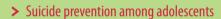
MIFGASH JOURNAL OF SOCIAL-EDUCATIONAL WORK

Special Issue

Suicide prevention among adolescents and young adults



- > Suicide Prevention Unit, Ministry of Health
- > Suicide prevention among vocational education and training high school students
- > Military suicide prevention programs
- > Well-being and stressful events as risk factors of negative attitudes towards life
- > The contribution of psychological and interpersonal characteristics to suicide ideation
- > Suicide and suicide risks in LGBT youth
- > Suicidality in immigrant youth worldwide and in Israel
- > Suicidal ideation among emerging adults: The case of 2nd generation Ethiopian immigrants
- > Anorexia nervosa: The role of depression and suicidality
- > Prolonged exposure therapy for adolescents
- > Dialectical behavior therapy (DBT) for adolescents



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Guest-Editors:

Prof. Anat Brunstein Klomek & Prof. Gil Zalsman

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CONTENTS

Suicide prevention among adolescents – We can do it and we should Anat Brunstein Klomek & Gil Zalsman	2
)
Policy paper: Suicide Prevention Unit, Ministry of Health Yael Pomerantz, Orit Mualem & Shirel Harush-Azran 33	3
Position paper: Suicide prevention among vocational education and training high school students: Current progress and future directions Joy Benatov, Shai Chen Gal, & Zehava Sapir	1
Military suicide prevention programs Leah Shelef, Ariel Ben Yehuda, Ishai Nir & Lucian Tatsa-Laur 53	3
Well-being, self-identity and stressful events as risk factors of negative attitudes towards life among Jewish, Muslim and Christian adolescents and emerging adults Helen Kakounda-Muallem	5
Between risk and resilience: The contribution of psychological and interpersonal characteristics to suicide ideation among Jewish and Muslim adolescents in Israel Yossi Levi-Belz, Shahar Afek, Adi Barkan & Shai Hen Gal 10:	1
Suicide and suicide risks in lesbian, gay, bisexual and transgender youth: Literature review Geva Shenkman Lachberg	9
Suicidality in immigrant youth worldwide and in Israel Joy Benatov & Cendrine Bursztein Lipsicas	9
Suicidal ideation among emerging adults: The case of 2 nd generation Ethiopian immigrants in Israel Moshe Israelashvili & Danny Mengstu	9
Change processes in anorexia nervosa among inpatient adolescents: The role of depression and suicidality	
Avigal Snir, Iris Shahar-Lavi & Silvana Fennig	5

Prolonged exposure therapy for adolescent PTSD with comorbid suicidality	
Lilach Rachamim	213
Dialectical behavior therapy (DBT) for adolescents with suicidal and self-injurious behaviors	
Yifat Cohen & Nechama Presler	229
Book reviews	257
English abstracts	I-X

ABSTRACTS

Suicide prevention among adolescents – We can do it and we should

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This chapter presents suicide as a preventable phenomenon among adolescents. We describe suicide risk assessment, which is a clinical assessment that every mental health provider should master. The article also describes the three levels of suicide prevention. Primary prevention includes immunization of the whole population. It includes gatekeepers training among school students, hotlines which specialize in suicide prevention, restriction of access to lethal means and continuity of care. Secondary prevention includes psychosocial and pharmacological treatments for at-risk adolescents such as those suffering from depression. Mental health providers should be trained to reduce depression among adolescents in evidence-based interventions and even aim to prevent depression in psychotherapy. It is crucial that parents play a major role in these interventions. Tertiary prevention includes treating adolescents after a suicide attempt and providing postvention in communities and organizations in which a suicide occurred in order to reduce the risk of contagion. It is very important that providers know how to work with at-risk adolescents, their parents, and schools in order to focus specifically on suicide prevention. These interventions require knowledge, experience, teamwork and a high level of empathy and hope and thus have potential to save lives.

Key words: suicide, adolescents, three levels of suicide prevention, suicide risk assessment, treatments

Policy paper: Suicide Prevention Unit, Ministry of Health

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Data from the Ministry of Health show that approximately 400 people commit suicide and more than 6,000 attempt suicide every year in Israel. It is assumed that there is under-reporting of approximately 30% in reference to these data. Every suicide case leaves those in the deceased's close surroundings in deep pain and often with feelings of guilt and shame for many years. In consideration of these data, this policy paper aims to provide a National Suicide Prevention Program, based on the governmental decision made in December 2013. The decision declared suicide prevention "a national interest, to be addressed in a joint course of government ministries and authorities, led by the Ministry of Health." This policy paper refers to the rationale of the government decision, presents the outline of the national program and its current status, including several suicide prevention strategies, which form the basis of the Program. It should be noted that the national program is designated to prevent suicide among all ages, from preschoolers to the elderly. We also present an overview of the various activities with emphasis on children and adolescents, including the work interface of the Suicide Prevention Unit of the Ministry of Health with the Psychological Counseling Service Department of the Ministry of Education.

Key words: suicide, suicide prevention, suicide risk, Suicide Prevention Unit, Ministry of Health, National Suicide Prevention Program

Position paper: Suicide prevention among vocational education and training high school students: Current progress and future directions

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This paper presents suicide prevention strategies applied by the Ministry of Welfare and Social Services within the vocational high schools in Israel.

The students studying in the vocational high schools in Israel are a high risk group, therefore, since 2008 special means have been taken to address suicide risk among these students.

The prevention strategies employed include: 1) Self-report screening, 2) Gatekeepers training and 3) School-psychotherapy. Self-report screening for suicide ideation and attempts, as well as general psychological distress symptoms are conducted at the beginning of every school year. In addition, the majority of the school staff undergoes "Gatekeeper" training. Furthermore, in order to provide adequate treatment to suicidal students, a school-psychotherapy model has been applied. Thus, students identified as suicidal are referred to a psychologist who provides individual psychotherapy in school.

It is our belief that the prevention strategies applied thus far by the Ministry of Welfare and Social Services contribute to the well-being and mental health of students. The Ministry of Welfare and Social Services will continue its efforts in reducing students' risk behaviors in general and suicidal behavior in particular.

Key words: suicide prevention, vocational schools, Ministry of Welfare and Social Services in Israel

Military suicide prevention programs

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In contrast to the steady trend of the rate of suicide among US citizens, there has been a dramatic increase in the rate of suicide among American soldiers. As a result, the US Department of Defense has put considerable effort into developing and improving suicide prevention programs in the military.

Contrary to the US military, the rate of suicide among IDF soldiers has dropped by about 50% since 2006. However, like the US Army, the Medical Corps and the Mental Health Department continue to engage in the prevention of suicides to reduce and prevent the next suicide. This is based on the value placed on the importance of human life.

The purpose of this article is to examine the phenomenon of suicide in the IDF and in the US Army while reviewing prevention programs.

Key words: suicide prevention program, soldiers, suicide

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Adolescence is typified by a range of changes that may significantly impact the identity, self-clarity, and psychological characteristics of adolescents. The wide range of changes in this developmental phase, along with the renewed internal reorganization they require, often lead to new thoughts on the nature of life and death. This process may gain substantial momentum among adolescents, particularly when they are exposed to a large number of stressful events and their well-being is low.

This study examined the influence of self-identity and mental well-being on negative attitudes towards life among adolescents and emerging adults living in Israel, with focus on three groups of different religious affiliations: Judaism, Christianity, and Islam. It included a review of negative life attitudes among 437 adolescents (aged 15–18) and emerging adults (aged 21–24) and focused on personal variables, self-clarity, the number of stressful events to which the adolescent or emerging adult was exposed, positive self-perception, and wellbeing. Study findings demonstrated that lower self-clarity corresponds to lower well-being, leading to fewer positive attitudes towards life. As a result, adolescents and young adults may adopt more negative attitudes toward life, which can lead to suicidal behaviors and suicides.

Study findings contribute to a better understanding of the processes leading to negative life attitudes, that may precede the emergence of suicidal thoughts, which may encourage the adolescent and young adult to commit suicide. That is, at times we can identify correlations between negative attitudes and stressful events, which affect the self-clarity of the adolescents and young adults as well as their mental well-being and have an impact on the level of depression and even suicide. In addition, differences were found between the groups regarding the various measures. Finally, the study includes practical recommendations for prevention and intervention among adolescents.

Key words: adolescence, stressful event, self-clarity, negative life attitudes, future perception, well-being

Between risk and resilience: The contribution of psychological and interpersonal characteristics to suicide ideation among Jewish and Muslim adolescents in Israel

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Suicide rates among adolescents in Israel have been increasing in the last decade. Although many studies have highlighted several important psychological risk factors for suicide, there is still lack of emphasis on resilience factors. Moreover, very few studies have investigated integrative models of risk and resilience factors of suicide ideation among adolescents, with emphasis on cultural differences. In the current study, we examined the contribution of emotional-symptomatic and interpersonal dimensions to suicidal ideation among Jewish and Muslim high school students in Israel. A total of 581 students, from grades nine to twelve, studying in vocational schools throughout the country, participated in the study. All pupils completed questionnaires that examined psychological distress, subjective well-being, self-disclosure, perceived burdensomeness, thwarted belongingness, and tolerance to mental pain. Overall, young Muslims reported higher levels of suicidal ideation as well as higher levels of psychiatric symptoms and interpersonal difficulties, compared to Jewish adolescents. Moreover, interpersonal abilities moderated the relationship between emotional distress and psychiatric symptoms and suicidal ideation. Implications regarding suicide severity assessment and intervention are discussed.

Key words: suicide, adolescents, self-disclosure; mental pain, burdensomeness, belongingness

Suicide and suicide risks in lesbian, gay, bisexual and transgender youth: Literature review

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Lesbian, gay, bisexual and transgender (LGBT) youth are at higher risk of suicidal ideation and attempts in comparison with heterosexual youth. Some studies show that this risk is three times higher among LGBT in comparison with heterosexual youth. The current review summarizes existing research findings, pinpointing risk factors for suicidal ideation and attempts among LGBT youth on the individual, family, school, and sociocultural levels. Protective factors are also reviewed along with recommendations for therapists, counselors and educators. This review also presents the possible contribution of the Israeli context, in which both liberal and conservative norms are interwoven, to the increased suicide risk among LGBT youth. Moreover, relevant research that was conducted in Israel is presented with the main Israeli organizations that offer support, counseling and education for LGBT youth at risk of suicide.

Key words: LGBT youth, suicidality, LGBT and the Israeli context

Suicidality in immigrant youth worldwide and in Israel

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Immigration provides opportunities for improving life circumstances but it also presents major psycho-social challenges that can result in a mental crisis. This paper reviews psycho-social processes that immigrants undergo and the way they are linked to suicide risk. Our main focus is on the developmental stage of adolescence, and the unique challenges adolescents face in the destination country. Furthermore, local issues of immigration and suicidology in the context of Israel are addressed. Two distinct groups of immigrants that have changed the composition of the Israeli society in the last few decades are described: immigrants from the former Soviet Union and from Ethiopia. Lastly, a case study of a woman who emigrated from Georgia to Israel as a child and attempted suicide during adolescence is presented.

Key words: suicide, adolescents, immigration, acculturation stress

Suicidal ideation among emerging adults: The case of 2nd generation Ethiopian immigrants in Israel

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Current knowledge on suicidal behavior among ex-Ethiopian immigrants in Israel stems from studies conducted on those who were born in Ethiopia. However, the literature on the Immigrant Paradox, as well as on Emerging Adulthood point to the possibility that children of Ethiopian immigrants - i.e., those born in Israel - might be more vulnerable to suicidal behavior. In the current study, 80 participants, born either in Ethiopia or in Israel, were compared, regarding their perceptions of the hardship of immigration to Israel, attributions of attitudes and emotions towards a suicidal person, life-perceptions and general feeling of adjustment to life. The study hypothesis, which presumed that the Israeli-born participants would exhibit more negative perceptions of the immigration process, of life, and of their adjustment and more positive attitudes toward a suicidal person, was not confirmed. Nonetheless, several significant interactions between the person's birth place and other personal data (e.g., sex) were found. Generally speaking, the participants attributed suicidal behavior more to personal difficulties and the decision not to cope, rather than to delayed implication of the immigration hardship. It is suggested that suicidal behavior of Israel-born children (youth) of ex-Ethiopian immigrants in Israel should be conceptualized and addressed in terms of universal theories and approaches, rather than as a singular group at-risk. Accordingly, the need for intervention to promote awareness to personal difficulties and empowerment of the ex-Ethiopian community youth are suggested.

Key words: ex-Ethiopians, suicide, immigration, adjustment, emerging adulthood

Change processes in anorexia nervosa among inpatient adolescents: The role of depression and suicidality

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The link between eating disorders, depression and suicidality has been recognized in the literature. Yet, the specific course of change that may occur in the aforementioned symptoms during hospitalization requires further elucidation. In the current study, the associations between suicidal ideation, eating disorder symptoms and depression were examined in a sample of inpatient adolescents. Seventy-seven patients (72 females), mean age: 15.34 (standard deviation: 2.08, range: 11.50-24.80) diagnosed with anorexia nervosa, were evaluated upon admission and at discharge. The duration of hospitalization ranged from 12–274 days, with an average of 116.08 days (SD=46.48). Suicidal ideation was found to increase from admission to discharge, despite improvements in physiological (BMI) and psychological (depression and eating disorder symptoms) measures. Regression analysis was then conducted, with changes in eating disorder symptoms as the dependent variable. Baseline levels of depression and suicidal ideation, as well as the change in these measures during treatment, were included as predictors. Results showed that changes (but not baseline levels) in depression and in suicidal ideation were positively associated with changes in eating disorder symptoms. The results of this study present several implications and directions for future research. The increase in suicidal ideation between admission and release, in parallel with body rehabilitation and symptomatic relief, might represent the mental-pain and the significant losses involved in the process of treatment for anorexia. Additionally, the effect of change, rather than baseline levels of depression and suicidality, might suggest that factors such as cognitive flexibility, treatment motivation and openness, play an important role in treatment efficacy and prognosis.

Key words: anorexia nervosa, suicidal ideation, depression, longitudinal design, adolescents

Prolonged exposure therapy for adolescent PTSD with comorbid suicidality

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High rates of exposure to traumatic events during adolescence constitute a risk factor in psychopathological development, including depression, posttraumatic stress disorder (PTSD), increased suicide attempts, self-harm and substance abuse. There is robust evidence of the relation between PTSD and suicidality in this population. The first part of this article presents a literature review on adolescent PTSD and its association with both suicidality and non-suicidal self-injurious behaviors. The second part provides an overview of evidence-based treatment for adolescent PTSD and military related PTSD, in light of the fact that Israeli adolescents serving in regular army service may develop PTSD following combat, terrorism and traumatic loss. Currently, there are no guidelines for the treatment of adolescent PTSD with comorbid suicidality. Consequently, the third part of this article presents a treatment model developed for adolescents suffering from PTSD with comorbid suicidality, combining prolonged exposure therapy with evidence-based interventions for suicidality.

Key words: suicidality, self-harm, adolescents, soldiers, post-traumatic stress disorder, safety

Dialectical behavior therapy (DBT) for adolescents with suicidal and self-injurious behaviors

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Death by suicide is preventable, and addressing suicidal behavior in adolescents provides a key opportunity for prevention that may potentially result in saving many life-years. Youths who report having any type of suicidal ideation or self-injury are at a significantly higher risk of death by suicide. Self-injury and suicidality during adolescence are often associated

with a diagnosis of borderline personality disorder. Adolescents at risk, with a multiplicity of symptoms and diagnoses, have an increased tendency to drop out of therapy, and continue living with the risk of self-injury and suicidality. At the same time, therapists treating people suffering from complex psychiatric disturbances and recurrent suicidal crises experience extreme difficulty in sustaining the ongoing, relentless efforts necessary for continuing therapy. The current model is to avoid inpatient admissions altogether, or to at least limit inpatient stays as much as possible, and manage these patients in the community setting. This is in light of the fact that the few controlled studies available in adults and adolescents did not reveal any advantage to inpatient care in these cases.

This paper briefly reviews risk factors for suicidal behavior in adolescents, as well as evidence-based therapies. It focuses on the principles of dialectical behavior therapy (DBT) in this context and the adjustments made for adolescents. Dialectical behavior therapy, developed in the 80's by Prof. Marsha Linehan, is the therapeutic strategy with the most evidencebased efficacy for suicidal adult patients with multiple symptoms, usually including severe dysfunctional behavior such as self-injury. Dozens of controlled studies have demonstrated the efficacy of DBT in reducing suicidal behavior in adult patients with borderline personality disorder. Findings not only indicate a significant decrease in frequency and severity of suicidal behavior, but also improvement in total inpatient days, rate of dropout from therapy, anger intensity, treatment adherence and social adjustment. By the end of the 1990's, Miller, Rathus, and Linehan adjusted the original therapeutic method for adolescents (DBT-A), and in recent years the efficacy of this treatment was proven in this age group, as well, in a growing number of studies that are reviewed in the paper.

DBT is integrative, structured and systematic. Its basic elements include concepts of dialectical philosophy, mindfulness and cognitive-behavioral principles. The main focus of the treatment is decreasing suicidal behavior. This review describes the main principles of DBT and its therapeutic plan, as well as the adjustments made for adolescents, such as parental inclusion in therapy. In spite of methodological limitations, it is possible to conclude that DBT is efficacious for adolescents in various measures (decreasing suicidality, self-injury, depression and anxiety) and in various therapeutic settings. DBT does not recommend hospitalization, and when necessary, it has been found that adjustment to a short hospitalization plan led to a decrease in symptoms.

Key words: suicidal behavior, adolescents, borderline personality disorder, self-injury, evidence-based therapy, dialectical-behavior therapy