioral tasks utilizing monetary feedback.

Co-occurring Physical Dating Violence and Suicide Attempt: The Role of Childhood Physical Abuse

Megan Chasin , Ph.D., Michele Cascardi, Ph.D., and Eli Adler, William Paterson University

Introduction. The purpose of this study was to test whether a distal environmental factor, childhood abuse, including physical, sexual and emotional abuse, and more proximate cognitive (i.e., hostility) and affective (i.e., anger) factors are shared or unique correlates of suicide attempt (SA) and dating violence (DV) in majority minority emerging adults. Also of interest was identifying factors linked to the co-occurrence of SA and DV. **Method.** Data from 235 emerging adults who reported a history of at least one dating relationship were used. Similar to the racial and ethnic composition of the Hispanic Serving Institution where the survey was conducted, the sample population was majority minority. SA and DV were measured by self-report, SA with a single item and DV with the Conflict in Adolescent Dating Relationships Inventory. Omnibus Chi-square tests and ANOVAs were conducted to test group differences in CM, anger and hostility, followed by Tukey post-hoc comparison tests to identify specific group differences. Multinomial logistic regression was then conducted to determine which correlates most strongly discriminated the four groups. **Results.** Based on reports of SA and DV, four groups were created: suicide attempters who reported at least one lifetime SA and no DV ($n = 24$); those who reported DV only ($n = 95$); those who reported SA and DV ($n = 21$); and controls who reported neither SA nor DV ($n = 95$). In multivariate analyses, emotional abuse was more frequently reported among those reporting SA than controls and DV only, and hostility was greater among those reporting DV, regardless of SA. Physical abuse was more frequent for those with co-occurring SA and DV than controls and those with SA only. **Discussion.** Emotional abuse seems particularly salient to SA. When SA and DV co-occur, interventions targeting sequelae of physical abuse are indicated by these findings .

Sleep Predicts Next-Day Distress to Social Stress among High-Risk Adolescents in an Intensive Outpatient Program for Depression and Suicidality

Jessica L. Hamilton, Ph.D., Tina R. Goldstein, Ph.D., and Peter L. Franzen, Ph.D., University of Pittsburgh

Introduction. Sleep disturbance and social stressors are often cited as precipitants of suicidal ideation, yet few studies have examined how these risk factors are related, particularly among adolescents at high-risk for suicide. The current study examined sleep characteristics (duration, timing, nightmares) as predictors of next-day distress to social stressors among adolescents in an intensive outpatient program (IOP). **Method.** A total of 46 adolescents and young adults (mean age =16.9 years; 74% female) enrolled in an IOP program for depression and suicidality completed up to 3 months of actigraphy and daily assessments of subjective social stress and suicidality. Multilevel modeling (with random intercept and slope) was conducted using R programming to examine the association between: 1) the previous night's sleep and next-day distress to the social stressors, and 2) individual fluctuations of social stress on same-day suicidal ideation, controlling for age, gender, and prior day distress and depressive symptoms. **Results.** Results indicate that sleep duration has a linear (not quadratic) relationship with next-day social stress, such that shorter sleep duration predicts higher levels of next-day distress to social stressors ($B = -1.18$, $SE = .43$; $p = .006$). Nightmares also predicted more next-day distress ($B = 2.95$, $SE = 1.03$, $p = .004$). There were no effects of sleep midpoint on distress ($B = -.48$, $SE = .44$, $p = .27$). Individual increases in distress to social stress was associated with increased likelihood of suicidal ideation ($B = .003$; $SE < .01$, $p < .001$) and its intensity ($B = .28$, $SE = .07$, $p < .001$). **Discussion.** Our preliminary findings suggest a temporal relationship between short and disturbed sleep and next-day distress to daily social stressors, which, in turn, are associated with increased risk of suicidal ideation. Importantly, findings support conceptual models highlighting the importance of sleep on emotion regulatory responses to social stressors in heightened risk for suicidality. Future research should examine whether targeting sleep and improving emotion regulation among high-risk youth can prevent increases in suicidal ideation and suicide.

Outcomes of Dialectical Behavior Therapy Residential Treatment Program for Female Adolescents

Kelly Klein, BS. [1], Carey Sevier, MS. [1], Emily Kumpf, BA [1], Luciana Payne, PhD. [1], Cynthia Kaplan, PhD. [1], Alan Fuzzetti, PhD. [1], and Randy P. Auerbach, PhD., [2]

[1] McLean Hospital and Harvard Medical School; [2] Columbia University Medical Center

Introduction. Existing literature has demonstrated that Dialectical Behavior Therapy (DBT) reduces symptoms of depression, improves interpersonal effectiveness and the ability to regulate emotions (Anestis et al., 2019). Improvements in these areas are critical as they have been linked to maladaptive behaviors, including non-suicidal self-injury (NSSI) and suicidality (Leyro, Zvolensky & Bernstein, 2010). However, within existing research, minimal studies look at adolescent residential DBT treatment, and those that do have relevant methodological limitations, including lack of control group, or specific populations that prevent generalization. Therefore, this research aims to address this by evaluating an adolescent residential DBT program and looking at treatment. **Method.** The present study included 39 females aged 13 to 20 years of age, who received DBT in a residential treatment setting alongside a control group of 40 females aged 13 to 23. Participants completed self-report measures, including the Beck Depression Inventory (BDI), Difficulties in Emotion Regulation (DERs), and the Self-Injurious Thoughts and Behaviors interview (SITBI) at three time points: program admission (T0), two weeks into treatment (T1), four weeks into treatment (T2), and six months (T5) after discharge. **Results.** Results showed significant pre to post treatment reduction in mean DERs and BDI scores, with medium and large effect sizes, respectively. Results also demonstrated significant reduction from pre to post-treatment in suicide ideation, NSSI behaviors, and thoughts over the previous month. **Discussion.** In conclusion, residential DBT is effective at increasing emotion regulation and decreasing symptoms of depression, including reducing the frequency of suicide ideation, NSSI behaviors, and thoughts. Results provide support for the implementation of DBT in residential treatment programs for adolescent females.

An Examination of Suicidal Ideation and Bullying among Sexual Minority Youth

Jennifer Koide, BA, Ilana Gratch, BA, and Christine Cha, Ph.D., Teachers College, Columbia University

Introduction. Sexual minority youth are a vulnerable population, and may be at greater risk of experiencing bullying, specific stressors, and clinical outcomes. Past research has investigated the individual associations across sexual minority status, bullying, and suicidal ideation—but rarely has the potential mediating role of bullying been directly assessed. To address this knowledge gap, the current study examines the role of bullying in conjunction with identifying as LGBTQ+ and suicidal ideation during adolescence. **Method.** Participants were 72 adolescents between the ages of 12 and 19 years recruited from the community. More than half (58.3%) of the sample identified as female, and as substantial minority (40.3%) identified as a sexual minority (i.e., LGBTQ+ or unknown). The California Bullying Victimization Scale was administered to measure prior experiences of being bullied. Suicidal ideation was measured using the Suicidal Ideation Questionnaire. **Results.** Sexual minority youth reported statistically higher severity of suicidal ideation ($M = 2.71$; $SD = .25$) than their heterosexual peers ($M = 1.89$; $SD = .20$, $p=0.01$). Sexual minority status accounted for 10.3% of the variance in SIQ scores, and was significantly associated with suicidal ideation after controlling for race, ethnicity, gender, and age ($\beta = .34$, $p = .02$). Surprisingly, sexual minority youth did not report experiencing a significantly greater degree of bullying compared to heterosexual peers. As a result, subsequent mediation analyses were not conducted. **Discussion.** Our findings confirm prior work showing that sexual minority youth experience greater suicidal ideation compared to their heterosexual peers. Surprisingly, sexual minority youth were not more likely to experience bullying. This finding points toward two possibilities. First, other risk factors may mediate the association between sexual minority status and suicidal ideation. Second, there may be moderators.

Presentation of Suicidal and Self-Injurious Behaviors Upon Admission to an Adolescent Residential DBT Program

Emily Kumpf, BA [1], Carey Sevier, MS [1], Kelly Klein, BS [1], Luciana Payne, Ph.D.[1], Alan Fruzetti, Ph.D. [1], Cynthia Kaplan, Ph.D. [1], and Randy Auerbach, Ph.D. [2]

[1] McLean Hospital and Harvard Medical School [2] Columbia University Medical Center

Introduction. Suicide is a leading cause of death for adolescents worldwide and is considered a public health concern for this age group. However, minimal research reports the acuity of adolescents prior to residential treatment, making interpretation of treatment improvements substantially harder. Further research is required to better understand how adolescents present upon admission to residential treatment programs. **Method.** The present study included 87 adolescent females aged 13-21 ($M = 16.97$, $SD= 1.92$) who received comprehensive DBT in an intensive residential treatment setting. The Self-Injurious Thoughts and Behaviors Interview (SITBI) was administered at baseline on admission to measure suicidality. **Results.** Results showed that patients upon admission demonstrated high risk and potentially life-threatening behaviors. The majority had engaged in NSSI (93%) and had attempted suicide at least once in their lifetime (55.8%), with number of suicide attempts ranging from 1 attempt to 70 attempts. Most patients reported having suicide ideation (91.9%), with just under half of patients reporting their thoughts were very or extremely intense (48.1%). Notably, for over one third of patients, these thoughts lasted longer than a day (43.1%), although time reported between thinking about suicide and attempting was less than an hour for one third of patients (33.3%). Our results further examine self-injurious behaviors, including duration of intrusive thoughts and lethality of method. **Discussion.** Overall, findings revealed that adolescent females presenting to a DBT residential program have high prevalence rates of self-injurious thoughts and behaviors. Thus, our results demonstrate the acuity of adolescents who present to a residential program and the types of patients who may be typically admitted. Further research is needed to see how acuity at the time of entering the program is related to treatment outcomes.

Collaborating with Pediatric Primary Care to Address Suicidality in Adolescents

Farah Mahmud, MS [1, 2], Emily Kline, MA [1], and Carrie Masia, Ph.D. [1, 2, 3], Virginia Twersky, MSW, LCSW [2], Karimi Mailutha, MD, MPH [2], Alan Meltzer, MD [2], Susan Scherer, MD [2], Walter Rosenfeld, MD [2], and Thomas Zaubler, MD, MPH [2]; [1] Montclair State University; [2] Atlantic Health System; [3] Nathan Kline Institute for Psychiatric Research

Introduction. Mental health problems, such as anxiety, depression, and suicidal ideation, are highly prevalent among youth. Yet, most adolescents go untreated, increasing their risk for long-term impairments and suicidal behaviors. Pediatric primary care may be an ideal setting for prevention efforts, as it provides access to large numbers of adolescents. The current study evaluated the efficacy of identifying and treating adolescents at risk for suicidality, as well as anxiety and depression, through a collaborative care model at a major medical center in New Jersey. **Method.** Patients aged 13 to 21 were screened using the Patient Health Questionnaire-9 (PHQ-9A) and Screen for Child Anxiety Related Disorders (SCARED) at annual visits. Patients who scored above clinically established cutoffs on these measures or indicated recent suicidal ideation were offered collaborative care treatment. Treatment involved medication management and/or cognitive behavioral therapy by a pediatrician, psychiatrist, or social worker. From 2017 to 2019, 358 adolescents (63% female, mean age = 16.3 years) qualified for collaborative care, and 113 agreed to participate in treatment. **Results.** Among participants, 66% were classified with clinically significant generalized anxiety, 39% with social anxiety, 36% with depression, and 17% reported recent suicidal ideation. After four treatment sessions, there was a 15% decrease in patients with clinically elevated generalized anxiety, 20% decrease in those with social anxiety, and 40% decrease in those with depression. The numbers of patients with clinically elevated symptoms continued to reduce after eight and twelve sessions. Additionally, 94% of patients who initially expressed suicidal ideation no longer endorsed it in their final treatment session. **Discussion.** Collaborative care in the pediatric setting may be a promising approach for identifying and engaging adolescents at risk for depression, anxiety, and suicidal ideation. Further work studying barriers to service use can help improve collaborative care models and mental health outcomes among adolescents.

Examining Risk and Protective Factors for Suicidality among LGBTQ Youth

Myeshia Price-Feeney, Ph.D., and Amy E. Green, Ph.D., The Trevor Project

Introduction. Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth are more than four times as likely to seriously considering suicide and attempt suicide compared to peers. The minority stress model theorizes that mental health disparities found in LGBTQ individuals are the result of chronic stressors, stemming from their marginalized social status. The minority stress model also hypothesizes that increased support from others can serve a protective function. Data from The Trevor Project's National Survey on LGBTQ Youth Mental Health is used to explore risk and protective factors for suicidality among a diverse sample of LGBTQ youth. **Method.** A quantitative cross-sectional design was used to collect data from over 30,000 LGBTQ youth, ages 13-24, using an online survey platform. The survey addresses a variety of topics salient to LGBTQ youth, including suicidal ideation and attempts, discrimination due to sexual orientation or gender identity (SOGI), victimization due to SOGI, SOGI conversion efforts, and support. Bivariate analyses were performed to examine relationships among variables. Multivariate logistic regression was used to examine adjusted odds of considering and attempting suicide in the past 12 months. **Results.** Youth who were younger, transgender and/or non-binary, and American Indian/Alaskan Native were at highest risk. Discrimination due to SOGI, victimization due to SOGI, and conversion efforts were strong predictors of a past-year suicidality, while support from others reduced risk. **Discussion.** Results align with the minority stress model in explaining increased suicidality among LGBTQ youth. LGBT-inclusive non-discrimination and victimization policies should be implemented, particularly in places where youth are likely to spend their time, such as schools and workplaces. Additionally, these findings suggest that youth would benefit from increased support. Future research should explore ways others can positively impact the lives of LGBTQ youth, as well as ways to increase affirming treatment from professional providers.

The Role of Attentional Bias in the Relation Between Ruminative Thinking and Suicide-Specific Rumination

Beverlin Rosario Williams and Regina Miranda, Hunter College and The Graduate Center, CUNY

Introduction. Reflection, considered an adaptive ruminative style, has been found to confer risk for suicide ideation, but limited research explains how and why this is so. Most studies have relied on self-report. This study investigated cognitive mechanisms that may explain the relation between reflection and suicide ideation, using both self-report and behavioral measures. **Method.** One hundred twenty-two young adults (99 women), ages 18-27, moderately high-risk, completed a lexical decision task measuring cognitive accessibility of positive, neutral, negative, and suicide-related stimuli; and a task measuring difficulty disengaging from positive, neutral, negative, and suicide-related stimuli. Participants also completed self-report measures of ruminative subtypes (brooding and reflection), suicide-specific rumination, and suicide ideation. **Results.** Reflection was associated with less difficulty disengaging from semantic stimuli, regardless of valence (positive, neutral, negative, or suicide-related). However, reflection was also associated with lower cognitive accessibility of positive vs. neutral stimuli (though not greater accessibility of negative vs. neutral stimuli), and with more difficulty disengaging from negative vs. neutral stimuli. Further, brooding and reflection were positively associated with suicide-specific rumination and with suicide ideation. There was an indirect relation between reflection and suicide-specific rumination via reduced accessibility of positive vs. neutral stimuli, but not via accessibility of negative stimuli nor via difficulty disengaging from negative stimuli. Behavioral measures were not significantly related to suicide ideation. **Discussion.** Reflection may decrease cognitive accessibility of positive stimuli and increase difficulty disengaging from negative stimuli. This cognitive bias may be related to greater vulnerability to persistent suicidal thoughts that take a ruminative form but not to overall suicide ideation. Findings further support emerging research indicating that reflection may confer vulnerability to more persistent suicide ideation and suggests cognitive mechanisms that may underlie this vulnerability.

CALM Gatekeeper Training is Associated with Increased Confidence in Utilizing Means Reduction Approaches to Suicide Prevention among College Resident Assistants

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Introduction. Most suicide prevention programs focus on increasing knowledge regarding the problem of suicide, yet many neglect to include information on the science and application of means reduction approaches. In an attempt to address this gap in practice, the Counseling on Access to Lethal Means (CALM) program was developed to educate clinicians on the importance of means reduction interventions. **Method.** In the current study, a gatekeeper CALM training was delivered to 167 resident assistants. Confidence levels regarding suicide prevention and means reduction skills were assessed at baseline, post-training, and after a 6-week follow-up. **Results and Discussion.** Results were suggestive of medium to large training effects. Though there was a small decay of training effects at follow-up, the effects were durable when compared to baseline levels. Given these findings, future gatekeeper trainings should be provided more consistently to help sustain the effects, and data on the implementation of CALM principles should be measured during follow-up assessments.

Risk Factors for Self-Injurious Behaviors Vary Across Race

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Introduction. Self-injurious behaviors (SIBs) are a major concern for young adults. Although various cognitive-affective factors have been identified as risk factors for suicide attempts (SA) and non-suicidal self-injury (NSSI), how these risk factors may vary across racial/ethnic groups among young adults with different self-harm history is understudied. To address this gap, we examined racial/ethnic group differences in ruminative subtypes (brooding and reflection), depressive symptoms, and hopelessness among young adults with no self-harm history (NoSH), SA only, NSSI only, and both NSSI & SA. **Method.** Participants (N=3095) in this study were primarily female (74%), aged 18-34, from racially/ethnically diverse backgrounds. The racial/ethnic distribution of the sample was 40% Hispanic, 17% White, 17% Biracial, 14% Black, and 12% Asian. Participants completed a battery of self-report questionnaires that examined SIBs, brooding, reflection, hopelessness, and depressive symptoms. **Results.** We conducted factorial ANOVAs to examine the interaction of race/ethnicity and self-harm group in risk factors of SIBs. Asian young adults reported more hopelessness than their peers in the NoSH group and more hopelessness than Black young adults in the NSSI only group. Among participants with NSSI and SA, Hispanic young adults reported more brooding than their Biracial peers. Depressive symptoms and reflection did not vary across race, regardless of self-harm group. However, young adults with a self-harm history reported more depressive symptoms and reflection than their peers in the NoSH group. **Discussion.** Findings provide evidence for racial/ethnic group differences among different self-harm groups in risk factors for self-injury. Asian young adults maybe more vulnerable to hopelessness while Hispanic young adults maybe more susceptible to brooding. Therefore, clinicians should provide targeted interventions towards Asian young adults that report hopelessness and Hispanic young adults that report brooding to prevent self-injury. Altogether, this study adds to the extant literature on racial/ethnic group differences in risk factors for SIBs.

Suicide Ideation and Behavior Among Sexual Minority and Heterosexual Youth: 1995 and 2017

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Introduction. Health care disparities existing among sexual and gender minority populations have received increasing attention in recent years. These concerns are especially pertinent to the prevalence of suicidal thoughts and behaviors (STBs) in these populations, particularly during adolescence, a period of elevated onset of these clinical outcomes. In light of the relative lack of population-representative studies on this topic, the present study seeks to examine temporal trends in 12-month prevalence of STBs among sexual minority and heterosexual adolescents, a critical next step for characterizing suicide risk in these populations. **Method.** Data were drawn from the Massachusetts Youth Risk Behavior Surveillance System for the years 1995 through 2017 (unweighted N = 41,636) and was representative of students between grades 9 through 12 for the state. The annual percent change (APC) in prevalence of suicidal ideation, plans, and attempts was stratified by sexual orientation as indexed by sexual identity and sexual behavior. **Results.** Among sexual minority youth, prevalence rates declined over the entire study period for ideation (APC sexual identity = -1.25; APC sexual behavior = -1.83), plans (APC sexual identity = -1.88; APC sexual behavior = -1.95), and attempts (APC sexual identity = -2.64; APC sexual behavior = -2.47). Among heterosexual youth, prevalence rates declined from 1995 to 2007 for suicidal ideation (APC sexual identity = -6.67; APC sexual behavior = -6.77) and plans (APC sexual identity = -5.73; APC sexual behavior = -6.25). However, these declines in ideation and plans were steeper for heterosexual youth. Prevalence of all three outcomes were markedly higher among sexual minority youth across this period. **Discussion.** Altogether, these findings point to a general decline in STBs among sexual minority and heterosexual youth. However, disparities in these outcomes persist, with sexual minority youth demonstrating consistently elevated prevalence of these outcomes. Prioritizing screening for STBs in vulnerable populations is critical for reducing disparities and prevalence of these outcomes.

The Impact of Acculturation on Suicide Literacy among College Students

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Introduction. Mental health literacy is defined as public knowledge about mental disorders and has been identified as an important factor influencing help-seeking. Not much is known about the specific gaps in public knowledge regarding suicide, a persistent concern among both racial/ethnic minority college students and young adults. Acculturation has been found to be related to mental health literacy, help-seeking behavior, and suicidal ideation and behavior among racial/ethnic minorities. Identifying correlates of suicide literacy, such as acculturation, can help us target psycho educational interventions by identifying groups that may most benefit from them. The objective of the study was to examine correlates of suicide literacy among diverse college students. **Methods.** Participants were 858 students who completed an online survey assessing cultural factors and mental health symptoms among college students. Suicide literacy was assessed using the Literacy of Suicide Scale. Depression, suicidal ideation, and anxiety symptoms were assessed via the Patient Health Questionnaire and Screen for Adult Anxiety Related Disorders. Finally, acculturation was assessed using the Brief Acculturation Scale for Hispanics. **Results.** Of the 858 students, 80.8% were female and 37.5% self-identified as Latinx. The mean SL score was the sample was high ($M= 8.92$, $S.D.= 1.49$). Significant differences were detected by race in suicide literacy scores, such that White participants had significantly higher scores than Black participants. Acculturation and suicide literacy were also positively correlated. Results from regression analysis revealed acculturation to be significantly related to suicide literacy, after controlling for demographic variables. **Discussion:** Individuals who are more acculturated may have higher suicide literacy. These results highlight the importance of targeting racial/ethnic minorities in improve suicide prevention efforts, especially those who may find acculturation challenging. Further research is needed to understand whether interventions aimed at increasing suicide literacy can promote help-seeking attitudes and behaviors.

Supporting Our Children's Knowledge Of Suicide

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Introduction. There are an estimated 60,000 children a year in the United States affected by the suicide of a relative (Cerel, & Aldrich, 2011). However, parents avoid communicating with their children about suicide, which often results in a parent lying or minimizing suicidality of a parent (Cain & Fast, 1966). Cain (2002) found that the majority of children are not told that their parents' death was a suicide even when they had witnessed it. However, this may be counterproductive, as new research by Brent et al. (2014) shows that children of a parent with past suicide attempts have nearly a five-fold increased risk of attempting suicide, themselves. Results from a longitudinal, prospective study showed a direct effect of a parent's suicide attempt on a suicide attempt by their child (Brent, 2015). Approximately 20 Veterans die from suicide each day. However, no research has been done on the children of Veterans (when parent has suicidal symptoms). Furthermore, no research has explored how to talk to or disclose their parents' suicidal symptoms to children. **Method.** In our research setting – Veterans Health Administration – studies cannot include participants under 18. The project 'Supporting Our Children's Knowledge of Suicide' (SOCKS) used mixed methods to evaluate 25 Veteran parents who have a history of suicidality, and their children. **Results.** Data collection was completed in Fall 2019 so at the time of the Youth Suicide Research Consortium conference, the full data set will be analyzed. Concurrent triangulation analysis of qualitative and quantitative data will be performed to cross validate and understand the current findings (Bryman, 2006). **Discussion.** Greater knowledge and understanding about inter-generational transmission of risk for suicidal behavior will help develop more targeted treatment options and aid prevention efforts. This work will demonstrate gaps in current suicide prevention research.

Understanding Children as a Reason for Living in a Suicide Prevention Group

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Introduction. Parent-child connectedness is often cited as a protective factor against suicide among adolescents (Ackard et al., 2006). However, there is a paucity of research on the extent that children are reasons for living in their parents at risk for suicide. The Project Life Force (PLF) is a novel 10-session, group intervention, that seeks to increase disclosure of suicidal symptoms within the family through role plays, such as practicing asking for help and how best to share the SSP with family or peers. Using the Reasons for Living Inventory (RFL), Luo et al. (2016) noted when patients have a longer term and stronger attachment to their children, they are not likely to end their lives because children provide a compelling obligation to continue living. **Method.** Veteran participants were assessed in-person, both at baseline and at 3 months (immediately post intervention), with a goal to randomize 265 Veterans to either the PLF intervention or treatment-as-usual. For the purpose of this presentation, only participants with children will be included in analyses. The RFL includes 48 self-report items that measure the respondents' various reasons for living and their attitudes about living versus attempting or dying by suicide. The RFL includes subscales including responsibility to family and child-related concerns. Both the overall score, and subscales related to children, will be analyzed on the Reasons for Living (RFL) inventory. Specifically, we will assess pre/post changes in both conditions. **Results.** The PLF study recruitment has been excellent to date. Thus far, 90 Veterans have been consented, and 75 have been randomized. Our goal is to analyze how salient having children is as a reason for living before and after the treatment. We will present updated data. **Discussion.** Pilot data on PLF had very encouraging results and was well tolerated, feasible, and effective in reducing suicidal thinking. This presentation will examine whether the PLF intervention group experienced a greater, increased change in responsibility to family, child-related concerns as a reason for living.

Suicidal Thoughts and Behaviors in Preadolescent Children: Findings and Replication in Two Population-Based Samples

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Introduction. There is a paucity of research on child and preadolescent self-harm, which is particularly concerning, considering rates of suicide among 10-14-year-olds have nearly tripled in the past decade. It is therefore necessary to characterize and identify potential indicators of risk for suicidal thoughts and behaviors in preadolescents. **Method.** This study examined correlates of suicidal ideation (SI) and suicide attempts (SA) within two population-based samples of preadolescents: the 2007 and 2010 Minnesota Student Survey (MSS). The MSS is administered every three years to public school students and assesses health risk behaviors and protective factors. For this study, analyses were restricted to 11- and 12-year-olds. Sociodemographic information, childhood maltreatment, parental relations, peer relations, and school climate were examined in relation to past-year SI and SA. To examine correlates of "pure" SI, unconfounded by risk for SA, individuals with a history of SA were excluded from SI analyses. Correlates of SA were examined among individuals with past-year SI. A series of logistic regression analyses were conducted with past-year SI and SA as criterion variables. **Results.** Results from both datasets were highly consistent. The prevalence of past-year SI was 9.28% and 9.25% in 2007 and 2010, respectively. Among preadolescents with past-year SI, 17.00% and 16.78% endorsed past-year SA. Overall, effect sizes ranged from trivial-medium, which supports the notion that suicide is multi-determined. The strongest effects were observed for sexual and physical abuse, parental support, and perceived safety at school ($p < 0.001$). In both SI and SA multivariate analyses, sexual and physical abuse had the largest effect sizes (OR SI=2.11 [95% CI=1.83-2.43]-2.90 [95% CI=2.64-3.19], OR SA=1.54 [95% CI=1.28-1.84]-2.26 [95% CI=1.82-2.80]). **Discussion.** In providing estimates of the prevalence and correlates of preadolescents with suicidal thoughts and behaviors in two large population-based samples, this study offers a foundation for future longitudinal research.

Interpersonal Emotion Regulation, Suicide Attempts, and Self-Injurious Behavior

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Introduction. Emotion dysregulation and intense affect have been found to differentiate people who only think about suicide from people who attempt suicide, and social support is a protective factor against suicide attempts. Prior research has not conceptualized social influences on affective processes as a cohesive process in the development and evaluation of suicide risk. The current study investigates the role of interpersonal emotion regulation (IER), or how others manage or change individuals' emotions, in both chronic and acute suicide risk. IER can contribute to chronic suicide risk by influencing intrapersonal emotion regulation long-term, and increasing acquired capability through dysregulated behaviors such as non-suicidal self-injury (NSSI). It can also be an aggravating factor in the moments preceding a suicide attempt or engagement in NSSI. **Method.** To elucidate these relationships, we collected self-report measures of suicide ideation (SI), suicide attempts (SA), NSSI, and IER at two time points six weeks apart from a sample of young adults ($N = 167$). **Results.** Regression analyses revealed that IER predicted SI, SA, and NSSI, but only cross-sectionally (not prospectively). Specifically, adaptive IER buffered against SA, while punitive responses were associated with higher SI severity, lifetime SA, and lifetime NSSI. Contrary to expectations, invalidation/minimization buffered against lifetime NSSI. Effect sizes were stronger for models predicting SA (Nagelkerke $R^2 = .11$) and NSSI (Nagelkerke $R^2 = .23$), compared to those predicting SI ($R^2 = .05$, $F(5, 161) = 2.84$, $p = .02$). **Discussion.** Our findings suggest the ways people interact with others and the specific strategies they employ to regulate their emotions—beyond the mere presence or absence of social support—should be considered when evaluating suicide risk. Punitive responses are particularly salient. Furthermore, interpersonal emotion regulation is more strongly associated with suicide attempts and NSSI than suicide ideation, suggesting it may differentiate individuals who are at risk for attempting suicide from those who only think about it.



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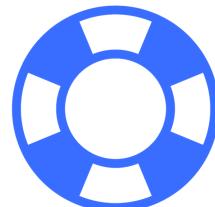
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