

Introduction

- Suicide is the second most common cause of death among individuals aged 10-34 (CDC, 2020).
- According to Bowlby's attachment theory, secure family attachment has been proven to be a protective factor against suicidal behavior and ideation (Maimon & Brooks-Gunn, 2010).
- Insecure attachment may be a risk factor for suicidal ideation in depressed adolescents, specifically between the child and mother (Waraan et al, 2021).
- A responsive and supportive family unit can mitigate action taken on suicidal impulses and maintain treatment effectiveness at the outpatient level (Shain, B. 2016).
- Caregivers often participate in prompting events, such as ineffective or invalidating responses that lead to suicidal behaviors among adolescents (Fruzzetti & Payne 2020).
- The current study looks to understand the barriers that prevent caregivers from following through with behavioral modification plans, such as contingency management.
- To address gaps in literature, our study looks at Dialectical Behavioral Therapy (DBT) in utilizing behavior chain analyses to understand the role caregivers have in causing and maintaining suicidal behavior.

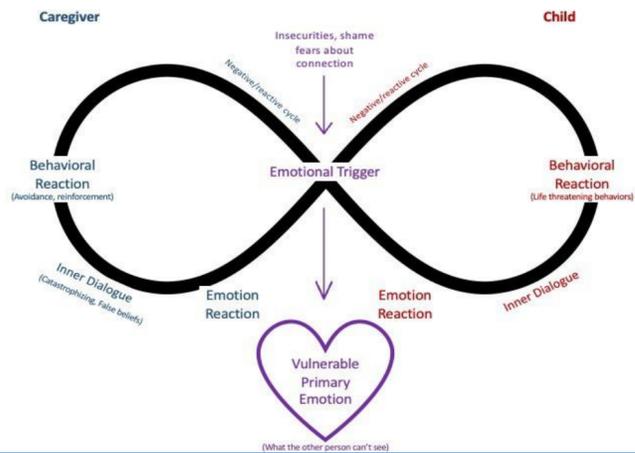
Research Question

How do clinicians who work with high-risk teens and families explain the factors that promote or hinder caregiver follow-through with suggested clinical interventions?

Methods

- Participants:** N = 4 clinicians in Community Mental Health
- Participants 1, 2, and 4 were colleagues of this writer at Compass Behavioral Health, an Evidence-Based Clinic and DBT-Linehan Board of Certification, Certified Program™ in Tustin, CA.
 - Participant 3 is a former supervisee of this researcher who works with adolescents and families in Community Mental Health in San Bernardino and Riverside Counties.
 - 3 out of 4 participants = Female
- Procedure**
- Participants were contacted via email and asked to participate in a Zoom interview about their experiences providing conjoint therapy to suicidal adolescents and their caregivers.
- Measures**
- Interview questions assessed:
 - Deciding to use contingency management as family therapy intervention
 - Applying contingency management to family therapy
 - Contingency management and family therapy – What has NOT worked
 - Audio recordings were transcribed verbatim using Otter Transcription and transcripts were coded by a licensed family therapist. Interview conversations were parsed at the utterance level using an inductive coding approach and coded for caregivers' role in adolescent suicidal behaviors.

Figure 1. The caregiver and child negative cycle adapted from "The Negative Cycle" by Scott Woolley, Ph.D.



Coding

Theme 1 : Attachment

Subtheme	Definition	Examples
Attunement	Reactiveness we have to another person.	"... catching your kiddo doing good, and using really detailed, specific praise, then I'm hoping that we're building attachment and reducing any kind of the barriers that we're seeing that may be kind of like exacerbating any kind of suicidality".
Relationship	An emotional association between two people.	"...changing behavior is going to be more likely because of the relationship piece".
Emotional Vulnerability	Sensitivity to emotional stimuli.	"...And so the missing skill is tolerating being exposed and vulnerable".

Theme 2 : Emotion Regulation

Shame	A feeling of humiliation or distress caused by the consciousness of wrong or foolish behavior.	"Yeah, it would be hard for any parent to have a suicidal kid and not feel shame, that somehow they f***ed up as a parent".
Fear	An unpleasant, strong emotion caused by anticipation or awareness of danger.	"Yeah, so I would say if we're identifying barriers to follow through, it's whether there is an anxiety diagnosis in one or both of the parents".
Emotion Regulation Skills	A DBT skill to help us understand the function of emotions, the action urge that accompanies each emotion.	"And in a very real way, emotion regulation, whether it's tolerating frustration, tolerating shame, tolerating sadness."

Theme 3: Understanding

Validation	Recognition or affirmation that a person or their feelings or opinions are valid or worthwhile.	"I think that ability to have compassion and understanding removes a sense of urgency, in some cases that like with the successful behavior response plan".
Acceptance	Stop fighting reality, stop responding with impulsive behaviors when things aren't going the way you want them to.	"I think that a lot of caregivers have difficulty in accepting the fact that their kids are not okay".
Denial	Asserting that any particular statement or allegation is not true.	"... the caregivers often were in complete denial about the fact that their kid wanted to die to the point where they met criteria for hospitalization".

Theme 4: Resources

Time	The continued progress of existence and events in the past, present, and future.	"They [caregivers] don't have the resources or the time or, you know, the energy".
Energy	The strength and vitality required for sustained physical or mental activity.	"But the new behavior that actually took energy was beyond their ability at the time".
Support	To agree with and give encouragement to someone or something because you want to succeed.	"In the DBT model, the parents have the family therapist to call for coaching. So, hey, we came up with this great plan, and I'm overwhelmed, or I'm scared that my kid's going to XYZ."

Theme 5: Cognitive Distortions

Catastrophizing	Imagine the worst possible outcome of an action or event.	"... a brain that engages chronically lifelong habit of catastrophic thinking, yeah, if I let my child fail High School, he will not get into college, and then he will not get a job. And then he will be a bum and a drug addict living in my house forever...".
False Beliefs	A mental proposition that is asserted with high confidence but lacks a basis in reality.	"Parents core false beliefs absolutely impede their willingness to learn a skill or use a skill".

Results

- All participants reported difficulty regulating emotions (fear, shame, guilt and anger) were precursors to a lack of follow through of clinically indicated responses from caregivers.
- Interviews revealed that caregiver cognitive distortions prevent benign interpretations of child's behaviors.
- The quality and type of attachment between caregiver and adolescent appears to impact rigidity false beliefs and the intensity of associated emotions.
- Supporting the attachment theory, our data found that caregivers with a secure attachment to the suicidal adolescent may be more willing to risk a relationship rupture resulting from follow through with the behavioral response plan.
- Anxiety can prevent a caregiver from validating a suicidal adolescent, for fear that their understanding will be confused with permission to engage in dangerous behaviors.
- Shame or guilt may cause a caregiver to believe that validation of an adolescent's suicidal behavior is an admission of responsibility.
- The availability of time impacts a caregiver's ability to comply with interventions that require patience, extinction, or planned ignoring.
- Effort and energy are required for the application of new and different responses from the adolescent client.
- Delegation of tasks (e.g., one-on-one observation) require a social support system willing to adhere to clinical suggestions.

Discussion and Implications

Importance

- The results suggest increasing parental ability to tolerate distress and regulate emotions, applying attachment-based therapeutic techniques, challenging cognitive distortions, resource-management, and increasing validation (of self and others) can help to improve follow through with behavioral response plans.

Implications for Clinical Work

- Increased emphasis on improving attachment between caregivers and adolescents is demanded given these findings.
- Increased time spent learning, practicing, and generalizing distress tolerance and emotion regulation skills is crucial for caregiver follow through.

Future Research

- Quantitative studies to examine treatment outcomes between a strictly behavioral methodology and a behavioral therapy combined with attachment-based interventions.
- Experimental studies to compare treatment outcomes from families who participate in Multi-Family DBT Skills Training Group vs. families who participate in skills training sessions that prioritize behavioral rehearsal of identified missing skills.
- Authors of this study have composed a transactional chain analysis template that assesses for attachment-based themes in order to best identify attachment-based skills deficits and guide treatment interventions.

QR Code for Attachment-Focused Transactional Chain Analysis Tool

