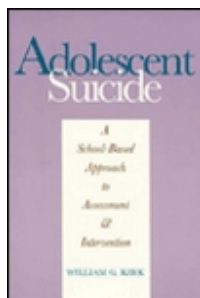




Tangled up in Blues: Adolescent Suicide

A review of



Adolescent Suicide: Assessment and Intervention (2nd ed.)

by Alan L. Berman, David A. Jobes, and Morton M. Silverman

Washington, DC: American Psychological Association, 2006. 464 pp. ISBN 1-59147-193-1.
\$69.95

Reviewed by

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☞ The second edition of Berman, Jobes, and Silverman's *Adolescent Suicide: Assessment and Intervention* is an essential resource for anyone who treats adolescents—and the tangled web of adolescent depression and suicidal ideation and behavior. It is an intriguing book, an optimistic book, and a compelling piece of scholarship and creative thinking. It fills a significant hole in the treatment literature: There is no comparable book. However, this is not the book for the clinician looking for a quick fix. Instead, this incredible book provides an expansive description of the vast complexity of multiple risk and predictive characteristics, epidemiology, theory, and empirical context. In addition, it addresses assessment, treatment, prevention, and postvention (i.e., attending clinically to the survivors of the suicide, including the therapists) of adolescent suicide, all in the frame of standards of care and legal considerations. Anyone who reads this book will be acutely sensitized to the hugely heightened risk factors of access to firearms, alcohol, and drugs for the suicidal adolescent.

☞ It is refreshing that the authors do not fall into the all too common negative approach of bemoaning the current state of mental health service provision and lack of available resources for suicidal adolescents. Rather, they provide a treatment prototype for suicidal adolescents that is compatible with the current mental health context of managed care, briefer care, and decreased hospitalization. This approach is postmodern, brief, and compelling. The authors present an integrative method of treatment that combines interventions and perspectives from a wide range of theoretical orientations. The treatment prototype presented in the second edition encompasses a practical orientation. The authors give consideration to the therapeutic encounter, the role of the family, the clinical alliance, developmental considerations, crisis intervention, outpatient strategies and interventions, ongoing treatment, termination, potential pitfalls, and final practice recommendations.

☞ Even more refreshing, this is not simply a literature review but a work that analyzes many of the perplexing issues facing clinicians today. An example is how to approach supervision of a trainee after his or her client has committed suicide. The authors first alert the reader that suicide of trainee's client is a high-probability occurrence (Kleespies, Penk, & Forsyth, 1993). Trainees have a one in six chance that a client will commit suicide during their psychology training (Kleespies, Smith, & Becker, 1990). In comparison, there is a one in three chance for practicing psychologists (Greany, 1995) and a one in two chance for psychiatrists that a client will complete suicide during the clinician's entire professional career (Chemtob, Hamada, Bauer, Torigoe, & Kinney, 1988).

☞ The ensuing controversy is whether to proceed to supervise empathically. This involves analyzing the treatment approach and the

trainee's feelings of loss and responsibility. The alternative is to adopt a legalistic approach and essentially withdraw from the supervisee so as not to increase risk in case of subsequent legal action by family members. This issue is often presented as a clear mandate to proceed with regular supervision. However, one must take into account that suicide is the most common cause of litigation against mental health professionals (Gutheil, 1999) and that about 25 percent of family survivors contact an attorney (Peterson, Luoma, & Dunne, 2002).

By balancing the responsibilities of the therapist and noting how therapists can protect themselves from litigation, these authors significantly contribute to ethical, conscientious practice with this most high-risk population. They address transference and countertransference phenomena in this context as well. The authors encourage consideration of the critical factors of the supervisee therapist's and the supervisor's emotional reactions and process.

Lest we believe that adolescent suicide is only a contemporary problem, Berman et al. describe a symposium on adolescent suicide that was convened as a result of media reports of an alarming increase in the incidence of youth suicide, suicide clusters, and the availability of guns. Casual readers will assume the authors are alluding to a current concern, until they turn the page and learn the symposium occurred in 1910 in Vienna.

As the authors highlight, suicidology is not a major area of study in most graduate mental health curricula. Suicidal clients are highly anxiety provoking and difficult. There is no simple, valid assessment that is effective across adolescents, and there is no typical suicidal adolescent. In this context, the authors' work is all the more essential. With this text, it is possible that more programs will provide specialized training in this important area.

This second edition is a vast expansion of the first, from 277 pages to 464 pages. There has been a virtual explosion of the literature, and the author of the preface of both editions, Edwin Schneidman, refers to the second edition as the bar mitzvah, since 13 years elapsed between the two. He attributes the addition of chapters on biological treatments, forensic suicidology (mainly malpractice issues in standard of care), prevention, and postvention to the addition of Morton M. Silverman, who brought his extensive expertise in these areas. The increased focus on prevention of suicide is reflective of a groundswell of prevention research and interest. The authors smoothly integrate and use prevention concepts developed in the health promotion field.

The second edition also includes significantly more case illustrations, which make palpably real the pain, anguish, and tangled reality of adolescent suicide. These descriptions are the perfect counterbalance, providing personalization to the statistical and epidemiological information. The second edition contains an increased number of illustrations, sample assessment tools, notes and poems written by patients, diagrams, and tables. These make the text more accessible and visually interesting. Another excellent addition is inclusion of extensive databases, health professional and mental health organizations, public health organizations, international and federal organizations, and relevant journals and recommended readings.

On the whole, the book is incredibly inclusive of demographic variables, including gender, ethnicity, age, socioeconomic status, and even geographic location. However, one glaring absence is a discussion of suicidality in gay, lesbian, bisexual, and transgender adolescents. Psychology's increasing awareness of the unique experiences of gay and lesbian adolescents and the fledgling research that has been conducted regarding suicide and self-harm in this population call for the inclusion of these individuals in a book of such scope.

The authors distinguish between use of contracts as a therapeutic technique and their inappropriate use as an ultimatum to the client in lieu of hospitalization or civil commitment. They caution against safety contracts, as such contracts may lull clinicians into false security and may interfere with the therapeutic alliance. However, the authors note that this is a widely used method. They describe the crisis response plan and discuss it as a more preferred approach. This method consists of the specific interventions that compose the treatment and involves the commitment of the patient. It is designed to facilitate safety between therapist and patient.

One wonders why, given the comprehensiveness of the review of literature, some of the empirically supported treatments are omitted. Most notably absent is multisystemic treatment, as developed by Henggeler and his group from South Carolina (e.g., Huey et

al., 2004). The authors could argue that multisystemic treatment is mostly directed to conduct disordered and, subsequently, suicidal adolescents, but the text considers that population as one of the main suicidal groups.

Some controversial recommendations are included in the book. Among these are suggestions that suicidal adolescents bring weapons to their therapist for safekeeping and that therapists provide their e-mail addresses, the telephone numbers of several therapists, and schedules of their likely availability (including specifics of what they will likely be doing during different time slots) to suicidal clients to enhance direct access. The authors do, however, provide a structured approach to limit noncrisis phone contacts.

Ideally, the authors could have given a more comprehensive description for particular aspects of proposed treatments and interventions to give clinicians more direction in implementing the strategies proposed. Clinician need to look beyond the book to find answers to specifics of treatment intervention. Although the overview is comprehensive in the sense that it provides a wide breadth of options and suggestions, its depth with respect to any particular strategy is limited.

Still, there is no other book available that provides mental health practitioners and students a comprehensive approach to all aspects of the background, assessment, treatment, prevention, postvention, and resources regarding adolescent suicide. Typically, suicide is relegated to a chapter or subsection of a text on adolescent treatment, included in volumes on assessment and treatment of suicidal behavior in children and adults, or narrowly approached with exclusive attention to assessment, treatment, or epidemiology. For example, Goldston (2003) provided an extremely comprehensive review of instruments to assess suicidal behavior and risk in children and adolescents, with particular attention devoted to cultural and diversity factors.

Overall, the second edition of *Adolescent Suicide* represents a strong and important contribution to the area of adolescent treatment. What is communicated through the entire volume is sensitivity and commitment to the problem of suicide and suicidal ideation in adolescence as well as collective dedication to enhancing the education and expertise of mental health practitioners. This volume is an invaluable resource for all levels of mental health training and should contribute to a dramatic increase in awareness and education in the area of adolescent suicide.

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Adolescent Suicide: Assessment and Intervention. By Alan L. Berman and David A. Jobes. Washington, DC: American Psychological Association. 1991. 277 pp. \$35.00 (hb), \$17.50 (pb). For the past decade, Adolescent Suicide: Assessment and Intervention has been recognized as the best and most authoritative text on this most tragic of subjects. This long-awaited second edition incorporates almost 15 years of new research and critical thinking about clinical assessment and intervention in addition to an expanded focus on prevention. Authored by three of t For the past decade, Adolescent Suicide: Assessment and Intervention has been recognized as the best and most authoritative text on this most tragic of subjects. This long-awaited second edition incorporates almost 15 years For the past decade, Adolescent Suicide: Assessment and Intervention has been recognized as the best and most authoritative text on this most tragic of subjects. This long-awaited second edition incorporates almost 15 years of new research and critical thinking about clinical assessment and intervention in addition to an expanded focus on prevention. Year: 2006. Gay and lesbian adolescents are more likely to attempt suicide than their heterosexual peers. Suicide rates are 5 to 7 times higher among First Nations and Inuit teens. The teen years are an anxious and unsettling period as boys and girls face the difficulties of transition into adulthood. It is a period in life that is often confusing, leaving teens feeling isolated from family or peers. Unfortunately, some may at one point or another perceive suicide as a permanent answer to problems that are more often than not just temporary.Â Apart from the normal pressures of teen life, specific circumstances can contribute to an adolescent's consideration of suicide. It's especially difficult when adolescents are confronted with problems that are out of their control, such as