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# Adolescent Suicide: The Implication of Coping, Family Functioning and Their Interactions for Prevention and Intervention

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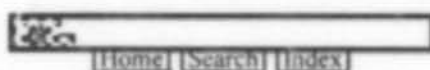
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### Introduction

It has become apparent over the past ten years that the role of the family has been identified as an increasingly significant variable with regard to adolescent suicide. Some authors go as far as to say that "family related factors appear to be the most significant contributor to youth suicide" (Husain, 1990). As critical as these variables appear to be, very little information is available about the family characteristics of youths that kill themselves. Furthermore, family characteristics of youths who attempt suicide are often described as a side feature of investigations of other factors, and these generally focus on the family characteristics only after an attempt has occurred. Little is known about those family factors that are precursors to the suicide attempt or about the mechanisms underlying "the relation of family characteristics and social supports to youth suicidal behavior" (Pfeffer, 1989).

Most studies that have attempted to elucidate underlying mechanisms have focused on constructs such as family communication, enmeshment, cohesion, flexibility, affective involvement, affective responsiveness, behavior control, roles, and problem solving. Concurrent with the family research on adolescent suicide, a separate body of literature has developed which focuses on adolescent coping skills and their relation to adolescent suicide. These studies suggest that adolescent coping skills are beneficial in therapy situations involving suicide ideation and attempts (Orbach & Bar-Joseph, 1993). It is reasonable to assume that these skills are shaped, in part, by the adolescent's experiences within the family context. Other investigators have suggested that family therapy is an appropriate treatment modality for adolescents at risk for suicide (Berman & Jobes, 1992; Richman, 1986). A logical next step is to investigate the family's impact on adolescent coping skills and to identify potential family interventions focused on expanding the adolescent's coping repertoire.

*Family Literature.* Adolescents often feel alienation to which the family contributes (Smith, 1981). Some theories suggest that poor communication patterns within the family will promote stress that contributes to suicidal behavior of children (Gould, 1965). Other theories suggest that lack of good mothering results in the child feeling abandoned and unloved (Sabbath, 1969). However, of the studies completed, several characteristics of families appear with consistency: family conflict (Cassorla, 1980; Cohen-Sandler, Berman & King, 1982; Corder, Page & Corder, 1974a; Corder, Shorr, & Corder, 1974b; Davidson, Choquet, & Facy, 1976; Jacobs & Teicher, 1967; Kosky, Silburn & Zubrick, 1990; McKenry, Tishler & Kelley, 1982; Spirito Brown, Overholser & Fritz, 1989a; Tishler, McKenry, & Morgan, 1981; Williams & Lyons, 1976; Withers & Kaplan, 1987); history of family suicide (Barter, Swaback & Todd, 1968; Brent, Kolko, Allen & Brown, 1990; Cassorla, 1980; Corder, Shorr & Corder, 1974b; Davidson, Choquet, & Facy, 1976; parental alcohol/drug abuse (Angel, Taleghani, Choquet & Courtecuisse, 1978; Davidson, Choquet, & Facy, 1976; Slaby & McGuire, 1989); and family violence, especially sexual abuse (Husain, 1990; Knittle & Tuana, 1980; Pfeffer, 1985; Slaby & McGuire, 1989). In addition, many adolescents feel they are not able to communicate with their parents (Corder, Page & Corder, 1974a; Corder, Shorr & Corder, 1974b; Marfatia, 1975) and there is often a feeling of parental rejection or

disinterest (Cassorla, 1980; Davidson, Choquet, & Facy, 1976; Husain, 1990; Marfatia, 1975; McKenry, Tishler & Kelley, 1982). Along with this lack of perceived family cohesion, the loss of a parent or significant other (Barter, Swaback, & Todd, 1968; Cohen-Sandler, Berman & King, 1982; Godwin, 1986) can often intensify the feelings of alienation and separation.

*Coping Literature.* Sadowski and Kelly (1993) believe that youth who attempt suicide have "more maladaptive cognitive-emotional behavior response sets to problematic situations than do psychiatric controls and normal controls." Lower problem solving skills are associated with suicide attempts (Asarnow, Carlson, & Guthrie, 1987; Curry, Miller, Waugh & Anderson, 1992) and Amish (1991) suggests that fewer reattempts result from learning and applying coping skills. One study indicated that social withdrawal was used more frequently by adolescents who are suicidal (Spirito, Overholser & Stark, 1989b). In addition, a number of authors have documented a connection between a diminished problem-solving capacity and suicide (Asarnow, Carlson, & Guthrie, 1987; Schotte & Clum, 1987; Schotte & Clum, 1982). Sommers (1995) indicated that youths who have attempted suicide and those who frequently ideated were less involved with the family and tended to use fewer coping strategies than those who thought about suicide less frequently. Additionally, youth with a history of suicide attempts were less likely to use relaxation and more likely to vent feelings.

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## Method

### Subjects and Procedures

The 410 participants volunteered for this project were obtained from 20-middle, junior, and senior high public and private schools and five adolescent psychiatric units in Ohio between 1992 and 1995. The ages of the participants ranged from 11 to 18 years. Thirty percent were male and 70 percent were female. Minorities represented 7% of the population. Both the participants and their parent(s) participated in the informed consent process. Participants completed the Family Assessment Device (FAD), the Suicide Ideation Questionnaire (SIQ), and the Adolescent Coping Orientation for Problem Experiences (A-COPE). The SIQ was used to divide participants into low and high ideator categories. The initial sample contained 320 youth who scored as low ideators, 71 who were categorized as high ideators, and 19 who were placed in the attempter category. The FAD data were Q-factor analyzed separately for each group using QUANAL (VanTurben, 1975). Differences in participant coping skills along topologies were then identified.

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## Instruments

All of the instruments were developed, normed, and have reading levels appropriate for the sample populations. The validity and reliability estimates of the instruments were deemed to be acceptable. The SIQ consists of either 15 (ages 13-14) or 30 (ages 15-18) items which range in specificity of suicidal ideation. The respondent rates each item in terms of frequency within the last month. Previously determined cutoff scores were used to categorize participants according to level of ideation and, therefore, risk (1988). The FAD was developed to describe family functioning in terms of transactional and systemic properties (Epstein, Baldwin, & Bishop, 1983) and consists of 60 items comprising seven scales which measure Problem Solving, Communication, Roles, Affective Responsiveness, Affective Involvement, Behavior Control, and General Functioning. The A-COPE was developed as a tool for measuring coping skills within the context of the Resiliency Model of Family Stress, Adjustment and Adaptation (Patterson & McCubbin, 1991). It consists of 54 Likert-type items comprising twelve scales which measure ventilating feelings, seeking diversions, developing self reliance and optimism, developing social support, solving family problems, avoiding problems, seeking spiritual support, investing in close friends, seeking professional support, engaging in demanding activity, being humorous, and relaxing.

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## Results and Implications

The low ideator sample was randomly divided into five subsamples. Each subsample's FAD data were Q-factor analyzed separately. The profiles from each subsample were then compared. (See Figure 1) A single stable profile was identified (N = 83). The high ideator sample was randomly divided into two subsamples and treated in a similar fashion, and one stable profile was identified (N = 23). Because of the small sample size, the attempter data were not cross validated. Again, only one profile was identified (N = 9). These profiles are presented below.

The individuals belonging to the attempter profile differed most from those belonging to the high ideator profile in their perceptions of roles, communication, and affective involvement. Similarly, the perceptions of individuals belonging to the low ideator profile differed most in terms of roles, communications, and affective involvement.

Coping skills as measured by the A-COPE also varied by profile. The youths in the attempter group were different from those in the high ideator group in that they tended to utilize problem solving ( $t = 2.04, p = .05, N = 32$ ), spiritual support ( $t = 2.0, p = .007, N = 32$ ), and professional support ( $t = 2.48, p = .019, N = 32$ ) to a greater extent. Youths who fit the attempter profile differed from those with a low ideator profile in that they tended to use spiritual support ( $t = 2.26, p = .026, N = 92$ ) and professional support ( $t = 6.17, p = .000, N = 92$ ) to a greater extent, and were less likely to endorse optimism ( $t = 1.84, p = .07, N = 92$ ) and avoiding problems ( $t = 3.24, p = .002, N = 92$ ). Those youths who scored as high ideators differed from low ideators in that they tended to seek professional help ( $t = 2.63, p = .050, N = 106$ ) to a greater extent were less likely to engage in demanding activities ( $t = 2.22, p = .029, N = 106$ ), avoid problems ( $t = 3.92, p = .001, N = 106$ ), solve problems ( $t = 2.45, p = .016, N = 106$ ), use self-reliance ( $t = 3.07, p = .003, N = 106$ ), and seek diversions ( $t = 2.94, p = .004, N = 106$ ).

Given the limitations of these data, the following suggestions are offered subject to replication. It appears that adolescents from certain types of families may be at greater risk for high suicidal ideation and attempts, and that both the family characteristics and the adolescent's pattern of coping skills can be used by counselors as an indicator of risk. In addition, since the coping skills vary by profile, attention to shaping appropriate skills may serve both a preventive and therapeutic function. Historically, the teaching of coping skills was accomplished by working with the identified client. However, since these skills are, in large measure, learned within the context of the family, and since their use within the family context may serve a protective function, both the adolescent and the family may be appropriate targets for therapeutic interventions targeted on increasing the adolescent's coping skills.

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## References

- Amish, P. L. (1991). A treatment outcome study for suicidal adolescents: Coping skills training vs. insight-oriented therapy (University of South Florida, 1991). *Dissertation Abstracts International*, 52, 3282
- Angel, P., Taleghani, M., Choquet, M., & Courtecuisse, N. (1978). Abord epidemiologique de la tentative de suicide de l'adolescent: Quelques reponses de l'environnement (An epidemiological approach to suicide attempts in adolescence: Some responses of the environment). *Evolution Psychiatrique*, 43, 351-367.
- Asarnow, J. R., Carlson, G. A. & Guthrie, D. (1987). Coping strategies, self-perceptions, hopelessness, and perceived family environments in depressed and suicidal children. *Journal of Consulting & Clinical Psychology*, 55, 361-366.
- Barter, J. T., Swaback, D. O., & Todd, D. (1968). Adolescent suicide attempts: A follow-up study of hospitalized patients. *Archives of General Psychiatry*, 19, 523-527.

- Berman, A. L., & Jobes, D. A. (1992). *Adolescent suicide: Assessment and intervention*. (1st ed.). Washington, DC: American Psychological Association.
- Brent, D. A., Kolko, D. J., Allen, M. J., & Brown, R. V. (1990). Suicidality in affectively disordered adolescent inpatients. *Journal of the American Academy of Child & Adolescent Psychiatry*, 29, 586-593.
- Cassorla, R. M. (1980). Suicidal behavior in adolescents: Psychosocial elements and clinical picture. *Acta Psiquiatrica y Psicologica de America Latina*, 26, 42-47.
- Cohen-Sandler, R., Berman, A. L., & King, R. A. (1982). Life stress and symptomatology: Determinants of suicidal behavior in children. *Journal of the American Academy of Child Psychiatry*, 21, 178-186.
- Corder, B. F., Page, P. V., & Corder, R. F. (1974a). Parental history, family communication and interaction patterns in adolescent suicide. *Family Therapy*, 1, 285-290.
- Corder, B. F., Shorr, W., & Corder, R. F. (1974b). A study of social and psychological characteristics of adolescent suicide attempters in an urban, disadvantaged area. *Adolescence*, 9, 1-9 6.
- Curry, J. F., Miller, Y., Waugh, S., & Anderson, W. B. (1992). Coping responses in depressed, socially maladjusted, and suicidal adolescents. *Psychological Reports*, 71, 80-82.
- Davidson, F., Choquet, M., & Facy, F. (1976). La notion de risque dans le domaine du suicide de l'adolescent (The concept of risk in the field of youth suicide). *Rev Epidemiol Sante Publique*, 24, 283-300.
- Epstein N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. *Journal of Marital & Family Therapy*, 9, 171-180.
- Godwin, D. W. (1986). Adolescent suicide. *Journal of Police Science & Administration*, 14, 67-75.
- Gould, R. E. (1965). Suicide problems in children and adolescents. *American Journal of Psychotherapy*, 19, 228-246.
- Husain, S. A. (1990). Current perspective on the role of psychosocial factors in adolescent suicide. *Psychiatric Annals*, 20, 122-127.
- Jacobs, J., & Teicher J. D. (1967). Broken homes and social isolation in attempted suicides of adolescents. *International Journal of Social Psychiatry*, 13, 139-149.
- Knittle, B. J., & Tuana, S. J. (1980). Group therapy as primary treatment for adolescent victims of intrafamilial sexual abuse. *Clinical Social Work Journal*, 8, 236-242.
- Kosky, R., Silburn, S., & Zubrick, S. R. (1990). Are children and adolescents who have suicidal thoughts different from those who attempt suicide? *Journal of Nervous & Mental Disease*, 178, 38-43.
- Marfatia, J. C. (1975). Suicide in childhood and adolescence. *Child Psychiatry Quarterly*, 8, 13-16.
- McKenry, P. C., Tishler, C. L., & Kelley, C. (1982). Adolescent suicide: A comparison of attempters and nonattempters in an emergency room population. *Clinical Pediatrics*, 21, 266-270.
- Orbach, I., & Bar-Joseph, H. (1993). The impact of a suicide prevention program for adolescents on suicidal tendencies, hopelessness, ego identity, and coping. *Suicide & Life-Threatening Behavior*, 23, 120-129.
- Patterson J. M., & McCubbin, H. I. (1991). A-COPE Adolescent Coping Orientation for Problem Experiences. In H. I. McCubbin & A. I. Thompson (Eds.), *Family assessment inventories for research and practice*. (pp. 235-250). Madison WI: The University of Wisconsin-Madison.

- Pfeffer, C. R. (1985). Self-destructive behavior in children and adolescents. Special Issue: Self-destructive behavior. *Psychiatric Clinics of North America*, 8, 215-226.
- Pfeffer, C. R. (1989). Family characteristics and support systems as risk factors for youth suicidal behavior. In L. Davidson & M. Linnoila (Eds.), *Report of the Secretary's Task Force on Youth Suicide: Risk factors for youth suicide*. (pp. 71-87). Washington, DC: Government Printing Office.
- Reynolds, W. M. (1988). *Suicide Ideation Questionnaire: Professional manual*. Odessa, FL: Psychological Assessment Resources, Inc.
- Richmall, J., (1986). *Family therapy for suicidal people*. New York: Springer Publishing Company.
- Sabbath, J. C. (1969). The suicidal adolescent: The expendable child. *Journal of the American Academy of Child Psychiatry*, 8, 272-285.
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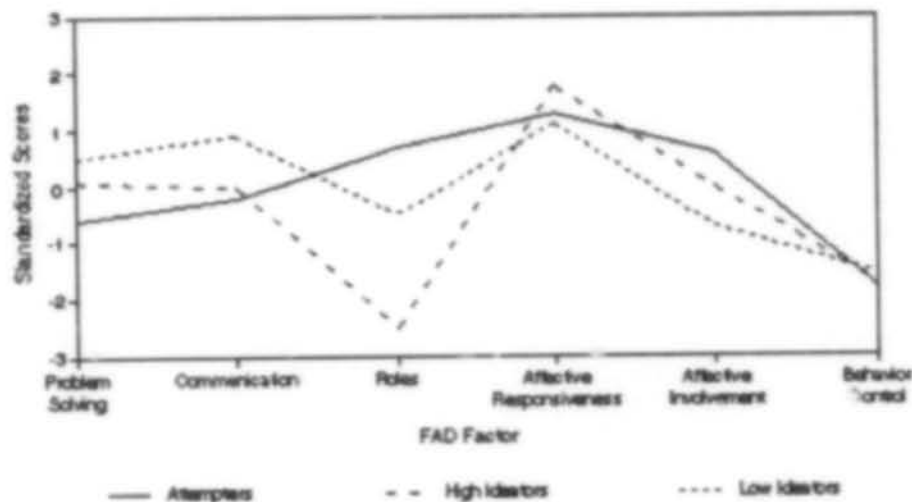
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Figure 1  
Low Idealor, High Idealor and Attempter Family Profiles  
(N= 410)



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